

Mid-State Health Network

Board of Directors Meeting ~ July 6, 2021 ~ 5:00 p.m.

Board Meeting Agenda

THIS MEETING WILL BE HELD AT A PHYSICAL LOCATION WITH APPROPRIATE SOCIAL DISTANCING
AND/OR MASKING REQUIREMENTS

Mt. Pleasant Comfort Inn & Suites
Hotel and Conference Center
2424 South Mission Street
Mt. Pleasant, MI 48858

MEMBERS OF THE PUBLIC AND OTHERS UNABLE TO ATTEND IN PERSON CAN PARTICIPATE IN THIS
MEETING VIA TELECONFERENCE

Teleconference: (Call) 1.312.626.6799; Meeting ID: 379 796 5720

1. Call to Order
2. Roll Call
3. **ACTION ITEM:** Approval of the Agenda
Motion to Approve the Agenda of the July 6, 2021 Meeting of the MSHN Board of Directors
4. Public Comment (3 minutes per speaker)
5. Board Development: Gambling: Prevention and Treatment (Page 3)
6. Chief Executive Officer's Report (Page 9)
7. Deputy Director's Report (Page 28)
8. Chief Financial Officer's Report
 - 8.1 Financial Statements Review for Period Ended May 31, 2021 (Page 30)
Receive and File Preliminary Statement of Net Position and Statement of Activities for the Period ended May 31, 2021
 - 8.2 FY 21 MSHN Block Grant Reductions – Fiscal Impact/Effectiveness Update (Page 38)
9. **ACTION ITEM:** Contracts for Consideration/Approval (Page 41)
The MSHN Board of Directors Approve and Authorizes the Chief Executive Officer to Sign and Fully Execute the FY 2021 Contracts, as Presented on the FY 2021 Contract Listing
10. Executive Committee Report
11. Nominating Committee Report
12. Chairperson's Report



OUR MISSION:

To ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members

OUR VISION:

To continually improve the health of our communities through the provision of premiere behavioral healthcare & leadership. MSHN organizes and empowers a network of publicly funded community partnerships essential to ensure quality of life while efficiently, and effectively addressing the complex needs of the region's most vulnerable citizens.

Board of Directors Meeting Materials:

Click [HERE](#)
or visit MSHN's website at:
<https://midstatehealthnetwork.org/stakeholders-resources/board-councils/board-of-directors/FY2021-meetings>

Upcoming FY21 Board Meetings

Board Meetings convene at 5:00pm
unless otherwise noted

July 6, 2021

Mt. Pleasant Comfort Inn and Suites
See above for address information

September 14, 2021

Location/format to be determined.

Policies and Procedures

Click [HERE](#) or Visit
<https://midstatehealthnetwork.org/provider-network-resources/provider-requirements/policies-procedures/policies>

13. **Action Item: Consent Agenda Motion to Approve the documents on the Consent Agenda**

- 13.1 Approval Board Meeting Minutes 05/04/21. *(Page 43)*
- 13.2 Receive SUD Oversight Policy Advisory Board Minutes 06/16/21. *(Page 48)*
- 13.3 Receive Board Executive Committee Minutes, 05/21/21 *(Page 52)*, 05/25/21 *(Page 54)* and 06/18/21 *(Page 55)*.
- 13.3.1 Approve Executive Committee Action 05/25/21 to approve board statement and send to policy makers relating to system redesign proposals. *(Page 56)*
- 13.4 Receive Policy Committee Minutes, 06/01/21. *(Page 59)*
- 13.5 Receive Operations Council Key Decisions, 05/17/21 *(Page 61)* and 06/07/21. *(Page 63)*
- 13.6 Receive Nominating Committee Minutes, 04/14/21. *(Page 64)*
- 13.7 Approve the following policies:
 - 13.7.1 Employee Compensation Policy *(Page 65)*
 - 13.7.2 Performance Evaluation Policy *(Page 67)*
 - 13.7.3 Personnel Manual *(Page 68)*
 - 13.7.4 Position Management *(Page 90)*
 - 13.7.5 Public Health Emergency Notice *(Page 92)*
 - 13.7.6 Reimbursement for Credentials, Licensures and Memberships *(Page 94)*
 - 13.7.7 Separation Policy *(Page 96)*
 - 13.7.8 Succession Planning Policy *(Page 98)*

14. Other Business

15. Public Comment (3 minutes per speaker)

16. Adjourn

Gambling Prevention Grant

- Youth and Older Adult Prevention
- Current Gambling Legislation
- Geofencing and Targeted Impression Campaign



1

Gambling Grant History

[MSHN Gambling Disorder Prevalence Study](#) (2019): Low prevalence of GD in Region 5. Decision to focus on GD prevention.

Offered provider training using KWB Strategies curriculum (youth version of *Stacked Deck*) & *Gambling Away the Golden Years* (for older adults)

- 30 provider staff trained at two trainings in February 2020
- 15 provider staff trained via Zoom in February 2021

2

Youth Prevention

- KWB Strategies developed a shortened version of the *Stacked Deck* curriculum for LRE. It was approved by MDHHS for use in other regions.
- Has 2 lessons with pre/post testing, videos, discussions, & interactive activities
- Parent Fact Sheets are included for each lesson customizable for each county with MiPHY data. A link to a Parent Lesson on the developer's website is also included.
- 11 sessions offered to date

3

Older Adult Prevention



Gambling Away the Golden Years is a kit that includes a 10-minute video featuring older adults with booklets to guide discussion and offer tips.

- MSHN has supplied 13 kits to providers in our region.
- 2 sessions offered to date with several others planned

4

Other Training and Education

- Michigan Problem Gambling Symposium - MSHN and provider staff attended in 2020 and 2021
- National Problem Gambling Conference - MSHN staff attended virtually in November 2020
- Brought Lori Mello from HMA (MI Problem Gambling Helpline) to December 2019 Quarterly SUD Provider Meeting for presentation on Gambling Disorders
- Brought Mae Lambert-Thompkins from the HMA (MI Problem Gambling Helpline) to December 2020 Quarterly SUD Provider Meeting for presentation on youth and gaming/gambling

5

Geofencing & Targeted Ad Campaign

- Worked with MacDonald/Garber Broadcasting to develop a web-based ad campaign to run April-September 2021
- Geofencing around Soaring Eagle in Mt. Pleasant and Saganing Eagles Landing in Standish with 100,000 impressions per month
- Targeted Display with 1.5 million+ impression per month to over 400,000 people



6

Current Michigan Gambling Legislation

Online gaming took effect January 2021 with aggressive marketing by on-line organizations such as FANDuel, STARS Casino; BetMGM; DraftKing; GoldenNugget; etc.

Section 12. (1)(4) of the new act requires *"A sports betting operator shall display or require its sports betting platform provider to display on the internet sports betting platform used by the sports betting operator, **in a clear conspicuous and accessible manner, the number of the toll-free compulsive gambling hotline maintained by the State** and offer responsible gambling services."*

7

Current Michigan Gambling Legislation



Photo enhanced – and is **not clear, conspicuous or easily accessible**

8

Lawful Internet Gaming Act PA152 of 2019

How is the new revenue being disbursed?

20% of received revenue to go back to the city in which the internet gaming operator licensee is located. Allowable use of funds in that city:

1. Hiring, training, deployment of street patrol officers
2. Neighborhood development programs designed to create jobs
3. Public safety programs, such as EMS, fire departments; could also include street lighting
4. Anti-gang & youth development programs
5. Other programs designated to "improve the quality of life"
6. Relief to taxpayers
7. Cost of capitol improvements
8. Road repairs

70% goes to an internet gaming fund within the Michigan Treasury Fund that can be used for:

1. Administrative; regulatory and enforcement of the Lawful Internet Gaming Act.
2. \$500,000.00 to the Compulsive Gaming Prevention Fund each year
3. \$2 million to the First Responder presumed coverage fund (part of Worker's Compensation Disability Act) and;
4. All remaining funds may be distributed into the state school aid fund.

10% distributed into Michigan Strategic Funds account

9

Michigan Lottery Sales the Past Two Years

County	March 2019-December 2019	March 2020-December 2020	% change
Arenac	\$1,848,721	\$2,830,716	53%
Bay	\$11,132,305	\$21,387,085	92%
Clare	\$2,612,983	\$7,140,944	173%
Clinton	\$6,453,990	\$12,137,960	88%
Eaton	\$14,382,337	\$27,645,529	92%
Gladwin	\$2,594,222	\$7,286,155	181%
Gratiot	\$2,740,290	\$7,520,291	174%
Hillsdale	\$5,277,564	\$10,572,306	100%
Huron	\$2,891,723	\$6,907,666	139%
Ionia	\$5,245,938	\$11,199,982	113%
Ingham	\$23,187,670	\$49,270,005	112%
Isabella	\$4,471,701	\$10,134,254	127%
Jackson	\$18,047,879	\$37,018,335	105%
Mecosta	\$2,219,809	\$4,797,788	116%
Midland	\$6,181,474	\$14,832,674	140%
Montcalm	\$5,142,412	\$11,366,070	121%
Newaygo	\$3,591,446	\$7,471,169	108%
Osceola	\$1,763,320	\$3,680,032	109%
Saginaw	\$15,195,538	\$35,215,750	132%
Shiawassee	\$9,750,288	\$18,841,335	93%
Tuscola	\$5,121,927	\$11,287,809	120%

10

How to Access Treatment

Michigan Problem Gambling Helpline is available 24/7, 365 days a year for Michigan residents.

- The Gambling Treatment Program is a statewide program for compulsive gamblers and their families. Through this program, individuals needing assistance with problem and/or compulsive gambling can receive a referral to a trained treatment provider for assessment and treatment. Treatment is available for individuals, groups and families.
- The Helpline can make a referral to a counselor in your area and is always looking to add additional treatment providers to their panel. They offer a training to counselors who want to join their panel.
- The Disassociated Persons List- people can voluntarily add their name to this list to permanently ban themselves from the Detroit casinos.

1-800-270-7117

**REPORT OF THE MSHN CHIEF EXECUTIVE OFFICER
TO THE MSHN BOARD OF DIRECTORS
May/June 2021**

Bay Arenac
Behavioral Health
•
**CMH of
Clinton.Eaton.Ingham
Counties**
•
CMH for Central Michigan
•
Gratiot Integrated Health
Network
•
Huron Behavioral Health
•
The Right Door for Hope,
Recovery and Wellness (Ionia
County)
•
LifeWays CMH
•
Montcalm Care Center
•
Newaygo County
Mental Health Center
•
Saginaw County CMH
•
Shiawassee Health and
Wellness
•
Tuscola Behavioral
Health Systems

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

James Anderson
Acting Secretary

Kurt Peasley
Immediate Past Officer

Together with the MSHN Leadership Team, Deputy Director Amanda Ittner and I want to acknowledge with gratitude the ongoing efforts of our staff, our CMHSP partners, our SAPTR provider partners, and our MDHHS/BHDDA colleagues in meeting the challenges of supporting beneficiaries, stakeholders, and our provider system workforce from the very beginning of our pandemic response. Our staff and partners have remained engaged, committed and highly effective in supporting beneficiaries, our PIHP and our region. Services and supports to individuals, their families and supports, and communities across the region could not continue to be provided without the dedication and commitment of everyone involved against incredible risks and barriers.

