

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING
705 N. Zeeb Rd, Ann Arbor, MI
Wednesday, October 11, 2017
6:00 PM



Agenda

	<u>Guide</u>
I. Call to Order	1 min
II. Roll Call	2 min
III. Consideration to Adopt the Agenda as Presented	2 min
IV. Consideration to Approve the Minutes of the 9-13-17 Regular Meeting and Waive the Reading Thereof (Board Action) {Attachment #1}	2 min
V. Audience Participation (5 minutes per participant)	
VI. Old Business	15 min
a. October Finance Report {Attachment #2}	
VII. New Business	40 min
a. Board Action Request {Attachment #3} Consideration to approve the Substance Use Disorder contracts as presented	
b. Board Action Request {Attachment #4, 4a} Consideration to approve recommended revisions to the Board Governance Policy Manual	
c. Election of Regional Board Officers	
VIII. PIHP CEO Report to the Board	15 min
a. Report from the SUD Oversight Policy Board (OPB)	
IX. Adjournment	

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
September 13, 2017**



Members Present: Judy Ackley, Greg Adams, Martha Bloom, Charles Coleman, Barb Cox, Roxanne Garber, Sandra Libstorff, Charles Londo, Kent Martinez-Kratz, Caroline Richardson, Sharon Slaton, Ralph Tillotson

Members Absent: Greg Lane

Staff Present: Connie Conklin, Jane Terwilliger, Kathryn Szewczuk, Stephannie Weary, Trish Cortes, Lisa Jennings, Suzanne Stolz, Marci Scalera, Jeff Koras, James Colaianne, Dana Darrow

Others Present: Laurie Lutomski,

I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair R. Tillotson

II. Roll Call
J A quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

**Motion by S. Slaton, supported by C. Coleman, to approve the agenda
Motion carried**

IV. Consideration to Approve the Minutes of the August 9, 2017 Regular Meeting and Waive the Reading Thereof

**Motion by R. Garber, supported by M. Bloom, to approve the minutes of August 9, 2017
Regular Meeting and waive the reading thereof
Motion carried**

V. Audience Participation
None

VI. Old Business
a. September Finance Report
J S. Stolz presented. Discussion followed.

VII. New Business
a. Board Action Request
Consideration to approve the proposed 2017 Final Amend Budget and allocations as presented

**Motion by M. Bloom, supported by S. Slaton, to approve the proposed 2017 Final
Amend Budget and allocations as presented
Motion carried**

- b. Board Action Request
Consideration to approve the proposed 2018 Budget and allocations as presented

Motion by C. Coleman, supported by R. Garber, to approve the proposed 2018 Budget and allocations as presented

Motion Carried

Ackley	Y	Libstorff	Y
Adams	Y	Londo	N
Bloom	Y	Martinez-Kratz	Y
Coleman	Y	Richardson	Y
Cox	Y	Slaton	Y
Garber	Y	Tillotson	Y
Lane	Absent		

- c. Board Action Request
Consideration to authorize the Chief Executive Officer to sign the attached FY18 contracts

Motion by C. Coleman, supported by C. Richardson, to authorize the Chief Executive Officer to sign the attached FY18 contracts

Motion carried

- d. Nominating committee/point person for Regional Board Officer Election
) C. Coleman volunteered to serve as the Nominating Point Person.

- VIII. PIHP CEO Report to the Board
 - a. J. Terwilliger provided a list of initiatives taken in FY 17 related to strategic planning.
 - b. The EHR implementation is on track.
 - c. The Veterans Navigator position has been filled.

- IX. Adjournment

Motion by C. Coleman, supported by M. Bloom, to adjourn the meeting
Motion carried

Meeting adjourned at 7:14 p.m.

Barbara Cox, CMHPSM Board Secretary



Financial Highlights For the Period Ending August 31, 2017

CMHPSM Strategies:

1. CMHPSM will continue coordinate with CMHSP's to review current year budgets and actual expenditures, amendments are reflected in the final FY17 budget amend.
2. A shared decision model will be utilized to monitor and stabilize budgets and services while projected usage of risk reserves in the current year and subsequent years.
3. CMHPSM will trend traditional Medicaid Eligibles and HMP Enrollees from the most current listing to apply the rates and monitor incoming revenues.
4. CMHPSM is monitoring the HMP overages and is working with the CMHSP's to minimize costs yet providing medically necessary services.

