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/93488969865
December 13, 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 Quality-Finance Committee Meeting Minutes and Actions 10/7/24 (Attachment #1A)
- B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 10/7/24 (Attachment #1B)
- C. WCCMH Board Meeting Minutes and Actions-10/25/24 (Attachment #1C)
- D. Program Dashboard FY24, Quarter 3, 2024 (Attachment #1D)
- E. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Debarment Suspension and Exclusion 2024 (Attachment #1E)

V. Treasurer's Report **ACTION** (15 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 (60 minutes)
- Community Mental Health Association of Michigan Update (Attachments #4,5 & 6) – **A. Bolter**
- Millage RFP (Attachment will be walked in) – **M. Taylor, L. Gentz ACTION**
- FY25 Budget Amendment (Attachment #7) – **N. Phelps - ACTION**

IX. Old Business (0 minutes)
- None

X. Items for Future Discussions (5 minutes)
- Employee Engagement Survey
- Homelessness Updates
- U of M Contracting
- Millage Re-Authorization

XI. Adjournment of Public Meeting (Next WCCMH Board Meeting: February 21, 2025)

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

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.

VIRTUAL MEETING LINK IS:

Join from PC, Mac, iPad, or Android:
https://zoom.us/j/93488969865

Phone one-tap:
+19292056099, 93488969865# US (New York)
12678310333, 93488969865# US + (Philadelphia)

Join via audio:
+1 929 205 6099 US (New York)
+1 267 831 0333 US (Philadelphia)
+1 312 626 6799 US (Chicago)
+1 646 518 9805 US (New York)

Webinar ID: 934 8896 9865

International numbers available: https://zoom.us/u/abEPJcyHfH

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

DECEMBER 13, 2024

CONSENT AGENDA

A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 10/7/24 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 10/7/24 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-10/25/24 (Attachment #1C)
D. Program Dashboard FY24, Quarter 3, 2024 (Attachment #1D)
E. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Debarment Suspension and Exclusion 2024 (Attachment #1E)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

October 7, 2024
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/94950001475 (virtual)
2:00-3:30 pm

ROLL CALL: H. Heaviland attending in person
B. Higman attending in person
M. Udow-Phillips attending

MEMBERS ABSENT: A. Dusbiber, S. Petty, K. Walker

STAFF PRESENT: R. Avedisian, N. Phelps, M. Harding, T. Cortes, L. Gentz, M. Taylor, K. Snay, S. Ray, T. Florence, M. Taylor, E. Montgomery, B. Hagaman

OTHERS PRESENT: M. Tolstyka, K. Columbus, L. Lutomski, T. Gavalier, M. Creekmore, B. Griggs, M. Radzik

NO QUORUM

M. Udow-Phillips called the meeting to order at 2:04 pm.

I. Introductions
- M. Radzik introduced herself to the Committee

II. Audience Participation
- M. Creekmore gave a funding announcement to Committee

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 8/12/24 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 8/12/24 were reviewed and recommended for approval to the WCCMH Board on 10/25/24

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending September 30, 2024 (Attachment #2)
- The Financial Status Report for the period ending September 30, 2024, was reviewed, and recommended for approval to the WCCMH Board on 10/25/24

VI. Contracts and Leases
- None

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update
- T. Cortes provided the regional finance update to the Committee

IX. Old Business
- None

X. New Business
- Semi-Annual Recipient Rights Report
  - K. Snay provided an update on the Semi-Annual Recipient Rights Report to the Committee moved to 10/25/24 full board agenda for approval.

XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons

MOTION BY H. HEAVILAND, SUPPORTED BY B. HIGMAN, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 3:05 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
October 7, 2024
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/98518312461 (virtual)
3:30–5:00 pm

A. Somerville called the meeting to order at 3:32 pm.

ROLL CALL:	A. Carlisle attending in person H. Heaviland attending in person B. Higman attending in person M. Radzik attending in person R. Rion attending virtually A. Rooks attending virtually A. Somerville attending in person M. Udow-Phillips attending in person
MEMBERS ABSENT:	A. Dusbiber, D. Jackson, S. Petty, G. Waddles Jr, K. Walker
STAFF PRESENT:	R. Avedisian, T. Cortes, T. Florence, L. Gentz, N. Phelps, M. Taylor, K. Snay, E. Montgomery, B. Hagaman
OTHERS PRESENT:	L. Lutomski, K. Layton, E. Spanier, D. Anderson, M. Tolstyka, M. Creekmore, B. Griggs

NO QUORUM

I. Introductions
- E. Spanier & K. Snodgrass from CHRT

II. Audience Participation
- K. Layton, city of Ypsilanti resident, spoke regarding lack of response to questions submitted at the August 12, 2024, meeting.
- C.W., city of Ypsilanti resident, reiterated comments made by K. Layton and intensifying of issues within Ypsilanti area.

III. Committee Response to Audience Participation
- L. Gentz stated that there is currently an open RFP that includes funding requests for Ypsilanti area.

IV. Millage Advisory Committee Minutes and Actions from 8/12/24 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 8/12/24 moved to 10/25/24 full board agenda for approval.

V. Discussion Items
- None

VI. Financial Budget Update
- Financial Budget Update (Attachment #2)
  - N. Phelps presented the Financial Budget update ending August 31, 2024, to the Committee.

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

VIII. New Business –
- Millage Process, Investments and Progress Report Review (CHRT/WCCMH) (Attachment #3)
  - E. Spanier & L. Gentz presented and updated version of the Dashboard to the Committee and requested information for additional changes or suggestions.
- RFP Update
  - L. Gentz spoke with the Committee on the Millage request for Proposals.
- Millage Communication Toolkit (CHRT) (Attachment #4)
  - K. Snodgrass presented the Millage Communication Toolkit to the Committee.
- Jail MAT Update
  - L. Gentz provided the Jail MAT updated to the Committee.

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 4:22 pm.

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/91652275717
October 25, 2024
9:30am

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

ROLL CALL:
A. Dusbiber attending virtually
H. Heaviland attending in person
B. Higman attending in person
A. LaBarre attending in person
S. Petty attending in person
A. Rooks attending virtually
M. Tolstyka attending in person
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: B. King, A. Rooks, K. Scott, A Somerville

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, N. Phelps, S. Amos O'Neal, L. Gentz, K. Snay, S. Ray, K. DeWeese, B. Hagaman, E. Montgomery, L. Higle

OTHERS PRESENT: T. Gavalier, K. Homan, L. Lutomski

I. Introductions
- K. Birkle from NAMI introduced herself to the Board.

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 8/12/24 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 8/12/24 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-8/23/24 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 8/14/24 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 9/11/24 (Attachment #1D1)
F. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
1. Self-Directed Services Policy (Attachment #1H)
2. Access System Policy Regional 2024 (Attachment #1F)
3. Advanced Directives DNR Orders 2024 (Attachment #1G)
4. Consumer Employment Policy 2024 (Attachment #1H)
5. Diagnosis and Clinical Formulation Policy 2024 (Attachment #1I)
6. CLS Policy 2024 (Attachment #1J)
7. Incident Reporting Policy 2024 (Attachment #1K)
8. Timeliness of Service Provision 2024 (Attachment #1L)

G. Semi-Annual Recipient Rights Report (Attachment #7) – Moved from new business item listed below.

MOTION BY H. HEAVILAND SUPPORTED BY S. PETTY TO ACCEPT AND APPROVE THE OCTOBER 25, 2024, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Treasurer's Report

- WCCMH Financial Status Report (Attachment #2)
  - N. Phelps presented the Financial Status Report to the Board for the period ending August 31, 2024.

A. Rooks signed in virtually to the meeting.

MOTION BY M. UDOW-PHILLIP SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE OF THE FINANCIAL STATUS REPORT ENDING AUGUST 31, 2024, AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A (virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH Millage Financial Status Report (Attachment #3)
  - N. Phelps presented the Millage Financial Status Report for the period ending August 31, 2024.

MOTION BY A. LABARRE SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE MILLAGE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING AUGUST 31, 2024, AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A (virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VI. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board
  - WCCMH is moving towards being a zero-suicide organization.
  - Staff engagement survey has been completed and the results have been analyzed and corrective actions have started.
  - Celebration of Success was a huge success again this year.

VII. CMHPSM Regional Update
- None

VIII. New Business
- WCCMH FY2025 Annual Board/Committee Meeting Schedule (Attachment #4)
  - M. Harding presented the FY2025 Annual Board/Committee Meeting Schedule to the Board.

MOTION BY A. LABARRE, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE WCCMH FY2025 ANNUAL BOARD/COMMITTEE MEETING SCHEDULE AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A (virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH FY2025 Annual Board Calendar (Attachment #5)
  - M. Harding presented the FY2025 Annual Board Calendar to the Board.

MOTION BY A. LABARRE, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE WCCMH FY2025 ANNUAL BOARD CALENDAR AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A (virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Negotiation and Potential Home Purchases (Attachment #6)
  - N. Phelps discussed the negotiation and potential home purchases with the Board.

MOTION BY H. HEAVILAND, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE NEGOTIATION AND POTENTIAL HOME PURCHASES AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A (virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Semi-Annual Recipient Rights Report (Attachment #7)

- The Recipient Rights Report was moved to the consent agenda as it was presented to the WCCMH Quality-Finance Committee on 10/7/2024 and recommended for approval to the full board.

- Washtenaw County Board Terms expiring March 31, 2025
  - K. Walker discussed the open WCCMH Board positions expiring on March 31, 2025.
- Annual Strategic Plan Update (Attachment #8)
  - T. Cortes provided the strategic plan updates to the Board.
  - M. Harding spoke how the strategic plan is used as a measure for the Executive Director evaluation.

