

OVERSIGHT POLICY BOARD

Regular Board Meeting

Patrick Barrie Conference Room

3005 Boardwalk Drive, Suite 200, Ann Arbor, MI

Thursday, October 23, 2025, 9:30 a.m.

To join by telephone:

1-616-272-5542

Phone ID: 290 113 698#

To join by computer via Teams:

[Click here to join the meeting](#)

Meeting ID: 258 504 195 576 1, Passcode: oF6oH35i

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 8-28-2025 Meeting and Waive the Reading Thereof {Att. #1, Page 3}	2 min
V. Audience Participation (3 minutes per participant)	
VI. Old Business	30 min
a. Information: Finance Report {Att. #2, Page 6}	
b. Information: Healing and Recovery Funds Update	
c. Discussion: Oversight Policy Board Bylaws {Att. #3, Page 7}	
VII. New Business	20 min
a. Action: SUD Policy Updates {Att. #4a, Page 13}	
• SUS Media Campaigns {Att. #4b, Page 14}	
• Substance Abuse Residential Treatment & Board SDA {Att. #4c, Page 17}	
• SUD Recipient Rights {Att. #4d, Page 21}	
• SUS Welcoming {Att. #4e, Page 36}	
b. Action: FY2026 OPB Meeting Schedule {Att. #5, Page 42}	
c. Discussion: FY2026 Officer Elections {Att. #6, Page 43}	
d. Action: Conflict of Interest Disclosure Statement {Att. #7, Page 45}	
VIII. SUS Director Updates	15 min
a. Staffing Update	
b. Treatment and Recovery Survey Update	
c. Community Survey Update	
d. FY2026 Preparation	
IX. Reports from the PIHP	15 min
a. Regional Board Update {Att. #8, Page 48}	
b. CMHPSM CEO Update {Att. #9a, Page 51}	
c. Procurement Update {Att. #9b, Page 56}	

VISION

"We envision that our communities have both an awareness of the impact of substance abuse and use, and the ability to embrace wellness, recovery and strive for a greater quality of life."

- X. Adjournment
- XI. Supplemental Materials Not Discussed at Meeting
 - a. Attendance list {Att. #10, Page 60}

Next meeting: December 11, 2025*

Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room

***Pending approval of the FY2026 OPB meeting schedule**

VISION

"We envision that our communities have both an awareness of the impact of substance abuse and use, and the ability to embrace wellness, recovery and strive for a greater quality of life."

Oversight Policy Board Minutes

August 28, 2025

Patrick Barrie Conference Room
3005 Boardwalk Drive, Suite 200
Ann Arbor, MI 48108

Members Present: Mark Cochran, Jamie Dean, Amy Fullerton, Annette Gontarski, Jonathan Laye, Dave Oblak, Dave O'Dell, Frank Sample, Monique Uzelac, Tom Waldecker

Members Not present for In-person Quorum: Matthew Literski, Molly Welch Marahar, David Stimpson, Ralph Tillotson

Guests:

Staff Present: Stephannie Weary, James Colaianne, Nicole Adelman, Matt Berg, Michelle Sucharski, CJ Witherow, Joelen Kersten, Daneille Brunk, Kate Hendricks, Jane Goerge, Maureen Bowler, Aminda Davis, Alyssa Tumolo, Connie Conklin (Livingston CMH), Diane Heinlein (Livingston CMH), Kathryn Szewczuk (Lenawee CMH)

1. Call to Order
Meeting called to order at 9:30 a.m. by Board Chair M. Cochran.
2. Roll Call
Quorum confirmed.
3. Approval of the Agenda
Motion by J. Dean, supported by A. Fullerton, to approve the agenda
Motion carried unanimously
4. Approval of the April 24, 2024 Oversight Policy Board minutes
Motion by A. Gontarski, supported by D. O'Dell, to approve the April 24, 2025 OPB minutes
Motion carried unanimously
5. Audience Participation
None
6. Old Business
 - a. Finance Report
 - M. Berg presented. Discussion followed.
 - b. FY25 Healing and Recovery Funds Update
 - The region received \$1 million for FY25, some of which has been expended.
 - The state has requested that PIHPs check in regularly with the community regarding these funds and ensure transparency related to funding and outcomes.
 - N. Adelman advised of the PIHP's Opioid Settlement Funds web page, which includes a list of funded programs and initiatives. Web address:
<https://www.cmhpsm.org/opioid-settlement-funds>. Report updates will be posted to this page.

7. New Business

a. FY26 Funding Recommendations

- N. Adelman provided an overview of the proposed FY26 MDHHS allocations for substance use services, which has the potential to change depending on any changes made by the state before the beginning of the fiscal year.
- Any need for additional PA2 spending, above what has been approved by OPB, would come back to OPB for approval.

b. Board Action Request FY26 PA2 Allocations

- OPB members reviewed the proposed FY26 PA2 allocations for their respective counties.
 - Lenawee: A. Fullerton advised that the proposed funding is appropriate.
 - Livingston: The Livingston representatives agreed with the proposed funding.
 - Monroe: M. Cochran expressed concern about the inclusion of 19% funding for administrative overhead for any PA2 funding awards and would like to maintain a cap of 15% for administrative overhead for all PA2 funding awards.
 - Washtenaw: The Washtenaw representatives agreed with the proposed funding.

Motion by M. Uzelac, supported by A. Fullerton, to approve the use of FY25 PA2 funds in the amounts of \$255,433 (Lenawee); \$1,083,885 (Livingston); \$564,831 (Monroe); and \$732,549 (Washtenaw) for a total of \$ 2,636,698 as outlined in the FY26 Funding Recommendations, with a 15% cap on administrative overhead funding for all PA2 awards

Motion carried unanimously

Roll Call Vote

Yes: M. Cochran, J. Dean, A. Fullerton, A. Gontarski, J. Laye, D. Oblak, D. O'Dell, F. Sample, M. Uzelac, T. Waldecker

No:

Not present for in-person vote: M. Literski, M. Welch Marahar, R. Tillotson

8. Report from Regional Board

- J. Colaianne provided an overview of the recent Regional Board meeting, which included discussion about the state's PIHP procurement effort.
- The request for proposal (RFP) for PIHP procurement was released on 8/4/25. Submissions are due by 9/29/25.
- CMHPSM would be a part of the proposed central region.
- As a creation of the 4 CMHSPs in the current Region 6, CMHPSM would not be eligible to participate in the PIHP procurement process.
- The Regional Board passed a motion allowing for CMHPSM's participation in legal action regarding the PIHP procurement effort, either to partially fund or participate as a named plaintiff in a lawsuit against the state. Region 10 is scheduled to be the plaintiff in the upcoming lawsuit. The lawsuit will be filed soon, with a request for an injunction against the procurement RFP.
- The Regional Board also approved a motion to bid on the RFP as James deems appropriate.

9. SUS Director Updates

a. CEO Update

- Please see details in the Report from Regional Board section above.

- b. PIHP Procurement Update
 - Please see details in the Report from Regional Board section above.
- c. Staffing Update
 - N. Adelman's last OPB meeting is today. Her last day with CMHPSM is 9/2/25.
 - J. Colaianne and OPB acknowledged the contributions that N. Adelman has made to OPB, the organization and the community at large.
 - N. Adelman thanked OPB, CMHPSM staff and the SUS Team for their commitment to our region.

10. Adjournment

Motion by A. Gontarski, supported by A. Fullerton, to adjourn the meeting

Motion carried unanimously

- The meeting was adjourned at 11:12 am.

11. Supplemental Materials Not Discussed at Meeting

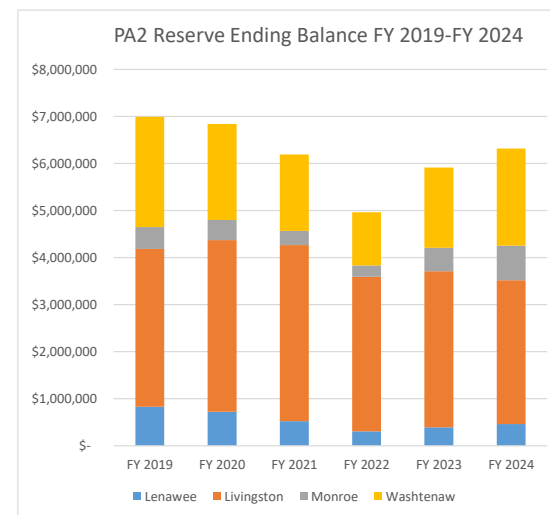
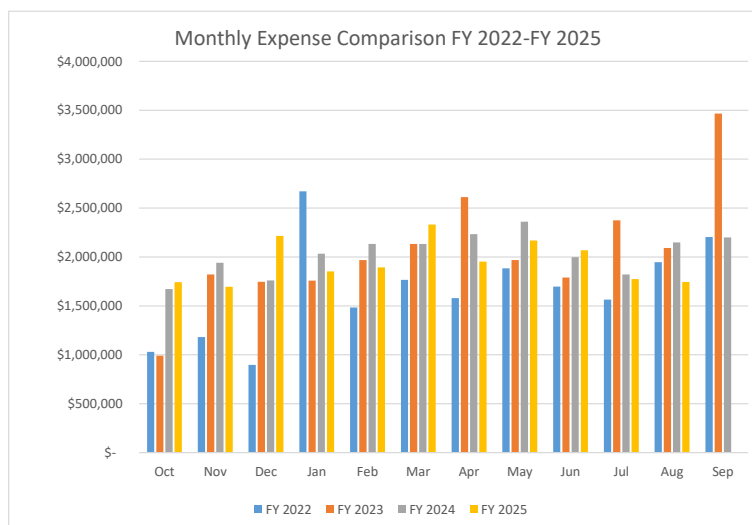
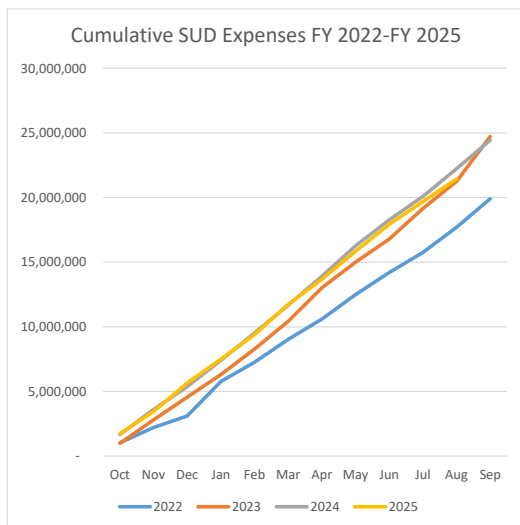
- a. Attendance list
- b. Gambling Disorder Prevention Campaign

Next meeting: September 25, 2025

Location: 3005 Boardwalk, Suite 200; Patrick Barrie Room

Community Mental Health Partnership Of Southeast Michigan
SUS SUMMARY OF REVENUE AND EXPENSE BY FUND
August 2025 FYTD