MSHN is pleased to announce that Sherry Kletke has been hired as Executive Assistant. Board members will have an opportunity to meet Sherry at the July board meeting. She comes to MSHN from CMH for Clinton-Eaton-Ingham with over 20 years of experience. Please join me in welcoming Sherry as you have opportunities to meet or talk with her.

PIHP/REGIONAL MATTERS

1. COVID-19 MSHN Internal Operations Status:

- MSHNs suite of three offices within the Michigan Optometric Association building have been closed since March 16, 2020.
- All MSHN personnel remain engaged in the work of supporting our region, its providers, and beneficiaries. All MSHN personnel are working from remote locations 100% of the time, except for the one employee, Sherry Kletke, that is office-based.
- Mid-State Health Network internal operations will continue to be performed and conducted via away from office (remote) work arrangements for an indeterminate period, for all employee classifications unless specific operational or business requirements mandate that a specific employee or group of employees be deployed for in-person work at either the MSHN office location(s) or at provider or community-based site(s). We remain in regular communication directly with MSHN staff and through leadership team members.
- Governor Whitmer's administration has rescinded all non-healthcare workplace restrictions and other public health emergency orders.
- MSHN is engaged in the process of evaluating the conditions for a return to office-based work, continuation of remote-based work, or a hybrid arrangement, including gathering information on employee preferences and individual position requirements.

2. MSHN Regional Operations Status:

- CMHSPs: All CMHSPs in the region remain functional and capable of delivering all essential services and supports to beneficiaries, families, and communities. CMHSPs in the region are at various tiers and in various stages of office-based services reengagement. Most are continuing with a blend of telehealth and in-person services.

- SUD Prevention, Treatment and Recovery Providers: All SUD providers remain functional and capable of delivering all essential services and supports to beneficiaries, families and communities. In all cases, services and supports that can be delivered telephonically or by means of video or other alternatives to in-person/face-to-face have been developed and deployed (as authorized under State guidance).

3. **Provider Stabilization Update:**

- Previous board reports have provided background on regional provider stabilization activities. As of April 30, 2021, and reported to MDHHS in late June, MSHN CMHSP networks have been supported with a cumulative \$10.8M in stabilization support. MSHN has also provided a cumulative total of \$2.3M in support to its substance abuse treatment network. The region has not identified any providers at risk of COVID-related closure. MSHN notes that 105 providers that it had supported financially at some point during the pandemic no longer require stabilization assistance.
- MDHHS is requiring that the PIHP Provider Network Stabilization Plans be continued through all of FY21 (through 09/30/21). The regional plan is located on the [MSHN Coronavirus Page at this link.](#)

4. **Substance Abuse Prevention and Treatment Block Grant (SABG):**

Mid-State Health Network will provide an update on the status of block grant reduction implementation at the July board meeting. By way of background, MSHN has implemented a region-wide block grant reduction strategy to absorb OROSC-initiated reductions that were effective January 1, 2021. MSHN had anticipated having detailed specifications of new supplemental block grant funding by the July board meeting but does not yet have those specifications. While supplemental funding is good news, the federal legislation places limits, COVID-related objectives, and separate reporting requirements on potential grantees. In other words, these new funds are not the same block grant funds providers are used to operating from and in many ways the new funding is different in purpose, scope, and intent.

While MSHN is eager to ease the block grant funding reduction burden on beneficiaries served across the region and our provider partners, these variables make it impossible for us to make the necessary decisions at this time. We will move forward with revising our funding plans when solid information is available. Until then, MSHN asks that your organization continue to implement the current regional block grant strategy.

5. **MSHN Board Strategic Planning:**

MSHN leadership would like to thank our board members for their participation in the May strategic planning sessions. Input from board members (and other constituents) is being used to refine our strategic plan and to develop operational/tactical planning. This process should be completed by August and a final proposed strategic plan will be presented to the MSHN Board for consideration at the September 2021 board meeting.

A survey of board member feedback on the strategic planning sessions was conducted. Attached to this report are the results of the survey, which MSHN will use to guide future strategic planning activities with the board.

6. **Board Survey/Board Packet Availability:**

Some board members expressed a desire for board packets to be available sooner than seven calendar days before a board meeting. We have established this release date so that the information is as current as possible and so that financial statements and other documents can be included in the packet. In discussion with the

Executive Committee, we want to have a brief discussion of our reasoning for packet release and to determine if individual accommodations are needed, or the board would like to have information sooner than scheduled. I will initiate this brief discussion at the July board meeting.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

7. 12th Annual Anti-Stigma Day Event:

"Conquering Stigma: Seven Anti-Stigma Perspectives" Wednesday, July 28, 2021, Virtual Training - 9:00am to 4:00pm. There is no fee, but registration is required. [Click here to register.](#)

8. House Behavioral Health System Redesign Proposal: (From Gongwer News Service, 6/17/21) – *NOTE that my testimony was based on the MSHN Board Statement included in the July 2021 Board meeting packet (See consent agenda item).*

"Divided Testimony Punctuates Discussion on Mental Health Reform Bills"

"Family members and advocates for people with autism on Thursday told a House panel that they supported a package of proposed mental health system reforms, while some who work within the system said they were concerned the bills would upend their work and exacerbate existing staffing and access issues.

"The legislation would do away with locally run Pre-paid Inpatient Health Plans in favor of one statewide entity.

"The bills (HB 4925, HB 4926, HB 4927, HB 4928 and HB 4929) seek to implement a new model for the state's behavioral health system and were the subject of testimony before the committee on June 3. They are sponsored by Rep. Mary Whiteford (R-Casco Township), Rep. Abdullah Hammoud (D-Dearborn), Rep. Phil Green (R-Millington), Rep. Sue Allor (R-Wolverine) and Rep. Shri Thanedar (D-Detroit), respectively.

"Melissa Roy, principal of Roy Public Affairs Management representing Autism Alliance of Michigan told the House Health Policy Committee Thursday she was supportive of three key elements in the package: its calls for increased accountability, the creation of a mental health system oversight council and measures to assist those who are mildly to moderately affected by autism.

"Kyle Rambo with Catholic Social Services of the Upper Peninsula said similarly that changes are clearly needed, noting that Catholic-based mental health providers in the U.P. have not been able to serve all those who need help after laying off several health professionals, reducing caseloads and closing at least one facility in Iron Mountain to cut costs and stay afloat.

"This bill helps prioritize funding to support the client and the services they deserve, rather than fund layers of administration far from the services being provided," Mr. Rambo said. "The savings from the changes introduced in this bill can then be reinvested back into the behavioral health system to help reduce the critical shortage we're experiencing in behavior health professionals. ... We simply can't compete and we've seen too many talented, licensed professionals lured away from therapy to serve in these large administrative entities."

"Joseph Sedlock, CEO of Mid-State Health Network, said his group opposes the bills because beneficiaries would stand to lose access to services, supports and input into the design and operation of their service and

support systems. He also said that the proposals "inappropriately and ill advisedly" sever the state-county partnership that he said has been the cornerstone of Michigan's public behavioral health system.

"Connie Conklin, executive director of Livingston County Community Mental Health, said the bills fail to address workforce needs that have been decimated by the coronavirus pandemic and was concerned about the fee for service model suggested in the package.

"Bob Sheehan, CEO of the Community Mental Health Association of Michigan, said his association was supportive of some components of the bills, like Ms. Whiteford's that would close the gap between a segment of the Medicaid benefit currently managed by the state's privately managed care plans and the state's community mental health and prepaid inpatient health plans.

"Mr. Sheehan was also supportive of creating the oversight council and bills that would retain a specialized Medicaid behavioral health care benefit that will keep covered all people receiving services through the public system.

"That said, Mr. Sheehan took exception to bills that would break up PIHPs, eliminate the usefulness of CMH providers and move to a fee for service model, noting that the model leads to more volume of care provided but doesn't necessarily lead to advancements in quality."

9. **MSHN Board Statement on System Redesign:** As noted above, the MSHN Board Statement is included in the July 2021 Board meeting packet (See Consent Agenda Item). The board statement was distributed to all MSHN staff, in-region CMHSP CEOs and to the following government officials:

Governor Whitmer

Lt. Governor Gilchrist

MDHHS Director Elizabeth Hertel and BHDDA Director Allen Jansen

House of Representatives Leadership

Speaker: Jason Wentworth

Speaker Pro Tempore: Pamela Hornberger

Associate Speaker Pro Tempore: Sarah Lightner

Associate Speaker Pro Tempore: Brad Paquette

Majority Floor Leader: Ben Frederick

Majority Assistant Floor Leader: Julie Calley

Majority Assistant Floor Leader: Ann Bollin

Majority Caucus Chair: Matt Hall

Majority Caucus Whip: Andrea Schroeder

Minority Leader: Donna Lasinski

Minority Assistant Leader: Kyra Bolden

Minority Assistant Leader: Tyrone Carter

Minority Floor Leader: Yousef Rabhi

Minority Caucus Chair: Sarah Anthony

Minority Caucus Whip: Matt Koleszar

House Health Policy Committee

Chair Kahle, Vice Chair Meerman, and representatives

Alexander; Allor; Beeler; Filler; Fink; Hauck; Mueller; Roth; Tisdell; Whiteford; Minority Vice

Chair Witwer, Clemente; Morse; Neeley; Pohutsky; Stone; Whitsett

Senate Majority Leader Mike Shirkey (I have not distributed to other Senators yet because there is no pending legislation but will do so if/when something is introduced).

10. **Michigan Crisis and Access Line (MiCAL):**

I reported a description and details of “MiCAL” in my last board report. On June 8, Governor Whitmer signed HB 4043 and 4044 into law. According to a press release from her office, these new laws ensure that callers to the Michigan Crisis and Access Line (MiCAL) have access to information about availability of psychiatric beds. These bills will improve access to mental health services.

MiCAL is a crisis line that is available for anyone in the state who needs behavioral health or crisis response services. MiCAL is staffed 24 hours a day, seven days a week and provides Michiganders with crisis services and non-crisis “warm line” services, informational resources, and facilitated coordination with local systems of care such as Community Mental Health Services Programs, Prepaid Inpatient Health Plans, and other applicable entities. In addition, MiCAL integrates with treatment registries including psychiatric beds, substance use disorder services, and crisis residential services.

House Bill 4043 amends the Mental Health Code to require MDHHS to provide all of the information on its electronic inpatient psychiatric bed registry to the contractor or entity that operates MiCAL.

House Bill 4044 amends the Mental Health Code to enable MDHHS to work with the MiCAL contractor to leverage the electronic inpatient psychiatric bed registry and other sources of information to provide the most current provider information available. The MiCAL contractor must also inform individuals seeking behavioral health care that electronic inpatient psychiatric bed registry data may not be accurate and bed availability is not guaranteed.

These bills were sponsored by Rep. Mary Whiteford, R-Casco Twp., and a copy of HB 4043 can be found [here](#) and a copy of HB 4044 can be found [here](#).

11. **Behavioral Health Workforce Recognition Week:**

Governor Whitmer signed a proclamation designating May 25 – May 31 as Behavioral Health Workers Week. The proclamation is attached to this board report.