IX. Old Business
- None

X. Items for future discussion
- Employee Engagement Survey
- Homelessness Updates
- U of M Contracting
- Millage Re-Authorization

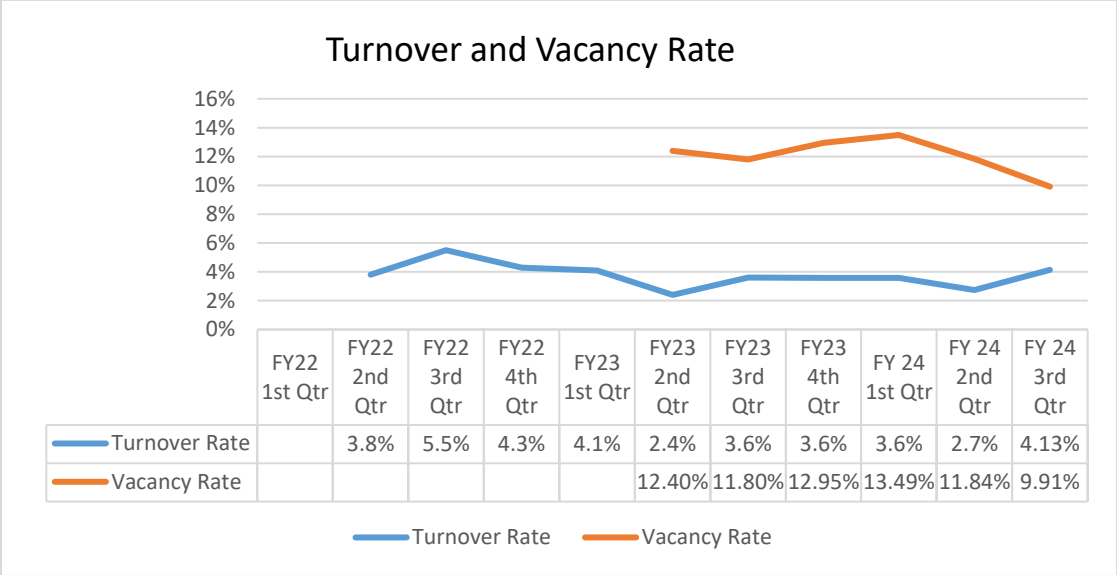
MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 10:30 am.

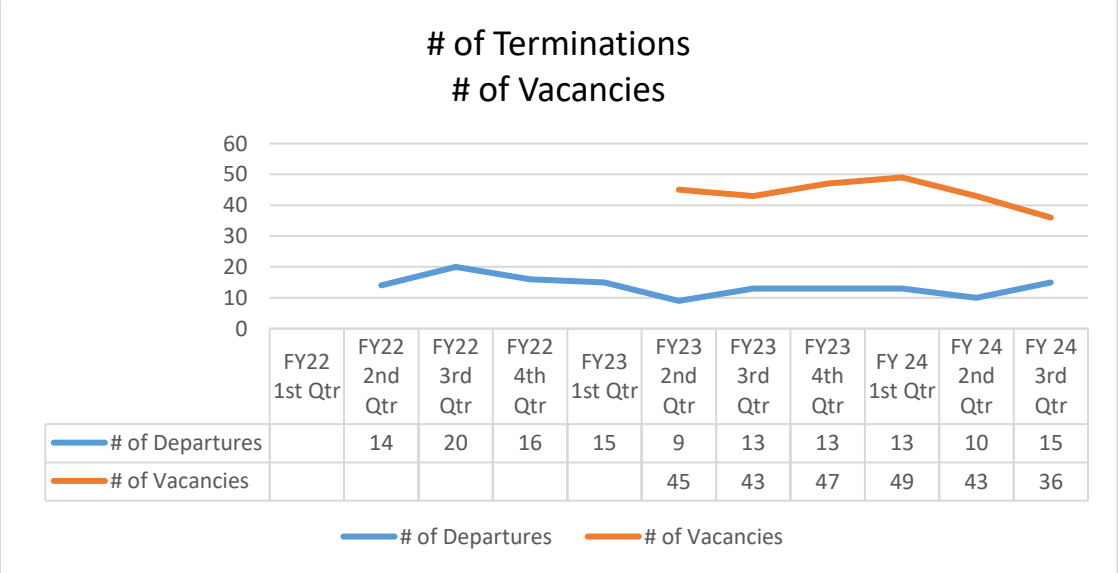
Program and Quality Board Committee
Dashboard Data FY 2024 (Apr - June)

3rd quarter Human Resources
Turnover Rate:
4.13%
15 staff with 363 active positions

Vacancy Rate:
9.91%
36 vacancies with 363 active positions



	FY22 1st Qtr	FY22 2nd Qtr	FY22 3rd Qtr	FY22 4th Qtr	FY23 1st Qtr	FY23 2nd Qtr	FY23 3rd Qtr	FY23 4th Qtr	FY 24 1st Qtr	FY 24 2nd Qtr	FY 24 3rd Qtr
Turnover Rate		3.8%	5.5%	4.3%	4.1%	2.4%	3.6%	3.6%	3.6%	2.7%	4.13%
Vacancy Rate						12.40%	11.80%	12.95%	13.49%	11.84%	9.91%

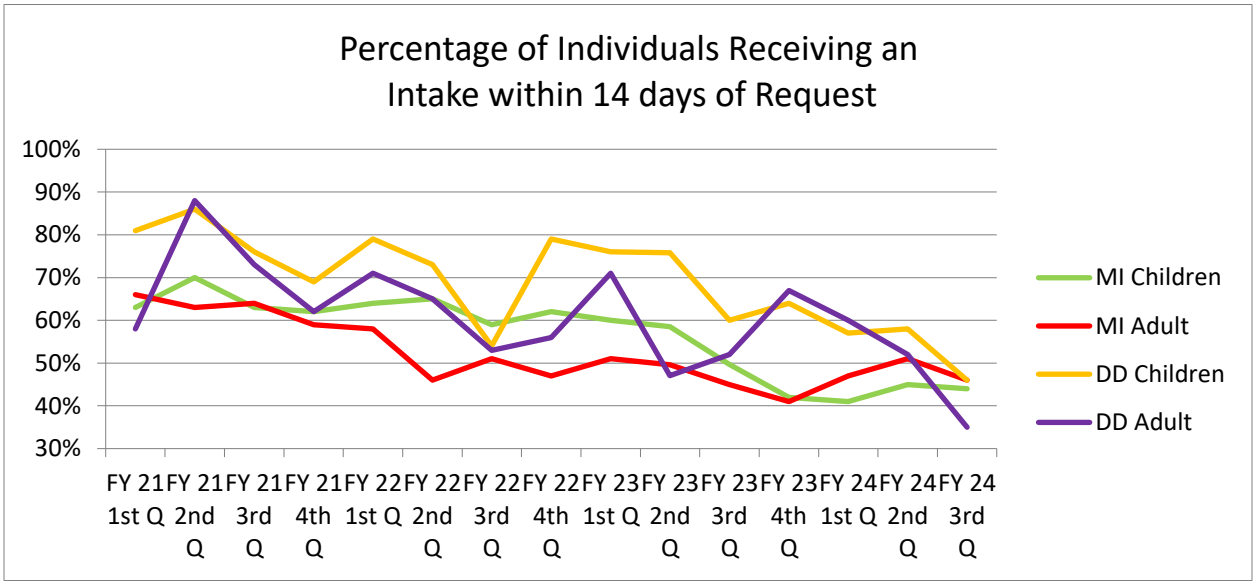


	FY22 1st Qtr	FY22 2nd Qtr	FY22 3rd Qtr	FY22 4th Qtr	FY23 1st Qtr	FY23 2nd Qtr	FY23 3rd Qtr	FY23 4th Qtr	FY 24 1st Qtr	FY 24 2nd Qtr	FY 24 3rd Qtr
# of Departures		14	20	16	15	9	13	13	13	10	15
# of Vacancies						45	43	47	49	43	36

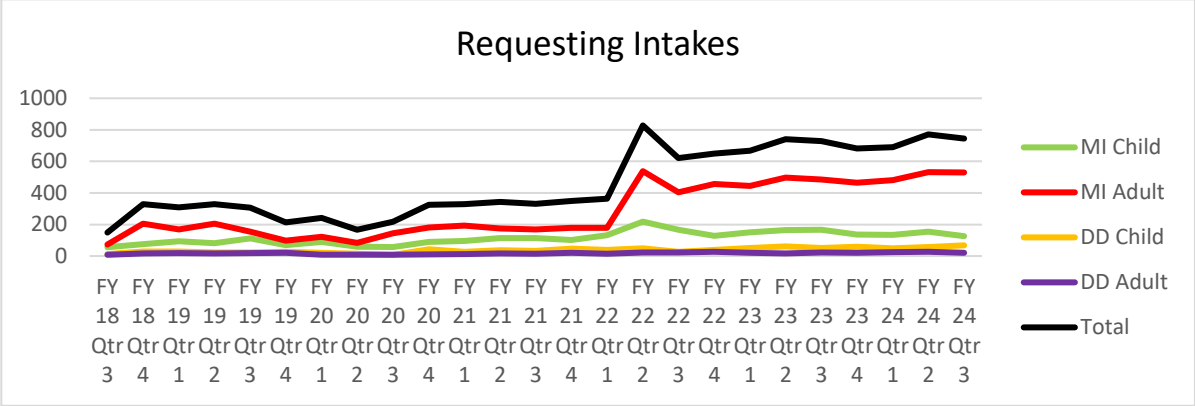
Michigan Department of Health and Human Services (MDHHS) Performance Indicators:
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

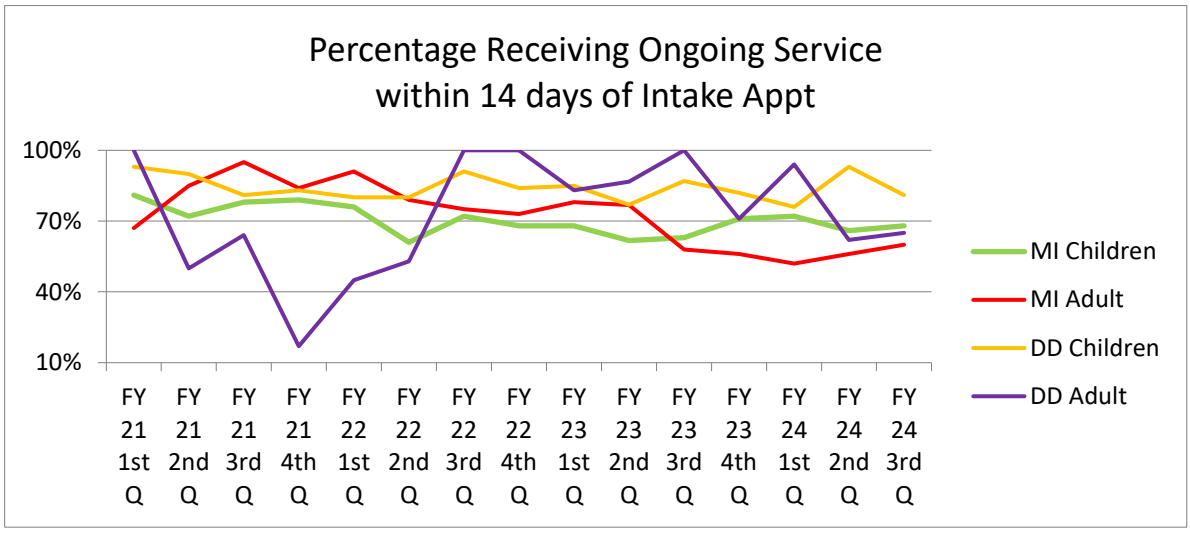
The major change in the operational definition did not allow accounting for consumer choice. Consumer choice is indicated by requesting an appointment outside of the 14-day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance".

