

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

Patrick Barrie Room

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

Wednesday, September 17, 2025, 6:00 PM

To join by telephone:

1-616-272-5542

Phone conference ID: 615 709 15#

To join by computer:

[Click here to join the meeting](#)

Meeting ID: 282 349 745 293, Passcode: GKaEvG

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 8-13-2025 Meeting and Waive the Reading Thereof {Att. #1}	2 min
V. Audience Participation (3 minutes per participant)	
VI. Old Business	30 min
a. Information: CMHPSM Finance Reports {Att. #2}	
VII. New Business	45 min
a. Action: FY2026 Annual Budget {Att. #3}	
b. Action: FY2026 Contract Authorization {Att. #4}	
c. Action: FY2023 & FY2024 Performance Based Incentive Payment (PBIP) Disbursement to Partner CMHSPs {Att. #5}	
d. Action: FY2026 Regional Board Meeting Schedule {Att. #6}	
e. Action: FY2026 Employee Handbook {Att. #7}	
f. Action: Board Office Election Chair or Committee Appointment {Att. #8}	
g. Action: FY2025 Quality Assessment and Performance Improvement Plan Status Update {Att. #9}	
VIII. Reports to the CMHPSM Board	15 min
a. Information: SUD Oversight Policy Board {Att. #10}	
b. Information: CEO Report to the Board {Att. #11}	
IX. Adjournment	
X. Supplemental Materials (if applicable)	

CMHPSM Mission Statement

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

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
August 13, 2025**

Members Present for In-Person Quorum: Judy Ackley, Rebecca Curley, LaMar Frederick, Bob King, Rebecca Pasko, Mary Pizzimenti, Mary Serio, Holly Terrill, Ralph Tillotson, Andy Yurkanin

Members Not Present For In-Person Quorum: Molly Welch Marahar, Alfreda Rooks, Annie Somerville

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

Guests Present:

I. Call to Order
Meeting called to order at 6:03 p.m. by Board Chair B. King.

II. Roll Call
• Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented
Motion by R. Tillotson, supported by M. Serio, to approve the agenda as amended
Motion carried unanimously

Agenda additions:

VII. f. Action – Potential Litigation

VII. g. Action – PIHP Procurement Response

IV. Consideration to Approve the Minutes of the June 11, 2025 Meeting and Waive the Reading Thereof
Motion by R. Curley, supported by R. Pasko, to approve the minutes of the June 11, 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.
• A significant surplus is expected at the end of the fiscal year.
b. Action: Patrick Bridge Member Acknowledgement
Motion by M. Serio, supported by M. Pizzimenti, to issue the proclamation acknowledging P. Bridge's service as a CMHPSM Regional Board member
Motion carried unanimously
• All board members will sign the proclamation electronically.

VII. New Business

CMHPSM Mission Statement

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- a. Information: FY2026 Draft Budget
- M. Berg and J. Colaianne presented a preview of the budget. The final budget will come to the board in September for approval.
 - The state plans to send the CCBHC payments directly to the CMHs, rather than continuing to pay through the PIHPs. This reduction in the PIHP's overall revenue will lower the PIHP's 7% ISF amount.
 - J. Colaianne noted that the region has done well in coming back from the previous deficit of FY18 & FY19 and that the FY26 budget will be in good shape.
- b. Action: FY2025 Provider Stabilization
- Motion by L. Frederick, supported by R. Pasko, to approve the proposed 5% provider stabilization funding that will assist the local regional provider network in delivering community living supports, overnight health and safety and licensed residential services**
- Motion carried unanimously**
- Roll Call Vote
- Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill, R. Tillotson, A. Yurkanin
- No:
- Not present for in-person vote: M. Welch Marahar, A. Rooks, A. Somerville
- c. Action: Contracts
- Motion by M. Serio, supported by L. Frederick, to authorize the CEO to execute the contracts as presented**
- Motion carried unanimously**
- Roll Call Vote
- Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill, R. Tillotson, A. Yurkanin
- No:
- Not present for in-person vote: M. Welch Marahar, A. Rooks, A. Somerville
- d. Information: CEO Authority Contracts
- J. Colaianne advised of the purchase of \$20,000 of radio airtime for gambling disorder prevention commercials. This purchase was made within the CEO contract authority limit, which is \$25,000.
- e. Information: Proposed PIHP Procurement Information
- J. Colaianne shared the timeline of the procurement process.
 - The bidders conference was held yesterday, 8/12/25. It lasted 13 minutes. The procurement information shared by MDHHS was underwhelming and didn't align with the CMHPSMs expectations related to such a massive procurement initiative.
 - The proposal submission deadline is 9/29/25.
 - Procurement decisions are anticipated for some time in December, with a start date in February 2026 for new PIHPs, with overlap between the current and new PIHPs February – September 2026.
- f. Action: Potential litigation
- J. Colaianne shared information about potential litigation regarding the PIHP procurement proposal, released on 8/4/25, and the difficulty of public entities to form/reform in the matter of 60 days in order to submit a bid.
- Motion by A. Yurkanin, supported by M. Serio, to authorize the CMHPSM to potentially participate as a named plaintiff and cover costs related to planned litigation related to the State of Michigan's RFP for PIHP Procurement**
- Motion carried unanimously**
- g. Action: PIHP Procurement Response

CMHPSM Mission Statement

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- J. Colaianne advised that the 5 PIHPs that would be a part of the proposed Central Region have discussed the possibility of creating an entity together to submit a bid for the PIHP procurement
- The 5 PIHPs are: CMHPSM, Southwest Michigan Behavioral Health, Lakeshore Entity, Mid-State Health Network, and Region 10.

Motion by J. Ackley, supported by R. Pasko, to authorize the CMHPSM to explore potential partnerships with other governmental entities within the proposed “Central Region” related to potentially create a response to the State of Michigan’s RFP for PIHP Procurement

Motion carried unanimously

Roll Call Vote

Yes: J. Ackley, R. Curley, L. Frederick, B. King, R. Pasko, M. Pizzimenti, M. Serio, H. Terrill, R. Tillotson, A. Yurkanin

No:

Not present for in-person vote: M. Welch Marahar, A. Rooks, A. Somerville

h. Information: Employee Engagement Survey Results

- J. Colaianne shared the employment engagement results. The written responses were provided to the board in a separate communication.
- The board acknowledged the high rate of participation and the increase in most scores over the last survey.

VIII. Reports to the CMHPSM Board

a. Information: SUD Oversight Policy Board – No June meeting

- J. Colaianne met with N. Adelman and OPB Chair Mark Cochran to discuss PA2 allocations and the August OPB meeting agenda.

b. Information: CEO Report to the Board

- J. Colaianne met with staff on Monday. There was good discussion on the procurement RFP release. J. Colaianne created a channel for procurement information to share information and to receive questions from staff.
- Nicole Adelman, SUS Director, will be leaving CMHPSM to become the Director of The Shelter Association in Washtenaw County. Her last day will be 9/2/25.
- The next board meeting will include continued procurement discussion and the full budget and contracts for approval. An election chair/committee will also be identified in September in anticipation of October officer elections.

IX. Adjournment

Motion by L. Frederick, supported by M. Serio, to adjourn the meeting

Motion carried

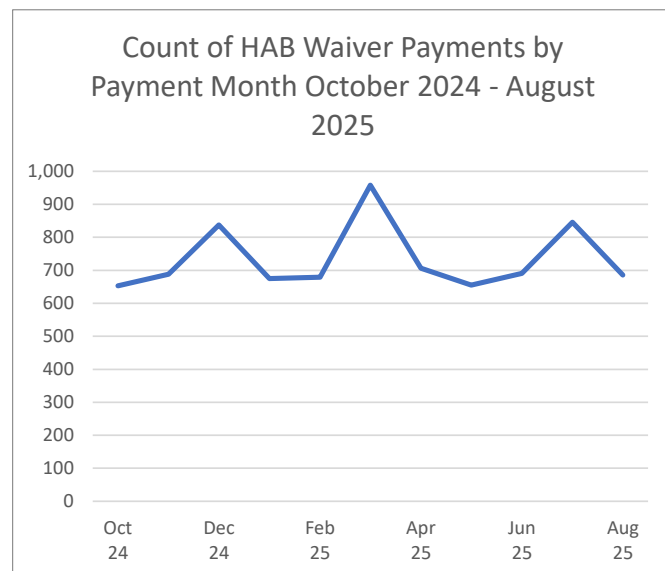
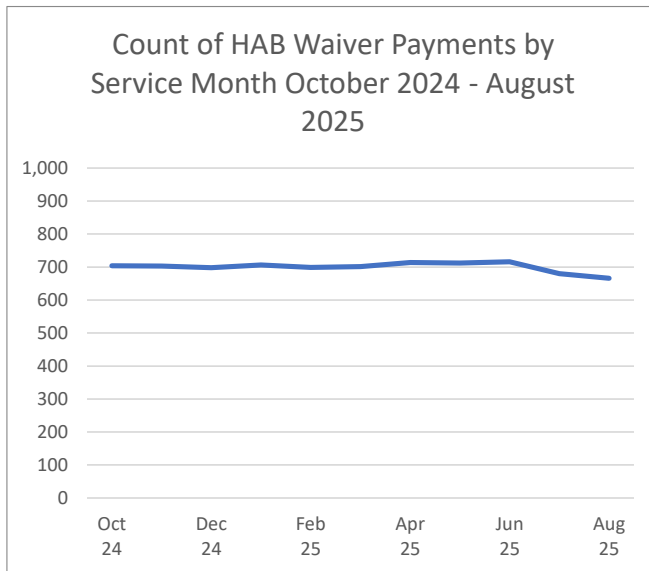
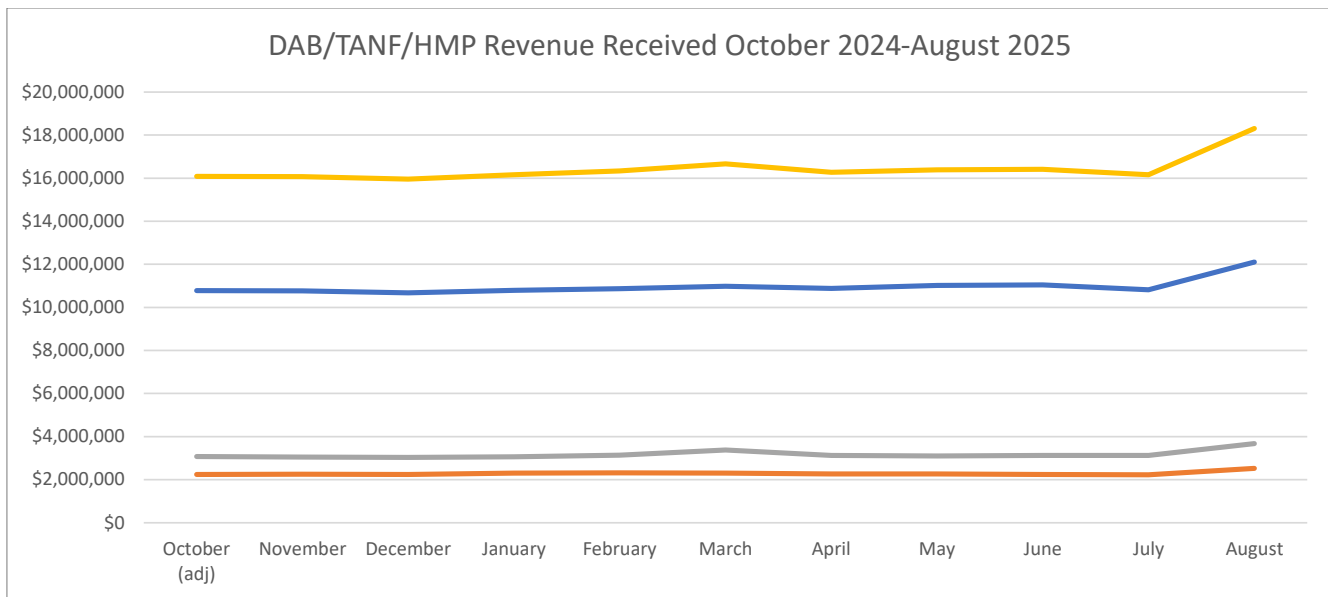
- The meeting was adjourned at 7:18 p.m.

Rebecca Pasko, CMHPSM Board Secretary

CMHPSM Mission Statement

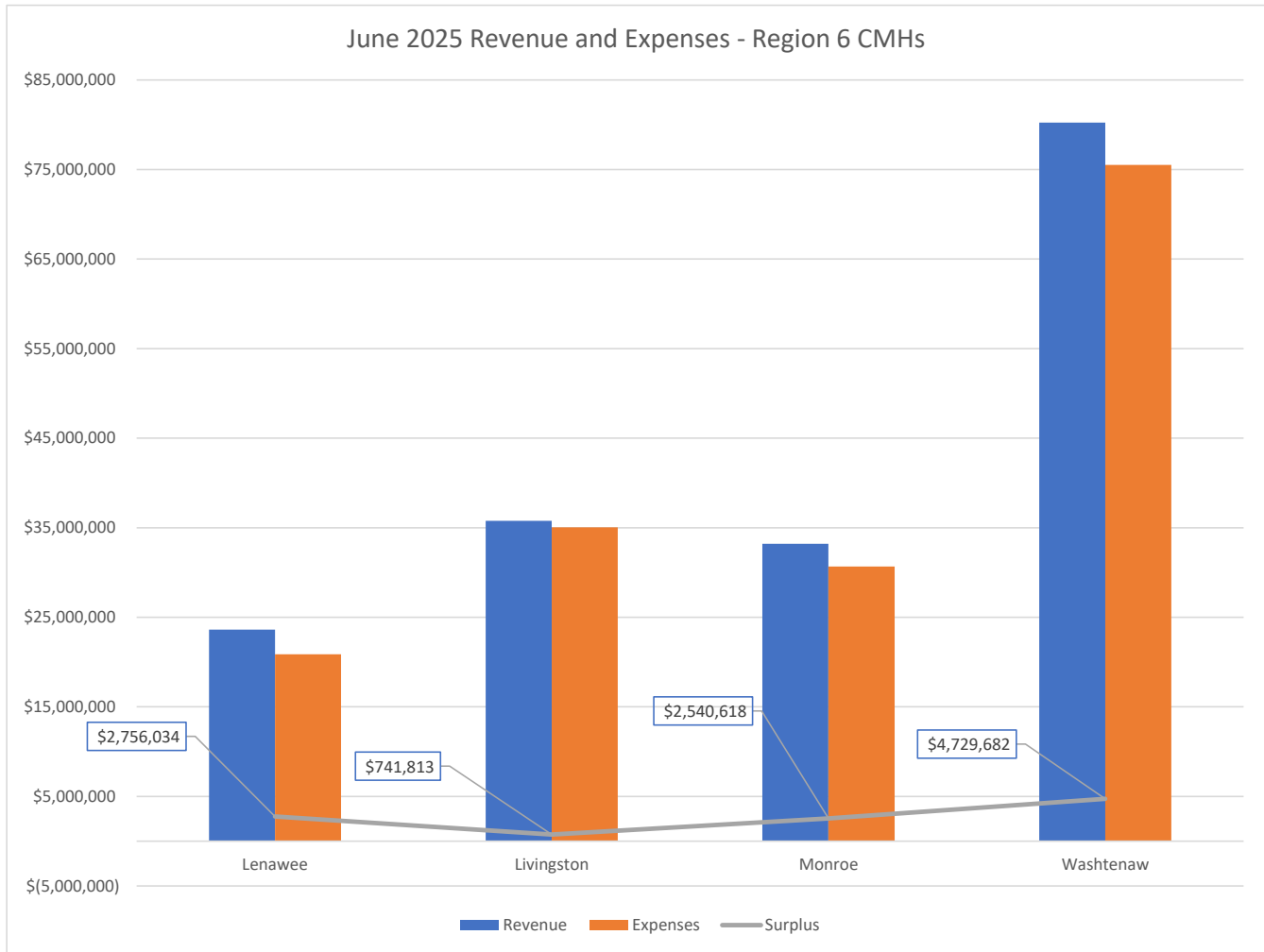
Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Community Mental Health Partnership of Southeast Michigan
Financial Summary for July 31, 2025



July 2025	FY 2025 Budget	YTD Budget	July 2025 Actual	Actual to Budget	Percent Variance	Projected Year-End	Projected to Budget
MH Medicaid Revenue	287,130,663	230,775,553	246,499,484	15,723,931	6.8%	314,402,071	27,271,408
MH Medicaid Expenses	276,792,341	225,527,634	243,402,542	(17,874,908)	-7.9%	300,276,250	23,483,909
MH Medicaid Net	10,338,322	5,247,918	3,096,942	(2,150,976)	-41.0%	14,125,821	3,787,499
SUD/Grants Revenue	29,680,656	24,803,462	22,045,674	(2,757,788)	-11.1%	26,487,546	(3,193,110)
SUD/Grants Expenses	26,192,153	20,553,883	20,115,345	(438,538)	-2.1%	23,337,176	(2,854,977)
SUD/Grants Net	3,488,503	4,249,578	1,930,329	(2,319,250)	-54.6%	3,150,370	(338,132)
PIHP							
PIHP Revenue	2,059,480	1,823,664	1,836,143	12,479	0.7%	2,072,180	12,700
PIHP Expenses	3,181,456	2,592,582	2,393,549	(199,033)	7.7%	2,826,808	(354,647)
PIHP Total	(1,121,976)	(768,918)	(557,407)	211,511	-27.5%	(754,628)	367,347
Total Revenue	318,870,799	257,402,678	270,381,300	12,978,622	5.0%	342,961,797	24,090,998
Total Expenses	306,165,949	248,674,099	265,911,436	(17,237,337)	-6.9%	326,440,235	20,274,286
Total Net	12,704,850	8,728,579	4,469,864	(4,258,715)	-48.8%	16,521,563	3,816,713

Regional CMH Revenue and Expenses
Regional Charts



June 2025	Lenawee	Livingston	Monroe	Washtenaw	Region 6
Medicaid Revenue	21,570,521	33,416,544	30,928,808	74,380,936	160,296,809
Healthy Michigan Revenue	2,046,114	2,367,614	2,288,723	5,850,847	12,553,298
Revenue Subtotal	23,616,635	35,784,158	33,217,531	80,231,783	172,850,107
Medicaid Expenses	(18,655,246)	(31,423,636)	(27,432,309)	(69,176,973)	(146,688,164)
Healthy Michigan Expenses	(2,205,355)	(3,618,709)	(3,244,604)	(6,325,128)	(15,393,796)
Expense Subtotal	(20,860,601)	(35,042,345)	(30,676,913)	(75,502,101)	(162,081,960)
Total Medicaid/HMP Surplus(Deficit)	2,756,034	741,813	2,540,618	4,729,682	10,768,147
Surplus Percent of Revenue	11.7%	2.1%	7.6%	5.9%	6.2%
CCBHC					
CCBHC Revenue			10,919,128	19,789,126	30,708,254
CCBHC Expenses			(11,950,075)	(18,147,988)	(30,098,063)
CCBHC Surplus/(Deficit)			(1,030,947)	1,641,138	610,191
ROSC 3rd Quarter 2025					
ROSC Revenue (Quarterly)	1,428,765	1,264,027			2,692,792
ROSC Expenses (Quarterly)	1,087,669	1,295,632			2,383,301
	341,096	(31,605)			309,491

SUMMARY PAGE

1. The following chart compares the liquid assets of CMHPSM at the start of FY 2025 to the end of the reporting period, July 31, 2025. Cash was unusually high at the end of July as CMHPSM received the largest Recoup and Repay payment from MDHHS on July 31.

Asset Type	Description	September 2024	July 2025
Cash	Operations	3,857,082	8,250,768
	Total Cash	3,857,082	8,250,768
Investments	Money Market	2,804,901	13,000,535
	US Treasuries	10,622,728	10,995,091
	Total Investments	13,427,630	23,995,626
Total Liquid Assets		17,284,711	32,246,395

2. The graphs on page one show the impact of the Recoup and Repay payment received at the end of July. Please note, this was an increase in rates, and it did not change the number of individuals enrolled in Medicaid. This process was discussed in last month's comments. Most of the changed rates for DAB, HMP and TANF were directed towards Autism.
3. Page two of the summary report shows the status of the CMHSPs as of May 31, 2025. All of our Regional CMHSP partners are reporting a surplus through May 2025.

FISCAL YEAR 2025 UPDATE

Medicaid

Overall, Medicaid payments are 6.8% above budget with Waivers, Autism, HRA and CCBHC coming in higher than budget and Medicaid and HMP lower. Waivers and CCBHC are pass-through payments to the CMHs. This results in overall payments to the CMHs being (7.9%) above budget.

SUBSTANCE USE

Healthy Michigan SUD revenue is (11.1%) below budget. Healthy Michigan and Medicaid Substance Use Service Revenue is lower than budget and Grant revenue is below budget. Substance Use expenses are (2.1%) below budget.

PIHP Administration

PIHP revenue is 0.7% over budget due to increased estimated incentive revenue. PIHP expenses are (7.7%) below budget due to previously unfilled positions and lower Contracts and Other Expenses.

June 2025 OPB REPORT

The OPB report provides a more detailed view of how Healthy Michigan, Medicaid, PA2 and Grants fund the Substance Use services in Region 6. With the end of ARPA expenses in FY 2025, FY 2025 Substance Use service expenses are trending lower than FY 2024 expenses.

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
July 31, 2025

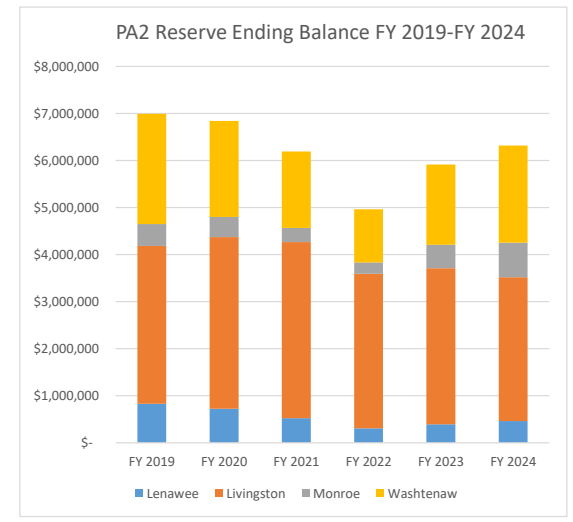
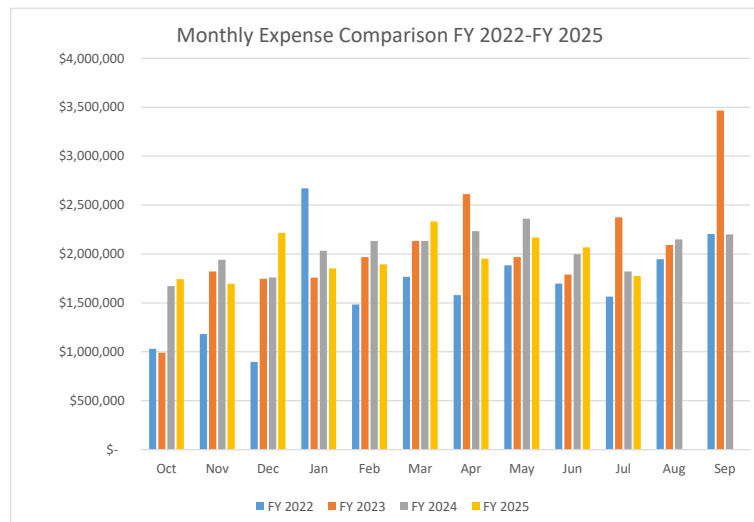
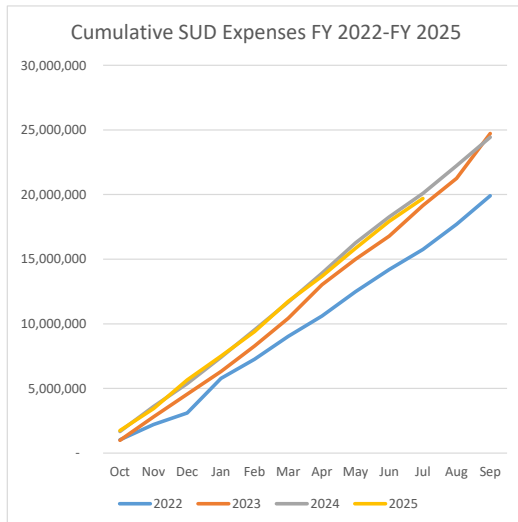
	Budget FY 2025	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Estimated Year-End	Projected O(U) Budget
MH/IDD/WAIVER SERVICES							
MEDICAID REVENUE							
Medicaid/Medicaid CCBHC	143,925,411	119,937,843	115,596,271	(4,341,571)	-3.6%	138,715,525	(5,209,886)
Medicaid Waivers	63,249,094	52,707,578	58,953,483	6,245,905	11.9%	70,744,180	7,495,086
Medicaid Autism	20,340,177	16,950,148	23,390,423	6,440,275	38.0%	28,068,507	7,728,330
HMP/HMP CCBHC	18,250,726	15,208,938	14,505,984	(702,954)	-4.6%	17,407,181	(843,545)
Prior Year Carry Forward	5,000,000	-	-	-	-	11,941,540	6,941,540
CCBHC	22,000,000	18,333,333	24,644,585	6,311,251	34.4%	29,573,501	7,573,501
Behavioral Health Home	1,365,255	1,137,713	1,082,298	(55,415)	-4.9%	1,298,757	(66,498)
HRA Revenue	13,000,000	6,500,000	8,326,440	1,826,440	0.0%	16,652,880	3,652,880
Medicaid Revenue	287,130,663	230,775,553	246,499,484	15,723,931	6.8%	314,402,071	27,271,408
MEDICAID EXPENDITURES							
IPATax	2,300,000	1,117,350	1,117,350	-	0.0%	2,234,700	(65,300)
HRA Payments	13,000,000	6,500,000	8,326,441	(1,826,441)	0.0%	16,652,882	(3,652,882)
Lenawee CMH							
Medicaid State Plan	19,736,600	16,447,167	16,447,167	(0)	0.0%	19,736,600	0
Medicaid Waivers	7,276,931	6,064,109	6,668,164	(604,055)	-10.0%	8,017,291	740,360
Healthy Michigan Plan	2,728,152	2,273,460	2,273,460	-	0.0%	2,728,152	-
Autism Medicaid	1,179,080	982,567	1,398,828	(416,262)	-42.4%	1,595,342	416,262
Behavioral Health Homes	57,558	47,965	117,200	(69,235)	-144.3%	79,372	21,814
DHIP	-	-	32,828	(32,828)	-	42,889	42,889
Lenawee CMH Total	30,978,321	25,815,268	26,937,648	(1,122,381)	-4.3%	32,199,645	1,221,324
Livingston CMH							
Medicaid State Plan	28,217,708	23,514,757	23,514,757	(0)	0.0%	28,217,708	0
Medicaid Waivers	10,045,446	8,371,205	9,295,722	(924,517)	-11.0%	11,083,720	1,038,274
Healthy Michigan Plan	3,156,819	2,630,683	2,630,683	-	0.0%	3,156,819	-
Autism Medicaid	5,707,432	4,756,193	5,578,702	(822,509)	-17.3%	6,529,941	822,509
Behavioral Health Homes	85,635	71,363	79,242	(7,880)	-11.0%	103,601	17,966
DHIP	-	-	57,714	(57,714)	-	76,776	76,776
Livingston CMH Total	47,213,040	39,344,200	41,156,820	(1,812,620)	-4.6%	49,168,565	1,955,525
Monroe CMH							
Medicaid State Plan	24,016,314	20,013,595	20,013,595	-	0.0%	24,016,314	-
Medicaid Waivers	11,937,044	9,947,537	10,587,338	(639,802)	-6.4%	12,610,498	673,454
Healthy Michigan Plan	3,659,040	3,049,200	3,049,200	-	0.0%	3,659,040	-
Autism Medicaid	2,221,455	1,851,213	2,241,752	(390,540)	-21.1%	2,611,995	390,540
CCBHC Supplemental	8,624,000	7,186,667	8,591,697	(1,405,030)	-19.6%	11,758,563	3,134,563
CCBHC Base Capitation	6,450,000	5,375,000	5,375,000	-	0.0%	6,450,000	-
Behavioral Health Homes	376,937	314,114	174,395	139,719	44.5%	233,190	(143,747)
DHIP	-	-	55,067	(55,067)	-	79,953	79,953
Monroe CMH Total	57,284,790	47,737,325	50,088,044	(2,350,719)	-4.9%	61,419,552	4,134,762
Washtenaw CMH							
Medicaid State Plan	54,524,586	45,437,155	45,437,155	-	0.0%	54,524,586	-
Medicaid Waivers	32,991,767	27,493,139	31,476,689	(3,983,550)	-14.5%	37,238,454	4,246,687
Healthy Michigan Plan	7,874,111	6,561,759	6,561,759	(0)	0.0%	7,874,111	0
Autism Medicaid	7,980,152	6,650,127	8,401,503	(1,751,377)	-26.3%	9,731,529	1,751,377
CCBHC Supplemental	12,936,000	10,780,000	15,754,911	(4,974,911)	-46.1%	19,403,303	6,467,303
CCBHC Base Capitation	9,137,500	7,614,583	7,614,583	0	0.0%	9,137,500	(0)
CCBHC Incentive	-	-	-	-	0.0%	-	-
Behavioral Health Homes	572,074	476,728	506,340	(29,611)	-6.2%	668,066	95,992
DHIP	-	-	23,298	(23,298)	-	23,358	23,358
Washtenaw CMH Total	126,016,190	105,013,492	115,776,238	(10,762,747)	-10.2%	138,600,906	12,584,716
Medicaid Expenditures	276,792,341	225,527,634	243,402,542	(17,874,908)	-7.9%	300,276,250	23,483,909
Medicaid Total	10,338,322	5,247,918	3,096,942	(2,150,976)	-41.0%	14,125,821	3,787,499