FEDERAL/NATIONAL ACTIVITIES


12. **HHS Secretary Testimony to Congress:**

On June 9, the HHS Secretary Xavier Becerra testified before the Senate Appropriations Subcommittee on Labor/HHS/Education. Among many topics and priorities discussed, I have excerpted the following from his written testimony:

- The budget addresses these crises through investments in the Substance Abuse and Mental Health Services Administration. In a historic investment, the budget provides \$1.6 billion to the Community Mental Health Services Block Grant to respond to the systemic strain on our country’s mental health care system—more than double the FY 2021 level.
- To address the undeniable connection between the criminal justice system and mental health, the discretionary request will also invest in programs for people involved in the criminal justice system.
- HHS will also focus on the behavioral impact of COVID-19, including on children.

- The budget also takes action to address addiction and the overdose epidemic, investing \$11.2 billion across HHS, \$3.9 billion more than in FY 2021, including \$3.5 billion for the Substance Abuse Prevention and Treatment Block Grant, which has historically failed to keep up with increases in the cost of providing substance use care to America's neediest citizens.
- For the first time, the budget includes a 10 percent set aside for recovery support services, a critical step for building and sustaining the nation's recovery support services infrastructure.
- The budget will also increase access to medications for opioid use disorder and expand the behavioral health provider workforce, particularly in underserved areas.

13. **Presidential Budget Requests relating to Mental Health and Substance Abuse:**




FY2022 Presidential Budget Request

On May 28, President Biden released his Fiscal Year 2022 Presidential Budget Request, totaling more than \$6 trillion in government spending. The detailed request calls for significant funding increases across federal agencies, including mental health and substance use programs. It is important to remember that the President's Budget Request is largely a political document, holding no policy power or requirements for Congress to meet the request as appropriators. Below is a topline summary of key mental health and substance use programs.

Program	FY2021 Enacted	FY2022 Presidential Budget Request	Change from FY21 to FY22
<i>Dollars in Millions</i>			
SAMHSA	\$6,017	\$9,734	+\$3,717
Community Mental Health Block Grant	\$758	\$1,583 <small>*Includes \$75 million for crisis care set-aside</small>	+\$825
Substance Abuse Prevention and Treatment Block Grant	\$1,858	\$3,508 <small>*Includes NEW 10% recovery set-aside</small>	+\$1,650
State Targeted Opioid Response Grants	\$1,500	\$2,250	+\$750
CCBHC Expansion Grants	\$250	\$375	+\$125
Project AWARE	\$107	\$155.5	+\$48.5
National Suicide Prevention Lifeline	\$24	\$102	+\$78
Criminal Justice Activities	\$89	\$124.4	+\$35.4
Pregnant & Postpartum Women	\$32.9	\$49.4	+\$16.5
SUD Workforce Loan Repayment	\$16	\$28	+\$12
National Institutes of Health	\$42,936	\$51,953	+\$9,017

Read the full Department of Health and Human Services FY2022 Budget in Brief [here](#).

 TheNationalCouncil.org

14. **Dying from Drugs: A New Look at Overdose Deaths in the US:**

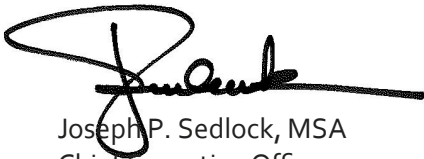
The National Institute for Health Care Management Foundation has published an infographic entitled *Dying from Drugs: A New Look at Overdose Deaths in the U.S.* It notes that “the COVID-19 pandemic has had a devastating impact on people living with substance use disorder. Not only are they at higher risk for contracting the virus and having worse outcomes, but more people also have been dying from overdoses during the pandemic. NIHCM's analysis of the latest data highlights several troubling, ongoing trends about overdose deaths:

- It's more than opioids: Most overdose deaths (86%) are due to opioids and stimulants, but other substances are also playing a role. When these other types of drugs are involved, the deaths are more often ruled to be suicides.
- A deadly combination: The frequent combination of unpredictable and highly lethal synthetic opioids with stimulants and other types of opioids is driving the rapid increases in fatalities for these drugs. Most of these deaths are accidental.

Solving the crisis will rely on the use of evidence-based strategies, systemic reforms, broad-ranging partnerships and attention to equity and cultural and geographic differences.”

The infographic and additional information [are available at this link](#). The Michigan Opioid Response Task Force Report (and other information specific to Michigan) is [available at this link](#).

Submitted by:



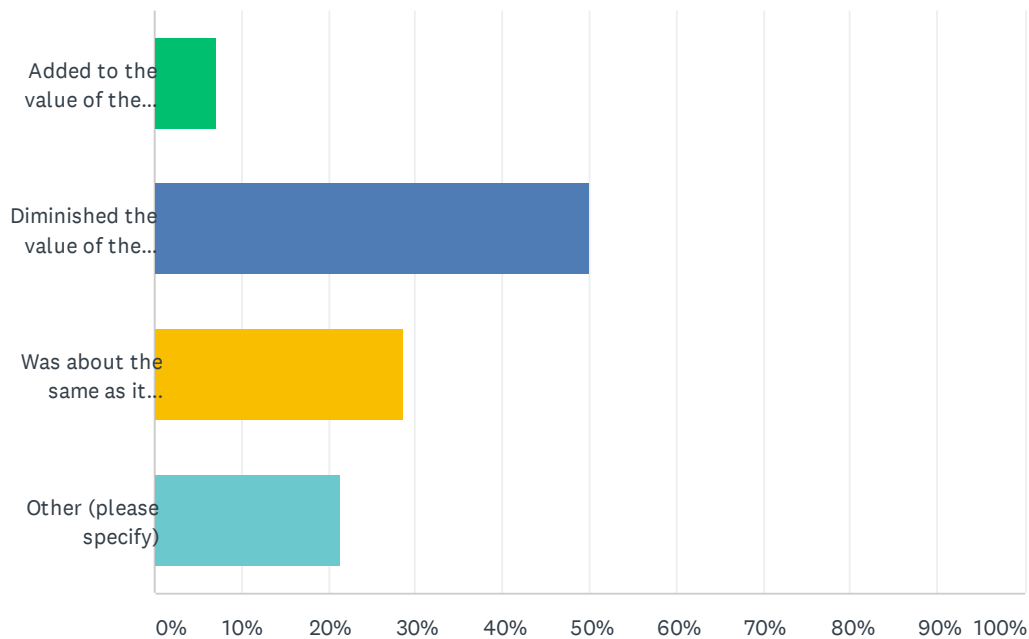
Joseph P. Sedlock, MSA
Chief Executive Officer
Finalized: 06/23/2021

Attachments:

- Board Strategic Planning Survey Results, May 2021
- Proclamation of Governor Whitmer – Behavioral Health Worker Week

Q1 MSHN normally hosts strategic planning meetings in-person. This year, these meetings were hosted virtually. Do you think the virtual format:

Answered: 14 Skipped: 0

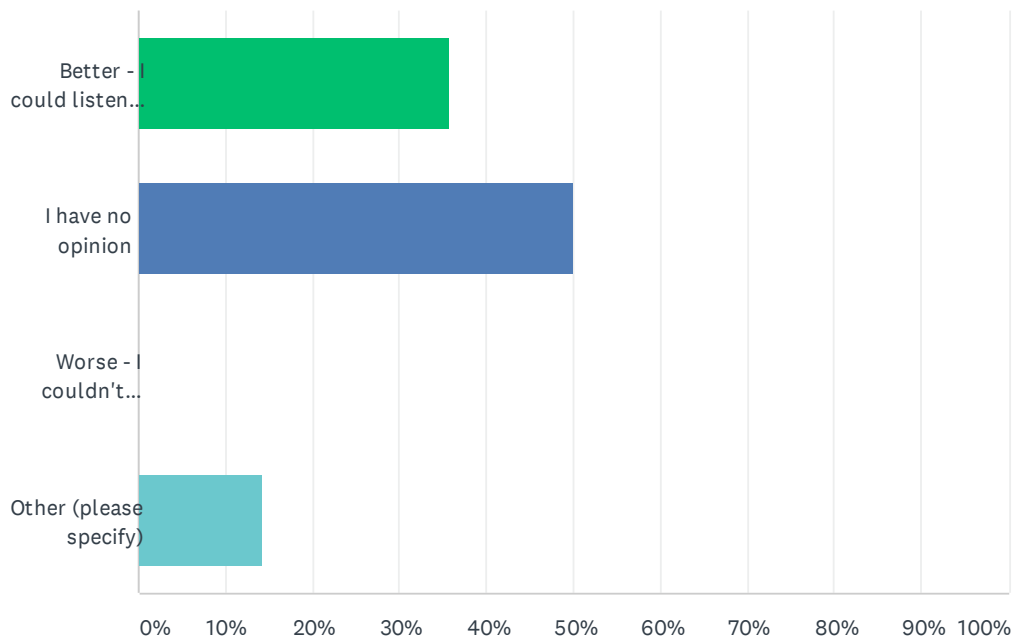


ANSWER CHOICES	RESPONSES	
Added to the value of the experience to you?	7.14%	1
Diminished the value of the experience to you?	50.00%	7
Was about the same as it would have been if in-person?	28.57%	4
Other (please specify)	21.43%	3
Total Respondents: 14		

#	OTHER (PLEASE SPECIFY)	DATE
1	it was ok because i could review with the videos.	6/4/2021 9:18 PM
2	This was the first board development I have been able to attend, so I cannot compare.	6/3/2021 9:54 AM
3	More efficient from travel standpoint, but interplay among participants might have been more engaging in person	5/22/2021 10:11 AM

Q2 MSHN has published recordings of the video sessions. Do you think these recordings were:

Answered: 14 Skipped: 0

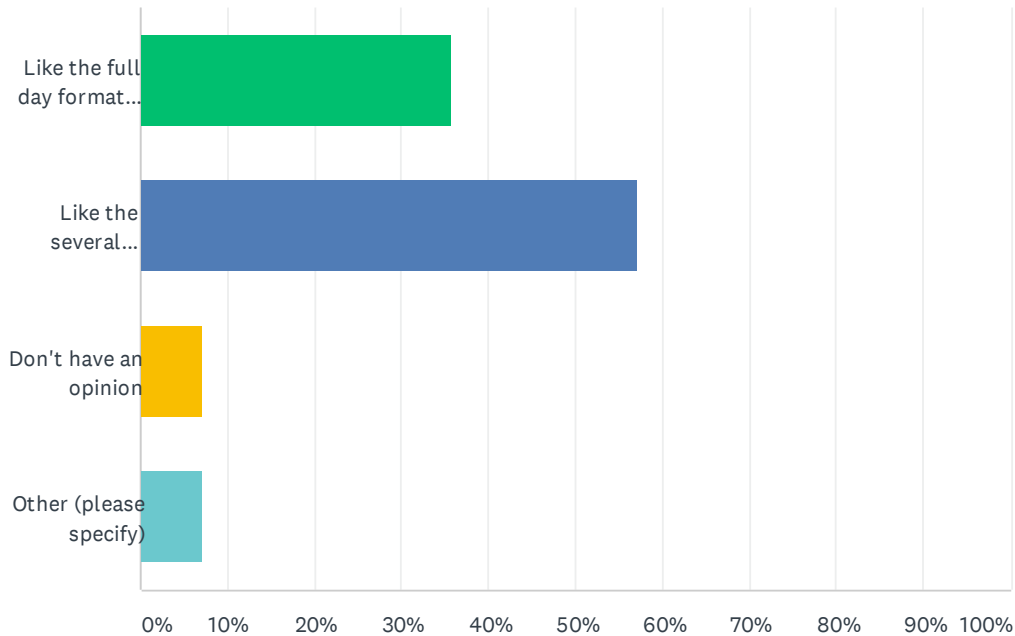


ANSWER CHOICES	RESPONSES	
Better - I could listen to what was said	35.71%	5
I have no opinion	50.00%	7
Worse - I couldn't contribute my point of view	0.00%	0
Other (please specify)	14.29%	2
Total Respondents: 14		