For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



FY 24 3rd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	127	56	71	64	44%	89%
MI Adult	529	241	288	275	46%	95%
DD Child	68	31	37	33	46%	89%
DD Adult	20	7	13	11	35%	78%

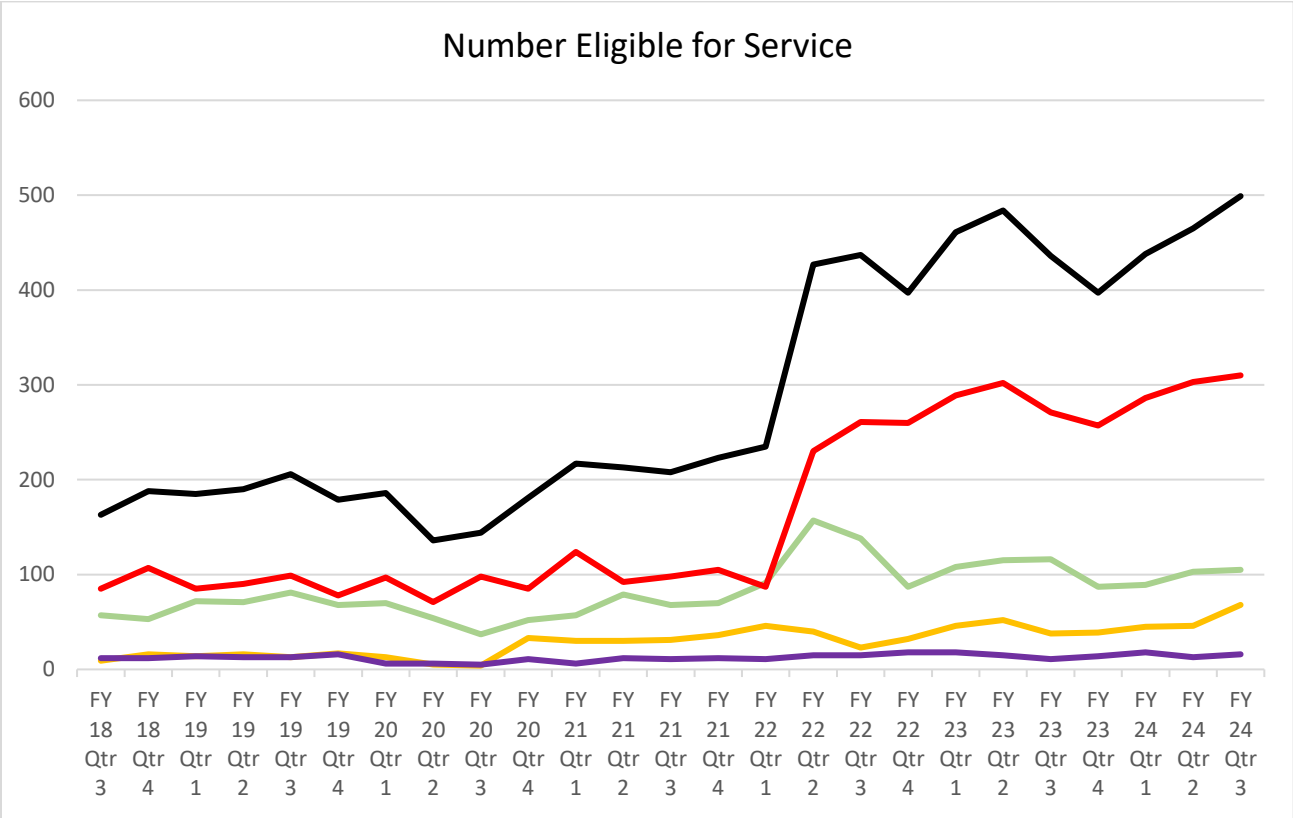


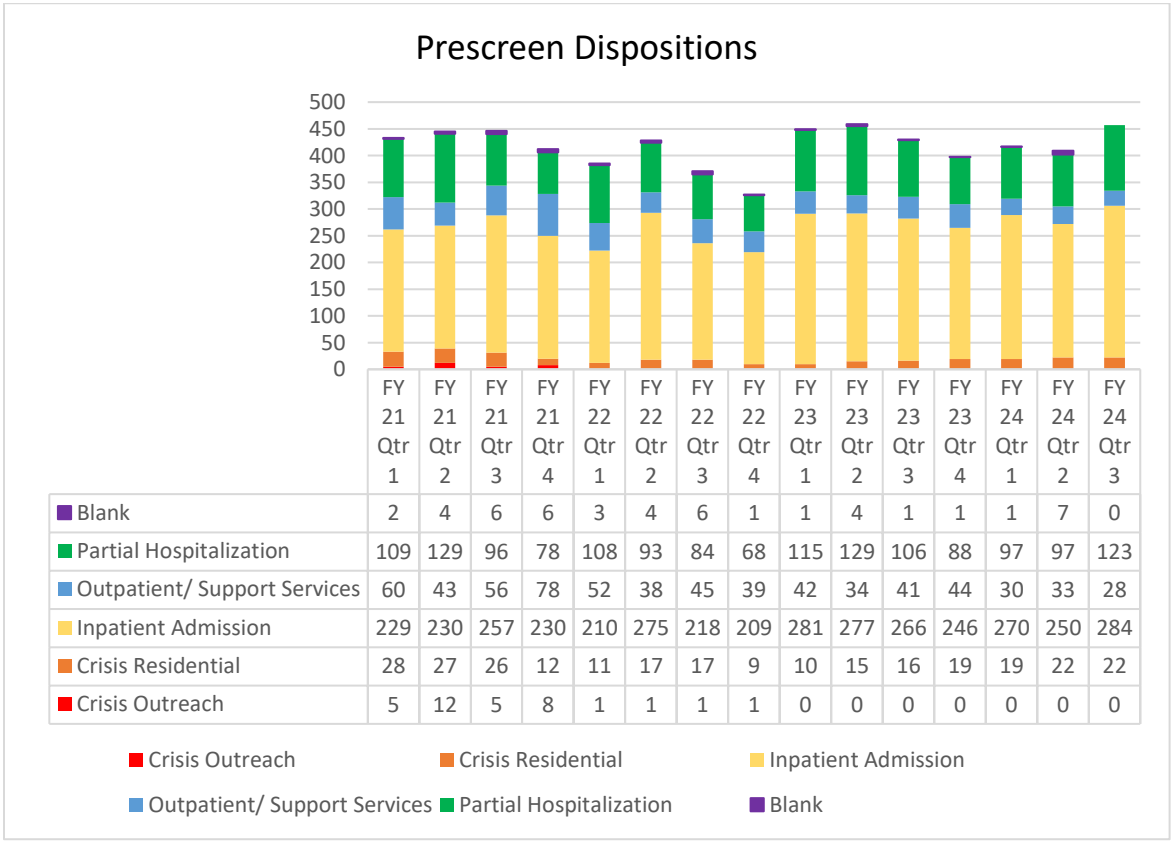


FY 24 3rd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled, Requested >14 days or chose to go elsewhere)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	105	71	34	29*	68%	93%
MI Adult	310	186	124	119*	60%	97%
DD Child	68	52	16	16	76%	100%
DD Adult	16	13	3	0	81%	81%

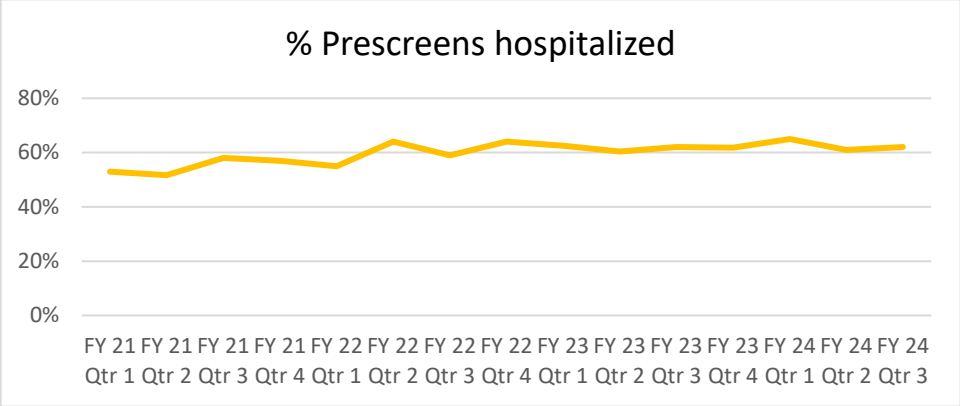
*We have found some individuals who attend their BPS appointment and are found eligible, do not wish to pursue our services. We share other resources with them. These cases still count as out of compliance. The breakdown of these numbers are listed below.

