Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD MEETING AGENDA

**** In person at 4135 Washtenaw Ave, Ann Arbor**
**OR**
**Virtually at https://zoom.us/j/99199406149**
**April 26, 2024**
**9:30 – 11:30AM**

I. Roll Call (5 minutes)

II. Audience Participation (see guidelines below) (5 minutes)

III. Board Response to Audience Participation (5 minutes)

IV. Consent Agenda (Attachment #1) (5 minutes) **ACTION**
- A. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/12/24 (Attachment #1A)
- B. WCCMH Executive Committee Meeting Minutes and Actions from 11/17/23 (Attachment #1B)
- C. WCCMH Board Meeting Minutes and Actions-2/23/24 (Attachment #1C)
- D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 1/10/24 (Attachment #1D)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 2/14/24 (Attachment #1E)
- F. Contracts and Leases (recommended approval by Qualify-Finance Committee on 3/22/24 (Attachment #1F)
- G. Strategic Plan Goals (recommended approval by Executive Committee on 3/22/24 (Attachment #1G)
- H. Board Governance Policy (recommended approval by Executive Committee on 3/22/24 (Attachment #1H)
- I. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
  - Clinical Practice Guidelines 2024 (Attachment #1I)
  - Person Centered Planning Policy 2024 (Attachment #1J)

V. Treasurer's Report **ACTION** (10 minutes)
- Financial Status Report (Attachment #2) - **N. Phelps ACTION**
- WCCMH Millage Financial Status Report (Attachment #3) **N. Phelps ACTION**

VI. Executive Director Report - **T. Cortes** (15 minutes)

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (65 minutes)
- Annual Conflict of Interest Policy (Attachment #4)
- Annual Ethics Statement (Attachment #5)
- Annual Recipient Rights Training for Board Members (Attachment #6) **K. Snay**
- Recipient Rights Advisory Committee new member review/approval (Attachment #7) **ACTION K. Snay**
- Board of Commissioners - WCCMH Board member appointment resolution (Attachment #8)
- WCCMH Board Officers for 4/1/24-3/31/25 discussion (Attachment #9)
  - o Board Chair
  - o Vice Chair

Audience Participation Guidelines:
- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

  - Secretary
  - Treasurer - OPEN
- WCCMH Committee assignments 4/1/24-3/31/25
  - WCCMH Quality-Finance Committee
  - WCCMH Millage Advisory Committee
  - WCCMH Executive Committee
  - CMHPSM Regional Board
- Board Training Manual - **M. Harding WILL BE DISTRIBUTED TO BOARD MEMBERS VIA EMAIL**

IX. Old Business (5 minutes)
- None

X. Items for Future Discussions (5 minutes)
- Development of Reserve Capital
- Employee Engagement Survey
- Single Point of Access
- Youth Assessment Center

XI. Adjournment of Public Meeting (Next WCCMH Board Meeting: June 21, 2024)

****Board members are required to participate in person to count towards a quorum**

**VIRTUAL MEETING LINK IS:**

**Join from a PC, Mac, iPad, iPhone or Android device:**
**Please click this URL to join. https://zoom.us/j/99199406149**

**Or One tap mobile:**
**+19292056099, 99199406149# US (New York)**
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**US: +1 929 205 6099 or +1 267 831 0333 or +1 312 626 6799 or**
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**Webinar ID: 991 9940 6149**

**International numbers available: https://zoom.us/u/aezf4qiNxF**

Audience Participation Guidelines:
- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD**

## APRIL 26, 2024

## CONSENT AGENDA

A. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/12/24 (Attachment #1A)
B. WCCMH Executive Committee Meeting Minutes and Actions from 11/17/23 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-2/23/24 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 1/10/24 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 2/14/24 (Attachment #1E)
F. Contracts and Leases (recommended approval by Qualify-Finance Committee on 3/22/24 (Attachment #1F)
G. Strategic Plan Goals (recommended approval by Executive Committee on 3/22/24 (Attachment #1G)
H. Board Governance Policy (recommended approval by Executive Committee on 3/22/24 (Attachment #1H)
I. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Clinical Practice Guidelines 2024 (Attachment #1I)
    2. Person Centered Planning Policy 2024 (Attachment #1J)

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
# WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
## February 12, 2024
## Learning Resource Center-Michigan Room (in person)
## https://zoom.us/j/99732268995 (virtual)
## 3:30–5:00 pm

N. Graebner-Sundling called the meeting to order at 3:34 pm.

| | |
|---|---|
| ROLL CALL: | A. Carlisle attending in person<br>N. Graebner-Sundling attending in person<br>H. Heaviland attending in person<br>B. Higman attending in person<br>A. Rooks attending virtually |
| MEMBERS ABSENT: | D. Jackson, M. Radzik, R. Rion, A. Somerville, M. Udow-Phillips, G. Waddles Jr |
| STAFF PRESENT: | R. Avedisian, T. Cortes, N. Phelps, M. Harding, L. Gentz, M. Taylor, E. Montgomery |
| OTHERS PRESENT: | K. Rutledge, K. Dalessio, J. Gardner, J. McAllister, S. Gilroy, M. Alfonso, YCEA, L. Lutomski, T. Gavalier, M. Creekmore, milvio, D. Anderson (Ozone) |

**NO QUORUM**

I. Introductions
- L. Gentz introduced presenters from NAMI (J. Gardner/M. Alfonso), Ozone (K. Rutledge), Shelter Association of Washtenaw County (K. Dalessio S. Gilroy), and 2 Marines (J. McAllister)

II. Audience Participation
- L. Calka & A.Granberg addressed the Committee on behalf of the Coalition of Shelter Now regarding funding and a desire to present or meet in with the Committee to meet more in depth

III. Committee Response to Audience Participation
- N. Graebner-Sundling recommended L. Calka & A. Granberg reach out to L. Gentz

IV. Millage Advisory Committee Minutes and Actions from 10/16/23 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 10/16/23 were reviewed

**MOTION BY XXX, SUPPORTED BY XXX TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE DECEMBER 11, 2023, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **CARLISLE** | | **GRAEBNER-SUNDLING** | |
| **HEAVILAND** | | **HIGMAN** | |
| **RADZIK** | | **SOMERVILLE** | |
| **RION** | | **ROOKS** | |
| **UDOW-PHILLIPS** | | **WADDLES, JR.** | |
| **WALKER** | | | |

**MOTION CARRIED**

V. Discussion Items

- Millage Process, Investments and Progress Update (Attachment #2)
  - L. Gentz presented the Millage Process, Investment and Progress update to the Committee.
- CARES/CCBHC Data Report
  - M. Harding spoke to the Committee about issues with data for this quarter's report due to the timing of running the report. A six-month report will be provided at the next Committee Meeting.

VI. Financial Budget Update

- Financial Budget Update (Attachment #3)
  - N. Phelps presented the Financial Budget update ending December 31, 2023, to the Committee.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - None

VIII. New Business –

- 2 Marines funding request
  - L. Gentz and J. McAllister provided an overview of the funding request to the Committee for approval. (2-year request for $353,000.00)
  - 2 Marines funding request will be brought back to the Committee in April to vet out questions before moving forward with approval request.

**MOTION BY xxx, SUPPORTED BY xxx TO RECOMMEND APPROVAL OF 2 MARINES FUNDING REQUEST.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **CARLISLE** | | **GRAEBNER-SUNDLING** | |
| **HEAVILAND** | | **HIGMAN** | |
| **RADZIK** | | **SOMERVILLE** | |
| **RION** | | **ROOKS** | |
| **UDOW-PHILLIPS** | | **WADDLES, JR.** | |
| **WALKER** | | | |

**MOTION CARRIED**

- NAMI Presentation
  - J. Gardner and M. Alfonso provided a presentation for NAMI to the Committee.
- Shelter Association of Washtenaw County Presentation
  - K. Dalessio and S. Gilroy presented for the Shelter Association of Washtenaw County on the Housing Crisis Stabilization program to the Committee.
- Ozone Presentation
  - K. Rutledge provided a Millage Funding Update presentation for the Ozone House to the Committee.

DRAFT

IX. Items for Future Discussions
- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

**MOTION BY H. HEAVILAND, SUPPORTED BY A. CARLISLE TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.**

Meeting adjourned at 5:02 pm.

DRAFT

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
# WCCMH EXECUTIVE COMMITTEE MEETING MINUTES *DRAFT*
## *In person: Learning Resource Center-Michigan Room*
## *4135 Washtenaw Ave, Ann Arbor*
## *OR Virtually at* https://zoom.us/j/96625505369
**November 17, 2023**
**9:30 am**

K. Walker called the meeting to order at 9:33 am.

ROLL CALL: A. Dusbiber attending virtually
N. Graebner-Sundling attending in person
A. LaBarre attending in person
K. Walker attending in person

MEMBERS ABSENT: S. Antonow, B. King

STAFF PRESENT: T. Cortes, R. Dornbos, N. Phelps, S. Ray, K. Snay, H. Linky, K. Diebboll

OTHERS PRESENT: L. Lutomski, B. Higman

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 5/26/23 were reviewed (Attachment #1).
- Executive Committee Minutes and Actions from 9/22/23 were reviewed (Attachment #2).

**MOTION BY A. LABARRE, SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE MINUTES AND ACTIONS OF THE MAY 26, 2023 AND SEPTEMBER 22, 2023 WCCMH EXECUTIVE COMMITTEE MEETINGS.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **N/A** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

IV. Executive Director Report

- T. Cortes presented the Executive Director Report to the committee.
  - WCCMH received $8 million from the PIHP to pay back the deficit reduction loan that was loaned to them from the County.
  - Recruitment and retention are still being worked on.
  - H. Linky the Director of Operations will be retiring at the end of December 2023. She has been with Washtenaw County CMH for over 30 years, working with T. Cortes for 23 years. She was in various roles including a skills trainer with the Vocational Program, Provider Network Contract Manager for Washtenaw, and a key member on the WCCMH Leadership Team. She will be missed but has a great transition plan. M. Taylor is currently the Provider Network Manager and will be taking over H. Linky's duties and will be shadowing from now until the end of December.

V. Old Business
- May 26, 2023 and September 22, 2023, Closed Session Minutes
  - The May 26, 2023 and September 22, 2023 Closed Session minutes were reviewed by WCCMH Executive Committee Board members.

**MOTION BY A. LABARRE, SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE MINUTES AND ACTIONS OF THE MAY 26, 2023 AND SEPTEMBER 22, 2023 WCCMH EXECUTIVE COMMITTEE CLOSED SESSION MEETINGS.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **N/A** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

VI. New Business
- WCCMH Board Member terms expiring on March 31, 2024
  - K. Walker stated that the following members terms are set to expire on March 31, 2024.
    - A. Dusbiber
    - N. Graebner-Sundling
    - M. Udow-Phillips
    - K. Walker
- Members that are interested in continuing with the WCCMH Board should send their intent in writing to R. Avedisian. This posting is expected to be posted on the County website in December with instructions on how to apply for re-appointment. T. Cortes will notify R. Avedisian to notify and work with board members on the process for re-appointment.

VII. Items for Future Discussions
- None

VIII. Adjourn to closed session to discuss legal updates and Executive Director Evaluation

**MOTION BY A. DUSBIBER SUPPORTED BY N. GRAEBNER-SUNDLING TO MOVE THE WCCMH EXECUTIVE COMMITTEE MEETING TO CLOSED SESSION TO DISCUSS LEGAL UPDATES AND THE WCCMH EXECUTIVE DIRECTOR EVALUATION.**

| | | | |
|---|---|---|---|
| **ANTONOW** | **N/A** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

WCCMH Board moved to Closed Session at 9:50AM

WCCMH Public Meeting resumed at 10:20AM

**MOTION BY A. DUSBIBER SUPPORTED BY A. LABARRE TO ADJURN THE PUBLIC MEETING OF THE WCCMH EXECUTIVE COMMITTEE.**

The WCCMH Executive Committee Meeting was adjourned at 10:21 am.

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
# WCCMH BOARD MEETING MINUTES *DRAFT*

***In Person: Learning Resource Center-Michigan Room***
***4135 Washtenaw Ave, Ann Arbor, MI***
**Virtually: https://zoom.us/j/91235978320**
**February 23, 2024**
**9:30am**

K. Walker called the meeting to order at 9:36am.

ROLL CALL:
S. Antonow attending virtually
B. Higman attending in person
H. Heaviland attending in person
B. King attending virtually
A. LaBarre attending in person
A. Rooks attending virtually
A. Somerville attending in person
M. Udow-Phillips attending person
K. Walker attending in person

MEMBERS ABSENT: N. Graebner-Sundling, K. Scott, A. Dusbiber

STAFF PRESENT: R. Avedisian, T. Cortes, M. Harding, S. Ray, M. Taylor, N. Phelps, S. Amos O'Neal, K. Hoener, L. Gentz, K. Snay, M. Concannon, L. Higle, M. Tasker, S. Fitzgerald, C. Blais

OTHERS PRESENT: E. Montgomery, E. Spring, K. Homan, L. Lutomski, T. Gavalier, K. DeWeese,

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Millage Advisory Committee Meeting Minutes and Actions 12/11/23 (Attachment #1A)
- WCCMH Quality-Finance Committee Meeting Minutes and Actions 12/11/23 (Attachment #1B)
- WCCMH Board Meeting Minutes and Actions-12/15/23 (Attachment #1C)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-10/11/23 (Attachment #1D)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-11/8/23 (Attachment #1E)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-12/13/23 (Attachment #1F)

**MOTION BY A. LABARRE SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE FEBRUARY 23, 2024, WCCMH BOARD CONSENT AGENDA AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

V. Treasurer's Report
- WCCMH Financial Status Report
  - N. Phelps presented the Financial Status Report to the Board for the period ending February 7, 2024. (Attachment #2).

**MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING FEBRUARY 7, 2024, AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

- WCCMH Millage Financial Status Report (Attachment #3)
  - N. Phelps presented the WCCMH Millage Financial Status Report to the Board for the period ending October 31, 2023.

**MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH MILLAGE FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2023, AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

**A. SOMERVILLE ARRIVED AT 9:55AM**

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board
  - T. Cortes provided an update on the governor's budget ~~with the CCBHC line item~~.
  - ~~CMH is working with~~ Public Health ~~and~~ is in the process of completing a health needs assessment.
  - Progress is being made with the Youth Assessment Center.
  - The County space plan has been presented to the Board of Commissioners.

VII. CMHPSM Regional Update
- M. Harding provided the CMHPSM regional update to the Board.

VIII. New Business
- Consumer Advisory Council Update
  - M. Concannon provided an update on the Consumer Advisory Council to the Board.

  - Another successful Walk-a-Mile event was held in September 2023.
  - M. Concannon asked the Board to consider part-time peer positions.
  - Celebration of Success was a huge success this year.
  - M. Harding reminded the Board that the Consumer Advisory Council an extension of the WCCMH Board for the purposes of CCBHC.
- Contracts and Leases (recommended approval by WCCMH Quality-Finance Committee on 2/12/24) (Attachment #5)
  - M. Taylor provided an overview of the contracts and leases to the Board for approval.

**MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE CONTRACTS AND LEASES TO THE BOARD AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

- Executive Director Authorizations (recommended approval by WCCMH Quality-Finance Committee on 2/12/24) (Attachment #16)

**MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE WCCMH EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

- Office of Recipient Rights Annual Report (Attachment #7) **K. Snay ACTION**

**MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH OFFICE OF RECIPIENT RIGHTS ANNUAL REPORT AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

DRAFT

- Homelessness Presentation (Attachment #8)– **K. Hoener/S. Ray**
  - K. Hoener/C. Blais presented on homeless services within Washtenaw County to the Board.

IX. Old Business

- December 15, 2023, Closed Session Minutes

**MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE DECEMBER 15, 2023, CLOSED SESSION MINUTES AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **N** |
| **GRAEBNER-SUNDLING** | **N** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N (virtual)** |
| **LABARRE** | **Y** | **ROOKS** | **N** |
| **SCOTT** | **N** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **Y** | **WALKER** | **Y** |

**MOTION CARRIED**

X. Items for future discussion

- Employee Engagement Survey
- Homelessness Updates
- U of M Contracting
- Millage Re-Authorization

**MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ADJOURN THE WCCMH BOARD MEETING.**

Meeting adjourned at 11:23 am.

DRAFT

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
# WC-CMH ADVISORY COUNCIL MEETING – MINUTES

**January 10, 2024**

**Members potentially Present on the Call: Leo Hanifin, Barb Higman, Alayna Manzanares, Pam Rathbun (Chair), Jason Zurawski (Secretary).**
**Staff: Mert Hershberger (Staff Liaison), Hayley Thomson (Management Analyst). (Thanks to Sally Amos-ONeal who helped us launch the meeting due to technical difficulties.)**
**Potential new member:**
**Absent: Anton Clark, Melissa Concannon (Co-Chair), Lisa Porzondek.**

**Meeting called to order at: _ 12:39 _ pm_.**
**MOTION BY _ Alayna _ - SUPPORTED BY _ Barb _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED**

I. **Council Recruitment Brochure:** Mert will have recommended edits to Hayley by the end of the month. Vacation time intervened over the past few weeks and lack of computer access.
II. **Front Doors: Closure possible over noon hour** Several mentioned that it is cold outside during the winter/hot in the summer. They also mentioned that it rains, hails, and snows at various times, and that there is not much of a place to sit outside much less any shelter at the Annex or at Ellsworth, though Towner does have the large atrium lobby with the nice palm trees. Others mentioned the need for people to wait for rides outside. It was mentioned that at the Annex, the bottom door would be locked limiting access by those who need to use the bottom door to enter for accessibility. It was noted that the Genoa Pharmacy does close at least from 12:30-1pm Some suggested posting a sign, "RECEPTION NOT AVAILABLE" at the front desk during the noon hour to reduce pressure to attend to clientele during that time.
III. **Newsletter: Winter 2023-4:** Jason requested that Mert mail him a copy of the newsletter. Mert will otherwise try to post these newsletters to the Annex and Towner Sites by the end of the month. Pam will be asked to post them to the Youth & Family and IDD Ellsworth Sites.
IV. **NAMI – Peer-To-Peer Class:** Alayna shared the flyer and Mert will ensure with the rest of the customer service staff that it gets shared throughout CMH.
V. **New Business**:
Mert will reach out to the missing members the missing potential member to see if they could come next month.

**_ Alayna _ motioned to adjourn the meeting at _ 1:10 pm_, Supported by _Barb _.**

**The next meeting will be February 14, 2024 at 2140 E. Ellsworth, Ann Arbor; via Zoom or in person, with things starting by 12:30pm. Please arrive a few minutes early (as early as 12:15pm) if possible.**

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
# WC-CMH ADVISORY COUNCIL MEETING – MINUTES

**February 14, 2024**

**Members potentially Present on the Call: Anton Clark, Melissa Concannon (Co-Chair), Barb Higman, Alayna Manzanares, Lisa Porzondek, Pam Rathbun (Chair), Jason Zurawski (Secretary).**
**Staff: Mert Hershberger (Staff Liaison).**
**Potential new member: Joy Duffy (Welcomed to membership)**
**Absent: Leo Hanifin**

**Meeting called to order at: _ 12:30 _ pm_.**
**MOTION BY _ Melissa_ - SUPPORTED BY _ Lisa _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED**

**I.** **Mike Harding:** CCBHC: This is year 3 of the state sponsored version. Before that, we were a demonstration site in a federal grant going back to 2016 when we were awarded a grant by SAMHSA. Monroe is now a demonstration site as well as a total of 33 sites in Michigan. Currently there is a focus to get BMI measures reduced and vitals taken and PHR's updated in a timely fashion, along with other assessments. Currently there is an effort to get adolescents on board and up to speed for an audit in October. Timeliness of follow-up remains an issue. Leaders are hopeful that this program initiated by Sen. Stabenow will continue so we can more effectively serve those not on Medicaid. Hospitalization & supported living are not covered by the CCBHC

**II.** **RCAC: From today:**

A. Fall Regional Training – will happen November 13. The LRC-Superior Room has been reserved. Topics are starting to be picked. Initially, we talked about having a time in the afternoons to work on our 2025 workplans.
B. Summer Picnic: CMH-Advisory Council Washtenaw prefers Thursday, August 8, if not then, perhaps Tuesday, August 13, to meet in Lenawee.
C. Art show: We talked about the need to start soliciting consumers for art submissions. Probably local judging by December '24 and regional judging by January '25.