Summary Of Revenue & Expense	Funding Source						Total Funding Sources	FY 2025 PA2 Budget	PA2 YTD Activity	Remaining
	Medicaid	Healthy Michigan	Grants	HRF	SUD-HH	PA2				
Revenues										
Investment Earnings						171,258	\$ 171,258	20,000	171,258	(151,258)
Funding From MDHHS	4,195,629	9,445,806	7,190,647	550,874	640,756		\$ 22,023,712			
PA2/COBO Tax Funding Current Year							\$ -			
Lenawee						82,390	\$ 82,390	153,891	82,390	71,501
Livingston						250,567	\$ 250,567	468,062	250,567	217,495
Monroe						189,654	\$ 189,654	348,410	189,654	158,755
Washtenaw						458,755	\$ 458,755	854,337	458,755	395,582
PA2/COBO Reserve Utilization						503,343	\$ 503,343	507,637	503,343	4,294
Other (lapse to state)			-		(40,447)		\$ (40,447)		-	
Total Revenues	\$ 4,195,629	\$ 9,445,806	\$ 7,190,647	\$ 550,874	\$ 600,309	\$ 1,655,967	\$ 23,639,232	2,352,337	\$ 1,655,967	696,370
Expenses										
<u>Funding for County SUD Programs</u>										
CMHPSM			826,794	550,874	513,764		1,891,432			
Lenawee	424,169	1,113,246	628,605				2,166,020	121,474		121,474
Livingston	238,365	1,309,846	476,893			938,085	2,963,189	1,105,906	938,085	167,821
Monroe	945,799	1,861,367	2,252,373			194,864	5,254,403	256,367	194,864	61,503
Washtenaw	1,719,772	3,892,549	3,005,982			523,018	9,141,321	868,590	523,018	345,572
Total SUD Expenses	\$ 3,328,105	\$ 8,177,009	\$ 7,190,647	\$ 550,874	\$ 513,764	\$ 1,655,967	\$ 21,416,366	\$ 2,352,337	\$ 1,655,967	696,370
Administrative Cost Allocation	150,295	338,428			86,545	-	\$ 575,268			
Total Expenses	3,478,400	8,515,436	7,190,647	550,874	600,309	1,655,967	\$ 21,991,633	\$ 2,352,337	\$ 1,655,967	696,370
Revenues Over/(Under) Expenses	717,229	930,370	0	-	0	(0)	\$ 1,647,599	(0)	(0)	0



**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
(CMHPSM) REGION 6
SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD
BY-LAWS**

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 referenced as 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. Approving of any local funds for treatment or prevention of substance use disorders within CMHPSM budgets.
- F. Advising and making recommendations regarding CMHPSM budgets for substance use disorder treatment or prevention using other nonlocal funding sources.
- G. Advising and making recommendations regarding CMHPSM contracts with substance use disorder treatment or prevention providers.
- H. 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) representatives, four (4) appointed from each member county.

1. Two (2) representatives from each county shall be appointed by their respective County Board of Commissioners.
2. Two (2) representatives from each county shall be appointed by the CMHPSM Regional Board with recommendations from each respective Community Mental Health Board.
3. Each county must have at least one member representing the recovery community, or a person with lived experience.
4. Employees of agencies contracted to the CMHPSM shall not be members of the OPB.
5. Appointed members / community representatives shall reside within the county represented.

B. Length of Full Term:

1. Oversight Policy Board member terms shall last for three years when serving a full term.
2. Full terms shall be staggered to ensure that no more than one-third of OPB members turn over each year.
3. All reappointments to full terms shall last for three years.

C. 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.

D. Attendance:

1. Meeting attendance may be face to face or through electronic participation via phone or video conference as provided in Article IV(~~EF~~).
- ~~2. Conference call participation must be arranged prior to the meeting.~~
- ~~3.2.~~ An OPB member may be removed for lack of attendance. It is expected that members miss no more than three meetings per year in a twelve-month period, and no more than three consecutive meetings.
- ~~4.3.~~ In the absence of a written resignation, three (3) consecutive absences from regularly scheduled meetings or four (4) absences within a twelve (12) month period would require a removal review by the OPB.

E. Removal and Resignation:

1. A member must resign in writing to the appointing body and to the CMHPSM Board.
2. Removal reviews related to attendance, conduct or any other matters would be initiated and facilitated by the Chairperson and would be conducted at an OPB meeting.
3. A vote ~~by of three-fourths (3/4) the majority~~ of the OPB members in attendance ~~is required at the meeting during the removal review is required for to~~ recommendation of removal of that member to the respective appointing board of that member.
4. After an OPB member is removed, an appointment of a new member shall be made by the respective appointing board.

ARTICLE IV – Meetings

- A. Regular meetings shall be scheduled at least six times per year, and meet at minimum once each quarter every year. All meetings will be held at CMHPSM offices unless otherwise notified in compliance with the Open Meetings Act.
- B. Written and/or electronic 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 and/or electronically, of special meetings, pursuant to the Open Meetings Act.
- E. When the OPB has full membership, a quorum is achieved when eight (8) active members are present at a meeting, with at minimum one (1) representative from each county.
 1. In the case of a less than full membership, 50% of the active members present at a meeting, with one (1) representative from each county will constitute a quorum.
 2. Pursuant to Public Act 228 of 2020, the OPB may hold wholly or partially electronic meetings by telephonic or video conferencing while in compliance with the requirements stated within the Open Meetings Act.

- F. OPB members shall be entitled to one vote each. If a member abstains, a reason shall be stated to be reflected in the meeting minutes.
- G. Motions shall be passed by a majority vote of those present in ~~person AND via Electronic methods/Telephone when allowable accordance with~~ per the Open Meetings Act.
- 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. And Compliance with Laws

- A. The OPB shall adhere to the CMHPSM conflict of interest policy which shall require, among other things, the disclosure to the full board any actual or potential conflicts of interest by any board members. All board members will annually disclose any conflicts of interest while serving on the board per the CMHPSM policy.
- B. Employees of agencies contracted to the CMHPSM shall not be members of the OPB.
- C. OPB members shall fully comply with all applicable laws, regulations and rules applicable to its operation.

ARTICLE VI – Officers

- A. The Chairperson, Vice-Chairperson, and Secretary shall be elected by the OPB. Elections shall be held annually in October. The CMHPSM CFO will act as Treasurer for the OPB if needed.
- 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.
 - f. Ensure compliance to the by-laws
 - 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

1. Only one individual appointed by each county may serve as an officer. The OPB officers shall serve one-year terms or serve until such time as their successors are duly elected. Officers shall not serve more than 3 consecutive terms. To ensure that the Chairpersonship rotates, upon the completion of a third term serving as Chairperson, a new Chairperson shall be an individual affiliated with another county.
2. In the event of the death, resignation, removal, or other inability to serve of any officer, the Board shall elect a successor who shall serve until the expiration of the normal term of such officer or until his or her successor has been elected.

ARTICLE VII – Amendments

- A. The By-laws changes may be proposed by a majority vote of the total membership of the OPB with a quorum present which includes at least one (1) member from each county, provided that such notice of proposed amendments is made available in writing and/or electronically to members at least two weeks in advance.
- B. Amendments shall not become effective until they have been reviewed and approved by the governing board of the Community Mental Health Partnership of Southeast Michigan.
- C. Notification of By-law amendments shall be sent to the Board of Commissioners in each county.

ARTICLE VIII – COMMITTEES

- A. The Board may establish and define the responsibilities of such committees from time to time as it shall deem appropriate to fulfill the purposes set forth in Article II. The Chairperson shall, in consultation with the Board, select the membership of any committee formed.
- B. Committee membership may include individuals other than OPB Members, but each Committee must have at least one OPB member appointed to it.
- C. When a committee meeting meets the standards of an “open meeting” as prescribed within Michigan’s Open Meetings Act, all Open Meetings Act requirements must be followed.

ARTICLE IX – FINANCIAL POLICIES

- A. The Substance Use Services Director shall be authorized, along with approval from the CEO, to approve expenditures of PA2 funds for amounts up to \$2,000 prior to OPB approval.

ARTICLE X

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

REVISED AND RE-ADOPTED BY THE CMHPSM BOARD ON: TBD
ORIGINALLY ADOPTED BY THE CMHPSM ON: September 14, 2016



Oversight Policy Board Action Request – Policy Review

Board Meeting Date: October 23, 2025

Action Requested: Approve the policy actions as requested.

Background:	Action Requested	Rationale
	SUS Media Campaign – Rescind	With frequent changes per MDHHS guidance, staff believe the policy aligns better with process than policy.
	Substance Abuse Residential Room and Board SDA – Approve	3-year review with language updates.
	SUD Recipient Rights – Approve	Language updates. Inclusion of Administrative Rules for Substance Use Disorders Service Program requirements adopted June 6, 2023.
	SUS Welcoming – Approve	Language modification.

Recommend: Approval

Model Motion: *I move that the Oversight Policy Board approve the policy actions as presented.*

Policy Action

Policy name: Substance Use Services Media Campaigns

Author Name & Email: Nicole Adelman adelman@cmhpsm.org

Background: To ensure all media campaigns are compatible with CMHPSM and MDHHS values; are coordinated with CMHPSM and MDHHS campaigns whenever feasible and/or required; and associated costs are proportionate to likely outcomes.

Rationale: CMHPSM staff are requesting this policy become a process. The policy changes frequently per MDHHS guidance, and the SUS Team agrees it aligns better with process than policy

☐ New ☐ Revised | ☒ Rescind

Replaces:

☐ Old only

☐ Other (please list):

Compliance Date:	
Steps:	1. 2. 3.

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy and Procedure Substance Use Services Media Campaigns
Committee/Department: Substance Use Services	Regional Operations Committee Review Date
Implementation Date	Oversight Policy Board Approval Date

I. PURPOSE

To ensure all media campaigns are compatible with CMHPSM and MDHHS values; are coordinated with CMHPSM and MDHHS campaigns whenever feasible and/or required; and associated costs are proportionate to likely outcomes.

II. REVISION HISTORY

DATE	MODIFICATION
3/2021	Language updates
04/27/2023	Language Updates Campaign Request Form References
02/22/2024	Language Updates
7/10/2024	Language Updates MDHHS Policy and Form Update
<u>Will be OPB approval date</u>	<u>Policy rescinded, will be converted to a PIHP process.</u>

III. APPLICATION

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☐ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☒ Other as listed: All Substance Use Service Providers

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Media Campaign: A media campaign promotes or highlights a community wellness issue through a variety of media including broadcast, digital and social channels. Messages regarding availability of services in the PIHP region are not considered to

be media campaigns. This does not include promotion of agency events and agency-specific services.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Social Media: Social media is the collective of online communications channels dedicated to community-based input, interaction, content-sharing and collaboration. Examples include websites and applications dedicated to social networking and audio/video sharing platforms.

V. POLICY

Media campaigns must be compatible with CMHPSM and MDHHS values, be coordinated with MDHHS campaigns whenever feasible and costs must be proportionate to likely outcomes. All campaigns must be reviewed by the CMHPSM prior to use of MDHHS-administered funding and submitted to the MDHHS for approval.

VI. STANDARDS

- A. All mass media campaigns including, but not limited to billboards, bus panel messages, public service announcements (print, radio, video recording or TV); and social media messaging; are required to be submitted to the CMHPSM.
- B. MDHHS Media Request Form must be completed and associated materials (PSA Script, Media Message, Pictures, etc.) submitted to CMHPSM no less than 40 days prior to scheduled release (MDHHS process may take 30 days).
- C. No campaign may be initiated until receipt of approval by MDHHS is obtained. MDHHS guidelines should be followed per the MDHHS Campaign Guidelines. For example:
 - 1. If showing people, diversity must be visually represented
 - 2. Stigmatizing, biased and judgmental language should not be used
 - 3. Use simple language to increase accessibility and inclusivity
- D. Final versions must be submitted to CMHPSM.
- E. CMHPSM requires approval by any agency with a logo on campaign materials.