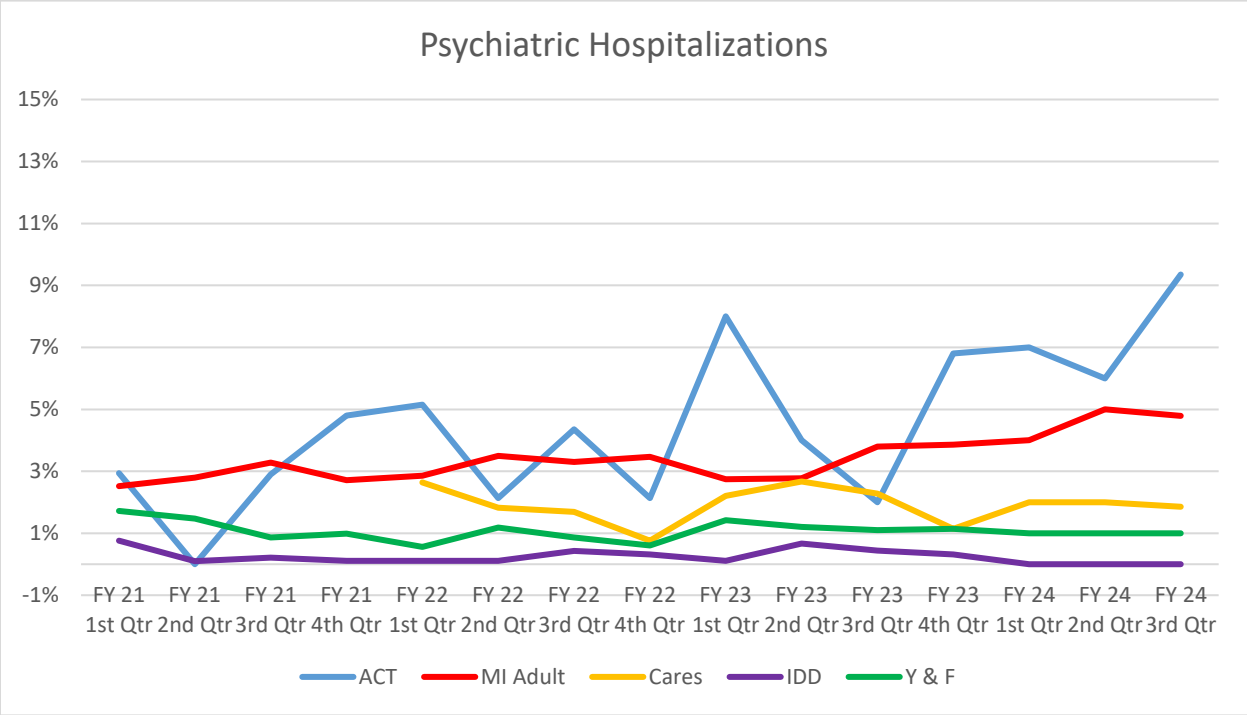
MI Child – 3/29
MI Adult – 32/119



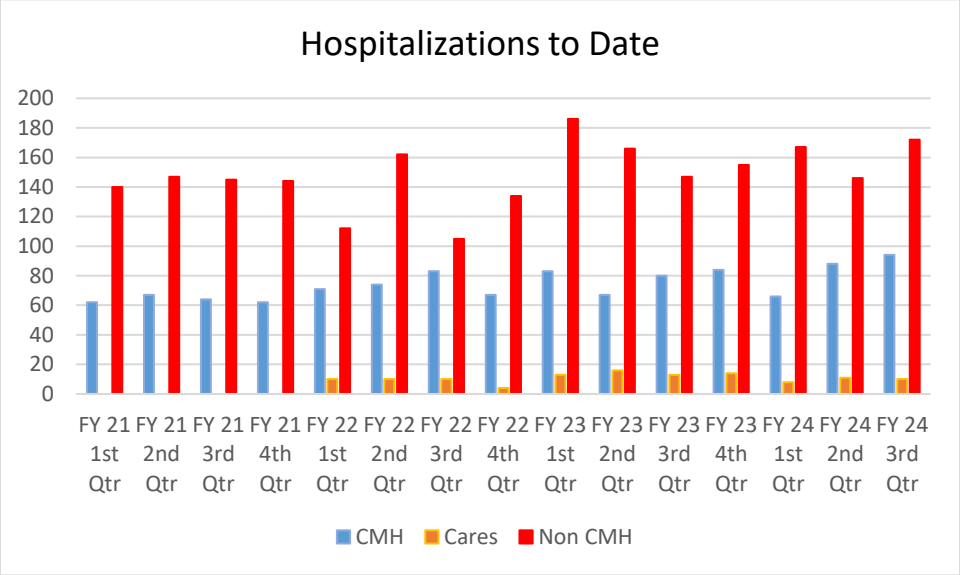


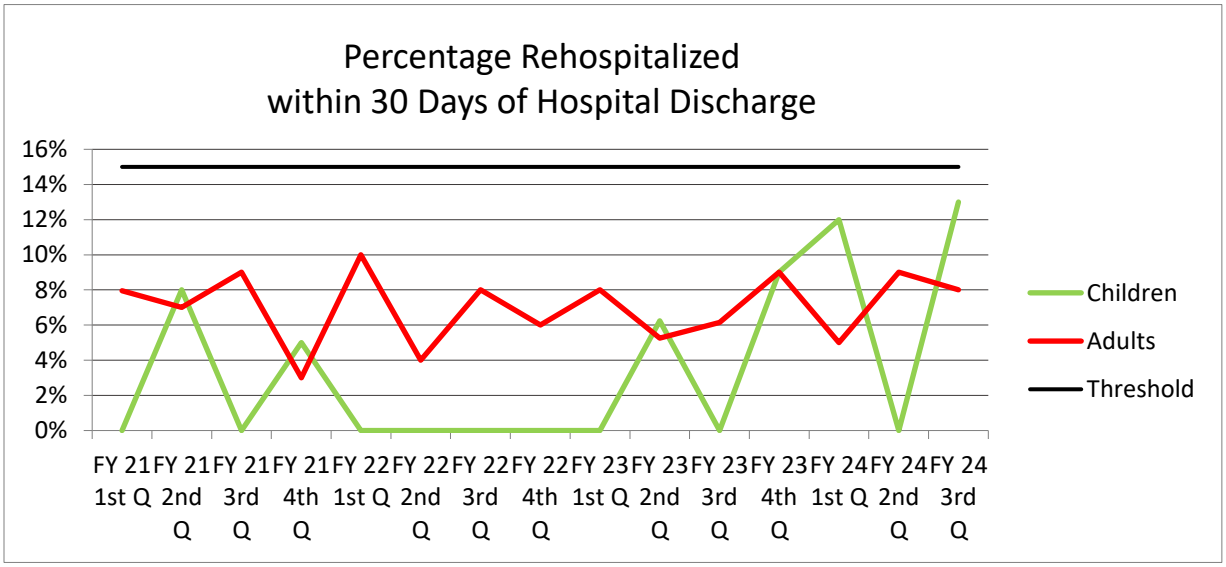
	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2	FY 24 Qtr 3
Blank	2	4	6	6	3	4	6	1	1	4	1	1	1	7	0
Partial Hospitalization	109	129	96	78	108	93	84	68	115	129	106	88	97	97	123
Outpatient/ Support Services	60	43	56	78	52	38	45	39	42	34	41	44	30	33	28
Inpatient Admission	229	230	257	230	210	275	218	209	281	277	266	246	270	250	284
Crisis Residential	28	27	26	12	11	17	17	9	10	15	16	19	19	22	22
Crisis Outreach	5	12	5	8	1	1	1	1	0	0	0	0	0	0	0



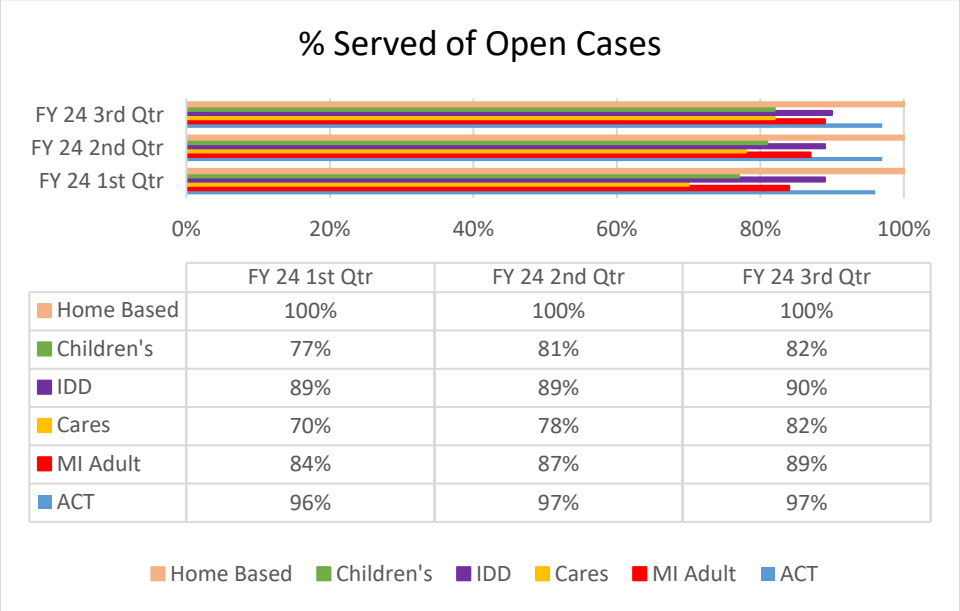


FY 24 3rd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	107	11 (1)	9%
MI Adult	1503	83 (11)	5%
Cares	541	8 (0)	2%
IDD	943	5 (0)	0%
Y & F	953	8 (1)	1%





FY 24 3rd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	15	2	13%
Adult	155	12	8%



	FY 24 1st Qtr	FY 24 2nd Qtr	FY 24 3rd Qtr
Home Based	100%	100%	100%
Children's	77%	81%	82%
IDD	89%	89%	90%
Cares	70%	78%	82%
MI Adult	84%	87%	89%
ACT	96%	97%	97%

Critical Event Data Reported Thru Qtr 3 FY 2024

Critical Events are population and category driven with definitions mandated by MDHHS. Besides reporting deaths, events are typically reflective of ER treatment or hospital admissions due to injury or medication error and involve Waiver or Residential clients. Arrests are only reported when the individual is either a recipient of a Waiver or is in a Specialized AFC setting.