Community Mental Health Partnership of Southeast Michigan
Preliminary Statement of Revenues, Expenditures Transfers
July 31, 2025

	Budget FY 2025	YTD Budget	YTD Actual	Actual to Budget	Percent Variance	Estimated Year-End	Projected O(U) Budget
SUD/GRANTS							
SUD/GRANTS REVENUE							
Healthy Michigan Plan SUD	11,456,681	9,547,234	8,620,305	(926,929)	-9.7%	10,344,366	(1,112,315)
Medicaid SUD	4,645,222	3,871,018	3,830,003	(41,015)	-1.1%	4,596,004	(49,218)
PA2 - Reserve Investment	179,082	149,235	151,503	2,268	1.5%	129,781	
PA2 - Tax Revenue (Est)	1,824,100	981,366	981,366	0	0.0%	1,824,100	-
PA2 - Use of Reserve (Est)	0	608,299	608,299	0	0.0%	326,460	-
Federal/State Grants	10,884,517	9,070,431	7,299,459	(1,770,972)	-19.5%	8,601,150	(2,283,367)
Opioid Health Homes	691,054	575,878	554,739	(21,140)	-3.7%	665,686	(25,368)
SUD/GRANTS REVENUE	29,680,656	24,803,462	22,045,674	(2,757,788)	-11.1%	26,487,546	(3,193,110)
SUD/GRANTS EXPENDITURES							
SUD Administration							
Salaries & Fringes	1,229,497	993,055	818,039	(175,016)	17.6%	999,449	(230,047)
Indirect Cost Recovery	(371,452)	(309,543)	(253,589)	55,954	0.0%	(321,452)	50,000
SUD Administration	858,045	683,512	564,450	(119,062)	-17.4%	677,997	(180,047)
HMP/MEDICAID SUD SRVCS							
Lenawee	1,677,180	1,397,650	1,397,650	0	0.0%	1,677,180	-
Livingston	1,135,797	946,498	1,326,795	380,298	40.2%	1,769,627	(633,829)
Monroe	3,584,825	2,987,354	2,654,414	(332,940)	-11.1%	2,828,534	756,291
Washtenaw	5,934,881	4,945,734	5,079,135	133,401	2.7%	5,624,451	310,429
TOTAL	12,332,683	10,277,236	10,457,995	180,759	1.8%	11,899,792	432,891
GRANT/PA2 SUD SERVICES							
ARPA Grant Services	3,891,413	2,001,459	2,001,459	0	0.0%	2,001,459	1,889,954
Block Grant Services	3,616,666	3,013,888	2,204,828	(809,061)	-26.8%	2,511,921	1,104,745
State Opioid Response	2,300,000	1,916,667	1,857,360	(59,307)	-3.1%	2,300,000	-
PA2 Services	1,824,100	1,520,083	1,589,665	69,582	4.6%	2,150,560	(326,460)
Other Grants	397,131	330,943	773,657	442,714	-133.8%	840,057	442,926
Gambling Prevention Grant	227,273	189,394	88,866	(100,528)	53.1%	126,365	(100,908)
Veteran Navigation	192,000	160,000	141,365	(18,635)	11.6%	163,338	(28,662)
TOTAL	12,448,583	9,132,434	8,657,199	(475,235)	-5.2%	10,093,701	2,354,882
SUD Health Homes	552,843	460,703	435,702	(25,001)	5.4%	665,686	112,843
SUD/Grants Expenditures	26,192,153	20,553,883	20,115,345	(438,538)	-2.1%	23,337,176	(2,854,977)
SUD/Grants Total	3,488,503	4,249,578	1,930,329	(2,319,250)	-54.6%	3,150,370	(338,132)
PIHP							
PIHP REVENUE							
Incentives (Est)	1,900,000	1,664,234	1,664,234	(0)	0.0%	1,900,000	-
Local Match	159,180	159,180	159,180	-	0.0%	159,180	-
Other Income	300	250	12,729	12,479	4991.5%	13,000	12,700
PIHP Revenue	2,059,480	1,823,664	1,836,143	12,479	0.7%	2,072,180	12,700
PIHP EXPENDITURES							
PIHP Admin							
Local Match	159,180	119,385	119,385	-	0.0%	159,180	-
Salaries & Fringes	1,769,276	1,429,030	1,380,644	(48,387)	-3.4%	1,699,598	(69,677)
Contracts & Other	1,250,000	1,041,667	892,762	(148,905)	-14.3%	966,777	(283,223)
PIHP Admin	3,178,456	2,590,082	2,392,790	(197,292)	7.6%	2,825,555	(352,900)
Board Expense	3,000	2,500	759	(1,741)	-69.6%	1,253	(1,747)
PIHP Expenditures	3,181,456	2,592,582	2,393,549	(199,033)	7.7%	2,826,808	(354,647)
PIHP Total	(1,121,976)	(768,918)	(557,407)	211,511	-27.5%	(754,628)	367,347
Organization Total	12,704,849	8,728,579	4,469,864	(4,258,715)	-48.8%	16,521,563	3,816,713
Totals							
Revenue	318,870,799	257,402,678	270,381,300	12,978,622	-5.0%	342,961,797	24,090,998
Expenses	306,165,950	248,674,099	265,911,436	(17,237,337)	6.9%	326,440,235	20,274,285
Net Before Transfers	12,704,849	8,728,579	4,469,864	(4,258,715)	-48.8%	16,521,563	3,816,713

**Community Mental Health Partnership Of Southeast Michigan
SUS SUMMARY OF REVENUE AND EXPENSE BY FUND
July 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						151,512	\$ 151,512	20,000	151,512	(131,512)
Funding From MDHHS	3,830,003	8,620,305	6,709,681	430,490	554,739		\$ 20,145,218			
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						456,787	\$ 456,787	507,637	456,787	50,850
Other (lapse to state)			-		(40,465)		\$ (40,465)		-	
Total Revenues	\$ 3,830,003	\$ 8,620,305	\$ 6,709,681	\$ 430,490	\$ 514,274	\$ 1,589,665	\$ 21,694,418	2,352,337	\$ 1,589,665	762,672
Expenses										
<u>Funding for County SUD Programs</u>										
CMHPSM			763,424	430,490	435,625		1,629,538			
Lenawee	385,608	1,012,042	603,962				2,001,612	121,474		121,474
Livingston	216,695	1,110,100	438,082			909,840	2,674,717	1,105,906	909,840	196,066
Monroe	887,423	1,766,991	2,166,983			182,269	5,003,666	256,367	182,269	74,098
Washtenaw	1,533,243	3,545,892	2,737,230			497,556	8,313,921	868,590	497,556	371,034
Total SUD Expenses	\$ 3,022,969	\$ 7,435,025	\$ 6,709,681	\$ 430,490	\$ 435,625	\$ 1,589,665	\$ 19,623,454	\$ 2,352,337	\$ 1,589,665	762,672
Administrative Cost Allocation	128,039	296,905			78,649	-	\$ 503,592			
Total Expenses	3,151,008	7,731,930	6,709,681	430,490	514,273	1,589,665	\$ 20,127,047	\$ 2,352,337	\$ 1,589,665	762,672
Revenues Over/(Under) Expenses	678,996	888,375	0	0	0	0	\$ 1,567,372	(0)	0	1





**COMMUNITY MENTAL
HEALTH PARTNERSHIP**
of **Southeast Michigan**

**FY2026
BUDGET
NARRATIVE**
OCTOBER 1, 2025 –
SEPTEMBER 30, 2026

SEPTEMBER 17, 2025

1



MISSION

- 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, wellness and quality of life of people living in our region.



2

VISION

- The CMHPSM shall strive to 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.



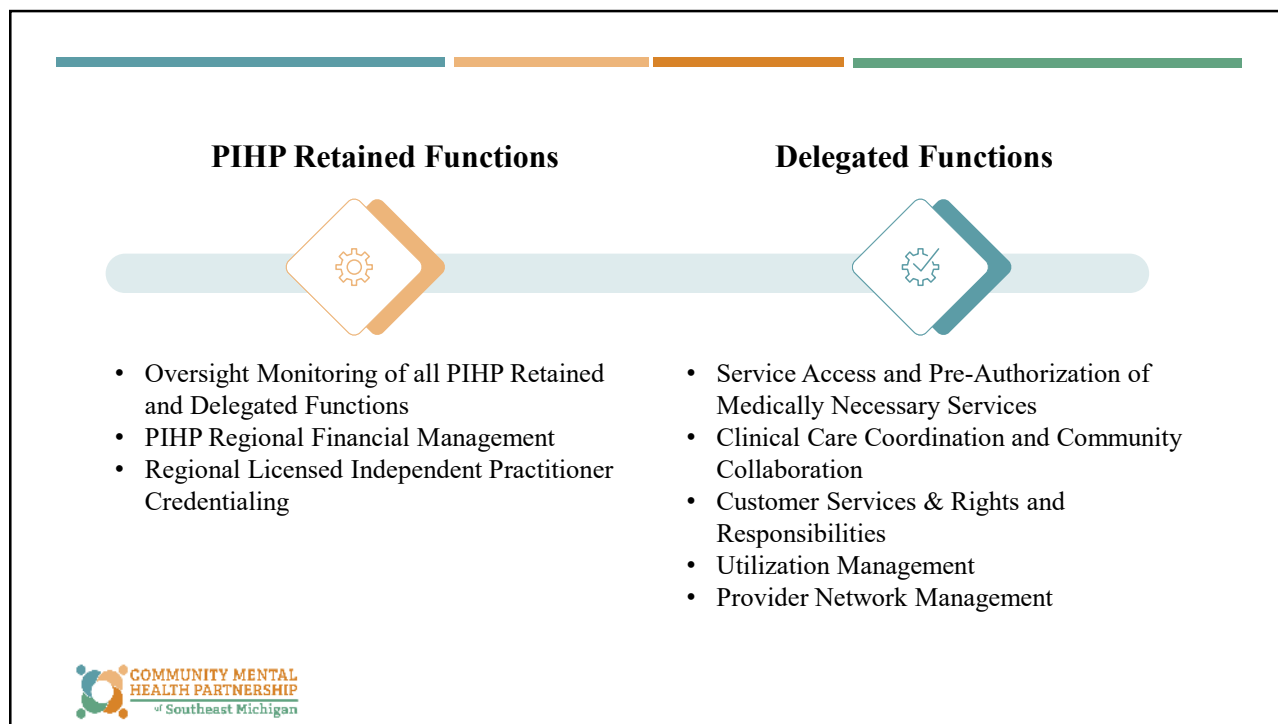
3

VALUES

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared Governance
- Innovative and Data Driven Decision Making
- Learning Organization



4



5

REVENUE ASSUMPTIONS

CMHPSM FY2026 BUDGET

COMMUNITY MENTAL HEALTH PARTNERSHIP of Southeast Michigan

6

CMHPSM REVENUE PROJECTION METHODOLOGY



We are projecting that the eligible population levels are projected to stay consistent or to slightly decrease from FY2025 levels through FY2026.



The CMHPSM will continuously monitor enrollment across all programs throughout FY2026, including the churn between program types.



We project a decrease in per member per month (PMPM) FY2026 rates according to draft rates from MDHHS as of August 20, 2025.



We currently project a 6% revenue decrease in FY2026 in comparison to FY2025. CCBHC payments are expected to be paid directly by MDHHS to the CMHSPs starting October 1, 2025.



7

Background: populations and data sources

State fiscal year (SFY) 2026 capitation rates

- October 1, 2025, through September 30, 2026

Medicaid behavioral health managed care populations

- Temporary assistance for needy families (TANF)
- Disabled, aged, and blind (DAB)
- Healthy Michigan plan (HMP)
- 1915(c) Waivers
 - Habilitation supports waiver (HSW)
 - Children's waiver program (CWP)
 - Serious emotional disturbances waiver (SEDW)

Primary data sources

- SFY 2024 eligibility data
- SFY 2024 PIHP encounter data
- SFY 2024 EQI reports and FSRs
- 2024 provider salary and expense survey data
- PIHP rate feedback



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



8

Key changes from SFY 2025



Regional rates

- Capitation rates are developed for each of the ten regional prepaid inpatient health plans (PIHPs).
- Base data specific to each mutually exclusive region.
- Historically PIHP rates were developed from statewide rates and multiplied by area and risk factors.



CCBHC demonstration carveout

- MDHHS intends to directly pay the CCBHCs participating in the demonstration their clinic-specific PPS-1 daily rate beginning October 2025.



Rate cell consolidation

- Rate cells have been consolidated due to the increased granularity and credibility considerations that stem from region specific rates.
- Rates were developed without regard to MHP enrollment status and grouped members together in the following age ranges: 0 – 18, 19 – 64, and 65+.



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



9

Rate setting overview

Summarize region-specific base period data

Retrospective adjustments

Prospective adjustments for trend,
policy and program changes

Inclusion of administrative costs and
other non-benefit expenses

Rating period actuarially sound regional capitation
rates

SFY 2026's regional rate setting approach does
not use the historical risk/area factor approach



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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SFY 2024 base experience comparison

POPULATION	ENROLLMENT		
	2024	2025	2026
DAB	6,024,000	5,795,000	5,799,000
TANF	15,782,000	14,680,000	14,672,000
HMP	9,569,000	8,463,000	8,456,000
CWP	6,600	6,500	6,500
HSW	88,200	89,200	89,200
SEDW	6,500	6,600	6,500
Total	31,375,000	28,938,000	28,927,000

DAB, TANF, and HMP populations observe decreases to enrollment in SFY 2025 due to PHE unwind impacts in SFY 2024. SFY 2026 reflects expected stabilization of enrollment.

Waiver populations are anticipated to continue to experience stable enrollment.

Note: Enrollment is now determined by completed capitation payments, eliminating the need for the Cap-to-Eligibility ratio adjustment.



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11

Draft SFY 2026 capitation rates

Excluding HRA and CCBHC demonstration from base capitation

POPULATION	SFY 2025 AMENDMENT 3 CAPITATION RATES	SFY 2026 CAPITATION RATES	INCREASE/DECREASE
DAB	\$ 405.09	\$ 420.71	3.9%
HMP	49.61	54.20	9.3%
TANF	40.75	42.34	3.9%
1915(c) Waiver			
Children's Waiver Program	3,304.88	3,298.54	(0.2%)
Habilitative Supports Waiver	7,772.75	8,226.34	5.8%
Serious Emotional Disturbances	693.58	670.03	(3.4%)
Composite Base Capitation Rates	\$ 140.01	\$ 147.91	5.6 %

Notes:

- The SFY 2026 capitation rates are an illustrative example of the statewide composite rates created from the region-specific capitation rates.
- The SFY 2026 and amended SFY 2025 capitation rate PMPM projections were both developed using projected average monthly enrollment for each respective rating period, which include assumptions made for disenrollments occurring due to the continuous eligibility expiration.
- The amended SFY 2025 capitation rates have been adjusted to remove the consideration attributable to the CCBHC demonstration included in the base capitation rates and the capitation-to-eligibility ratio.



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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Projected base capitation revenue summary (\$ in millions)

Region	Original Amendment 3 SFY 2025 Base Capitation Revenue	Updated SFY 2025 Base Capitation Revenue	SFY 2025 CCBHC Base Capitation Revenue	SFY 2025 Non- CCBHC Demonstration Revenue	SFY 2026 Draft Projected Base Capitation Revenue	Net Difference	Percentage Difference
	[A]	[B]	[C]	[D] = [B] - [C]	[E]	[F] = [E] - [D]	[G] = [F] / [D]
1	\$ 144.6	\$ 146.3	\$ 0.0	\$ 146.3	\$ 143.3	(\$ 3.0)	(2.0%)
2	246.9	253.9	0.0	253.9	265.8	11.9	4.7%
3	426.5	423.4	35.7	387.7	422.6	34.9	9.1%
4	344.4	343.1	45.3	297.8	348.5	50.7	17.0%
5	803.0	805.9	49.6	756.3	839.4	83.1	11.0%
6	266.6	269.3	14.5	254.8	238.4	(16.4)	(6.4%)
7	999.2	1,005.6	57.7	948.0	978.5	30.5	3.3%
8	431.9	428.6	35.9	392.7	427.9	35.2	9.0%
9	310.9	319.0	34.9	284.2	262.8	(21.4)	(7.5%)
10	346.2	337.9	29.6	308.3	313.8	5.5	1.8%
Total	\$ 4,320.3	\$ 4,333.1	\$ 303.1	\$ 4,030.0	\$ 4,241.0	\$ 211.0	5.2%

Notes:

1. All revenue shown includes all Medicaid population groups (DAB, TANF, HMP, HSW, SEDW, CWP).
2. Amendment 3 SFY 2025 base capitation revenue represents regional revenue projections delivered May 30, 2025, as part of the Amendment 3 PIHP Memo.
3. Updated SFY 2025 base capitation revenue was calculated using rate development from SFY 2025 Behavioral Health Capitation Rate Certification - Amendment 3 and utilizes SFY 2026 projected enrollment.
4. SFY 2025 CCBHC base capitation revenue reflects rate setting assumptions from Appendix 8 of the SFY 2025 Behavioral Health Rate Certification - Amendment 4.
5. SFY 2026 draft projected revenue reflects SFY 2026 draft behavioral health rate setting assumptions as of August 6, 2025.
6. All revenue shown includes IPA but does not include withhold/PBIP and HRA.



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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Projected revenue summary – including PPS-1 (\$ in millions)

Region	Updated SFY 2025 Base Capitation Revenue	SFY 2025 Supplemental Revenue	Total SFY 2025 Revenue	SFY 2026 Draft Base Capitation Revenue	Draft SFY 2026 CCBHC Revenue	Draft SFY 2026 Revenue	Year-Over- Year Revenue Change	Percent Change
	[A]	[B]	[C] = [A] + [B]	[D]	[E]	[F] = [D] + [E]	[G] = [F] - [C]	[H] = [G] / [C]
1	\$ 146.3	\$ 0.0	\$ 146.3	\$ 143.3	\$ 0.0	\$ 143.3	(\$ 3.0)	(2.0%)
2	253.9	0.0	253.9	265.8	0.0	265.8	11.9	4.7%
3	423.4	55.6	479.0	422.6	93.3	515.9	36.9	7.7%
4	343.1	55.5	398.7	348.5	102.0	450.5	51.8	13.0%
5	805.9	65.9	871.8	839.4	116.5	955.9	84.1	9.6%
6	269.3	31.7	301.0	238.4	40.2	278.6	(22.5)	(7.5%)
7	1,005.6	68.9	1,074.6	978.5	115.9	1,094.4	19.9	1.8%
8	428.6	51.7	480.3	427.9	88.9	516.8	36.6	7.6%
9	319.0	38.8	357.8	262.8	72.7	335.5	(22.3)	(6.2%)
10	337.9	42.5	380.4	313.8	72.8	386.7	6.2	1.6%
Total	\$ 4,333.1	\$ 410.6	\$ 4,743.7	\$ 4,241.0	\$ 702.4	\$ 4,943.4	\$ 199.7	4.2%

Notes:

1. All revenue shown includes all Medicaid population groups (DAB, TANF, HMP, HSW, SEDW, CWP).
2. Updated SFY 2025 base capitation revenue was calculated using rate development from SFY 2025 Behavioral Health Capitation Rate Certification - Amendment 3 delivered May 30, 2025, and enrollment projections utilizing capitation data received into MDHHS' data warehouse as of July 3, 2025.
3. SFY 2025 CCBHC supplemental capitation revenue does not include PIHP admin or Quality Bonus Payments (QBP) funding and reflects rate setting assumptions from Appendix 8 of the SFY 2025 Behavioral Health Rate Certification - Amendment 4 delivered July 31, 2025.
4. SFY 2026 draft projected revenue reflects SFY 2026 draft behavioral health rate setting assumptions as of August 15, 2025.
5. Draft SFY 2026 CCBHC revenue reflects SFY 2026 draft interim PPS-1 rates and daily visit projections. SFY 2026 daily visit projections were based on encounter data received into MDHHS' data warehouse as of July 3, 2025, and trended forward to SFY 2026.
6. All revenue shown includes IPA but does not include withhold/PBIP and HRA.

Per MDHHS instruction, the Updated SFY 2025 Base Capitation Revenue column is based on revised daily visits consistent with Amendment 4. Per MDHHS instruction, the revised daily visits reflect a flooring methodology that only allowed for site-level daily visit projections to increase from their original values.

This methodology was implemented for cash flow purposes and may result in material recoupments during the CCBHC settlement process.



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



14



Base data adjustments (retrospective adjustments)

EQI data
quality
adjustment
(unit cost &
utilization)

IMD stay
adjustment

CCBHC
program
removal

DCW removal
from base

Potential other retrospective adjustments



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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Base data adjustments (retrospective adjustments)

CCBHC program removal from base capitation

- Starting October 1, 2025, CCBHC PPS-1 rates will now be paid directly from MDHHS to CCBHC sites and fully carved out of the base capitation payments.
- CCBHC services identified were removed from the SFY 2024 encounter data used to develop base capitation rates.
- We have identified and removed CCBHC services and their corresponding costs for each PIHP using the following identification logic:**
 - Claim lines must be an active encounter submitted by a PIHP
 - The claim lines must have a CCBHC as the billing provider NPI, a CCBHC service code, and a corresponding T1040 encounter code as defined in the CCBHC Handbook.
 - The claim originator of the claim line must be the primary CMHSP or PIHP a given CCBHC contracts with.
 - Claim lines must not be for a 1915(c) waiver.
- Proxy CCBHC claims were also identified using similar criteria to above, except claim beneficiaries were required to have a corresponding (or prior) qualifying MH/SUD diagnosis as defined in the [CCBHC Handbook](#) instead of a corresponding T1040 encounter code. Proxy CCBHC demonstration sites include Van Buren CMH, Easter Seals – Macomb, Hegira Health, CNS Healthcare – Macomb, and Judson Center.



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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SFY 2026 regional base data adjustments waterfall (\$ in millions)

PIHP	BASE PERIOD ENCOUNTERS	EQI ADJUSTMENTS	IMD REMOVAL	CCBHC PROGRAM REMOVAL	DCW EXPERIENCE REMOVAL	RATING PERIOD BASE DATA
Northcare Network	\$ 114.7	\$ 10.5	(\$ 0.6)	\$ 0.0	(\$ 8.0)	\$ 116.6
Northern Michigan Regional Entity	205.7	20.2	(1.3)	0.0	(18.1)	206.5
Lakeshore Regional Entity	383.2	16.1	(4.1)	(76.2)	(29.2)	289.0
Southwest Michigan Behavioral Health	322.8	22.3	(1.2)	(77.3)	(28.7)	238.0
Mid-State Health Network	728.8	51.3	(5.7)	(97.0)	(54.7)	622.7
CMH Partnership of Southeast Michigan	215.9	13.0	(1.9)	(34.9)	(22.3)	169.8
Detroit Wayne Mental Health Authority	817.3	52.7	(16.9)	(44.6)	(83.6)	724.9
Oakland County CMH Authority	363.4	29.3	(3.6)	(41.9)	(47.9)	299.3
Macomb County CMH Services	255.8	0.1	(4.7)	(40.3)	(26.4)	184.6
Region 10 PIHP	288.1	26.0	(1.7)	(66.8)	(20.1)	225.6
Total	\$ 3,695.9	\$ 241.6	(\$ 41.6)	(\$ 479.0)	(\$ 339.0)	\$ 3,077.9

Notes:

1. Base period encounters represents expenses reported in the SFY 2024 encounter data, received from Optum as of July 3, 2025.
2. The EQI utilization and unit cost adjustments represent the impact of the base data being repriced to the SFY 2024 P3 EQI. This reprice does not include non-benefit related expenses. Additionally, Northern Lakes CMH did not submit a SFY 2024 P3 EQI tool, therefore they were separately repriced using region 2's unit cost.
3. There are known issues with SFY 2024 encounters for region 7. These exhibits will be updated upon resolution of said issue.
4. CCBHC program removal refers to CCBHC demonstration expenses for SFY 2024 that have been carved out of the base capitation rates. This includes proxy encounters for CCBHCs that joined the demonstration in SFY 2025, which represents encounters that would be expected to be a part of the CCBHC demonstration had the site joined the demonstration in SFY 2024.



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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Prospective adjustments



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



18

Credibility adjustment methodology



Costs differ by region.

To reflect regional differences in costs, capitation rates have been developed separately for each region.



A credibility model was utilized to determine the credibility of each regional capitation rates' underlying experience.



The rate cell-level credibility within each region is a function of population size and variance in member-to-member PMPM costs.



Regional capitation rates assigned greater than or equal to 95% credibility were assigned full credibility.



Rate cells with less than 95% credibility were blended with a manual rate based on statewide experience.

For example, the benefit expense underlying the capitation rate for a rate cell with 80% credibility would be calculated as:

$$\text{Benefit expense} = 0.8 \times [\text{Experience based rate}] + [1-0.8] \times [\text{Manual rate}]$$



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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Summary of SFY 2026 capitation rate development

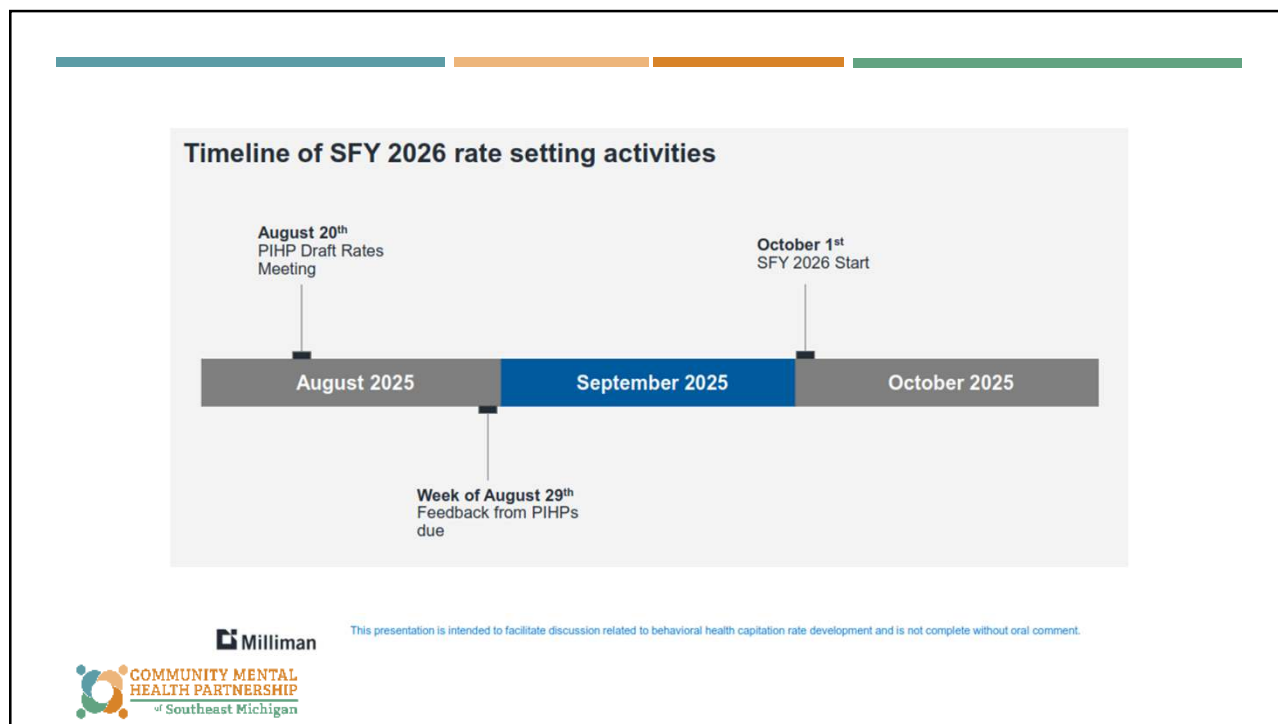
DESCRIPTION	RATE IMPACT (MILLIONS)	RATE IMPACT PERCENTAGE	RATE IMPACT PMPM
SFY 2024 Base Encounter Experience	\$ 3,699.9		\$ 127.77
SFY 2024 Retrospective Adjustments			
EQI Repricing - Utilization	71.0	1.9%	2.45
EQI Repricing - Unit Cost	170.6	4.5%	5.90
Removal of IMD Stays over 15 Days	(41.6)	(1.1%)	(1.44)
Removal of CCBHC Services	(479.0)	(12.3%)	(16.56)
Direct Care Worker Increase	(339.0)	(9.9%)	(11.72)
SFY 2026 Prospective Adjustments			
Projected Base	(157.7)	(5.1%)	(5.45)
Utilization and Unit Cost Trend	443.5	15.2%	15.33
Acuity	102.4	3.0%	3.54
1915(c) Waiver Adjustment	5.9	0.2%	0.20
Methadone Unit Cost	0.2	0.0%	0.01
ABA Legislative Repricing (97153)	19.7	0.6%	0.68
DCW Add Back	354.0	10.1%	12.24
Minimum Wage	22.0	0.6%	0.76
Sick Time	12.0	0.3%	0.41
Waskul Adjustment	20.3	0.5%	0.70
Private Duty Nursing - Unit Cost	1.9	0.0%	0.07
Credibility Adjustments			
Credibility Adjustments	(0.2)	(0.0%)	(0.01)
Non-Benefit Expense Add-Ons			
Managed Care Administration	299.9	7.7%	10.37
Risk Margin	42.4	1.0%	1.47
IPA	34.7	0.8%	1.20
SFY 2026 Total Projected Expenditures (Excluding HRA)	\$ 4,278.9		\$ 147.92



This presentation is intended to facilitate discussion related to behavioral health capitation rate development and is not complete without oral comment.