#	OTHER (PLEASE SPECIFY)	DATE
1	didnt listen to recordings	5/23/2021 5:03 PM
2	I haven't watched them, as I attended all 3 sessions.	5/21/2021 1:37 PM

Q3 MSHN normally hosts a "day-long" meeting focused on strategic initiatives. This year, the "day" was broken down into three, two-hour meetings. Do you:

Answered: 14 Skipped: 0

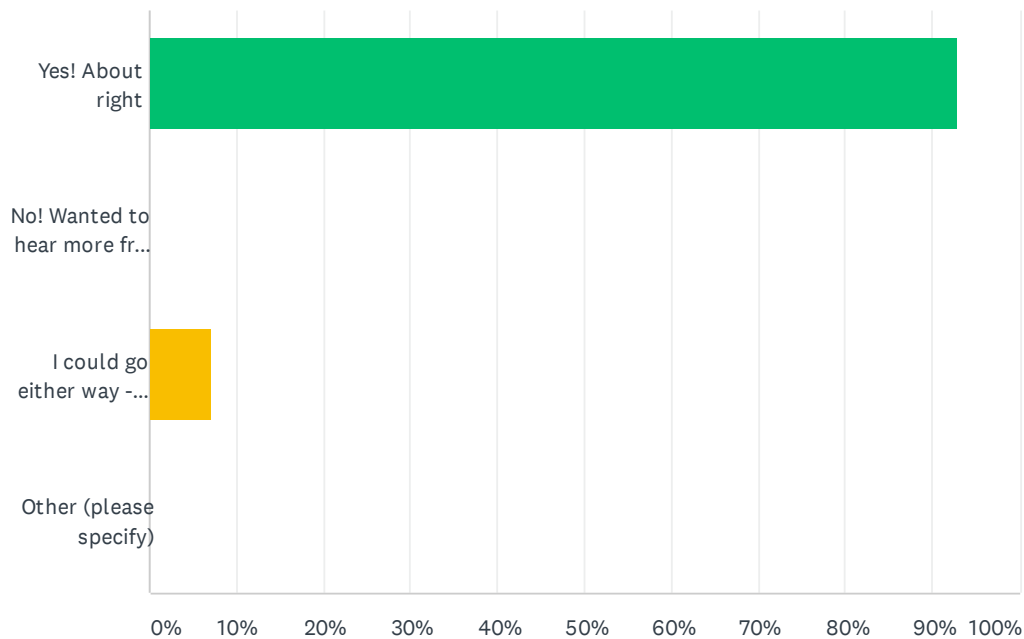


ANSWER CHOICES	RESPONSES	
Like the full day format better	35.71%	5
Like the several meetings over several days better	57.14%	8
Don't have an opinion	7.14%	1
Other (please specify)	7.14%	1
Total Respondents: 14		

#	OTHER (PLEASE SPECIFY)	DATE
1	I have not attended full day but because I work, the virtual several day fit into my schedule.	6/3/2021 9:54 AM

Q4 The May 2021 strategic planning sessions were structured to promote board discussion and minimize staff presentations to the bare minimum.
Did administration strike the right balance?

Answered: 14 Skipped: 0

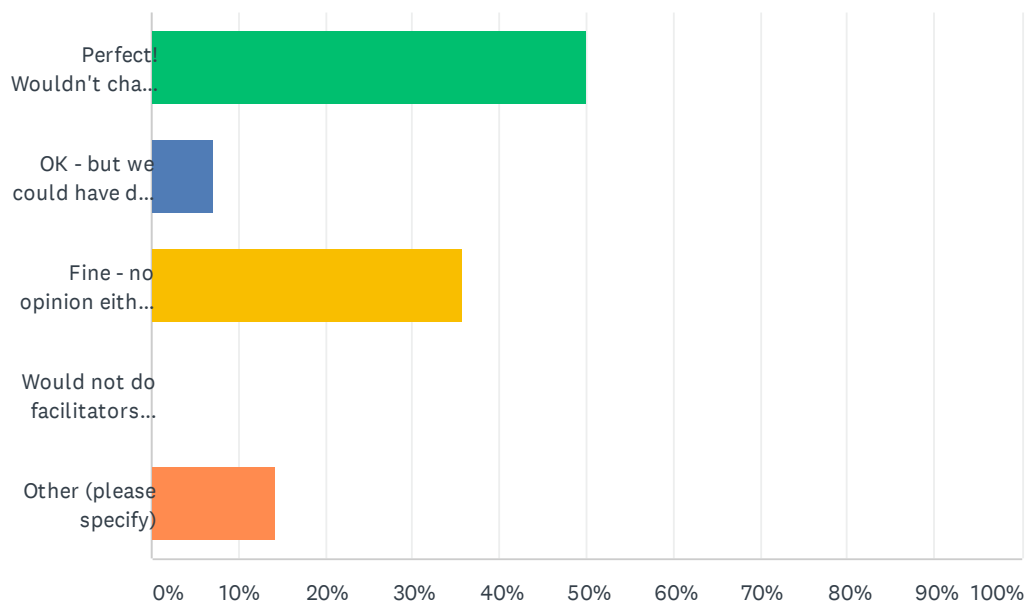


ANSWER CHOICES		RESPONSES	
Yes! About right		92.86%	13
No! Wanted to hear more from the experts		0.00%	0
I could go either way - sometimes wanted to hear more from subject matter experts; sometimes wanted more discussion opportunity.		7.14%	1
Other (please specify)		0.00%	0
TOTAL			14

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q5 MSHN used external facilitators (Jason Radmacher and Laura Vredeveld - Principals, TBD Solutions) to help keep discussions to time and keep the meeting moving. Do you think these facilitators were:

Answered: 14 Skipped: 0

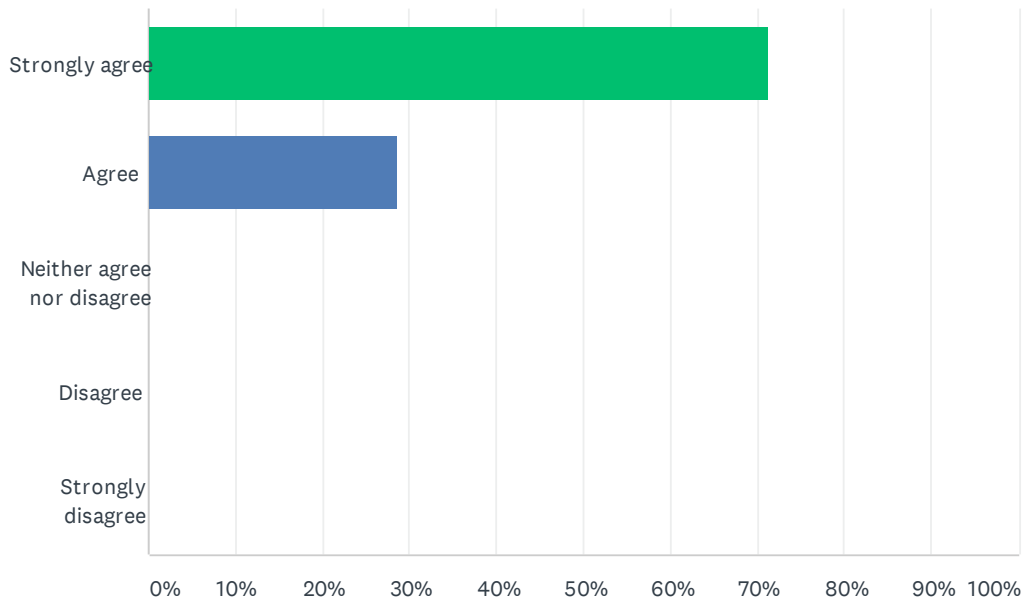


ANSWER CHOICES	RESPONSES	
Perfect! Wouldn't change a thing	50.00%	7
OK - but we could have done this without them	7.14%	1
Fine - no opinion either way	35.71%	5
Would not do facilitators in the future	0.00%	0
Other (please specify)	14.29%	2
Total Respondents: 14		

#	OTHER (PLEASE SPECIFY)	DATE
1	None	6/2/2021 8:20 AM
2	a lot was said in a sm. amt. of time	5/23/2021 5:03 PM

Q6 MSHN internal subject matter experts (Leadership Team Members) were well prepared.

Answered: 14 Skipped: 0

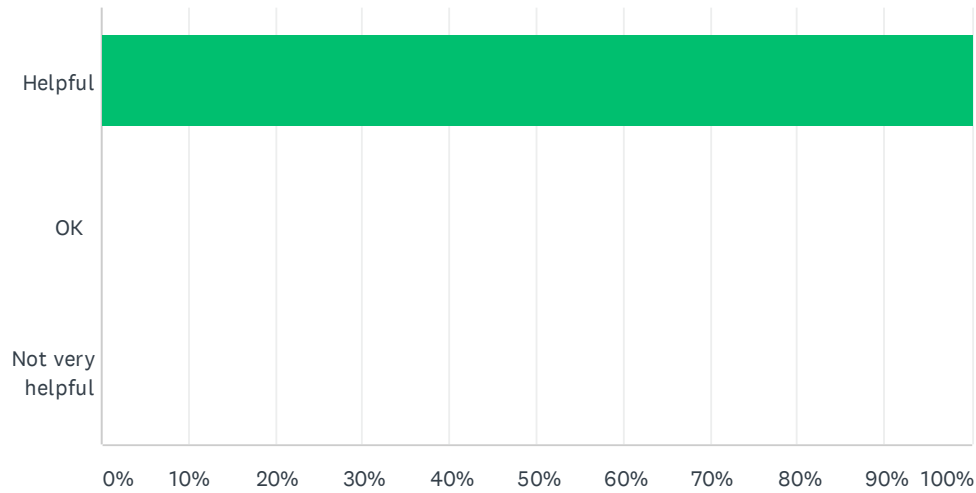


ANSWER CHOICES	RESPONSES	
Strongly agree	71.43%	10
Agree	28.57%	4
Neither agree nor disagree	0.00%	0
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		14

#	OTHER (PLEASE LET US KNOW WHO YOU THOUGHT DID A GREAT JOB AND WHO COULD IMPROVE)	DATE
1	Most did a great job. Perhaps Dani was the best. Leslie struggled just a little in areas less finance related. Kim explained some complex matters quite well.	5/21/2021 1:37 PM

Q7 Staff/Consultant presentations were

Answered: 14 Skipped: 0



ANSWER CHOICES	RESPONSES	
Helpful	100.00%	14
OK	0.00%	0
Not very helpful	0.00%	0
Total Respondents: 14		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q8 What would you keep by way of content and format for the next time MSHN hosts a board strategic planning session?