VII. REFERENCES

Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS, SUGE). Special Provisions
Michigan Department of Health and Human Services, Substance Use, Gambling and Epidemiology Section (MDHHS, SUGE). (2024). *External Campaign Request Form*.

Michigan Department of Health and Human Services (MDHHS), Substance Use, Gambling and Epidemiology Section (SUGE) & Office of External Affairs and Communications. (2024). *MDHHS Campaign Guidelines*.

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy and Procedure Substance Abuse Residential Room and Board State Disability Assistance (SDA) Policy
Department: SUD Services	Regional Operations Committee Review Date
Implementation Date (1 st of month following approval)	Oversight Policy Board Approval Date

I. PURPOSE

To ensure State Disability Assistance (SDA) earmarked funds are appropriately distributed for eligible recipients.

II. POLICY

It is the policy of the CMHPSM to utilize State Disability Assistance (SDA) when available, to ensure the funding of room and board for consumers/individuals served requiring a residential level of care within the Region when they are eligible. The consumer/individual served must attest to the fact that they are SDA eligible through Michigan Department of Health and Human Services (MDHHS) prior to the provider billing for room and board using a CMHPSM designated form.

III. REVISION HISTORY

DATE	MODIFICATION
9/18/07	Original policy
6/2021	Update Language and process
1/24/2021	Language
07/28/2022	Language
<u>OPB approval date</u>	<u>3-year review; Language Updates</u>

IV. APPLICATION

This policy applies to: ~~SDA-eligible individuals, eligible residential providers; CMHPSM SUD Team and Finance Department~~

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☐ Mental Health / Intellectual or Developmental Disability Service Providers
☒ ☐ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

V. DEFINITIONS

Eligible provider: Provider of Residential Substance Abuse services located within Lenawee, Livingston, Monroe or Washtenaw counties approved to utilize Supplemental Disability Assistance (SDA).

Eligible Consumer/Individual Served—: Consumer/Individual served who meets the financial eligibility criteria as determined by the Michigan Department of Health and Human Services, has completed the application process, and has been granted Supplemental Disability Assistance (SDA), or has met eligibility criteria as listed on the attestation form below.

Residential Substance Use Disorder Treatment: Treatment in a residential setting that provides structured clinical services as determined by ASAM level of care.

VI. STANDARDS

All consumers/individuals served receiving SDA funding for room and board will have the designated form submitted by the residential provider and will be reviewed by the PIHP.

According to MDHHS SDA website:

To receive SDA, a person must be disabled, caring for a disabled person, or age 65 or older.

A person is disabled for SDA purposes if they:

- receives other specified disability-related benefits or services (e.g., Retirement, Survivors and Disability Insurance (RSDI) or Supplemental Security Income (SSI) due to disability or blindness, etc.), or
- resides in a qualified Special Living Arrangement facility (e.g., Home for the Aged, County Infirmary, Adult Foster Care Home or Substance Abuse Treatment Center), or
- is certified (a review process initiated by the MDHHS Specialist) as unable to work due to mental or physical disability for at least 90 days from the onset of the disability.

VII. PROCEDURE

1. PIHP will have a written agreement with providers to provide SDA funds.
2. Eligible Residential Provider determines whether consumer/individual served currently has been approved for SDA. If not, refers consumer/individual served to MDHHS for application if consumer/individual served is in need and meets preliminary criteria.
3. If the consumer/individual served has not yet been approved by MDHHS but meets criteria on designated form below and is confirmed to be receiving residential services, consumer/individual served will be considered eligible.
4. The provider will submit on a monthly invoice billing that at a minimum includes consumer/individual's initials, Date of Birth, Admission Date, Discharge Date (if applicable), number of days billed, SDA charges per day, and total charges. Documentation of SDA eligibility using the designated form must accompany the invoice.
5. PIHP will verify residential treatment status and will authorize for residential treatment when the PIHP expects to reimburse the provider for the treatment.

VIII. EXHIBITS

A. CMHPSM State Disability Assistance (SDA) Form**VIII.~~IX.~~ REFERENCES**

General Administrative Requirements: Code of Federal regulations, Title 45, Part 160, US Government, (2013)

<https://www.govinfo.gov/content/pkg/CFR-2020-title45-vol2/pdf/CFR-2020-title45-vol2-part160.pdf>

MDHHS-PIHP Medicaid Managed Specialty Supports and Services Contract, FY24

Michigan Administrative Rules 45 CFR Part 160 & 164 -- General Administrative Requirements.

Michigan Administrative Rules 42 CFR Part 2 -- Confidentiality of Substance Use Disorder Patient Records.

Michigan Administrative Rules 42 CFR Parts 400 et al (Balanced Budget Act)

Michigan Department of Health and Human Services, State Disability Assistance. SDA eligibility. SOM - State of Michigan. (MDHHS, SDA).
<https://www.michigan.gov/mdhhs/faq/disability/sda-eligibility>

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	
45 CFR Parts 160 & 164 (HIPPA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Mental Health Code Act 258 of 1974		
JCAHO Behavioral Health Standards		
MDHHS Medicaid Contract		
MDHHS Substance Abuse Contract	X	
Michigan Medicaid Provider Manual		
MDHHS SDA website	X	



CMHPSM State Disability Assistance (SDA)

This form is to be used as a screening tool to help determine if an individual may qualify for SDA funding for a portion of your residential treatment services through CMHPSM. Please complete the following information:

1. I am 18 years of age or older. ☐ True ☐ False
2. I am a Michigan resident. ☐ True ☐ False
3. I am U.S. citizen or have an acceptable alien status. ☐ True ☐ False
4. I am not receiving any type of cash assistance from another state. ☐ True ☐ False
5. Please list cash assets: (*do not include property owned such as cars, homes, land, etc.*):
 - Amount of cash on hand: \$ _____
 - Bank account balances: \$ _____
 - Any other type of cash assets such as Investments, Retirement plans, Trusts, etc.: \$ _____
 - Total Cash Assets:** \$ _____
 - My total cash assets are \$3,000 or less. ☐ True ☐ False

I verify that the above statements are true.

PRINT Individual Name

Individual Signature

Date

If this screening has determined you may be eligible for residential SDA funding, you are encouraged to contact your local Michigan Department of Health & Human Services office/MI Bridges website to apply for full SDA benefits. The state of Michigan has more eligibility guidelines that must be met.

Provider Use Only

Screening positive for SDA eligibility? ☐ Yes ☐ No
 Individual participating or admitted for residential services? ☐ Yes ☐ No

Staff will verify that this individual meets the ASAM criteria for residential level of care.

PRINT Staff Name

Staff Signature

Date

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> Recipient Rights for Substance Use Disorder Recipients
Department: Substance Use Disorder Services	Regional Operations Committee Review Date <u>06/11/2025</u>
Implementation Date (1st of month following approval)	Oversight Policy Board Approval Date

I. PURPOSE

This policy ensures the legal authority and requirements for the rights and protections for all consumers/individuals receiving Substance Use Services authorized and/or delivered by the Community Mental Health Partnership of Southeast Michigan (CMHPSM) licensed contracted providers to ensure compliance with R325.1391 to R325.1399 of the Administrative Rules for Substance Abuse Service Programs in Michigan (June 2023). This policy establishes that a Recipient Rights Advisor shall be designated to oversee recipient rights activities for individuals seeking substance abuse/use services through the Community Mental Health Partnership to ensure compliance with R325.1391 to R325.1399 of the Administrative Rules for Substance Abuse Service Programs in Michigan and the following policies and procedures. It shall also be the responsibility of the Rights Advisor to annually review these policies and procedures and consider necessary revisions. Documentation of this annual review and the majority approval of the governing body shall become a part of the administrative record.

II. REVISION HISTORY

DATE	MODIFICATION
11/21/2006	Original document
08/01/2016	Adopted by CMHPSM
12/05/2019	Language updates
08/04/2021	Inclusion of Administrative Rules for Substance Use Disorders Service Program Requirements adopted December 17, 2018
<u>Will be OPB approval date</u>	<u>Language updates; Inclusion of Administrative Rules for Substance Use Disorders Service Program requirements adopted June 6, 2023</u>

III. APPLICATION

~~This policy applies to: all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) who provide Substance Use Disorder (SUD) services.~~

- | |
|--|
| ☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers |
| ☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers |

<u>Service Providers of the CMHPSM and/or Regional CMHSP Partners:</u>
☐ <u>Mental Health / Intellectual or Developmental Disability Service Providers</u>
☒ <u>SUD Treatment Providers</u> ☒ <u>SUD Prevention Providers</u>
☐ <u>Other as listed:</u>

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to ~~coordinate substance use disorder services in a specified region, provide specialty services and supports, provide specialty services and supports.~~

Commented [NA1]: Standardized definition for region

Regional Rights Consultant: Individual designated by the CMHPSM to conduct recipient rights activities according to procedures outlined by the administrative rules and Michigan Department of Health and Human Services for the Regional Entity.

Recipient: An individual/consumer served who receives services from a licensed substance ~~use disorder services~~abuse program in the State of Michigan.

Recipient Abuse: An intentional act by a staff member which inflicts physical injury upon a recipient, or which results in sexual contact with a recipient, or a communication made by a staff member to a recipient, the purpose of which is to curse, vilify, intimidate or degrade a recipient or to threaten a recipient with a physical injury.

Recipient Neglect: A recipient suffers injury, temporarily or permanently, because the staff or other person responsible for the recipient's health or welfare has been found negligent.

Sexual Contact: The intentional touching by a staff member of the recipient's intimate parts or the intentional touching of clothing covering the immediate area of the recipient's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification.

V. POLICY

- A. A recipient as defined in the 20~~23~~¹⁸ Administrative Rules for Substance ~~Abuse-Use Disorders~~ Services Programs in Michigan shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual orientation, sexual identity or political beliefs.

B. The admission of a recipient to the program, or the provisions of prevention services, shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitution.

C. A recipient has the right to file ~~may present~~ grievances or suggested changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.

a. To file a non-Recipient Rights complaint, the complainant will need to complete the Department Form BCHS-SUD-250. The complaint should be limited to allegations that a program did not comply with the Public Health Code, Mental Health Code, other state laws, or the SUD state administrative rules. The form shall be made available to recipients and can be found on the MDHHS Licensing and Regulatory Affairs website: [Link](#)

a. The following are examples of non-recipient rights concerns:

i. Medication errors

ii. Staffing concerns

iii. Facility physical plan concerns

iv. Violation of state administrative rules or other state and/or federal laws

~~C.D.~~ A recipient shall be allowed to participate in the development of ~~his or her treatment~~ his or her service (treatment) plan.

~~D.E.~~ A ~~client~~ recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents the program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated by the licensee, with the Program Director's written approval and upon reasonable notice. The reason for termination will be recorded in the recipient's record.