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GENERAL ASSUMPTIONS

- We anticipate that MDHHS will eventually fund earned sick time and minimum wage increases as passed by the legislature.
- We anticipate that a FY2026 budget will be eventually approved for both the federal and State of Michigan. There is currently the potential of a partial government shutdown in Michigan, federally, or both simultaneously.



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ASSUMPTIONS FOR CMHSP PARTNER BUDGETS

- The CMHSPs will continue to receive revenue with the same methodology used in FY2025 for FY2026. Medicaid and Healthy Michigan revenue will be distributed in 1/12th monthly payments at the levels indicated within the budget. Waiver related payments will be passed through to the appropriate CMHSP for each individual after the CMHPSM administrative expense is withheld.
- In FY2026, we are projecting a 4% increase over FY2025 revenue available for each of the CMHSP partner budgets. We are projecting that the CMHSPs will be able to increase certain contracted service rates, specifically unlicensed community living supports and overnight health and safety services. The CMHSPs have noted increased fringe costs as a FY2026 concern.



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FY2026 CMHPSM ADMINISTRATION COST OF LIVING ADJUSTMENT

COLA Increase %	FY2026 Estimated COLA Increase Total Cost
0%	\$0
1%	\$34,226
2%	\$68,445
3% (Recommended)	\$102,686
4%	\$136,921



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ASSUMPTIONS FOR FY2026 PIHP ADMINISTRATION

- Salaries are currently budgeted at appropriate tier placements and scheduled increases, including a 3% cost of living adjustment (COLA) for all CMHPSM employees effective October 1, 2024. Proposed salary tier information is on the following page.
- Fringe benefits are budgeted at 35.0% of salaries.
- The CMHPSM administrative budget includes 27 full-time positions and two (2) part-time positions at the CMHPSM for a total of 28.0 full time equivalents (FTEs) within 29 total positions. A full staff position list and organizational chart is included in the packet.



26

FY2026 PIHP STAFF RECOMMENDED SALARY SCHEDULE

- We are recommending that an additional step be added to our salary schedules. We have a number of staff that have reached the maximum step on their tier and have been there for a year or more. To assist with retaining these long-standing staff we are recommending that we move to ten salary steps on each of the five salary tiers.
- We would move from nine tiers (Step 0 –Step 8) to ten tiers (Step 0 - Step 9)
- Beginning October 1, 2025 staff that have reached the step 8 and have been at that step for one year or more would move to step 9 on their respective tier. Step 9 will be 4% higher than Step 8 on each of the salary tiers (A,B,C,D & E).
- The increase between the annual steps is between 4-6% depending on the salary tier.
- This change would cost no more than \$38,166 in FY2026.



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Currently Effective 10/1/2024-9/30/2025

Tier	Type	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8
A	Salary	\$45,861.00	\$49,547.00	\$51,187.00	\$52,828.00	\$55,151.00	\$57,473.00	\$59,796.00	\$62,118.00	\$64,441.00
A	Hourly	\$22.05	\$23.82	\$24.61	\$25.40	\$26.51	\$27.63	\$28.75	\$29.86	\$30.98
B	Salary	\$59,800.00	\$62,960.00	\$66,150.00	\$69,309.00	\$72,470.00	\$75,630.00	\$78,790.00	\$81,950.00	\$85,110.00
B	Hourly	\$28.75	\$30.27	\$31.80	\$33.32	\$34.84	\$36.36	\$37.88	\$39.40	\$40.92
C	Salary	\$63,381.00	\$66,932.00	\$70,514.00	\$74,065.00	\$77,646.00	\$81,198.00	\$84,779.00	\$88,360.00	\$91,912.00
C	Hourly	\$30.47	\$32.18	\$33.90	\$35.61	\$37.33	\$39.04	\$40.76	\$42.48	\$44.19
D	Salary	\$72,259.00	\$76,624.00	\$80,988.00	\$85,350.00	\$89,714.00	\$94,079.00	\$98,443.00	\$102,807.00	\$107,169.00
D	Hourly	\$34.74	\$36.84	\$38.94	\$41.03	\$43.13	\$45.23	\$47.33	\$49.43	\$51.52
E	Salary	\$90,317.00	\$95,283.00	\$100,248.00	\$105,214.00	\$110,180.00	\$115,145.00	\$120,142.00	\$125,106.00	\$130,073.00
E	Hourly	\$43.42	\$45.81	\$48.20	\$50.58	\$52.97	\$55.36	\$57.76	\$60.15	\$62.54

Proposed Effective 10/1/2025 (3% COLA and New Step 9)

Tier	Type	Step 0	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
A	Salary	\$47,237.00	\$51,033.00	\$52,723.00	\$54,413.00	\$56,806.00	\$59,197.00	\$61,590.00	\$63,982.00	\$66,374.00	\$69,030.00
A	Hourly	\$22.71	\$24.54	\$25.35	\$26.16	\$27.31	\$28.46	\$29.61	\$30.76	\$31.91	\$33.19
B	Salary	\$61,594.00	\$64,849.00	\$68,135.00	\$71,388.00	\$74,644.00	\$77,899.00	\$81,154.00	\$84,409.00	\$87,663.00	\$91,169.00
B	Hourly	\$29.61	\$31.18	\$32.76	\$34.32	\$35.89	\$37.45	\$39.02	\$40.58	\$42.15	\$43.83
C	Salary	\$65,282.00	\$68,940.00	\$72,629.00	\$76,287.00	\$79,975.00	\$83,634.00	\$87,322.00	\$91,011.00	\$94,669.00	\$98,456.00
C	Hourly	\$31.39	\$33.14	\$34.92	\$36.68	\$38.45	\$40.21	\$41.98	\$43.76	\$45.51	\$47.33
D	Salary	\$74,427.00	\$78,923.00	\$83,418.00	\$87,911.00	\$92,405.00	\$96,901.00	\$101,396.00	\$105,891.00	\$110,384.00	\$114,800.00
D	Hourly	\$35.78	\$37.94	\$40.10	\$42.26	\$44.43	\$46.59	\$48.75	\$50.91	\$53.07	\$55.19
E	Salary	\$93,027.00	\$98,141.00	\$103,255.00	\$108,370.00	\$113,485.00	\$118,599.00	\$123,746.00	\$128,859.00	\$133,975.00	\$139,334.00
E	Hourly	\$44.72	\$47.18	\$49.64	\$52.10	\$54.56	\$57.02	\$59.49	\$61.95	\$64.41	\$66.99

Employees move from their existing step to the next step after a positive score on their annual employee performance review, until they reach the maximum step. Positions are graded for tier placement (A-E) by the leadership team, whenever significant changes to the job description are made. Board approves all tier determinations.



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FY2026 PROCUREMENT RETENTION EXPENSES BUDGET

- We have included a separate line item in the budget related to potential staffing retention expenses due to the threat of the procurement process. If procurement proceeds towards the CMHPSM ceasing to exist, we would implement a staff retention program if approved by the Board.
- The current timeline of the RFP identifies a potential need for retention actions beginning with Quarter 2 of FY2026.
- A formal program will be brought to the October 2025 Regional Board Meeting for review.



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FY2026 PROCUREMENT RETENTION OPTIONS

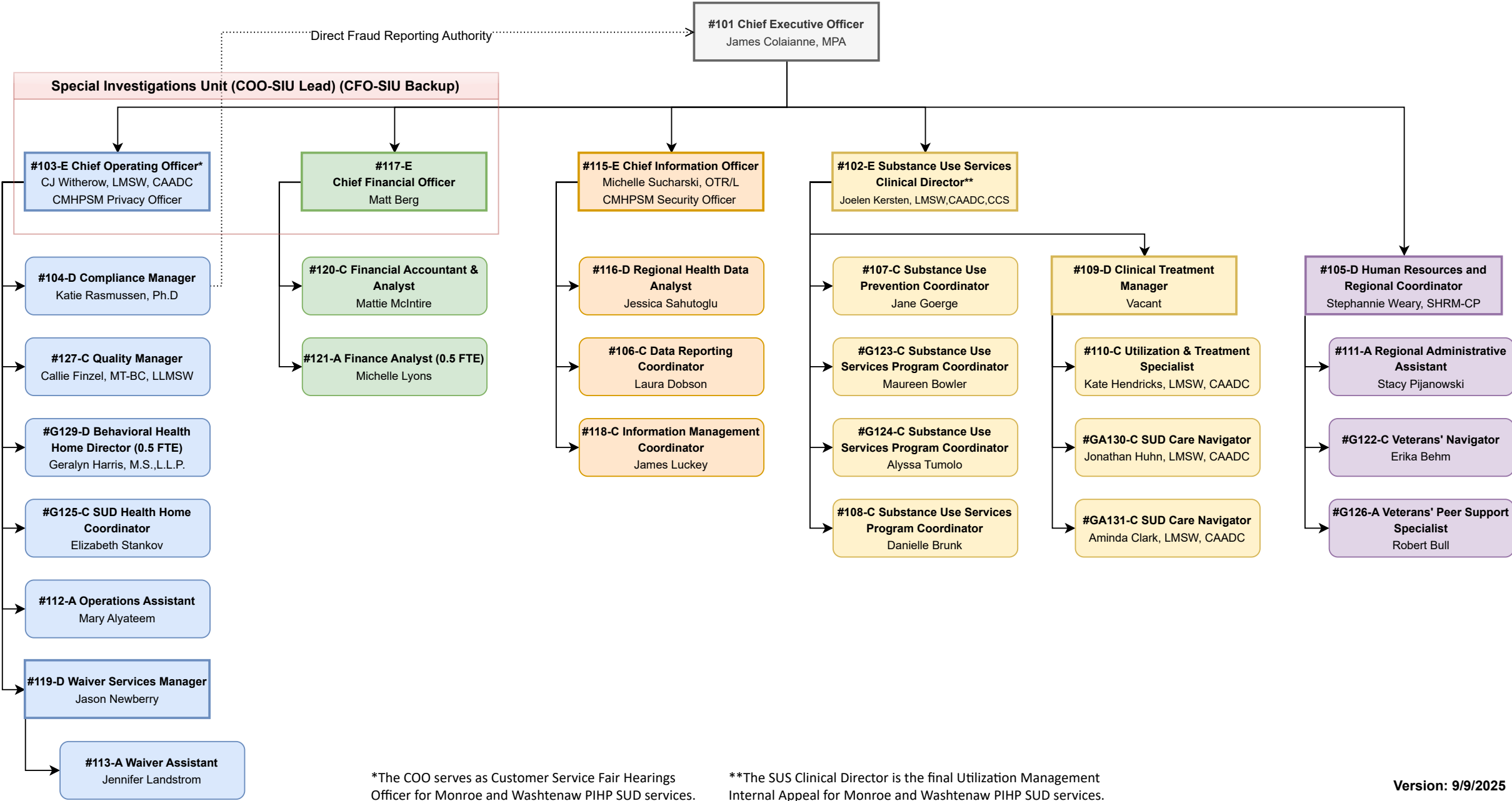
- Severance Salary for Employees in Good Standing
 - Increased severance in FY2027 or FY2028 if needed.
- COBRA Medical Insurance Expense Coverage
- Potential Retention Incentives in FY2026 at fiscal quarters
 - Q2 (March 31, 2026)
 - Q3 (June 30, 2026)
 - Q4 (September 30, 2026)
- FY2027 Planning



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CMHPSM Organizational Chart



ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
101	Chief Executive Officer	1.0	Sole direct employee of the CMHPSM Regional Board. Chief administrative officer of the CMHPSM. Oversight for PIHP functions and regional staffing. Liaison between Regional Operations Committee and Regional Board. Provide leadership for compliance with all contractual requirements within the Medicaid contract with MDHHS.	N/A	CEO
102	Substance Use Services Clinical Director	1.0	Provide leadership and management of SUD treatment and substance use prevention services including maintaining and developing relationships with the community. Staff liaison to Oversight Policy Board.	E	Substance Use Services-Department Leader
103	Chief Operating Officer	1.0	Manage MDHHS contract requirements. Provider Network Management (CMHSPs and SUD Core Providers) and Oversight for Delegated network management and credentialing. Infrastructure Management for PIHP. Oversight of Compliance, QAPIP, and Due Process/Appeals.	E	Operations - Department Leader
104	Compliance Manager	1.0	Oversight for Delegated Functions in Compliance and Customer Service Liaison for State and Federal Audits. Program Integrity Waiver Services oversight.	D	Operations
105	Human Resources and Regional Coordinator	1.0	Coordinate and supervise PIHP administrative staff persons. Staff support for Regional Operations Committee, Regional PIHP Board and Oversight Policy Board Coordinate special projects and initiatives including PIHP level grants and MDHHS submissions. Human resources coordinator for the CMHPSM.	D	CEO
106	Data Reporting Coordinator	1.0	Provides regional coordination and communication for required reporting elements including all behavioral health and prevention reporting.	B	Information Management
107	Substance Use Prevention Coordinator	1.0	Provides regional level oversight for Contracted Prevention Services. Completes required SUD prevention services state reporting, provides technical assistance to prevention service providers.	C	Substance Use Services
108	Substance Use Services Program Coordinator	1.0	Provides regional level oversight for programs and services across the continuum of contracted providers from prevention to treatment services.	C	Substance Use Services
109	SUD Clinical Treatment Manager	1.0	Provides regional level clinical and programmatic oversight for Contracted Treatment Providers, Utilization Review for services and monitoring for Core Providers.	D	Substance Use Services

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
110	Substance Use Disorder Utilization & Treatment Specialist	1.0	The position reviews service treatment providers, service authorizations and utilization, while communicating with treatment providers serving individuals living in Monroe and Washtenaw counties.	C	Substance Use Services
111	Regional Administrative Assistant	1.0	Supports Regional Committees, Processes Credentialing Applications, assists HR and Regional Coordinator in large projects.	A - Hourly	CEO
112	Operations Assistant	1.0	The Operations department handles a broad range of organizational activities including both internal projects and external contracting and monitoring functions with the provider network. The Operations Specialist manages and coordinates certain functions related to maintaining contracts, regional provider network data, internal and external communications, procurement, customer service, quality improvement, monitoring and auditing.	A	Operations
113	Waiver Assistant	1.0	Assists with the clinical review of all waiver and 1915i cases in the WSA, organizes and distributes weekly and monthly quality and compliance statistics for each service population, assists in the data cleanup for the WSA, performs HCBS site audit reviews, and supports with ongoing or one-time projects related to the Operations team.	A	Operations
115	Chief Information Officer	1.0	Skilled technical and leadership role for the continuity and security of all data and technical systems used by the CMHPSM including all personal computing devices, network and the electronic health record systems.	E	Information Management - Department Leader
116	Regional Health Data Analyst	1.0	Statistician responsible for producing, analyzing and preparing information on population health statistics, performance improvement studies and required data reporting.	D	Information Management
117	Chief Financial Officer	1.0	Act as the chief financial officer including revenue projections, trend analysis and consultation to regional board, CEO and executive directors regarding finance.	E	Finance – Department Leader
118	Information Management Coordinator	1.0	Coordinates region wide projects related to the electronic health record, CMHPSM Help Desk and other information management projects as required.	C	Information Management

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
119	Waiver Services Manager	1.0	Provides Coordination of applications and program requirements for all waiver programs: Habilitation Supports Waiver, 1915 I waiver, and subsequent site audits, represents the CMHPSM at waiver coordination activities with MDHHS, may audit clinical records as appropriate to waiver services.	D	Operations
120	Financial Accountant & Analyst	1.0	Responsible for accounting operations, manages Grant expense tracking, accounting reports, Provides financial oversight for PIHP level grant submissions, SUD finance reporting.	C	Finance
121	Finance Analyst	0.5	Part Time Hourly Employee - Performs a variety of functions in the claims processing, accounts payables and cash receipts processes. Responsibilities include inputting payables, issuing payments, processing claims, posting cash receipts, day-to-day finance and monitoring provider financial reporting.	A - Hourly	Finance
127	Quality Manager	1.0	The Quality Manager provides organization and operational skills across the four-county region and with external partners/stakeholders to ensure structures, composition and workplans support consistent implementation of these functions.	C	Operations
G122	Veterans' Navigator	1.0	100% Grant-Funded. Identifies resources and make linkages in the PIHP region appropriate for Veteran and Military Families (V/MFs). Makes appropriate referrals, coordinates care, provides follow up, and either directly provides or assures wrap around services are available.	C	CEO
G123	Substance Use Services Program Coordinator	1.0	100% Grant-Funded. Provides oversight of grant implementation, budgets, goals, objectives and activities, and serves as a liaison to funded program personnel as well as the MDHHS grant management staff. (Proposed tier reclassification from B to C in FY2025 budget)	C	Substance Use Services
G124	Substance Use Services Program Coordinator	1.0	100% Grant-Funded. Provides oversight of grant implementation, budgets, goals, objectives and activities, and serves as a liaison to funded program personnel as well as the MDHHS grant management staff. (Proposed tier reclassification from B to C in FY2025 budget)	C	Substance Use Services
G125	Opioid Health Home Coordinator	1.0	100% Grant-Funded. Functions as the liaison between HHPs, CMHPSM and Michigan Department of Health and Human Services (MDHHS); provides administrative leadership in the implementation and management of OHH services.	C	Operations
G126	Veterans' Peer Support Specialist	1.0	100% Grant-Funded. Responsible for carrying out activities of the Walking With Warriors program, the Veteran Peer Support Specialist's main objective is to provide ongoing support for Veterans and Military families and support the Veteran Navigator in their work.	A	CEO

ID#(s)	Job Title	FTE	Main Functions	Salary Tier	CMHPSM Department
G129	Behavioral Health Home Director	0.5	100% Grant-Funded. Behavior Health Home (BHH) Director manages BHH Lead Entity (LE) Director responsibilities for the BHH program including enrolling and disenrolling BHH participants, ensuring all required paperwork (such as consent and the care plan) are in the Waiver Support Application (WSA) system or in our electronic health record "CRCT". The BHH Director will work directly with Health Home Partners (HHPs) to ensure completion of required documentation, evaluation, and other activities.	D - Hourly	Operations
GA130	Substance Use Disorder Care Navigator	1.0	This position is 50% grant funded to assist individuals (primarily within a priority population) but also other individuals navigate the SUD treatment systems within our region. The position is 50% funded to review service treatment providers, service authorizations and utilization, while communicating with treatment providers serving individuals living in Monroe and Washtenaw counties.	C	Substance Use Services
GA131	Substance Use Disorder Care Navigator	1.0	This position is 50% grant funded to assist individuals (primarily within a priority population) but also other individuals navigate the SUD treatment systems within our region. The position is 50% funded to review service treatment providers, service authorizations and utilization, while communicating with treatment providers serving individuals living in Monroe and Washtenaw counties.	C	Substance Use Services

**Community Mental Health Partnership of Southeast Michigan
Proposed FY 2026 Budget**

	Budget FY 2025	Estimated YE 2025	FY 2026 August Draft Budget	FY 2026 September Proposed Budget	Est FY 2025 Dollar Change	YE-Budget % Change
MH/IDD/WAIVER SERVICES						
MEDICAID REVENUE						
Medicaid	143,925,411	138,715,525	133,422,994	121,148,079	(17,567,446)	-12.7%
Medicaid Waivers	63,249,094	70,744,180	69,240,667	62,870,526	(7,873,654)	-11.1%
Medicaid Autism	20,340,177	28,068,507	29,042,666	26,370,741	(1,697,767)	-6.0%
HMP	18,250,726	17,407,181	15,957,933	14,489,803	(2,917,378)	-16.8%
Prior Year Carry Forward	5,000,000	11,941,540	12,250,000	13,250,000	1,308,460	11.0%
ISF Draw-down				11,719,500	11,719,500	100.0%
CCBHC	22,000,000	29,573,501	-	-	(29,573,501)	-100.0%
Behavioral Health Home	1,365,255	1,298,757	1,306,743	1,306,743	7,986	0.6%
HRA Revenue	13,000,000	16,652,880	17,000,000	17,000,000	347,120	2.1%
Medicaid Revenue	287,130,663	314,402,071	278,221,003	268,155,391	(46,246,680)	-14.7%
MEDICAID EXPENDITURES						
IPATax	2,300,000	2,234,700	2,200,000	2,200,000	(34,700)	-1.6%
HRA Payments	13,000,000	16,652,882	17,000,000	17,000,000	347,118	2.1%
Lenawee CMH						
Medicaid State Plan	19,736,600	19,736,600	20,723,430	22,125,708	2,389,108	12.1%
Medicaid Waivers	7,276,931	8,017,291	8,168,626	7,188,391	(828,900)	-10.3%
Healthy Michigan Plan	2,728,152	2,728,152	2,864,560	2,169,223	(558,929)	-20.5%
Autism Medicaid	1,179,080	1,595,342	1,692,138	1,910,571	315,229	19.8%
Behavioral Health Homes	57,558	79,372	72,535	79,372	0	0.0%
DHIP		42,889			(42,889)	
Lenawee CMH Total	30,978,321	32,199,645	33,521,289	33,473,264	1,273,619	4.0%
Livingston CMH						
Medicaid State Plan	28,217,708	28,217,708	29,628,593	30,397,385	2,179,677	7.7%
Medicaid Waivers	10,045,446	11,083,720	11,145,910	9,808,401	(1,275,320)	-11.5%
Healthy Michigan Plan	3,156,819	3,156,819	3,314,660	2,572,968	(583,851)	-18.5%
Autism Medicaid	5,707,432	6,529,941	6,890,086	8,268,123	1,738,182	26.6%
Behavioral Health Homes	85,635	103,601	95,465	103,601	0	0.0%
DHIP		76,776			(76,776)	
Livingston CMH Total	47,213,040	49,168,565	51,074,714	51,150,479	1,981,913	4.0%
Monroe CMH						
Medicaid State Plan	24,016,314	24,016,314	27,276,297	28,909,492	4,893,178	20.4%
Medicaid Waivers	11,937,044	12,610,498	13,099,118	11,527,224	(1,083,274)	-8.6%
Healthy Michigan Plan	3,659,040	3,659,040	3,841,992	2,707,287	(951,753)	-26.0%
Autism Medicaid	2,221,455	2,611,995	2,758,571	3,310,293	698,299	26.7%
CCBHC Supplemental	8,624,000	11,758,563			(11,758,563)	-100.0%
CCBHC Base Capitation	6,450,000	6,450,000			(6,450,000)	-100.0%
Behavioral Health Homes	376,937	233,190	222,283	222,283	(10,907)	-4.7%
DHIP		79,953			(79,953)	-100.0%
Monroe CMH Total	57,284,790	61,419,552	47,198,261	46,676,579	(14,742,973)	-24.0%
Washtenaw CMH						
Medicaid State Plan	54,524,586	54,524,586	59,896,156	62,354,316	7,829,730	14.4%
Medicaid Waivers	32,991,767	37,238,454	38,212,921	33,627,370	(3,611,083)	-9.7%
Healthy Michigan Plan	7,874,111	7,874,111	8,267,817	7,034,236	(839,875)	-10.7%
Autism Medicaid	7,980,152	9,731,529	10,289,752	12,347,733	2,616,204	26.9%
CCBHC Supplemental	12,936,000	19,403,303			(19,403,303)	-100.0%
CCBHC Base Capitation	9,137,500	9,137,500			(9,137,500)	-100.0%
CCBHC Incentive		-			-	
Behavioral Health Homes	572,074	668,066	614,907	614,907	(53,159)	-8.0%
DHIP		23,358			(23,358)	-100.0%
Washtenaw CMH Total	126,016,190	138,600,906	117,281,553	115,978,563	(22,622,344)	-16.3%
Medicaid Expenditures	276,792,341	300,276,250	268,275,817	266,478,884	(33,797,366)	-11.3%
Medicaid Total	10,338,322	14,125,821	9,945,186	1,676,507	(12,449,314)	

**Community Mental Health Partnership of Southeast Michigan
Proposed FY 2026 Budget**

	Budget FY 2025	Estimated YE 2025	FY 2026 August Draft Budget	FY 2026 September Proposed Budget	Est FY 2025 Dollar Change	YE-Budget % Change
SUD/GRANTS						
SUD/GRANTS REVENUE						
Healthy Michigan Plan SUD	11,456,681	10,344,366	10,297,467	9,350,100	(994,266)	-9.6%
Medicaid SUD	4,645,222	4,596,004	4,583,011	4,161,374	(434,630)	-9.5%
PA2 - Reserve Investment	179,082	129,781	248,000	248,000	118,219	91.1%
PA2 - Tax Revenue (Est)	1,824,100	1,824,100	1,824,000	2,050,000	225,900	12.4%
PA2 - Use of Reserve (Est)	0	326,460	-	586,698	260,238	79.7%
Federal/State Grants	10,884,517	8,601,150	7,272,581	7,272,581	(1,328,569)	-15.4%
Opioid Health Homes	691,054	665,686	613,967	613,967	(51,719)	-7.8%
SUD/GRANTS REVENUE	29,680,656	26,487,546	24,839,026	24,282,720	(2,204,826)	-8.3%
SUD/GRANTS EXPENDITURES						
SUS Administration						
Salaries & Fringes	1,229,497	999,449	1,561,540	1,488,720	489,271	49.0%
Procurement Incentives			390,385	593,861	593,861	100.0%
Indirect Cost Recovery	(371,452)	(321,452)	(271,452)	(271,452)	50,000	-15.6%
SUD Administration	858,045	677,997	1,680,473	1,811,129	1,133,132	167.1%
HMP/MEDICAID SUD SRVCS						
Lenawee	1,677,180	1,677,180	1,744,267	1,744,267	67,087	4.0%
Livingston	1,135,797	1,769,627	1,858,108	1,840,412	70,785	4.0%
Monroe	3,584,825	2,828,534	3,250,585	2,941,676	113,141	4.0%
Washtenaw	5,934,881	5,624,451	6,207,361	5,849,429	224,978	4.0%
TOTAL	12,332,683	11,899,792	13,060,321	12,375,784	475,992	4.0%
GRANT/PA2 SUD SERVICES						
ARPA Grant Services	3,891,413	2,001,459	-	-	(2,001,459)	-100.0%
Block Grant Services	3,616,666	2,511,921	3,798,988	3,798,988	1,287,067	51.2%
State Opioid Response	2,300,000	2,300,000	2,164,108	2,636,698	336,698	14.6%
PA2 Services	1,824,100	2,150,560	1,824,000	1,824,000	(326,560)	-15.2%
Other Grants	397,131	840,057	210,591	210,591	(629,466)	-74.9%
Gambling Prevention Grant	227,273	126,365	227,273	227,273	100,908	79.9%
Veteran Navigation	192,000	163,338	229,000	229,000	65,662	40.2%
TOTAL	12,448,583	10,093,701	8,453,960	8,926,550	(1,167,151)	-11.6%
SUD Health Homes	552,843	665,686	552,843	552,843	(112,843)	-17.0%
SUD/Grants Expenditures	26,192,153	23,337,176	23,747,597	23,666,306	329,130	1.4%
SUD/Grants Total	3,488,503	3,150,370	1,091,429	616,414	(2,533,957)	
PIHP						
PIHP REVENUE						
Incentives (Est)	1,900,000	1,900,000	1,900,000	1,900,000	-	0.0%
Local Match	159,180	159,180	159,180	159,180	-	0.0%
Other Income	300	13,000	200,000	200,000	187,000	1438.5%
PIHP Revenue	2,059,480	2,072,180	2,259,180	2,259,180	187,000	9.0%
PIHP EXPENDITURES						
PIHP Admin						
Local Match	159,180	159,180	159,180	159,180	-	0.0%
Salaries & Fringes	1,769,276	1,699,598	2,128,688	2,141,513	441,915	26.0%
Procurement Incentives			532,172	915,778	915,778	100.0%
Contracts & Other	1,250,000	966,777	1,375,000	1,250,000	283,223	29.3%
PIHP Admin	3,178,456	2,825,555	4,195,040	4,466,471	1,640,916	58.1%
Board Expense	3,000	1,253	3,000	3,000	1,747	139.4%
PIHP Expenditures	3,181,456	2,826,808	4,198,040	3,000	(2,823,808)	-99.9%
PIHP Total	(1,121,976)	(754,628)	(1,938,860)	(2,210,291)	(1,455,662)	
Totals						
Revenue	318,870,799	342,961,798	305,319,209	294,697,291	(48,264,507)	-14.1%
Expenses	306,165,950	326,440,235	296,221,454	294,614,661	(31,825,574)	-9.7%
Net Before Transfers	12,704,849	16,521,563	9,097,755	82,630	(16,438,933)	



Regional Board Action Request – FY2026 CMHPSM Budget

Board Meeting Date: September 17, 2025

Action Requested: Review and approve the FY2026 CMHPSM annual budget.