Answered: 10 Skipped: 4

#	RESPONSES	DATE
1	just the way it was delivered. with one two hour period leading into the next .	6/4/2021 9:18 PM
2	Everything was the right balance so keep it all.	6/3/2021 9:54 AM
3	The virtual format	6/2/2021 8:20 AM
4	I thought the content was fine and the presentation was good.	5/26/2021 7:42 AM
5	did complete timely	5/23/2021 5:03 PM
6	Same structure	5/23/2021 4:41 PM
7	Good mix of presentations and discussion.	5/22/2021 10:11 AM
8	The SWOT analysis is always a must.	5/21/2021 2:17 PM
9	IN PERSON--virtual is too difficult to keep track of	5/21/2021 1:45 PM
10	I liked the two hour sessions. It was easier to focus on all the materials when taken in small bites. During a full day session followed by a meeting, it's hard to stay sharp all day long. The facilitators had some good questions to stimulate board discussion and were very familiar with the issues.	5/21/2021 1:37 PM

Q9 What do you recommend that MSHN not do again for a board strategic planning event?

Answered: 9 Skipped: 5

#	RESPONSES	DATE
1	I liked it just like you presented it.	6/4/2021 9:18 PM
2	DEI discussions should be lead by people with lived experience.	6/2/2021 8:20 AM
3	My biggest complaint is the use of zoom meetings rather than meeting in person, but, of course it was the best choice for these meetings.	5/26/2021 7:42 AM
4	Break it up into multiple days	5/25/2021 10:35 AM
5	limit amt of content	5/23/2021 5:03 PM
6	Send out full color pages that are hard to read and print	5/23/2021 4:41 PM
7	I liked the format and feel enough time allotted for discussion.	5/21/2021 2:17 PM
8	VIRTUAL--unless absolutely needed	5/21/2021 1:45 PM
9	I can't think of anything specific right now. In the past I've sometimes questioned the need for facilitation, but it worked very well this time.	5/21/2021 1:37 PM

Q10 What other comments do you have about your experience in the board strategic planning sessions?

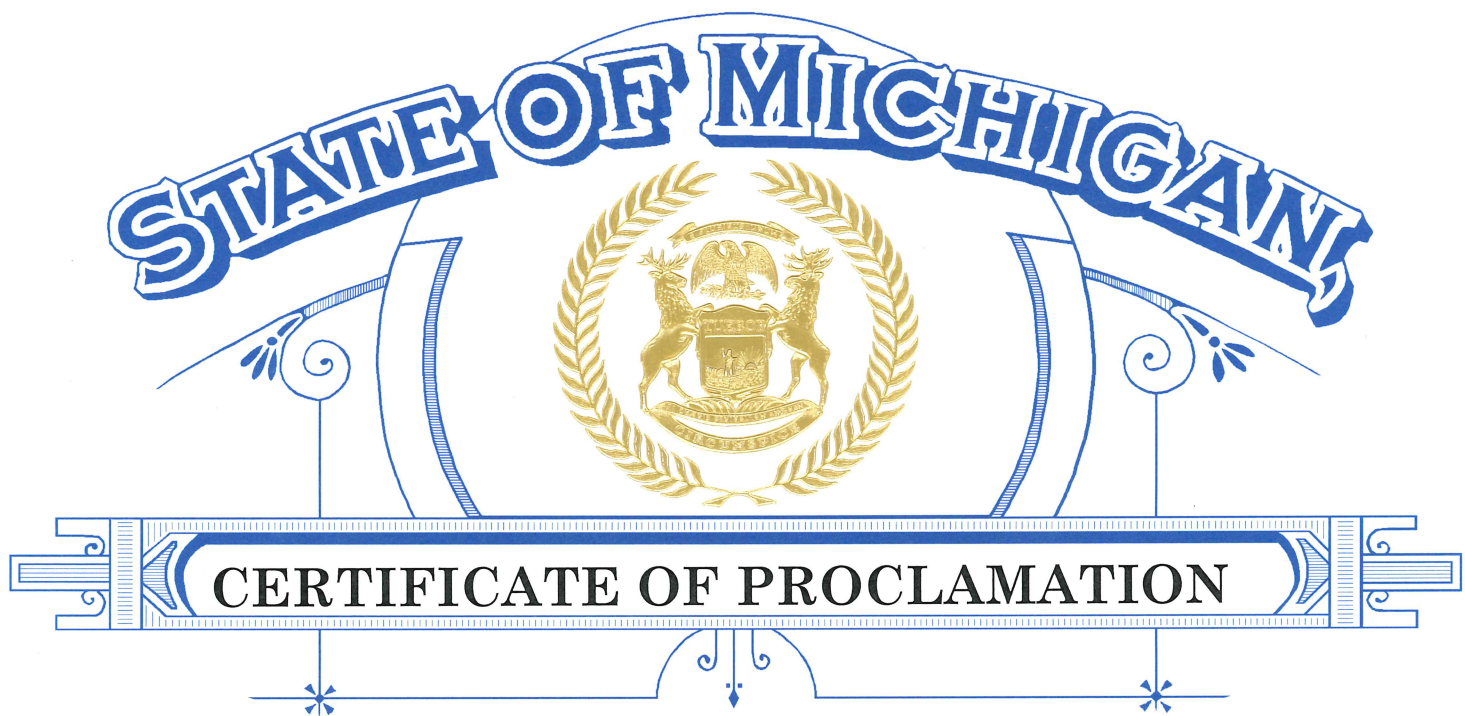
Answered: 9 Skipped: 5

#	RESPONSES	DATE
1	liked the idea that you could go back and view the videos ,to review the information.	6/4/2021 9:18 PM
2	None	6/2/2021 8:20 AM
3	I think these sessions went as well as they could have gone given the current limitations due to COVID.	5/26/2021 7:42 AM
4	presenter's very willing to take questions at any time	5/23/2021 5:03 PM
5	Well planned and ran on time	5/23/2021 4:41 PM
6	Pleased with level of board participation.	5/22/2021 10:11 AM
7	Thumbs up to the staff and leadership team!!	5/21/2021 2:17 PM
8	Excellent organization by MSHN.	5/21/2021 1:45 PM
9	I appreciate the option to ask more questions or offer more input between and after sessions as we mull the information & discussion over. It worked well for me. The attendance was great and most members contributed something to the discussion.	5/21/2021 1:37 PM

Q11 Do you have any suggestions for how MSHN can improve communication with you (or documents associated with) these strategic planning events?

Answered: 7 Skipped: 7

#	RESPONSES	DATE
1	I believe MSHN,presents materials and documents,and the videos ,making the experience easy to follow and comprehend.	6/4/2021 9:18 PM
2	No	5/26/2021 7:42 AM
3	Perhaps do this kind of meeting twice a year	5/25/2021 10:35 AM
4	try to get information out sooner	5/23/2021 5:03 PM
5	Provide charts and other materials used by presenter's to members.	5/23/2021 4:41 PM
6	I liked that the days were close enough together.	5/21/2021 2:17 PM
7	It would have helped to get the first two day's documents earlier in order to review them better.	5/21/2021 1:37 PM



ON BEHALF OF THE PEOPLE OF MICHIGAN,
I, Gretchen Whitmer, governor of Michigan, do hereby proclaim

May 25 – May 31, 2021

as

BEHAVIORAL HEALTH WORKERS WEEK

WHEREAS, Michigan's behavioral health workforce consists of thousands of therapists, treatment providers, supervisors, peer supports, paraprofessionals, counselors, case managers, social workers, nurses, administrative support staff, psychiatrists, psychologists, and other clinicians; and,

WHEREAS, these highly-trained and dedicated professionals are the backbone of treatment delivery, spending their careers supporting children, adolescents, adults, and older adults living with emotional disorders, developmental disabilities, mental illnesses, and substance use disorders; and,

WHEREAS, behavioral health workers have adjusted treatment methods during the COVID-19 pandemic to meet clinical needs while courageously facing coronavirus risks at great personal peril; and,

WHEREAS, according to the Centers for Disease Control and Prevention, more than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime, with one in five Americans experiencing a mental illness in a given year; and,

WHEREAS, in Michigan, nearly 4.5% of adults live with serious mental health conditions such as schizophrenia, bipolar disorder, and major depression; and,

WHEREAS, data from the Michigan Opioids Task Force Annual Report shows the opioid epidemic continues to require front-and-center attention from a well-versed behavioral health workforce; and,

WHEREAS, according to a recent report by the Michigan Suicide Prevention Commission, suicide is the tenth leading cause of death in Michigan; and,

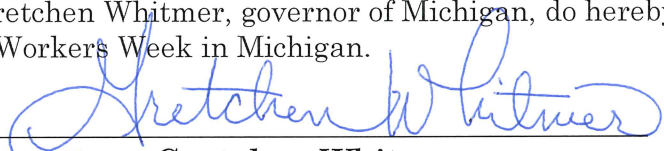
WHEREAS, Michigan's behavioral health workers conduct their duties upholding ethical and professional standards, driven by a mission to include everyone; and,

WHEREAS, these workers assess the needs and connect individuals to countless other services and supports, including medicine, food assistance, housing, and other community resources; and,

WHEREAS, these workers strive every day to promote recovery, raise mental health awareness, and combat stigma associated with disabilities, mental health conditions, and substance use issues;

NOW, THEREFORE, I, Gretchen Whitmer, governor of Michigan, do hereby proclaim May 25-31, 2021 as Behavioral Health Workers Week in Michigan.




Gretchen Whitmer
Governor



**REPORT OF THE MSHN DEPUTY DIRECTOR
to the Board of Directors
May/June 2021**

OPERATIONAL UPDATES

Certified Community Behavioral Health Clinic (CCBHC) Update

MDHHS, CCBHCs and PIHPs have been meeting frequently to address revisions in the CCBHC concept paper and clarification of PIHP vs CCBHC roles. Future meetings will include training and technical assistance on the following topics:

- Billing and Payment Methodology
- WSA Enrollment and Certifications
- Grievance, Due Process
- CMS Quality Metrics

In addition, MSHN has implemented a regional workgroup to develop a coordinated implementation plan, identify region specific issues and to support CCBHC implementation October 1, 2021. There is significant work to be addressed with many outstanding questions that will determine the effectiveness of a successful implementation. MSHN and CCBHC staff will be working diligently with MDHHS over the next couple months to finalize the CCBHC demonstration concept paper, handbook, and frequently asked questions documents.

MSHN Staffing Announcement

MSHN is pleased to announce that Traci Fisher will fill the vacant Office Assistant position. Traci comes to us with many years of experience with the State of Michigan and MPHI, with her most recent employment from Center for Educational Performance and Information (CEPI). Her start date will be July 6, 2021.

In addition, Cassen Gates, MEV Auditor and Tammy Morse, Claims Processor submitted their resignations in June. Therefore, MSHN has posted both vacancies on the MSHN website at: <https://midstatehealthnetwork.org/stakeholders-resources/about-us/Careers>. MSHN would like to extend our warm wishes to both individuals in their future pursuits.

Medicaid Event Verification (MEV) Compliance and Oversight

Throughout the COVID public health emergency, the MSHN Compliance Department continues to conduct oversight of the claims process via the Medicaid Event Verifications (MEV) as required per MDHHS requirements. During FY21 Q2, reviews were completed for 7 community mental health service providers; Community Mental Health Authority for Clinton-Eaton-Ingham Counties (CEI-CMH), Gratiot Integrated Care Network (GIHN), Saginaw County Community Mental Health Authority (SCCMHA), LifeWays, Bay Arenac Behavioral Health (BABH), Huron Behavioral Health and Shiawassee Health and Wellness. Due to the Covid-19 pandemic restrictions and guidelines, MSHN implemented a single SUD provider agency MEV review that was completed during FY21 Q1 and FY21 Q2. This single site review included 25 SUD providers. In addition to the SUD single site review, the following providers also had an additional review completed: McCullough Vargas (MVA), Lansing Comprehensive Treatment Center (LTC) and Mindful Therapy. To view the results and more information on the MEV reviews, see the link below included in the ***Compliance, Customer Service and Quality Report – FY21Q2***.