Time period	**Team at Event**	**Type**	**Total**
Qtr 1	Cares	Non Suicide Death	4
	IDD	Non Suicide Death	2
	MI Adult	Non Suicide Death	6
		ER due to Injury	1
Qtr 1 Total			13
Qtr 2	ACT	Non Suicide Death	1
	Children's	Non Suicide Death	1
	IDD	Non Suicide Death	7
	CARES	Non-Suicide Death	1
	MI Adult	Non Suicide Death	8
Qtr 2 Total			18
Qtr 3	IDD	Non Suicide Death	4
		ER due to Injury	1
	MI Adult	Non Suicide Death	3
		Arrest	1
		Hospitalization due to Med Error	1
Qtr 3 Total			10

Mortality Data Thru Qtr 3 FY 2024

Cause of Death	Number of Deaths FY 21	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24
Aspiration Pneumonia	2	3	4	1
Cancer	10	3	8	2
Cardiovascular	6	12	10	17
Dehydration				
Diabetes	1			
Drug Abuse	2	6	10	3
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance			1	
Gastrointestinal	1		3	2
Hip Fracture Complications				
Homicide			3	
Hyponatremia		2		
Inanition				
Infection	5 (4 - COVID 19)	4 (3 - COVID 19)		1
Kidney Disease			1	1
Liver Disease	3	1	1	1
Metabolic				
Natural/Other				
Neurological	7	3	3	3
Respiratory	4	5	5	5
Suicide	2	2	6	1
Trauma	2	3	2	1
Unknown	15	10	8	1
Grand Total	**60**	**54**	**65**	**39**

Sentinel Events: There were no sentinel events in the third quarter.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** **Debarment, Suspension and Exclusion**
Committee/Department: Network Management Committee	**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	12/02/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To prohibit doing business with any individual or entity that is known to be debarred, excluded or suspended from participation in any Federal funded health care program.

II. REVISION HISTORY

DATE	MODIFICATION
07/19/2017	New policy
10/27/2021	3-year review
Will be Regional Approval Date	3-year review

III. APPLICATION

This policy applies to:

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

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Pre-Paid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, intellectual/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.

Disclosing Entity: All CMHPSM, partner CMHSPs or SUD Core Service Provider entities sub-contractors and consultants funded with federal dollars (Medicaid, Block Grant, etc.).

V. POLICY

The CMHPSM, its partner CMHSPs and SUD Core Service Providers may only conduct business utilizing federal funding with individuals and/or entities that meet the standards outlined within this policy.

VI. STANDARDS

A. Disclosing Entity Attestation – All CMHPSM, partner CMHSPs or SUD Core Service Providers that contract with federal funding (Medicaid, Block Grant, etc.) must require the following attestations be made applicable to sub-contracted individuals and/or entities within their sub-contracts:

1. Are presently not debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or PIHP;
2. Have not, within a three-year period preceding the current fiscal year, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are presently not indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in (2) above, and;
4. Have not, within a three-year period preceding the current fiscal year, had one or more public transactions (Federal, State, or local) terminated for cause or default.

B. Identifying Information – The CMHPSM, partner CMHSPs and SUD Core Service Providers, shall obtain the following identifying information from the required disclosers outlined in Standard C:

1. **Individuals:**
   - **a.** First Name
   - **b.** Middle Name
   - **c.** Last Name
   - **d.** Date of Birth
   - **e.** National Provider Identification (NPI)*
     (*Only if individual has been assigned a NPI number. Not all individuals will have a NPI number as it is associated with clinical service delivery)

f. Social Security Number

2. **Entities:**
   a. Entity's Organizational Name;
   b. Entity's Doing Business As (DBA) Name if different than Organizational Name;
   c. Entity's Federal Employer Identification Number (EIN).

C. Required Disclosers – The CMHPSM and its partner CMHSPs shall collect the previously cited identifying information in Standard B from the following individuals and entities:

1. **Required Individual Disclosers**
   a. Direct Employees:
   - All direct employees of the CMHPSM
   - All direct employees of the partner CMHSPs
   - All direct employees of the SUD Core Service Provider

   b. Direct Board Members:
   - CMHPSM Board Members
   - CMHSP Board Members
   - SUD Core Service Provider Board Members

   c. Direct Owners:
   - All individuals with an ownership stake of 5% or more of an SUD Core Service Provider that is not a governmental entity

   d. Licensed Independent Practitioners (LIPs):
   - LIPs contracted with the CMHPSM
   - LIPs contracted with a Partner CMHSP
   - LIPs contracted with an SUD Core Service Provider

   e. Individual Consultants:
   - Consultants contracted with the CMHPSM
   - Consultants contracted with a Partner CMHSP
   - Consultants contracted with an SUD Core Service Provider

2. **Required Entity Disclosers and Associated Individuals Disclosers**
   a. Entity:
   - All contracted service provider entities contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services. All legal name(s) and associated employer identification numbers must be disclosed by the entity.

   b. Individuals Associated with an Entity:
   - Owners - All individuals with an ownership stake of 5% or more of a contracted service provider entity contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services
   - Board Members - All Board Members of a contracted service provider entity contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services.

- Managing Employees -All managing or leadership level employees of a contracted service provider entity contracted with the CMHPSM, a partner CMHSP and/or a SUD Core Service Provider to deliver federally funded services. For example: Executive Directors, Chief Level Positions (CEO, CFO, COO, CIO), Clinical Directors, Program Directors, and any other employees determined to be in a management or leadership position.

D. Debarment and Exclusion Verification List – The CMHPSM and partner CMHSPs are required to collect the identifying information identified in Standard B, on all required reporters identified in Standard C, to create the Debarment and Exclusion Verification List. The data within the Debarment and Exclusion Verification List must be collected at the following instances as required by 42 CFR 455.104:

1. Upon submission of a provider credentialing application to join the CMHPSM provider network.
2. Upon submission of a provider re-credentialing application to continue participation as a CMHPSM network provider.
3. Upon execution of a service contract or re-execution of a service contract.
4. Within 35 days of change of ownership of sub-contracted entities contracted with the CMHPSM, partner CMHSPs or SUD Core Service Providers.

E. Monthly Monitoring – The CMHPSM and partner CMHSPs shall create individual monthly monitoring lists to be verified through the CMHPSM monthly verification process. The CMHSPs will create their monthly monitoring lists individually.

1. The CMHPSM will conduct the monthly verification searches on behalf of the CMHPSM region, based upon the debarment and exclusion verification lists compiled by the CMHPSM itself from the partner CMHSPs and SUD Core Service Providers..
2. The CMHPSM will utilize software or other processes to ensure that individuals and entities on the compiled CMHPSM debarment and exclusion verification list are not found on any of the federal or state databases which identify debarred, excluded or suspended individuals and entities.
3. Monthly search results will be returned to the partner CMHSPs and SUD Core Service Providers. Individuals and entities initially found to match records found in any state or federal debarment and exclusion list will be further verified by the following:
   a. Any individuals initially identified as matching a record found in a federal or state debarment, exclusion or suspension database by first, middle, last name and date of birth will be notified by the CMHPSM, CMHSP or SUD Core Provider that the individual has a relationship with.
   b. The CMHPSM will conduct all verification/substantiation activities for individuals and entities with direct relationships with the CMHPSM. The CMHSP or SUD Core Provider with the direct relationship with the individual or entity will conduct all further verification information gathering activities after the initial monthly search conducted by the CMHPSM.
4. The CMHPSM, CMHSP and SUD Core Providers are unable to employ, fund or contract with individuals or entities if they are substantiated to be on any state or federal debarment and exclusion list. Individuals and/or entities that are debarred, suspended and/or excluded from federal participation are immediately deemed ineligible for any CMHPSM, CMHSP or SUD Core

Service Provider payments utilizing federal funds.

F. Notification of Program Related Convictions

1. **Notification from CMHSP Partner or SUD Core Service Provider**
   The partner CMHSPs and SUD Core Service Providers must immediately notify the CMHPSM and MDHHS if any individuals or entities disclose, attest to, or are found to have been convicted of program related crimes as identified in Section 1128 (a) and 1128(b) (1) (2) or (3) of the Social Security Act.

2. **Notification by CMHPSM**
   The CMHPSM will immediately notify MDHHS if any individuals or entities disclose, attest to, or are found to have been convicted of program related crimes as identified in Section 1128 (a) and 1128(b) (1) (2) or (3) of the Social Security Act.

VII. EXHIBITS

None

VIII. REFERENCES

A. Federal Regulation 45 CFR Part 76
B. Balanced Budget Amendment 438.214(d)
C. 42 CFR Part 455 Subpart B
D. Section 1128 (a) and 1128(b) (1) (2) or (3) of the Social Security Act
E. MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract Section (Section 18.1.3 in FY21 Contract)
F. CMHPSM Debarment Information Collection Form for Organizations (Link)