Background: The FY2026 budget is representative of and in adherence to the expectations and requirements derived from the revenue contracts entered into by the CMHPSM with the Michigan Department of Health and Human Services (MDHHS).

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

The Regional Board reviews and approves an annual budget for the CMHPSM per the Financial Stability and Risk Reserve Management Board Governance Policy.

Recommend: Approval

Model Motion: *I move that the Fiscal Year 2026 CMHPSM Budget be approved as presented.*

CMHPSM FY2026 Budgeted Contracts**Administrative Contracts / Letters of Engagement / Vendor Agreements**

Contractor	Description	Term	FY2025 DNE, and/or Rates	FY2026 DNE, and/or Rates
Boardwalk LLC	Lease for 3005 Boardwalk	10/1/2025-9/30/2026	\$133,748 + Utilities	\$137,085.50 + Utilities
Centria	Private Duty Nursing (PDN) Assessment Services	10/1/2025-9/30/2026	\$75.00/hr.	\$75.00/hr.
Cohl, Stoker & Toskey	Attorney Services Retainer (No cost retainer all services billed hourly)	10/1/2025-9/30/2026	\$225/hr.	\$225/hr.
Fuse Technology	Information Technology Systems services	10/1/2025-9/30/2026	\$19,796 / yr	\$19,796 / yr
TM Group	Financial/Administrative Software License and Support (Help Desk, Consulting, Project Management)	10/1/2025-9/30/2026	\$190-\$225/hr. based on service	\$190-\$225/hr. based on service
Michigan Consortium of Healthcare Excellence	MCG Parity Software PIHP Group Purchase	10/1/2025-9/30/2026	\$22,002.15 / yr	\$22,349.50 / yr
Michigan Health Information Network Shared Services (MiHIN)	VIPR Health Data Exchange Platform for PIHP regional data sharing	10/1/2025-9/30/2026	\$ 1,200 / mo.	\$ 1,200 / mo.
Milliman	DRIVE User Fee	10/1/2025-9/30/2026	\$1,000/yr	\$1,000/yr
Multi-Health Systems	Preschool and Early Childhood Functional Assessment Scale (PECFAS) and Child And Adolescent Functional Assessment Scale (CAFAS) \$2,110/yr per CMHSP	10/1/2025-9/30/2026	N/A	\$8,440/yr
Paychex	Human Resources / Payroll	10/1/2025-9/30/2026	\$47.64/ employee per payroll	\$57.25/ employee per payroll
PCE Systems	CRCT Electronic Health Record	10/1/2025-9/30/2026	\$ 486,900 / yr	\$ 486,900 / yr
Roslund, Prestage & Company	Audit Services and hourly technical assistance consulting when necessary.	10/1/2025-9/30/2026	\$31,700 + \$275/hr. technical assistance	\$32,575 + \$275/hr. technical assistance

CMHSP Medicaid and Other Funding

Contractor	Contract Description	Term	Cost Settled Funding
Lenawee CMH	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Livingston CMH	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Monroe CMH	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Washtenaw County	Master CMHSP	10/1/2025-9/30/2026	Per Funding Budget
Lenawee CMH	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue
Livingston CMH	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue
Monroe CMH	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue
Washtenaw County	Project & Sub Grant	10/1/2025-9/30/2026	Expense and Revenue

MDHHS / PIHP Revenue Contract

Revenue Source	Revenue Amount	Term
MDHHS/PIHP Contract	Per Revenue Budget	10/1/2025-9/30/2026
EGRAMS Grants (MDHHS State Opioid Response 4 (SOR 4) Grant, SUD Administration, Community Grant, MI-PAC, American Rescue Plan Act (ARPA), Gambling Prevention, Prevention, State Disability Assistance, SUD Tobacco, SUD Women's Specialty Services, Clubhouse & Veteran's Systems Navigator & Health Home related revenue)	Per Revenue Budget	10/1/2025-9/30/2026

Other Revenue

Contractor	Description	Revenue Amount	Term
Washtenaw County	PA2 Funding to CMHPSM	Per Tax Receipts and Revenue Budget	10/1/2025-9/30/2026

SUD Core Provider Services – HMP, Block Grant, Medicaid, PA2

Contractor	Description	Term	FY2025 Funding	FY2026 Funding
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Lenawee CMH	SUD Core Provider (Cost Settled)	10/1/2025-9/30/2026	\$1,850,121.00	\$1,971,033
Livingston CMH	SUD Core Provider (Cost Settled)	10/1/2025-9/30/2026	\$1,306,157.40	\$2,135,044

SUD Project Contracts

Fund source will be determined between: Public Act 2 (PA2), Substance Abuse Block Grant (SABG), MI PAC or State Opioid Response (SOR) 4.

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Lenawee	Lenawee CMHA	Drug Court Peer Recovery Support	10/1/2025-9/30/2026	\$29,068	\$33,459
Lenawee	Lenawee CMHA	Pathways Engagement Center	10/1/2025-9/30/2026	\$519,974	\$527,736
Lenawee	Lenawee CMHA	Jail Based MAT	10/1/2025-9/30/2026	\$74,800	\$70,409
Lenawee	Lenawee CMHA	Harm Reduction/Overdose Education and Naloxone Distribution	10/1/2025-9/30/2026	\$19,016	\$19,016
Lenawee	Lenawee CMHA	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	\$21,470	\$21,470
Livingston	Livingston County Catholic Charities & Livingston Community Prevention Project	Prevention Services- Project Success, Youth Led Prevention, CMCA, CBSG	10/1/2025-9/30/2026	\$482,428	\$472,428
Livingston	Livingston CMHA	Stepping Stones Engagement Center	10/1/2025-9/30/2026	\$603,833	\$603,833
Livingston	Livingston CMHA	Blended Funding - Wraparound	10/1/2025-9/30/2026	\$40,000	\$40,000
Livingston	Livingston CMHA	Epidemiologist (with Health Department)	10/1/2025-9/30/2026	\$45,000	\$45,000

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Livingston	Livingston CMHA	Overdose Education and Naloxone Distribution	10/1/2025-9/30/2026	\$17,000	\$13,000
Livingston	Livingston CMH	Project ASSERT	10/1/2025-9/30/2026	\$98,857	\$68,978
Livingston	Recovery Advocates in Livingston	Recovery Community Organization	10/1/2025-9/30/2026	\$50,000	\$50,000
Livingston	Recovery Advocates in Livingston	Recovery Housing	10/1/2025-9/30/2026	\$48,893	\$48,493
Livingston	Livingston County Catholic Charities	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	\$20,440	\$20,440
Monroe	Catholic Charities of SE Michigan	St. Joseph Center of Hope – Engagement Center	10/1/2025-9/30/2026	\$652,935	\$100,000
Monroe	Catholic Charities of SE Michigan	Prevention Services - Student Prevention Leadership Teams	10/1/2025-9/30/2026	\$139,772	\$139,772
Monroe	Catholic Charities of SE Michigan	Overdose Education and Naloxone Distribution	10/1/2025-9/30/2026	\$20,000	\$20,000
Monroe	Catholic Charities of SE Michigan	Project ASSERT	10/1/2025-9/30/2026	\$60,000	\$60,000
Monroe	Recovery Advocacy Warriors	Recovery Community Organization	10/1/2025-9/30/2026	\$164,725	\$164,725
Monroe	Monroe CMHA	Jail Based MAT/MOUD	10/1/2025-9/30/2026	\$389,150	\$389,150
Monroe	Monroe County Intermediate School District	Prevention Services – Nurturing Parents as Teachers	10/1/2025-9/30/2026	\$84,076	\$84,076
Monroe	Women Empowering Women	Recovery Housing	10/1/2025-9/30/2026	\$73,170	\$65,772

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Monroe	United Way of Monroe County	Prevention Coalition Services	10/1/2025-9/30/2026	\$85,000	\$85,000
Monroe	United Way of Monroe and Lenawee Counties	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	\$18,450	\$18,450
Washtenaw	Avalon Housing	Harm Reduction & Integrated Care	10/1/2025-9/30/2026	\$172,800	\$172,800
Washtenaw	Dawn Farm	Family Recovery Housing	10/1/2025-9/30/2026	\$38,880	\$19,521
Washtenaw	Dawn Farm	Recovery Court Peer Specialist	10/1/2025-9/30/2026	\$45,000	\$22,500
Washtenaw	Eastern Michigan University	Prevention - Prime for Life	10/1/2025-9/30/2026	\$100,000	\$100,000
Washtenaw	Eastern Michigan University	Prevention Theatre Collaborative – Botvins Transitions	10/1/2025-9/30/2026	\$95,158	\$95,158
Washtenaw	EMU	Botvins Life Skills	10/1/2025-9/30/2026	\$60,000	\$60,000
Washtenaw	Home of New Vision	Harm Reduction	10/1/2025-9/30/2026	\$287,674	\$247,674
Washtenaw	Home of New Vision	Project ASSERT	10/1/2025-9/30/2026	\$151,697	\$80,376
Washtenaw	Home of New Vision	Recovery Community Organization - WRAP	10/1/2025-9/30/2026	\$150,000	\$150,000
Washtenaw	St. Joseph Mercy Chelsea	Prevention Services – Project Success Chelsea and Manchester	10/1/2025-9/30/2026	\$151,519	\$151,069
Washtenaw	Washtenaw County (Health Department)	MI Partnership to Advance Coalitions (MI PAC)	10/1/2025-9/30/2026	\$25,000	\$25,000
Regional	Karen Bergbower & Associates	Synar/ DYTUR Prevention	10/1/2025-9/30/2026	\$153,369	\$153,369

County	Contractor	Description	Term	Previous FY2025 / Do Not Exceed Funding	Total FY2026/ Do Not Exceed Funding
Regional	Karen Bergbower & Associates	Tobacco/ENDS	10/1/2025-9/30/2026	\$4,000	\$4,000
Regional	Workit Health	Telehealth Opioid Use Disorder/Stimulant Use Disorder Treatment	10/1/2025-9/30/2026	\$269,537	\$269,537

Women's Specialty Services SABG WSS

County	Contractor	Term	Total FY2025/DNE Funding	Total FY2026/DNE Funding
Lenawee	Lenawee CMH	10/1/2025-9/30/2026	\$28,340	\$15,000
Livingston	Livingston CMH	10/1/2025-9/30/2026	\$140,800	\$50,000
Monroe	Catholic Charities of Southeast Michigan	10/1/2025-9/30/2026	\$219,920	\$100,000
Washtenaw	Home of New Vision	10/1/2025-9/30/2026	\$486,030	\$185,000

Substance Use Disorder Health Home (SUD HH) Contracts (Previously Opioid Health Homes - OHH)

Contractor	Description	Term	FY2025 DNE or N/A	FY2026 DNE or N/A
Family Medical Center	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Case Rate
Packard Health Clinic	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Rate
Passion of Mind	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Case Rate
Therapeutics	SUD Health Home	10/1/2025-9/30/2026	Per SUD HH Case Rate	Per SUD HH Case Rate

Memorandums of Understanding / Coordination Agreements / Data-Use Agreements (No Funding)

Current Medicaid Health Plan Coordination Agreements
Aetna Health Plan
Blue Cross Complete
McLaren Health Plan
Meridian Health Plan
Molina Health Plan
UnitedHealthcare
HAP CareSource

Data-Use Agreements
Michigan Department of Health and Human Services (CC360 & Monthly Extract)
Community Mental Health Services of Livingston County (CC360 & Monthly Extract)
Lenawee Community Mental Health Authority (CC360 & Monthly Extract)
Monroe Community Mental Health Authority (CC360 & Monthly Extract)
Washtenaw County Community Mental Health (CC360 & Monthly Extract)
PCE Systems (CC360 & Monthly Extract)
University of Michigan (Law Resource Services Pilot)
Deerfield Solutions (LOCUS EHR Integration)

SUD Fee-For-Service Contracts

Contractor	FY2025-27 Term
Ann Arbor Treatment Center - CRC Health	10/1/2024-9/30/2026
Bear River	10/1/2024-9/30/2026
Catholic Charities of SE Michigan	10/1/2024-9/30/2026
Dawn Inc	10/1/2025-9/30/2027
Flint Odyssey House Inc.	10/1/2024-9/30/2026
Hegira Programs Inc	10/1/2024-9/30/2026
Home of New Vision	10/1/2024-9/30/2026
Kalamazoo Probation Enhancement Program	10/1/2024-9/30/2026
Passion of Mind	10/1/2024-9/30/2026
Personalized Nursing Light House	10/1/2024-9/30/2026
Premier Services of MI DBA CRM	10/1/2024-9/30/2026
Sacred Heart	10/1/2024-9/30/2026
Salvation Army Harbor Light	10/1/2024-9/30/2026
Samaritas	10/1/2024-9/30/2026
Therapeutics, LLC.	10/1/2024-9/30/2026
Trinity Health – Greenbrook	10/1/2024-9/30/2026
Women Empowering Women	10/1/2024-9/30/2026

FY2026 CMHPSM SUD Fee-For-Service Contract Standard Fee Schedules

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
90791		Psychiatric Evaluation	Encounter	\$100.00	✓	✓	✓	✓	-
90792		Psychiatric Evaluation	Encounter	\$175.00	✓	✓	✓	✓	-
90832		30 minutes of Psychotherapy	Encounter	\$60.00	✓	✓	✓	✓	-
90834		45 minutes of Psychotherapy	Encounter	\$85.00	✓	✓	✓	✓	-
90837		60 minutes of Psychotherapy	Encounter	\$110.00	✓	✓	✓	✓	-
90853	UN UP UQ UR US	Group Therapy per Session: U modifiers based on number of group attendees	Encounter	\$26.00	✓	✓	✓	✓	-
96372		Therapeutic, prophylactic, diagnostic injection, doctor on site Medication Administration therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Encounter	\$30.00	✓	✓	✓	✓	-
97810		Acupuncture 1 or more needles, initial 15 minutes	Encounter	\$40.00			✓	✓	-
97811		Acupuncture 1 or more needles, each additional 15 minutes	Encounter	\$40.00			✓	✓	-
99202		E&M New Patient Med	Encounter	\$75.00	✓	✓	✓	✓	-
99203		E&M New Patient High	Encounter	\$100.00	✓	✓	✓	✓	-
99204		E&M New Patient High	Encounter	\$120.00	✓	✓	✓	✓	-
99205		E&M New Patient High	Encounter	\$175.00	✓	✓	✓	✓	-
99211		E&M Existing Patient No Doc Low	Encounter	\$35.00	✓	✓	✓	✓	-
99212		E&M Existing Patient Low	Encounter	\$45.00	✓	✓	✓	✓	-
99213		E&M Existing Patient Med	Encounter	\$65.00	✓	✓	✓	✓	-
99214		E&M Existing Patient Mod-High	Encounter	\$95.00	✓	✓	✓	✓	-
99215		E&M Existing Patient High	Encounter	\$135.00	✓	✓	✓	✓	-
H0001		Alcohol and/or Drug Assessment	Encounter	\$130.00	✓	✓	✓	✓	-
H0001	HD	Alcohol and/or Drug Assessment	Encounter	\$130.00	✓	✓	✓	✓	-
H0003		Laboratory analysis of specimens to detect presence of alcohol or drugs.	Encounter	\$18.00	✓	✓	✓	✓	-
H0004		Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$25.00	✓	✓	✓	✓	-
H0004	HD	Individual Behavioral Health Counseling and Therapy	Per 15 mins	\$25.00	✓	✓	✓	✓	-

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
H0005	UN UP UQ UR US	Alcohol & Drug Group Counseling by Clinician: U modifiers based on number of group attendees	Encounter	\$40.00	✓	✓	✓	✓	-
H0005	HD	Alcohol & Drug Group Counseling by Clinician	Encounter	\$40.00	✓	✓	✓	✓	-
H0006		SUD Case Management- Services provided to link clients to other essential medical, educational, social and/or other services.	Encounter	\$30.00			✓	✓	-
H0010		Alcohol and/or drug services; sub-acute withdrawal management; medically monitored residential withdrawal management (3.7-WM)	Per Day	\$324.00 *	✓	✓	✓	✓	-
H0012		Alcohol and/or drug services; sub-acute withdrawal management; clinically managed residential withdrawal management; non-medical or social withdrawal management setting Alcohol and/or drug services; sub-acute withdrawal management (residential addiction program outpatient) (3.2-WM)	Per Day	\$225.00	✓	✓	✓	✓	-
H0015		IOP Intensive Outpatient Care Alcohol and/or drug services; intensive outpatient (from 9 to 19 hours of structured programming per week based on an individualized treatment plan), including assessment, counseling, crisis intervention, and activity therapies or education	Per Day	\$115.00	✓	✓	✓	✓	-

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
H0018	W1	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.1 Clinically Managed Low Intensity	Per Day	\$160.00	✓	✓	✓	✓	
H0018	W3	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.3 Clinically Managed Population-Specific (H0018 and W3 modifier)	Per Day	\$160.00	✓	✓	✓	✓	
H0018	W5	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.5 Clinically Managed High Intensity (H0018 and W5 modifier)	Per Day	\$169.00	✓	✓	✓	✓	
H0018	W7	Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program) 3.7 Medically Monitored Intensive (H0018 and W7 modifier)	Per Day	\$175.00	✓	✓	✓	✓	

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
H0019	W1	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.1 Clinically Managed Low Intensity (H0019 and W1 modifier)	Per Day	\$160.00	✓	✓	✓	✓	
H0019	W3	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.3 Clinically Managed Population-Specific (H0019 and W3 modifier)	Per Day	\$160.00	✓	✓	✓	✓	
H0019	W5	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.5 Clinically Managed High Intensity (H0019 and W5 modifier)	Per Day	\$169.00	✓	✓	✓	✓	

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
H0019	W7	Alcohol and/or drug services; corresponds to services provided in long-term residential (non-medical, nonacute care in residential treatment program where stay is typically longer than 30 days) 3.7 Medically Monitored Intensive (H0019 and W7 modifier)	Per Day	\$175.00	✓	✓	✓	✓	
H0018	HA	Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, Alcohol and/or drug services; corresponds to services provided in short term residential (non-hospital residential treatment program)	Per Day	\$285.00	✓	✓	✓	✓	-
H0019	HA	Adolescent Alcohol and/or drug services; corresponds to services provided in ASAM Level III.3 and ASAM Level III.5 programs, previously referred to as long-term residential (non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days)	Per Day	\$285.00	✓	✓	✓	✓	-
H0020		Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	Encounter	\$19.00	✓	✓	✓	✓	
H0038		Recovery Coach/Peer Services: 1 person served	Per 15 mins	\$14.00	✓	✓	✓	✓	-\$11.00
H0038	UN	Recovery Coach/Peer Services: 2 persons served	Per 15 mins	\$7.35	✓	✓	✓	✓	
H0038	UP	Recovery Coach/Peer Services: 3 persons served	Per 15 mins	\$5.02	✓	✓	✓	✓	
H0038	UQ	Recovery Coach/Peer Services: 4 persons served	Per 15 mins	\$3.85	✓	✓	✓	✓	

FY2026 SUD Fee-for-Service Contract Fee Schedule					COVERAGE				10/1/2025-9/30/2026
HCPCS/CPT	MOD	SERVICE	DURATION	Rate	MED	HMP	SABG	PA2	Difference from FY25
H0038	UR	Recovery Coach/Peer Services: 5 persons served	Per 15 mins	\$3.36	✓	✓	✓	✓	
H0038	US	Recovery Coach/Peer Services	Per 15 mins	\$2.92	✓	✓	✓	✓	
H0048		Alcohol and drug testing, collection and handling only, specimens other than blood.	Encounter / per test	\$3.00	✓	✓	✓	✓	-
H2034		Recovery/Transitional Housing	Per Day	\$27.00			✓	✓	-
H2035		Group Outpatient: Alcohol/Other Drug Treatment	Per Hour	\$40.00	✓	✓	✓	✓	-
H2036		Partial Hospitalization - ASAM Level II.5: Services provided 20 or more hours in a week for needs that do not require 24-hour care. (Hospitalization as an ASAM descriptor, services do not need to take place in a hospital setting.)	Per Day	\$171	✓	✓	✓	✓	N/A
S9976		Residential Room and Board - May be used in conjunction with H0018 & H0019.	Per Day	\$27.00			✓	✓	-
T1007		Treatment planning; Alcohol and/or substance abuse services, Treatment plan development and/or modification	Encounter	\$100.00	✓	✓	✓	✓	-
T1009		Care of the children of the individual receiving alcohol and/or substance abuse services	Encounter / Per Hour	\$15.00			✓	✓	-
T1012		Recovery Supports	Encounter	\$60.00	✓	✓	✓	✓	-



Regional Board Action Request – FY2026 Contracts

Board Meeting Date: September 17, 2025

Action Requested: Authorization for the CMHPSM CEO to sign the identified FY2026 contracts.

Background: Expense contracts for FY2026 include: Substance Use Disorder service, prevention and treatment contracts, grant funded projects, projects funded by Oversight Policy Board approved PA2 allocations, administrative contracts, mental health service contracts with the partner CMHSPs. Additional contracts with no expense associated include various Memorandums of Understanding, coordination agreements and data-use agreements.

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

The associated expense and non-expense contracts abide by the stipulations of our revenue contract with MDHHS and align with our regional strategic plan and our regional shared governance model.

Recommend: Authorization

Model Motion: *I move that the CMHPSM CEO be authorized to execute the FY2026 contracts as identified and as included within the FY2026 CMHPSM budget.*



Regional Board Action Request – FY2023 & FY2024 Performance Based Incentive Program (PBIP) Distributions

Board Meeting Date: September 17, 2025

Action Requested: Approve disbursement of FY2023 and FY2024 PBIP Funds earned through regional performance on MDHHS metrics.

Background: MDHHS withholds a portion of the capitated payments made during a year as an incentive for the PIHP and CMHs to meet certain performance metrics and reporting goals. Staff have worked with our regional CMHSP partners to develop the distribution schedule depicted below based on Medicaid and HMP non-CCBHC program expenditures. The PBIP funds have been paid by MDHHS to CMHPSM and will be passed through to the CMHSPs in the amount identified below.

	Proposed PBIP FY 2023	Proposed PBIP FY 2024
Lenawee	240,305	293,793
Livingston	412,212	504,841
Monroe	455,437	419,815
Washtenaw	798,382	1,004,164
	1,906,336	2,222,613

Staff Recommendation: Approval

Model Motion: *I move that the FY2023 and FY2024 PBIP distributions identified within this attachment be authorized for payment from the CMHPSM to the regional CMHSPs.*



**FY2026 CMHPSM Regional Board
Meeting Schedule
6:00 p.m. – 8:00 p.m.
All meetings will be held at:
3005 Boardwalk Dr., Ste. 200, Ann Arbor, MI
Patrick Barrie Conference Room
(unless otherwise noted)**

Date	Meeting Notes
10/8/2025	Regional Board Officer Elections
12/10/2025	
2/11/2026	
4/8/2026	
6/10/2026	
8/12/2026	FY2027 Budget Preview
9/16/2026	FY2027 Budget Review Election Chair/Committee for October Officers Election

If a board meeting must be canceled (for example due to inclement weather), board members will be notified as soon as possible. Initial contact will be made by email, and next by phone if an email acknowledgement is not received from the board member.

Contact Stephanie Weary with questions: wearys@cmhpsm.org.



Regional Board Action Request- CMHPSM Board of Directors

FY2026 Meeting Schedule

Board Meeting Date: September 17, 2025

Action Requested: Approve the CMHPSM Board of Directors meeting schedule.

Background: The CMHPSM Board of Directors will schedule meetings on the following dates during FY2026.

Date	Meeting Notes
10/8/2025	Regional Board Officer Elections
12/10/2025	
2/11/2026	
4/8/2026	
6/10/2026	
8/12/2026	FY2027 Budget Preview
9/16/2026	FY2027 Budget Review Election Chair/Committee for October Officers Election

Recommend: Approval

Model Motion: *I move that the CMHPSM Board of Directors schedule regional board meetings on the dates as presented.*

Community Mental Health Partnership of Southeast Michigan Employee Handbook



Revised: 6/12/2025

HANDBOOK DISCLAIMER

We prepared this handbook to help employees find the answers to many questions that they may have regarding their employment with Community Mental Health Partnership of Southeast Michigan (CMHPSM). Please take the necessary time to read it.

We do not expect this handbook to answer all questions related to CMHPSM employment. Supervisors and the Human Resources and Regional Coordinator also serve as a major source of information.

Neither this handbook nor any other verbal or written communication by a management representative is, nor should it be considered to be, an agreement, contract of employment, express or implied, or a promise of treatment in any particular manner in any given situation, nor does it confer any contractual rights whatsoever. Community Mental Health Partnership of Southeast Michigan adheres to the policy of employment at will, which permits the CMHPSM or the employee to end the employment relationship at any time, for any reason, with or without cause or notice.

No CMHPSM representative other than the CEO may modify at-will status and/or provide any special arrangement concerning terms or conditions of employment in an individual case or generally and any such modification must be in a signed writing.

Many matters covered by this handbook, such as benefit plan descriptions, are also described in separate CMHPSM documents. These CMHPSM documents are always controlling over any statement made in this handbook or by any member of management.

This handbook states only general CMHPSM guidelines. The CMHPSM may, at any time, in its sole discretion, modify or vary from anything stated in this handbook, with or without notice, except for the rights of the parties to end employment at will, which may only be modified by an express written agreement signed by the employee and the CEO.

This version of the handbook supersedes all prior handbooks.

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Section 1 - Governing Principles of Employment

1-1 Introduction

For those of you who are commencing employment with CMHPSM, let me extend a warm and sincere welcome. We are confident that you will find our organization a dynamic and rewarding place in which to work and we look forward to a productive and successful association. We are glad to have you with us.

For those of you who have been with us, thank you for your past and continued service.

I extend to you my personal best wishes for your success and happiness here at CMHPSM. We understand that it is our employees who provide the services that our customers rely upon, and who will grow and enable us to create new opportunities in the years to come.

James Colaianne, MPA

CMHPSM Chief Executive Officer

1-2 CMHPSM Vision, Mission and Values

Our Vision

The CMHPSM shall 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 and promote recovery and wellness.

Our Mission

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.

Our Values

- Strength Based and Recovery Focused
- Trustworthiness and Transparency
- Accountable and Responsible
- Shared Governance
- Innovative and Data Driven Decision Making
- Learning Organization Values

1-3 CMHPSM Board of Directors

The CMHPSM Board of Directors consists of thirteen (13) members; twelve (12) members from the four CMHSP Partners and one (1) member from the Substance Use Disorder Oversight Policy Board. Three (3) members are appointed by each CMHSP Partner in our Region. At least one (1) member from each CMHSP Partner must be a primary or secondary consumer. Each member is appointed for a three-year term. The CMHPSM Board of Directors appoints a Chief Executive Officer who is responsible for day-to-day operations of the CMHPSM and reports directly to the CMHPSM Board of Directors.

1-4 Equal Employment Opportunity

The CMHPSM is an Equal Opportunity Employer that does not discriminate on the basis of actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, genetic information, arrest record, or any other characteristic protected by applicable federal, state or local laws. Our management team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

The CMHPSM will endeavor to provide reasonable accommodation to the known physical or mental limitations of qualified employees with disabilities unless the accommodation would impose an undue hardship on the operation of our business. If you need assistance to perform your job duties because of a physical or mental condition, please let the Human Resources and Regional Coordinator know.

The CMHPSM will endeavor to accommodate the sincere religious beliefs of its employees to the extent such accommodation does not pose an undue hardship on the CMHPSM's operations. If you wish to request such an accommodation, please speak to the Human Resources and Regional Coordinator.

1-5 Reporting Discriminatory Employment Practices

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator who will work with our contracted third- party HR partner to process the complaint. The CMHPSM will not allow any form of retaliation against individuals who raise issues of equal employment opportunity. If you feel you have been subjected to any such retaliation, report it in the same manner you would

report a perceived violation of this policy. To ensure our workplace is free of artificial barriers, violation of this policy including any improper retaliatory conduct will lead to discipline, up to and including discharge.

1-6 Non-Harassment

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

1-7 Reporting Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator who will work with our contracted third- party HR partner to process the complaint. Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy.

If an employee feels they have been subjected to any such retaliation, they should report it in the same way the employee would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

1-8 Sexual Harassment

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit harassment of any employee by any Supervisor, employee, customer, or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the CMHPSM. It is to ensure that at the CMHPSM all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment and there is a wide range of behavior that may violate this policy even if such behavior does not violate the law, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of his or her gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

1-9 Reporting Sexual Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator who will work with our contracted third- party HR partner to process the complaint.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If you feel you have been subjected to any such retaliation, report it in the same manner you would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

1-10 Drug-Free and Alcohol-Free Workplace

To help ensure a safe, healthy, and productive work environment for our employees and others, to protect CMHPSM property, and to ensure efficient operations, the CMHPSM has

adopted a policy of maintaining a workplace free of drugs and alcohol. This policy applies to all employees and other individuals who perform work for the CMHPSM.