Bay Arenac
Behavioral Health

•

**CMH of
Clinton.Eaton.Ingham
Counties**

•

CMH for Central Michigan

•

Gratiot Integrated Health
Network

•

Huron Behavioral Health

•

The Right Door for Hope,
Recovery and Wellness (Ionia
County)

•

LifeWays CMH

•

Montcalm Care Center

•

Newaygo County
Mental Health Center

•

Saginaw County CMH

•

Shiawassee Health and
Wellness

•

Tuscola Behavioral
Health Systems

Board Officers

Ed Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Kurt Peasley
Secretary

Jim Anderson
Immediate Past Officer

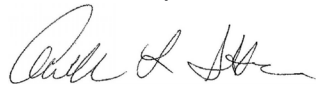
Performance Bonus Incentives

MSHN continues to meet Performance Bonus Incentive Joint Metrics including Follow up to Hospital within 30 days for both adult and children. MDHHS sets minimum standards as identified below and has added a new metric to monitor racial disparities. MSHN has completed an initial review of the variances within our region and by CMHSP coverage area. While there have been no statistical significant in rate variances, MSHN has identified areas for improvement to close the gap.

Other priority measures monitoring by the region are included in the below ***Priority Measure Report*** linked below for data reported through March, 2021.

<u>Follow-Up to Hospitalization (FUH) HEDIS Measure Performance Bonus Joint Metric (FY21Q1)</u>	Standard	Status
The percentage of adults age 18 - 64 will be seen within 30 days of discharge from a psychiatric hospitalization. (Adults)	58%	Met
The percentage of children age 17 and younger will be seen within 30 days of a discharge from a psychiatric hospital. (Child)	70%	Met
Will obtain/maintain no statistical significant in the rate of racial/ethnic disparities for follow up care within 30 days following psychiatric hospitalization (adult and child).		Met

Submitted by:



Amanda L. Ittner
Finalized: 6.25.21

Links to referenced documents:

Links to Reports:

[Priority Measures Report – March 2021](#)

[Michigan Mission Based Performance Indicator System Report - FY21Q1](#)

[Behavioral Health Department Report - FY21Q2](#)

[Compliance, Customer Service and Quality Report – FY21Q2](#)

Background:

In accordance with the MSHN Board of Directors to review financials, at a minimum quarterly, the Statement of Net Position and Statement of Activities for the Period Ending May 31, 2021 have been provided and presented for review and discussion.

Recommended Motion:

The MSHN Board of Directors receives and files the Statement of Net Position and Statement of Activities for the Period Ending May 31, 2021 as presented.

Mid-State Health Network
Statement of Activities
As of May 31, 2021

	Budget Annual	Actual Year-to-Date	Budget Year-to-Date	Budget Difference	Budget Variance	
	FY 21 Original Bdt		FY 21 Original Bdt			
Revenue:						
Grant and Other Funding	\$ 450,769	137,285	300,513	(163,228)	(54.32) %	1a
Medicaid Use of Carry Forward	\$ 23,175,056	34,473,979	15,450,037	19,023,942	123.13 %	1b
Medicaid Capitation	634,480,358	474,871,022	422,986,906	51,884,116	12.27 %	1c
Local Contribution	3,140,208	2,355,156	2,093,472	261,684	12.50 %	1d
Interest Income	218,000	21,511	145,333	(123,822)	(85.20) %	1e
Change in Market Value	0	91	0	91	0.00 %	
Non Capitated Revenue	21,249,929	8,830,786	14,166,620	(5,335,834)	(37.66) %	1f
Total Revenue	682,714,320	520,689,830	455,142,881	65,546,949	14.40 %	
Expenses:						
PIHP Administration Expense:						
Compensation and Benefits	6,575,012	3,653,781	4,383,343	(729,562)	(16.64) %	
Consulting Services	130,000	64,773	86,666	(21,893)	(25.26) %	
Contracted Services	96,040	57,543	64,027	(6,484)	(10.13) %	
Other Contractual Agreements	630,615	232,550	420,410	(187,860)	(44.68) %	
Board Member Per Diems	18,060	5,810	12,040	(6,230)	(51.74) %	
Meeting and Conference Expense	117,815	15,484	78,544	(63,060)	(80.29) %	
Liability Insurance	37,433	27,502	24,955	2,547	10.21 %	
Facility Costs	158,791	113,541	105,861	7,680	7.25 %	
Supplies	325,350	223,239	216,900	6,339	2.92 %	
Depreciation	81,927	54,617	54,618	(1)	(0.00) %	
Other Expenses	972,400	668,053	648,266	19,787	3.05 %	
Subtotal PIHP Administration Expenses	9,143,443	5,116,893	6,095,630	(978,737)	(16.06) %	2a
CMHSP and Tax Expense:						
CMHSP Participant Agreements	554,299,329	431,119,687	369,532,886	61,586,801	16.67 %	1b,1c
SUD Provider Agreements	53,626,941	31,596,829	35,751,294	(4,154,465)	(11.62) %	1c,1f
Benefits Stabilization	2,498,500	1,665,667	1,665,667	0	0.00 %	1b
Tax - Local Section 928	3,140,208	2,355,156	2,093,472	261,684	12.50 %	1d
Taxes- IPA/HRA	21,833,596	14,051,610	14,555,731	(504,121)	(3.46) %	2b
Subtotal CMHSP and Tax Expenses	635,398,574	480,788,949	423,599,050	57,189,899	13.50 %	
Total Expenses	644,542,017	485,905,842	429,694,680	56,211,162	13.08 %	
Excess of Revenues over Expenditures	\$ 38,172,303	\$ 34,783,988	\$ 25,448,201			

Mid-State Health Network
Statement of Net Position by Fund
As of May 31, 2021

	Behavioral Health Operating	Medicaid Risk Reserve	Total Proprietary Funds	
Assets				
Cash and Short-term Investments				
Chase Checking Account	40,981,436	0	40,981,436	1a
Chase MM Savings	16,812,011	0	16,812,011	
Savings ISF Account	0	42,951,181	42,951,181	1b
Savings PA2 Account	8,909,536	0	8,909,536	1c
Investment ISF Account	0	2,999,952	2,999,952	1b
Total Cash and Short-term Investments	\$ 66,702,983	\$ 45,951,133	\$ 112,654,116	
Accounts Receivable				
Due from MDHHS	4,597,167	0	4,597,167	2a
Due from CMHSP Participants	7,516,815	0	7,516,815	2b
Due from CMHSP - Non-Service Related	7,700	0	7,700	2c
Due from Other Governments	1,320,492	0	1,320,492	2d
Due from Miscellaneous	255,292	0	255,292	2e
Total Accounts Receivable	13,697,466	0	13,697,466	
Prepaid Expenses				
Prepaid Expense Rent	4,529	0	4,529	2f
Prepaid Expense Other	6,534	0	6,534	2g
Total Prepaid Expenses	11,063	0	11,063	
Fixed Assets				
Fixed Assets - Computers	189,180	0	189,180	
Accumulated Depreciation - Information Tech	(178,670)	0	(178,670)	2h
Fixed Assets - Vehicles	251,983		251,983	
Accumulated Depreciation - Vehicles	(58,796)		(58,796)	2i
Total Fixed Assets	203,697	0	203,697	
Total Assets	\$ 80,615,209	\$ 45,951,133	\$ 126,566,342	
Liabilities and Net Position				
Liabilities				
Accounts Payable	\$ 13,608,596	\$ 0	\$ 13,608,596	1a
Current Obligations (Due To Partners)				
Due to State	8,680,512	0	8,680,512	3a
Other Payable	4,525,025	0	4,525,025	3b
Due to State HRA Accrual	2,489,051	0	2,489,051	1a, 3c
Due to State-IPA Tax	1,407,894	0	1,407,894	3d
Due to CMHSP Participants	1,152,022	0	1,152,022	3e
Accrued PR Expense Wages	93,549	0	93,549	3f
Accrued Benefits PTO Payable	345,570	0	345,570	3g
Accrued Benefits Other	15,107	0	15,107	3h
Total Current Obligations (Due To Partners)	18,708,730	0	18,708,730	
Deferred Revenue	8,757,950	0	8,757,950	1b 1c 2b 3b
Total Liabilities	41,075,276	0	41,075,276	
Net Position				
Unrestricted	39,539,933	0	39,539,933	3i
Restricted for Risk Management	0	45,951,133	45,951,133	1b
Total Net Position	39,539,933	45,951,133	85,491,066	
Total Liabilities and Net Position	\$ 80,615,209	\$ 45,951,133	\$ 126,566,342	

Mid-State Health Network

Notes to Financial Statements

For the Eight-Month Period Ended, May 31, 2021

Please note: The Statement of Net Position contains Fiscal Year (FY) 2020 cost settlement figures between the PIHP and Michigan Department of Health Human Services (MDHHS) as well as each Community Mental Health Service Program (CMHSP) Participants. CMHSP Cost settlement figures were extracted from fiscal year-end Financial Status Reports (FSR) submitted to MDHHS March 2021. In addition, MSHN's Financial Audit is complete. Minor adjustments may occur if noted in MSHN's or any CMHSP's Compliance Examination.

Statement of Net Position:

1. Cash and Short-Term Investments
 - a) The Cash Chase Checking and Chase Money Market Savings accounts is the cash available for operations. A portion of cash available for operations will be used to cover accounts payable and taxes.
 - b) The Savings Internal Service Fund (ISF) and Investment ISF reflect designated accounts to hold the Medicaid ISF funds separate from all other funding per the MDHHS contract.
 - c) The Savings PA2 account holds PA2 funds and is also offset by the Deferred Revenue liability account.
2. Accounts Receivable
 - a) Approximately 55% of the balance in Due from MDHHS represents amounts owed to MSHN for HRA payments for April and May 2021. The remaining balance in this account stems from Block Grant and other various grants funds owed to MSHN.
 - b) Due from CMHSP Participants reflects FY 20 cost settlement activity as well as cost settlement for other fiscal years. Note that of the \$31.5 M originally due, about \$4.9 M is associated with unspent Direct Care Worker Premium Pay (see note 3a below). A small portion of the DCW lapse is not included here as it would be SUD related.