**III.** **Council Recruitment Brochure:** remove "Consumer" from the brochure was the unanimous vote. A discussion ensued about how to refer to individuals in progress notes and emails, with concerns about consistency and clarity and privacy: use initials & case number in emails, names in progress notes, vs allusion to client/consumer.

**IV.** **Newsletter:** Winter 2023-4: Distributed. Prepare for next newsletter: Joy offered to write a letter about her pet cat which supports her emotionally.

**V.** **NAMI** – Peer-To-Peer Class: Alayna said that there is a group going on online with 13 participants, though it started with 17. – Barb mentioned that they are typing up summaries of interviews from various community members on the closure of the Chelsea inpatient psychiatric unit. Mert offered to connect another community member to Barb to solicit her input. – Barb said that NAMI is training Psychiatric Emergency Services staff.

**VI.** **Walk-A Mile: 9/12/2024--** We wondered if Leo will want to design the T-Shirts again, the majority of folks wanted to tie-dye T-Shirts or were OK with White T-Shirts with a day in August to work on those at the Ellsworth site. We recalled that we would need the T-Shirt designed early enough to time this out this year. Melissa suggested checking at Meijer to see if they have

tie-dye stuff there in the seasonal area in Spring/Summer. We also discussed the opportunity to design the button for the State Walk-A-Mile button for a new design this year. Mert will mention this to Leo.

**VII. Celebration of Success –** Mert and Melissa will share responsibilities of sending out a Celebration of Success email monthly in the first week of the month to solicit nominations from staff throughout the agency. Mert will contact Hayley Thompson for the latest version of the Celebration of Success form.

**VIII. Report to WC-CMH Board 2/23/2024 –** Melissa – She talked about a strategy to share about end of year updates from the advisory council and to share briefly about her efforts and the efforts of others to ensure reasonable accommodations for emotional support animals. Mert also recommended she reach out to Prescriber staff and connect to Tim Florence, medical director, via a meeting with Katie Hoener and him to discuss how ESA letters could be integrated throughout the processes of the agency. The Council thanked Melissa for her hard work coordinating this effort and her help in leading todays meeting when Pam had to step out.

**IX. New Business:**

**Joy Duffy** shared her desire to advocate and speak up for the rights and needs of CMH consumers and to share her story and the opportunities to receive mental health services with community members & to show people what resources are available. She was unanimously welcomed onto the council. Welcome, Joy!

**_ Alayna _ motioned to adjourn the meeting at _ 1:59pm_, Supported by _ Anton_.**

**The next meeting will be March 13, 2024 at 2140 E. Ellsworth, Ann Arbor; via Zoom or in person, with things starting by 12:30pm. Please arrive a few minutes early (as early as 12:15pm) if possible.**

**REQUEST:** To approve recommendations to the board for the following contract(s) and lease(s):

**BACKGROUND:**

1. Continuum Help Foundation: provides skill building and supported employment services.

2. St. Louis Center for Exceptional Children and Adults: provides skill building and supported employment services. **Addendum to current contract

**Service Contracts**

| Contractor | Funding | Estimated Budget | Contract Term | Service Description |
|---|---|---|---|---|
| 1. Continuum Help Foundation | Medicaid | As Authorized | April 1, 2024-September 30, 2024 | Skill Building & Supported Employment Services |
| 2. St. Louis Center for Exceptional Children and Adults | Medicaid | As Authorized | April 1, 2024-September 30, 2024 | Skill Building & Supported Employment Services |

**Current goal:**

**Break down the barriers for all to reduce mental health disparities in access to care and improve health equity within Washtenaw County**

**Tactic:** Utilize Washtenaw County Opportunity Index data, existing studies, and reports to identify health inequities within Washtenaw County. These studies will be utilized to develop a workplan that is specific to how WCCMH can impact health inequities within Washtenaw County.

Preferred:

**Improve access to *behavioral health* care and quality of *behavioral health* care in a manner that improves equity and diversity.**

Tactic:

**Tactic:** Utilize Public Health Community Assessment Data ~~Washtenaw County Opportunity Index data~~, existing studies, and reports ~~to identify health inequities~~ within Washtenaw County *to identify risk factors relevant to mental health treatment*. These data will be utilized to develop a workplan that is specific to how WCCMH can *mitigate the* impact *of these risk factors* ~~health inequities~~ within Washtenaw County.

Why:

1. Typically a goal is overarching and then we identify specific focus to achieve a goal. Breaking down barriers might be part of that specific focus/ interventions. Also, we are not sure we can break down the barriers though we can guess/ hypothesize about them based on Dr. Watkins work and National publications and go from there. Not sure we can measure breaking down barriers as well.
2. Improving "health equity" within Washtenaw County is a big goal and isn't it more of a Public Health goal? Mental health equity is part of health equity so we thought more specificity would help targets and focus.
3. Wash Cty Opp Index data is outdated and we've found different local data with some Social Determinants Of Health (SDOH). However, existing Community Health Assessment Data is all of Washtenaw County, not CMH specific.
4. We thought the essence of what we're doing is increasing and improving access to mental health treatment and quality of mental health care.

# Board Governance Policy Manual

# MISSION

To promote hope, recovery, resilience, and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/developmental disabilities, mental health and/or substance use needs.

# VISION

All residents can secure supports to improve their quality of life and reach their full potential.

# VALUES

**Excellence**

We provide the highest level of service to promote recovery, quality of life and self-sufficiency through proven and innovative practices. We recognize that the foundation of excellent service is our relationships.

**Growth**

We believe in the capacity for change at every stage of development. We grow through shared learning, lived experiences and mentoring.

**Well-being**

We cultivate well-being through a commitment to physical and emotional safety, active listening, and a culture of appreciation.

**Inclusion**

Together we build a welcoming, respectful environment for all people. Through active engagement and shared decision-making, we build a stronger community.

**Community**

We develop strong, trusting partnerships with the people we serve, in our broader community, and within our own organization while advancing health equity.

**Accountability**

We are accountable to those we serve, to the larger community, and to each other for the equitable, effective, and efficient use of our resources.

**Equity**

Services will be delivered with a focus on eliminating health inequities by addressing and reducing the racial and economic disparities frequently impacting Black, Indigenous and People of Colors' health status, access, and outcomes.

# POLICY TITLE

| | |
|---|---|
| Number 01-001 Governance Commitment | Governance Process |
| Number 01-002 Governing Style | Governance Process |
| Number 01-003 Board Job Description | Governance Process |
| Number 01-004 Chairperson's Role | Governance Process |
| Number 01-005 Annual Board Planning Process | Governance Process |
| Number 01-006 Board Member Code of Conduct | Governance Process |
| Number 01-007 Conflict of Interest | Governance Process |
| Number 01-008 CMHPSM Representation Policy | Governance Process |
| Number 01-009 Board Member Appointment | Governance Process |
| Number 02-001 Executive Director Role | Board-Executive Director Relationship |
| Number 02-002 Monitoring Executive Performance | Board-Executive Director Relationship |
| Number 03-001 General Executive Constraint | Executive Authority |
| Number 03-002 Treatment of Consumers | Executive Authority |
| Number 03-003 Staff Treatment | Executive Authority |
| Number 03-004 Budgeting | Executive Authority |
| Number 03-005 Financial Condition | Executive Authority |
| Number 03-006 Asset Protection | Executive Authority |
| Number 03-007 Compensation and Benefits | Executive Authority |
| Number 03-008 Communication and Counsel to the Board | Executive Authority |
| Number 03-009 Community Resources and Partnerships | Executive Authority |

# APPENDIX

Appendix A: WCCMH Board of Directors Code of Ethics
Appendix B: WCCMH Board of Directors Conflict of Interest Disclosure Statement

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Governance Commitment* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-001<br>Page: 1 of 1 |

On behalf of the people of Washtenaw County, the Washtenaw County Community Mental Health (WCCMH) Board provides strategic direction to implement its Mission and Vision, and guarantees the accountability of WCCMH by assuring that it:

1. Achieves desired results for the consumers that the WCCMH is mandated to serve.

2. Avoids unacceptable activities, conditions and decisions that could adversely affect consumers and the WCCMH Mission and Vision.

3. Focuses on evolving best practices and provides leadership and education to the community.

4. Develops and provides models to make integrated services available to all residents of Washtenaw County.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Governing Style* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-002<br>Page: 1 of 1 |

The Board will govern in a manner that encourages the diversity of viewpoints through a governance model that includes strategic leadership and clear and concise roles of Board and Executive Director.

The Board will:

1. Function as a unit;

2. Focus on intended long-term impacts;

3. Enforce Board discipline (attendance, preparation for meetings, policymaking principles, respect of Board officer roles, ensuring the continuity of governance capability);

4. Strive to use a consensus model of decision making prior to a formal vote.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Board Job Description* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-003<br>Page: 1 of 1 |

The job of the Board is to represent the people of Washtenaw County and execute the Mission and the Bylaws of the agency. To distinguish the Board's own unique job from the jobs of its staff; the Board will concentrate its efforts on the following job "products" or outputs:

1. Ensure accountability between the organization and the people of Washtenaw County.

2. Provide fiscal oversight.

3. Ensure quality and effectiveness of services being provided.

4. Set policy and strategic direction.

5. Review and evaluate the Executive Director annually.

6. Create written governing policies which, at the broadest levels, address:

    1. *Outcomes:* Organizational products, impacts, benefits, outcomes, recipients, and their relative worth (what's good for which needs at what cost).

    2. *Executive Authority:* Constraints on executive authority which establish the prudence and ethics boundaries within which all executive activity and decisions must take place.

    3. *Governance Process:* Specification of how the Board conceives, carries out and monitors its own task.

    4. *Board-Executive Director Relationship:* How power is delegated, and its proper use monitored as outlined in the WCCMH Bylaws and agency policies.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Chairperson's Role* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-004<br>Page: 1 of 1 |

The Chairperson assures the integrity of the Board's process and, secondarily, occasionally represents the Board to outside parties.

1. The role of the Chairperson is to ensure that the Board behaves consistently with its own rules and those legitimately imposed upon it from outside the agency.

   A. Meeting discussion content will only be those issues which, according to Board policy, clearly belong to the Board to decide, not the Executive Director.

   B. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.

2. The authority of the Chairperson consists in making decisions that fall within the topics covered by Board policies on Governance Process and Board-Executive Director Relationship, except where the Board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.

   A. The Chairperson is empowered to chair Board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chairperson may invoke Roberts Rules of Order.

   B. The Chairperson has no authority to make decisions about policies created by the Board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Executive Director.

   C. The Chairperson will represent the Board to outside parties in announcing Board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.

      The Chairperson may delegate this authority, but remains accountable for its use

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Annual Board Planning Cycle* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-005<br>Page: 1 of 1 |

To perform consistent with Board policies, the Board will annually develop an agenda for the year, which will include the following tasks:

- Review the mission.
- Approve the annual budget.
- Re-explore Outcomes Policies.
- Monitor Executive Limitations and Board Process Policies.
- Continually improve performance through Board education and discussion. Continual Board development will include orientation of new members in the Board's governance process and periodic Board discussion of process improvement.
- Monitor and discuss the Board's process and performance on a regular basis. Self-monitoring will include comparison of Board activity and discipline to Board governance policies and Board-staff relationships.
- Review and evaluate Executive Director's job performance and compensation.
- Develop annual program review schedule to evaluate quality, effectiveness, and efficiency of services.
- Conduct a review of the past year, including successes and areas for improvement. Determine how what was done last year will shape the agenda and policies this year.
- Distribute annual report to the community.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Board Members Code of Conduct* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-006<br>Page: 1 of 2 |

The Board commits itself and its members to ethical and professional conduct. This includes proper use of authority when acting as Board members.

1. All Board members will be expected to sign and vow to abide by the Board Code of Ethics (Appendix A).

2. Members must represent the interests of the people of Washtenaw County. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other Boards or staffs. This accountability also supersedes the personal interest of any Board member acting as a consumer of the organization's services, as well as the interests of the appointing entities.

3. Members must avoid conflict of interest with respect to their fiduciary responsibility.

4. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in Board policies.

    A. Members' interaction with the Executive Director or with staff must recognize the lack of authority vested in individuals except when explicitly Board-authorized.

    B. Members' interaction with public, press or other entities must recognize the same limitation and the inability of any Board member to speak for the Board.

    C. Members will give no consequence or voice to individual judgments of Executive Director or staff performance.

5. Members will respect the confidentiality appropriate to issues of a sensitive nature.

6. In the case that a Board member is suspected of misconduct, the issue should initially be addressed by the Board Chair. If the Board Chair is the subject of the issue, then the issue shall be addressed by the Vice Chair. The Chair or Vice

Chair will be expected to address the issue with the individual within 30 days, and/or set up a sub-committee to address the issue further. In the extreme case that gross misconduct is substantiated and cannot justifiably be addressed by the Chair, Vice Chair, and/or subcommittee, it will be reported to the accused's appointing entity by the Board Chair or Vice Chair.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Conflict of Interest* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-007<br>Page: 1 of 1 |

Board members must avoid conflict of interest with respect to their fiduciary responsibility.

A. There must be no self-dealing or any conduct of private business or personal services between any Board member and the organization except as described in the WCCMH and CMHPSM Conflict of Interest Disclosure Statement (Appendix B).

B. When the Board is to decide upon an issue, about which a member has an unavoidable conflict of interest, that member shall absent her/himself without comment from not only the vote, but also from the deliberation.

C. Board members must not use their positions to obtain employment in the organization for themselves or associates. Should a member desire employment, he or she must first resign.

D. Each member shall complete the WCCMH and/or CMHPSM Conflict of Interest Disclosure Statement (Appendix B) annually.

E. If and when an issue comes before the Board and a Member has a direct financial interest in the outcome of the matter, whether previously identified or not, the Member shall identify the conflict, recuse himself/herself from the discussion of the matter and shall abstain from voting on the matter.

F. If and when an issue comes before the Board and the matter (not otherwise implicated by paragraph E above) involves an Affiliated Organization, as identified by the Member's Disclosure Statement, the Member shall notify the Board of this potential conflict at its next regularly scheduled Board meeting and before action is taken on the matter. Unless a direct conflict exists or unless another Member objects to the disclosing Member's participation, the Member shall participate in the discussion and vote on the matter before the Board. In the event a direct conflict exists, or another Member should object to the disclosing Member's participation, the member shall recuse himself/herself from the discussion of the matter and shall abstain from voting on the matter, without further comment.

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| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Community Mental Health Partnership of Southeast Michigan (CMHPSM) Regional Entity Representation* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-008<br>Page: 1 of 1 |

To ensure representation on the CMHPSM Regional Entity (PIHP) Board, the WCCMH Board will:

1. Annually elect up to three primary representatives as required.
2. Have CMHSP activities as a standing WCCMH Board agenda item.
3. Receive monthly reports from either WCCMH Executive Director or Board CMHPSM representatives.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Board Member Appointment and Per Diem* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Governance Process*<br><br>Number 01-009<br>Page: 1 of 2 |

The following processes will be followed to ensure that the Board Member Appointment Process: is timely and transparent; maintains the integrity of potential nominees; and allows all Board members the opportunity to provide input into assessing the needs of the Board and the qualifications of candidates and provide those observations in a confidential manner to the appointing authorities.

1. Statutory Requirements
    a. Appointments need to be completed by March 31 of each year.
    b. The Board of Directors is composed of 12 members, who are appointed by the Washtenaw County Board of Commissioners.
    c. Annually, four (4) appointments are made. The term of the appointment is three (3) years.
    d. Vacancies are to be filled by the respective entity that made the appointment of the Board member being replaced. The term of the appointment will expire in the same year as that of the Board member being replaced.

2. Procedures
    a. October
        i. Announcement of Board incumbents whose terms expire in the forthcoming year;
        ii. Board members will discuss the skills and talents needed on the Board and will continue discussion at November Board meeting.
    b. November
        i. Board members whose terms expire in the forthcoming year will be asked if they intend to reapply for their Board seat for another term.
        ii. Board members will continue to discuss and recommend, by consensus, the desired skill sets and talents represented in a new appointee and suggest possible individuals to apply/re-apply.
        iii. The Board's agreed upon recommendations will be submitted in writing to the County;
        iv. A public announcement (posting) will be made in December by the County for all positions.
    c. December
        i. The WCCMH Executive Director will report on the posting and the deadline for submission by candidates.
    d. January
        i. The Washtenaw County Administrator's Office receives applications;

ii. The WCCMH Executive Director receives the names and resumes of all board applicants from the County Administrator's Office to ensure applicants meet the Board composition requirements for primary and secondary consumers;

iii. Nominations for WCCMH Board member(s) will be submitted to the County Administrator. This process must be completed by the end of January so appropriate materials can be submitted to the Washtenaw County Board of Commissioners for their meeting in February.

iv. Appointments will be completed after the February Board of Commissioners meeting.

e. March

i. Appointments will be finalized and officially sworn-in prior to the April WCCMH Board meeting.

ii. Newly appointed Board members will participate in new member orientation and education opportunities.

f. April

i. WCCMH Board will identify committee membership and officers for the year.

3. Mid-term Vacancies
   a. The process outlined above (absent conflicting timeframes) will be utilized to seek nominees and to receive input from the WCCMH Board.
4. Board Member Per Diem
   a. Board members shall be paid a daily per diem rate of $50 for any day that they attend a board or committee meeting(s), including attendance by telephone or other media.

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| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Executive Director Role* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Board Executive Director Relationship*<br><br>Number 02-001<br>Page: 1 of 1 |

All Board authority delegated to staff is delegated through the Executive Director. All authority and accountability of staff is considered to be under the authority of the Executive Director.

1. The Board will direct the Executive Director to achieve specified results through the establishment of organizational Outcomes. The Board will ensure the organization's Outcomes directly relate to the Mission and Vision by the establishment of an organizational Outcomes Policy.

2. As long as the Executive Director uses reasonable interpretation of the Board's desired Governance policies and he or she adheres to the Executive Authority policies, the Executive Director is authorized to establish all further policies. This does not prevent the Board from obtaining information in these areas of delegation.

3. Only decisions of the Board acting as a body are binding upon the Executive Director.

    A. Decisions or instructions of individual Board members, officers, or committees are not binding on the Executive Director except in the circumstances when the board has specifically authorized such exercise of authority.

    B. In the case of Board members or committees requesting information or assistance without Board authorization, the Executive Director can refuse such requests that require (in the Executive Director's judgment) a material amount of staff time or funds or is disruptive.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Monitoring Executive Performance* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Policy Type: Board Executive Director Relationship*<br><br>Number 02-002<br>Page: 1 of 1 |

Monitoring executive performance includes, but is not limited to, monitoring organizational performance against Board policies on Outcomes and Executive Authority, as well as general organizational efficiency**.** Any evaluation of Executive Director Performance (formal or informal) will be derived from the organizational Outcomes and Executive Authority.

1. The purpose of monitoring is to determine the degree to which Board's Outcome policies are being fulfilled and the organization's adherence to the established Mission and Vision.

2. The Executive Committee will be charged with developing an evaluation plan and conducting periodic reviews of the Executive Director with a culminating final, formal review in November. The Executive Committee will report on their evaluation to the full Board for their input and approval.

3. The evaluation shall consider monitoring data as defined, and also how it has appeared over the intervening year, as well as organizational efficiency.

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| Washtenaw County Community Mental Health (WCCMH) | *Policy and Procedure*<br><br>*General Executive Constraint* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br><br>Number 03-001<br>Page: 1 of 1 |

The Executive Director shall not allow any practice, activity, decision, or organizational circumstance, which is illegal, imprudent or in violation of commonly accepted business and professional ethics, contractual obligations, or statutory requirements, including the Michigan Mental Health Code.

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| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Treatment of Consumers* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br><br>Number 03-002<br>Page: 1 of 1 |

With respect to interactions with consumers, or those requesting service, the Executive Director will ensure conditions, procedures, and decisions are safe, respectful, trauma-informed, and provide appropriate confidentiality and privacy.