The unlawful or unauthorized use, abuse, solicitation, theft, possession, transfer, purchase, sale or distribution of controlled substances, drug paraphernalia or alcohol by an individual anywhere on CMHPSM premises, while on CMHPSM business (whether on CMHPSM premises or not) or while representing the CMHPSM, is strictly prohibited. Employees and other individuals who work for the CMHPSM also are prohibited from reporting to work or working while they are using or under the influence of alcohol or any controlled substances, which may impact an employee's ability to perform his or her job or otherwise pose safety concerns, except when the use is pursuant to a licensed medical practitioner's instructions and the licensed medical practitioner authorized the employee or individual to report to work. However, this does not extend any right to report to work under the influence of medical marijuana or to use medical marijuana as a defense to a positive drug test, to the extent an employee is subject to any drug testing requirement, to the extent permitted by and in accordance with applicable law. Violation of this policy will result in disciplinary action, up to and including discharge.

The CMHPSM maintains a policy of non-discrimination and will endeavor to make reasonable accommodations to assist individuals recovering from substance and alcohol dependencies, and those who have a medical history which reflects treatment for substance abuse conditions. However, employees may not request an accommodation to avoid discipline for a policy violation. We encourage employees to seek assistance before their substance abuse or alcohol misuse renders them unable to perform the essential functions of their jobs or jeopardizes the health and safety of any CMHPSM employee, including themselves. Employees must notify the CMHPSM within three (3) calendar days if they are convicted of a criminal drug violation in the workplace.

All employees are hereby advised that full compliance with the foregoing policy shall be a condition of employment at the CMHPSM.

Any employee who violates the foregoing drug-free workplace policy described above shall be subject to discipline up to and including immediate discharge.

In the discretion of the CMHPSM, any employee who violates the drug-free workplace policy may be required, in connection with or in lieu of disciplinary sanctions, to participate to the CMHPSM's satisfaction in an approved drug assistance or rehabilitation program.

1-11 Workplace Violence

The Community Mental Health Partnership of Southeast Michigan is strongly committed to providing a safe workplace. The purpose of this policy is to minimize the risk of personal injury to employees and damage to CMHPSM and personal property.

We do not expect employees to become experts in psychology or to physically subdue a threatening or violent individual. Indeed, we specifically discourage employees from engaging in any physical confrontation with a violent or potentially violent individual. However, we do

expect and encourage employees to exercise reasonable judgment in identifying potentially dangerous situations.

Experts in the mental health profession state that prior to engaging in acts of violence, troubled individuals often exhibit one or more of the following behaviors or signs: over-resentment, anger and hostility; extreme agitation; making ominous threats such as bad things will happen to a particular person, or a catastrophic event will occur; sudden and significant decline in work performance; irresponsible, irrational, intimidating, aggressive or otherwise inappropriate behavior; reacting to questions with an antagonistic or overtly negative attitude; discussing weapons and their use, and/or brandishing weapons in the workplace; overreacting or reacting harshly to changes in CMHPSM policies and procedures; personality conflicts with co-workers; obsession or preoccupation with a co-worker or Supervisor; attempts to sabotage the work or equipment of a co-worker; blaming others for mistakes and circumstances; or demonstrating a propensity to behave and react irrationally.

Prohibited Conduct

Threats, threatening language or any other acts of aggression or violence made toward or by any CMHPSM employee WILL NOT BE TOLERATED. For purposes of this policy, a threat includes any verbal or physical harassment or abuse, any attempt at intimidating or instilling fear in others, menacing gestures, flashing of weapons, stalking or any other hostile, aggressive, injurious, or destructive action undertaken for the purpose of domination or intimidation. To the extent permitted by law, employees and visitors are prohibited from carrying weapons onto CMHPSM premises.

Procedures for Reporting a Threat

All potentially dangerous situations, including threats by co-workers, should be reported immediately to any member of the leadership team with whom the employee feels comfortable. Reports of threats may remain confidential to the extent maintaining confidentiality does not impede our ability to investigate and respond to the complaints. All threats will be promptly investigated. All employees must cooperate with all investigations. No employee will be subjected to retaliation, intimidation, or disciplinary action as a result of reporting a threat in good faith under this policy.

If the CMHPSM determines, after an appropriate good faith investigation, that someone has violated this policy, the CMHPSM will take swift and appropriate corrective action.

If an employee is the recipient of a threat made by an outside party, that employee should follow the steps detailed in this section. It is important for us to be aware of any potential danger in our offices. Indeed, we want to take effective measures to protect everyone from the threat of a violent act by an employee or by anyone else.

Section 2 – Operational Policies

2-1 Employee Classifications

For purposes of this handbook, all employees fall within one of the classifications below.

Full-Time Employees – Employees who regularly work at least 40 hours per week who were not hired on a short-term basis.

Part-Time Employees – Employees who regularly work fewer than 40 hours per week who were not hired on a short-term basis. Part-Time employees generally are not eligible for CMHPSM benefits, paid holiday, or floating holiday time off, but are eligible for pro-rated paid time off and statutory benefits.

Short-Term Employees – Employees who were hired for a specific short-term project, or on a short-term freelance, per diem or temporary basis. Short-Term Employees generally are not eligible for CMHPSM benefits, paid holiday, or floating holiday time off or paid time off but are eligible to receive statutory benefits.

In addition to the above classifications, employees are categorized as either “**exempt**” or “**non-exempt**” for purposes of federal and state wage and hour laws. Employees classified as exempt do not receive overtime pay; they generally receive the same weekly salary regardless of hours worked. Such salary may be paid less frequently than weekly. The employee will be informed of these classifications upon hire and informed of any subsequent changes to the classifications.

2-2 Your Employment Records

To obtain their position, employees provided us with personal information, such as address and telephone number. This information is contained in the employee’s personnel file.

The employee should keep his or her personnel file up to date by informing the Human Resources and Regional Coordinator of any changes. The employee also should inform the Human Resources and Regional Coordinator of any specialized training or skills they may acquire in the future, as well as any changes to any required visas. Unreported changes of address, marital status, etc. can affect withholding tax and benefit coverage. Further, an “out of date” emergency contact or an inability to reach the employee in a crisis could cause a severe health or safety risk or other significant problem.

2-3 Background Checks

To ensure that individuals who join CMHPSM are well qualified and to ensure that CMHPSM maintains a safe and productive work environment, it is our policy to conduct pre-employment background checks on all applicants who accept an offer of employment. Background checks may include verification of any information on the applicant’s resume or application form.

All offers of employment are conditioned on receipt of a background check report that is acceptable to CMHPSM. All background checks are conducted in conformity with the Americans with Disabilities Act, and state and federal laws. Reports are kept confidential and are only viewed by individuals involved in the hiring process.

If information obtained in a background check would lead the CMHPSM to deny employment, a copy of the report will be provided to the applicant, and the applicant will have the opportunity to dispute the report's accuracy. Background checks include a criminal record check, although a criminal conviction does not automatically bar an applicant from employment.

Additional checks such as a driving record review, credit check, or other allowable checks may be made on applicants for particular job categories if appropriate and job-related as determined by the CEO.

Regular criminal background checks will be conducted for all current employees every three years, at minimum. The CMHPSM reserves the right to conduct a background check for current employees at any time.

Disclosing Certain Criminal Information

All employees shall fully disclose to the Human Resources and Regional Coordinator any criminal felony or work-related misdemeanor convictions. Any employees that work directly with minors or who will have access to minor's records that are convicted of a felony or misdemeanor, including expressly any law relating to drugs or other controlled substances, or are charged with a felony, or are placed on the CPS Central Registry as a perpetrator, shall notify in writing the Human Resources and Regional Coordinator immediately, and in all cases, no later than five (5) days after such conviction, charge, or placement on the CPS Central Registry. An employee must disclose to the CMHPSM any conviction resulting from such pending charges as described in this Section. However, as required by Federal regulation, employees working with minors must disclose any arrests or charges related to child sexual abuse, child abuse, or child neglect and the disposition of such arrest or charges, and may also be required to certify that no case of child abuse or neglect has been substantiated against them.

2-4 Working Hours and Schedule

Normal business hours are 8:30 a.m. to 5:00 p.m. Monday through Friday. The work week will normally consist of five (5) working days. To accommodate the needs of the CMHPSM, employees may be required to work specifically scheduled days or hours. Staffing and operational needs may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Employees may have some flexibility in planning their working hours, as approved by their supervisor. Telecommuting options are available based on the CMHPSM Remote Work operational policy and when authorized by your supervisor. It is expected that employees will maintain an up-to-date electronic calendar using the shared calendaring system to communicate planned schedules and availability to the team and supervisor.

2-5 Timekeeping Procedures

Employees must record their actual time worked for payroll and benefit purposes. Non-exempt employees must record the time work begins and ends, as well as the beginning and ending time of any departure from work for any non-work-related reason, on forms as prescribed by management.

Altering, falsifying, or tampering with time records is prohibited and subjects the employee to discipline, up to and including discharge.

Exempt employees are required to record their daily work attendance and report half days and full days of absence from work for reasons such as leaves of absence, sick leave, or personal business.

Non-exempt employees may not start work until their scheduled starting time.

It is the employee's responsibility to sign time records to certify the accuracy of all time recorded. Any errors in the time record should be reported immediately to their Supervisor and the Human Resources and Regional Coordinator, who will attempt to correct legitimate errors.

2-6 Overtime

Like most successful companies, we experience periods of extremely high activity. During these busy periods, additional work is required from all of us. Supervisors are responsible for monitoring business activity and requesting overtime work if necessary. Efforts will be made to provide employees with adequate advance notice in such situations.

Any non-exempt employee who works overtime will be compensated at the rate of one and one-half times (1.5) his/her normal hourly wage for all time worked in excess of forty (40) hours each week, unless otherwise required by law.

Employees may work overtime only with prior management authorization.

For the purpose of calculating overtime for non-exempt employees, the workweek begins at 8:30 a.m. on Monday and ends 168 hours later at 8:30 a.m. on the following Monday.

2-7 Safe Harbor Policy for Exempt Employees

It is our policy and practice to accurately compensate employees and to do so in compliance with all applicable state and federal laws. To ensure proper payment and that no improper deductions are made, employees must review pay stubs promptly to identify and report all errors.

Employees classified as exempt salaried employees will receive a salary which is intended to compensate them for all hours they may work for the Community Mental Health Partnership of Southeast Michigan. This salary will be established at the time of hire or classification as an exempt employee. While it may be subject to review and modification from time to time, such as during salary review times, the salary will be a predetermined amount that will not be subject to deductions for variations in the quantity or quality of the work performed.

Under federal and state law, salary is subject to certain deductions. For example, unless state law requires otherwise, salary can be reduced for the following reasons:

- full-day absences for personal reasons;
- full-day absences for sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing wage replacement benefits for such absences (deductions also may be made for the exempt employee's full-day absences due to sickness or disability before the employee has qualified for the plan, policy or practice or after the employee has exhausted the leave allowance under the plan);
- full-day disciplinary suspensions for infractions of our written policies and procedures;
- family and Medical Leave absences (either full- or partial-day absences);
- to offset amounts received as payment from the court for jury and witness fees or from the military as military pay;
- the first or last week of employment in the event the employee works less than a full week; and
- any full work week in which the employee does not perform any work.

Salary may also be reduced for certain types of deductions such as a portion of health, dental or life insurance premiums; state, federal or local taxes; social security; or voluntary contributions to a defined contribution retirement plan.

In any work week in which the employee performed any work, salary will not be reduced for any of the following reasons:

- partial day absences for personal reasons, sickness or disability;
- an absence because the employer has decided to close a facility on a scheduled workday;
- absences for jury duty, attendance as a witness, or military leave in any week in which the employee performed any work (subject to any offsets as set forth above); and
- any other deductions prohibited by state or federal law.

However, unless state law provides otherwise, deductions may be made to accrued leave for full- or partial-day absences for personal reasons, sickness, or disability.

If the employee believes they have been subject to any improper deductions, the employee should immediately report the matter to a supervisor. If the supervisor is unavailable or if the

employee believes it would be inappropriate to contact that person (or if the employee has not received a prompt and fully acceptable reply), they should immediately contact Human Resources and Regional Coordinator or any other supervisor in Community Mental Health Partnership of Southeast Michigan with whom the employee feels comfortable.

2-8 Your Paycheck

The employee will be paid bi-weekly for all the time worked during the past pay period. Payroll stubs itemize deductions made from gross earnings. By law, the CMHPSM is required to make deductions for Social Security, federal income tax and any other appropriate taxes. These required deductions also may include any court-ordered garnishments. Payroll stubs also will differentiate between regular pay received and overtime pay received.

If there is an error in an employee's pay, the employee should bring the matter to the attention of the Human Resources and Regional Coordinator immediately so the CMHPSM can resolve the matter quickly and amicably.

Paychecks will be given only to the employee, unless they request that they be mailed, or authorize in writing another person to accept the check.

2-9 Direct Deposit

Community Mental Health Partnership of Southeast Michigan strongly encourages employees to use direct deposit. Employees may add/update direct deposit information directly within the third-party HR payroll system.

2-10 Salary Advances

The Community Mental Health Partnership of Southeast Michigan does not permit advances on paychecks or against any accrued paid time off.

2-11 Performance and Salary Review

During the first year of employment, employees will normally receive performance reviews a minimum of two times, once near the end of the first six (6) months of employment and again near the one (1) year anniversary date. Thereafter employees will receive a performance review annually near their anniversary date.

Employees will complete a self-evaluation performance review, submit the self-review to their supervisor and then meet with their supervisor to discuss the review. The performance review will be discussed, and both the employee and manager will sign the form to ensure that all strengths, areas for improvement and job goals for the next review period have been clearly communicated. Performance review forms will be retained in the employee's personnel file.

A positive performance review does not always result in an automatic salary increase, a promotion or continued employment. Compensation increases and the terms and conditions of employment, transfers, promotions, and demotions are determined by and at the discretion of the CMHPSM CEO.

Supervision and Work Plans

In addition to formal annual performance reviews, the CMHPSM encourages regular meetings with your supervisor to discuss your job performance and work plan. Normally supervision sessions are scheduled as needed, but minimally occur once per quarter. The purpose of these sessions is to recognize positive performance, improve poor performance and/or to address other issues in the work environment.

To improve supervision, each employee should work with their supervisor to develop an annual work plan. This work plan shall be developed at the beginning of each annual review cycle. The work plan should be designed to meet the goals of the organization and the employee. The work plan should include goals such as targets for project completion, improved accuracy of work, and professional development where needed. The work plan should be reviewed at each quarterly supervision meeting to ensure the employee is on target to meet goals and to discuss where goals should be adjusted, added, or removed and ways the supervisor may be able to remove obstacles to meeting identified goals.

2-12 Internal Transfers/Promotions

The CMHPSM is dedicated to assisting employees in managing their careers and reaching their professional goals through promotion and transfer opportunities. Management prefers to promote from within and may first consider current employees with the necessary qualifications and skills to fill vacancies above the entry level. CMHPSM reserves the right to seek applicants solely from internal sources initially and then external if necessary, or to post positions internally and externally simultaneously. Management maintains the right to initiate transfers of employees between facilities to meet specified work requirements and reassignment of work requirements.

2-13 Temporary Salary Adjustment

When an employee on a consistent but temporary basis is asked to perform the work of a higher-tiered position on the CMHPSM salary scale, a temporary salary adjustment may be utilized by the CMHPSM to compensate the employee.

- Temporary basis is defined as at least one full pay period.
- The CEO will determine when individual employees are eligible for a temporary salary adjustment. Recommendations for a temporary salary adjustment must be submitted from a Leadership Team member to the CEO.

- A temporary salary adjustment can be up to an additional ten percent (10%) increase in salary. The calculated increase percentage for salary adjustments will be determined by the CEO.
- No temporary salary adjustment will allow an employee to be compensated above the maximum step on their current position's salary tier.
- Any temporary salary adjustment will be reviewed on a bi-monthly basis and will not generally last longer than one (1) year.
- Any temporary salary adjustment will not impact the employee's regular tier and step position on the salary scale.
- After a temporary salary adjustment has been discontinued, the employee will revert back to their appropriate salary step level.

2-14 Job Descriptions

CMHPSM attempts to maintain job descriptions for all authorized positions. The contents of the job descriptions are within the sole discretion of CMHPSM. Each employee shall receive a written job description at time of hire and at every change thereafter. Each employee will review, sign and date their job description. Copies of job descriptions will be kept in individual personnel files. The CMHPSM recommends that employees and their supervisor review employee job descriptions at minimum every two (2) years, or when an individual employee's primary job functions change significantly. Job descriptions may be revised or altered at the sole discretion of CMHPSM as a means of operational efficiency and the changing nature of conducting business.

2-15 Job Postings

The Community Mental Health Partnership of Southeast Michigan is dedicated to assisting employees in managing their careers and reaching their professional goals through promotion and transfer opportunities. This policy outlines the on-line job posting program which is in place for all employees. To be eligible to apply for an open position, employees must:

- Be a current, regular, full-time, or part-time employee
- Be in their current position for at least six months
- Maintain a performance rating of satisfactory or above
- Not be on an employee conduct/performance-related probation or warning
- Meet the job qualifications listed on the job posting
- Provide the employee's manager with notice prior to applying for the position

If the employee finds a position of interest on the job posting website and meets the eligibility requirements, an on-line job posting application must be completed to be considered for the position. Not all positions are guaranteed to be solely internally posted. The CMHPSM reserves the right to seek applicants solely from internal sources initially and then external sources if necessary, or to post positions internally and externally simultaneously.

For more specific information about the program, please contact the Human Resources and Regional Coordinator.

Section 3 – Benefits

3-1 Benefits Overview/Disclaimer

In addition to good working conditions and competitive pay, it is the Community Mental Health Partnership of Southeast Michigan's policy to provide a combination of supplemental benefits to all eligible employees. In keeping with this goal, each benefit program has been carefully devised. These benefits include time-off benefits, such as vacations and holidays, and insurance and other plan benefits. We are constantly studying and evaluating our benefits programs and policies to better meet present and future requirements. These policies have been developed over the years and continue to be refined to keep up with changing times and needs.

The next few pages contain a brief outline of the benefits programs the Community Mental Health Partnership of Southeast Michigan provides employees and their families. Of course, the information presented here is intended to serve only as guidelines.

The descriptions of the insurance and other plan benefits merely highlight certain aspects of the applicable plans for general information only. The details of those plans are spelled out in the official plan documents, which are available for review upon request from the Human Resources and Regional Coordinator. Additionally, the provisions of the plans, including eligibility and benefits provisions, are summarized in the summary plan descriptions ("SPDs") for the plans (which may be revised from time to time). In the determination of benefits and all other matters under each plan, the terms of the official plan documents shall supersede the language of any descriptions of the plans, including the SPDs and this handbook.

Further, the Community Mental Health Partnership of Southeast Michigan (including the officers and administrators who are responsible for administering the plans) retains full discretionary authority to interpret the terms of the plans, as well as full discretionary authority with regard to administrative matters arising in connection with the plans and all issues concerning benefit terms, eligibility and entitlement.

While the CMHPSM intends to maintain these employee benefits, it reserves the absolute right to modify, amend or terminate these benefits at any time and for any reason.

If employees have any questions regarding benefits, they should contact the Human Resources and Regional Coordinator.

3-2 Paid Holidays

The CMHPSM observes the following ten (10) holidays each year:

- New Year's Day
- Martin Luther King Day

- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Should a holiday fall on a Saturday, the holiday will be observed on the preceding Friday. Should a holiday fall on a Sunday, the holiday will be observed on the following Monday. Should the Christmas Eve or New Year's Eve holiday fall on Friday, that holiday will be observed on the preceding Thursday. Should Christmas Eve or New Year's Eve fall on Saturday or Sunday, that holiday shall be observed the preceding Friday.

Floating Holidays

In addition to the holidays listed above, the CMHPSM also observes four (4) floating holidays. The floating holidays are available to all full-time, regular employees to be taken off on either the day of the holiday, or on a different day following the date of the holiday as chosen by the employee. These four floating holidays allow employees to have additional paid leave to cover absences for personal reasons, such as religious observances or parent-teacher conferences, or to supplement PTO and holiday leave.

Full-time employees are eligible for the designated floating holidays that occur after their start-date with the organization. The four designated floating holidays are:

- Presidents' Day
- Juneteenth National Independence Day
- Columbus / Indigenous Peoples Day
- Veterans Day

Floating holidays may only be used to cover full-day absences. They must be taken in the calendar year in which given, and on or after the date of the floating holiday. Under no circumstances will these days be carried over to the next calendar year, nor may they be cashed out if not taken or paid upon termination of employment.

A floating holiday must be scheduled and approved in advance by the employee's supervisor.

3-3 Paid Time Off For Full-Time Employees

We know how hard you work and recognize the importance of providing you with time for rest, relaxation, illness, well-care, and other appointments. We fully encourage you to get this rest and take care of yourself and your family by taking your paid time off. The paid time off (PTO) program combines vacation, sick and personal leave benefits into one comprehensive plan. PTO may be taken for any purpose including vacation, personal illness, or time off to care for dependents.

All full-time employees will be eligible for PTO benefits. PTO leave will accrue beginning on the first day of employment. Any employee hired before the end of the first half of the calendar year receives eighteen (18) PTO days; any employee hired during the second half of the calendar year receives nine (9) PTO days. All eligible employees will receive an annual PTO accrual based on length of service on January 1st of each year, thereafter. To offer employees an incentive to stay with the CMHPSM, PTO annual accrual amounts will increase based on length of service and will be added to the employee's PTO bank on the date of employment anniversary. The PTO accrual increase is earned according to the following schedule:

Length of service	Annual PTO Accrual
0-2 years	18 days per year (1.5 days per month)
3-5 years	21 days per year (1.75 days per month)
6-7 years	24 days per year (2.0 days per month)
8-9 years	27 days per year (2.25 days per month)
10 or more years	30 days per year (2.5 days per month)

A maximum of seven (7) days or fifty-six (56) hours of PTO time not used prior to December 31st will be carried into the following calendar year. Under no circumstances shall an employee begin the calendar year with more than 56 additional hours of PTO carried over from the previous year, in addition to their annual accrued amount determined by the length of service (see table above).

PTO may be taken in half-day (4.0 hour) or full-day (8.0 hour) increments by full-time salaried non-exempt employees.

Employees must ensure that they have enough accrued PTO available to cover the dates requested. All paid PTO leave hours must be exhausted before non-paid time may be used. If paid leave has been exhausted, one (or more) full day(s) will be deducted from an employee's salary for absences from work.

Employees may not take more than two consecutive weeks of paid leave at a time without written approval of the Chief Executive Officer. Limiting the amount of leave taken is intended to allow for better planning of coverage of work activities while the employee is absent.

Employees must receive supervisory approval for PTO use in advance via the Employee Leave Request Form, except in the case of illness or emergency. In the case of illness or emergency, the employee should submit a leave request upon returning to the office. When possible, these leave requests should be made at least two (2) weeks in advance of the requested leave. Requests shall be approved/denied by the employee's supervisor within three (3) business days of the request. Every effort will be made to grant your request, however, if too many people request the same period of time off, CMHPSM reserves the right to choose who may take time off during that period. Individuals with the longest length of service generally will be given preference. If the request for time off is denied, the supervisor should provide an appropriate reason on the form returned to the employee.

Requests should be made to the supervisor with as much advance notice as possible, with a minimum of one (1) day notice for any absence that will disrupt a work assignment or a

deadline. Requests shall be approved/denied by the employee's supervisor within three (3) business days of the request. For scheduled time off, an employee must find coverage for any activities, duties or responsibilities that need to be addressed in their absence. An employee who finds it necessary to use PTO for an emergency must notify their supervisor no later than the start of the workday, if possible. In case of emergency, an employee must notify their supervisor of any activities, duties or responsibilities that will need to be covered. CMHPSM may require the employee to provide verification of the emergency.

Paid time off will be paid at the employee's base rate at the time the leave is taken. If a holiday falls during the employee's time off, the day will be charged to holiday leave rather than to PTO.

Employees returning to work from an illness or leave of absence may be required by their supervisor to submit a statement from their physician verifying their ability to work.

PTO is not accrued while an employee is on unpaid leave or when short- or long-term disability benefits are paid. A pro-rated adjustment to the annual accrual will be made in accordance with the length of the leave.

3-4 Paid Time Off For Part-Time Employees

Part-time employees are those who are hired to work less than 40 hours per week. Part-time employees receive no benefits other than Paid Time Off (PTO), the amount of which is pro-rated based on the average number of hours for which the position was created. For example, a person hired into a part time 20-hour per week position during the first half of the year is eligible for 72 hours of PTO according to the PTO standards in the Employee Handbook related to start date of employment.

Part-time or full-time hourly exempt employees may utilize PTO in hourly increments.

3-5 Paid Time Off Donation

Regular employees shall be allowed to donate up to 8 hours of paid time off (PTO) to another regular employee who has experienced a qualifying event, as determined by the CEO. Qualifying events may include a medical emergency, the care for an immediate family member in the event of a medical emergency, or the need for extended time off following the death of an immediate family member.

PTO hours may be donated in increments of either 4 hours or 8 hours, with 8 hours being the maximum allowable hours to be donated per qualifying event.

Donated PTO hours must be used by the recipient employee in the same calendar year in which the PTO hours were donated.

To be eligible for the receipt of a PTO donation, the recipient employee must have exhausted all of his or her own paid leave time (including PTO and employer-sponsored short-term and/or

long-term disability), must complete a written request, and must have the scheduled time off or leave of absence approved by the CMHPSM. PTO must be donated to a specific recipient employee. Once surrendered, PTO cannot be returned to the donor employee but will remain available for use by the specific recipient employee.

If a recipient employee receives PTO hours from a donor employee with a different pay rate, the PTO hours will be converted based on the recipient employee's pay rate, so that the dollar value of the surrendered leave remains the same but leave taken by the recipient employee is always paid at the recipient employee's regular rate of pay.

It is the responsibility of each employee to monitor his or her PTO bank to ensure that adequate PTO time is available to allow for a donation.

3-6 Lactation Breaks

The CMHPSM will provide a reasonable amount of break time to accommodate an employee desiring to express breast milk for the employee's infant child, in accordance with and to the extent required by applicable law. The break time, if possible, must run concurrently with rest and meal periods already provided to the employee. If the break time cannot run concurrently with rest and meal periods already provided to the employee, the break time will be unpaid, subject to applicable law.

The CMHPSM will make reasonable efforts to provide employees with the use of a room or location other than a toilet stall for the employee to express milk in private. This location may be the employee's private office, if applicable. The CMHPSM may not be able to provide additional break time if doing so would seriously disrupt the CMHPSM's operations, subject to applicable law. Please consult the Human Resources and Regional Coordinator if you have questions regarding this policy.

Employees should advise management if they need break time and an area for this purpose. Employees will not be discriminated against or retaliated against for exercising their rights under this policy.

3-7 Workers' Compensation

On-the-job injuries are covered by our Workers' Compensation Insurance Policy, which is provided at no cost. If employees are injured on the job, no matter how slightly, they should report the incident immediately to their supervisor. Failure to follow CMHPSM procedures may affect the ability of the employee to receive Workers Compensation benefits.

This is solely a monetary benefit and not a leave of absence entitlement. Employees who need to miss work due to a workplace injury must also request a formal leave of absence. See the Leave of Absence sections of this handbook for more information.

3-8 Jury Duty

Community Mental Health Partnership of Southeast Michigan realizes that it is the obligation of all U.S. citizens to serve on a jury when summoned to do so. All employees will be allowed

time off to perform such civic service as required by law. Employees are expected, however, to provide proper notice of a request to perform jury duty and verification of their service.

Employees also are expected to keep management informed of the expected length of jury duty service and to report to work for the major portion of the day if excused by the court. If the required absence presents a serious conflict for management, employees may be asked to try to postpone jury duty.

Employees on jury duty leave will be paid for their jury duty service in accordance with state law; however, exempt employees will be paid their full salary for any week in which time is missed due to jury duty if work is performed for the CMHPSM during such week.

3-9 Bereavement Leave

Regular employees shall be granted bereavement leave with pay in the event of a death in the family*. Employees shall be granted three (3) days of paid leave in cases when death has occurred in the family. In cases of a death of immediate family (the employee's spouse, domestic partner, parent, sibling, children of the employee, daughter-in-law or son-in-law) an additional two (2) days of paid leave shall be granted to the employee.

An employee who wishes to take time off due to the death of a family member should notify their supervisor immediately. Bereavement leave will be granted unless there are unusual business needs or staffing requirements. The CMHPSM may require documented proof of an employee's relationship with the deceased.

The Chief Executive Officer may grant funeral leave to employees to attend the funeral of another CMHPSM or Regional employee.

*For purposes of this policy, family is defined as: mother-in-law, father-in-law, sister-in-law, brother-in-law, aunts, uncles, nieces, nephews, grandparents, spouse's grandparents, grandchildren, parents and grandparents of employee's minor children, or someone with whom the employee has a legal relationship or a related member in an employee's household and all such relatives of one's spouse.