Washtenaw County Community Mental Health

PRELIMINARY Budget to Actuals

For One Month Ending October 31, 2024

	Current Fiscal Year				
	FY 2025 Amended Budget	FY 2025 Amended Budget YTD	FY 2025 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 54,524,586	$ 4,543,716	$ 4,550,069	$ 6,354	0.14%
HSW	31,656,289	2,638,024	2,697,096	59,072	2.24%
Children & SED Waivers	1,335,478	111,290	102,320	(8,970)	-8.06%
Healthy Michigan Capitation	7,874,111	656,176	656,176	0	0.00%
Autism Capitation	7,980,152	665,013	665,013	0	0.00%
CCBHC Medicaid/HMP	9,137,500	761,458	761,458	(0)	0.00%
CCBHC Supplementary	12,936,000	1,078,000	1,701,710	623,710	57.86%
Behavioral Health Home	572,073	47,673	54,908	7,235	0.00%
TOTAL PIHP Revenue	$ 126,016,189	$ 10,501,349	$ 11,188,750	$ 687,401	6.55%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 371,809	$ 383,139	$ 11,330	3.05%
Grants & Earned Contracts	2,392,867	199,406	222,650	23,244	11.66%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 145,980	$ 71,465	$ (74,515)	-51.04%
Project Revenue	939,998	78,333	38,293	(40,040)	-51.12%
All Other	1,917,652	159,804	301,467	141,663	88.65%
TOTAL Operating Revenue	**$ 137,480,171**	**$ 11,456,681**	**$ 12,205,764**	**$ 749,083**	6.54%
Operating Expenses					
Administrative Expenses					
General Administration	$ 8,329,146	$ 694,096	$ 747,355	$ 53,260	7.67%
Program Administration	4,608,587	384,049	474,124	90,075	23.45%
Residential Services					
Community Living Supports	$ 34,000,000	$ 2,833,333	$ 2,651,425	$ (181,908)	-6.42%
Licensed Residential	22,000,000	1,833,333	1,860,009	26,676	1.46%
Outpatient Services					
Autism Services	$ 12,000,000	$ 1,000,000	$ 1,097,578	$ 97,578	9.76%
Case Management	6,340,214	528,351	670,202	141,851	26.85%
Supports Coordination	3,576,188	298,016	343,065	45,049	15.12%
Skill Building	4,905,514	408,793	370,733	(38,060)	-9.31%
Supported Employment	2,174,459	181,205	170,403	(10,802)	-5.96%
Psychiatry	5,063,666	421,972	434,062	12,090	2.87%
Nursing Services	2,892,534	241,045	314,332	73,288	30.40%
Therapy Services	3,157,108	263,092	311,319	48,227	18.33%
All Other	14,583,888	1,215,324	828,380	(386,944)	-31.84%
Other Expenses					
Community Inpatient	$ 10,476,000	$ 873,000	$ 1,590,000	$ 717,000	82.13%
Local Matches & Shelter	980,000	81,667	5,197	(76,470)	-93.64%
Grants & Earned Contracts	2,392,867	199,406	220,371	20,965	10.51%
TOTAL Operating Expenses	**$ 137,480,171**	**$ 11,456,681**	**$ 12,088,555**	**$ 631,874**	5.52%
Revenue Over/(Under) Expenses	-	-	117,209	117,209	

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Ten Months Ending October 31, 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	$ 481,250	$ 528,147	$ 46,897
Treatment & Stabilization Services	577,500	481,250	531,334	50,084
Crisis Response	787,500	656,250	714,002	57,752
Crisis Stabilization Center	367,500	306,250	104,771	(201,479)
Other CARES Team	417,480	347,900	325,890	(22,010)
Criminal Justice Diversion & Deflection				
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 375,000	$ 215,800	$ (159,200)
Prosecutting Attorney Office	122,779	102,316	112,080	9,764
Supportive Housing				
Supportive Housing	$ 200,000	$ 166,667	$ 191,911	$ 25,244
Michigan Ability Partners	120,000	100,000	85,810	(14,190)
Avalon - Permanent Supportive Housing	380,000	316,667	356,138	39,471
Emergency Housing	175,000	145,833	213,494	67,661
Youth Initiatives and Support				
Washtenaw Intermediate School District	$ 800,000	$ 666,667	$ 556,027	$ (110,640)
Student Advocacy Center	380,672	317,227	317,227	0
Community Family Life Centers	211,000	175,833	159,826	(16,007)
Health Dept - Anti Stigma Campaign	170,000	141,667	141,667	0
Ozone House	120,000	100,000	123,153	23,153
Packard Health - YBMen	125,000	104,167	31,250	(72,917)
Other Youth Initiatives and Support	250,000	208,333	67,000	(141,333)
Other Service Expansion				
Washtenaw Health Plan	$ 165,000	$ 137,500	$ 137,500	$ -
Other	125,000	104,167	78,000	(26,167)
TOTAL Community Wide Service Expansion	$ 6,521,931	$ 5,434,943	$ 4,991,027	$ (443,916)

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Education & Prevention				
Education & Outreach				
NAMI Contract	$ 225,900	$ 188,250	$ 188,250	$ -
MHFA Trainings	25,000	20,833	-	(20,833)
TOTAL Education & Prevention	$ 250,900	$ 209,083	$ 188,250	$ (20,833)
Evaluate & Communicate				
Evaluate				
CHRT Contract	$ 63,435	$ 52,863	$ 70,483	$ 17,621
Communicate				
CHRT Contract	$ 178,875	$ 149,063	$ 181,431	32,369
TOTAL Evaluation & Communication	$ 242,310	$ 201,925	$ 251,914	$ 49,989
Administration of the Millage				
WCCMH	$ 555,000	$ 462,500	$ 501,000	$ 38,500
5 Healthy Towns (Planning)	30,000	$ 25,000	50,000	$ 25,000
Grand Totals	**$ 7,600,141**	**$ 6,333,451**	**$ 5,982,191**	**$ (351,260)**

Millage Revenue Anticiptated for FY24:	
Collection 1/1/24 - 12/3/24	$ 7,745,774
Interest Earnings 2024	$ 607,989
Other Adjustments	$ 109,506
	$ 8,463,269

Fund balance at 12/31/2023 **$ 9,040,944**

Community Mental Health Association of Michigan

MEMORANDUM:

To: CMHA Legislative & Policy Committee

From: Alan Bolter, Associate Director

Date: November 20, 2024

Re: Legislative Update

2024 Michigan Election Recap

Historic Voter Turnout

The November 2024 general election was record setting with 5,666,805 showing up, based on unofficial numbers. That number is 87,488 more voters than voted in 2020. More than 2.2 million absentee ballots were cast, 1.2 million voted in-person early, and more than 2 million voted in person on Tuesday, November 5.

Turnout rose in 74 of 83 counties, and the counties that saw declines were notable as key Democratic voter centers like Wayne, Muskegon, Kent and Kalamazoo counties.

The 37 counties with the largest increases in turnout from 2020 are all Republican-heavy counties, led by Kalkaska (10 percent), Lake, Montmorency and Montcalm (9 percent) and Crawford and Allegan (8 percent). Turnout in key Democratic counties like Kent (-1 percent), Wayne (-2 percent) and Kalamazoo (-4 percent) proved key to President-elect Donald Trump defeating Vice President Kamala Harris. Another key Democratic center, Oakland County, saw almost no change in turnout with only a nominal increase from 2020.

Presidential Race

In Michigan, former President Donald Trump defeated Vice President Kamala Harris by a little over 80,000 votes and capturing 49.7% of the vote. In a race that spared absolutely no expenses, where the two campaigns spent over $276 million dollars this cycle in Michigan alone. Trump ended up winning

74 of Michigan's 83 counties. Trump did win or is projected to win most, if not all, of the other significant battle ground states including; Pennsylvania, Georgia, North Carolina, Wisconsin, Arizona, and Nevada. He is also the first Republican presidential candidate since 2004 to win the National Popular Vote.

US Senate Race

Michigan's U.S. Senate race was an absolute barn-burner with U.S. Representative Elissa Slotkin narrowly defeating former U.S. Representative Mike Rogers. Slotkin's victory continues Michigan Democrats dominance in the U.S. Senate. Slotkin defeated Rogers by roughly 18,000 votes making it one of the closest races in the entire country. Both parties combined in the Michigan US Senate seat race to spend just over $200 million dollars. The seat currently occupied by democrat Debbie Stabenow, who announced her retirement in the beginning of last year.

US House

There were no shocking results in Michigan's Congressional races. The 7th Congressional district was undoubtably impacted by Trump's success which saw a Democratic seat flip. Below are the results of the races we highlighted in Winds of Change:

- 3rd Congressional District: Democrat Hillary Scholten defeated Republican Paul Hudson by a margin of 53.5% to 43.8%.
- 7th Congressional District: Republican Tom Barrett defeated Democrat Curtis Hertel Jr. by a margin of 50.3% to 46.6%. **(republican flip)**
- 8th Congressional District: Democrat Kristen McDonald Rivet defeated Republican Paul Junge by a margin 51.3% to 44.6%.
- 10th Congressional District: Republican John James defeated Democrat Carl Marlinga by a margin of 51.1% to 44.9%.

Kristen McDonald-Rivet was the only democrat to pull out a win in Michigan's toss up congressional seats against her republican opponent in the 8th Paul Junge. McDonald-Rivet's win will put the Michigan Senate chamber at a 19-18 democratic majority rather than its current 20-18 majority. A special election (if and when the Governor calls for a special election) in this swing senate seat will likely leave the Michigan Senate at an 19-19 tie, creating an interesting dynamic to watch in the months ahead.

Michigan Supreme Court

The Michigan Supreme Court races were the outlier of the evening, where democrats secured a 5-2 majority on the Michigan Supreme Court, by securing wins for both Justice Kyra Harris Bolden and newcomer Kimberly Ann Thomas. They defeated their Republican opponents Patrick O'Grady and Andrew Fink by significant margins. Last minute spending in these races proved to turn the tide, despite Republican wins across the board, with Harris and Thomas outspending their opponents in paid media by nearly $6 million to $330,000.

Michigan House of Representatives

The Michigan House of Representatives flipped back to Republican control with republicans claiming victory in 58 seats. Despite the sizable difference in spending with House Democrats spending over $50M to Republicans $30M they could not curtail the republican momentum that occurred.

Republicans had an extremely friendly environment in 2024 and they took advantage of it to take back majority after just one legislative session. The state House was expected to be close, but Republicans pounced on four seats held by Democrats and were able to defend all their vulnerable members. Michigan is poised to enter a new era of divided government in 2025, with a Republican House, but Democratic Senate and Governor.