Accordingly, they shall:

1. Use methods of collecting, reviewing, or storing client information that protects against improper access to the information elicited.

2. Maintain clean, safe, and welcoming facilities and environments that provide a reasonable level of privacy, both aural and visual.

3. Provide procedural safeguards for the transmission of information.

4. Establish with consumers a clear contract of what may be expected and what may not be expected from the services offered.

5. Encourage consumer participation and leadership so that their input and insight are included in the operation of the organization.

6. Inform consumers of this policy and provide a grievance process to those consumers who believe that they have not been accorded a reasonable interpretation of their rights under this policy.

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| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Staff Treatment* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br><br>Number 03-003<br>Page: 1 of 1 |

With respect to treatment of paid and volunteer staff, the Executive Director may not cause or allow conditions which are unfair, undignified, unsafe, or illegal.

Accordingly, they shall:

1. Establish written policy and procedures which clarify personnel rules for staff, provide for effective handling of grievances, and protect against wrongful conditions.

2. Lead with an emphasis on and an acceptance of a diversity of viewpoints.

3. Include staff participation in the creation of policies and procedures that affect the vision of the organization.

4. Respect the cultural diversity of staff.

5. Acquaint staff with their rights under this policy.

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| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Budgeting Process* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br><br>Number 03-004<br>Page: 1 of 1 |

The budgeting process in any fiscal year, or the remaining part of any fiscal year, shall not deviate materially from Board's Mission and Vision and Outcome policies, create fiscal jeopardy, or fail to be derived from a multi-year plan.

Accordingly, they may not cause or allow budgeting that:

1. Contains too little information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.

2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received unless otherwise directed by the Board.

3. Provides less than is sufficient for Board prerogatives, such as costs of fiscal audit, Board development, Board and committee meetings, and Board legal fees.

4. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve the Organization's Mission and Outcomes in future years.

5. Fails to be cognizant of long-term trends or legislative changes.

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| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br>*Financial Condition* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br>Number 03-005<br>Page: 1 of 1 |

With respect to the actual, ongoing condition of the organization's financial health, the Executive Director may not cause or allow the development of fiscal jeopardy, or a material deviation of actual budgeted expenditures based on the approved or revised budget based on the Organization Mission and Outcomes.

Accordingly, they may not:

1. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered funds without Board approval.

2. Use any designated reserves other than for established purposes.

3. Fail to settle payroll and debts in a timely manner without Board acknowledgement.

4. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.

5. Acquire, encumber, or dispose of real property in excess of $100,000.

6. Fail to maintain organizational self-sufficiency through development of diverse funding sources.

7. Bill outside of state and federal regulations.

| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Asset Protection* |
|---|---|
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br><br>Number 03-006<br>Page: 1 of 1 |

The Executive Director may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked.

Accordingly, they may not:

1. Fail to insure against theft and casualty losses and against liability losses to Board members, staff, or the organization itself in an amount greater than the average for comparable organizations.

2. Fail to provide director and officer liability coverage that protects members in fulfilling their organizational responsibilities.

3. Unnecessarily expose the organization, its Board, or staff to claims of liability.

4. Make any purchase: a) wherein normally prudent protection has not been given against conflict-of-interest b) of material value without having obtained comparative prices and quality.

5. Receive process or disburse funds under controls that fail to meet auditor standards.

6. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest-bearing accounts except where necessary to facilitate operational transactions.

7. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization.

| | |
|---|---|
| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br>*Compensation and Benefits* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br>Number 03-007<br>Page: 1 of 1 |

With respect to employment, compensation and benefits to employees, consultant, contract workers and volunteers, the Executive Director may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, they may not:

1. Change their own compensation and benefits.

2. Promise or imply permanent or guaranteed employment.

3. Establish current compensation and benefits which:

    A. Deviate materially from the geographic or professional markets that are based on similar organizational characteristics.

    B. Create obligations over a longer term than revenues can be safely projected.

4. Establish or change benefits provisions that could:

    A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.

    B. Provide less than some basic level of benefits to all full-time employees, although differential benefits to encourage longevity in key employees are not prohibited.

    C. Treat the Executive Director differently from other comparable key employees.

| | |
|---|---|
| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br><br>*Communication and Counsel to the Board* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br><br>Number 03-008<br>Page: 1 of 1 |

With respect to providing information and counsel to the Board, the Executive Director must ensure that the Board be informed. Accordingly, they shall:

1. Make the Board aware of relevant trends, material external and internal changes in the assumptions upon which any Board policy has previously been established.

2. Advise the Board if, in the Executive Director's opinion, the Board is not in compliance with its own policies, particularly in the case of Board behavior which is detrimental to the work relationship between the Board and the Executive Director.

3. Ensure that new Board members receive an orientation to the organization and that education is continually provided to all Board members on issues relevant to the organization.

4. Marshal for the Board as many staff and external points of view, issues, and options as needed for fully informed Board choices.

5. Avoid presenting information in unnecessarily complex or lengthy form.

6. Provide a mechanism for official Board, officer, or committee communications.

7. Deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the Board.

8. Report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

| | |
|---|---|
| Washtenaw County Community Mental Health (WCCMH) | ***Policy and Procedure***<br>*Community Resources and Partnerships* |
| Author: WCCMH Board of Directors<br>Approval Date:<br>Approved By: WCCMH Board | *Policy Type: Executive Authority*<br>Number 03-009<br>Page: 1 of 1 |

With respect to the attainment of WCCMH Outcomes and in relation to the WCCMH Mission, the Executive Director shall take advantage of opportunities for collaboration, partnerships, and innovative relationships with agencies and other community resources.

## Appendix A: Washtenaw County Community Mental Health
## Board of Directors Code of Ethics

As a Board member of Washtenaw County Community Mental Health (WCCMH), I acknowledge and commit that I will observe a high standard of ethics and conduct. I devote my best efforts, loyalty, skills, and resources in the interest of the people of Washtenaw County. I will perform my duties as a Board member in such a manner that constituents' confidence and trust in the integrity, objectivity, and impartiality of the WCCMH are conserved and enhanced.

- I will hold the betterment of the WCCMH as a priority, during discussions, decisions and voting matters.
- I am obligated to act in a manner which will bear public scrutiny.
- I will contribute suggestions of ways to improve the organization's policies, standards, practices, and ethics.
- I will not abuse my position as a Board Member by expecting special treatment beyond any other's utilizing the organization's services, and I will not exercise individual authority over my fellow Board members or staff.
- I will declare any conflict of interest with regard to matters being discussed in my presence during a meeting.
- If the Board is to decide upon an issue, about which I have an unavoidable conflict of interest, I shall identify the conflict, recuse myself from the discussion of the matter and shall abstain from voting on the matter.
- I will protect the organization's information and will not release or share confidential information without consensus of the Board Members/Directors.
- I will exercise fiscal responsibility to protect and manage the assets of the organization.
- As a Board member, I may represent the organization to other organizations, government officials, business representatives and the general public. I recognize that it is important to represent the organization in such a way as to enhance the organization's credibility and trust. I will avoid any behavior that might damage its image.
- The Board of Directors is responsible for interpretation, application, and enforcement of this Code of Ethics Policy.

I have read and accept the WCCMH Code of Ethics for Board Members.

_____ _____

Board Member Name (typed or printed) Board Member Name (signature)

_____

Date

## Appendix B: Washtenaw County Community Mental Health Board of Directors Conflict of Interest Disclosure Statement

**Definitions**

**Covered Person.** Covered Person means:

(a) Members of the Washtenaw County Community Mental Health (WCCMH) Board;
(b) WCCMH officers; and
(c) Members of committees of the Board with delegated authority from the Board.

**Conflict of Interest.** A Conflict of Interest arises when a Covered Person, the Covered Person's Family Member, or an organization, in which the Covered Person is serving as an officer, director, trustee or employee, has a Financial Interest with the WCCMH and that person participates or proposed to participate in a transaction, arrangement, proceeding or other matter with WCCMH.

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

**Financial Interest.** A Covered Person has a Financial Interest if they have, directly or indirectly, actually, or potentially, through a business, investment or through a Family Member:

(a) An actual or potential compensation arrangement with WCCMH, with which WCCMH has a transaction, arrangement, proceeding or other matter; or
(b) An actual or potential ownership or investment interest in, compensation arrangement with, or serves in a governance or management capacity for the WCCMH, with which the WCCMH is contemplating or negotiating a transaction, arrangement, proceeding or other matter.

Compensation includes direct and indirect remuneration, in cash or in kind.

**Affirmation of Conflict of Interest Policy**

By my signature below, I agree that I:

Have received a copy of the WCCMH Conflict of Interest Policy;

Have read and understand the WCCMH Conflict of Interest Policy;

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

Agree to comply with the WCCMH Conflict of Interest Policy;

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

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

**Disclosure of Financial Interests**

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the WCCMH Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

**Disclosure #1**

Name and Contact Information for Individual with Financial Interest:

_____

_____

Individual's Relationship to You [_____] Self

[_____] Other, specify:

Description for Financial Interest:

_____

_____

_____

Disclosure #2

Name and Contact Information for Individual with Financial Interest:

_____

_____

Individual's Relationship to You [_____] Self

[_____] Other, specify:

Description for Financial Interest:

_____

_____

_____

Disclosure #3

Name and Contact Information for Individual with Financial Interest:

_____

_____

Individual's Relationship to You [_____] Self

[_____] Other, specify:

Description for Financial Interest:

_____

_____

_____

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

_____ _____

Signature Date

_____ _____

Typed or Printed Name Title/Position within WCCMH

Please return this form, signed, and dated, to the WCCMH Executive Director.

| **Community Mental Health Partnership of Southeast Michigan/PIHP** | ***Policy*** ***Clinical Practices Guidelines*** |
|---|---|
| **Department: Clinical Performance Team** | **Local Policy Number (if used)** |
| **Implementation Date (2 weeks from Regional Approval Date)** | **Regional Approval Date (date of last CMH board's approval)** |

| **Reviewed by:** | **Recommendation Date:** |
|---|---|
| ROC | 02/26/2024 |
| **CMH Board:** | **Approval Date:** |
| Lenawee | |
| Livingston | |
| Monroe | |
| Washtenaw | |

## I. PURPOSE

To establish a regional policy for the consistent and effective review, adoption, and implementation of Clinical Practice Guidelines (CPGs), Evidence-Based Practices (EBPs) and Promising Practices (PPs) for the region.

## II. REVISION HISTORY

| DATE | MODIFICATION |
|---|---|
| 10/02/2013 | Revised to reflect the new regional entity effective January 1, 2014. |
| 11/17/2016 | Revised per scheduled review. |
| 04/16/2020 | Name changes: Utilization Management/Utilization Review Committee, Managed Care Rules (References) |
| Will be the Regional Approval Date | |

## III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

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

## IV. DEFINITIONS

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

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

Clinical Practice Guidelines (CPG): Systematically developed standardized specifications for care to assist provider and consumer/individual served decisions about appropriate health care for specific clinical circumstances. Practice guidelines are typically developed through a formal process and are based on authoritative sources, including clinical literature and expert consensus.

Evidence Based Practices (EBP): A prevention or treatment practice, regimen, or service that is grounded in consistent scientific evidence showing that it improves consumer/individual served outcomes in both scientifically controlled and routine care settings. The practice is sufficiently documented through research to permit the assessment of fidelity. This means elements of the practice are standardized, replicable, and effective within a given setting and for particular populations. As a result, the degree of successful implementation of the service can be measured by the use of a fidelity tool that operationally defines the essential elements of the practice.

Fidelity: The degree of exactness with which something is copied or replicated

Promising Practices (PP): A prevention or treatment practice, regimen or service that is supported by a moderate level of evidence for effectiveness. They may be based on quasi-experimental design of weak to moderate vigor. These practices rely on evidence derived from a literature review (i.e., expert opinion).

## V. Policy

The Regional Clinical Performance Team (CPT) will be responsible for evaluating, and recommending Clinical Practice Guidelines (CPG's), Evidence Based (EBP's) and Promising (PP's) Practices and developing implementation and monitoring plans upon adoption of CPG's, EBP's or PP's. Any staff member of an affiliate CMHSP or contracted provider may present a CPG, EBP, or PP to the CPT for analysis and consideration.

## VI. Standards

Recommended Guidelines and Practices should be:

- Based upon a review of valid and reliable clinical evidence. If they are not evidence-based, the recommended guidelines/practices should represent the consensus of health care professionals. CPT will ensure the review and feedback includes representation from all appropriate health care disciplines.
- Based upon and responsive to the needs of the consumers/individuals served by the Community Mental Health Partnership of Southeast Michigan.
- Consistent with the values, mission, and vision of the Community Mental Health Partnership of Southeast Michigan.

- Responsive to the issues of the local CMHSP's.
- Specific with regard to the degree of fidelity with which the practice will be implemented and developed to include a plan for on-going monitoring of fidelity and/or other measures of progress.

If, based on the above factors, the CPT decides to recommend a CPG/EBP/PP for use within the network, a representative of the CPT will present this recommendation to the Regional Operations Committee (ROC). The ROC will decide whether the recommended guidelines/practices:

- Will be adopted
- If adopted, will require regional implementation
- If adopted, will be a local option to implement

Once a guideline/practice is adopted by the ROC, the affiliates will be responsible for developing an implementation plan and disseminating this plan, along with a copy of the guidelines/practices, to contracted providers.

Adopted guidelines/practices should be reevaluated annually by the Clinical Performance Team regarding effectiveness of implementation and maintenance of fidelity, and recommendations made to the ROC to continue, modify, or discontinue the use of the current guidelines/practices.

Copies of guidelines/practices should be made available, upon request, to consumers/individuals served.

Authorization and utilization decisions should be consistent with the adopted guidelines/practices. The Regional Utilization Management/Utilization Review Committee and the CPT will monitor whether the adopted guidelines/practices are being implemented in an effective manner.

## VII. Exhibits

A. Evidence-Based Practices List

## VIII. References

- MDHHS/PIHP Contract
- MDHHS/CMHSP Contract
- Managed Care Rules 42 CFR §438.236

| Community Mental Health Partnership of Southeast Michigan/PIHP | *Policy and Procedure*<br><br>*Person Centered Planning Policy* |
|---|---|
| **Committee/Department: Clinical Performance Team** | **Local Policy Number (if used)** |
| **Implementation Date**<br>**(2 weeks from Regional Approval Date)** | **Regional Approval Date**<br>**(date of last CMH board's approval)** |

| **Reviewed by:** | **Recommendation Date:** |
|---|---|
| ROC | 04/01/2024 |
| **CMH Board:** | **Approval Date:** |
| Lenawee | |
| Livingston | |
| Monroe | |
| Washtenaw | |

## I. PURPOSE

Establish the service and treatment philosophy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) is based on the values and principles of the person-centered planning process, establish standards and applications for person-centered planning, and ensure compliance with the requirements governing service delivery established by regulatory and/or funding bodies.

## II. REVISION HISTORY

| DATE | MODIFICATION |
|---|---|
| 2003 | Original document |
| 2005 | |
| 2011 | |
| 2014 | Revised to reflect the new regional entity. |
| 2015 | Revised to reflect the Quality Improvement Council's (QIC) quality improvement plan. |
| 2018 | Revised to reflect the Quality Improvement Council's (QIC) quality improvement plan. |
| 2018 | Regional Review of Policy. |
| 2020 | Revisions in receiving the estimated annual cost of services re: HSAG EQR review |
| Will be the Regional Approval Date | 3-year review |

## III. APPLICATION

| |
|---|
| ☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers |
| ☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers |
| Service Providers of the CMHPSM and/or Regional CMHSP Partners: |

| |
|---|
| ☒ Mental Health / Intellectual or Developmental Disability Service Providers |
| ☐ SUD Treatment Providers ☐ SUD Prevention Providers |
| ☐ Other as listed: |

## IV. POLICY

It is the policy of the CMHPSM that all eligible consumers/individuals served are informed of their right to engage in Person Centered Planning at any time. All consumers/individuals who receive services shall have a plan outlining the individual outcomes to be achieved through various means of support and or services. The process by which a plan is developed shall be done in a way that is person centered as outlined in the standards of this policy.

## V. DEFINITIONS

Assessment: The process for obtaining clinically relevant information about each consumer/individual seeking behavioral health care, treatment, or services. The information is used to match a consumer's/individual's need with the appropriate setting, service/program, and intervention. The systematic collection and review of data specific to a consumer/individual served. Data from assessments is used in the development of the Individual Plan of Service (IPOS).

Client Services Manager/Supports Coordinator: A designated individual responsible for assisting the consumer/individual served in accessing needed supports and services. Activities include needs assessment, pre-planning, planning, coordinating, monitoring and evaluating the effectiveness of needed supports and services.

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

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

Emancipated Minor: The termination of the rights of the parents to the custody, control, services and earnings of a minor which occurs by operation of law or pursuant to a petition filed by a minor with the Probate Court.

Emergency situation: A situation where the consumer/individual served can reasonably be expected within the near future to physically injure themselves or another person; or is unable to attend to the need for food, clothing, shelter or basic physical activities, and this inability may lead in the near future to harm to the person or to another person; or, the consumer's/individual's judgment is impaired, leading to the inability to understand the need for treatment or support which can be expected to result in physical harm to self or others. The sudden disruption of the person's system of supports may constitute an emergency if s/he is unable meet basic needs and maintain health and safety in the absence of these supports.

Family-Centered Planning Process: An approach that recognizes the importance of the family and the fact that supports and services impact the entire family. Therefore, in the case of minors, the child/family is the focus of service planning, and family members are integral to the planning process, using the guiding principle of youth voice/family choice, and its success.

Family member: A parent, stepparent, spouse, significant other, sibling, child, or grandparent of a primary recipient, or an individual upon whom a primary recipient is dependent for at least 50 percent of his or her financial support.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Individual Plan of Services (IPOS): A written individualized plan of supports and services directed by the consumer/individual served as required by the Mental Health Code. This plan may include both support and treatment elements.

Interim IPOS: A time-limited plan, not to exceed 90 days (best practice within 30 days), that needs to be completed in because an annual re-assessment and/or annual IPOS has not been completed, order to prevent any gaps of the continuation of services that remain medically necessary until an annual re-assessment and/or annual IPOS can be completed.

Minor: A person under the age of 18 years.

Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the consumer's/individual's capacity to engage in activities that promote community life and that honor the consumer's/individual's preference, choices, and abilities. The person-centered planning process involves family, friends and professionals as the consumer/individual served desires or requires. The process is directed by the person and focuses on his or her desires, dreams, strengths and needs for support.

Reassessment: Ongoing data collection which begins at initial assessment, comparing the most recent data with the data collected at earlier assessments. The consumer/individual served may be reassessed for many reasons. These include: evaluation of his or her response to care, treatment or services; response to a significant change in status and/or diagnosis or conditions; request from the consumer/individual served and/or the consumer's/individual's representative for a change in the supports and services authorized in the most current IPOS; as required to satisfy regulatory requirements (i.e. for eligibility determination for a Children's Waiver, or Habilitation Support Wavier (HSW); as required for the determination of ongoing eligibility for supports and services based on a managed care authorization period. In addition, a reassessment of need shall occur during a routine periodic review or annual review prior to the revision of an existing IPOS.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Specialty Assessments: Assessments and evaluations resulting from referrals following an initial biopsychosocial assessment, a reassessment, or as authorized in an IPOS. Included are psychiatric evaluations, nursing assessments, occupational therapy assessments, physical therapy assessments, speech and language assessments, behavior

treatment assessments, nutrition assessments, and psychological testing. Autism related screens and assessments also are considered Specialty Assessments.

Significant Change: A Significant Change occurs when a consumer/individual served experiences a change in functioning or circumstances potentially impacting service needs. The assessment update will focus on the consumer's/individual's current need and may result in change to the Individual Plan of Service (IPOS) that may add new outcomes, amend existing authorizations for services or supports, or add authorizations for new supports or services. A Significant Change may be the result of a positive change so that the consumer/individual served needs less service or less restrictive care, such as mainstreaming to primary care as a medical home. Or, consumer/individual served may be at risk of, or experiencing, a decrease in functional ability or a loss of supports necessary to maintain functioning. A Significant Change in functioning may result from an acute illness or injury or as a result of a chronic condition. Additionally, environmental change may lead to the need for substantial modifications in service delivery.