Notes:

-) CMHPSM staff met with each cmhsp to review current year trending and projecting FY18 utilization. The budget amend to FY17 and the original FY18 budget reflected these trends.

**Community Mental Health Partnership of Southeast Michigan
Statement of Revenues and Expenditures
For the Period Ending August 31, 2017**

	FY17 Amended Budget	YTD Actual	YTD Budget	YTD Actual O/(U) Budget	Percent Variance Actual to Budget
Operating Revenue					
Medicaid Capitation	\$128,341,084	\$117,057,426	\$117,645,994	(\$588,568)	-0.50%
Medicaid SUD Capitation	1,302,779	1,280,258	1,194,214	86,044	7.21% a
Medicaid Carryforward	5,107,828	4,682,176	4,682,176	-	0.00%
Healthy Michigan Plan	9,467,330	8,737,455	8,678,386	59,068	0.68%
Healthy Michigan Plan SUD	3,189,530	2,947,209	2,923,736	23,473	0.80%
Healthy Michigan Carryforward	1,721,947	1,578,451	1,578,451	-	0.00%
Autism	4,421,285	4,022,167	4,052,845	(30,677)	-0.76%
SUD Community Block Grant	5,274,005	4,834,505	4,834,505	0	0.00% d
Block Grants	363,942	109,052	333,614	(224,562)	-67.31% b
SUD PA2 - Cobo Tax Revenue	1,819,704	1,668,062	1,668,062	-	0.00%
SUD PA2 - Cobo Tax Use of Reserve	400,000	366,667	366,667	-	0.00%
Local Match	1,577,780	1,314,817	1,314,817	-	0.00%
Other Revenue	253,225	168,716	232,123	(63,407)	-27.32%
Use of Risk Reserve	1,601,422	1,034,458	1,034,458	-	0.00%
Total Revenue	\$164,841,861	\$149,801,418	\$150,540,046	\$(738,628)	
Funding For CMHSP Partners					
Lenawee CMHSP	16,777,106	16,333,295	15,379,014	954,281	6.21% c
Livingston CMHSP	25,828,009	22,446,498	23,675,675	(1,229,177)	-5.19% c
Monroe CMHSP	28,932,113	24,269,515	26,521,104	(2,251,589)	-8.49% c
Washtenaw CMHSP	72,807,687	62,142,899	66,740,380	(4,597,481)	-6.89% c
Total Funding For CMHSP Partners	\$ 144,344,915	\$ 125,192,206	\$132,316,172	\$ (7,123,966)	
Funding For SUD Services					
Lenawee County	1,501,705	1,228,254	\$1,376,563	(148,308)	-10.77% d
Livingston County	1,926,771	1,391,181	1,766,207	(375,026)	-21.23% d
Monroe County	1,760,581	1,413,460	1,613,866	(200,406)	-12.42% d
Washtenaw County	5,583,247	4,721,139	5,117,976	(396,838)	-7.75% d
Total Funding For SUD Services	\$ 10,772,304	\$ 8,754,034	\$9,874,612	\$(1,120,578)	
Other Contractual Obligations					
Hospital Rate Adjuster	2,207,816	2,090,214	\$2,023,831	66,382	3.28%
USE and HICA Tax	2,521,089	2,284,826	2,310,998	(26,172)	-1.13%
Local Match	1,577,780	1,446,298	1,446,298	-	0.00%
Total Other Costs	\$6,306,685	\$5,821,338	\$5,781,128	\$40,211	
CMHPSM Administrative Costs					
Salary & Fringe	1,802,998	1,590,238	1,652,748	(62,510)	-3.78%
Administrative Contracts	1,398,669	1,023,209	1,282,113	(258,905)	-20.19% b
Board Expense	4,400	3,998	4,033	(35)	-0.88%
All Other Costs	211,890	189,112	194,233	(5,121)	-2.64%
Total Administrative Expense	\$3,417,957	\$2,806,557	\$3,133,127	\$(326,571)	
Carry Forward	\$0		\$0	\$0	
Total Expense	\$164,841,861	\$142,574,135	\$151,105,039	\$(8,530,903)	
Revenues over (under) Expenditures	\$0	\$7,227,283	\$(564,994)	\$7,792,277	

Community Mental Health Partnership of Southeast Michigan
Statement of Revenues and Expenditures Notes
For the Period Ending August 31, 2017

a -Over budget due to increased eligibles.