F. Unless notified in writing before admission, a recipient may utilize medications as prescribed by a physician.

G. Upon admission, As part of the admissions/intake process, each recipient is provided with program rules and a brochure which summarizes recipient rights (Exhibit A), which are also posted in public places in the program. Rights of recipients shall be displayed on a poster provided by the department in a public area of all licensed programs. The poster shall indicate the program rights advisor's name and phone number, as well as the contact information for the Regional Rights Consultant.

b. A form that indicates that the recipient understands the rights and consents to specific restrictions of rights based on program policy. The recipient shall sign this form. A copy of the form shall be provided to the recipient and also become a part of the recipient's record. Refusal to acknowledge rights information will be noted in the medical record.

c. A recipient rights complaint violation form after the recipient completes the consent form. (Exhibit B)

Commented [NA2]: Not found in SUD Admin rules

Commented [CW3R2]: This is still a thing, still required, see <https://www.michigan.gov/lara/bureau-list/bchs/Substance-Use-Disorder-Licensure/panel-main/file-a-complaint/file-a-recipient-rights-complaint>

H. -A recipient must be informed if a program has a policy for discharging recipients who fail to comply with program rules and must receive, at admission and thereafter upon request, a notification form that includes written procedures that explain all of the following:

- a. The types of infractions that can lead to discharge.
- b. Who has the authority to discharge recipients.
- c. How and in what situations prior notification is to be given to the recipient who is being considered for discharge.
- d. The mechanism for review or appeal of a discharge decision. These rules inform new recipients of the infractions which can lead to discharge. The rules also describe the mechanism for appealing a discharge decision and which staff have authority to discharge. The recipient shall sign a form that documents that a written copy of the program rules has been received and questions about it answered. This form shall be maintained in the recipient's record.

A program shall have policies and procedures for the services offered, including Confidentiality and Recipient Rights, and review them triennially or sooner as necessary.

A program shall establish an in-service education program for all staff who treat, monitor, or interact with a recipient for care issues and management staff at orientation and at regular intervals as appropriate but at a minimum of every 3 years. The program shall maintain training records for each staff person. The in-service education program must include, at a minimum, all of the following:

- Cultural competency and diversity
- State and federal rules and regulations regarding confidentiality
- Mandated reporting of suspected abuse and neglect
- Assessment and management of intention to harm oneself or others
- Individualized treatment
- Recipient rights

Commented [NA4]: Not in SUD Admin rules; kept and moved below

I. A recipient shall have the benefits, side effects and risks associated with the use of any medication fully explained in language which is understood by the recipient. Recipients receiving medication shall sign an informed consent form.

E.J. A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as 1-way vision mirrors, tape recorders, televisions, movies, or photographs.

F.K. A recipient has the right to review, copy, or receive a summary of his or her their program records, unless in the judgment of the Executive Program Director, such actions will be detrimental to the recipient or to others for either of the following reasons:

- a. Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.
- b. Granting the request for disclosure will cause substantial harm to the recipient.

If the Program Director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record or a summary of the record. If a recipient is denied the right to review all or part of ~~his or her~~their record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons shall be stated in the ~~client~~ recipient's record and shall be signed by the Program Director.

~~G.L.~~ A recipient has the right to receive services free from physical or mental abuse or neglect or sexual abuse from staff. ~~A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient as the terms "abuse" and "neglect" are defined in the Substance Abuse Quality Assurance and Licensing Section of the Administrative Rules.~~

~~H.M.~~ A recipient has the right to review the written fee schedule in programs where recipients are charged for services. ~~Policies on fees and revisions of these policies must be approved by the licensee and recorded in the administrative record of the program. Any revisions of fees will be approved by the governing authority and posted at least two weeks in advance.~~

~~I.N.~~ A recipient ~~is entitled~~has the right to receive an explanation of ~~his or her~~their bill upon request, regardless of the source of payment.

~~O.~~ A recipient has the right to information concerning ~~Should the program engage in any experimental or research procedure proposed as a part of his or her~~their treatment or prevention services, ~~any or all recipients will be advised as to the procedures to be used and have the right to refuse participation to participate in the experiment or research without jeopardizing their continuing services. A program shall comply with State and federal rules and regulations concerning research that involvesing human subjects. will be reviewed and followed.~~

~~P.~~ In a residential and residential withdrawal management program the following rights apply:

- ~~a.~~ A recipient has the right to associate and have private communications and consultations with ~~his or her~~their licensed health professional, attorney, or person of his or her choice.
- ~~b.~~ A program shall post its policy concerning visitors in a public place.
- ~~c.~~ Unless contraindicated by program policy or an individual service plan, a recipient is allowed visits from family members, friends, and other persons of ~~his or her~~their choice at reasonable times, as determined by the program director or according to posted visiting hours. A recipient shall be informed in writing of visiting hours upon admission to the program.
- ~~d.~~ To protect the privacy of all other recipients, a program director shall ensure, to the extent reasonable and possible, that the visitors of recipients will see or have contact with only the individual they have reason to visit.
- ~~e.~~ A recipient has the right to be free from physical and chemical restraints, except those authorized in writing by a physician, physician's assistant, or advanced practice registered nurse for a specified and limited time. Written policies and procedures that set forth the circumstances that require the use of restraints and designate the program personnel responsible for applying restraints must be

approved in writing by a physician, physician's assistant, or advanced practice registered nurse and shall be adopted by the licensee. Restraints may be applied in an emergency to protect the recipient from injury to self or others. The restraints must be applied by designated staff. This action must be reported immediately to a physician, physician's assistant, or advanced practice registered nurse and reduced to writing in the recipient record within 24 hours.

f. A recipient has the right to be free from doing work the program would otherwise employ someone else to do unless the work and the rationale for its therapeutic benefit are included in program policy or in the service plan for the recipient.

g. A recipient has the right to a reasonable amount of personal storage space for clothing and other personal property. All of these items must be returned to the recipient upon discharge from the program.

a-h. A recipient has the right to deposit money, earnings, or income in his or her name in an account with a commercial financial institution. A recipient has the right to get money from the account and to spend it or use it as he or she chooses, unless restricted by program policy or by the service plan for the recipient. A recipient has the right to receive all money or other belongings held for him or her by the program within 24 hours of discharge from the program.

~~J. A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies or photographs.~~

~~K. Fingerprints may be taken and used in connection with treatment or research or to determine the name of a recipient only if expressed written consent has been obtained from the recipient. Fingerprints shall be kept as a separate part of the recipient's record and shall be destroyed or returned to the recipient when the fingerprints are no longer essential to treatment or research.~~

~~L. These policies and procedures shall be provided to each member of the program staff. Each staff member shall review and sign a form, which indicates that he or she understands, and shall abide by this program's recipient rights policy and procedures. A copy of the signed form will be maintained in the staff member's personnel file; a second copy will be retained by the staff member.~~

Q. A program shall have a policy and procedure to ensure compliance with recipient rights requirements. The policy and procedures shall be reviewed and documented annually and updated as necessary. The policy must address all of the following:

a. Identification of a staff member to function as the program's rights advisor. If the rights advisor has other duties assigned, the policies and procedures must address how complaints are filed and investigated using other trained staff. The program rights advisor shall do all of the following: The Program Director shall designate one staff member to function as the program rights advisor. The rights advisor shall:

- i. Attend ~~all Substance Abuse Quality Assurance & Licensing training pertaining concerning to~~ recipient rights procedures and training specific to program rights advisor responsibilities.
 - ii. Receive and investigate all recipient rights complaints independent of interference or reprisal from program administration
 - iii. Communicate directly with the CMHPSM Regional Rights Consultant when necessary, including when a complaint cannot be resolved at the program level.
 - b. Outline the method of filling recipient requests to review, copy, or receive a summary of recipient treatment or prevention service case records.
 - b.c. Provide simple mechanisms for notifying recipients of their rights, reporting apparent rights violations, determining whether in fact violations have occurred, and ensuring that firm, consistent, and fair remedial action is taken in the event of a violation of these rules.
- R. Copies of recipient rights policies and procedures shall be provided to SUS staff. Each staff member shall review the policies and procedures and shall sign a form that indicates that he or she understands and shall abide by the policies and procedures. A signed copy shall be maintained in the staff personnel file; a second copy will be retained by the staff member.
- S. A program shall establish an in-service education program for all staff who treat, monitor, or interact with a recipient for care issues and management staff at orientation and at regular intervals annually. The program shall maintain training records for each staff person. The in-service education program must include, at a minimum, all of the following:
 - a. Cultural competency and diversity
 - b. State and federal rules and regulations regarding confidentiality
 - c. Mandated reporting of suspected abuse and neglect
 - d. Assessment and management of intention to harm oneself or others
 - e. Individualized treatment
 - f. Recipient rights
- T. A program may choose to restrict specific rights of a recipient based on the program policies and procedures. These restrictions are permissible only when there is a documented therapeutic purpose and timeframe in the recipient's record. A restriction shall not be for more than 30 days without being renewed in writing in the recipient record and shall be signed by a licensed health professional.
- ~~B. Rights of recipients shall be displayed in a public place on a poster, to be provided by the Michigan Department of Health and Human Services (MDHHS). The poster will indicate the designated rights advisor's name and phone number, as well as the contact information for the Regional Rights Consultant.~~
- ~~— As part of the intake or admission process, each recipient will receive the following:~~
 - ~~— A brochure which summarizes recipient rights. (Exhibit A)~~
 - ~~— A written description of any restrictions of the rights based on program policy.~~

- ~~— An oral explanation of the rights in language that is understood by the recipient.~~
- ~~— A form that indicates that the recipient understands the rights and consents to specific restrictions of rights based on program policy. The recipient shall sign this form. A copy of the form shall be provided to the recipient and also become a part of the recipient's record. Refusal to acknowledge rights information will be noted in the medical record.~~
- ~~— A copy of the (non-recipient right) complaint process (Department Form BCHS-SUD-250)~~
- a. ~~A recipient rights complaint violation form after the recipient completes the consent form. (Exhibit B)~~

~~C. Staff from the program shall explain each right listed on the brochure to the recipient. The recipient will then be given the brochure. The recipient is asked to sign a rights acknowledgement form upon receipt of the brochure by the program. Program staff shall indicate that the recipient was given information on recipient rights and any questions regarding those rights were explained by indicating on the Recipient Rights checkbox in the medical record. Refusal to acknowledge rights information will be noted in the medical record.~~

~~D.B. If the recipient is incapacitated, he or she shall be presented with the brochure, explanation of rights, and opportunity to document understanding of the rights as soon as feasible, but not more than 72 hours after admission.~~

~~C. The procedure to be followed when the Rights Advisor receives a formal complaint is described in detail in the January 1982 Recipient Rights Procedure Manual. It is this program's policy that the Program Rights Advisor follows the procedures outlined in that manual, includes the following:~~

- a. ~~A complaint of a recipient rights violation shall be made on department form BCHS-SUD-200 (Exhibit B) and shall be distributed to the recipient by the program. The form can also be found on the MDHHS Licensing and Regulatory Affairs website: [Link](#)~~
- b. ~~When circumstances prevent completion of the initial investigation or remedial action, the program rights advisor or the regional entity rights consultant shall submit a written report to the department stating the reasons for tardiness and the actions being taken to expedite completion of the procedures.~~
- c. ~~A copy of a complaint of a recipient rights violation shall be submitted to the CMHPSM upon receipt.~~
- d. ~~An initial complaint of a recipient rights violation shall be investigated by the program rights advisor, except in instances where the recipient requests that the initial complaint be reviewed by the regional entity rights consultant. The investigation shall be initiated within 10 working days of receipt of the complaint by the program rights advisor or the regional entity rights consultant.~~
- e. ~~A written report (Department Form BCHS-SUD-205) and recommended remedial actions, if any, shall be completed within 25 working days of receipt of the initial complaint. Copies of the report shall be submitted within 5 working days of completion to the complainant and the CMHPSM. This report~~