Examples of Significant Change that would initiate a reassessment include:

- A sentinel event
- Change in level of care, treatment, or service need. For example, transition to a less independent service (more restrictive service) or transition to a more independent service (less restrictive service)
- Legal status change (involvement with the law enforcement/court action, being charged with a crime or the victim of a crime, or guardianship awarded or modified)
- Significant health, nutrition, safety change or hospitalization (new diagnosis medical diagnosis, nutritional issues including significant weight loss/gain or new mobility issues).
- Loss of parent, significant other or caretaker that effects treatment
- Introduction of protective devices (including a helmet, gait belts, door/bell alarms, or bed rails)
- Introduction of a behavior plan that includes restrictive or intrusive techniques and/or introduction of medication when prescribed solely for the purpose of behavior control not resultant of a documented diagnosis of a psychotic, mood or anxiety disorder
- Introduction of new medical equipment
- When a consumer/individual served has a major change in presenting conditions or disabilities
- When a consumer/individual served reaches the age of majority
- If a consumer/individual served experiences abuse/neglect or other major trauma
- If a new diagnosis is given.

## VI. STANDARDS

A. All consumers/individuals served must have a current Individual Plan of Services (IPOS). An IPOS must be reviewed and completed annually. A completed IPOS means the IPOS goals and objectives are written and agreed upon, the plan is signed by all parties (including the consumer/individual served and/or the legal guardian) and the authorization is completed.

B. Consumers/individuals served who are enrolled in a C waiver program (Habilitation Waiver, Children's Waiver, Children's SED Waiver) cannot have an IPOS that exceeds 365 days. Ideally all consumers served by the CMHSP/CMHPSM would have a new plan at least annually.

C. For those consumers/individuals served not enrolled in a waiver, if a new IPOS cannot begin by the expiration date of the current IPOS, and the continuation of services needs to be ensured, an extension of the current IPOS and current authorization must be completed and submitted for supervisory/UM approval. The reasons for the need for such an extension need to be clearly documented in the consumer record. Depending on the reasons, such an extension would be conducted as an engagement plan or interim plan. The start date of the Interim Plan of Service will be the day after the current IPOS expires, and such an extension cannot exceed more than 90 days.

D. Each consumer/individual served has the ability to express preferences and to make choices with appropriate supports. The capacity for growth and choice shall be recognized in all consumers/individuals served. Individual choices and preferences shall always be honored, if not always granted, per the person centered planning and youth voice/family choice principles

E. The consumer's/individual's perceptions, expressions, thoughts, and experiences are the most valid avenue of relatedness.

F. Only the person themselves an develop his/her potential. Person centered services and supports create a climate and context for that development.

G. Planning shall be based upon consumer's/individual's strengths and abilities and shall presume competence and assume readiness.

H. A person's cultural background shall be recognized and valued in the decision-making process.

I. Planning shall promote the provision of services to children within the context of their family and to adults in the home of their choice.

J. Supports and services are provided with the goal of promoting meaningful connections through relationship, work, recreation and community involvement.

K. Services shall promote growth, maximum independence, and interdependence within the context of natural support systems, and community membership and recognition.

L. Community inclusion and participation include choice and control over living arrangements, relationship building, opportunities to contribute and be productive, and leisure and recreation.

M. Community accountability for services includes addressing health and safety concerns, assuring fairness, equity and privacy and assuring quality

N. Professional services shall be made available to consumers/individuals served as part of a full array of supports and services and provided based upon individual interest, preference and need. Professional services are offered in the context of providing resources and opportunities and will facilitate a climate of safety for growth.

O. Consumers/individuals served with legal guardians will be included in person centered planning. Wherever possible, guardians shall be educated regarding the values and principles of person centered planning and encouraged to offer the person served maximum input and control over choices and decisions.

P. Parents and significant family member of minors shall participate in the planning process unless:

1. The minor is fourteen years of age or older and has requested services without the knowledge or consent of parent, guardian, or person in loco parentis within the restriction of the Mental Health Code.
2. The minor is emancipated.
3. The inclusion of the parents(s) or significant family members would constitute a substantial risk of physical or emotional harm to the person or substantial disruption of the planning process as defined in the Mental Health Code. Justification of exclusion shall be documented in the clinical record.

Q. Consumers/individuals served with emergent or urgent needs, including those which present an imminent danger to self or others, or a health and safety risk, shall receive those immediate services needed to assure the person's well being and stabilization of the situation. To the extent possible, person centered values and principles will be honored in the provision of emergency services, although the complete Person-Centered Process may not be feasible. Limitations of choice and rights will be only those sufficient and necessary to assure the health and safety of the person and others. Following stabilization of the situation, should the person continue in services, the person shall be invited to participate in Person Centered Planning.

R. An Individual Plan of Service for consumers/individuals served receiving Intensive Crisis stabilization and/or Crisis Residential Services must be developed within 48 hours. The use of interim plans does not apply in these situations.

S. A preliminary plan shall be developed within 7 days of the commencement of services or, if a consumer/individual served is hospitalized for less than 7 days, before discharge or release.

T. Consumers/individuals served expressing a need or making a request for a single support or service, or short-term services, will be offered services based upon the principles in this policy, assuring maximum choice, control and individualization of services. Consumers/individuals served will be invited to participate in Person Centered Planning, if desired. This may include future planning for children or adults living with family members, particularly when it is anticipated that additional supports will be needed over time.

U. Requests for Interim Plans: In case where an interim plan needs to be completed in order to continue medically necessary services until an annual re-assessment and/or annual IPOS can be completed, the following shall apply:
   a. The reason for the interim plan is clearly stated in the plan. Examples include engagement issues with the consumer/individual served, or the need to reschedule a re-assessment/IPOS meeting.
   b. Interim plans need to have a goal, outcomes, and the amount scope and duration of the services provided.
   c. The interim IPOS goals shall state what goal(s) will be accomplished specifically for that interim period of time, and what services will be needed to accomplish that goal. Examples include:
      - Assisting the consumer/individual served to re-engage with their CMH clinical team (loss of contact).
      - Interventions staff need to provide or ways they would assist with overcoming barriers to care for the consumer/individual served.
      - Goals specific to the consumer/individual served they would continue to work on during the interim (such as abilities they are learning through the

using of CLS/skill building services that would continue the interim, or their care needing to be maintained in their living setting).

V. All consumers/individuals served expressing complex needs which involve multiple life domains and supports, services or treatment of an extended duration will receive supports and services through the Person-Centered Planning Process.

W. For consumers/individuals served receiving only substance use disorder treatment services, a recovery plan will be developed using Person Centered Planning principles.

X. Needs Assessment and Pre-Planning
    1. Before a person-centered planning meeting is initiated, an assessment of needs and a pre-planning meeting occurs. The needs assessment can occur on the same day or on a separate day of the pre-planning meeting. The pre-planning meeting cannot occur on the same day of the person-centered planning meeting. Ideally, a pre-planning meeting will occur 30 days prior to the planning meeting so that consumers/individuals served have sufficient time to consider their outcomes and invite those they may wish to attend their planning meeting. Consumers/individuals served are not required to have a 30-day time frame but will be given the choice in the amount of time they need between their pre-planning and planning meetings.
    2. The person is offered the opportunity to express needs, desires and preferences. Any needed accommodations for communication are provided. Pre-planning begins with the person's initial contact with the local CMHSP. Information gathering activities include eliciting information about the person's needs for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation and recreation, as defined by the Mental Health Code.
    3. The needs assessment and planning process shall acknowledge that the person and those closest to him/her know the consumer/individual served best. Information may be gathered from family, friends, co-workers, teachers and current service providers with the permission of the person.
    4. Potential issues of health and safety are explored and discussed to determine if there is a role for other professionals to provide additional information, opinions or recommendations for supports and services. Such services are arranged for and provided based upon needs assessment and pre-planning activities.
    5. Consumers/individuals served will be offered an opportunity to develop a crisis prevention plan.
    6. As a result of health or safety concerns, or court ordered treatment, limitations may exist for individual choice. Within the context of any such limitations the consumer/individual served will be offered the maximum input and control over decisions.
    7. If the consumer/individual served currently has a legal representative, the level of and/or the appropriateness of the legal restriction such as an Alternative Treatment Order (ATO), shall be reviewed considering the expressed desire for independence. As a result, the IPOS may include steps and activities for the consumer/individual served to pursue that could lead to a lessening or removal of the legal restriction.
    8. Valued outcomes are identified from the perspective of the consumer/individual served.
    9. Potential sources of services and support, including natural, generic, and specialized supports are explored fully with the person. Initial expectations of the service delivery system are identified. Satisfaction with any current services and supports is explored.
    10. Consumers/individuals served are assisted in exploring their support network to

identify who they would like involved in the person-centered planning process and are offered support and assistance in inviting those persons to participate. Consumers/individuals served are also offered the opportunity to identify which professionals or support providers they would like to participate in their planning meeting. Consumers/individuals served will be educated on and offered peer support services where applicable.

11. Within the context of support for communication needs, and education regarding potential options, the person is given ongoing opportunities to express preferences and make meaningful choices. Choice making shall include adequate information regarding options available. Opportunities for exploration, dialogue and experimentation shall be provided. The service system shall provide education, supports and skill development when needed to support the person's development of the ability to make meaningful choices. The knowledge of those closest to the person regarding the person's preferences shall also be honored and acknowledged.
12. The person is offered the opportunity to identify what information will be shared and discussed during the planning meeting in the presence of all participants and what information should be discussed privately.
13. The person is also offered the opportunity to select a facilitator who will facilitate the meeting on his/her behalf. Ideally, this will be the person him/herself, an advocate, or a person trained specifically for the task. The option of an external independent facilitator will be included in these choices.
14. Consumers/individuals served are offered the opportunity for self-determination arrangements as an alternative in arranging their supports and services.

Y. Planning

1. Planning occurs at a time and place convenient and comfortable to the person and others who have been invited to participate in the process. Ground rules are established to ensure that the person is the focal point, that the process is not "professionalized" and that the meeting is conducted in the manner the person chooses.
2. The person, and those he or she has selected, explore the desired future and valued outcomes, and determine what resources and supports are needed to support those outcomes. The focus is on strengths, abilities and building on the capacities of the person.
3. The person's preferences, choices and abilities are honored in the planning process. The role of professionals is to consult and make recommendations and contributions based upon their expertise and their knowledge of the person. The person retains the right and responsibility to make decisions, and to determine who will be a part of his/her decision-making process.
4. The person's dreams, desires and preferences are captured in short-term and long-term outcomes which are consistent with the person's values.
5. Exploration of resources and the building of a support plan are to be considered in this order:
   a. The person
   b. Family, friends, guardian, and significant others
   c. Resources in the neighborhood and community
   d. Publicly funded supports and services available to all consumers/individuals served
   e. Publicly funded supports and services available through the CMHSP/CMHPSM

   The development of natural supports (family, friends, and community) shall be an equal responsibility of the CMHSP and the person.
6. A written individualized plan of supports and services shall be developed which

includes those supports to be provided by natural supports, generic community supports, and the CMHSP service system. Specialized supports augment enriches and do not necessarily supplant those provided by an existing network of natural and community supports. The plan is specific as to the supports to be provided and who/how those supports will be delivered.

7. The plan or accompanying documentation will specify the rationale for deferring, not addressing or not providing any of the supports and services identified as needed or desired.
8. The plan will specify the CSM/Supports Coordination activities to be provided and the planned frequency.

Z. Service Provision and Follow-Up

1. Those implementing a new or changed IPOS, must be in-serviced within 30 days of the effective date. Documentation must occur within 1 business day of the training. The CMHSP and CMHPSM will provide ongoing monitoring to ensure this training occurs.
2. Supports and Services are provided as identified in the person's plan and delivered by the providers of the consumer's/individual's choice wherever possible. Depending upon the preferences of the person and/or family, the CSM/Supports Coordinator will arrange for and coordinate the provision of supports identified.
3. Supports and Services remain focused on the person and his/her needs, rather than on program elements or slots.
4. The IPOS shall include an authorization for the amount, scope, duration, and frequency of the supports and services to be provided.
5. The IPOS process shall also include providing the consumer/individual served and/or the legal representative the estimated annual cost of each covered support and service he or she is receiving in the IPOS. Providing the annual cost of services will be included in the review and signing of the IPOS process with the consumer/individual served and/or the legal representative. This estimated annual cost can be in the form of the consumer budget report in the electronic health record, printed out and included in the IPOS documents.
6. Each consumer/individual served shall be provided a copy of her/his IPOS no later than 15 business days following the completion of the IPOS. This copy shall include the amount, scope, duration, and frequency of the supports and services that were authorized for the individual.
7. Consumers/individuals served are provided with opportunities to provide ongoing feedback regarding their individual supports and services. These mechanisms include both informal feedback through consumers/individuals served providing or monitoring supports, formal satisfaction and outcome measurement processes, and problem resolution/complaint processes.
8. Planning is an ongoing process. Consumers/individuals served may experience significant changes in functioning or circumstances potentially impacting service needs. The assessment update will focus on the consumer's/individual's current need and may result in change to the Individual Plan of Service (IPOS) Services are tailored or adjusted over time based on changes in needs or preferences. The plan shall be updated and amended as frequently as needed. The person will be provided the opportunity for a person-centered planning meeting no less than annually.
9. The IPOS identifies the frequency that it will formally be reviewed for effectiveness and reviews of the plan are completed at those intervals.
10. The CSM/Supports Coordinator reviews the IPOS and monitors the provision of supports and services at a frequency identified in the planning process to assure implementation and to assess the effectiveness of supports in achieving the out-

comes identified.

AA. Dispute Resolution/Appeal Mechanisms

1. If a person is not satisfied with his or her IPOS, the person, their guardian, or their legal representative may request a review of the IPOS to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.
2. Consumers/individuals served have the right to access the local CMH grievance, appeals, rights or problem resolutions processes if they believe that:
    a. They have not received the opportunity for person centered planning
    b. They believe they have been inappropriately denied a requested service or provided with less services than they requested
    c. They disagree with limitations that have been placed on choice or preference for health and safety reasons

## VII. EXHIBITS

EXHIBIT A: Process for Person-Centered Planning
EXHIBIT B: Engagement Examples
EXHIBIT C: Person-Centered Process Outcomes Statement Guidelines; Values and Rationale
EXHIBIT D: Outcome Improvement Exercise

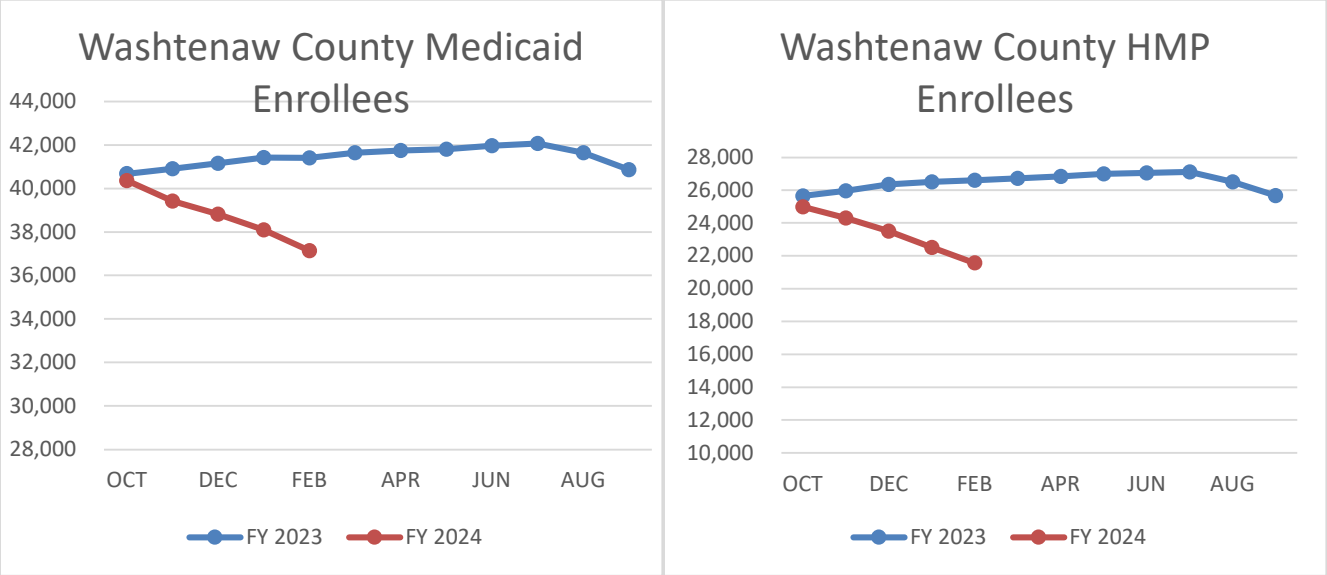
## VIII. REFERENCES

Michigan Mental Health Code, Public Act 258 of 1974, as amended - 330.1409(1-7), 330.1700(g), 330.1707(1-5), 330.1712(1-3)
Department of Community Health Person- Centered Planning Guideline –Attachment P.3.4.1.1 to the MDCH/CMHSP Managed Mental Health Supports and Services Contract
Michigan Renewed Habilitation Supports Waiver, Section 7: Person Centered Process, April 1996
MDHHS Application for Renewal of the 1915(b) Specialty Supports and Services Managed Care Waiver.
MDHHS Policy and Practice Guideline, Attachment P.3.4.4 to the MDHHS/CMHSP Managed Mental Health Supports and Services Contract
CMHPSM Assessment and Reassessment Policy
CMHPSM Diagnosis and Clinical Formulation Policy
CMHPSM Timeliness of Service Provision and Documentation Policy
CMHPSM Self-Determination Policy

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH**
**YEAR-TO-DATE FINANCIAL STATUS**
**FISCAL YEAR 2024: For the period ending February 29, 2024**
**Prepared: April 18, 2024**

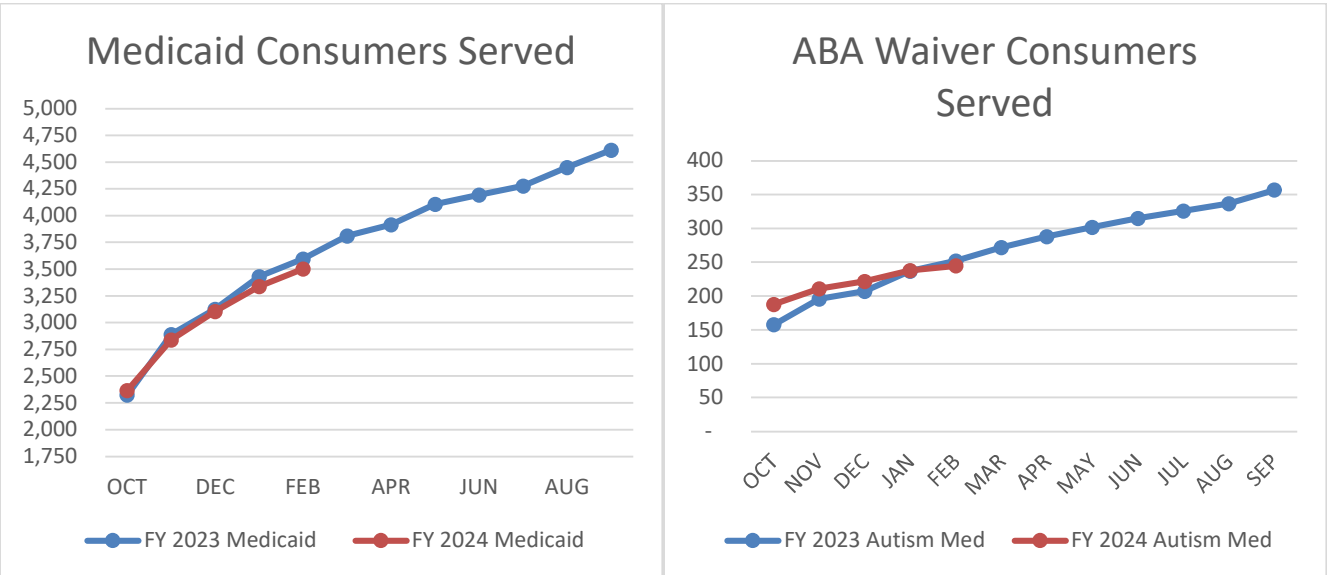
## 1. Washtenaw County Enrollees

A summary of FY 2024 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



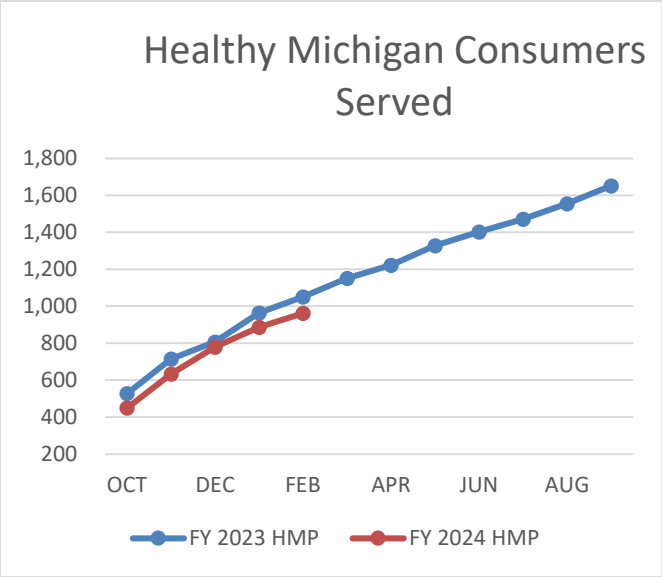

Washtenaw County Medicaid Enrollees were 37,146 in February 2024. This is a 10.29% decrease from the same time last year (4,263 less enrollees than in February 2023). Healthy Michigan enrollment in February 2024 was 21,569. This is a 18.88% decrease from the same time last year (5,021 less enrollees than in February 2023).