b - Block grants for Integrated Health Care (IHC) and SMI Criminal Justice are new in FY17. IHC is Livingston CMH and Monroe CMH budgeted for \$87,500 respectively, less than 10% of these funds have been utilized. SMI Criminal Justice consists of Washtenaw and Lenawee counties. Lenawee is underspent by approximately 68%. Revenues correlate with expenditures.

c - Affiliates are over and under budget based on projections from the preliminary submissions. Budgets were amended to reflect projected actual usage but payment will occur during the final cost settlement process.

d- SUD funding is under budget due to the Innovative Strategies and STR Block grant funding not used in this fiscal year, but will be carried over to FY18. Funds are being distributed but will be carried forward, revenues correlate with expenditures.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
Projected Summary by Funding Source
FY 2016/2017

		Current Budget	Projected Use of Funding Source	Over (Under) Final Budget to Actual	% Variance
M E D I C A I D	Lenawee	16,253,000	14,656,205	(1,596,795)	-9.82%
	Livingston	22,547,500	22,468,323	(79,177)	-0.35%
	Monroe	24,332,600	25,746,053	1,413,453	5.81%
	Washtenaw	62,100,000	63,386,403	1,286,403	2.07%
	Medicaid Total	125,233,100	126,256,984	1,023,884	0.82%
H M P	Lenawee	1,500,000	1,801,640	301,640	20.11%
	Livingston	1,800,000	2,088,366	288,366	16.02%
	Monroe	2,000,000	2,005,674	5,674	0.28%
	Washtenaw	5,350,000	7,735,440	2,385,440	44.59%
	HMP Total	10,650,000	13,631,120	2,981,120	27.99%
TOTAL MCAID/HMP		135,883,100	139,888,104	4,005,004	2.95%

These amounts are reflective of the preliminary FSR's submitted to MDHHS on 8/31/17.



Projected Summary by Fund Source variance narratives For the Period Ending July 31, 2017

Lenawee:

-) Traditional Medicaid - Two factors make up the majority of the amount of Medicaid that is projected to be underspent in FY 17. The first area of lapse is the result of approved positions (salary and fringe) included in the budget that have not yet been filled, along with many retirements and other staff turnover during the year. This was a very difficult year for Lenawee with the death of our Director and two other staff members. This has definitely been a year of transition. The other area of lapse is due to the problem of Medicaid consumers being automatically (and incorrectly) switched over to Healthy Michigan coverage. This issue is being worked on, but we do not expect the corrections to be retroactive.

Healthy Michigan - Our Healthy Michigan spending was on track until January, 2017 when we started seeing the shift to a higher amount of Healthy Michigan costs and a corresponding lower amount of Medicaid costs. This was due to the issue of consumers with Medicaid coverage being incorrectly switched to Healthy Michigan. Even though this problem is currently being addressed, the corrections will not be retroactive and so we expect Healthy Michigan to be overspent at fiscal year end.

Livingston:

-) The projection includes the cost of children COFR consumers from 08/01/2017 to 9/30/2017. Medicaid inpatient increase through June 2017 by \$274,429 compared to last fiscal year. If the trend continues there will be an additional \$137,000 to the end of this fiscal year compared to last fiscal year. Livingston served 44 more consumers who were eligible for HMP this fiscal than last fiscal year and 16 more children with Autism as of May 2017; it is assumed that the increase will continue to the end of the fiscal year.

Monroe:

-) Due to the increase in Medicaid Consumers of 150. The primary service being utilized by these consumers is community living supports.

Washtenaw:

-) In 2017, Washtenaw has experienced an increase in utilization for the following medically necessary services: Community Living Supports, Licensed Residential and Inpatient Hospitalizations. All other costs remain on budget overall but have shifted from Medicaid to Healthy Michigan, this is due to increased numbers served within the HMP population and attributable to the State method of eligibility determination as well as an increase in crisis services.