- shall serve as notice of the program rights advisor's final recommendation for resolution of the complaint.
- f. Recommended remedial action shall include time limits for implementation. The regional entity rights consultant shall monitor the implementation of remedial actions recommended by the program rights advisor and shall notify the program rights advisor of situations where time limits appear unreasonably short or long or where unforeseen problems cause a delay in implementation of recommended remedial actions.
- g. If a complainant is not satisfied with the program rights advisor's findings, conclusions, recommended remedial action, or implementation of recommended remedial action, the complainant may appeal within 15 working days of receipt of the written report to the regional entity rights consultant on Department Form BCHS-SUD-210 and distributed to programs by the regional entity. Copies of these appeals shall be distributed to the complainant, the program, and the department within 5 working days of receipt of the appeal by the regional entity rights consultant.
- h. An appeal received by the regional entity shall be reviewed by the regional entity rights consultant within 10 working days of receipt, unless the time limitation is waived in writing by the complainant. The regional entity rights consultant may hold an informal conference involving the complainant and the program director to determine the basis of the complaint and the position of the program.
- i. If the regional entity rights consultant determines that the findings, conclusions, and recommended remedial action or implementation of recommended remedial action by the program resolves the problem that caused the complaint, this determination, including the rationale for the determination, shall be submitted in a written report (Department Form BCHS-SUD-215) to the complainant, the program, and the department within 15 working days of receipt of the appeal. This report shall serve as notice of the regional entity rights consultant's final recommendation for resolution of the complaint.
- j. If the regional entity rights consultant determines that the findings, conclusions, and recommended remedial action or implementation of recommended remedial action by the program do not appear to resolve the problem that caused the complaint, or if the regional entity rights consultant feels the issues cannot be satisfactorily resolved at an informal conference, then the regional entity rights consultant shall initiate an investigation of the case within 15 working days of receipt of the appeal.
- k. A written report (Department Form BCHS-SUD-215) and recommended remedial action to be implemented by the program director shall be completed by the regional entity rights consultant within 25 working days of receipt of the appeal at the regional entity. Copies of the report shall be submitted within 5 working days of completion to the complainant and the program. This report shall serve as notice of the regional entity rights consultant's final recommendation for resolution of the complaint.
- l. Any recommended remedial action shall include time limits for implementation and shall be evaluated by the regional entity rights consultant for its effectiveness in resolving the problem that caused the complaint.
- m. The complainant may appeal, within 15 working days of receipt of the written report, to the department on Department form BCHS-SUD-220 and distributed by the regional entity. The department shall distribute copies of the

appeal to the program and regional entity within 5 working days of receipt. The department shall review the appeal within 10 working days of the receipt of the appeal. The department may hold an informal conference of concerned parties to explore the issues.

n. If the department concurs with the regional entity, the complainant shall be so notified within 15 working days of receipt of the appeal by the department. Such notification shall include the rationale for the decision. If the complainant is not satisfied with the decision of the department, the complainant shall also be informed that he or she may subsequently request from the department director a hearing under the administrative procedures act of 1969. This request may be made in a letter to the director from the complainant within 15 working days of receipt of the notification from the department.

o. If the director decides to reinvestigate the case, the complainant shall be notified of this within 10 working days of receipt of the appeal. Copies of this notification shall be sent to the program rights advisor and to the regional entity rights consultant.

a-p. A written report of the investigation procedures, findings, and administrative or licensing action recommended to the department director and resulting from the department's investigation shall be completed within 25 working days of receipt of the appeal and shall be submitted to the director. Copies shall be distributed to the regional entity rights consultant and to the program rights advisor. Findings and recommended action shall be submitted to the complainant within 30 working days of receipt of the appeal.

b. In addition to procedures above, the CMHPSM will require the provider rights advisor to submit a copy of any rights complaint upon receipt.

c. The provider shall follow up as indicated and submit a copy of the investigation and resolution response to the CMHPSM upon completion.

VI. EXHIBITS

A. ~~Staff Acknowledgement Form~~

~~Recipient Rights Complaint Log~~

A. ~~Licensing and Regulatory Affairs Know Your Rights brochure (9/1/2020)~~

B. ~~SUD Program Initial Recipient Rights Complaint Form - Licensing and Regulatory Affairs Form BCHS-SUD-200 (9/3/2020)~~

C. ~~Substance Use Disorder Programs Complaint Form (Non Recipient Rights Complaint)- Licensing and Regulatory Affairs Form BCHS-SUD-250 (10/05/2020)~~

Commented [KS5]: There are no exhibits attached here and no exhibits on this policy on the regional website. Do you have copies of them? I not, let's remove, as these are not standardized forms provided by LARA.

VII. REFERENCES

A. ~~MI Administrative Code(s) for Licensing and Regulatory Affairs - Bureau of Community and Health Systems, Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems Substance Use Disorders Service Program Administrative Rules (June 6, 2023), R 325.1301 to R 325.1399; MI public health code 1978 PA 368, MCL 333.6234, and Executive Reorganization Order Nos. 1991-3, 1994-1, 1996-1, 1996-2, 1997-4, 2009-1, and 2011-4, MCL 333.26321, 333.26322.~~

- 330.3101, 445.2001, 333.26324, 333.26327, and 445.2030 ~~Administrative Rules for Substance Use Disorders Service Program Requirements December 17, 2018~~
- ~~B. Michigan Model Recipient Rights Policy & Procedure Manual, May 2013~~
- ~~Michigan Administrative Rules. (n.d.). Michigan Administrative Rules: Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems. Substance Use Disorders Service Program, Part 1: Definitions. In Michigan Administrative Rules. <https://www.michigan.gov/lara/-/media/Project/Websites/lara/bchs/Folder2/SUD-Rules-6-26-23.pdf?rev=e52e2d470cf249cf83ad93ec0d9b49d1&hash=0D2FA5820FED4F3D9FE871FE6414F44E>~~
- ~~C.B.~~ Substance ~~Abuse-Use Disorder~~ Recipient Rights, "Know Your Rights" Pamphlet (9/1/2020)
- ~~D.C.~~ Community Mental Health Partnership of Southeast Michigan (CMHPSM) Confidentiality & Access to Consumer I Records Policy (8-20-18) (8/24/2020)
- ~~E.D.~~ Community Mental Health Partnership of Southeast Michigan (CMHPSM) Consumer Appeals Policy (6/4/2018).

Exhibit A

WHAT YOU CAN DO:

Talk to your program rights advisor. Maybe together you can find a simple solution to your complaint.

If that doesn't work, you can fill out a formal complaint. Your rights advisor has complaint forms.

After you give your complaint to your rights advisor, the complaint will be investigated. You will get a written answer to your complaint within 30 working days.

If you don't accept the written answer to your complaint, you have 15 working days to file an appeal to the regional rights consultant. Your rights advisor will provide you with appeal forms or you can send for one by writing to the address on the back of this brochure.

Within 30 working days, the regional rights consultant will give you a written answer to your appeal.

If you don't agree with the written answer to your appeal, you can file another appeal to the state rights coordinator.

YOUR PROGRAM RIGHTS ADVISOR

Name _____

Phone _____

For additional information or to obtain forms to initiate a complaint, contact your local Substance Abuse Coordinating Agency at:

LARA
LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDFUL.

LARA is an equal opportunity employer/program.
Revised 8/14

**know
your
RIGHTS**

Exhibit A cont.

YOUR RIGHTS

We are dedicated to providing you with quality services. We also believe that as someone who is receiving services from our program, you should know your rights. You should know how to make a complaint if you believe any of your rights have been violated.

YOU HAVE THE RIGHT TO KNOW:

- How much our services cost, and how much you must pay
- When violation of program rules could lead to your discharge
- All about any drugs that are used in your treatment
- If you, or information about you, will be used in any research or experiments.

YOU HAVE THE RIGHT TO:

- All civil rights guaranteed by state and federal law
- Suggest changes in our services
- Expect us to look into your complaints
- Help make up your own treatment plan
- Refuse our services and be told what will happen if you do
- Talk with your own doctor or lawyer
- Obtain a copy or summary of your client record unless the program director recommends otherwise

YOU HAVE THE RIGHT TO EXPECT THAT PROGRAM STAFF WILL NOT:

- Abuse and neglect you
- Give out information about you without your permission
- Require you to be part of any research if you don't want to

AND:

If you are in a hospital, halfway house, or other live-in setting, you have some additional rights.

All of these rights have some special limits. Check with your program rights advisor for further details. These additional rights include the right to:

- Know all the rules about having visitors
- Not be restrained – physically or by drugs, unless authorized by a physician
- Refuse to do work for us unless the work is part of your treatment plan
- Have space to put your personal belongings
- Keep your own money

If you want to know more about your rights, please read the recipient rights poster in the lobby or ask the program rights advisor for a more complete list of your rights.

YOUR RESPONSIBILITIES:

- You are responsible for payment of your bill
- You are responsible for knowing if your insurance company will pay for part or all of your bill
- You are responsible for providing clear and accurate information about yourself
- You are responsible for following rules of our program
- You are responsible for being considerate of the rights of others who are recipients of services or our staff

YOU AND YOUR RIGHTS ADVISOR

If you think your rights have been violated at our program, please talk to your rights advisor. This person is interested in listening to your complaint and helping you find a solution.

Your rights advisor's name and phone number are on the back of this brochure. Please contact your rights advisor if you believe your rights have been violated.



BUREAU OF COMMUNITY AND HEALTH SYSTEMS

Substance Use Disorder Programs

COMPLAINT FORM

(Non-Recipient Rights Complaint)

This complaint should be limited to allegations that a program did not comply with the public health code, mental health code, other state laws, or the substance use disorder state administrative rules. Your complaint can be filed with the Department on this form or by contacting the Complaint Department at <https://www.michigan.gov/lara/complaints>.

If the allegations are a recipient rights violation, please go to the recipient rights documents located at <https://www.michigan.gov/lara/recipientrights> to complete the recipient rights complaint forms and process. A list of recipient rights violations are provided on the "Know Your Rights Brochure".

This complaint may be subject to a public records request. If you remain anonymous, Licensing and Regulatory Affairs will not be able to contact you to obtain additional information or notify you of the results of the complaint investigation.

Section I Complainant Information (Skip to Section II if you wish to remain anonymous)

Complainant Name
Home Address
Phone Number Email
Patient Name
(if not the complainant)

Section II Facility Information (Required)

Facility Name
License Number (if known)
Facility Address
Phone Number
Did you notify the facility about your complaint? ☐ Yes ☐ No
If yes, name of person contacted?

Field Code Changed

COMMUNITY AND
HEALTH SYSTEMS

To Be Completed by Complainant

Program Name
License Number (if known)
Date form was given to Program Rights Advisor

**Substance Use Disorder
COMPLAINANTS INITIAL RIGHTS COMPLAINT FORM**

1. Describe your complaint: Give names of witnesses or other details that will help your rights advisor understand your complaint (attach additional paper if necessary)
2. Where did it happen?
3. When did it happen? (Date and Time)
4. What right(s) do you think were violated?
5. What would you consider to be a fair solution to this complaint? (what action, by whom and by when?)
6. How do you want to get your copy of the investigation report for this complaint? (Check one) ☐ PICK UP in rights' advisor's office within 30 working days. When report is ready, please call me at: (Telephone Number w/area code) ☐ MAIL to me at the following address by registered mail: Street Address City State Zip Code
7. Complainant's Signature (also sign authorization to release information on Page 2). Signature: Date:
8. Date Complainant provided this BCHS-SUD-200 to Program Rights Advisor: Date:

Field Code Changed

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy</i> Welcoming Policy
Department: Substance Use Services	Regional Operations Committee Review Date
Implementation Date	Oversight Policy Board Approval Date

I. PURPOSE

To establish expectations and standards for the implementation of a welcoming philosophy across the Community Mental Health Partnership of Southeast Michigan (CMHPSM) where ~~consumers/individuals served~~ consumers/individuals served/participants and their family members receive meaningful, non-judgmental interactions from staff within the Recovery Oriented System of Care (ROSC).