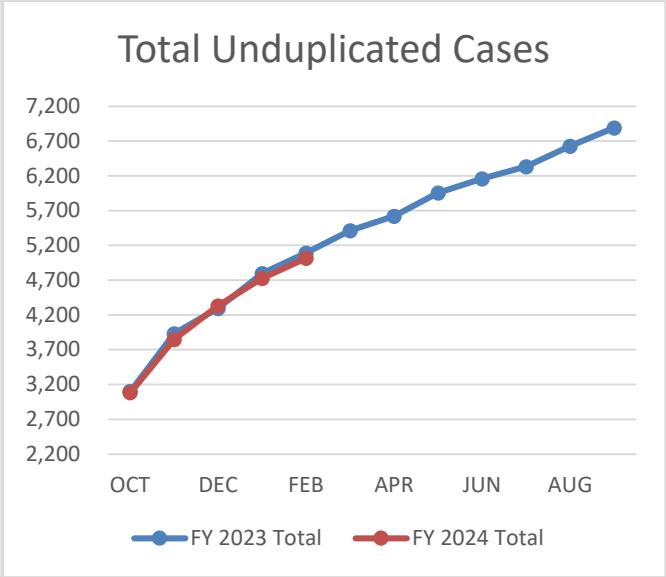
## 2. WCCMH Consumers Served to Date



Medicaid consumers served through February 2024 are 3,504. This is 93 less consumers than the prior year (3,597 consumers were served through February 2023).

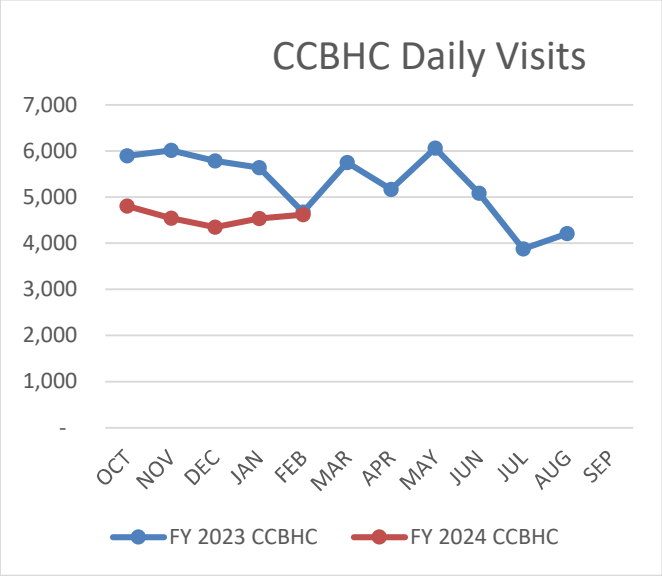
ABA Waiver consumers served through February 2024 are 245. This is 7 less consumers than prior year (252 consumers were served through February 2023).

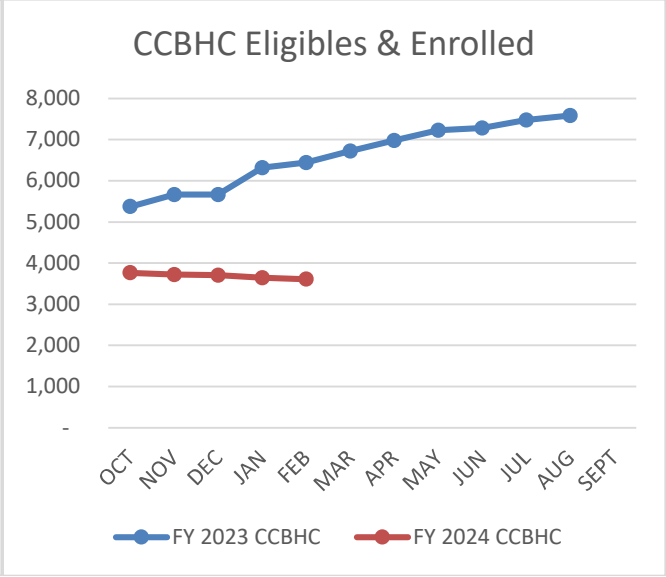



Healthy Michigan consumers served through February 2024 were 963. This is 88 less consumers than the same period last year.

The total unduplicated consumers served by WCCMH through February 2024 were 5,018. This is 71 less consumers than served last year.



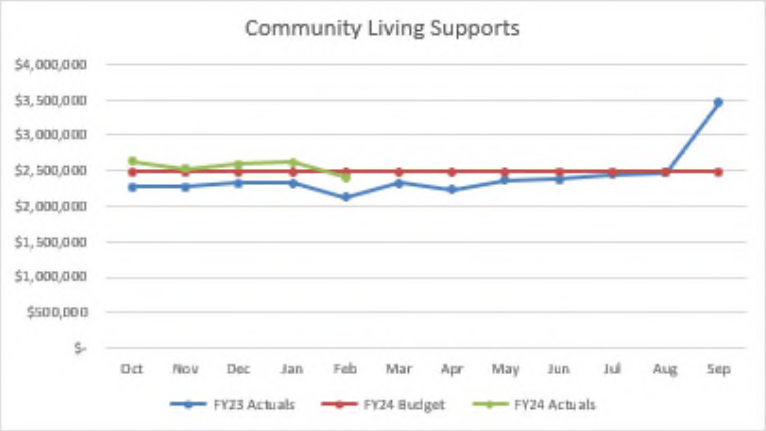

The CCBHC daily visit count for February 2024 were 4,617.

The YTD CCBHC eligibles and enrolled for FY 2024 as of February was 3,611.

## 3. Financial Statement Highlights

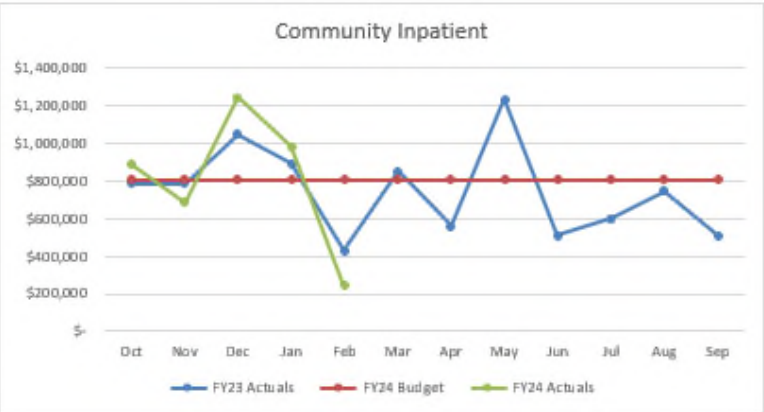
a. CLS service costs to date are estimated to be $12.5 Million and running just slightly over budget for the first quarter of FY 2024.

| | FY23 Actuals | FY24 Budget | FY24 Actuals | YTD % Change |
|---|---|---|---|---|
| Oct | $ 2,277,066 | 2,483,333 | $ 2,631,826 | 15.58% |
| Nov | 2,268,391 | 2,483,333 | 2,526,022 | 13.47% |
| Dec | 2,325,087 | 2,483,333 | 2,596,362 | 12.86% |
| Jan | 2,322,970 | 2,483,333 | 2,617,314 | 12.81% |
| Feb | 2,127,806 | 2,483,333 | 2,407,888 | 12.88% |
| Mar | 2,324,287 | 2,483,333 | | |
| Apr | 2,237,842 | 2,483,333 | | |
| May | 2,362,630 | 2,483,333 | | |
| Jun | 2,372,765 | 2,483,333 | | |
| Jul | 2,444,471 | 2,483,333 | | |
| Aug | 2,474,989 | 2,483,333 | | |
| Sep | 3,451,817 | 2,483,333 | | |



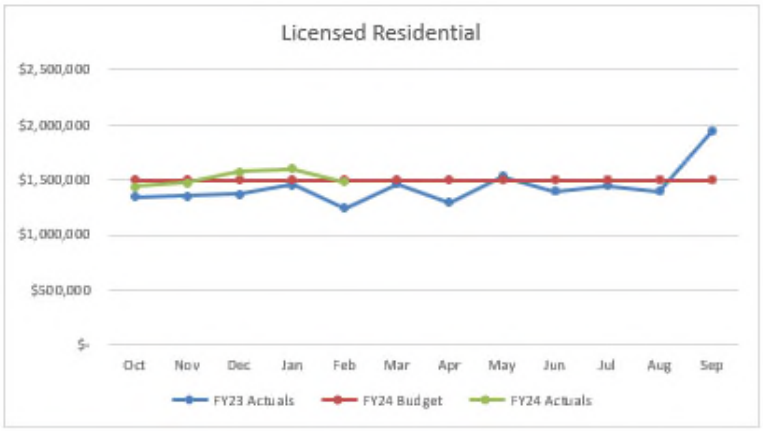

b. Community Inpatient costs to date are $4.0 Million. The costs year to date are 2.7% higher than this time last year and $3,000 over budget.

| | FY23 Actuals | FY24 Budget | FY24 Actuals | YTD % Change |
|---|---|---|---|---|
| Oct | $ 783,838 | $ 808,333 | $ 888,374 | 13.34% |
| Nov | 786,506 | 808,333 | 686,783 | 0.31% |
| Dec | 1,046,711 | 808,333 | 1,243,366 | 7.70% |
| Jan | 890,910 | 808,333 | 981,798 | 8.33% |
| Feb | 428,822 | 808,333 | 244,417 | 2.74% |
| Mar | 851,148 | 808,333 | | |
| Apr | 558,658 | 808,333 | | |
| May | 1,233,470 | 808,333 | | |
| Jun | 511,519 | 808,333 | | |
| Jul | 598,407 | 808,333 | | |
| Aug | 743,351 | 808,333 | | |
| Sep | 508,767 | 808,333 | | |



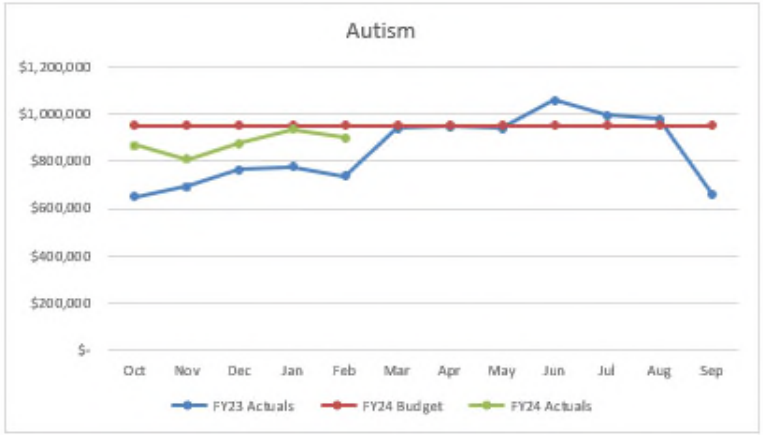
c. Licensed Residential costs to date are $7.5 Million and coming in right on budget. The costs year to date are 11% more than this time last year.

| | FY23 Actuals | FY24 Budget | FY24 Actuals | YTD % Change |
|---|---|---|---|---|
| Oct | $ 1,348,498 | $ 1,500,000 | $ 1,441,874 | 6.92% |
| Nov | 1,351,230 | 1,500,000 | 1,476,079 | 8.08% |
| Dec | 1,371,021 | 1,500,000 | 1,577,380 | 10.43% |
| Jan | 1,456,672 | 1,500,000 | 1,601,609 | 10.30% |
| Feb | 1,244,640 | 1,500,000 | 1,484,367 | 11.95% |
| Mar | 1,466,361 | 1,500,000 | | |
| Apr | 1,292,818 | 1,500,000 | | |
| May | 1,529,546 | 1,500,000 | | |
| Jun | 1,396,384 | 1,500,000 | | |
| Jul | 1,451,490 | 1,500,000 | | |
| Aug | 1,396,094 | 1,500,000 | | |
| Sep | 1,952,399 | 1,500,000 | | |




d. Applied Behavior Analysis/Autism service costs to date are $4.3 Million. The costs year to date are 21% more than this time last year and $362,000 under budget.

| | FY23 Actuals | FY24 Budget | FY24 Actuals | YTD % Change |
|---|---|---|---|---|
| Oct | $ 648,805 | $ 950,000 | $ 867,186 | 33.66% |
| Nov | 694,140 | 950,000 | 808,841 | 24.80% |
| Dec | 765,065 | 950,000 | 874,088 | 20.97% |
| Jan | 776,181 | 950,000 | 936,517 | 20.89% |
| Feb | 737,877 | 950,000 | 900,686 | 21.13% |
| Mar | 939,566 | 950,000 | | |
| Apr | 948,251 | 950,000 | | |
| May | 939,851 | 950,000 | | |
| Jun | 1,056,440 | 950,000 | | |
| Jul | 992,730 | 950,000 | | |
| Aug | 977,197 | 950,000 | | |
| Sep | 658,111 | 950,000 | | |




e. Internal staffing expenses are trending under budget due to the difficulty recruiting for budgeted vacant positions.

**4. PIHP Revenue Key Points**

a. Medicaid, CCBHC and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid and CCBHC is showing a surplus of $4,692,457 through February.
c. By funding source, HMP is showing a deficit of $126,276 through February.
d. Overall, the PIHP surplus is $4,567,139 through February.

**5. State General Fund Key Points**

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $158,818.

**6. Local Key Points**

a. The majority of Local Funding comes from Washtenaw County.

b. Local Funds are showing a surplus of $167,898 through February.

c. Uses of Local Funding include:

i. The 10% GF Match of non-residential services
ii. Local contribution – required by MDHHS
iii. Local share for State Facilities
iv. Shelter expenses and other Local needs

**7. Fund Balance**

a. At the end of FY 2023, we have an estimated fund balance of $4,126,826.00

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2024 FYTD

| | | Total |
|---|---|---|
| **Medicaid **** | | |
| **Revenue** | | |
| B & 1115i | $ | 20,691,078 |
| HSW | | 12,873,419 |
| Behavioral Health Home | | 233,642 |
| Child Waiver/SED Waiver | | 489,856 |
| Autism | | 3,093,082 |
| Prior Year Adjustments | | - |
| Care for Caid | | 36,032 |
| Total Medicaid Revenue | $ | 37,417,109 |
| Total Medicaid Expense | $ | 31,824,352 |
| Medicaid Surplus/(Deficit) | $ | 5,592,758 |
| **CCBHC **** | | |
| Supplemental Revenue | $ | 9,106,061 |
| CCBHC Non-Medicaid Expense | $ | 542,330 |
| CCBHC HMP Expense | | 1,746,108 |
| CCBHC Medicaid Expense | | 7,717,924 |
| Total CCBHC Expense | $ | 10,006,362 |
| CCBHC Surplus/(Deficit) | $ | (900,301) |
| **Healthy Michigan **** | | |
| Revenue | $ | 2,564,690 |
| Expense | | 2,690,966 |
| Healthy MI Surplus/(Deficit) | $ | (126,276) |
| **General Fund** | | |
| **Revenue** | | |
| CMH Operations | $ | 1,881,704 |
| CMH Operations Contra | | - |
| GF Carryforward | | - |
| Categorical | | - |
| Redirect To Injectable Meds. | | - |
| Funding Fr. Other Local Sources | | 224,175 |
| Total General Fund Revenue | $ | 2,105,879 |
| Total General Fund Expense | $ | 1,947,061 |
| General Fund Surplus/(Deficit) | $ | 158,818 |

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2024 FYTD

| | | Total |
|---|---|---|
| **Injectable Meds** | | |
| Revenue | $ | 32,374 |
| Expense | | 31,415 |
| Inj. Meds. Surplus/(Deficit) | $ | 958 |
| **Grants And Contracts** | | |
| Revenue | $ | 499,405 |
| Expense | | 499,405 |
| Grants & Cont. Surplus/(Deficit) | $ | - |
| **CMHSP To CMHSP** | | |
| Revenue | $ | 438,253 |
| Redirect to GF | | (31,856) |
| Expense | | 406,397 |
| CMHSP to CMHSP Surplus/(Deficit) | $ | - |
| **Local** | | |
| Revenue | $ | 700,939 |
| Expense | | 533,041 |
| Local Surplus/(Deficit) | $ | 167,898 |
| **Private Grant & All NOR** | | |
| Revenue | $ | 48,053 |
| Expense | | 42,903 |
| Priv. Grant & NOR Surplus/(Deficit) | $ | 5,151 |
| **Grand Total** | | |
| Revenue | $ | 52,880,908 |
| Expense | | 47,981,902 |
| Grand Total Surplus/(Deficit) | $ | 4,899,006 |

** Denotes PIHP Medicaid Subcontracting Agreement Funds

| | | |
|---|---|---|
| PIHP Medicaid Surplus/(Deficit) | $ | 4,567,139 |
| WCCMH Surplus/(Deficit) | | 331,867 |
| | $ | 4,899,006 |