3-10 Voting Leave

In the event an employee does not have sufficient time outside of working hours to vote in a statewide election, if required by state law, the employee may take off enough working time to vote. Such time will be paid if required by state law. This time should be taken at the beginning or end of the regular work schedule. Where possible, your supervisor should be notified at least two days prior to the voting day.

3-11 Insurance Programs

CMHPSM currently offers a flexible benefit program for all regular full-time employees. This program allows each employee to choose those benefits that best meet their individual needs. The program year for the plan January 1 through December 31 and is renewed on an annual

basis. Please contact the CMHPSM Human Resources and Regional Coordinator for more information. All regular full-time CMHPSM employees are eligible for Medical, Dental and Vision insurance coverage while employed.

Medical Insurance

CMHPSM currently offers regular full-time employees a medical insurance coverage option as specified in plan documents. Employees have up to 30 days from their date of hire to make the medical plan election. Once made, the election is fixed for the remainder of the plan year.

All qualified changes in family status (births, marriages, etc.) which may affect coverage must be reported to the Human Resources and Regional Coordinator within thirty (30) days of the event. It is the responsibility of the employee to notify CMHPSM of all changes. Please contact the Human Resources and Regional Coordinator to determine if a family status change qualifies under the Plan document and IRS regulations.

The terms of the medical insurance policy control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control.

Dental and Vision Insurance

CMHPSM automatically enrolls regular full-time employees in dental and vision insurance coverage as specified in plan documents. Employees have up to 30 days from their date of hire to elect dental and vision coverage for a spouse and/or child(ren). Once made, the election is fixed for the remainder of the plan year.

All qualified changes in family status (births, marriages, etc.) which may affect coverage must be reported to the Human Resources and Regional Coordinator within thirty (30) days of the event. It is the responsibility of the employee to notify CMHPSM of all changes. Please contact the Human Resources and Regional Coordinator to determine if a family status change qualifies under the Plan document and IRS regulations.

The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents control. For more information regarding benefits programs or who is eligible for coverage, please contact the Human Resources and Regional Coordinator.

Life and Accidental Death & Dismemberment Insurance

CMHPSM currently offers regular full-time employees an employer-paid basic group term life policy along with an accidental death and dismemberment policy. The terms of the insurance policies control the benefits provided thereunder and the employee's eligibility for benefits. CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this

summary and the plan documents, the plan documents control. The Human Resources and Regional Coordinator is available to answer benefits plan questions and assist in enrollment as needed.

3-12 Short-Term and Long-Term Disability Benefits

Full-time employees are eligible to participate in the short-term and long-term disability plans, subject to all terms and conditions of the agreement between the CMHPSM and the insurance carrier.

This is solely a monetary benefit and not a leave of absence. Employees who will be out of work must also request a formal Leave of Absence. See the Leave of Absence sections of this handbook for more information.

Employees will be required to submit medical certification as requested by short-term or long-term disability insurance carrier and/or the CMHPSM. Required medical certification under this policy may differ from the medical certification required for any leave of absence requested.

3-13 Employee Assistance Program

The CMHPSM recognizes that a wide range of problems – such as marital or family distress, alcoholism, and drug abuse – not directly associated with an individual's job function can nonetheless be detrimental to an employee's performance on the job. Consequently, we believe it is in the interest of employees and the Company to provide an effective program to assist employees and their families in resolving problems such as these as the need arises. To this end, the Company provides an Employee Assistance Program (EAP) for employees and their eligible family members. The EAP is designed to provide voluntary, private, confidential, and professional counseling outside the workplace for any type of personal problem. The EAP provides consultation services for referrals to local community treatment sources. All employees are eligible to use this program and are encouraged to do so. Employee visits to the EAP are held in confidence to the maximum possible extent.

Participation in the EAP does not excuse employees from otherwise complying with Company policies or from meeting normal job requirements during or after receiving assistance. Nor will participation in our employee assistance program prevent the Company from taking disciplinary action against any employee for performance problems that occur before, during, or after the employee seeks assistance through the program.

Further details can be obtained by referring to the EAP guide that is posted in the Documents section of the third-party HR system and also in the Benefit Resources section of the HUB Benefit Spot mobile app.

3-14 Retirement Plan

Eligible employees are strongly encouraged to participate in the CMHPSM's 401(a) defined contribution/457 deferred compensation retirement plan. The CMHPSM will match 100% of employee contributions up to 6% of employee gross salary. The CMHPSM will initially auto-

enroll all eligible employees in the retirement plan at a 6% of gross salary contribution to the 457 plan, which earns the full 6% of gross salary match from the CMHPSM to the 401a plan. Employees have a right to opt out of their 457 plan contribution and have the ability to increase or decrease their individual contribution within any applicable IRS guidelines. Upon becoming eligible to participate in the retirement plan, an employee will be provided with communication about the retirement plan, the CMHPSM's contributions, vesting requirements, and an employee's right to opt-out of the retirement plan.

Employee Contribution to 457	Employer Match of Employee Contribution to 401a %
1%-8% of Employee Gross Salary	100%
Employee contributions beyond 8% of Employee Gross Salary earn no Employer match beyond 8%	0%

457 Employee Contribution (% of Employee Gross Salary)	+	401a Employer Contribution Example (% of Employee Gross Salary)	=	Total Employee and Employer Contribution (% of Employee Gross Salary)
0%	+	0%	=	0%
1%	+	1%	=	2%
2%	+	2%	=	4%
3%	+	3%	=	6%
4%	+	4%	=	8%
5%	+	5%	=	10%
6%	+	6%	=	12%
7%	+	7%	=	14%
8%	+	8%	=	16%
>8%	+	Maximum employer contribution 8% of employee gross salary.	=	Employee contribution + 8%

- Employee contribution may not exceed IRS retirement plan maximum annual contribution limits. Contact the Human Resources and Regional Coordinator for current tax year information.

CMHPSM reserves and retains the unilateral right to amend or terminate any benefit, benefit level, employer contribution or benefit plan. In the event there arises any conflict between this summary and the plan documents, the plan documents shall supersede the language of this handbook.

Section 4 – Leaves of Absence

4-1 Personal Leave

If employees are ineligible for any other CMHPSM leave of absence, the Community Mental Health Partnership of Southeast Michigan, under certain circumstances, may grant a personal leave of absence without pay. A written request for a personal leave should be presented to management at least two (2) weeks before the anticipated start of the leave. If the leave is requested for medical reasons and employees are not eligible for leave under the federal Family and Medical Leave Act (FMLA) or any state leave law, medical certification also must be submitted. The request will be considered on the basis of staffing requirements and the reasons for the requested leave, as well as performance and attendance records. Normally, a leave of absence will be granted for a period of up to eight (8) weeks. However, a personal leave may be extended if, prior to the end of leave, employees submit a written request for an extension to management and the request is granted. We will continue health insurance coverage during the leave if employees submit their share of the monthly premium payments to the CMHPSM in a timely manner, subject to the terms of the plan documents.

When the employee anticipates returning to work, they should notify management of the expected return date. This notification should be made at least one week before the end of the leave.

Upon completion of the personal leave of absence, the CMHPSM will attempt to return employees to their original job or a similar position, subject to prevailing business considerations. Reinstatement, however, is not guaranteed.

Failure to advise management of availability to return to work, failure to return to work when notified or a continued absence from work beyond the time approved by the CMHPSM will be considered a voluntary resignation of employment.

Personal leave runs concurrently with any CMHPSM-provided Short-Term Disability Leave of Absence.

4-2 Military Leave

If employees are called into active military service or enlist in the uniformed services, they will be eligible to receive an unpaid military leave of absence. To be eligible for military leave, employees must provide management with advance notice of service obligations unless they are prevented from providing such notice by military necessity or it is otherwise impossible or unreasonable to provide such notice. Provided the absence does not exceed applicable statutory limitations, employees will retain reemployment rights and accrue seniority and benefits in accordance with applicable federal and state laws. Employees should ask management for further information about eligibility for Military Leave.

If employees are required to attend yearly Reserves or National Guard duty, they can apply for an unpaid temporary military leave of absence not to exceed the number of days allowed by law (including travel). They should give management as much advance notice of their need

for military leave as possible so that we can maintain proper coverage while employees are away.

Section 5 – General Standards of Conduct

5-1 Workplace Conduct

Community Mental Health Partnership of Southeast Michigan endeavors to maintain a positive work environment. Each employee plays a role in fostering this environment. Accordingly, we all must abide by certain rules of conduct, based on honesty, common sense, and fair play.

Because everyone may not have the same idea about proper workplace conduct, it is helpful to adopt and enforce rules all can follow. Unacceptable conduct may subject the offender to disciplinary action, up to and including discharge, in the CMHPSM's sole discretion. The following are examples of some, but not all, conduct which can be considered unacceptable:

1. Obtaining employment on the basis of false or misleading information.
2. Stealing, removing, or defacing Community Mental Health Partnership of Southeast Michigan property or a co-worker's property, and/or disclosure of confidential information.
3. Completing another employee's time records.
4. Violation of safety rules and policies.
5. Violation of Community Mental Health Partnership of Southeast Michigan's Drug and Alcohol-Free Workplace Policy.
6. Fighting, threatening, or disrupting the work of others or other violations of Community Mental Health Partnership of Southeast Michigan's Workplace Violence Policy.
7. Failure to follow lawful instructions of a supervisor.
8. Failure to perform assigned job duties.
9. Violation of the Punctuality and Attendance Policy, including but not limited to irregular attendance, habitual lateness, or unexcused absences.
10. Gambling on CMHPSM property.
11. Willful or careless destruction or damage to CMHPSM assets or to the equipment or possessions of another employee.
12. Wasting work materials.
13. Performing work of a personal nature during working time.
14. Violation of the Solicitation and Distribution Policy.
15. Violation of Community Mental Health Partnership of Southeast Michigan's Harassment or Equal Employment Opportunity Policies.
16. Violation of the Communication and Computer Systems Policy.
17. Unsatisfactory job performance.
18. Any other violation of Company policy.

Progressive Discipline Process:

First Occurrence: Level 1 warning and notation in personnel file

Second Occurrence: Level 2 warning, included in personnel file

- Third Occurrence: Level 3 warning, may include a three-day unpaid suspension & final written warning, included in personnel file
- Fourth Occurrence: Subjected to termination of employment

Following are examples of conduct which will be cause for immediate discharge upon the first offense:

1. Possession of firearms or other weapons on office premises
2. Unauthorized possession, use or distribution of drugs or controlled substances
3. Theft or attempted theft
4. Gross neglect of duties
5. Insubordination or refusal to follow instructions
6. Falsification of records

Obviously, not every type of misconduct can be listed. Note that all employees are employed at-will, and the Community Mental Health Partnership of Southeast Michigan reserves the right to impose whatever discipline it chooses, or none at all, in a particular instance. The CMHPSM will deal with each situation individually and nothing in this handbook should be construed as a promise of specific treatment in a given situation. However, Community Mental Health Partnership of Southeast Michigan will endeavor to utilize progressive discipline but reserves the right in its sole discretion to terminate an employee at any time for any reason.

The observance of these rules will help to ensure that our workplace remains a safe and desirable place to work.

5-2 Open Communication

CMHPSM is committed to creating the best work environment – a place where everyone's voice is heard, where issues are promptly raised and resolved, and where communication flows across all levels of the organization. Openness is essential to quickly resolve concerns, to recognize business issues as they arise, and to address the changing needs of our diverse workforce.

The essence of the CMHPSM's Open Communication Policy is open communication in an environment of trust and mutual respect that creates a solid foundation for collaboration, growth, high performance, and success across CMHPSM and its partner agencies.

It provides for a work environment where:

- Open, honest, appropriate, professional communication between employees and managers is a day-to-day business practice
- Employees may seek counsel, provide, or solicit feedback, or raise concerns within the organization
- Managers hold the responsibility for creating a work environment where employees' professional and constructive input is welcome, advice is freely given, and issues are surfaced early and are candidly shared without the fear of retaliation when this input is shared in good faith

The CMHPSM encourages employees to discuss any issues they may have with a coworker or supervisor directly with that person in an appropriate manner. If a resolution is not reached, employees should arrange a meeting with their supervisor. If the concern, problem, or issue is not properly addressed, employees should contact the Human Resources and Regional Coordinator. Retaliation against any employee for appropriate usage of Open Communication channels is unacceptable.

The CMHPSM seeks to deal openly and directly with its employees and believes that communication between employees and management is critical to solving problems. Coworkers that may have a problem with one another should attempt to resolve the problem themselves. If a resolution cannot be agreed upon, both employees should approach the CEO, who will work with the employees to determine a resolution. In these instances, the decision of the CEO is final. Employees that have a problem with the CEO should address the concern directly with the CEO.

If you have a question or wish to discuss a possible violation, you should first discuss it with your supervisor. If you are not comfortable with that approach for any reason, or if no action is taken, please contact the Human Resources and Regional Coordinator.

5-3 Punctuality and Attendance

Employees are hired to perform important functions at the Community Mental Health Partnership of Southeast Michigan. As with any group effort, operating effectively takes cooperation and commitment from everyone. Therefore, attendance and punctuality are especially important. Unnecessary absences and lateness are expensive, disruptive and place an unfair burden on fellow employees and Supervisors. We expect excellent attendance from all employees. Excessive absenteeism or tardiness will result in disciplinary action up to and including discharge.

We do recognize, however, there are times when absences and tardiness cannot be avoided. In such cases, employees are expected to notify Supervisors as early as possible, but no later than the start of the workday. Asking another employee, friend or relative to give this notice is improper and constitutes grounds for disciplinary action. Employees should contact their supervisor, stating the nature of their illness or situation and its expected duration, for every day of absenteeism.

Unreported absences of three (3) consecutive workdays generally will be considered a voluntary resignation of employment with the CMHPSM.

5-4 Use of Communications and Computer Systems

The Community Mental Health Partnership of Southeast Michigan's communication and computer systems are intended primarily for business purposes; however limited personal usage is permitted if it does not hinder performance of job duties or violate any other CMHPSM policy. This includes voicemail, e-mail, and Internet systems. Users have no legitimate expectation of privacy regarding their use of the Community Mental Health Partnership of Southeast Michigan systems.

The Community Mental Health Partnership of Southeast Michigan may access the voice mail and e-mail systems and obtain the communications within the systems, including past voice mail and e-mail messages, without notice to users of the system, in the ordinary course of business when the CMHPSM deems it appropriate to do so. The reasons for which the CMHPSM may obtain such access include, but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that CMHPSM operations continue appropriately during an employee's absence.

Further, the Community Mental Health Partnership of Southeast Michigan may review Internet usage to ensure that such use with CMHPSM property, or communications sent via the Internet with CMHPSM property, are appropriate. The reasons for which the CMHPSM may review employees' use of the Internet with CMHPSM property include, but are not limited to: maintaining the system; preventing or investigating allegations of system abuse or misuse; assuring compliance with software copyright laws; complying with legal and regulatory requests for information; and ensuring that CMHPSM operations continue appropriately during an employee's absence.

The CMHPSM will store, archive, and delete electronic communications according to information retention policies.

The CMHPSM's policies prohibiting harassment, in their entirety, apply to the use of CMHPSM's communication and computer systems. No one may use any communication or computer system in a manner that may be construed by others as harassing or offensive based on race, national origin, sex, sexual orientation, age, disability, religious beliefs, or any other characteristic protected by federal, state, or local law.

Further, since the CMHPSM's communication and computer systems are intended for business use, all employees, upon request, must inform management of any privileged access codes or passwords.

Unauthorized duplication of copyrighted computer software violates the law and is strictly prohibited.

No employee may access, or attempt to obtain access to, another employee's computer systems without appropriate authorization.

Violators of this policy may be subject to disciplinary action, up to and including discharge.

5-5 Use of Social Media

The Community Mental Health Partnership of Southeast Michigan respects the right of any employee to maintain a blog or web page or to participate in a social networking, including but not limited to Twitter, Instagram, SnapChat, TikTok, Facebook and LinkedIn. However, to protect the CMHPSM interests and ensure employees focus on their job duties, employees must adhere to the following rules:

Employees may not post on a blog or web page or participate on a social networking platform, such as Twitter, Instagram, SnapChat, Facebook, LinkedIn, or comparable sites, during work time or at any time with CMHPSM equipment or property.

All rules regarding confidential and proprietary business information apply in full to blogs, web pages and social networking platforms, such as X (formerly known as Twitter), Instagram, SnapChat, TikTok, Facebook, LinkedIn, or comparable sites. Any information that cannot be disclosed through a conversation, a note or an e-mail also cannot be disclosed in a blog, web page or social networking site.

Whether an employee is posting something on their own blog, web page, social networking, X, Instagram, SnapChat, TikTok, Facebook, LinkedIn or similar site or on someone else's account, if the employee mentions the CMHPSM and also expresses either a political opinion or an opinion regarding the CMHPSM's actions that could pose an actual or potential conflict of interest with the CMHPSM, the poster must include a disclaimer. The poster should specifically state that the opinion expressed is his/her personal opinion and not the CMHPSM's position. This is necessary to preserve the CMHPSM's goodwill in the marketplace.

Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through a blog, web page, social networking, Twitter, or similar site. For example, posted material that is discriminatory, obscene, defamatory, libelous, or violent is forbidden. CMHPSM policies apply equally to employee social media usage.

The Community Mental Health Partnership of Southeast Michigan encourages all employees to keep in mind the speed and manner in which information posted on a blog, web page, and/or social networking site is received and often misunderstood by readers. Employees must use their best judgment. Employees with any questions should review the guidelines above and/or consult with their manager. Failure to follow these guidelines may result in discipline, up to and including discharge.

5-6 Personal and Company-Provided Portable Communication Devices

CMHPSM-provided portable communication devices (PCDs), including cell phones and laptops, should be used primarily for business purposes. Employees have no reasonable expectation of privacy in regard to the use of such devices, and all use is subject to monitoring, to the maximum extent permitted by applicable law. This includes, as permitted, the right to monitor personal communications, as necessary.

Some employees may be authorized to use their own PCD for business purposes. These employees should work with the IT department to configure their PCD for business use. Communications sent via a personal PCD also may subject to monitoring if sent through the CMHPSM's networks and the PCD must be provided for inspection and review upon request.

All conversations, text messages and e-mails must be professional. When sending a text message or using a PCD for business purposes, whether it is a CMHPSM-provided or personal device, employees must comply with applicable CMHPSM guidelines, including policies on sexual harassment, discrimination, conduct, confidentiality, equipment use and operation of vehicles. Using a CMHPSM-issued PCD to send or receive personal text

messages is prohibited at all times and personal use during working hours should be limited to emergency situations.

If an employee who uses a personal PCD for business resigns or is discharged, the employee will be required to submit the device to the IT department for resetting on or before his or her last day of work. At that time, the IT department will reset and remove all information from the device, including but not limited to, CMHPSM information and personal data (such as contacts, e-mails, and photographs). The IT department will make efforts to provide employees with the personal data in another form (e.g., on a disk) to the extent practicable; however, the employee may lose some or all personal data saved on the device.

Employees may not use their personal PCD for business unless they agree to submit the device to the IT department on or before their last day of work for resetting and removal of CMHPSM information. This is the only way currently possible to ensure that all CMHPSM information is removed from the device at the time of termination. The removal of CMHPSM information is crucial to ensure compliance with the CMHPSM's confidentiality and proprietary information policies and objectives.

Please note that whether employees use their personal PCD or a CMHPSM-issued device, the CMHPSM's electronic communications policies, including but not limited to, proper use of communications and computer systems, remain in effect. Michigan's Freedom of Information Act (FOIA) applies to all work-related conversations whether they occur on a personal or CMHPSM issued communication device. Employees shall not attempt to evade FOIA requirements by utilizing non-CMHPSM communication devices or services.

Portable Communication Device Use While Driving

Employees who drive on CMHPSM business must abide by all state or local laws prohibiting or limiting PCD (cell phone or personal digital assistant) use while driving. Further, even if usage is permitted, employees may choose to refrain from using any PCD while driving. "Use" includes, but is not limited to, talking, or listening to another person or sending an electronic or text message via the PCD.

Regardless of the circumstances, including slow or stopped traffic, if any use is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is absolutely necessary while the employee is driving, and permitted by law, the employee must use a hands-free option and advise the caller that they are unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a cell phone while driving, employees who are charged with traffic violations resulting from the use of their PCDs while driving will be solely responsible for all liabilities that result from such actions.

Texting and e-mailing while driving are prohibited in all circumstances.

5-7 Inspections

Community Mental Health Partnership of Southeast Michigan reserves the right to require employees while on CMHPSM property, or on client property, to agree to the inspection of their persons, personal possessions and property, personal vehicles parked on CMHPSM or client property, and work areas. This includes lockers, vehicles, desks, cabinets, workstations, packages, handbags, briefcases and other personal possessions or places of concealment, as well as personal mail sent to the CMHPSM or to its clients. Employees are expected to cooperate in the conduct of any search or inspection.

5-8 Smoking

No use of tobacco or smoking, including the use of e-cigarettes, will be allowed anywhere in any CMHPSM building or property. CMHPSM is a tobacco-free and smoke-free workplace for the health, safety, and well-being of all of its employees and visitors. The tobacco-free workplace policy applies to:

- All employees, temporary employees, and student interns.
- All visitors (e.g., consumers or vendors) to the company premises.
- All contractors and consultants and/or their employees working on the company premises.
- All areas of CMHPSM buildings and adjacent parking areas.
- All CMHPSM-sponsored off-site conferences and meetings.

Employees who violate this policy will be subject to disciplinary action up to and including immediate discharge.

5-9 Personal Mail

Personal mail should not be addressed to CMHPSM addresses. You may not use CMHPSM postage or other CMHPSM property for personal business.

5-10 Personal Visits and Telephone Calls

Disruptions during work time can lead to errors and delays. Therefore, we ask that personal telephone calls be kept to a minimum, and only be made or received after working time, or during lunch or break time.

Friends, relatives, and children of employees are not allowed in the working areas without signing in. All visitors will be escorted through the offices once notified of a visitor's arrival. It will be your responsibility to ensure the confidentiality of business and consumer information in accordance with the confidentiality policy.

5-11 Solicitation and Distribution

To avoid distractions, solicitation by an employee of another employee is prohibited while either employee is on work time. "Work time" is defined as the time an employee is engaged,

or should be engaged, in performing his/her work tasks for Community Mental Health Partnership of Southeast Michigan. Solicitation of any kind by non-employees on CMHPSM premises is always prohibited.

Distribution of advertising material, handbills, printed or written literature of any kind in working areas of the CMHPSM is always prohibited. Distribution of literature by non-employees on CMHPSM premises is always prohibited.

5-12 Confidential Company Information

During the course of work, an employee may become aware of confidential information about the Community Mental Health Partnership of Southeast Michigan's business, including but not limited to information regarding CMHPSM finances, pricing, products and new product development, software and computer programs, marketing strategies, suppliers and customers and potential customers. An employee also may become aware of similar confidential information belonging to the CMHPSM's clients. It is extremely important that all such information remain confidential, and particularly not be disclosed to our competitors. Any employee who improperly copies, removes (whether physically or electronically), uses, or discloses confidential information to anyone outside of the CMHPSM may be subject to disciplinary action up to and including termination. Employees may be required to sign an agreement reiterating these obligations.

5-13 Conflict of Interest and Business Ethics

It is the Community Mental Health Partnership of Southeast Michigan's policy that all employees avoid any conflict between their personal interests and those of the CMHPSM. The purpose of this policy is to ensure that the CMHPSM's honesty and integrity, and therefore its reputation, are not compromised. The fundamental principle guiding this policy is that no employee should have, or appear to have, personal interests or relationships that actually or potentially conflict with the best interests of the CMHPSM.

It is not possible to give an exhaustive list of situations that might involve violations of this policy. However, the situations that would constitute a conflict in most cases include but are not limited to:

1. holding an interest in or accepting free or discounted goods from any organization that does, or is seeking to do, business with the CMHPSM, by any employee who is in a position to directly or indirectly influence either the CMHPSM's decision to do business, or the terms upon which business would be done with such organization;
2. holding any interest in an organization that competes with the CMHPSM;
3. being employed by (including as a consultant) or serving on the board of any organization which does, or is seeking to do, business with the CMHPSM or which competes with the CMHPSM; and/or
4. profiting personally, e.g., through commissions, loans, expense reimbursements or other payments, from any organization seeking to do business with the CMHPSM.

A conflict of interest would also exist when a member of an employee's immediate family is involved in situations such as those above.

This policy is not intended to prohibit the acceptance of modest courtesies, openly given, and accepted as part of the usual business amenities, for example, occasional business-related meals or promotional items of nominal or minor value. It is your responsibility to report any actual or potential conflict that may exist between you (and your immediate family) and the CMHPSM. See the CMHPSM Conflict of Interest policy for more details.

5-14 Political Activity

Every employee has the right to freely express their views as a citizen and to cast a vote as they may wish. Coercion for political purposes is strictly prohibited. Employees of federally aided programs are, however, prohibited from participation in partisan political activity under the Federal Hatch Political Activities Act.

No employee shall engage in any partisan political activity or campaigning for a non-partisan elective office during scheduled working hours or while on duty or while off duty wearing a uniform or other identifying insignia of CMHPSM or employment. Solicitation of signatures or contributions or nominating petitions is prohibited during working hours. No employee shall be required to engage in a campaign for election of any candidate. CMHPSM Board and employees are not permitted to use agency funds or resources to contribute to political campaigns or activities of any political party.

5-15 Outside Employment

While we hope that employment with the CMHPSM is fully rewarding to you and it is generally discouraged to have outside employment, employees may engage in outside or supplemental employment in accordance with the following limitations. In no case shall outside or supplemental employment conflict with or impair your responsibilities to the CMHPSM.

Any employee desiring to participate in outside or supplemental employment must obtain permission of the Chief Executive Officer in writing prior to engaging in outside or supplemental employment. All employees engaged in outside or supplemental employment shall:

- Not compete with, conflict with or compromise CMHPSM interests or adversely affect job performance and the ability to fulfill all job responsibilities.
- Nor perform any services for customers that are normally performed by CMHPSM.
- Not use any CMHPSM facilities, supplies, files, or equipment including the unauthorized use or application of any confidential information.
- Not solicit or conduct any outside business during paid working time nor use CMHPSM facilities or staff as a source of referral for private customers or clients,
- Not use the name of the CMHPSM as a reference or credential in advertising or soliciting customers or clients.
- Maintain a clear separation of outside or supplemental employment from activities performed for CMHPSM, and
- Not cause any incompatibility, conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance

of employee's duties. CMHPSM shall not be liable, either directly or indirectly for any activities performed during outside or supplemental employment.

You are cautioned to carefully consider the demands that additional work activity will create before accepting outside employment. Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, refusal to travel or refusal to work overtime or different hours. If CMHPSM determines that an employee's outside work interferes with performance, the employee may be asked to terminate the outside employment.

5-16 Use of Facilities, Equipment and Property, Including Intellectual Property

Equipment essential in accomplishing job duties is often expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards and guidelines.

Employees should notify their supervisor if any equipment, machines, or tools appear to be damaged, defective, or in need of repair. Prompt reporting of loss, damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The Supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment used on the job.

Employees also are prohibited from any unauthorized use of the CMHPSM's intellectual property, such as audio and video tapes, print materials and software. A CMHPSM employee who creates intellectual property in the normal course of their duties cannot claim to own that intellectual property.

Improper, careless, negligent, destructive, or unsafe use or operation of equipment can result in discipline, up to and including discharge.

Further, the CMHPSM is not responsible for any damage to employees' personal belongings unless the employee's Supervisor provided advance approval for the employee to bring the personal property to work.

5-17 Building Access and Sign-in Procedures

CMHPSM suite doors will be locked at all times outside the hours of 8:30 AM to 4:30 PM Monday through Friday on days the CMHPSM is open to business. Your CMHPSM key fob should be used to enter the CMHPSM office within our office building. Employees are prohibited from loaning or providing the key fob to another employee or individual. If your key fob is lost, you must notify the CMHPSM CIO immediately for security purposes and to obtain a replacement fob. The exterior office building doors are open Monday through Friday during extended working hours that are controlled by the property owner. Property Owner-issued key cards have been provided to the CMHPSM solely for employees use outside of those hours. Employees may request a key card for the exterior doors if they need to frequently access the building outside of extended work hours Monday through Friday. Employees may also temporarily check out exterior door key cards when access to the office building is only needed infrequently.

For safety and security reasons it is important to ensure an accurate account of all building occupants at any given time. You must sign-in/out upon entering/exiting the building at the beginning/end of your shift, for lunch breaks, or any other break where you leave the building.

5-18 Health and Safety

The health and safety of employees and others on CMHPSM property are of critical concern to CMHPSM. CMHPSM intends to comply with all health and safety laws applicable to our business. It is the responsibility of each employee to conduct all tasks in a safe and efficient manner complying with all local, state, and federal safety and health regulations and program standards, and with any special safety concerns for use in a particular area or with a consumer.

All employees must report unsafe conditions to their supervisors. CMHPSM follows the guidelines established by the Michigan Occupational Safety and Health Administration (MIOSHA) to ensure the safety and well-being of all CMHPSM employees.

CMHPSM also follows procedures to comply with requirements of the Michigan “Right-To-Know” Law as it relates to CMHPSM operations including labeling of hazardous materials, procurement, and proper placement of Material Safety Data Sheets (MSDS), development of a written Hazardous Communication Program, maintaining a chemical inventory and training of employees. The MSDS may be reviewed by employees and is available in the main kitchen area.