II. REVISION HISTORY

DATE	MODIFICATION
10/2006	Original policy
10/2009	Language modification
02/2012	Language modification
08/2016	Language modification
11/2019	Language modification
03/2021	Language modification
10/28/2021	Change “client” to “individual”
09/26/2024	Language modification
<u>Will be OPB approval date</u>	<u>Language modification</u>

III. APPLICATION

This policy applies to:

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☐ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☒ Other as listed: All Substance Use Service Providers

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Co-Occurring Disorder: Have both a mental health and substance use diagnosis or a developmental disability (DD) (in some instances, both a DD diagnosis and mental health diagnosis) and a substance use diagnosis.

Consumer/Individual Served/Participant: The person requesting, accepting, receiving or being referred for services through the CMHPSM

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

SUGE: Michigan Department of Health and Human Services (MDHHS) Substance Use Gambling and Epidemiology (SUGE).

V. POLICY

A welcoming philosophy is based on the core belief of dignity and respect for all people while in turn following good business practice. In this context, welcoming was determined to be an important factor in contributing to successful consumer/individual/participant outcomes.

The goal of Substance Use Disorder (SUD) treatment is to move ~~consumers/individuals served~~ consumers/individuals served/participants along the path of recovery. There are two main features of the recovery perspective. It acknowledges that recovery ~~is~~ can be a long-term process of internal change, and it recognizes ~~that~~ these internal changes proceed through various stages. As SUD is a chronic disease, it is characterized by acute episodes or events that precipitate a heightened need for a ~~consumer/individual served~~ consumer/individual served/participant to change their behavior. It is important for the system to understand and support the consumer/individual served/participant seeking treatment by providing an environment including actions/behavior that foster entry and engagement throughout the treatment process and supports recovery.

In accordance with the MDHHS Substance Use Gambling and Epidemiology (SUGE) Technical Advisory on Welcoming (2020) and the Network for Improvement of Addiction Treatment (NIATx) “Key Paths to Recovery” the CMHPSM aims of reduced waiting, ~~reduc~~ing no-shows, increased admissions and increased continuation in treatment, all incorporate an expectation for a welcoming philosophy. Welcoming principles extend to include all ~~consumers/individuals served~~ consumers/individuals served/participants, of an agency (the consumer/individual served, their family/advocates, referral sources and agency staff.)

VI. STANDARDS

Welcoming is conceptualized as an accepting attitude and understanding of how people ‘present’ for treatment and a capacity on the part of ~~that~~ providers to address their needs in a manner that accepts and fosters a service and treatment relationship that meets the needs and interests of the ~~consumer/individual served~~ consumer/individual served/participant. Welcoming is also considered a best practice for programs that serve ~~consumers/individuals served~~ consumers/individuals served/participants with co-occurring mental health and substance use disorders.

The following principles list the characteristics/attitudes/beliefs that ~~can be found~~ are found at a program or agency that is fostering a welcoming environment:

General Principles Associated with Welcoming

- ~~Welcoming is A~~ a continuous process throughout the agency/program and involves access, entry, and on-going services.
- ~~Welcoming A~~ applies to all “individuals” consumers/individuals served/participants of an agency. In addition to the consumer/individual seeking services and their family, a ~~consumer/individual served~~ consumer/individual served/participant also includes the public seeking services, other providers seeking access for consumers/individuals served consumers/individuals served/participants, agency staff, and the community in which the service is located and/or the community resides.
- ~~Welcoming I~~ is comprehensive and evidenced throughout all levels of care, all systems and service authorities.
- ~~A welcoming system I~~ is seamless. ~~It and~~ enables service regardless of original entry point, provider, and current services.
- ~~In a welcoming system, W~~ when resources are limited, or eligibility requirements are not met, the provider ensures a connection is made to community supports.
- ~~A welcoming system I~~ is culturally sensitive, aware, and able to provide accessible and inclusive substance use services across the continuum of care to all consumers/individuals served consumers/individuals served/participants seeking treatment.

Welcoming – ~~Service~~ Consumer/Individual ~~S~~ served/Participant

- There is openness, acceptance and understanding of the presenting behaviors, culture, and characteristics of individuals actively using, in recovery, and or in services persons with substance use disorders.
- For ~~persons~~ individuals with co-occurring mental health challenges, there is an openness, acceptance and understanding of their presenting behaviors and characteristics.
- Welcoming ~~i~~ is individually based and incorporates meaningful consumer/individual served consumer/individual served/participant participation and ‘individual satisfaction’ that includes consideration of the family members/significant others.
- Services are provided in a timely manner to meet the needs of the consumer/individual served consumer/individual served/participant and/or their families.
- Individuals must be involved in the development of their treatment or care plan goals.

Welcoming – Organization

- The organization demonstrates an understanding and responsiveness to the variety of help seeking behaviors related to various languages, cultures, and ages.
- All staff within the agency incorporate and participate in the welcoming philosophy.
- The program is efficient in sharing and gathering authorized information between involved partner agencies rather than having the consumer/individual served consumer/individual served/participant repeat it at each provider.
- The organization has an understanding of the local community, including community differences, diverse needs, local community involvement and opportunities for

- recovery support and inclusion by the ~~consumer/individual served~~consumer/individual served/participant.
- Consideration is given to administrative details such as sharing information across providers, and ongoing reviews to streamline information to what is essential and necessary, ~~as long as if~~ appropriate releases of information (ROI) are completed.
- ~~A welcoming system~~ is capable of providing follow-up and assistance to a ~~consumer/individual served~~consumer/individual served/participant as they navigate the provider and the community network(s).
- ~~Welcoming~~ is incorporated into continuous quality improvement initiatives.
- Hours of operation meet the needs of the population(s) being served.
- Translation and interpretation for consumers/individuals served~~consumers/individuals served/participants~~ are readily available to be provided through a formal agency/company and not a family member or friend. (Please reference the regional LEP Policy)
- Personnel that provide the initial contact with a ~~consumer/individual served~~consumer/individual served/participant receive training and develop skills that improve engagement ~~in the~~at any point across the continuum of care treatment process.
- All information collected has purpose and represents added value. ~~Ingredients~~ Elements to managing such information ~~are include~~ the elimination of duplication, quality forms ~~design~~ and efficient processing, transmission, and storage.

Welcoming – Environmental and Other Considerations

- The physical environment provides seating, space, and consideration ~~tefor~~ for privacy, and/or other ‘amenities’ to foster an accepting, inclusive, and comfortable environment.
- Ensure posters, books and information from multiple cultures in several languages (as appropriate) are available and on display.
- The service location is considered with regard to public transportation and accessibility (including location and ADA compliance).
- ~~Waiting~~ Common areas include consideration for family members or others accompanying the ~~consumer/individual served~~consumer/individual served/participant.

Staff Competency Principles

- ~~Staff~~ Have skills and knowledge appropriate to their roles across the continuum of care throughout the system (reception, clinical, treatment support, administrative and program facilitators).
- ~~Staff~~ Have the knowledge and skills to be able to differentiate between the person and their behaviors.
- ~~Staff~~ Are respectful of consumers’/individuals’ served boundaries in regard to personal questions and personal space.
- ~~Staff~~ Use attentive behavior, listening with empathy not sympathy.
- ~~Staff~~ Are culturally sensitive, aware and ensure services are accessible and inclusive to ~~consumers/individuals served~~consumers/individuals served/participants in an equitable way that meets the needs of ~~consumers/individuals served~~consumers/individuals served/participants as much as possible.

- Staff cultural competence and Limited English Proficiency training is required (as applicable).

It is expected all CMHSPs and Substance Use ~~Disorder~~ Service ~~treatment~~ providers implement and maintain welcoming principles.

It is essential that cultural sensitivity and awareness ~~be~~ is addressed to ensure equitable access and feelings of inclusion and welcoming ~~across of~~ all cultures throughout all levels of services.

~~Consumer/individual served~~ Consumer/individual served/participant satisfaction surveys are expected to incorporate questions that address the 'welcoming' nature of the agency and its services.

Welcoming principles will be reviewed as part of site visit protocols.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)		
45 CFR Parts 160 & 164 (HIPAA)		
42 CFR Part 2 (Substance Abuse)	X	
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards		
Michigan Department of Health and Human Services (MDHHS) Medicaid Contract	X	
MDHHS Contract	X	
Michigan Medicaid Provider Manual		

5 *Promising Practices*. Network for the Improvement of Addiction Treatment website: www.NIATx.net

Mee-Lee, David. Training & Consulting website: <https://www.davidmeelee.com/>

MDHHS Substance Use Disorder Services Technical Advisories, *Treatment Policy #5, Welcoming* (2020) https://www.michigan.gov/documents/mdch/TA_Treatment_05_Welcoming_175207_7.pdf

National Institutes of Health "Clear Communication; Cultural Respect;" (2021)

<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>

SAMHSA TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders (2020)

<https://store.samhsa.gov/product/tip-42-substance-use-treatment-persons-co-occurring-disorders/PEP20-02-01-004>

SAMHSA TIP 59: Improving Cultural Competence (2021)

<https://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence>

White, W.L., Kurtz, E., Sanders, M. (2006). *Recovery Management*. Chicago, IL: Great Lakes Addiction Technology Transfer Center.

<http://www.williamwhitepapers.com/pr/2006RecoveryManagementMonograph.pdf>



Regional Board Action Request – Oversight Policy Board
FY2026 Meeting Schedule

Board Meeting Date: October 23, 2025

Action Requested: Approve the Oversight Policy Board meeting schedule.

Background: The Oversight Policy Board schedules seven board meetings annually.

Date	Meeting Notes
10/23/2025	• New OPB Board member terms begin • OPB officer elections take place
December	Proposed date: 12/11/25 *The 4 th Thursday is Christmas Day
02/26/2026	
04/23/2026	
06/25/2026	
08/27/2026	• PA2 Funding Determinations • Annual Funding Recommendations
09/24/2025	• Fiscal Year End • Election Chair/Committee selection for FY27 Officer Elections

Recommend: Approval

Model Motion: *I move that the Oversight Policy Board schedule the FY2026 OPB meetings on the proposed meeting dates.*

OPB Officers List

OPB officer elections take place in October

FY 2025		
Chair	Mark Cochran	Monroe
Vice-Chair	Annette Gontarski	Livingston
Secretary	David Stimpson	Lenawee
FY 2024		
Chair	Annette Gontarski (as of 8/2024)/Susan Longworth	Livingston
Vice-Chair	Mark Cochran	Monroe
Secretary	Molly Welch Marahar	Washtenaw
FY 2023		
Chair	Mark Cochran	Monroe
Vice-Chair	Susan Longworth	Livingston
Secretary	Molly Welch Marahar	Washtenaw
FY 2022		
Chair	Mark Cochran	Monroe
Vice-Chair	Susan Longworth	Livingston
Secretary	Molly Welch Marahar	Washtenaw
FY 2021		
Chair	Mark Cochran	Monroe
Vice-Chair	Amy Fullerton	Lenawee
Secretary	Dave Oblak	Washtenaw
FY 2020		
Chair	Dave Oblak	Washtenaw
Vice-Chair	Amy Fullerton	Lenawee
Secretary	Mark Cochran	Monroe
FY 2019		
Chair		
Vice-Chair		
Secretary		
FY 2018		
Chair	Dave Oblak	Washtenaw
Vice-Chair	Amy Fullerton	Lenawee
Secretary	Mark Cochran	Monroe
FY 2017		

The officers of this Board shall be Chairperson, Vice-Chairperson, and Secretary.