**Washtenaw County Community Mental Health**
**Budget to Actuals**
**For Five Months Ending February 29, 2024**

| | Current Fiscal Year | | | | |
|---|---|---|---|---|---|
| | FY 2024 Approved Budget | FY 2024 Approved Budget YTD | FY 2024 YTD Actuals | YTD Actuals Over/(Under) YTD Budget | % O(U) |
| **Operating Revenue** | | | | | |
| **PIHP Revenue** | | | | | |
| Medicaid Capitation: | | | | | |
| Medicaid (b) & 1115i | $ 49,619,192 | $ 20,674,663 | $ 20,691,077 | $ 16,414 | 0.08% |
| HSW | 30,015,227 | 12,506,345 | 12,873,419 | 367,074 | 2.94% |
| Children & SED Waivers | 1,335,478 | 556,449 | 489,856 | (66,593) | -11.97% |
| Healthy Michigan Capitation | 6,155,256 | 2,564,690 | 2,564,690 | - | 0.00% |
| Autism Capitation | 7,423,397 | 3,093,082 | 3,093,082 | (0) | 0.00% |
| CCBHC Medicaid/HMP | 8,500,000 | 3,541,667 | 9,106,061 | 5,564,394 | 157.11% |
| CCBHC Supplementary | 8,500,000 | 3,541,667 | - | (3,541,667) | -100.00% |
| Behavioral Health Home | 390,000 | 162,500 | 233,642 | 71,142 | 0.00% |
| TOTAL PIHP Revenue | $ 111,938,550 | $ 46,641,063 | $ 49,051,827 | $ 2,410,765 | 5.17% |
| **MDHHS Revenue** | | | | | |
| State General Funds | $ 4,597,669 | $ 1,915,695 | $ 1,881,704 | $ (33,991) | -1.77% |
| Grants & Earned Contracts | 3,100,646 | 1,291,936 | 763,086 | (528,850) | -40.93% |
| **All Other Revenue** | | | | | |
| County Appropriation | $ 1,751,761 | $ 729,900 | $ 311,529 | $ (418,371) | -57.32% |
| Project Revenue | 893,227 | 372,178 | 207,809 | (164,369) | -44.16% |
| All Other | 1,917,652 | 799,022 | 4,037,671 | 3,238,649 | 405.33% |
| **TOTAL Operating Revenue** | **$ 124,199,505** | **$ 51,749,794** | **$ 56,253,626** | **$ 4,503,833** | 8.70% |
| **Operating Expenses** | | | | | |
| **Administrative Expenses** | | | | | |
| General Administration | $ 8,329,146 | $ 3,470,478 | $ 3,157,698 | $ (312,780) | -9.01% |
| Program Administration | 4,373,800 | 1,822,417 | 4,320,682 | 2,498,265 | 137.09% |
| **Residential Services** | | | | | |
| Community Living Supports | $ 29,800,000 | $ 12,416,667 | $ 12,567,537 | $ 150,870 | 1.22% |
| Licensed Residential | 18,000,000 | 7,500,000 | 7,581,309 | 81,309 | 1.08% |
| **Outpatient Services** | | | | | |
| Autism Services | $ 11,400,000 | $ 4,750,000 | $ 4,387,457 | $ (362,543) | -7.63% |
| Case Management | 6,038,299 | 2,515,958 | 2,281,152 | (234,806) | -9.33% |
| Supports Coordination | 3,405,893 | 1,419,122 | 1,240,211 | (178,911) | -12.61% |
| Skill Building | 4,594,775 | 1,914,490 | 1,689,770 | (224,720) | -11.74% |
| Supported Employment | 1,812,327 | 755,136 | 741,031 | (14,105) | -1.87% |
| Psychiatry | 4,678,306 | 1,949,294 | 1,502,228 | (447,066) | -22.93% |
| Nursing Services | 2,774,013 | 1,155,839 | 1,088,344 | (67,495) | -5.84% |
| Therapy Services | 2,896,063 | 1,206,693 | 1,101,027 | (105,666) | -8.76% |
| All Other | 12,204,965 | 5,085,402 | 4,471,025 | (614,377) | -12.08% |
| **Other Expenses** | | | | | |
| Community Inpatient | $ 9,700,000 | $ 4,041,667 | $ 4,044,737 | $ 3,070 | 0.08% |
| Local Matches & Shelter | 1,091,272 | 454,697 | 450,355 | (4,342) | -0.95% |
| Grants & Earned Contracts | 3,100,646 | 1,291,936 | 730,206 | (561,730) | -43.48% |
| **TOTAL Operating Expenses** | **$ 124,199,505** | **$ 51,749,794** | **$ 51,354,769** | **$ (395,025)** | -0.76% |
| Revenue Over/(Under) Expenses | - | - | 4,898,857 | 4,898,857 | |

**Washtenaw County Community Mental Health**
**Budget to Actuals**
**For Five Months Ending February 29, 2024**

| | Prior Year Comparison | | | |
|---|---|---|---|---|
| | FY 2024 YTD Actuals | FY 2023 Prior YTD Actuals | YTD Actuals Over/(Under) Prior YTD Actuals | % O(U) |
| **Operating Revenue** | | | | |
| **PIHP Revenue** | | | | |
| Medicaid Capitation: | | | | |
| Medicaid (b) & 1115i | $ 20,691,077 | $ 24,108,807 | $ (3,417,730) | -14.18% |
| HSW | 12,873,419 | 11,284,955 | 1,588,464 | 14.08% |
| Children & SED Waivers | 489,856 | 494,796 | (4,940) | -1.00% |
| Healthy Michigan Capitation | 2,564,690 | 2,880,571 | (315,881) | -10.97% |
| Autism Capitation | 3,093,082 | 2,698,081 | 395,001 | 14.64% |
| CCBHC Medicaid/HMP | 9,106,061 | - | 9,106,061 | 0.00% |
| CCBHC Supplementary | - | 2,133,768 | (2,133,768) | 0.00% |
| Behavioral Health Home | 233,642 | 135,086 | 98,556 | 0.00% |
| TOTAL PIHP Revenue | $ 49,051,827 | $ 43,736,064 | $ 5,315,763 | 12.15% |
| **MDHHS Revenue** | | | | |
| State General Funds | $ 1,881,704 | $ 2,127,448 | $ (245,744) | -11.55% |
| Grants & Earned Contracts | 763,086 | 681,002 | 82,084 | 12.05% |
| **All Other Revenue** | | | | |
| County Appropriation | $ 311,529 | $ 119,296 | $ 192,233 | 161.14% |
| Project Revenue | 207,809 | 277,610 | (69,801) | -25.14% |
| All Other | 4,037,671 | 1,400,838 | 2,636,833 | 188.23% |
| **TOTAL Operating Revenue** | **$ 56,253,626** | **$ 48,342,258** | **$ 7,911,368** | 16.37% |
| **Operating Expenses** | | | | |
| **Administrative Expenses** | | | | |
| General Administration | $ 3,157,698 | $ 2,935,956 | $ 221,742 | 7.55% |
| Program Administration | 4,320,682 | 1,083,700 | 3,236,982 | 298.70% |
| **Residential Services** | | | | |
| Community Living Supports | $ 12,567,537 | $ 12,074,317 | $ 493,220 | 4.08% |
| Licensed Residential | 7,581,309 | 6,772,062 | 809,247 | 11.95% |
| **Outpatient Services** | | | | |
| Autism Services | $ 4,387,457 | $ 3,622,068 | $ 765,389 | 21.13% |
| Case Management | 2,281,152 | 1,941,105 | 340,047 | 17.52% |
| Supports Coordination | 1,240,211 | 1,050,380 | 189,831 | 18.07% |
| Skill Building | 1,689,770 | 1,513,619 | 176,151 | 11.64% |
| Supported Employment | 741,031 | 695,455 | 45,576 | 6.55% |
| Psychiatry | 1,502,228 | 1,695,449 | (193,221) | -11.40% |
| Nursing Services | 1,088,344 | 936,293 | 152,051 | 16.24% |
| Therapy Services | 1,101,027 | 944,519 | 156,508 | 16.57% |
| All Other | 4,471,025 | 4,283,735 | 187,290 | 4.37% |
| **Other Expenses** | | | | |
| Community Inpatient | $ 4,044,737 | $ 3,936,788 | $ 107,949 | 2.74% |
| Local Matches & Shelter | 450,355 | 545,052 | (94,697) | -17.37% |
| Grants & Earned Contracts | 730,206 | 654,882 | 75,324 | 11.50% |
| **TOTAL Operating Expenses** | **$ 51,354,769** | **$ 44,685,380** | **$ 6,669,389** | 14.93% |
| Revenue Over/(Under) Expenses | 4,898,857 | 3,656,878 | 1,241,979 | |

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Two Months Ending February 29, 2024

## Budget to Actuals

| | Annual Budget | Budget YTD | Actuals YTD | Actuals YTD Over/(Under) Budget YTD |
|---|---|---|---|---|
| **Community Wide Service Expansion** | | | | |
| CARES Team | | | | |
| Access & Triage | $ 577,500 | $ 96,250 | $ 92,111 | $ (4,139) |
| Treatment & Stabilization Services | 577,500 | 96,250 | 90,478 | (5,772) |
| Crisis Response | 787,500 | 131,250 | 122,520 | (8,730) |
| Crisis Stabilization Center | 367,500 | 61,250 | 58,145 | (3,105) |
| Other CARES Team | 417,480 | 69,580 | 65,447 | (4,133) |
| Criminal Justice Diversion & Deflection | | | | |
| WCCMH Staffing - LEADD/Jail Services | $ 450,000 | $ 75,000 | $ 58,793 | $ (16,207) |
| Prosecutting Attorney Office | $ 122,779 | $ 20,463 | 20,463 | $ (0) |
| Supportive Housing | | | | |
| Supportive Housing | $ 172,870 | $ 28,812 | $ - | $ (28,812) |
| Avalon - Permanent Supportive Housing | 480,000 | 80,000 | 95,167 | 15,167 |
| Emergency Housing | 150,000 | 25,000 | 16,425 | (8,575) |
| Youth Initiatives and Support | | | | |
| Washtenaw Intermediate School District | $ 940,716 | $ 156,786 | $ 156,786 | $ - |
| Student Advocacy Center | 193,643 | 32,274 | 63,445 | 31,171 |
| Health Dept - Anti Stigma Campaign | 170,000 | 28,333 | 28,333 | (0) |
| WCCMH - Wraparound Staff | 100,000 | 16,667 | 15,104 | (1,563) |
| Ozone House | 100,000 | 16,667 | 17,151 | 484 |
| Packard Health - YBMen | 125,000 | 20,833 | 31,250 | |
| Other Youth Initiatives and Support | 50,000 | 8,333 | 15,142 | 6,809 |
| Other Service Expansion | | | | |
| Washtenaw Health Plan | $ 165,000 | $ 27,500 | $ 27,500 | $ - |
| Other | 125,000 | 20,833 | - | $ (20,833) |
| TOTAL Community Wide Service Expansion | $ 6,072,488 | $ 1,012,081 | $ 974,260 | $ (48,238) |
| **Education & Prevention** | | | | |
| Education & Outreach | | | | |
| NAMI Contract | $ 263,550 | $ 43,925 | $ 43,925 | $ - |
| MHFA Trainings | 25,000 | 4,167 | - | (4,167) |
| TOTAL Education & Prevention | $ 288,550 | $ 48,092 | $ 43,925 | $ (4,167) |
| **Evaluate & Communicate** | | | | |
| Evaluate | | | | |
| CHRT Contract | $ 73,075 | $ 12,179 | $ 14,083 | $ 1,904 |
| Communicate | | | | |
| CHRT Contract | $ 261,890 | $ 43,648 | $ 17,643 | (26,005) |
| TOTAL Evaluation & Communication | $ 334,965 | $ 55,828 | $ 31,726 | $ (24,102) |
| **Administration of the Millage** | | | | |
| WCCMH | $ 555,000 | $ 92,500 | $ 102,792 | $ 10,292 |
| **Grand Totals** | **$ 7,251,003** | **$ 1,208,501** | **$ 1,152,703** | **$ (66,214)** |

| **Community Mental Health Partnership of Southeast Michigan** | ***Policy:***<br>***Conflict of Interest*** | |
|---|---|---|
| CMHPSM Board Governance | | |
| Original Board Approval Date<br>12/09/2020 | Date of Board Approval<br>6/14/2023 | Date of Implementation<br>6/14/2023 |

## I. POLICY / PURPOSE

It shall be the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to require any Covered Person to identify and disclose to CMHPSM's Board of Directors (the Board), any financial or personal Conflict of Interest. Covered Persons should avoid even the appearance of a perceived conflict of interest while fulfilling their required duties to ensure public trust in all CMHPSM processes, remain in compliance with federal and state laws and CMHPSM policy.

The purpose of this Conflict of Interest Policy is to protect the CMHPSM's interest when it contemplates entering a transaction or arrangement that might benefit the private interest of a Covered Person. To achieve this objective, this Policy defines Conflict of Interest, identifies individuals covered by this Policy, provides a means for those individuals to disclose information, and outlines procedures for managing conflicts of interest. This policy is intended to supplement, not replace, any applicable state and federal laws governing Conflict of Interest applicable to the CMHPSM.

## II. REVISION HISTORY

| REVISION DATE | MODIFICATION |
|---|---|
| 12/09/20 | This Board Governance policy replaces a CMHPSM Operational Policy last approved on 9/13/2017, that operation policy was rescinded 12/22/2020. |
| 4/14/2021 | Annual Board review |
| 4/12/2023 | Combined policy/purpose, updated application table |

## III. APPLICATION

This policy applies to the individuals or groups identified with a checkmark in the table below.

| |
|---|
| ☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers |
| ☐ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers |
| Service Providers of the CMHPSM and/or Regional CMHSP Partners: |

| |
|---|
| ☐ Mental Health / Intellectual DD Service Providers |
| ☐ SUD Treatment Providers ☐ SUD Prevention Providers |
| ☐ Other as listed: |

## IV. DEFINITIONS

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

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

**Covered Person**. A "Covered Person" refers to all persons covered by this policy and includes:

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

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

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

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;

B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement.
D. A financial interest is not necessarily a conflict of interest. Under Section VI of this Policy, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

**Interested Person**. Any Covered Person, who has a direct or indirect Financial Interest, as defined below, is an interested person.

**Public Officer**. Public officer means a person who is elected or appointed to a position in the CMHPSM, a CMHSP, or some other public entity.

## V. DUTIES OF COVERED PERSONS

**Duty of Care**. Covered Persons shall act in a reasonable and informed manner and perform their duties for CMHPSM in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances.

**Duty of Loyalty**. Covered Persons owe a duty of loyalty to act in the best interest of CMHPSM and those who CMHPSM serves. No Covered Person may personally take advantage of a business opportunity that is offered to CMHPSM unless the Board determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

**Conflicts of Interest**. All Covered Persons shall comply with this Policy when engaging in a transaction or arrangement that involves a Conflict of Interest. All Covered Persons shall:

- Disclose to the Board Chairperson, or any committee chairperson with Board delegated powers, the existence of a Financial Interest in connection with any actual or possible Conflict of Interest.
- Unless a Conflict of Interest Waiver has been granted by the Board, recuse themselves from voting, and being present for deliberations and voting, on any transaction or arrangement involving CMHPSM in which they have a Financial Interest. The Interested Person may respond to Board inquiries necessary for its deliberations and/or decisions.
- Comply with any restrictions or conditions stated in any Conflict of Interest Waiver or within the Board's bylaws.

**Duty to Disclose**. In connection with any actual or possible Conflict of Interest, Interested Persons must disclose the existence of the Financial Interest. They must be given the opportunity to disclose all material facts and answer questions from the Board—and from members of committees with governing board delegated powers—who are considering the proposed transaction or arrangement.

## VI. PROCEDURES

**Determining a Conflict of Interest**. After disclosure of the Financial Interest and all material facts, and after discussion with the Interested Person, the disinterested members of the Board or committee discuss and vote to determine whether a Conflict of Interest exists. The Interested Person must not participate in the discussion, or vote on, whether a Conflict of Interest exists.

**Appointment of Disinterested Person**. If appropriate, the chairperson of the governing board or committee shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction.

**Alternatives**. After exercising due diligence, the CMHPSM Board or committee shall determine whether the CMHPSM can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

**Board Vote**. If a more advantageous transaction or arrangement is not reasonably possible, under circumstances that would not produce a conflict of interest, the CMHPSM Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the CMHPSM's best interest, for its own benefit, and whether it is fair and reasonable. An Interested Person may make a presentation at the CMHPSM board or committee meeting. The Interested Person, however, must not participate in the discussion, or the vote on, the transaction or arrangement involving the conflict of interest.

## VII. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

**Notice to Interested Person**. If the CMHPSM Board or committee has reasonable cause to believe a Covered Person has failed to disclose actual or possible Conflicts of Interest, it shall inform that person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

**Taking Appropriate Action**. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

## VIII. WAIVERS

**Procedure for Waiving a Conflict of Interest**. If, after exercising reasonable efforts, the board determines that it is not able to obtain a more advantageous transaction or arrangement not involving the Interested Person, then the Board may grant a Conflict of Interest waiver. A Conflict of Interest waiver may be granted only if the Board determines that the Financial Interest is not so substantial as to be deemed likely to affect the integrity

of the Interested Person's services (*see* 18 USC §208(b)(1)). A Conflict of Interest waiver further requires a majority vote by the Board to waive the Conflict of Interest and proceed with the proposed transaction or arrangement. A Conflict of Interest Waiver shall be in writing and signed by the chairperson of the Board on CMHPSM's Conflict of Interest Waiver Form (Exhibit B). All Conflict of Interest Waivers shall be issued prior to the Interested Person's participation in any transaction or arrangement with CMHPSM.

**Content of a Waiver of Conflict of Interest** (*See* 5 CFR 2640.301). If the Board votes to waive the Conflict of Interest and proceed with the proposed transaction or arrangement, the Waiver may still restrict the Interested Person's participation in the matter to the extent deemed necessary by the Board. The Conflict of Interest Waiver may cover all matters the Interested Person may undertake as part of his/her official duties with CMHPSM, without specifically enumerating those duties. The information contained in the waiver, however, should provide a clear understanding of the nature and identity of the Financial Interest, the matters to which the waiver will apply, and the Interested Person's role in such matters.

**Factors for Consideration when Granting a Waiver** (*See* 5 CFR 2640.301). In determining whether a Financial Interest is substantial enough to be likely to affect the integrity of the Interest Person's services to CMHPSM, the Board may consider, as applicable:

- **i.** The type of Financial Interest (e.g. stocks, bonds, real estate, cash payment, job offer or enhancement of a family member's employment);
- **ii.** The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Interested Person, the Interested Person's relationship to that person;
- iii. The dollar value of the Financial Interest, if known and quantifiable (e.g. amount of cash payment, salary of job to be gained or lost, change in value of securities);
- iv. The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its value in relationship to the individual's assets;
- v. The nature and importance of the Interested Person's role in the matter including the level of discretion which the Interested Person may exercise in the matter;
- vi. The sensitivity of the matter
- vii. The need for the Interested Person's services (e.g. consider alternatives); and
- viii. Adjustments which may be made in the Interested Person's duties that would eliminate the likelihood that the integrity of the Interested Person's services would be questioned by a reasonable person.

**Waivers Supported by Michigan Law** (*See* 1968 PA 317, MCL 15.321 to 15.330; 1978 PA 566 MCL 15.183(8))

- A Community Mental Health Services Program (CMHSP) Board member or employee may be a party to a contract with a CMHSP if the contract is between the CMHSP and the CMHPSM.
- A CMHSP Public Officer or public employee may also be a Public Officer or employee of the CMHPSM, even if the CMHPSM has a contract with the CMHSP.
- The CMHPSM Board may approve a contract with a CMHSP, even if a CMHSP Board member is also an employee or independent contractor of the CMHPSM.

## IX. RECORDS OF PROCEEDINGS

The minutes of the CMHPSM board and committees with board delegated powers shall contain:

**Names of Covered Persons**. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the CMHPSM's Board or committee's decision as to whether a conflict of interest in fact existed.

**Names of persons present**. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

**Waiver of conflict of interest**. If the Board grants a waiver of a Conflict of Interest, the waiver shall be in writing and shall be signed by the Chairperson of the Board. The writing shall describe the financial Interest, the transaction or arrangement to which the Financial Interest applies, the Interested Person's role in the transaction or arrangement, and any restriction on the Interested Person's participation in the proceeding, transaction or matter.

## X. COMPENSATION COMMITTEES

**Precluded from voting**. A voting member of the CMHPSM Board or of any committee whose authority includes compensation matters, and who receives compensation, directly or indirectly, from the CMHPSM for services is precluded from voting on matters pertaining to that member's compensation.

**Providing information**. No voting member of the CMHPSM Board or any committee whose authority includes compensation matters and who receives compensation, directly or indirectly, from the CMHPSM, either individually or collectively, is prohibited from providing information to the Board or any committee regarding compensation.

## XI. ANNUAL FINANCIAL INTEREST DISCLOSURE STATEMENT

Annually, on a date to be determined by the Board, each Covered Person shall sign and date a statement which affirms that the signor:

- Has received a copy of this Conflict of Interest Policy;
- Has read and understands the Policy;
- Has agreed to comply with the Policy;
- Has disclosed on the CMHPSM Financial Interest Disclosure Statement (Exhibit A) all Financial Interests which the signor may currently have; and
- Will complete a new, updated, Financial Interest Disclosure Statement if the information changes and/or a new Financial Interest arises.