Any workplace injury, accident or illness must be reported to your supervisor as soon as possible, regardless of the severity of the injury or accident. Any employee involved in a work-related accident or injury must (1) report that accident or injury to his/her immediate supervisor as soon as possible (ideally within 24 hours) after the injury and (2) fill out the proper reporting forms, i.e. Employee’s Report of Injury. Failure to properly report an injury may disqualify an employee for benefits. It is the employee’s responsibility to immediately notify their immediate supervisor or in the absence of the immediate supervisor, the next available supervisor of any injuries sustained while on the job. An employee who completes an accident report claiming their injury or illness is work related may be sent to a CMHPSM doctor or a prior approved medical facility or doctor.

Emergency Response Plan

The Emergency Response Plan is updated annually by the Leadership Team. This plan outlines procedures for responding to situations including fire, tornado warnings, severe thunderstorm warnings, disruptive persons, safe rooms, and first aid. The Emergency Response Plan is located on the CMHPSM shared drive. Quick reference guides are posted throughout the office to be readily available and easy to use in case of emergency. Safety training is provided to new employees at orientation and to all employees annually.

Inclement Weather or Other Emergency Closure

On occasion it may be necessary to delay the start of a workday, or close CMHPSM for an entire day, due to inclement weather or another emergency. The Chief Executive Officer

makes the determination, notifies the Leadership Team, and a fan-out communication list is used to notify staff prior to working hours of any CMHPSM closures and procedures to follow in the event of inclement weather or other emergency. Emergency closing information may also be relayed to all CMHPSM staff through an all-staff email, a Teams message, or some other electronic communication. It is your responsibility to ensure that your contact information has been updated with your supervisor.

5-19 Hiring Relatives/Employee Relationships

A familial relationship among employees can create an actual or at least a potential conflict of interest in the employment setting, especially where one relative supervises another relative. To avoid this problem, the Community Mental Health Partnership of Southeast Michigan may refuse to hire or place a relative in a position where the potential for favoritism or conflict exists.

In other cases, such as personal relationships where a conflict or the potential for conflict arises, even if there is no supervisory relationship involved, the parties may be separated by reassignment or discharged from employment, at the discretion of the CMHPSM. Accordingly, all parties to any type of intimate personal relationship must inform management.

If two employees marry, become related, or enter into an intimate relationship, they may not remain in a reporting relationship or in positions where one individual may affect the compensation or other terms or conditions of employment of the other individual. The CMHPSM generally will attempt to identify other available positions, but if no alternate position is available, the CMHPSM retains the right to decide which employee will remain with the CMHPSM.

For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

5-20 Employee Dress and Personal Appearance

You are expected to report to work well-groomed, clean, and dressed according to the requirements of your position. Some employees may be required to wear uniforms or safety equipment/clothing. Please contact your supervisor for specific information regarding acceptable attire for your position. If you report to work dressed or groomed inappropriately, you may be prevented from working until you return to work well-groomed and wearing the proper attire.

5-21 Publicity/Statements to the Media

All media inquiries regarding the position of the CMHPSM as to any issues must be referred to the CEO. Only the CEO is authorized to make or approve public statements on behalf of the CMHPSM. No employees, unless specifically designated by the CEO, are authorized to make those statements on behalf of CMHPSM. Any employee wishing to write and/or publish an article, paper, or other publication on behalf of the CMHPSM must first obtain approval from the CEO.

5-22 Operation of Vehicles

All employees authorized to drive CMHPSM-owned or leased vehicles or personal vehicles in conducting CMHPSM business must possess a current, valid driver's license and an acceptable driving record. Any change in license status or driving record must be reported to management immediately.

An employee must have a valid driver's license in his or her possession while operating a vehicle off or on CMHPSM property. It is the responsibility of every employee to drive safely and obey all traffic, vehicle safety, and parking laws or regulations. Drivers must always demonstrate safe driving habits.

CMHPSM-owned or leased vehicles may be used only as authorized by management.

Portable Communication Device Use While Driving

CMHPSM prohibits the use of portable communication devices while driving. Please refer to Section 5 – General Standards of Conduct, Subsection 5-6: Personal and Company-Provided Portable Communication Devices, for additional information.

5-23 Business Expense Reimbursement

Expenses for Conferences and Travel

Employees will be reimbursed for reasonable expenses incurred in connection with approved travel on behalf of CMHPSM.

Employees seeking reimbursement should incur the lowest reasonable travel expenses and exercise care to avoid the appearance of impropriety. If a circumstance arises that is not specifically covered in the travel policies, the most conservative course of action should be adopted.

Requests for reimbursement of mileage for travel between work sites and other sites for meetings, training or provider monitoring will be reimbursed at the Internal Revenue Service approved travel rate.

Travel must be authorized in advance. Travelers should verify that planned travel is eligible for reimbursement before making travel arrangements. Expenses may include air travel, hotels, motels, meals, cab fare, rental vehicles, or gas and car mileage for personal vehicles. You should contact your supervisor in advance if you have any question about whether an expense will be reimbursed.

Upon completion of the trip, and within 30 days, the traveler must submit a Business Expense Reimbursement Form and supporting documentation to obtain reimbursement of expenses. Documentation is required for all expenses. Any expenses incurred during the conference that are not covered under the pre-registration process, must have supporting receipts submitted within two (2) business days of returning from the pre-approved conference.

Exempt employees will be paid their regular salary for weeks in which they travel.

See the CMHPSM Business Expense Reimbursement policy or contact the CMHPSM Human Resources and Regional Coordinator for more details.

5-24 References

Community Mental Health Partnership of Southeast Michigan will respond to reference requests through the Human Resources and Regional Coordinator. The CMHPSM will provide general information concerning the employee such as date of hire, date of discharge, and positions held. Requests for reference information must be in writing, and responses will be in writing. Please refer all requests for references to the Human Resources and Regional Coordinator.

Only the Human Resources and Regional Coordinator may provide references on behalf of the CMHPSM related to external inquiries.

5-25 Employee Separation

Termination

CMHPSM requires that employees return all documents, files, computer equipment, uniforms, agency tools, business credit cards, keys, and other agency owned property on or before the last day of work. When all agency owned property has been collected, the employee will receive his or her final paycheck. If an employee is terminated, they are not entitled to accrued PTO days, unless required by law.

Job Abandonment

If an employee is absent for more than three (3) consecutive days, without notifying the CEO, the employee may be considered to have voluntarily abandoned employment with CMHPSM. If termination is determined the effective date will be the last day the employee reported for work. If an employee abandons a job, they are not entitled to accrued PTO days, unless required by law.

Resignation

Should an employee decide to leave the CMHPSM, we ask that they provide a supervisor with at least two (2) weeks advance notice of departure. The CMHPSM asks that individuals in leadership positions provide four (4) weeks advance notice of departure. Thoughtfulness around advance notice is appreciated. All CMHPSM property including, but not limited to, keys, security cards, parking passes, laptop computers, fax machines, uniforms, etc., must be returned at separation. Employees also must return any and all of CMHPSM Confidential Information upon separation. To the extent permitted by law, employees will be required to repay the CMHPSM (through payroll deduction, if lawful) for any lost or damaged CMHPSM property. As noted previously, all employees are employed at-will and nothing in this handbook changes that status.

To provide flexibility for CMHPSM employees, the CMHPSM funds all paid time off allocations on the first day of each calendar year with the assumption that employees will remain employed with the CMHPSM for the full year. Employees **in good standing and** with at least one year of service separating from the CMHPSM will be entitled to a cash payout of their accrued paid time off on a quarterly basis with the following limitations:

1. Employees voluntarily separating from employment during the first quarter of the calendar year shall be entitled to a payout of PTO hours up to 25% of their annual PTO allocation, deducting any PTO hours used during that quarter. Employees separating during the second quarter of a calendar year shall be entitled to a payout of up to 50% of unused allocation, third quarter of calendar year up to 75% of unused allocation or fourth quarter of calendar year up to 100% of unused allocation.

Employee Voluntary Separation Date	Percentage of Annual Unused PTO Allocation eligible for Payout
Calendar Year Quarter 1 (Jan 1 – Mar 31)	25%
Calendar Year Quarter 2 (Apr 1– Jun 30)	50%
Calendar Year Quarter 3 (Jul 1 – Sep 30)	75%
Calendar Year Quarter 4 (Oct 1 – Dec 31)	100%

Example A: an employee separating voluntarily during calendar year quarter 2, with an annual PTO accrual of 21 days or 168 hours, that utilized 40 hours of PTO of current year PTO, would be eligible for 44 hours of PTO pay out, which is calculated by subtracting the current year utilized hours (40) from the maximum (50%) payout (84 hours).

Example B: an employee separating voluntarily during calendar year quarter 4, with an annual PTO accrual of 18 days or 144 hours, that utilized 64 hours of current year PTO during the year, would be eligible for 80 hours of PTO pay out, which is calculated by subtracting the current year utilized hours (64) from the maximum (100%) payout (144 hours).

2. Accrued PTO hours from a prior year or PTO hours donated from another employee to the employee separating is not eligible for CMHPSM payout. Float holidays are not PTO and thus not eligible for employee separation PTO payouts.
3. All PTO payouts must be approved by the CMHPSM CEO, and the employee must meet all employee separation requirements; including but not limited to advance notice, return of all CMHPSM equipment (laptop, phone, key fob / key card), work product, or any other CMHPSM property.

Termination of Benefits and COBRA

All regular full-time employees are eligible for Medical, Dental and Vision insurance coverage while employed at the CMHPSM. All insurance programs cease on the last day of employment with the CMHPSM. Employees separating from the CMHPSM should contact the CMHPSM Human Resources and Regional Coordinator related to Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of health coverage options.

5-26 Exit Interviews

All employees who are separating from employment will have the option to participate in an exit interview with the Human Resources and Regional Coordinator or the CEO.

Section 6 - Michigan Addendum

6-1 Working Hours and Schedule

Community Mental Health Partnership of Southeast Michigan normally is open for business from 8:30 am to 5:00 pm, Monday through Friday. The employee will be assigned a work schedule and will be expected to begin and end work according to the schedule. To accommodate the needs of our business, at some point we may need to change individual work schedules on either a short-term or long-term basis.

Employees will be provided meal and rest periods as required by law. However, Michigan does not require meal or rest periods for adult employees.

6-2 Your Paycheck

The employee will be paid bi-weekly for all the time worked during the past pay period. Payroll stubs itemize deductions made from gross earnings. By law, the CMHPSM is required to make deductions for Social Security, federal income tax and any other appropriate taxes. These required deductions also may include any court-ordered garnishments. Payroll stubs also will differentiate between regular pay received and overtime pay received.

If there is an error in an employee's pay, bring the matter to the attention of the Human Resources and Regional Coordinator immediately so the CMHPSM can resolve the matter promptly and amicably.

Paychecks will be given only to the employee, unless they request that they be mailed, or authorize in writing another person to accept the check.

6-3 Social Security Number Privacy Act

It is the policy of Community Mental Health Partnership of Southeast Michigan to ensure to the extent practicable the confidentiality of employees' Social Security Numbers in accordance with Michigan law.

The CMHPSM will not intentionally do any of the following acts which result in a prohibited disclosure of employees' Social Security Numbers. Violation of this policy will result in discipline up to and including discharge of the employee.

1. Publicly display more than four (4) sequential digits of a Social Security Number
2. Use more than four (4) sequential digits of a Social Security Number as a primary account number or use more than 4 sequential digits of a Social Security Number

on any identification badge or card, membership card, permit or license, except where permitted by law.

3. Require employees to use or transmit more than four (4) sequential digits of their Social Security Numbers over the internet or on a computer system or network or to gain access to the internet, computer system or network unless the connection is secure, or the transmission is encrypted. Similarly, the Company will not require employees to use or transmit more than 4 sequential digits of their Social Security Numbers to gain access to the internet or a computer system unless the connection is secure, the transmission is encrypted, or a password or other unique personal identification or authentication device is also required.
4. Include more than four (4) sequential digits of Social Security Numbers on the outsides of envelopes or packages or visible internal areas.
5. Include more than four (4) sequential digits of Social Security Numbers in documents or information mailed to individuals, except as permitted by law.

The Company limits access to Social Security Numbers to those employees and outside consultants whose job duties require that they use this information in connection with Company business. The employees and individuals who have access to Social Security Numbers are those who work in the following areas:

- Administration (CEO and Human Resources and Regional Coordinator only)
- Finance Department
- Individuals who though not employed by the Company provide legal, tax, benefits, management, or other consulting services for the Company

The CMHPSM will properly dispose of documents containing Social Security Numbers by ensuring that all such materials are shredded or otherwise destroyed prior to discarding such information. Data stored in electronic format will be rendered irretrievable before computers are discarded or destroyed.

6-4 Victims of Crime Leave

An employee who is a victim or victim's representative, called to serve as a witness in a judicial proceeding, must notify his/her supervisor as soon as possible.

Employees will not be compensated for time away from work to participate in a court case but may use available vacation and personal time to cover the period of absence.

Employees testifying as the victim or representative of a victim in a judicial proceeding will not be disciplined for their absence.

6-5 A Few Closing Words

This handbook is intended to give employees a broad summary of things they should know about Community Mental Health Partnership of Southeast Michigan. The information in this handbook is general in nature and, should questions arise, any member of management should be consulted for complete details. While we intend to continue the policies, rules and benefits described in this handbook, Community Mental Health Partnership of Southeast Michigan, in its sole discretion, may always amend, add to, delete from, or modify the provisions of this handbook and/or change its interpretation of any provision set forth in this handbook. Employees should not hesitate to speak to management if they have any questions about the CMHPSM or its personnel policies and practices.

General Handbook Acknowledgment

This Employee handbook is an important document intended to help you become acquainted with Community Mental Health Partnership of Southeast Michigan. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the CMHPSM's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of management.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Employee handbook.

I have received and read a copy of Community Mental Health Partnership of Southeast Michigan's Employee handbook. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of the CMHPSM at any time.

I further understand that my employment is terminable at will, either by myself or the CMHPSM, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that no representative of Community Mental Health Partnership of Southeast Michigan other than the CEO may alter "at will" status and any such modification must be in a signed writing.

I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the CMHPSM's Employee handbook.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this acknowledgment should be given to management - it will be filed in your personnel file.

Receipt of Sexual Harassment Policy

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit harassment of any employee by any Supervisor, employee, customer, or vendor on the basis of sex or gender. The purpose of this policy is not to regulate personal morality within the CMHPSM. It is to ensure that at the CMHPSM all employees are free from sexual harassment. While it is not easy to define precisely what types of conduct could constitute sexual harassment and there is a wide range of behavior that may violate this policy even if such behavior does not violate the law, examples of prohibited behavior include unwelcome sexual advances, requests for sexual favors, obscene gestures, displaying sexually graphic magazines, calendars or posters, sending sexually explicit e-mails, text messages and other verbal or physical conduct of a sexual nature, such as uninvited touching of a sexual nature or sexually related comments. Depending upon the circumstances, improper conduct also can include sexual joking, vulgar or offensive conversation or jokes, commenting about an employee's physical appearance, conversation about your own or someone else's sex life, or teasing or other conduct directed toward a person because of their gender which is sufficiently severe or pervasive to create an unprofessional and hostile working environment.

Reporting Sexual Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator or our third-party HR partner.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy. If you feel you have been subjected to any such retaliation, report it in the same manner you would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

I have read and I understand Community Mental Health Partnership of Southeast Michigan's Sexual Harassment Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file.

Receipt of Non-Harassment Policy

It is the Community Mental Health Partnership of Southeast Michigan's policy to prohibit intentional and unintentional harassment of any individual by another person on the basis of any protected classification including, but not limited to, race, color, national origin, disability, religion, marital status, veteran status, sexual orientation or age. The purpose of this policy is not to regulate our employees' personal morality, but to ensure that in the workplace, no one harasses another individual.

Reporting Harassment

If you feel that you have been subjected to conduct which violates this policy, you should immediately report the matter to your supervisor or a leadership team member. If you are unable for any reason to contact these persons, or if you have not received a satisfactory response within three (3) business days after reporting any incident of what you perceive to be a violation of this policy, please contact the CEO.

Note: If your supervisor or a leadership team member is the person toward whom the complaint is directed you should contact the CEO directly. If your complaint is directed towards the CEO, you should contact the Human Resources and Regional Coordinator or our third-party HR partner.

Every report of perceived harassment will be fully investigated, and corrective action will be taken where appropriate. All complaints will be kept confidential to the extent possible, but confidentiality cannot be guaranteed. In addition, the CMHPSM will not allow any form of retaliation against individuals who report unwelcome conduct to management or who cooperate in the investigations of such reports in accordance with this policy.

If an employee feels they have been subjected to any such retaliation, they should report it in the same manner in which the employee would report a claim of perceived harassment under this policy. Violation of this policy including any improper retaliatory conduct will result in disciplinary action, up to and including discharge. All employees must cooperate with all investigations.

I have read and I understand Community Mental Health Partnership of Southeast Michigan's Non-Harassment Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file

Reporting Medicaid Fraud, Waste or Abuse Policy

As an employee of a Medicaid Managed Care behavioral health system, you are required to report any suspicion of fraud, abuse or waste. As part of your employment, you will receive training on what this means, how to report, and where you can access more information.

It's important to know that there are federal and state laws that provide protections for employees reporting suspected fraud, waste or abuse. These include state and federal laws related to the Whistleblowers Protections Act and the False Claims Act designed to protect against the fraudulent use of public funds by encouraging people with knowledge of fraud to "blow the whistle" on wrongdoers.

Federal law allows Individuals to file a "Qui tam" lawsuit on behalf of the government. The law provides for a reward in the form of a share of the recovery. Anyone initiating a qui tam case may not be discriminated or retaliated against in any manner by their employer. Employees are authorized under the federal False Claims Act to initiate court proceedings to make themselves whole for any job-related losses resulting from any such discrimination or retaliation.

Michigan law also provides protection for employees who report a violation or suspected violation of a State or Federal law, rule, or regulation to a public body; unless the employee knows the report is false. Employers may not discharge, threaten, or otherwise discriminate against an employee regarding the employee's compensations, terms, conditions, location, or privileges of employment.

I have read and I understand Community Mental Health Partnership of Southeast Michigan's Reporting Medicaid Fraud, Waste or Abuse Policy.

Employee's Printed Name: _____

Employee's Signature: _____

Position: _____

Date: _____

The signed original copy of this receipt should be given to management - it will be filed in your personnel file



Regional Board Action Request- CMHPSM Employee Handbook Annual Review

Board Meeting Date: September 17, 2025

Action Requested: Approve the CMHPSM employee handbook with the included revisions.

Background: The CMHPSM Board has directed staff to bring forth the CMHPSM Employee Handbook at least annually for CMHPSM Board review and approval. All changes are identified in tracked changes format within the document provided. Notable changes are identified below:

- OIG Required Change
- Updated and cleaned up formatting and document structure

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

The CMHPSM employee handbook is a key source of information for CMHPSM employees related to their benefits and expectations as we work together to meet the requirements of our MDHHS contract and the region's strategic plan.

Recommend: Approval

Model Motion: *I move that the CMHPSM Employee Handbook be approved and implemented for FY2026.*

Regional Board Officers List

*Regional Board officer elections take place in October

FY2025		
Chair	B. King	Washtenaw
Vice-Chair	J. Ackley	Lenawee
Secretary	R. Pasko	Monroe
FY2024		
Chair	B. King	Washtenaw
Vice-Chair	J. Ackley	Lenawee
Secretary	R. Pasko	Monroe
FY2023		
Chair	B. King	Washtenaw
Vice-Chair	J. Ackley	Lenawee
Secretary	R. Pasko 6/2023 – 9/2023	Monroe
	S. Libstorff 10/2022 – 2/2023	
FY 2022		
Chair	S. Slaton	Livingston
Vice-Chair	J. Ackley	Lenawee
Secretary	S. Libstorff	Monroe
FY 2021		
Chair	S. Slaton	Livingston
Vice-Chair	C. Richardson	Washtenaw
Secretary	J. Ackley	Lenawee
FY 2020		
Chair	S. Slaton	Livingston
Vice-Chair	C. Richardson	Washtenaw
Secretary	J. Ackley	Lenawee
FY 2019		
Chair	C. Londo	Monroe
Vice-Chair	S. Slaton	Livingston
Secretary	J. Ackley	Lenawee
FY 2018		
Chair	R. Tillotson	Lenawee
Vice-Chair	C. Londo	Monroe
Secretary	R. Garber	Livingston
FY 2017		
Chair	R. Tillotson	Lenawee
Vice-Chair	C. Londo	Monroe
Secretary	B. Cox	Livingston

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.

Regional Board Officers List

*Regional Board officer elections take place in October

FY 2016		
Chair	G. Lane	Monroe
Vice-Chair	L. Berry-Bobovski	Livingston
Secretary	B. Wilson	Lenawee
FY 2015		
Chair	G. Lane	Monroe
Vice-Chair	P. Ball	Washtenaw
Secretary	L. Berry Bobovski	Livingston
FY 2014		
Chair	G. Lane	Monroe
Vice-Chair	J. Plas	Livingston
Secretary	B. Wilson	Lenawee

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.
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- 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.

FY2025 QAPIP Measures of Performance Q3 Status Report

Green- Meeting or Exceeding State Benchmark	White – in-process or data is not yet available, or data is not yet due as of this status report.	Orange – Not currently meeting benchmark as of this status report.	Grey – No benchmark or establishing baseline.
Performance measures that are new or revised for FY25 are highlighted in yellow.			

Michigan Mission Based Performance Indicator System (MMBPIS)	Reason for Measure	Q1	Q2	Q3	FY25 QAPIP Page(s)
CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Children who receive a Prescreen within 3 hours of request (Standard is 95% or above) Children needing emergent services assessed within 3 hours	A state access requirement to ensure quick response if a child is in crisis. Children in crisis receive an assessment within 3 hours.	Met	Met 99.5%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 1: Percentage of Adults who receive a Prescreen within 3 hours of request (Standard is 95% or above) Adults needing emergent services assessed within 3 hours	A state access requirement to ensure quick response if an adult is in crisis. Adults in crisis receive an assessment within 3 hours.	Met	Met 99.4%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 2.A: The percentage of new persons during the quarter receiving a completed bio psychosocial assessment within 14 calendar days of a non-emergency request for service (reported by four sub-populations: MI-adults, MI-children, IDD-adults, IDD-children.) Performance measured by total % of all populations (total numerator/denominator) CMHPSM FY25 Performance Measure: reach or exceed the 75th Percentile (62%)	A state access requirement that people needing an assessment for mental health services receive the assessment within 14 days. Prevents long wait times for people in need of help. Data is still included as not met if people miss or reschedule their appointment.	Not Met Regional average is 52.3% for all combined populations	Not Met Regional average decreased (44.3% for all combined populations)	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 2e: The percentage of new persons during the quarter receiving a face-to-face service	A state access requirement that people deemed to need substance use services receive the service within 14 days.	Not Met	Not Met Regional average	Data not yet available	Pages 23-24

for treatment or supports within 14 calendar days of a non-emergency request for service for persons with substance use disorders . Performance measured by total % of all populations (total numerator/denominator) CMHPSM FY25 Performance Measure: reach or exceed the 50TH Percentile (68.2%)	Prevents long wait times for people in need of Substance Use Services (SUS). Data is still included as not met if people miss or reschedule their appointment.	Regional average is 53.1%	increased (59.8%)		
CMHPSM will meet or exceed the standard for Indicator 3: Percentage of new persons during the quarter starting any needed on-going service within 14 days of completing a non-emergent biopsychosocial assessment (reported by four sub-populations: MI-adults, MI-children, IDD-adults, and IDD-children). Performance measured by total % of all populations (total numerator/denominator) CMHPSM FY22 Baseline = 74.5% = 50TH – 75TH Percentile FY25 Performance Measure: reach or exceed the 75TH Percentile (83.8%)	A state access requirement that people deemed to need mental health services receive the service within 14 days. Prevents long wait times for people in need of CMH services. Data is still included as not met if people miss or reschedule their appointment.	Met for Adults with an Intellectual/Developmental Disability. Not Met for Children or Adults with a Mental Illness. Not Met for Children with an Intellectual/Developmental Disability.	Not Met for Children (increased to 76.9%) or Adults (increased to 67.2%) with Mental Illness Met for Children with an Intellectual/Developmental Disability (84.9%) Not Met for Adults with an Intellectual/Developmental Disability (decrease to 81.25%)	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4a1: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Child)	A state quality measure that CHILDREN who are seen soon after an inpatient psychiatric stay have a better chance of stabilizing/staying in their community and	Met	Met 96.3%	Data not yet available	Pages 23-24

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Performance measures that are new or revised for FY25 are highlighted in yellow.			

	not needing to be re-admitted if they are seen close to discharge.				
CMHPSM will meet or exceed the standard for Indicator 4a2: Follow-Up within 7 Days of Discharge from a Psychiatric Unit (Standard is 95% or above) (Adult)	A state quality measure that ADULTS who are seen soon after an inpatient psychiatric stay have a better chance of stabilizing/staying in their community and not needing to be re-admitted if they are seen close to discharge.	Not Met Regional average 83.5% (30/182 cases readmitted)	Not Met Regional average increased (83.8%, 171/204 cases)	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 4b: Follow-Up within 7 Days of Discharge from a Detox Unit (Standard is 95% or above)	A state quality measure that people who are seen soon after a Substance use detox stay have a better chance of stabilizing/getting the care they need in their community without having to be re-admitted if they are seen close to discharge.	Met	Met 96.3%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Child)	A state quality measure that seeks to prevent children from being re-admitted to an inpatient psychiatric shortly after having been in an inpatient psychiatric unit.	Met	Met 11.9%	Data not yet available	Pages 23-24
CMHPSM will meet or exceed the standard for Indicator 10: Re-admission to Psychiatric Unit within 30 Days (Standard is 15% or less) (Adult)	A state quality measure that seeks to prevent adults from being re-admitted to an inpatient psychiatric shortly after having been in an inpatient psychiatric unit.	Met	Met 12.2%	Data not yet available	Pages 23-24
CMHPSM will demonstrate and increase in compliance with access standards for the SUD priority populations. (Compared to FY24 Data)	People with more urgent needs/issues in seeking substance use services need to be screened and admitted to a SUD provider more quickly.	Screen: Not Met FY24 Screen: 85.5% Q1 Screen: 78% Admission: Not Met FY24 Admit: 48.6% Q1Admit: 39.9%	Screen: FY24 Screen: 85% Q2 Screen: 91.5% Admission: Not Met FY24 Admit: 45% Q2 Admit: 35.8%	Screen: FY25 Screen: 83.2% Q3 Screen: 90.6% Admission: Not Met FY24 Admit: 46.1% Q3 Admit: 41.1%	Page 14 Page 47

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2026-2029 Behavioral Health Quality Transformation Metrics	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
CMHPSM will develop a performance measure to improve accuracy and timeliness of encounter (SAL) submissions to that impact state measures of the FY26-29 MDDHS BH Quality Transformation Plan	MDHHS is creating a new set of quality measures to be enacted starting in Jan 2026. These measures will align with national standards, and will largely be calculated from encounters and claims data. CMHPSM is working on timeliness of SAL/encounter data to ensure we have the ability to monitor these new metrics in a timely fashion, as the state's data will come with a minimum 6 month lag time.	Regional CPT committee participated in discussions for development of the SAL measure.	SAL measure report was developed; data gathering and analysis for baseline information is pending.	Baseline data analysis in progress	
Behavioral Health Treatment Episode Data Set (BHTEDS) Data	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
A. Maintain overall BHTEDS completion rates to state 95% standard during FY2025. B. Improve crisis encounter BHTEDs completion to 95% during FY2025	BHTEDS is data added to service encounters the region sends to the state that gives information on demographics and social outcomes of people we serve; the state uses this data for future improvement initiatives. A. The region enacted a large BHTEDS project over the past year to come to 95% compliance and is seeking to maintain that level of quality and timeliness. B. Because the BHTEDS data has important information about how people we serve are doing, the state requires that data is completed on time and accurately.	A. Met B. Met	A. Met B. Met	A. Met – 98.5% as of 6/26/25 B. Met – 99.4% as of 6/26/25	Page 24
Performance Improvement Projects	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
PIP 1: The racial disparities of no-shows for the initial Biopsychosocial Assessment (BPS) in individuals accessing CMH services will be reduced or eliminated. (FY22 Baseline)	Our region is required to do a PI project specific to reducing racial disparities in people accessing services. Our project is reducing the disparities we found between	Not Met. There continues to be a racial	Not Met. There continues to be a racial	Not Met. There continues to be a racial	Pages 26-27

Green- Meeting or Exceeding State Benchmark	White – in-process or data is not yet available, or data is not yet due as of this status report.	Orange – Not currently meeting benchmark as of this status report.	Grey – No benchmark or establishing baseline.
Performance measures that are new or revised for FY25 are highlighted in yellow.			