- Only one individual from each Partner may serve as an officer.
- The CMHPSM officers shall have one-year terms, or until such time as their successors are duly elected.
- Officers shall not serve more than 3 consecutive terms.
- To ensure that the Chairpersonship rotates, upon the completion of a third term serving as chairperson, a new Chairperson shall be an individual affiliated with another Partner.

Chair	Dave Oblak	Washtenaw
Vice-Chair	Amy Fullerton	Lenawee
Secretary	Mark Cochran	Monroe
FY 2016		
Chair	Dave Oblak	Washtenaw
Vice-Chair	Amy Fullerton	Lenawee
Secretary	Mark Cochran	Monroe
FY 2015		
Chair	Dave Oblak	Washtenaw
Vice-Chair	Cletus Smith	Lenawee
Secretary	Tom Waldecker	Monroe

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN

EXHIBIT A: FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Covered Person. A “Covered Person” refers to all persons covered by this policy and includes:

- Members of the CMHPSM’s Board (Directors)
- Members of the CMHPSM’s Oversight Policy Board
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control \$100 or more of CMHPSM’s expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one’s financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person’s Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;
- B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or
- C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;
- D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information.

Disclosure #1 (If Applicable)

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: [] Self
[] Other, specify:

Description of Financial Interest:

Disclosure #2 (If Applicable)

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: [] Self
[] Other, specify:

Description of Financial Interest:

Disclosure #3 (If Applicable)

Name and Contact Information for Individual with Financial Interest:

Individual's Relationship to You: [] Self
[] Other, specify:

Description of Financial Interest:

No Disclosures

If I have not disclosed any information above, it is because I am not aware that I or any of my Family Members has a Financial Interest at this time.

[] Check this box if you have no disclosures and proceed to signature section

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM's Conflict of Interest Policy;

Have read and understand the CMHPSM's Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM's Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.

Signature

Date

Typed or Printed Name

Title/Position with Entity

Please return this form, signed and dated, to the CMHPSM's Chief Executive Officer or Regional Coordinator. If completing the SignNow electronic version it will be automatically returned to the CMHPSM.

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
September 17, 2025**

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

Members Not Present For In-Person Quorum: Bob King, Mary Pizzimenti, Alfreda Rooks, Annie Somerville, Ralph Tillotson

Staff Present: Stephannie Weary, James Colaianne, Matt Berg, Michelle Sucharski, Trish Cortes, Connie Conklin, Kathryn Szewczuk, Lisa Graham, Callie Finzel, Joelen Kersten

Guests Present:

- I. Call to Order
Meeting called to order at 6:01 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 A. Yurkanin, to approve the agenda
Motion carried unanimously
- IV. Consideration to Approve the Minutes of the August 13, 2025 Meeting and Waive the Reading Thereof
Motion by M. Serio, supported by M. Welch Marahar, to approve the minutes of the August 13, 2025 meeting and waive the reading thereof
Motion carried unanimously
- V. Audience Participation
None
- VI. Old Business
 - a. Board Information: CMHPSM Finance Reports
 - Presented by M. Berg. Discussion followed.
- VII. New Business
 - a. Action: FY2026 Annual Budget
Motion by L. Frederick, supported by M. Welch Marahar, to approve the Fiscal Year 2026 CMHPSM Budget as presented, with the adjustment of a 5% COLA for Tiers A, B, C on the salary schedule
Motion carried unanimously
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: B. King, A. Rooks, A. Somerville, R. Tillotson

CMHPSM Mission Statement

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

- b. Action: FY2026 Contract Authorization
Motion by L. Frederick, supported by M. Welch Marahar, to authorize the CMHPSM CEO to execute the FY2026 contracts as identified and as included within the FY2026 CMHPSM budget, with the following modification: the contract for the St. Joseph Center of Hope – Engagement Center will be with Monroe CMHSP instead of Catholic Charities of Southeast Michigan as originally listed within the document.
Motion carried unanimously
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: B. King, A. Rooks, A. Somerville, R. Tillotson
- c. Action: FY2023 & FY2024 Performance Based Incentive Payment (PBIP) Disbursement to Partner CMHSPs
Motion by M. Welch Marahar, supported by A. Yurkanin, to authorize the FY2023 and FY2024 PBIP distributions as presented for payment from the CMHPSM to the regional CMHSPs
Motion carried unanimously
- d. Action: FY2026 Regional Board Meeting Schedule
Motion by M. Welch Marahar, supported by M. Serio, to approve the CMHPSM Board of Directors the FY2026 Regional Board meeting schedule on the dates as presented
Motion carried unanimously
- e. Action: FY2026 Employee Handbook
Motion by M. Welch Marahar, supported by H. Terrill, to approve the FY2026 CMHPSM Employee Handbook as presented
Motion carried unanimously
- f. Action: Board Office Election Chair or Committee Appointment
Motion by M. Welch Marahar, supported by R. Curley, to elect the following slate of officers for FY2026:
 - **Chair: J. Ackley**
 - **Vice-Chair: R. Pasko**
 - **Secretary: M. Serio****Motion carried unanimously**
Roll Call Vote
Yes: J. Ackley, R. Curley, L. Frederick, M. Welch Marahar R. Pasko, M. Serio, H. Terrill, A. Yurkanin
No:
Not present for in-person vote: B. King, A. Rooks, A. Somerville, R. Tillotson
- g. Action: FY2025 Quality Assessment and Performance Improvement Plan Status Update
Motion by A. Yurkanin, supported by H. Terrill, to accept the FY2025 QAPIP status report as presented
Motion carried unanimously

VIII. Reports to the CMHPSM Board

- a. Information: SUD Oversight Policy Board
- Joelen Kersen is the new Substance Use Services (SUS) Clinical Director.
 - A few staff members have moved from the SUS team to other departments for better alignment of duties and supervision.
 - The City of Ann Arbor awarded \$300,000 to CMHPSM for SUD services in Washtenaw County. Staff will work with OPB to determine the best use of the funds.
- b. Information: CEO Report to the Board

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.

- A current major focus for the PIHP is the MDHHS PIHP procurement effort.
- Lenawee held a town hall meeting yesterday to discuss the procurement effort. J. Colaianne presented on upcoming federal Medicaid changes.
- Last month a group of PIHPs from the proposed central region were planning to work together to submit a PIHP procurement bid. They have since determined that a bid from this group of PIHPs would not be possible.
- J. Colaianne will bring back a proposal for a bid submission to the Regional Board in October.
- The hearing for an injunction on the PIHP procurement process is tentatively scheduled for October 9, 2025.
- The lawsuit regarding the FY2025 PIHP contract is still pending.

IX. Adjournment

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

- The meeting was adjourned at 7:28 p.m.

X. Supplemental Materials (if applicable)
None

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.



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
October 2, 2025 for the October 8, 2025 Meeting

CMHPSM Update

- The CMHPSM conducted an all-staff meeting on September 22, 2025 and will meet on October 14 and potentially October 27. We utilize these staff meetings to have fuller discussions on the MDHHS PIHP procurement effort in addition to all of our regular agenda items.
- 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.

CMHPSM Staffing Update

- Kate Hendricks has been promoted to Clinical Treatment Manager at the CMHPSM as of October 1, 2025. Kate has been with the CMHPSM for over five years as the SUD Treatment and Utilization Specialist. We are very excited to have Kate start her new role which, was previously held by Joelen Kersten.
- We will be posting Kate's previous SUD Treatment and Utilization Specialist position in October.
- CMHPSM job posting and other career information can be found here: <https://www.cmhpsm.org/interested-in-employment>

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

- All available information on the PIHP rate changes being implemented for FY2025, reflects that MDHHS recouped and repaid the vast majority of capitation payments in an accurate manner. We received FY2025 revenue as projected with the multiple rate changes that occurred during FY2025.
- The CMHPSM has not signed the FY2026 contract that was presented for signature by MDHHS with no negotiations during FY2025.
- Updates on the FY2025 lawsuit will be provided at the meeting if available.
- Final FY2026 rate information was provided by MDHHS to the CMHPSM on September 30, 2025. We have included a revised revenue projection within a revised budget which we estimate will eliminate the projected utilization of Internal Service Funds that was included in our regular budget.

Potential PIHP Procurement Update

- PIHP Procurement RFP#250000002670 was published late afternoon Monday August 4, 2025. The original bid submission deadline was moved from September 29, 2025 to October 13, 2025.
- Procurement solicitation information continues to be shared within 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.
- A lawsuit was filed on August 29, 2025 related to the requirements within the PIHP procurement RFP. The litigation came together in partnership with CMHAM and multiple PIHPs and CMHSPs. Three PIHPS, Southwest Behavioral Health Region 4, Midstate Health Network Region 5 and Region 10 were identified as named plaintiffs in addition to three CMHSPs within those respective regions: St. Clair County CMHA (Region 10), Integrated Services of Kalamazoo (Region 4) and Saginaw County CMHA (Region 5).
- A hearing is scheduled for October 9, 2025 related to the procurement lawsuit.
- We will share more up-to-date information at the September Board meeting.

State and Federal FY2026 Budget Updates

- We are paying close attention to the ongoing state and federal budget situations and will continue communicating with providers and other stakeholders as needed.
- As of 12:01AM October 1, 2025 the federal government has shut down.
- In the early hours of October 1, 2025 the State of Michigan passed a bill that allowed the legislature and governor to continue work on the FY2026 budget. We hope that a FY2026 state budget is fully approved and we have more information available for the October meeting. As of this writing, the FY2026 State of Michigan budget has not been approved.
- A concurrent state and federal government shutdown has never occurred within Michigan's history.
- The federal shutdown and state budget delays do not impact Medicaid or Healthy Michigan services; we will continue all managed care work related to these essential programs.
- As of this writing, we do not have an executed grant contract with MDHHS to fund multiple substance use service programs. We notified providers of the funding limitations and uncertainty for FY2026 on October 1, 2025. We are hopeful that an approved State of Michigan FY2026 budget will bring forth authorization for those programs to be funded. As of this writing, only local PA2 funded programs are authorized for FY2026 expenses within our grants department.

Projects not approved for FY2026 funding as of this writing (10/2/2025):

- Block Grant Funded SUD Treatment Services (currently authorized treatment will be covered by PA2 funding as necessary, waitlist created for uninsured individuals requesting service beginning 10/1/2025)
- Block Grant Funded Prevention Services
- State Opioid Response (SOR) funded programs
- Gambling Prevention
- Healing and Recovery Fund projects (Opioid Settlement Funding)
- Veterans Service Navigation
- Priority Population Navigation
- All other non-PA2 grant funded programming

Future Meetings

- We are planning to cover the following items on upcoming agendas:

- **December 10, 2025 Meeting**

- FY2027 PIHP Procurement Update

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read "Jim Colaianne".

James Colaianne, MPA



An Open Letter to the Governor and the State Legislature: Deep concerns over bid-out of management of Michigan's public mental health system

The Michigan Department of Health and Human Services (MDHHS) has recently released a Request for Proposals (RFP) to bid out the management of the state's public mental health system. Advocates, persons served, public officials, and other stakeholders have underscored that this bid out addresses none of the real gaps in the system – chiefly funding and workforce shortages – while hindering access to quality care for Michiganders in need of mental health care and decimating the public system (the Community Mental Health system) that has served them for the past six decades.