CMHSP	Other	Cost Settlement	Payments/Offsets	Total
Bay	-	1,507,216.69	900,202.00	607,014.69
CEI	102,173.00	12,500,814.19	8,925,000.00	3,677,987.19
Central	-	4,258,455.75	4,026,819.00	231,636.75
Gratiot	-	502,080.07	383,312.00	118,768.07
Huron	-	-	-	-
The Right Door	-	1,505,249.03	1,306,783.00	198,466.03
Lifeways	-	-	-	-
Montcalm	-	2,174,569.26	2,174,569.26	-
Newaygo	-	1,633,235.19	985,813.00	647,422.19
Saginaw	-	5,544,148.31	3,772,985.00	1,771,163.31
Shiawassee	-	216,185.16	233,501.00	(17,315.84)
Tuscola	-	1,617,172.00	1,335,500.00	281,672.00
Total	102,173.00	31,459,125.65	24,044,484.26	7,516,814.39

- c) Due from CMHSP – Non-Service Related reflects the balance for MSHN's performance of Supports Intensity Scale (SIS) assessment billed to CMHs in the region.
- d) Due from Other Governments is the account used to track PA2 Billing to the 21 counties in MSHN's region. \$1.2 M of this balance represents dollars owed for FY 21 quarter 2 liquor tax collections. The remaining portion owed to MSHN is due from FY 20.
- e) Approximately 55% of the balance in Due from Miscellaneous represents amounts owed from providers for Medicaid Event Verification (MEV) findings. The remaining amount represents advances made to Substance Abuse and Treatment (SAPT) providers to cover operations.
- f) Prepaid Expense Rent balance consists of security deposits for three MSHN office suites.
- g) The Prepaid Expense Other represents payments made in FY 21 for FY 22 Relias training. The Relias contract cycle is November through October. MSHN has a regional contract which includes the CMHSPs and they are billed directly for their portion of Relias seats.
- h) This is an account used to track Managed Care Information System (MCIS) costs associated with PCE. Amounts in this account are being depreciated.
- i) Fixed Asset Vehicle contains the total cost for MSHN's Mobile Unit. The Mobile Unit will be used to provide Substance Use Disorder services and tele-psychiatry as needed. Amounts in this account are being depreciated.

3. Liabilities

- a) Due to State account balance contains the outstanding amount for FY 20 Direct Care Worker (DCW) lapse and FY 20 lapse.
 - o MDHHS issued revenue between April and September to cover a \$2 per hour DCW premium pay for workers providing specific in-person services during COVID-19. The revenue also included 24 cents to offset administrative expenses associated with the salary increase. Based on CMHSP extracted from final FSRs submitted in March, MSHN lapse \$4.9 M.
 - o The FY 20 lapse is \$3.8 M based on final FSR amounts. The lapse amount indicates we have a fully funded ISF and that savings will fall within the second tier (above 5%). Per contractual guidelines MDHHS will receive half of every dollar generated beyond this threshold until the PIHP's total savings reach the 7.5% maximum.
- b) This amount is related to SUD provider payment estimates and is needed to offset the timing of payments.
- c) The HRA (Hospital Rate Adjustor) is a pass-through account for dollars sent from MDHHS to cover supplemental payments made to psychiatric hospitals. The HRA payments are intended to incentivize hospitals to have available psychiatric beds as needed. Total HRA payments are calculated based on the number of inpatient hospital services reported.
- d) Due to State - IPA Tax contains funds held for tax payments associated with MDHHS Per Eligible Per Month (PEPM) funds. Insurance Plan Assessment taxes are applied to Medicaid and Healthy Michigan eligible.
- e) Due to CMHSPs represent an amount an FY 20 cost settlement owed to two regional partners.

- f) Accrued payroll expense wages represent expense incurred in May and paid in June.
- g) Accrued Benefits PTO (Paid Time Off) payable is the required liability account set up to reflect paid time off balances for employees. In addition, a small portion of the balance is PTO expense incurred in May and paid in June.
- h) Accrued Benefits Other represents retirement benefits expense incurred in May paid in June.
- i) The Unrestricted Net Position represents the difference between total assets, total liabilities, and the restricted for risk management figure.

Statement of Activities:

1. Revenue

- a) This account tracks SIS revenue earned from CMHSPs, Veterans Navigator activity and other small grants. Actual revenue is lower than expected due to ongoing pandemic concerns.
- b) Medicaid Use of Carry Forward represents FY 20 savings. Medicaid savings is generated when prior year revenue exceeds expenses for the same time period. A small portion of Medicaid Savings is sent to the CMHSPs as Benefit Stabilization for 24/7/365 SUD activities which include access, prevention, and customer services. FY 20 Medicaid Carry Forward must be used as the first revenue source for FY 21.
- c) Medicaid Capitation – This account’s variance results from unanticipated MDHHS DCW revenue to cover FY 21 premium payments through May 2021. MDHHS has committed to funding this activity throughout the remainder of the fiscal year with monthly payment disbursements to PIHPs. In addition, Medicaid Eligibles are increasing as there is a moratorium on disenrollments. Medicaid Capitation dollars are disbursed to CMHSPs based on per eligible per month (PEPM) payment files and paid to SUD providers based on service delivery.
- d) Local Contribution is flow-through dollars from CMHSPs to MDHHS. Typically, revenue equals the expense side of this activity under Tax Local Section 928. Local Contributions were scheduled to reduce over the next few fiscal years until completely phased out. Legislators did not approve an FY 21 reduction thus the amounts collected from CMHSPs will be equal to those in FY 20.
- e) Interest income reflects interest earned on investments and changes in principle for investments purchased at discounts or premiums. The “change in market value” account records activity related to market fluctuations. Actual interest income is less than anticipated due to ongoing low interest rates and fewer investment opportunities to generate this revenue.
- f) This account tracks non-capitated revenue for SUD services which include Community Grant and PA2 funds. There will be a significant variance in this account based on the reduction to Community Grant funds allocation which occurred after completion and Board presentation of the FY 21 budget.

2. Expense

- a) Total PIHP Administration Expense is slightly under budget. The line item with the largest dollar amount variance is compensation. MSHN’s compensation includes vacant Home and Community Based Waiver positions expected to be filled in the future pending MDHHS’s transfer of responsibilities to the PIHP.
- b) IPA/HRA actual tax expenses are slightly under the budget amount however the variance is minimal. IPA estimates are impacted by variability in the number of Medicaid and Healthy Michigan eligibles. HRA figures will vary throughout the fiscal year based on inpatient psychiatric utilization. (Please see Statement of Net Position 3c and 3d).

MID-STATE HEALTH NETWORK
SCHEDULE OF INTERNAL SERVICE FUND INVESTMENTS
As of May 31, 2021

DESCRIPTION	CUSIP	TRADE DATE	SETTLEMENT DATE	MATURITY DATE	CALLABLE	AMOUNT DISBURSED	PRINCIPAL	AVERAGE ANNUAL YIELD TO MATURITY
UNITED STATES TREASURY BILL	912796SP5	4.23.19	4.25.19	10.24.19	no	988,182.64	1,000,000.00	2.365%
UNITED STATES TREASURY BILL	912796SP5	4.23.19	4.25.19	10.24.19			(1,000,000.00)	
FEDERAL HOME LOAN MTG CORP	3137EAEF2	5.2.19	5.3.19	4.20.20	no	624,605.01	630,000.00	2.331%
FEDERAL HOME LOAN MTG CORP	3137EAEF2						(630,000.00)	
UNITED STATES TREASURY BILL	912796RN1	6.7.19	6.10.19	12.5.19	no	1,979,752.50	2,000,000.00	2.068%
UNITED STATES TREASURY BILL	912796RN1						(2,000,000.00)	
UNITED STATES TREASURY BILL	912796TF6	8.14.19	8.15.19	2.13.20	no	2,972,607.48	3,000,000.00	1.823%
UNITED STATES TREASURY BILL	912796TF6						(3,000,000.00)	
UNITED STATES TREASURY BILL	912796TK5	9.12.19	9.12.19	3.12.20	no	991,043.07	1,000,000.00	1.788%
UNITED STATES TREASURY BILL	912796TK5						(1,000,000.00)	
FEDERAL FARM CREDIT BANK	3133ELCD4	12.2.19	12.3.19	6.2.21	yes	2,000,092.22	2,000,000.00	1.660%
FEDERAL FARM CREDIT BANK	3133ELCD4						(2,000,000.00)	
UNITED STATES TREASURY BILL	912796UC1	2.12.20	2.13.20	1.28.21	no	2,959,268.75	3,000,000.00	
UNITED STATES TREASURY BILL	912796UC1						(3,000,000.00)	
UNITED STATES TREASURY BILL	912796C56	1.28.21	1.28.21	7.29.21	no	2,999,590.50	2,999,860.49	0.027%
JP MORGAN INVESTMENTS							2,999,860.49	
JP MORGAN CHASE SAVINGS							42,438,359.97	0.050%
							<u>\$ 45,438,220.46</u>	

U.S. Treasury Bills – Treasury Bills, or T-Bills, are sold in terms ranging from a few days to 52 weeks. T-Bills are short-term debt issued and backed by the full faith and credit of the United States government. T-Bills are typically sold at a discount from the par amount (par amount is also called face value). You can hold a T-Bill until it matures or sell it prior to maturity. When a T-Bill matures, you are paid the par amount. Assuming the T-Bill is held to maturity, the difference between the par amount at maturity and the original cost is the amount of interest earned. **Source: U.S Treasury Direct**

U.S. Agencies – An agency security is a low-risk debt obligation that is issued by a U.S. government-sponsored enterprise (GSE). A Government-Sponsored Enterprise (GSE) bond is an agency bond issued by such agencies as Federal National Mortgage Association (Fannie Mae), Federal Home Loan Mortgage (Freddie Mac), Federal Farm Credit Banks Funding Corporation, and the Federal Home Loan Bank. Unlike Treasury securities, government agency bonds are not expressly backed by the full faith and credit of the U.S. government, but they do carry an implied backing due to the continuing ties between the agencies and the U.S. government. Most agency securities pay a semi-annual fixed coupon. **Source: Investopedia**

Block Grant Update

Federal Substance Abuse Prevention & Treatment Block Grant (SAPTBG) Funds are available to pay the cost of services for individuals who have no insurance or are underinsured. These dollars may also be used to fund discretionary services that are not funded by Medicaid or HMP (examples: transportation assistance, recovery housing). Beginning January 1, 2021, MSHN implemented a number of Block Grant Spending Reductions strategies to align actual expenses with a nearly 37% decrease in MDHHS funding. The summary of changes includes benefit plan modifications such as authorization adjustments and reduced service episodes. In addition, some services were impacted by implementing lower reimbursement rates and applying higher consumer copays.

Please Note: MSHN committed that individuals already in treatment prior to January 1, 2021 would not be subject to the new Block Grant benefit limits. As such, the Utilization Management team continued to authorize accordingly at previous levels. As we move throughout the remainder of Fiscal Year 2021, we anticipate a more noticeable reduction in costs as those individuals phase out of treatment. Persons who entered treatment on or after January 1, 2021 are subject to benefit limits.

The strategies implemented are helping MSHN see lower overall trends in paid amounts, cases, and units since January 2021. The attached document displays spending from July 2020 through April 2021. The Analytical Summary box on page two (2) examines the average for July - December 2020 as compared to January and then the next month February is compared to the prior one and so on. The analysis highlights that we are moving in the right direction to achieve the goal of bringing actual expenses closer to available Block Grant Revenue. A few items to note regarding the analysis:

- April 2021 data is not included as claims for this month are incomplete (claims lag). In addition, report totals for months included in the attached analysis may vary as more claims trickle in but significant changes are not anticipated.
- Case count decreases should be primarily related to Block Grant changes.
- Unit decreases result from Block Grant changes and shifting multiple services into one bundled reimbursement.

This report format will be used to keep you updated for the remainder of this fiscal year-end (9.30.2021).