Regional Board Action Request – FY 18 Contracts

Board Meeting Date: October 11, 2017

Action Requested: Contract approvals

Background:

The Oversight Policy Board approved final awards from the 2017 Special Initiatives RFP. Additionally, one contract submitted and approved last month had incorrect funding amounts. The contracts are as follows:

PROVIDER	PA2 AMOUNT	SAPT BLOCK GRANT AMOUNT	TOTAL PROJECT ANNUAL FUNDING AMOUNT
Home of New Women’s Specialty Services	\$142,952	\$174,458	\$317,410
Washtenaw Health Initiative: Opiate Project Coordinator	\$47,989	\$0	\$47,989
Washtenaw County Community Mental Health: SUD Crisis Team Peers and Outreach Supports	\$97,683.26	\$0	\$97,683.26

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

All service contracts abide by the stipulations of our service contract with the PIHP/MDHHS Contract.

Recommend: Approval



Regional Board Action Request

Board Meeting Date: October 11, 2017

Action Requested: Approve recommended revisions to the Board Governance Policy Manual

Background: The CEO has completed a review of the current Board Governance Policy Manual approved in 2016. There are only a few recommendations for change. These are:

-) Update the Mission, Vision, and Values to reflect those developed and reviewed by the Board in 2017 (pg 3)
-) Update the approval date of the Financial Stability & Risk Reserve Management Policy to 2017 (pg 5)
-) Change the review cycle for the Board Governance Policy Manual to coincide with the Bylaws review cycle (pg 7)
-) Add a statement to the Cost of Governance section to clarify that the individual CMHSP Boards are responsible to reimburse their appointed Board Members for any approved meeting costs and travel reimbursement. (pg 8)

Connection to PIHP/MDCH Contract, Regional Strategic Plan or Shared Governance Model: The Board Governance Policy Manual is included in the CMHPSM Bylaws and the Regional Operations Agreement.

Recommend: Approval

Community Mental Health Partnership of Southeast Michigan

Board Governance Policy Manual

POLICY TABLE OF CONTENTS

- 1. Mission and Values**
 - 1.0 Mission, Vision and Values
 - 1.1 Bylaws and Policy Review and Amendment
- 2. CEO Responsibilities**
 - 2.0 CEO Responsibilities
 - 2.1 Treatment of Consumers
 - 2.2 Treatment of Staff
 - 2.3 Compensation and Benefits
 - 2.4 Financial Policies
 - 2.5 Emergency CEO Succession
 - 2.6 Communication and Support to the Board
 - 2.7 Community Resources
- 3. Governance Process**
 - 3.0 Governing Style
 - 3.1 Board Responsibilities/Duties
 - 3.2 Board Member Ethics
 - 3.3 Board Chair's Role
 - 3.4 Policy Review and Amendment
 - 3.5 Cost of Governance
- 4. Board-CEO Linkage**
 - 4.0 Governance-Management Connection
 - 4.1 CEO's Responsibilities
 - 4.2 Monitoring CEO Performance

Section 1: MISSION, VISION AND VALUES

1.0 MISSION/VISION AND VALUES

The Mission/Vision and Values of the CMHPSM are:

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

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

~~Values:~~

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

~~Mission of CMHPSM:~~

~~Through effective partnerships, the CMHPSM ensures and supports the provision of high quality integrated care that is cost effective and focuses on improving the health and wellness of people living in our region.~~

~~Vision:~~

~~The CMHPSM will address the challenges confronting people living in our region by influencing public policy and participating in initiatives that reduce stigma and disparities in health care delivery while promoting recovery and wellness.~~

~~Values:~~

~~Strength Based and Recovery Focused
Trustworthiness and Transparency
Accountable and Responsible
Shared governance
Innovative and Data driven decision making
Learning Organization~~

Commented [JT1]: Effective 2017 as part of Strategic Planning

1.1 BYLAWS AND POLICY REVIEW AND AMENDMENT

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

Section 2: CEO RESPONSIBILITIES

2.0 EXECUTIVE RESPONSIBILITIES

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

2.1 TREATMENT OF CONSUMERS

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

2.2 TREATMENT OF STAFF

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

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

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

2.3 COMPENSATION AND BENEFITS

The CEO shall administer board approved competitive compensation and benefits.

2.4 FINANCIAL POLICIES

The CEO shall ensure the financial policies and practices of the CMHPSM meet state and federal requirements and are compliant with Generally Accepted Accounting Practices (GAAP).

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

1. Financial Policies and amendments related to the following shall be approved by the Board.
 - A. Procurement—approved 2014
 - B. Investments—approved 2014
 - C. CEO Scope of Authority—approved 2014
 - D. CEO Authority for Position Control—approved 2014
 - E. Financial Stability & Risk Reserve Management Policy—approved 2017
2. The CEO and CFO shall review the financial policies annually and make recommendations to the Board for amendments when needed.