## XII. REFERENCES/LEGAL AUTHORITIES

**Federal:**

- INTERNAL REVENUE SERVICE, *Instructions for Form 1023 (01/2020), Appendix A: Sample Conflict of Interest Policy*, last accessed October 2020 at https://www.irs.gov/instructions/i1023.
- SSA Section 1902(a)(4)(C) and (D)
- 41 USC Chapter 21 (formerly 41 USC 423 –ch. 27 of the Office of Federal Procurement Policy Act—restrictions on obtaining and disclosing certain information)
- 18 USC §208 (Federal Conflict of interest statute)
- 5 CFR §2540.201 (Waivers issued pursuant to 18 USC 208)
- 5 CFR Part 2640 (Interpretation, Exemptions and Waiver Guidance concerning 18 USC 208)
- 42 USC 1396a (Federal Medicaid statute- State plans for medical assistance)
- 42 CFR §438.58 (Conflict of Interest Safeguards)
- 45 CFR Part 74 (Administrative requirements for awards to non profit organizations and local governments)
- 45 CFR Part 92 (Federal procurement regulations)
- 42 CFR 455 Subpart B - Board disclosure of interest statement
- 42 CFR 1001.1001(a)(1) (Reporting to state)

**Michigan:**

- 1978 PA 566; MCL 15.181 to 15.185 (Incompatible public offices)
- Mental Health Code Act 258 of 1974, MCL 330.1222 (Board composition)
- 1968 PA 318, MCL 15.301 to 15.310 (Conflict of Interest in contracts between state officers and political subdivisions)
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)
- 1973 Act 196 MCL 15.341 to 15.348 (code of ethics for public officers and employees)
- Michigan Medicaid State Plan
- 1972 PA 284, MCL 450.1541a (duties of care and loyalty)

# EXHIBIT A

## COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM)

## FINANCIAL INTEREST DISCLOSURE STATEMENT

### Definitions

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

**Covered Person**. A "Covered Person" refers to all persons covered by this policy and includes:

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

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

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

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

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;

B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;

D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

## Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

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

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

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

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

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

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

## Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

Disclosure #1
Name and Contact Information for Individual with Financial Interest:

_____
_____

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

_____

Description of Financial Interest:

Disclosure #2

Name and Contact Information for Individual with Financial Interest:

_____
_____

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

_____

Description of Financial Interest:

_____
_____

Disclosure #3
Name and Contact Information for Individual with Financial Interest:

_____
_____

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

_____

Description of Financial Interest:

_____
_____

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

_____
_____
Signature Date

_____
Typed or Printed Name

_____
Title/Position with Entity

**Please return this form, signed and dated, to the Entity's Chief Executive Officer.**

# EXHIBIT B

## COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
## CONFLICT OF INTEREST WAIVER

**Review of the Disclosed Financial Interest**

In accordance with the requirements of the Community Mental Health Partnership of Southeast Michigan's (the "Entity") Conflict of Interest Policy, the Entity Board has undertaken appropriate due diligence review and deliberation regarding the Financial Interest disclosed by [Interested Person] on the Financial Interest Disclosure Statement (the "Statement") attached as Exhibit A.

**Board Resolution Granting Conflict of Interest Waiver**

At the conclusion of such due diligence review and deliberation, at its meeting on [Date], the Board passed the resolution attached as Exhibit B in which it determined that it is not, with reasonable efforts, able to obtain a more advantageous arrangement from a person other than [Interested Person] and the Financial Interest disclosed on the Statement is not so substantial as to be likely to affect the integrity of services which the Entity may expect from [Interested Person] and granted this Conflict of Interest Waiver under the terms described below.

**Conflict of Interest Waiver Terms and Conditions**

**Name of Interested Person:**

**Description of Financial Interest:**

**Description of the Transaction, Arrangement, Proceeding or Matter to which the Financial Interest Applies:**

**Interested Person's Role in the Transaction, Arrangement, Proceeding or Matter**

**Scope of Waiver and Restrictions, if any:**
This Conflict of Interest Waiver shall cover all matters [Interested Person] may undertake as part of his/her official duties with the Entity concerning any matters arising between the Entity and the [the organization in which the Interested Person has an interest].

_____ Date: _____
Chairperson of the Board

_____
(Print Name)

| **Community Mental Health Partnership of Southeast Michigan/PIHP** | ***Policy***<br><br>***Ethics and Conduct*** |
|---|---|
| **Department: Clinical Performance Team**<br>**Author:** | **Local Policy Number (if used)** |
| **Regional Operations Committee Approval Date**<br>**7/27/2020** | **Implementation Date**<br>**8/24/2020** |

## I. PURPOSE

The policy establishes guidelines which ensure that all persons will perform ethically and professionally.

## II. REVISION HISTORY

| DATE | REV. NO. | MODIFICATION |
|---|---|---|
| 8-27-07 | 1 | Original document |
| 3-29-11 | 2 | Re-formatted; Peer Support Specialists clarified; the authority and role of the Affiliation Ethics Committee; role of supervisor detailed; the Role of the Employee Exit Interviewer was added; Gift Giving/Receiving was expanded; Professional Boundaries section clarified |
| 2014 | 3 | Revised to reflect the new regional entity effective January 1, 2014. |
| 5/16/17 | | Scheduled Review |
| 2020 | 4 | Preferential treatment for board members, etc. prohibited |

## III. APPLICATION

This policy applies to all staff, students, volunteers, independent practitioners and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

## IV. POLICY

This policy establishes that all work shall be performed in an ethical and professional manner as determined by statute, code, accrediting organization standards, professional organizations' code of conduct standards, and the content of the policy itself. This includes engaging in courteous, respectful relationships with co-workers, other health care providers, educational institutions, payers, people served and their family members. Principles of consumer autonomy, compassion, safety, privacy, informed consent, competence and other related principles shall be demonstrated. Any and all ethical and relationship questions, issues or dilemmas arising from work relationships should be discussed proactively with a supervisor, and/or administrator

## V. DEFINITIONS

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

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

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

## VI. STANDARDS

A. All consumers, family members, community members, other treatment providers and internal colleagues shall be treated with the utmost respect, courtesy, compassion and dignity.

B. In making decisions, primary consideration shall be given to what is in the best interest of the consumer or what the consumer desires**.**

C. It is the responsibility of immediate supervisors to ensure the behavior of their employees is not in violation of the provisions of this policy.

D. All licensed and registered professional employees of any affiliation organization shall abide by their profession's Code of Ethics.

E. When in doubt about the ethical dimensions of a particular situation, a proactive approach shall be taken by discussing the situation with a supervisor or appropriate administrator.

F. Any staff member whose cultural, religious, or moral values conflict with aspects of a particular job responsibility or task may ask his or her supervisor to be excused from that responsibility or task. The supervisor shall seek other options for addressing that particular job responsibility by other staff and grant the request only if there is no negative impact on consumer care as a result of doing so.

G. Clinical decisions shall be based on the assessed needs and desires of the consumer, regardless of how leaders, managers and clinical staff are compensated.

G. Preferential treatment in the application and/or receipt of services for CMH Board members, CMH employees or consultants, or their family members or associates, is prohibited.

H. Service referrals given to current or past consumers or service applicants shall not be influenced by any consideration of possible financial or personal gain for the referring person or his or her family members or the appearance thereof.

I. All new employees shall be informed during orientation of their obligation to follow this policy and shall provide written verification of having been thus informed. Any time there is a significant change made to this policy, all staff shall be informed, and new signatures shall be obtained and placed in the personnel file.

J. All staff, students and volunteers shall utilize their administrative chain of command and formal grievance procedure should they feel they are being asked to engage in an unethical activity.

K. Workers are encouraged to report observations of unethical conduct. There shall be no retaliation or repercussions for such good faith reporting

L. Violations of any of the provisions of this policy may be cause for disciplinary action up to and including immediate termination of employment.

## VII. EXHIBITS

A. Ethical Guidelines for Consideration
B. Gift-Giving & Receiving Guidelines for Consideration
C. Ethical Practices Agreement
D. Request Not to Participate In Treatment

## VIII. REFERENCES

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

## EXHIBIT A

## ETHICAL GUIDELINES FOR CONSIDERATION

### 1. Respect and Dignity

The ethical worker treats everyone, whether colleagues or consumers, with courtesy, respect and dignity, always being open to their unique characteristics, their unique histories and to the person as a whole. This is evident in their speech, appearance, manner, attitude and behavior.

### 2. Worker as Guide, Support and Provider of Assistance

The ethical worker guides, empowers and advocates for the people he or she serves, maintaining a focus on their desired outcomes and on helping them find their own way.

The focus of the relationship is on the needs of the person being assisted, not those of the worker. However, the ethical worker does not allow the needs or desires of the person to lead to a loosening of professional relationship boundaries which are always respected and maintained.

People are supported in deciding for themselves if, when, where, and how to use professional and non-professional supports and services.

### 3. Gift Giving and Receiving

The ethical worker is aware of the multiple perceived meanings and underlying intents that receiving or giving a gift may have for a consumer and a worker, meanings and intents that may interfere with the maintenance of an ultimately effective working relationship. Thus, consultation with a supervisor is pursued before money or gifts are accepted from or given to a consumer – See Exhibit B, Gift-Giving and Receiving Guidelines for Consideration

### 4. Worker as Role Model

The ethical worker recognizes that his or her values, beliefs, actions, and problem-solving methods impact others, both consumers and staff members, and acts accordingly.

### 5. Autonomy and Shared Power

In providing services, the ethical worker promotes consumer autonomy and shared power, never exerting strong influence on a person unless there is a clear and immediate threat to the person’s or others’ safety or health.

Consumers are given the freedom to make their own decisions. The ethical worker offers suggestions rather than directives, identifies and explores options and choices and discusses possible consequences of the consumers' decisions.

## 6. Compassion

The ethical worker demonstrates compassion in dealing with others, appreciating their struggles, their pain, our common humanity, and protecting them from imminent risk of harm.

The ethical worker advocates for and with the person.

## 7. Fairness and Justice

The ethical worker provides fair and just access to services, as well as fair and just ongoing care, never discriminating on the basis of race, color, gender, sexual orientation, religion, national origin, marital status, disability or other personal characteristics.

The rights of consumers are acknowledged and protected.

## 8. Honesty

The ethical worker is honest with consumers and co-workers as well as with himself or herself.

To maximize consumers' ability to make service decisions based on full and accurate information, the ethical worker communicates frankly about his or her role, relevant capacities, intent, limitations and role boundaries.

The ethical worker does not lie, cheat, steal, or condone or associate with others who are involved in such activities. He or she does not use his or her position or relationship with consumers for personal advantage or give the appearance of the same.

## 9. Communication

The ethical worker communicates with consumers openly, clearly, and frequently, doing what is promised, meeting expectations and fulfilling commitments, including those related to appointments and telephone calls.

Ambiguity, confusion and difficulty with consumer situations are to be expected and do not deter the worker from persisting in seeking guidance or consultation.

## 10. Confidentiality

The ethical worker upholds standards of consumer confidentiality and privacy while being candid about information that cannot be kept confidential and about with whom it can be shared.

The ethical worker also respects the privacy and dignity of co-workers.

## 11. Competence

The ethical worker performs job duties to the best of his or her ability, being open with supervisors when lacking the skills needed for a particular task and making efforts to enhance skills and competencies through timely professional development activities.

## 12. Personal Awareness and Self-Care

To fully appreciate each consumer's perspective and, thus, be able to address their unique needs and desires, the ethical worker strives to identify his or her own personal issues, preconceptions, biases and areas of vulnerability and is open to making personal changes.

To reduce stress, time and space is carved out for a variety of self-care activities.

## 13. Professional Boundaries

The ethical worker always behaves professionally with all consumers served by the CMHPSM, avoiding interactions that are or might be perceived as flirtatious, provocative, threatening, harassing or hurtful.

The ethical worker never engages in a dating relationship with a person whom the worker directly or indirectly currently supervises or has done so in the past. ("indirectly supervises" is defined as having supervisory authority over the person's supervisor as evidenced by the organizational chart), including students and interns.

The ethical worker does not enter into a dating relationship with a consumer of the CMHSP who is served by another worker

The ethical worker does not provide services directly to individuals with whom they currently have or have had a prior friendship or dating relationship. Previous infrequent social contact or acquaintanceship would not preclude the provision of services by the worker.

The ethical worker notifies his or her supervisor regarding any past or current personal relationship with a CMHSP consumer. The worker whose helping relationship is becoming personal or intimate notifies a supervisor, discontinues the relationship and maintains professional boundaries. Direct treatment or support services are not provided to a person if there is intent to develop a personal or intimate relationship with him or her.

The ethical worker is aware of a consumer's perceived power imbalance with the worker and the effect it may have on the consumer's freedom to make her or his own decisions

The ethical worker respects consumers' religious and spiritual views and preferences and never pressures them to accept the religious or spiritual views of the worker. When initiated by the consumer and agreed upon as being related to an issue in the Individual Plan of Service, the worker may ethically explore spiritual issues with a consumer.

Depending on the worker's comfort and based on a determination that it is in the best interest of the consumer, the ethical worker may choose to disclose their own religious or spiritual views when an inquiry is made by the consumer.

Any worker-consumer service activity of a spiritual or religious nature, e.g., praying with a consumer, calls for prior approval by the worker's supervisor as well as the consumer himself or herself.

## 14. Alcohol and Drugs

The ethical worker never works under the influence of alcohol or illegal drugs.

The worker never purchases illegal substances from consumers, never uses them with a consumer and never sells or gives them to a consumer.

Prescription medication is not be shared with or borrowed from another person.

## 15. Alternative Interventions

Before engaging in support or treatment activities that might depart from traditional or conventional practices, the ethical worker discusses them with his or her supervisor to ensure their consistency with current professional standards.

## 16. Consumers' Right to Know

The ethical worker ensures that consumers know and understand the rights, risks, opportunities and obligations associated with being a recipient of services.

Service activities and interventions are explained in understandable terms as are the limits of their impact and the implications and potential consequences of choices made by consumers during the course of service provision.

Consumers are informed of the cost of services and any available financial resources that may help them meet this obligation.

## 17. Organizational Relationships

The ethical worker, while taking into account funding/financial constraints, bases service provision decisions on standard clinical practice and organization criteria, regardless of how the agency compensates or shares financial risk with leaders, managers, clinicians, or licensed individual practitioners.

The ethical worker does not market or sell outside products or services to consumers or engage in any non-job related activity with them that might result in or give the appearance of financial gain for the worker.

## 18. Equipment Use

The ethical worker only uses CMHPSM office equipment for CMHPSM business unless otherwise approved by his or her supervisor. Home use of equipment is authorized in advance by the appropriate supervisor or designee.

## 19. Service Provision and Documentation

The ethical worker ensures that all services types, amount, scope and duration are medically necessary and that their justification is clearly and thoroughly documented.

The ethical worker ensures that all services provided are in accordance with the Individual Plan of Service and with what has been authorized.

Documentation of a provided service is accurate, thorough and clear.

Assistance is obtained when there is uncertainty regarding the documentation requirements of service or financial information.

The ethical worker reports any suspected financial abuse or fraud to the Compliance Officer or designee and follows any other reporting requirements mandated by state or federal law.

## 20. Political Activity

The ethical worker ensures that any of his or her partisan political activities are conducted separately from his or her job responsibilities.

These activities never occur during those hours when the worker is being compensated for the performance of his or her work duties.

CMHPSM office supplies and equipment are not used for partisan political purposes.

The ethical worker never uses the authority or influence inherent in his or her CMHPSM position to interfere with or influence the results of an election or nomination for office.

The worker never requires contributions for political or partisan purposes as a duty or condition of employment, promotion or tenure and never coerces or compels another CMHSPM employee to make contributions for political or partisan ends for any reason.

## 21. Self-Disclosure

The ethical worker only discloses personal information when it is consistent with the outcomes and interventions contained in the consumer's Individual Plan of Service (IPOS).

These disclosures are intended to provide hope. They are intended to provide personal information as a means to facilitate consumer outcome achievement. Thus, the ethical worker does not self-disclose without considering the consumer's service needs and current capacity to apply the information to his or her own life.

**EXHIBIT B**

## GIFT GIVING & RECEIVING GUIDELINES FOR CONSIDERATION

### Part One

1. The decision to accept or refuse a gift from a consumer should be given serious consideration as should the decision to give or not give a gift to a consumer. For the purposes of these Guidelines, “gift” is defined as a concrete object.

2. Like the majority of ethical decisions we face, we need to be fully aware of their possible positive and negative effects, both short and long term ones. This often takes a little time and involves the assistance of a supervisor and / or other staff with expertise in behavioral health ethics.

3. These effects might include a change in the consumer’s understanding of the nature of his or her relationship with the worker. For example, it might blur the difference between the worker as a professional and the worker as a friend, thereby interfering with the consumer’s progress toward outcome achievement.

4. Thus, accepting a gift from or giving a gift to a consumer may initially appear natural, innocent and without important consequences. Further analysis is often needed to confirm or bring into question this initial impression. A full understanding may involve consideration of the following:

    a. **What is the consumer’s intent in giving the gift?**

        - To express thanks for being helpful?
        - To express hope that the worker will be gentler in the future?
        - To express an apology for missing a contact or not achieving goals more quickly?
        - To express a wish to be personal friends?
        - To comply with the request of a parent or guardian?
        - To demonstrate good judgment in selecting the given item?
        - To express an interest in ending the work together via this thank-you gift?
        - To divert the worker’s attention from the consumer’s anger or disappointment or misbehavior?
        - To express appreciation for sticking with the consumer through a crisis?
        - No intent, it’s just what I do?
        - To express a wish for a gift in return?

    b. **Based on the intent, what might it mean to the consumer if the gift is graciously accepted without further discussion**?

        - I can expect better treatment?
        - The worker was so pleased; I will give more gifts in the future so as not to disappoint?
        - I am less uncertain about being seen as special by my worker?
        - I’ve found a nice way to make friends?
        - This is a good and easy way to show my private thoughts and feelings?

c. **What might it mean to the consumer if the gift is refused by the worker or there is some hesitation about accepting it?**

- My worker just makes things more complicated than they are?
- I can't do anything right? My worker doesn't understand my feelings?
- I have bad taste in gifts?
- My worker doesn't understand my cultural traditions and I am hurt and offended?
- This is interesting – I wonder why my worker won't accept it?
- My feelings are hurt – I'm sure other gifts are accepted?

**d. What behavior or personal quality does accepting a consumer gift reinforce?**

- Dependency?
- Subordination?
- Pleasing people in authority?
- Generosity?
- Sociability?
- Comfort with social norms?
- Need for social bonding?

e. **What impact might accepting a gift or giving a gift to a consumer have on the worker?**

- What personal needs does it satisfy?
- To what extent is the worker's self-esteem related to receiving the gift?
- Are those needs reducing the worker's focus on the consumer's needs?
- How might the worker's objectivity be affected?
- Feelings of being appreciated, accepted?
- Increased sense of competence?

d. **What might it communicate to the consumer if the worker starts a discussion about gift giving in general or about the consumer's thoughts and feelings behind the particular gift?**

- This is different; I wonder how it will help me to talk about my decisions and actions?
- I guess there are special rules at CMH?
- The worker thinks it's important to stick to how I'm doing with my outcomes?
- Pausing to talk before making a decision is something my worker values?
- Why is my worker making a mountain out of a molehill?

5. In summary, our natural inclination to graciously accept a gift might reduce consumers' hurt feelings in the short term but might not be the best response. More important may be the need to focus on providing a steady, predictable unambiguous professional relationship as well as on the consumer's longer-term service goals. A lack of clarity about the relationship being more personal or professional can instill additional stress and distract the consumers from the main purpose of the service provision.

   It can be advisable to delay a decision until thoughtful consideration is given, often involving some timely and sensitive discussion with the consumer and / or a supervisor.