Joining with others across the state, this broad-based coalition is calling on the Michigan Department of Health and Human Services (MDHHS) to withdraw the Request for Proposals (RFP), which heavily favors private health insurance companies, that MDHHS issued for the management of the state's public behavioral health managed care system. We recommend, instead, a cooperative system redesign and refinement process that brings MDHHS together with persons served by the public mental health system and their families, the state's major advocacy groups, the state's counties, the state's Community Mental Health (CMH) centers and their public health plan partners, and the private providers in the CMH system.

The RFP/bid out process represents a significant and damaging shift in the structure and delivery of behavioral health services in our state, with far-reaching harm to the ability of Michiganders to receive needed mental health care and to the locally driven system upon which 300,000 Michiganders (and the 1 million family members) have come to rely.

Since 1998, the state's Medicaid behavioral health system has been managed by public specialty managed care health plans – plans that were formed by and are accountable to local elected officials, to local county-sponsored Community Mental Health (CMH) centers, and to the communities that they serve. This bid-out process seeks to move this management role to other organizations – through a bid process that heavily favors private health insurance companies.

This bid-out does not streamline nor eliminate administrative layers. Instead, it replaces a publicly managed care system - deeply embedded in their communities, cost-efficient (with overhead of 2%), and accountable to those local communities - with a system managed by private health insurance companies which have a failed track record of managing Medicaid behavioral health in Michigan, and are far more costly, with an overhead of 15% overhead. This difference in overhead costs will result in an immediate loss of \$500 million in the amount spent on mental health services to Michiganders.

In addition to this loss of funds for services, troubling is the notion of transferring the management of Michigan's entire behavioral health system to private insurance companies who have not demonstrated an ability to adequately serve individuals with even moderate behavioral health needs – an obligation that they have held for nearly three decades. Medicaid enrollees with moderate mental health needs, in communities across the state regularly report that they are unable to find providers, in the networks managed by these private health insurance companies, willing

to serve them. Given this poor performance by these private insurance companies, entrusting them with care for individuals with serious and persistent mental illness or intellectual and developmental disabilities presents serious risks to those persons and the quality and continuity of care that they need.

Experience from other states serves as a warning. States that have shifted their Medicaid behavioral health systems in a similar manner have consistently faced serious problems. North Carolina's transition led to workforce losses, wasted resources, and increased reliance on emergency rooms and jails as services became fragmented. Other states, including Tennessee, Iowa, and Kansas, saw shrinking provider networks, added administrative complexity, reduced access for people with the greatest needs, and higher costs for other community partners and the state. Michigan should not replicate models that have been shown to fail vulnerable populations elsewhere.

Rather than addressing the true challenges in Michigan's public mental health system - the deep and prolonged behavioral health workforce shortage (including among psychiatrists, social workers, nurses, and direct care workers, and peers/persons with lived experiences), chronic underfunding, and burdensome administrative requirements - this proposal shifts the focus to structural changes that do little to improve care and much to jeopardize access to and quality of care.

Importantly, this direction lacks public support. People receiving services, along with their families and advocates, have consistently expressed that they do not want their behavioral health care moved to a private physical health model that fails to account for the complexity and range of non-medical needs of mental health and developmental needs. A study of Michiganders, conducted by EPIC-MRA, conducted during the last time the public system was faced with a privatization threat, found that 67% of Michiganders oppose the privatization of the state's mental health services for Medicaid patients. That same study found that 76% of Michigan voters are concerned that private health plans do not have a good track record in treating patients with mental health needs, fearing that their management of these services will make matters worse.

Finally, this restructuring is being proposed on the heels of Congress' approval of deep Medicaid funding cuts. Medicaid accounts for over 90% of the funding for Michigan's public mental health system. The Michigan-based Citizens Research Council estimates that Michigan will lose roughly \$1.1 billion under the recently passed federal budget (HR 1) beginning in FY26, with losses growing each year through 2032. These cuts will mean that hundreds of thousands of Michiganders stand to lose their health care coverage over the next several years. At a time when every available dollar should be preserved for direct care, this bid-out would remove additional dollars from service delivery, instead impose new administrative costs and divert scarce resources away from the people and families who depend on the public system. With behavioral health needs on the rise, it is reckless to compound devastating federal reductions with a costly state-driven overhaul that threatens to disrupt services and further restrict access to care.

Michigan has built a comprehensive public community-based behavioral health system that is founded on accountability to local elected officials and community residents, transparency, and deep roots in their communities across the state.

In lieu of the chaos-filled RFP process, the core principles and key components of a sound system redesign and operational improvements have been developed by the key stakeholder to the system, the state's major advocacy groups, the state's counties, public county-sponsored Community Mental Health (CMH) centers and their public behavioral health plan partners, and private providers in the CMH system.

We have identified, in this letter, the serious risks to Michiganders and the systems that serve them inherent in the MDHHS bid out of the management of the state's public mental health system. We are therefore calling for MDHHS to withdraw its bid out of the management of this system. We encourage, in its place, that MDHHS engage in a collaborative system redesign and refinement process that involves those most impacted by, with the deepest skill and knowledge in, and longstanding commitment to the state's mental health system: persons served and their families, the state's major advocacy groups, the state's counties, Michigan's county-sponsored CMHs and their public health plan partners, and the private providers in the CMHSP system.



Sherri Boyd, Executive Director
Arc Michigan



Kevin Fischer, Executive Director
NAMI Michigan



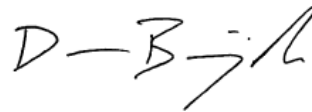
Stephan Currie, Executive Director
Michigan Association of Counties



Elizabeth Lehner, President
Office and Professional Employees International Union



Gino Carbenia, Executive Director
AFSCME Michigan 925



Duane Breijak, Executive Director
National Association of Social Workers - Michigan



Thomas M. Hickson, Jr. Vice-President
of Public Policy and Advocacy
Michigan Catholic Conference



Dr. Kristen Votruba, President
Michigan Psychological Association



Jeff Patton, Chief Executive Officer
Integrated Services of Kalamazoo



Nick Ciaramitaro, Board Member
Macomb County Community Mental Health

Michigan's County Commissions who have passed resolutions, to date, opposing the bid out of the management of the state's public mental health system

Alcona	Clare	Houghton	Mackinac	Saginaw
Allegan	Clinton	Huron	Macomb	Tuscola
Alpena	Delta	Ingham	Montcalm	Van Buren
Baraga	Eaton	Iosco	Newaygo	Washtenaw
Berrien	Gladwin	Isabella	Ontonagon	
Charlevoix	Gogebic	Jackson	Osceola	
Chippewa	Gratiot	Keweenaw	Oscoda	

Mental health providers and systems opposed to the bid out of the management of state's public mental health system

Barry County CMH Authority
Bay-Arenac Behavioral Health Authority
Centra Wellness Network
CMH Authority of Clinton-Eaton-Ingham Counties
CMH of Ottawa County
CMH Partnership of Southeast Michigan
Community Mental Health for Central Michigan
Copper Country CMH Services
Detroit Wayne Integrated Health Network
Genesee Health System
Gogebic CMH Authority
Gratiot Integrated Health Network
HealthWest
Heritage Homes
Hiawatha Behavioral Health
Hiawatha Behavioral Health
Huron Behavioral Health
Integrated Services of Kalamazoo
Lakeshore Regional Entity
Lapeer County CMH Services
Lenawee CMH Authority
LifeWays CMH
Livingston County CMH Authority
Macomb County CMH Services
Mid-State Health Network
Monroe CMH Authority
Montcalm Care Network
network180

Newaygo County Mental Health Center
North Country CMH Authority
NorthCare Network
Northeast Michigan CMH Authority
Northern Lakes CMH Authority
Northern Michigan Regional Entity
Northpointe Behavioral Healthcare Systems
Oakland Community Health Network
OnPoint
Pathways Community Mental Health
Pines Behavioral Health Services
Pivotal
Region 10 PIHP
Riverwood Center
Saginaw County CMH Authority
Sanilac County CMH
Segue
Shiawassee Health & Wellness
Southwest Michigan Behavioral Health
St. Clair County CMH Services
Summit Pointe
The Right Door for Hope, Recovery and Wellness
Tuscola Behavioral Health Systems
VanBuren Community Mental Health Authority
Washtenaw County Community Mental Health
Wellvance
West Michigan CMH System
Woodlands Behavioral Healthcare Network

**Oversight Policy Board
Meeting Attendance Tracking**

Key:	P	Present	A	Absent from quorum	C	Meeting cancelled	N	Not Member for this Meeting
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	Lenawee				Livingston				Monroe				Washtenaw			
Meeting Date	Fullerton Lenawee	Stimpson Lenawee	Tillotson Lenawee	Lenawee Open	Gontarski Livingston	Literski Livingston	Sample Livingston	Livingston Open	Cochran Monroe	Dean Monroe	O'Dell Monroe	Waldecker Monroe	Laye Washtenaw	Welch Marahar Washtenaw	Oblak Washtenaw	Uzelac Washtenaw
10/23/2025																
12/11/2025																
2/26/2026																
4/23/2026																
6/25/2026																
8/27/2026																
9/24/2026																

	Lenawee				Livingston				Monroe				Washtenaw			
Meeting Date	Fullerton Lenawee	Stimpson Lenawee	Tillotson Lenawee	Lenawee Open	Gontarski Livingston	Literski Livingston	Sample Livingston	Livingston Open	Cochran Monroe	Dean Monroe	O'Dell Monroe	Waldecker Monroe	Laye Washtenaw	Welch Marahar Washtenaw	Oblak Washtenaw	Uzelac Washtenaw
10/24/2024	C	C	C		C	C	C		C	C	C	C	N	C	C	C
12/12/2024	C	C	C		C	C	C		C	C	C	C	C	C	C	C
2/27/2025	A	P	A		P	P	A		P	P	P	P	P	A	P	A
4/24/2025	P	P	P		P	A	A		P	A	P	P	P	P	P	P
6/26/2025	C	C	C		C	C	C		C	C	C	C	C	C	C	C
8/28/2025	P	A	A		P	A	P		P	P	P	P	P	A	P	P
9/25/2025	C	C	C		C	C	C		C	C	C	C	C	C	C	C
FY25 Meeting Cancellations																
10/24/2024 Cancelled	6/26/2025 No quorum (Lenawee)															
12/12/2024 No quorum	9/25/2025 No quorum (Lenawee)															

	Lenawee				Livingston				Monroe				Washtenaw			
Meeting Date	Fullerton	Stimpson	Tillotson	Open	Gontarski	Literski	Sample	Open	Cochran	Dean	O'Dell	Waldecker	Jefferson	Welch Marahar	Oblak	Uzelac
10/26/2023	C	C	C		C	N	N		C	C	C	C	C	C	C	C
12/14/2023	P	P	P		P	N	N		A	P	A	P	A	P	P	A
2/22/2024	A	P	P		A	N	A		P	P	P	P	A	A	P	P
4/25/2024	P	A	A		P	N	A		P	A	P	P	A	P	P	P
6/27/2024	C	C	C		C	C	C		C	C	C	C	C	C	C	C
8/22/2024	A	P	A		P	A	A		P	P	P	P	A	P	P	P
9/26/2024	P	P	A		P	A	A		P	P	A	P	A	P	P	P