Below is a run-down of the key races from last night's House election, including the four seats the GOP was able to flip to capture majority:

- 27th House District: Republican Rylee Linting defeated Democratic incumbent Jamie Churches. **(republican flip)**
- 44th House District: Republican Steven Frisbie defeated Democratic incumbent Jim Haadsma. **(republican flip)**
- 46th House District: Republican incumbent Kathy Schmaltz defeated Democrat Daniel Mahoney.
- 54th House District: Republican incumbent Donni Steele defeated Democrat Shadia Martini.
- 58th House District: Republican Ron Dobinson defeated Democratic incumbent Nate Shannon. **(republican flip)**
- 103rd House District: Democratic incumbent Betsy Coffia defeated Republican Lisa Trombley.
- 109th House District: Republican Karl Bohnak defeated Democratic incumbent Jenn Hill **(republican flip)**

New House Members

With new term limits where members can serve up to 12 years in a single chamber there are fewer new faces and even some returning faces from legislatures past. Only 13 new members will join the chamber in January with 2 of those members Nancy Arno-Jenkins and Tim Kelly having served in prior terms. Below is the extensive list of "new members" who will help makeup the **103rd legislature.**

- Portage (HD 40) **Matt Longjohn** (Christine Morse)
- Ann Arbor (HD 33) **Morgan Foreman** (Felicia Brabec)
- Grand Rapids (HD 81) **Stephen Wooden** (Rachel Hood)
- Hamtramck (HD 7) **Tonya Myers Phillips** (Abe Ayiash)
- Hillsdale (HD 35) **Jennifer Wortz** (Andrew Fink)
- Port Huron (HD 64) **Joseph Pavlov** (Andrew Beeler)
- Lenawee County (HD 34) **Nancy Arno-Jenkins** (Dale Zorn)
- Sag. Twp (HD 93) **Tim Kelly** (Graham Filler)
- Petoskey (HD 107) **Parker Fairbairn** (Neil Friske)
- Marquette (HD 109) **Karl Bohnack** (Jenn Hill)
- Sterling Heights (HD 58) **Ron Robinson** (Nate Shannon)
- Downriver (HD 27) **Rylee Lingting** (Jaime Churches)
- Battle Creek (HD 44) **Steve Frisbe** (Jim Haadsma)

Hall To Be Speaker, Puri Minority Leader; More Leadership Posts Announced

Rep. Matt HALL (R-Richland Township), this term's minority leader, will take the Speaker's gavel come January, bringing an end to the first speakership Democrats had since Republicans took control in 2010.

When speaking with reporters, the first thing he mentioned as a priority is to hold session more frequently. "I think that one of the reasons the Democrats lost their majority is because they were too afraid of losing it, and they didn't have session, and they didn't take tough votes," Hall said.

Next, he mentioned establishing a more permanent structure for funding roads by prioritizing it first in the budget and re-dedicating revenue from pork projects. He added that he wouldn't support a tax increase on gas as an added revenue stream. "Governor Whitmer ran on fixing the roads, so I would hope that she would be willing to work with me to solve this problem," Hall said.

When it comes time for budget season, Hall said his caucus will be looking at government-funded programs and evaluating their return on investment, and consider eliminating what isn't working before trying to fund new projects.

The caucus' education plan that was introduced in September, which includes additional funding for school safety and mental health grants, is another policy he'd like to hit the ground running with in January.

The House Republican Campaign Committee's ten-point "Mission for Michigan" is a document Democrats will want to familiarize themselves with, as Hall said the easiest way for bills to make it through the chamber will be to align with those principles.

Rep. Bryan POSTHUMUS (R-Rockford), who has served as minority floor leader under the Democrats, is set to become majority floor leader in the next legislative session, ending Rep. Abraham AIYASH (D-Hamtramck)'s run as the chamber's first Muslim majority floor leader.

He said his first priority is to bring back statesmanship and decorum to the House floor. He didn't mention specific examples from this session that were contrary to those values. Posthumus also mentioned the Mission for Michigan criteria going into the 103rd Legislature. For now, he said he's hoping lame duck will actually be lame.

Rep. Rachelle SMIT (R-Shelbyville) was elected to serve as speaker pro tempore. The former municipal clerk has a reputation among the caucus for being efficient without being controversial and making connections, sources tell *MIRS.*

Reps. Ranjeev PURI (D-Canton) and John FITZGERALD (D-Wyoming) were elected to be minority leader and minority floor leader come January. Puri served as whip under the Democrats' majority.

"It's an extremely humbling moment to be selected by your peers. If you ever want a crash course in humility, try calling your peers and asking for a leadership vote on no sleep," Puri said, immediately mentioning that he and Fitzgerald will do whatever they can to win a majority for their caucus again in 2026.

Puri said he ran a leadership campaign based on elevating the voices of every member of the Democratic caucus. He said he'll do that by re-envisioning how the caucus is made up and trusting more members to help make decisions.

Speaking of re-envisioning the caucus, Rep. Carrie A. RHEINGANS (D-Ann Arbor)' proposed caucus rule changes received discussion in caucus today, Puri said, but were tabled for discussion at a later date.

The rule changes are to elect all leadership positions, create a Rules Committee, allow any member to call for a vote of no confidence against a member in leadership, and adopting the Hastert Rule to prevent a bill from being put on the board. The proposed changes would only impact the caucus operations of the majority party, which the Dems no longer have.

But, while the Dems have the gavel for a few more weeks, Puri said he hasn't become privy to lame duck priorities that will be put forth by Speaker Joe TATE (D-Detroit), who didn't run for any leadership positions for the minority.

The remainder of leadership positions for Democrats weren't announced today, given that only the minority leader and minority floor leader are elected by the caucus and the rest are appointed.

Other Republican leadership positions announced include:

- Rep. Rachelle SMIT (R-Shelbyville) for speaker pro tempore
- Rep. Jay DEBOYER (R-Clay) for associate speaker pro tempore
- Rep. Brian BEGOLE (R-Perry) for assistant majority floor leader
- Rep. Mike HARRIS (R-Clarkston) for majority whip
- Rep. Joseph A. ARAGONA (R-Clinton Township) for chief deputy whip
- Rep. Ken BORTON (R-Gaylord) for caucus chair
- Representative-elect Nancy **JENKINS-ARNO** for caucus vice chair

Governor's Lame Duck To-Do List Includes SOAR And . . .

Finding a dedicated revenue stream going forward for large-scale economic development projects is Gov. Gretchen WHITMER's top legislative priority going into lame duck.

The Strategic Outreach and Attraction Fund (SOAR) has been viewed by the Whitmer administration as a useful tool to spur large-scale projects, but SOAR's annual funding is based on annual legislative negotiations.

The Governor's team was supportive earlier this year of a House plan to set aside $600 million annually into the SOAR Fund over the next 10 years, with $200 million of that going to "significant transit projects" and $100 million to affordable and workforce housing.

Whether it's this plan or another that sets aside money for site development, talent and business attraction is not clear.

Other items the Governor's team would like to see moved to her desk include:

- An expansion to the state's Disaster and Emergency Contingency Fund (DECF), the pot of money used to give assistance to parts of the state hit by natural disasters.

- The creation of the Innovation Fund the Governor proposed in her budget recommendation. The money would help universities and nonprofits invest in tech startups with all returns on investment being reinvested back into the program to support additional startups.

- A mortgage assistance program through the Michigan State Housing Development Authority (MSHDA).

- A Public Safety Trust Fund to provide additional law enforcement support for local governments.

- Additional data privacy protections.

Asked to address the Governor's lame duck priorities, Communications Director Bobby LEDDY said, "Our job remains the same no matter who is in the White House or the state House.

Senate Majority Winnie BRINKS (D-Grand Rapids) said the list of Lame Duck priorities is still being hashed out and that the "pieces now on the chessboard are being determined."

The restaurant community wants to see how legislators might address Michigan possibly outlawing the sub-minimum wage standard for tipped employees, as instructed by the state Supreme Court's adopt-and-amend ruling in July. But Brinks said she is still taking input and feedback on that topic.

She explained there's a long list of things that many people would like to get done this term, "but at the end of the day, it's not as easy as it looks from the outside."

ATTACHMENT #5
DECEMBER 2024

MISSION FOR MICHIGAN

House Republicans' Commitment for a Brighter Future

#1 MAKE MICHIGAN MORE AFFORDABLE

- Reverse the Democrats' income tax hike
- Reduce energy bills and housing costs
- Access to affordable and local child care options

#2 PREPARE ALL KIDS FOR THE FUTURE

- Return to the basics with real-life skills
- Safe and successful schools for all
- Empower parents in their kids' education

#3 DEMAND ACCOUNTABLE AND EFFECTIVE GOVERNMENT

- Ethics and accountability for government
- Better value for tax dollars
- Transparent and fair elections

#4 BUILD SAFER COMMUNITIES FOR STRONGER FAMILIES

- Recruit, retain, and support more police officers
- Eliminate sanctuary cities and counties in Michigan
- Support victims of crime

#5 UNLEASH AFFORDABLE AND RELIABLE CLEAN ENERGY

- Prioritize local control and local energy production
- Modernize nuclear power generation
- Expand natural gas production

#6 ATTRACT HIGH-PAYING CAREERS FOR THE FUTURE

- Assess and improve workforce training
- Invest in education and skilled trades
- Get government out of the way of good paying jobs

#7 STRENGTHEN AND EMPOWER OUR COMMUNITIES

- Fix our crumbling infrastructure – Urban & Rural
- Preserve our natural resources
- Protect the Great Lakes and our farmland

#8 PRIORITIZE MENTAL HEALTH, ADDICTION AND HEALTHCARE ACCESS

- Accessible and affordable mental and general health
- Get dangerous drugs off our streets
- Support for veterans, families and vulnerable populations

#9 GROW OUR ECONOMY

- Create environment for career providers to flourish
- Support innovation and entrepreneurship
- Stop picking winners and losers

#10 SECURE MICHIGAN'S FUTURE FOR ALL GENERATIONS

- Prioritize Michigan companies, not foreign adversaries
- Equal justice respecting the rule of law
- Protect retirement savings

2024 Lame Duck Tracker – Week 1 Update

SBs 915 – 918 - Assisted Outpatient Treatment Bills

SBs 915-918 passed the FULL Senate on Wednesday, December 4 – bills were referred to the House Health Policy Committee.

- Allows law enforcement officers to take someone in for a psychiatric examination if they have "reasonable cause" to believe they need community mental health treatment. Currently, officers must personally witness signs of uncontrolled mental illness.
- Expands petition for access to assisted outpatient treatment to additional health providers
- Provides outpatient treatment for misdemeanor offenders with mental health issues
- Allows use of mediation as a first step in dispute resolution

SBs 651-654 – Tobacco Use, Sales and Prevention

SBs 651-654 passed the FULL Senate on Thursday, December 5 – bills have not been referred to a House Committee yet

- Would end the sale of flavored tobacco products (including flavored e-cigarettes and menthol-flavored cigarettes)
- Require tobacco retailers to be licensed
    - Establishes licensure requirements for retailers ($1500 application fee goes into a Nicotine and Tobacco Regulation Fund, LARA would put towards enforcement and compliance)
    - MI is one of only 10 states that do not require a license to sell tobacco
- Tax e-cigarettes and vaping products containing nicotine for the first time
- Increase tobacco taxes
- Eliminate local preemption on tobacco restrictions
- Repeal penalties that punish kids for tobacco purchase and use.