## Guidelines for Consideration – Part Two

1. When feasible, discuss issues related to gift-giving in the early part of the consumer-worker relationship.

    - Opportunities can arise when expectations / logistics / parameters are being addressed, when the roles / tasks of those involved in implementing the IPOS are being discussed.
    - Talking about "working together" can provide an opportunity for elaborating on the meaning of the "working" part of the term, on what constitutes a working relationship.
    - Although some overlap exists, the uniqueness of the mental health working relationship, as distinct from those with friends, family members, religious officials, probation officers, judges, teachers and others can be spelled out.
    - For consumers who have behavioral challenges or otherwise have difficulties with verbal emotional expression, the issue of gifts might be worked into an early conversation, as appropriate, when discussing more useful ways of expressing thoughts and feelings both in the community or with the mental health worker.
    - The consumer's cultural background and resulting perspective on gift-giving can be discussed as a bridge to understanding later gift-related behavior and reactions.

2. Many consumers can benefit from hearing the message from their workers that what is of greatest importance is "our work together," in outcome achievement and the satisfaction it can bring to the consumer. Other "gifts" might pale in comparison.

3. Although the meaning(s) given to gift giving and receiving is always an important thing to take into consideration or discuss before accepting or giving a gift, examples of less potentially impactful gifts can include:

    - Holiday cards
    - Very inexpensive gifts
    - Drawings or other artwork from children
    - Poems or songs composed or found by the consumer treated as an expression of something to be discussed and understood
    - Inexpensive food or decorative items that will be shared or displayed for a whole team or staff group.
    - Items created by the consumer as a result and demonstration of successful IPOS outcome achievement.
    - Anonymous staff donations to organized holiday gift-giving arrangements, e.g., "The Giving Tree."
    - Gifts given to young children on special occasions, like birthdays.

**EXHIBIT C**

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
ETHICAL PRACTICES AGREEMENT

I, (print name) _____ have read and understand the Ethics and Conduct policy of CMHPSM and I agree to follow its requirements including but not limited to the following:

I will not discuss or reveal consumer information to non-agency staff unless required by law and will only discuss or reveal it to agency staff on a need-to-know basis.

I will treat all consumers with dignity and respect.

I will avoid any conflict of interest activities.

I do not have a mental or physical impairment that would interfere with my ability to carry out the requirements of the aforementioned policy.

In situations where my cultural values, ethics or religious beliefs conflict with those of a client to the extent that it influences my ability to provide appropriate services, I understand that I have the right and obligation to discuss this with my supervisor (EXHIBIT D).

I agree to be bound by applicable state laws including any / all reporting

requirements I agree to meet relevant accreditation standards.

Further, I agree to review the Recipient Rights policies, to be accountable for conducting myself in accordance with them, and to report any care concerns to my supervisor or to the Recipient Rights Officer.

_____ _____
Employee Signature Date

Employee to turn in signed form to Supervisor

_____ _____
Supervisor Signature Date

**EXHIBIT D**

## Ethical Practices Agreement
## Request Not to Participate in Treatment

Complete the following form and submit to your supervisor if there is an aspect of care that conflicts with your cultural values, ethics or religious beliefs:

**Employee Name:**

**Date:**

**Consumer Name**:

**Aspect of Care requesting not to participate in**:

**Reason why (include the cultural values, ethic or religious beliefs that treatment conflicts with)**:

**Resolution (to be completed by supervisor or Program Administrator) (include your conclusion as to whether the request, if granted, will or will not negatively affect treatment)**

_____ _____

Supervisor's Signature Date


# Recipient Rights Board of Directors Training

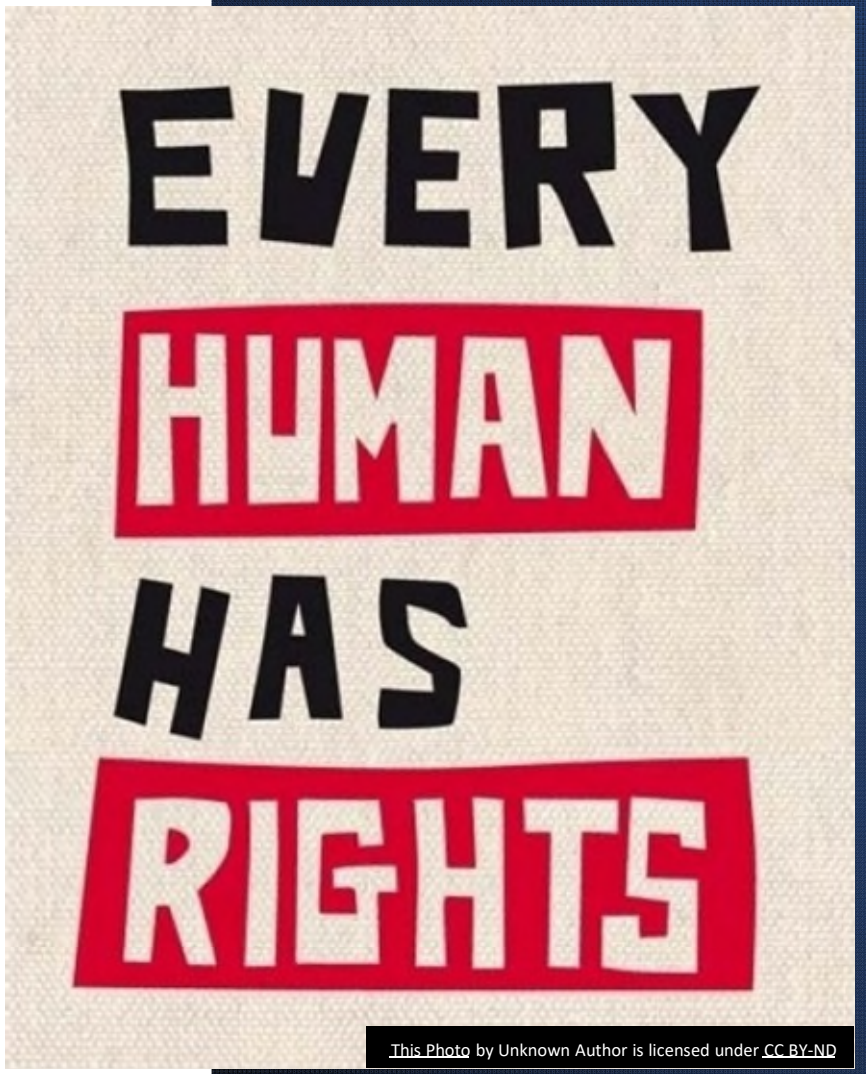
# Office of Recipient Rights Overview

- The Office of Recipient Rights (ORR) is a department of the local CMH that is responsible for investigating, resolving and assuring remediation of apparent or suspected rights violations

- ORR works to ensure that mental health services are provided in a manner which respects and promotes the rights of recipients as guaranteed by Chapter 7 and 7A of the Mental Health Code.

# Functions of the Rights Office

- Prevention
- Monitoring
- Education/Training
- Complaint resolution

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# Overview of Code Protected Rights

The Mental Health Code guarantees certain rights for recipients of public mental health services in Michigan. These rights include, among others:

- To be free from abuse and neglect
- To be treated with dignity and respect
- To be treated in a safe, sanitary, and humane treatment environment
- To have information kept confidential (in compliance with the Code and HIPAA)

# Overview of Code Protected Rights

The Mental Health Code also guarantees certain rights for family members of recipients of mental health services in Michigan. These rights include:

- To be treated with dignity and respect
- The opportunity to provide information to treating professionals
- The opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance, and coping strategies

All employees, students, volunteers, contractors, and board members are required to **immediately** (by the next business day) verbally **report** to the Office all apparent or **suspected violations** of recipient rights and maintain recipients' confidentiality.

# Investigative Process

- A recipient (or someone on their behalf) may file a Recipient Rights Complaint
- Within 90 days, the Rights Office will investigate the complaint and determine whether a violation occurred
- If the complaint is substantiated, the provider of services will take appropriate remedial action to correct the violation
- The Rights Office will issue a Summary Report to the recipient, complainant, and parent of a minor recipient or guardian (if applicable)

# Recipient Rights Advisory and Appeals Committee (RRAC)

The RRAC is a committee appointed by the CMH Board comprised of primary recipients, secondary recipients, and community members. The committee meets quarterly and has the following functions:

- Protects the office from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions
- Serves in an advisory capacity to the executive director, the ORR director and the ORR
- Consults with the executive director regarding any proposed dismissal of the director of the Office of Recipient Rights
- Assures that Rights staff receive training in Rights protection and that the head of the Office has sufficient training, education, and experience to fulfill the responsibilities of the Office
- Annually reviews the funding for the Office
- Monitors the Office by reviewing and providing comments on quarterly data reports, including the Semi-Annual and Annual Reports
- Acts as the Appeals Committee

# Appeal Process

- After receiving the Summary Report, the recipient, complainant, or parent of a minor recipient/guardian may file an appeal within 45 days
- Grounds for appeal include:
  - The investigative findings of the Rights Office are not consistent with the facts, law, rules, policies, or guidelines
  - The action taken or proposed by the provider does not provide an adequate remedy
  - The investigation was not initiated or completed on a timely basis
- The Recipient Rights Appeals Committee will review the appeal
- If accepted, the committee will make a decision within 30 days
- The Appeals Committee shall do one of the following:
  - Uphold the investigative findings of the Office and the action taken or plan of action proposed by the provider
  - Return the investigation to the Office and request that it be reopened or reinvestigated (If appeal is related to investigating findings)
  - Recommend that the local CMH Board request an external investigation by the Department of Health and Human Services (MDHHS) (If appeal is related to investigating findings)
  - Recommend that the provider take additional or different action to remedy the violation (If appeal is related to action taken)
  - Recommend the MDHHS ORR director or CMH Director address the cause of the lack of timeliness (If appeal is related to investigation not being timely)
- If the appeal was because the findings were inconsistent with the facts, law, rules, policies, or guidelines, the Appellant can file a second level appeal with MDHHS

# Responsibilities of the CMH Director

- Directly supervises the Recipient Rights Director
- Issues Summary Reports
- Submits the Recipient Rights Annual Report to the CMH Board and MDHHS

# Responsibilities of the CMH Board

- Approves the Recipient Rights Annual Report
- Approves new members of the RRAC
- The RRAC may also make additional recommendations to the CMH Board outside of the Annual Report, based on any concerns noted in the bullets on the earlier slide.
- If a Rights complaint is received regarding the conduct of the CMH Director, the Board shall request MDHHS or another CMH's Rights Office complete the investigation
- If recommended by the RRAC, the Board can request an external investigation related to a Recipient Rights Appeal


# Monitoring of the Rights Office

The Rights Office is monitored in the following ways:

- **Internal review**- The Director of the Office oversees the daily operations of the Office. Complaint data is reviewed quarterly during management meetings and at the RRAC.

- **Regional review**- Affiliate partners complete peer reviews of the Office. Complaint data is reviewed annually during regional Clinical Performance Team Committee.

- **State review**- Complaint data and additional information are submitted to MDHHS semi-annually. The MDHHS Office of Recipient Rights completes a tri-annual assessment and certification of the Office. The internal and regional monitoring is preparation for this assessment. Certification of the Office of Recipient Rights is required for an agency to be certified as the CMH. Washtenaw's MDHHS ORR assessment will take place November 19-21, 2024.



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# Contact your WCCMH Rights Officers

Leah Raehtz

Jessica Krefman

Sarah Starkey

Marianna Strasz

Officer of the day phone number:

734-219-8519

Katie Snay, Director of Recipient Rights:

734-544-2958

ACTION REQUESTED:

The Recipient Rights Advisory Committee (RRAC) requests that the Washtenaw County Community Mental Health Board appoint Susan Iekel as a member of the Recipient Rights Advisory and Appeals Committees.

BACKGROUND:

Ms. Iekel attended the RRAC meeting on 1/11/2024 as a guest, to gain an understanding of the role of an RRAC member. The RRAC members unanimously agreed to recommend Ms. Iekel for RRAC membership. Ms. Iekel's letter of interest indicates:

> *I am writing to express my interest in joining the Recipient Rights Advisory Council (RAC). As an LMSW with a background in both service and justice work, I would love the opportunity to share my experience and perspective, be a voice for clients, and be part of the system that ensures that CMH consumers are afforded the care, dignity, and rights they are both mandated and deserve. I also know CMH from an employee perspective, and can provide a view on how the systems and processes of Community Mental Health function. After our conversation about the RAC and its goals, role, and tasks, joining the RAC both interests me and feels like a good fit.*
>
> *I come to this Council as an almost-9 year staff member at Washtenaw County Community Mental Health. Until July I worked as a case manager in the Youth & Family office, focusing on I/DD children, and particularly working with medically and behaviorally high needs youth in the Children's Waiver Program. I have recently moved to Performance Improvement and am now the CMH Training Coordinator. Prior to CMH, I worked at soup kitchens and homeless shelters (including the Delonis Center), and have used my skills to provide meaningful support to the lives of people addressing physical and mental illness, substance use, developmental disabilities, and systemic challenges (I did Central American social justice work in Cleveland prior to moving to Washtenaw County).*
>
> *I am excited by a new opportunity to partner with good people doing good work. Thank you for considering me.*

RECOMMENDATION:

The RRAC recommends that the Washtenaw County Community Mental Health Board appoint Susan Iekel as a member of the Recipient Rights Advisory and Appeals Committees.

# ACTION MINUTES
# WASHTENAW COUNTY
# BOARD OF COMMISSIONERS
# March 20, 2024

7:00 PM
Board Room
Washtenaw County Administration Building
220 N. Main Street
Ann Arbor, Michigan

I. PLEDGE OF ALLEGIANCE

II. ROLL CALL

III. PUBLIC PARTICIPATION

IV. COMMISSIONER FOLLOW-UP TO PUBLIC PARTICIPATION

V. LIAISON REPORTS

VI. SPECIAL ORDER OF BUSINESS

1. **24-056** Comm. Rabhi, seconded by Comm. LaBarre, moved to approve a resolution setting a Public Hearing on the Renewal and Restoration of the Mental Health and Public Safety Millage for April 17, 2024– **Approved, Resolution #24-056**

VII. APPOINTMENTS

2. **24-057** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution appointing members to the Community Mental Health Board– **Approved, Resolution #24-057**

3. **24-058** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution appointing a member to the Advisory Council on Reparations– **Approved, Resolution #24-058**

VIII. CONSENT AGENDA – **Approved**

1. Approval of Minutes of Previous Meeting (March 6, 2024)
2. Communications
3. Report of Standing Committees – Working Session (March 6, 2024)
4. Report of Special Committees

5. Other Reports

   A. A report on contracts in the amount of $25,000 and under from February 26, 2024, through March 12, 2024

   B. A report from the Washtenaw County Road Commission on the summary of service requests for the month of February 2024

6. Report of the Treasurer – None.

## IX. RESOLUTIONS

1. First Reading

   A. Comm. Scott, seconded by Comm. LaBarre, moved to approve a resolution placing the restoration and renewal of the Roads and Non-Motorized Millage on the August 6, 2024, Primary Ballot– **Approved, moving to 4/3 meeting for final approval**

   B. Comm. Scott, seconded by Comm. LaBarre, moved to approve a resolution placing the restoration and renewal of the Conservation District Millage on the August 6, 2024, Primary Ballot– **Approved, moving to 4/3 meeting for final approval**

   C. Comm. Scott, seconded by Comm. LaBarre, moved to approve a resolution placing the renewal and restoration of the Parks acquisition, development, and operating millage on the August 6, 2024, ballot– **Approved, moving to 4/3 meeting for final approval**

   D. Comm. Scott, seconded by Comm. LaBarre, moved to approve a resolution placing the restoration and renewal of the Enhanced Emergency Communication System 800 MHz Millage on the November 5, 2024, General Election Ballot– **Approved, moving to 4/3 meeting for final approval**

   E. Comm. Scott, seconded by Comm. LaBarre, moved to approve a resolution placing the restoration and renewal of the Veteran's Millage on the November 5, 2024, General Election Ballot– **Approved, moving to 4/3 meeting for final approval**

2. Final Reading

   **No items for Final Reading**

3. Single Reading

A. **24-059** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution to borrow against anticipated delinquent 2023 real property taxes from the County Treasurer– **Approved, Resolution #24-059**

B. **24-060** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution ratifying the 2024 Marine Safety Grant thought the State of Michigan Department of Natural Resources, from the Sheriff's Office– **Approved, Resolution #24-060**

C. **24-061** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution approving the signature of the Chair of the Board of Commissioners on a letter of support for the Climate Pollution Reduction Grant Application from the Southeast Michigan Council of Governments' (SEMCOG's) to the US Environmental Protection Agency– **Approved, Resolution #24-061**

D. **24-062** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution extending winter sheltering activities through April 30, 2024– **Approved, Resolution #24-062**

E. **24-063** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution to amend the bylaws of the Washtenaw County Environmental Council– **Approved, Resolution #24-063**

4. Approval of Claims

A. **24-064** Comm. LaBarre, seconded by Comm. Scott, moved to approve a resolution authorizing the payment of claims commencing with the last previously approved claim and continuing through the date of March 11, 2024– **Approved, Resolution #24-064**

X. REPORT FROM THE COUNTY ADMINISTRATOR

1. Washtenaw County Office of Veteran's Affairs Update

XI. REPORT OF THE CHAIR OF THE BOARD OF COMMISSIONERS

XII. ITEMS FOR CURRENT/FUTURE DISCUSSION

XIII. PENDING

XIV. ADJOURN TO NEXT SESSION

**Next Board Meeting**
April 3, 2024
Board Room, Administration Building *and* via Zoom
7:00 PM

# 2022 WCCMH Board and Board Committees/Officers
# 4/1/24-3/31/25

| | term expires | Executive (meets bi-monthly) | Quality-Finance (meets bi-monthly) | CMHPSM (meets monthly) | Officers |
|---|---|---|---|---|---|
| Suzie Antonow | 3/31/2026 | X | X | | Board Vice-Chair/Quality-Finance Committee Co-Chair |
| Anna Dusbiber | 3/31/2027 | X | X | | Board Secretary |
| VACANT | | | | | |
| Holly Heaviland | 3/31/2026 | | X | | |
| Barbara Higman | 3/31/2026 | | X | | |
| Bob King | 3/31/2025 | X | | X | |
| Andy LaBarre | 3/31/2025 | X | | | |
| Alfreda Rooks | 3/31/2025 | | | X | |
| Katie Scott | 3/31/2025 | | | | |
| Annie Somerville | 3/31/2026 | | | X | |
| Marianne Udow-Phillips | 3/31/2026 | | X | | |
| Kari Walker | 3/31/2027 | X | | | Board Chair/Executive Committee Chair |

| | | | |
|---|---|---|---|
| Total CMH Board members assigned to Committees | 6 | 6 | 3 |

| | | | | |
|---|---|---|---|---|
| # members required for committee-per Bylaws | | 6 (4 officers, 2 additional board members and immediate past board chair) (Executive Director is an ex-officio member) | 5 (Vice Chair &Treasurer and not less than 3 other Board members) | 3 (per PIHP) |

| | | | |
|---|---|---|---|
| Quorum for committees | | 4/6 | 4/6 |

Quorum for Board is 7/12

# 2022 WCCMH Board and Board Committees/Officers
# 4/1/24-3/31/25

| Millage Advisory Committee (MAC) (meets monthly) | | |
|---|---|---|
| VACANT (Chair) | | |
| Barb Higman | 3/31/2026 | WCCMH Board Representative |
| Amanda Carlisle | 3/31/2025 | Washtenaw Housing Alliane Representative |
| Holly Heaviland | 3/31/2026 | Washtenaw Intermediate School District |
| Derrick Jackson | 3/31/2025 | Washtenaw County Sheriff's Office Represe |
| Alfreda Rooks | 3/31/2025 | WCCMH Board Representative |
| VACANT | | |
| Marlene Radzik | 3/31/2025 | Washtenaw County Sheriff's Office Represe |
| Ray Rion | 3/31/2025 | Packard Health Representative |
| Annie Somerville | 3/31/2026 | WCCMH Board Representative/Board of Co |
| Marianne Udow-Phillips | 3/31/2027 | WCCMH Board Representative |
| George Waddles, Jr. | 3/31/2025 | Community Member |
| Kari Walker | 3/31/2027 | WCCMH Board Representative |

| | | |
|---|---|---|
| Quorum for Millage Advisory Committee | | 6/11 |

Please email wccmhboard@washtenaw.org for questions and/or concerns