	black and white people seeking to have an initial assessment to get help in our region.	disparity in 1 county of the region	disparity in 1 county of the region	disparity in 1 county of the region	
PIP 2: Overall increase in performance in new persons receiving a completed bio-psycho-social initial assessment within 14 calendar days of a non-emergency request for service.	Our region is required to pick a 2 nd PI project, we chose increasing all completing an initial assessment as studies show the sooner someone starts treatment the better chance of improving their social determinants of health. This is tied to MMBPIS Indicator #2a	Not Met	Not Met	Not Met	Pages 26-27
Assessment of Member Experiences	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
Percentage of children and/or families indicating satisfaction with mental health services. (Standard 85%) Percentage of adults indicating satisfaction with mental health services. (Standard 85%) Percentage of individuals indicating satisfaction with long-term supports and services. (Standard 85%) Create plan for improvement in areas that fell below the 85% threshold.	Each year the Regional Customer Services Committee ensures people have a voice in how they experience service and supports in our system. One of these ways is by conducting an annual survey and using that feedback for improvements.	FY24 survey completed FY24 Data assessed; FY25 data to be collected and reviewed at the end of the year	FY25 survey created; will be implemented in Q3 FY25 Data to be collected and reviewed end of FY	FY25 data collection in progress	Page 36
Analyze and determine a baseline percentage of individuals in specialized residential and vocational settings who have completed HCBS Surveys in the IPOS Preplan	The Home and Community Based Services (HCBS) program incorporates individual choice wherever possible. One of the ways this is measured is via a standard survey that gives individuals choices over their care planning.	93% Residential 34% Non-residential	87% Residential 34% Non-residential	96% Residential 38% Non-residential	

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Percentage of consumers indicating satisfaction with SUD services. (Standard 85% OR 2.5 Likert score)	Each year the Regional Co-Occurring Workgroup uses the Recovery Self-Assessment survey tool to give people and providers a voice in how they experience substance use service and supports in our system. That feedback is used by each CMH to seek improvements.	FY25 Data to be collected and reviewed end of FY	New survey tool has been adopted. FY25 Data to be collected and reviewed end of FY	FY25 Survey in progress – survey will close 8/31/25	Pages 36-37
Member Appeals and Grievance Performance Summary	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
1. The percentage (rate per 100) of Medicaid appeals which are resolved in compliance with state and federal timeliness and documentation standards including the written disposition letter (30 calendar days) of a standard request for appeal. (Standard 95%) 2. An improvement from FY2024 in the percentage of appeals cases that meet documentation requirements in the EHR: 85% of appeals will have all required fields and attached documents completed (no fields missing) (FY24 Audit Baseline: 70%) 50% of appeals will meet all narrative content requirements (Documentation Note, Procedures, Resolution/Disposition) accurately and completely (FY24 Audit Baseline: 33%).	Ensuring that people served who appeal a negative decision made about their services get timely and clear information about the results of their appeal, and this improves over time. 2. Improvement = increase audit score of FY25 monitoring from FY25 performance. A new baseline and goal were set based on FY24 auditing.	1. Timeliness: Met 2. Documentation: Not Met	1. Timeliness: Met 2. Documentation: Not Met	1. Timeliness: Met 2. Documentation: Not Met	Pages 36-38
1. The percentage (rate per 100) of Medicaid grievances are resolved with a compliant written disposition sent to the consumer within 90 calendar days of the request for a grievance. (Standard 95%) 2. An improvement from FY2023 in the percentage of grievance cases that meet documentation requirements in the EHR:	Ensuring that people served who have a grievance about their experience with the CMH system get timely and clear information about the results of their grievance, and this improves over time.	1. Timeliness: Met 2. Documentation: Not Met	1. Timeliness: Met 2. Documentation: Not Met	1. Timeliness: Met 2. Documentation: Not Met	Pages 36-38

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95% of grievances will have all required fields and attached documents completed (no fields missing) (FY24 Audit Baseline: 78%) 85% of appeals will meet all narrative content requirements (Grievance Issue, Steps Taken Note, Resolution/Disposition) accurately and completely (FY24 Audit Baseline: 70%).					
Adverse Event Monitoring and Reporting	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
The rate of critical incidents per 1000 persons served will demonstrate a decrease from previous year. (CMHSP) (excluding deaths)	Ensuring critical events that risk the health, safety, or provider network of those we serve will decrease over time as efforts to improve quality of care increase.	Not Met; slight increase	Not Met; slight increase	Not Met; slight increase	Pages 28-30
The rate, per 1000 persons served, of Non-Suicide Death will demonstrate a decrease from previous year. (CMHSP) (Natural Cause, Accidental, Homicidal)	Ensuring unexpected deaths of those we serve will decrease over time as efforts to improve quality of care increase.	Met	Met	Met	Pages 28-30
Ensure compliance with timely and accurate reporting of critical and sentinel events (100%) 100% CEs reporting 100% timely reporting	Ensuring the PIHP meets reporting timelines when a critical event occurs.	Not Met	Met	Met	Pages 28-30
Quarterly report and analysis of type, trends over time (including mortality), events per 1,000, regional trends over time for the fiscal year, analysis of trends by service, engagement in treatment, precipitating events. Analysis of CE trends for potential PI projects	The PIHP is required by the state to analyze major event data for trends and any improvements we could apply.	Met	Met	Met	Pages 28-30
The rate, per 1000 persons served, of Sentinel Events will demonstrate a decrease from the previous year.	Ensuring major events that affect the health & safety of those we serve will decrease over time as efforts to improve quality of care increase.	Not met	Not met	Not met	Pages 28-30
Individuals involved in the review of sentinel events must have the appropriate credentials to review the scope of care.	Ensuring major events that have affected those we serve or reviewed using required criteria to prevent such further events.	Met	Met	Met	Pages 28-30

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100% reported to PIHP and state 100% timeframes met 3day review of critical events (CEs) that are sentinel events (SEs) 100% RCA completion					
Joint Metrics	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
A. Collaboration meeting completed between entities for the ongoing coordination and integration of services. (100%) B. The percentage of complete care plans in CC360 for care coordination cases with MHPs (Standard - 25%)	The state requires certain measures that the PIHPs and the Medicaid Health Plans share – called Joint Metrics - to promote integrated care between the two systems, so how both perform affects the incentive payments each receive.	A. Met B. Met (31%)	A. Met B. Met (41%)	A. Met B. Met (36%)	Pages 25-26
The percentage of discharges for adults (18 years or older) who were hospitalized for treatment of selected mental illness and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. FUH Report, Follow-Up After Hospitalization Mental Illness Adult (Standard-58%) Measurement period will be calendar year 2024.	Measures how quickly within 30 an adult was seen for a mental health service days after an inpatient psychiatric hospitalization. Having services/supports closer to discharge can result in better outcomes and reduce recurrence of the need for urgent/emergency care.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 65%		Met – most recent data (12/31/24) shows 66%	Pages 25-26
The percentage of discharges for children (ages 6-17 years) who were hospitalized for treatment of selected mental illness and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. FUH Report, Follow-Up After Hospitalization Mental Illness Child (Standard-79%) Measurement period will be calendar year 2024.	Measures how quickly within 30 days a child was seen for a mental health service after an inpatient psychiatric hospitalization. Having services/supports closer to discharge can result in better outcomes and reduce recurrence of the need for urgent/emergency care.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 82%		Met – most recent data (12/31/24) shows 80%	Pages 25-26

Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days: Racial/ethnic group disparities will be reduced for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. CMHPSM will reduce the racial/ethnic disparity between the index population and at least one minority group. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024.	For these Follow-up After Hospitalization (FUH) measures, goals include reducing racial disparities.	Reduction in disparities from most recent 2024 state data (9/30/24) compared to 2023		No significant change in disparity from most recent data (12/31/24) over 2023	Pages 25-26
Follow up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence: CMHPSM will reduce the disparity between the index population and at least one minority group. For beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024	Measures if our region is reducing the racial disparities between people with substance use seen for a substance use service within 30 days after presenting at an Emergency Dept for SU reasons. Having services/supports closer to the ED visit can reduce recurrence of the need for urgent/emergency care and increase opportunities for recovery.	Reduction in disparities from most recent 2024 state data (9/30/24) compared to 2023		No significant change in disparity from most recent data (12/31/24) over 2023	Pages 25-26
PIHP Performance Based Incentive Payments	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)

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Performance measures that are new or revised for FY25 are highlighted in yellow.			

Implement data driven outcomes measurement to address social determinants of health. Analyze and monitor Behavioral Health Treatment Episode Data Set (BHTEDS) records to improve housing and employment outcomes for persons served. Measurement period is prior fiscal year. Use most recent update or discharge BHTEDS record during the measurement period, look back to most recent prior update or admission record. Submit completed report to state.	This measure seeks to improve housing and employment for people served, reported the BHTEDS of our service encounters. PIHPs are to oversee Behavioral Health Treatment Episode Data Set (BHTEDS) records and ensure this information is being completed and included	Report not yet due		Report completed and submitted 7/31/25	Page 24
Percentage of Adults Age 18 and Older with Schizophrenia or Schizoaffective Disorder who were Dispensed and Remained on an Antipsychotic Medication for at Least 80 Percent of their Treatment Period (SAA-AD): CMHPSM will be measured against a minimum standard of 62%, covering the measurement period of calendar year 2024.	Ensures those adults with Schizophrenia or Schizoaffective Disorder who are taking antipsychotic prescribed medications remain on their medications as this is an indicator that supports their stability and recovery.	Not Met 53.8%	Not Met 30.0%	Not Met 27.6%	Page 25
CMHPSM will reduce the disparity between the index population and at least one minority group regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment within 14 calendar days of the diagnosis received: (1. Initiation of AOD Treatment) CMHPSM will be measured against a minimum standard of 40% at initiation for the measurement period of calendar year 2024.	Measures if our region is reducing the racial disparities between people with substance use starting treatment within 14 days after an intake.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 41%		Met – most recent data (12/31/24) shows 40%	Page 25
CMHPSM will reduce the disparity between the index population and at least one minority group regarding the percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who initiated	Measures if our region is reducing the racial disparities between people with substance use receiving services within 34 days starting treatment with a provider.	Met Data is provided by the state and there is a significant lag in the data, most recent data (9/30/24) shows 14%		Met – most recent data (12/31/24) shows 14%	Page 25

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treatment and who had two or more additional AOD services or Medication Assisted Treatment (MAT) within 34 calendar days of the initiation visit. (2. Engagement of AOD Treatment) CMHPSM will be measured against a minimum standard of 14% at engagement for the measurement period of calendar year 2024.					
CMHPSM will increase participation in patient-centered medical homes/health homes. (narrative report)	A narrative report sent to the state every December that describes how each entity in the region increases integrated health initiatives in their community, including health homes, as these support better outcomes for people we serve.	Due 12/2025			Page 25
Follow up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence: CMHPSM will reduce the disparity between the index population and at least one minority group. For beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days. (Disparities will be calculated using the scoring methodology developed by MDHHS to detect statistically significant differences) Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2023 with calendar year 2024	This measure (also above) has been added to the pool of performance-based incentives for FY25. Measures if our region is reducing the racial disparities between people with substance use seen for a substance use service within 30 days after presenting at an Emergency Dept for SU reasons. Having services/supports closer to the ED visit can reduce recurrence of the need for urgent/emergency care and increase opportunities for recovery.	Reduction in disparities from most recent 2024 state data (9/30/24) compared to 2023			No significant change in disparity from most recent data (12/31/24) over 2023
Priority Measures (Clinical SUD)	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
CMHPSM SUD providers will meet ASAM continuum completion rates (Target 75%) CMHPSM SUD providers will improve meeting priority population timelines (Target 75%)	These are measures and targets created by the region to improve access to SUD services and accurate data in our region, and to better monitor people's access to SUD services.	ASAM: Not Met 73.5% Priority Population:	ASAM: Not Met 73.7% Priority Population:	ASAM: Not Met 71.6% Priority Population:	Pages 25-26

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CMHPSM SUD providers will ensure consumers receive services within 60 days or have their SUD discharge completed (Target 70%). Monthly data reviews and quarterly data analysis reporting. (Target 95%)	ASAM Continuums are done by SUD Providers. Priority Population Screening is done by SUD Access. Priority Population Admissions are done by SUU providers.	Screening: 78.0% Admission: 39.9% Active Services: 91.7% Monthly Review: Met Quarterly Analysis: Met	Screening: 91.5% Admission: 35.8% Active Services: 90.7% Monthly Review: Met Quarterly Analysis: Met	Screening: 90.6% Admission: 40.8% Active Services: 90.2% Monthly Review: Met Quarterly Analysis: Met	
Utilization Management/LTSS	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
1. Correct timeframes used for advance action notice (Target 100%) 2. Accurate use of reduction, suspension, or termination decisions. (Target 100%) 3. Adverse Benefit Decisions (ABDs) provide service denial reasons in language understandable to person served. 4. Analyze type of denial, accuracy of service and denial decision explanation, and compliance with timeframes.	Measures to ensure if services a person is receiving are being reduced or ended, this Adverse Benefit Decision (ABD) is clearly explained to them and they are given a window of time to ask continue these services while appealing the decision. The PIHP tracks data and conducts monitoring of cases.	1. Timeframes Met 2. Accurate use of decision: Met 3. Accuracy of documentation : Partially met; staff training ongoing 4. Monitoring: Met	1. Timeframes Met 2. Accurate use of decision: Met 3. Accuracy of documentation : Partially met; staff training and process revision ongoing 4. Monitoring: Met	1. Timeframes Met 2. Accurate use of decision: Met 3. Accuracy of documentation : Partially met; staff training and process revision ongoing 4. Monitoring: Met	Pages 32-34
Assess overutilization of services: Review of psychiatric inpatient recidivism as potential overutilization of higher level of care, using following factors: Persons receiving Long Term Serves and Supports (LTSS), and/or on c waiver	PIHPs are required by federal Medicaid Managed Care standards to conduct overutilization and underutilization projects. CMHPSM partners agreed to create an overutilization project based on re-admission to an inpatient psychiatric unit within 30 days as overutilization of that	Data Analysis Met MMBPIS Indicator 4a: Met for Children	Data Analysis Met MMBPIS Indicator 4a: Met for Children	Q3 Data Pending (see Pgs. 1-2 of this report)	Pages 32-36

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- Services/status, type, and service utilization before first admission - Type or change in the services/IPOS after the first and/or second admission - Engagement obstacles - If hospitalization known or managed by CMH - Compliance with MMBPIS Indicator 4a	service, with the aim of helping people served. The bulleted factors are analyzed for any trends or improvements that would reduce psychiatric inpatient recidivism.	Not met for Adults Met for SUD (4e) (see Pg. 2 of this report)	Not met for Adults Met for SUD (4e) (see Pg. 2 of this report)		
Underutilization project: Assess HSW members not receiving monthly services that qualify them for HSW enrollment as potential underutilization, including potential risks of maintaining HSW enrollment with the ending of public health emergency and subsequent enrollment exceptions. Including following factors: - Utilization of monthly habilitative services - Authorized services vs utilized services - Service delays and proper ABD notice where applicable - Person given choice of provider and HSW services	PIHPs are required by federal Medicaid Managed Care standards to conduct overutilization and underutilization projects. CMHPSM partners agreed to create an underutilization project based on people enrolled in the Habilitation Services Waiver receiving at least one service per month based on the high needs of people enrolled in HSW. Not receiving at least one service per month is considered underutilization based on the high needs of people enrolled in HSW. The bulleted factors are analyzed for any trends or improvements that would support service utilization.	Decrease from previous quarter: 85.9% receiving/ billing monthly service	Increase from previous quarter: 95.9% receiving/ billing monthly service <u>Feb 2025 process change:</u> UM/UR will review data and send it to PIHP Waiver Coordinator for follow up with local CMHs in quarterly meetings. Waiver Coordinator will then bring back to the	Slight increase from previous quarter: 96%	Pages 32-34

			committee any recommendati ons.		
A. Evidence of use of parity program for those with established Level of Care (LOC) in CMHPSM reviews of CMHSPs clinical records for all populations (Standard 90%). B. Ensure MichiCANS assessment is incorporated in parity program. Review utilization management data, service decision data, and override trends related to MichiCANS at 6-month and 1-year intervals for FY25 implementation, in order to develop parity parameters specific to MichiCANS in FY26. A parity LOC is completed for each person served, including the accurate population The relevant and appropriate level of care assessment is completed for each person served prior to authorizations being completed. If the exception process is used, the reason for the exception is documented and reviewed at the supervisory level.	The state required each PIHP to develop a parity program to promote consistent behavioral health service decisions and prevent too many or too few services being authorized. Level of care systems are based on population served and levels of need assessed by clinical staff. Higher levels = higher/more complex needs, larger array of services, larger number of services. The Regional Utilization Management/Review Committee reviews whether our region is using the LOC system compliantly and analyzes any trends for improvements. This year, the state has implemented a new assessment tool called the MichiCANS; the PIHP is tracking its implementation and rollout.	A. Q1 Regional Averages I/DD Adult 84.4% I/DD Youth 91.3% MI/SMI Adult 71.3% SED Youth 79.6% B. Analysis due end of Q2	A. Q2 Regional Averages I/DD Adult 83.5% I/DD Youth 88.7% MI/SMI Adult 73.4% SED Youth 81.8% B. Analysis pending	A. Discovered parity data includes Access only cases that would be N/A in analysis, need to change analysis B. MDHHS changed MichiCANS assessment roll out and ongoing use of CAFAS/ PECFAS so analysis could not be completed within workplan timeframes	Pages 32-34
Consistent regional service benefit is achieved as demonstrated by the percent of outliers (exceptions) to level of care benefit packages (Standard <=5%). Measurement period is FY24	If an exception is made in the parity program (someone needs less or more of the Level of Care service array they qualify for) the reason is clearly documented and reviewed by a supervisor. Exceptions of	Data pending	Data pending	Exceptions less than 5%	Pages 32-34

	over 5% indicate the need to review possible errors in the system or its use.				
Percent of acute service cases reviewed that met medical necessity criteria as defined by MCG behavioral health guidelines. (Target 100%). Implement an inner rater reliability with the MCG Indicia parity system for psychiatric inpatient, crisis residential, and partial hospitalization service decisions. Baseline measurement period is Q1 of FY24.	Part of the state parity requirements include all PIHPs use the same service decision guidelines for emergent, and urgent service (inpatient psychiatric, partial hospitalization, crisis residential), to try to ensure consistent decisions for people in crisis. The state contracted to use guidelines by vendor MCG Health. The Regional Utilization Management/Review Committee reviews whether our region is checking inner rater reliability in using this system and analyzes any trends for improvements.	Data pending	Data pending	75% complete; cases used by MCG for testing were changed, which affected comparability of data.	Pages 32-34
Behavior Treatment	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
Consistent quarterly reporting of BTC data (100%) Consistent data analysis of BTC data (100%)	Anyone we serve who has a restriction related to behaviors that put their health & safety at risk must be reviewed by a special committee and receive care based on a plan created by specialized behavior staff. These committees maintain data to ensure the least restrictive options are used, they are required to report this data to the PIHP, and the PIHP is required to analyze it and address any trends for improvements. The measure is that this analysis occurs quarterly	Met	Met	Met	Pages 30-31
Consistent quarterly reporting of the percentage of individuals who have an approved Behavior Treatment Plan which includes restrictive and intrusive techniques.	This measures the percentage of people with behavioral needs that have restrictions compared to those with behavioral needs who do not have restrictions, to check that our region is not over-applying restrictions	Met	Met	Met	Pages 30-31

	without cause. The measure is that this analysis occurs quarterly.				
Clinical Practice Guidelines (CPGs)	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
CPGs are reviewed at least bi-annually.	There is a federal requirement that PIHP's review clinical practice guidelines every year to make sure current evidence-based and best clinical practices are being used.	Met		Met	Page 32
CPGs are published to both the provider network and members.	There is a federal requirement that PIHP's make the clinical practice guidelines used in our region available to people served and providers.	Met	Met	Met	Page 32
Provider Monitoring	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
Licensed providers will demonstrate an increase in compliance with staff qualifications, credentialing and recredentialing requirements.	As part of quality care and to meet Medicaid requirements, all provider types must meet qualifications to provide services. This includes checks to ensure they have not committed Medicaid fraud or abused vulnerable people.	Data reviewed, submitted to the state in May		Ongoing; next report due in November	Pages 38-42
Non-licensed providers will demonstrate an increase in compliance with staff qualifications, and training requirements.		In process for FY25	In process for FY25	In process for FY25	Pages 38-42
Credentialing and re-credentialing of organizational providers meet all state/federal requirements and timelines.		Met for providers credentialed Q1	Met for providers credentialed Q2	Met for providers credentialed Q3	Pages 38-42
Credentialing and re-credentialing of LIP providers meet all state/federal requirements and timelines.		Met for providers credentialed Q1	Met for providers credentialed Q2	Met for providers credentialed Q3	Pages 38-42
Complete assessment of FY25 CMHPSM audits of CMH delegated functions and development performance improvement projects where indicated based on findings and resultant CAPs.	Measure to ensure CMHs are compliant with the functions delegated to them by the PIHP. This is conducted through both state audits and PIHP audits.	MDHHS Review CAP in progress PIHP audits to be scheduled	MDHHS Review CAP in progress PIHP audits to be scheduled;	MDHHS Review CAP in progress PIHP audits in progress	Pages 38-42

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			full completion by end of FY25		
CMHPSM will demonstrate an increase in applicable providers within the network that are "in compliance" with the Home and Community Based Services (HCBS) rule. (MDHHS HCBS CAP Guidance form).	Home and Community Based Services (HCBS) rules ensure people served have the same freedoms where they live and work that all people outside the CMH system have and cannot be placed in settings that don't support these freedoms. Providers are assessed for any restrictions in their setting or sites that unduly limit freedoms. People cannot be placed in provider settings/sites not meeting rules and those providers cannot receive Medicaid funds for sites not meeting the rule.	Baseline	Met (65 sites in compliance)	Met (243 sites in compliance)	Pages 38-42
Health Home (SUDHH, BHH, CCBHC) Performance Measures	Reason for Measure	Q1	Q2	Q3	QAPIP Page(s)
Meet or exceed Substance Use Disorder Health Home (SUDHH) performance benchmarks.	Opioid Health Homes have been expanded to SUD Health Homes as of this fiscal year. SUDHHs provide comprehensive care management and service coordination to people with a substance use disorder. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures include reducing Emergency Department (ED) visits, follow up care from ED, and timely access to substance use services.	Met for FY24 Pending end of FY25			
Meet or exceed Behavioral Health Home (BHH) performance benchmarks.	Behavioral Health Homes provide coordinated primary, mental health, and social services for people with a mental illness. If certain quality measures are met bonus funds are provided to use for more	Met for FY24 Pending end of FY25			

	resources to better help people. Most measures include reducing Emergency Department (ED) visits, certain medical goals like controlling high blood pressure, and access to preventive health services.		
Meet or exceed federally defined Quality Bonus Payment (QBP) measures and benchmarks for Certified Community Behavioral Health Clinics (CCBHC).	CCBHCs provide coordinated care for mental health and substance use issues. If certain quality measures are met bonus funds are provided to use for more resources to better help people. Most measures are assessing for depression and suicide risk, follow up care after hospitalization, and timely access to substance use services.	Met for FY24 Pending end of FY25	

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**Regional Board Action Request – Quality Assessment and Performance
Improvement Program (QAPIP) Status Report for FY2025**

Board Meeting Date: September 17, 2025

Action Requested: Receive the Quality Assessment and Performance Improvement Program (QAPIP) Status Report for FY2025.

Background: The CMHPSM is committed to ensuring quality service provision through review of evidence and the monitoring of the health and welfare of the region’s recipients by developing a quality management program. Some of the key functions of a Quality Management Program include ensuring the Regional Board is informed of the progress of QAPIP Program on a regular basis and has the opportunity to provide feedback. QAPIP status reports are also thoroughly reviewed by our regional committees and CMHSP partners.

Connection to: PIHP/MDHHS Contract, AFP, Regional Strategic Plan and Shared Governance Model

Recommend: Approval

Model Motion: *I move that the CMHPSM Board receive the FY2025 QAPIP status report as presented.*

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



CEO Report

Community Mental Health Partnership of Southeast Michigan

Submitted to the CMHPSM Board of Directors
September 11, 2025 for the September 17, 2025 Meeting

CMHPSM Update

- The CMHPSM conducted all-staff meetings on August 11, 2025, August 25, 2025 and September 8, 2025. We are scheduled to meet on September 22, 2025. 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

- Joelen Kersten has accepted the role of Substance Use Services Clinical Director as of Wednesday September 3, 2025. Joelen was previously the Clinical Treatment Coordinator at the CMHPSM and has been with the CMHPSM for over ten years in multiple roles. We are very excited to have Joelen bring her clinical treatment and organizational experience to her new role.
- We have posted Joelen's previous position and hope to be able to fill the Clinical Treatment Coordinator role quickly. The position was listed on September 8, 2025 and we will be taking applications through September 19, 2025.
- 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

- We are continuing to monitor the PIHP rate changes being implemented for FY2025. The CMHPSM has been carefully monitoring all detailed payment information during all of this recoupment and repayment activity. We identified relatively few issues during this process, mostly related to waiver payments. We are working regionally to provide additional information to MDHHS related to these potentially missing repayments.
- MDHHS issued a FY2026 contract to all of the PIHPs including our region and the three other PIHPs that were unable to agree to terms on a FY2025 contract. We were asked to sign the contract for FY2026 which includes terms we disagreed with during FY2025 contract negotiations. There have been zero contract negotiation sessions related to the FY2026 MDHHS-PIHP agreement. The PIHPs were informed on September 4, 2025 that a new contract would be sent out for PIHP signatures that day or the next. Thus, MDHHS appears to have issued a FY2026 take-it-or-leave-it contract offer with no ability to negotiate. The FY2026 contract has terms that were not present in previous agreements, specifically language that requires Internal Service Funds to be returned directly to MDHHS upon contract cancelation or termination.
- No updates as of this writing related to the FY2025 contract lawsuit, however we have continued to share information related to the FY2025 and FY2026 contract signature requests that continue to be sent from MDHHS.
- MDHHS sent a notice that our FY2025 financial projection report bundle has been rejected and threatened performance incentive funding withhold penalties if the report is not resubmitted in compliance with the ISF within the FY2025 contract ISF limit of 7.5%. We informed the attorneys of these communications which are occurring while litigation is pending related to the FY2025 contract.
- Draft FY2026 rate information was provided by MDHHS on August 20, 2025. Draft rates were not promising for our region, with a 6% reduction in revenue in comparison to FY2025. We were given until August 29, 2025 to submit additional questions, data and information prior to rate finalization. As of this writing we have not received final rate information for FY2026. If final rate information is available prior to our September 17, 2025 meeting we will provide updates during that meeting.

Potential PIHP Procurement Update

- MDHHS released the PIHP Procurement RFP#250000002670 late afternoon Monday August 4, 2025. There have been multiple amendments made to the RFP since our last meeting.

- 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 revised timeline as of this writing is provided below:

RFP Timeline

Event	Time	Date
RFP issue date	N/A	Monday, August 4, 2025
Rate Setting Meeting	10:00 a.m. Eastern	Monday, August 11, 2025
Bidder's Conference	1:00 p.m. Eastern	Monday, August 11, 2025
Deadline for bidders to submit questions about this RFP	12:00 p.m. Eastern	Wednesday, August 20, 2025
Anticipated date the State will post answers to bidder questions on www.michigan.gov/SIGMAVSS	5:00 p.m. Eastern	Friday, September 12, 2025
Proposal deadline*	11:50 a.m. Eastern	Monday, October 6, 2025
Anticipated date of contract signature (start of transition period)	N/A	Tuesday, February 24, 2026
Contract effective date (services begin)	N/A	Thursday, October 1, 2026

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

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

- The date for MDHHS to provide answers to bidders questions has moved from August 29, 2025, to September 5, 2025, and now to September 12, 2025 at the time this report was drafted. The bid deadline was moved to October 6, 2025 from September 29, 2025 during one of the RFP amendments.
- MDHHS has indicated that this website page would be updated related to their procurement process: [Specialty Behavioral Health Services](#)
- The CMHPSM attended both the rate setting meeting and bidder's conference related to this procurement effort scheduled for Monday August 11, 2025.
- We do not believe it to be feasible that a regional entity could be created prior to the bid deadline and meetings have ceased amongst the five PIHPs currently serving the proposed new 'Central' region. The structure and requirements

related to bidder entities would require significant investment from the current PIHPs.

- MDHHS Director Elizabeth Hertel was subpoenaed to provide testimony to the House Oversight Committee on September 9, 2025. A link to a video of that testimony can be found here:
https://www.house.mi.gov/VideoPlayer?data=https://youtube.com/live/_H5FJbbKzV4?feature=share
- The questions related to PIHP procurement were met with responses from Director Hertel that she couldn't testify on the subject due to pending litigation and open procurement status.
- 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).
- We will share more up-to-date information at the September Board meeting.

Future Meetings

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

October 8, 2025 Meeting

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

December 10, 2025 Meeting

- FY2027 PIHP Procurement Update
- FY2026 Budget and Contracts Review

Respectfully Submitted,



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



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NAMI Michigan



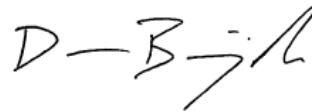
Stephan Currie, Executive Director
Michigan Association of Counties



Elizabeth Lehner, President
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National Association of Social Workers - Michigan



Thomas M. Hickson, Jr. Vice-President
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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