Commented [JT2]: Approved by Board in August 2017

2.5 EMERGENCY CEO SUCCESSION

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

2.6 COMMUNICATION AND SUPPORT TO THE BOARD

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

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

1. Submit monitoring data required to the Board (see policy on Monitoring CEO Performance) in a timely, accurate, and understandable fashion, directly addressing provisions of Board Policies being monitored.
2. Keep the Board informed of relevant trends, anticipated adverse media coverage, threatened or pending lawsuits and material external and internal changes, particularly changes in the assumptions upon which any Board Policy has previously been established.
3. Advise the Board if, in the CEO'S opinion, the Board is not in compliance with its own policies on Governance Process and Board – CEO Linkage, through the Board Chair.
 - a) If there is a breakdown in the relationship between the Board Chair and the CEO, the CEO shall inform the full CMHPSM Board of the breakdown.
 - b) In the event the CMHPSM Board is unable to resolve the issues, the leadership of the CMHSPs that appoint the CMHSP members to the CMHPSM Board shall meet to address the issues and develop recommendations for the CMHPSM Board to act upon.
4. Marshal for the Board information from as many staff and external perspectives, on issues and options as needed for fully informed Board choices.
5. Provide a mechanism for official Board communications.
6. The CEO shall provide a compliance report to the Board at least annually and any time there are any violation at either the CMHPSM or the CMHSPs. This report shall include a review of the implementation of operational policies to ensure that areas of noncompliance are identified and addressed before the noncompliance results in sanctions from regulatory bodies.

7. Report in a timely manner an actual or anticipated noncompliance with any Board Policy.

2.7 REGIONAL RESOURCES

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

Section 3: GOVERNANCE PROCESS

3.0 GOVERNING STYLE

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

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

Accordingly:

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

3.1 BOARD RESPONSIBILITIES/DUTIES

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

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

1. Meetings
 - (a) Attend Board meetings
 - (b) If unable to attend Board meetings provide advance notice to the CEO and Board Chair
 - (b) Be prepared and on time
 - (c) Listen with an open mind
 - (d) Participate in discussion and encourage dialogue
 - (e) Make decisions in the best interest of the PIHP region

- (f) Speak with one voice after a decision has been made
- 2. Board Member Personal Development
 - (a) Complete Board orientation and training
 - (b) Commit to ongoing development of Board Member skills
- 3. Operational Policies
 - (a) Relevant operational policies applicable to the Board are included by reference (i.e. CMHPSM Travel Expense Reimbursement Policy)

3.2 BOARD MEMBER ETHICS

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

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

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

3.3 BOARD CHAIR'S ROLE

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

3.4 POLICY REVIEW AND AMENDMENT

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

Commented [JT3]: Suggest changing this language to: "shall be reviewed at least every 2 years or any time there is a request from the Board for review." This would keep the Bylaws and Board Policy review cycles the same.

3.5 COST OF GOVERNANCE

The Board will invest in its governance capacity.

Accordingly:

- 1. Board members shall be compensated at the rate of the appointing CMHSP per meeting for attendance at all Board meetings, assigned committee meetings, workshops, required training, and other Board approved functions. Board members are entitled to one meeting allowance per day.
- 2. Travel expenses shall be reimbursed by the appointing CMHSP
- 3. Each appointing CMHSP is responsible to reimburse its appointed CMHSP board members for approved CMHPSM board activities and associated travel expenses.
- 4. The Board shall be informed of its budget and expenses.

Commented [JT4]: Suggest adding this to clarify the responsibility for payment to CMHPSM Board members

Section 4: BOARD-CEO LINKAGE

4.0 GOVERNANCE-MANAGEMENT CONNECTION

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

4.1 CEO's RESPONSIBILITIES

The CEO of the CMHPSM shall function as the chief executive and administrative officer of the PIHP and shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines established by the Board, the applicable governmental procedures and policies, and the provisions of the Mental Health Code. The CEO has the authority and responsibility for supervising all employees. The terms and conditions of the CEO's employment, including tenure of service, shall be as mutually agreed to by the Board and the CEO and shall be specified in a written contract.

4.2 MONITORING CEO PERFORMANCE

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

Adopted the 8th of June 2016

Commented [JT5]: Date tbd

_____ Date

_____ Date