SB 802 – Mental Health and SUD Registry (CMHA Opposes)

SB 802 passed out of the Senate Health Policy Committee on Wednesday, December 4 – bill is on the Senate Floor

- Require the Department of Health and Human Service's (DHHS's) electronic inpatient psychiatric bed registry to include community-based services.
- Require community mental health services programs to provide the DHHS with the number, type, and other pertinent information on the community-based mental health and substance use disorder services available in the local area.
- Add acute care hospitals or emergency department staff and community mental health services programs to the list of required representatives on the committee that guides the operations of the registry.
- Require the DHHS to compile a list of available community mental health services programs and substance use disorder services program and disclose that information to individuals that used the Michigan Crisis and Access Line.

CMHA believes SB 802 adds another unnecessary administrative burden onto the system. This information is already provided to MDHHS and is available on local websites. This bill is being pushed by the Michigan Hospital Association in the name of transparency.

HB 4693 – Open Meetings Act Change

The House Local Government Committee heard testimony only on HB 4693 on Wednesday, December 4. Chair John Fitzgerald said the committee would be voting the bill out next week.

House Bill 4693 would amend the provisions to allow a public body to meet electronically under any circumstances if the following conditions are met:

- No member of the public body is directly elected by the voters to serve on the body.
- No member is compensated for their service.
- The body is not legally authorized to directly raise revenue by imposing any tax, millage, assessment, or fee on persons, property, or transactions within its jurisdiction.
    - A public body's receipt of one-time funding from another governmental entity, including the state or federal government, would not disqualify it from being able to meet remotely under these provisions.

The public body would have to establish procedures that do all of the following:

- Allow absent members to participate in, and vote on, business before the public body and include procedures for two-way communication.
- Provide a way to notify the public of a member's absence and let them know how to contact that member before the meeting to give input on anything that will come before the public body.
- Require a member attending remotely to specify the county, city, township, or village and state where they are physically located.

HB 5785 – Limited Licensed Psychologist Supervision

HB 5785 passed out of the House Health Policy Committee on Thursday, December 5 – bill is on the House Floor

- Change criteria regarding limited licensese to practice psychology (notably by removing supervision requirements for a person practicing under a limited license and requiring a longer period of supervised postgraduate experience to apply).
- Allow the two-year temporary limited license for individuals getting their required amount of supervised postgraduate experience to be extended for two additional two year periods (instead of just one), for a total of six years (instead of four).

HBs 5371 & 5372 – CCBHC Codification

HBs 5371 & 5372 passed out of the House Health Policy Committee on Thursday, December 5 – bill is on the House Floor

The bills would codify the CCBHC program into state statute, for example it would:

- Would require DHHS to develop, in accordance with federal law and regulations, a prospective payment system under the medical assistance program for funding all of the following:
    - A CCBHC.
    - A community mental health service program (CMHSP), nonprofit organization, or private organization that provides mental health services that is certified by DHHS as a CCBHC, is licensed by DHHS, and adheres to all federal CCBHC requirements.
    - A mental health provider who is certified by DHHS as a CCBHC and who adheres to all federal CCBHC requirements.
- Ensure continuing compliance with DHHS licensing and certification requirements.
- Prohibit the state government from implementing a policy that contradicts or interferes with the implementation of federal definitions or requirements for a CCBHC.
- Require the state government to develop a process of determination for additional CCBHC sites in specific geographic regions that must comply with federal CCBHC requirements, to address service area overlap.
- Require the state government to continue to participate with the federal government to implement CCBHCs. The bill states, "To opt out of participation, there must be a vote of the legislature."

HB 5178 – Syringe Service Programs (SSP)

HB 5178 passed out of the House Health Policy Committee on Thursday, December 5 – bill is on the House Floor

This bill allows communities to opt-in to a SSP. Under the bill, the possession, distribution, or delivery of any of the following by an individual who is served by, or who acts as an employee or volunteer for, a program described above would not be a violation of section 7401 or 7403 of the Public Health Code1

or a local ordinance that substantially corresponds to those sections or that provides criminal penalties for the possession of drug paraphernalia:

- A needle or hypodermic syringe, including one that is empty or unused.
- Drug paraphernalia.
- A controlled substance in a trace or residual amount in a used needle, hypodermic syringe, or drug paraphernalia. • Drug testing equipment, including a test strip or reagent.

HB 4833 – Dual Licensure Requirements / SUD

HB 4833 passed out of the House Health Policy Committee on Thursday, December 5 – bill is on the House Floor

Under the bill, except as described below, a person could not establish, conduct, or maintain a substance use disorder services program that offers any service that is a substance use disorder treatment and rehabilitation service unless it is licensed under Part 62.

A license under Part 62 would not be required to provide substance use disorder prevention services.

A license under Part 62 would not be required by any of the following:
- A person that is otherwise licensed to provide psychological, medical, or social services.
- A hospital licensed under Article 17 of the Public Health Code.
- A psychiatric hospital or psychiatric unit licensed under section 134 of the Mental Health Code.

The bill would change references in Part 62 to licensure of a substance use disorder services program so that they would apply only to the licensure of substance use disorder treatment and rehabilitation services.

Finally, the bill would remove a provision that now requires the Department of Licensing and Regulatory Affairs (LARA), before issuing a license to an applicant under Part 62, to provide an opportunity for individuals in the applicant's service delivery area to comment.

HB 6058 – Public Employer Health Insurance Contribution Caps

HB 6058 passed out of the House Labor Committee on Thursday, December 5 – bill is on the House Floor

The bill would increase the hard caps for employer insurance contributions:
- $8,258 for single-person coverage
- $17,271 for individual-and-spouse coverage
- $22,523 for family coverage

These increases represent a jump of 7.25 percent from 2024 levels. The bill maintains an inflationary adjustment tied to the medical care component of the U.S. Consumer Price Index (CPI), but adds a floor of a 3 percent annual increase, ensuring the caps rise even during periods of low inflation. On top of the

indexed or 3 percent increase, the bill also allows for an additional 5 percent increase that would be a subject of bargaining.

However, HB 6058 also makes significant changes to the 80/20 cost-sharing option. PA 152 now requires employers to pay "no more" than 80 percent of the cost of health premiums. HB 6058 would require employers to pay "no less" than 80 percent, effectively opening this provision to collective bargaining.

Lastly, HB 6058 also allows for different bargaining units to have different caps, effectively slating some bargaining units to pay less for health premiums than others.

MAC is concerned this change would reduce predictability for public employers and potentially increase costs. While MAC supports raising the hard caps to better reflect the rising costs of health care, MAC seeks a simpler approach to the readjustment by tying the caps to a more appropriate inflationary index that better tracks health insurance premium increases.

Other Bills that saw NO ACTION this week:

- HB 4707 – Mental Health and SUD Parity expansion (remains on the House Floor)
- HBs 5184 & 5185 – Social Worker Licensure Change (remains in House Health Policy Committee)
- HB 5179 – Fentanyl Testing Strips (remains in Senate Health Policy Committee)
- SB 870 – Open Meetings Act Change for persons with disabilities (remains in House Govt Ops Committee)
- HBs 5077 & 5078 – Naloxone Distribution (remains on Senate Floor)
- SB 542 – Opioid Antagonist Expansion (remains in House Health Policy Committee)
- No supplemental budget action

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget Amendment

	Current Fiscal Year			
	FY 2025 Original Budget	FY 2025 Amended Budget	Amended Budget Over/(Under) Original Budget	%
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 52,224,587	$ 54,524,586	$ 2,299,999	4.40%
HSW	32,051,826	31,786,139	(265,687)	-0.83%
Children & SED Waivers	1,335,478	1,205,628	(129,850)	-9.72%
Healthy Michigan Capitation	6,155,256	7,874,111	1,718,855	27.92%
Autism Capitation	7,423,397	7,980,152	556,755	7.50%
CCBHC Medicaid/HMP	8,500,000	9,137,500	637,500	7.50%
CCBHC Supplementary	11,800,970	12,936,000	1,135,030	9.62%
Behavioral Health Home	508,521	572,073	63,552	12.50%
TOTAL PIHP Revenue	$ 120,000,035	$ 126,016,189	$ 6,016,154	5.01%
MDHHS Revenue				
State General Funds	$ 4,597,669	$ 4,461,704	$ (135,965)	-2.96%
Grants & Earned Contracts	2,392,867	2,392,867	-	0.00%
All Other Revenue				
County Appropriation	$ 1,751,761	$ 1,751,761	$ -	0.00%
Project Revenue	939,998	939,998	-	0.00%
All Other	1,917,652	1,917,652	-	0.00%
TOTAL Operating Revenue	**$ 131,599,982**	**$ 137,480,171**	**$ 5,880,189**	4.47%
Operating Expenses				
Administrative Expenses				
General Administration	$ 8,329,146	$ 8,329,146	$ -	0.00%
Program Administration	4,608,587	4,608,587	-	0.00%
Residential Services				
Community Living Supports	$ 32,032,000	$ 34,000,000	1,968,000	6.14%
Licensed Residential	19,355,000	22,000,000	2,645,000	13.67%
Outpatient Services				
Autism Services	$ 12,000,000	$ 12,000,000	$ -	0.00%
Case Management	6,340,214	6,340,214	-	0.00%
Supports Coordination	3,576,188	3,576,188	-	0.00%
Skill Building	4,905,514	4,905,514	-	0.00%
Supported Employment	2,174,459	2,174,459	-	0.00%
Psychiatry	5,063,666	5,063,666	-	0.00%
Nursing Services	2,892,534	2,892,534	-	0.00%
Therapy Services	3,157,108	3,157,108	-	0.00%
All Other	13,316,699	14,583,888	1,267,189	9.52%
Other Expenses				
Community Inpatient	$ 10,476,000	$ 10,476,000	$ -	0.00%
Local Matches & Shelter	980,000	980,000	-	0.00%
Grants & Earned Contracts	2,392,867	2,392,867	-	0.00%
TOTAL Operating Expenses	**$ 131,599,982**	**$ 137,480,171**	**$ 5,880,189**	4.47%
Revenue Over/(Under) Expenses	-	-	-	