Mid-State Health Network
Summary of Block Grant Funded Claims for Dates of Service July 1, 2020 through April 30, 2021

Service Code	2020 July	August	September	October	November	December	2021 January	February	March	April	Reduction Strategy
90791 - Psychiatric Evaluation											Benefit Plan Change
Sum of PAID AMOUNT	\$ 225.00				\$ 112.50						
Sum of ALLOWED UNITS	2				1						
Distinct Count of CASE #	2				1						
90832 - Individual Therapy											Benefit Plan Change
Sum of PAID AMOUNT	\$ 16,044.40	\$ 10,101.34	\$ 9,259.86	\$ 8,486.99	\$ 5,494.28	\$ 4,400.07	\$ 4,682.00	\$ 5,750.00	\$ 4,677.00	\$ 2,863.00	
Sum of ALLOWED UNITS	303	196	181	167	112	91	89	109	87	52	
Distinct Count of CASE #	150	130	119	113	81	67	69	72	62	34	
90834 - Individual Therapy											Benefit Plan Change
Sum of PAID AMOUNT	\$ 9,188.50	\$ 17,205.39	\$ 18,556.19	\$ 16,484.63	\$ 9,817.54	\$ 9,879.00	\$ 10,825.66	\$ 11,488.97	\$ 5,153.52	\$ 4,203.58	
Sum of ALLOWED UNITS	125	218	232	211	133	136	138	143	64	55	
Distinct Count of CASE #	83	149	143	126	97	92	95	102	52	44	
90837 - Individual Therapy											Benefit Plan Change
Sum of PAID AMOUNT	\$ 22,627.92	\$ 23,298.30	\$ 26,252.38	\$ 24,187.22	\$ 14,059.15	\$ 13,661.31	\$ 10,696.31	\$ 11,559.22	\$ 17,829.95	\$ 14,422.50	
Sum of ALLOWED UNITS	233	233	268	246	148	146	109	119	170	133	
Distinct Count of CASE #	109	134	137	119	88	71	65	69	78	64	
90853 - Group Therapy											Benefit Plan Change
Sum of PAID AMOUNT	\$ 3,973.50	\$ 5,418.40	\$ 6,623.52	\$ 17,583.52	\$ 7,737.04	\$ 5,928.50	\$ 3,592.63	\$ 2,243.00	\$ 9,368.77	\$ 3,144.50	
Sum of ALLOWED UNITS	57	74	89	207	105	86	53	34	109	41	
Distinct Count of CASE #	22	32	39	78	52	36	27	17	38	21	
96372 - Medication Administration											Benefit Plan Change
Sum of PAID AMOUNT										\$ 29.00	
Sum of ALLOWED UNITS										1	
Distinct Count of CASE #										1	
99202 - E&M - New Consumer											Benefit Plan and Copay Changes
Sum of PAID AMOUNT	\$ 552.00	\$ 472.54	\$ 837.42	\$ 920.00	\$ 368.00	\$ 276.00	\$ 261.00	\$ 348.00	\$ 92.00	\$ 92.00	
Sum of ALLOWED UNITS	6	6	10	10	4	3	3	4	1	1	
Distinct Count of CASE #	6	6	10	10	4	3	3	4	1	1	
99203 - E&M - New Consumer											Benefit Plan and Copay Changes
Sum of PAID AMOUNT									\$ 271.00	\$ 77.25	
Sum of ALLOWED UNITS									2	1	
Distinct Count of CASE #									2	1	
99212 - E&M - Existing Consumer											Benefit Plan and Copay Changes
Sum of PAID AMOUNT							\$ 36.41				
Sum of ALLOWED UNITS							1				
Distinct Count of CASE #							1				
99213 - E&M - Existing Consumer											Benefit Plan and Copay Changes
Sum of PAID AMOUNT	\$ 4,514.18	\$ 4,888.11	\$ 5,303.73	\$ 4,664.11	\$ 4,610.31	\$ 3,865.35	\$ 2,846.81	\$ 2,462.55	\$ 1,695.05	\$ 1,096.05	
Sum of ALLOWED UNITS	54	60	67	61	59	50	36	32	21	14	
Distinct Count of CASE #	47	55	60	52	55	41	35	30	20	14	
99214 - E&M - Existing Consumer											Benefit Plan and Copay Changes
Sum of PAID AMOUNT										\$ 92.84	
Sum of ALLOWED UNITS										1	
Distinct Count of CASE #										1	
99215 - E&M - Existing Consumer											Benefit Plan and Copay Changes
Sum of PAID AMOUNT										\$ 41.06	
Sum of ALLOWED UNITS										1	
Distinct Count of CASE #										1	
A0110 - Transportation - Bus Token											Benefit Plan Change
Sum of PAID AMOUNT	\$ 481.96	\$ 414.00	\$ 645.98	\$ 549.96	\$ 576.99	\$ 601.99	\$ 12.50	\$ 56.97	\$ 151.96	\$ 45.49	
Sum of ALLOWED UNITS	23	23	36	31	32	27	2	3	7	3	
Distinct Count of CASE #	21	23	34	29	32	27	2	3	7	3	
G2067 - Methadone Weekly Bundle											Benefit Plan Change
Sum of PAID AMOUNT	\$ 400.00	\$ 300.00	\$ 180.00	\$ 80.00	\$ 100.00		\$ 322.25				
Sum of ALLOWED UNITS	10	12	8	4	5		4				
Distinct Count of CASE #	4	4	3	1	1		2				
G2078 - Methadone Take Home Supply											Benefit Plan Change
Sum of PAID AMOUNT	\$ 14.12	\$ 21.18	\$ 14.12								
Sum of ALLOWED UNITS	2	3	2								
Distinct Count of CASE #	1	1	2								
H0001 - Assessment											Benefit Plan Change
Sum of PAID AMOUNT	\$ 9,832.73	\$ 10,487.56	\$ 11,415.27	\$ 9,920.62	\$ 6,920.58	\$ 5,737.50	\$ 6,619.54	\$ 6,502.50	\$ 5,407.81	\$ 4,207.50	
Sum of ALLOWED UNITS	78	82	87	73	56	45	53	51	43	33	
Distinct Count of CASE #	78	82	87	73	56	45	53	51	43	33	
H0003 - Drug Screen											Benefit Plan Change
Sum of PAID AMOUNT	\$ 255.00	\$ 127.50	\$ 51.00	\$ 76.50	\$ 127.50	\$ 76.50	\$ 51.00	\$ 51.00			
Sum of ALLOWED UNITS	10	5	2	3	5	3	2	2			
Distinct Count of CASE #	7	4	2	2	4	2	2	2			
H0004 - Individual Counseling											Benefit Plan Change
Sum of PAID AMOUNT	\$ 7,987.50	\$ 7,218.50	\$ 6,788.00	\$ 7,230.00	\$ 6,791.00	\$ 7,549.00	\$ 6,667.00	\$ 4,479.00	\$ 3,702.00	\$ 1,444.50	
Sum of ALLOWED UNITS	367	345	324	348	316	364	311	218	173	69	
Distinct Count of CASE #	60	64	64	69	68	62	66	45	37	14	
H0005 - Group Counseling											Benefit Plan Change
Sum of PAID AMOUNT	\$ 748.00	\$ 1,767.00	\$ 1,260.00	\$ 2,178.00	\$ 1,476.00	\$ 2,019.00	\$ 1,476.00	\$ 738.00	\$ 492.00	\$ 861.00	
Sum of ALLOWED UNITS	18	42	30	53	36	49	36	18	12	21	
Distinct Count of CASE #	11	13	12	16	17	18	15	7	5	6	
H0006 - Case Management											Benefit Plan Change
Sum of PAID AMOUNT	\$ 14,131.00	\$ 14,399.00	\$ 15,081.00	\$ 17,172.00	\$ 13,587.50	\$ 15,940.00	\$ 14,065.50	\$ 9,774.00	\$ 10,780.00	\$ 6,923.50	
Sum of ALLOWED UNITS	342	347	365	407	328	384	339	236	261	169	
Distinct Count of CASE #	226	240	239	266	229	236	229	172	164	122	
H0010 - Withdrawal Management											Benefit Plan Change
Sum of PAID AMOUNT	\$ 8,970.00	\$ 3,450.00	\$ 4,485.00	\$ 8,300.00	\$ 3,450.00	\$ 4,830.00	\$ 3,105.00	\$ 6,900.00	\$ 6,210.00	\$ 5,175.00	
Sum of ALLOWED UNITS	26	10	13	24	10	14	9	20	18	15	
Distinct Count of CASE #	9	3	6	7	3	5	3	6	5	4	
H0012 - Withdrawal Management											Benefit Plan Change
Sum of PAID AMOUNT	\$ 1,875.00	\$ 937.50	\$ 1,290.00	\$ 1,562.50	\$ 937.50			\$ 625.00	\$ 4,415.00		
Sum of ALLOWED UNITS	6	3	4	5	3			2	14		
Distinct Count of CASE #	2	1	2	2	1			1	4		
H0018 - Residential Treatment											Benefit Plan and Copay Changes
Sum of PAID AMOUNT	\$ 2,123.50	\$ 890.50		\$ 68.50				\$ 598.50	\$ 399.00		

Mid-State Health Network
Summary of Block Grant Funded Claims for Dates of Service July 1, 2020 through April 30, 2021

Service Code	2020					2021					Reduction Strategy
	July	August	September	October	November	December	January	February	March	April	
Sum of ALLOWED UNITS	31	13		1				9	6		
Distinct Count of CASE #	1	1		1				1	2		
H0019 - Residential Treatment											Benefit Plan and Copay Changes
Sum of PAID AMOUNT	\$ 29,109.50	\$ 29,032.00	\$ 28,519.00	\$ 29,257.50	\$ 27,401.00	\$ 28,633.50	\$ 36,053.50	\$ 26,424.00	\$ 19,709.00	\$ 19,028.50	
Sum of ALLOWED UNITS	190	191	187	191	180	189	246	186	137	124	
Distinct Count of CASE #	16	14	16	14	16	15	15	18	11	10	
H0020 - Methadone Dosing											Benefit Plan Change
Sum of PAID AMOUNT	\$ 29,960.00	\$ 28,448.00	\$ 26,688.00	\$ 26,520.00	\$ 23,392.00	\$ 22,160.00	\$ 19,096.00	\$ 13,712.00	\$ 11,080.00	\$ 5,800.00	
Sum of ALLOWED UNITS	3,745	3,556	3,336	3,315	2,924	2,770	2,387	1,714	1,385	725	
Distinct Count of CASE #	131	122	124	119	103	95	87	72	57	37	
H0038 - Peer Recovery Supports											Benefit Plan and Copay Changes
Sum of PAID AMOUNT	\$ 37,553.30	\$ 50,190.50	\$ 47,739.00	\$ 54,705.24	\$ 51,227.00	\$ 42,126.50	\$ 28,540.50	\$ 22,613.25	\$ 18,449.50	\$ 1,186.50	
Sum of ALLOWED UNITS	2,711	3,675	3,555	4,031	3,915	3,115	2,289	1,696	1,732	199	
Distinct Count of CASE #	127	118	144	169	160	153	135	108	104	23	
H0048 - Drug Screen											Benefit Plan Change
Sum of PAID AMOUNT	\$ 1,756.00	\$ 2,144.70	\$ 2,186.30	\$ 2,326.10	\$ 1,927.10	\$ 2,013.60	\$ 2,154.89	\$ 2,390.50	\$ 2,067.50	\$ 1,848.00	
Sum of ALLOWED UNITS	143	176	180	189	157	164	175	193	167	149	
Distinct Count of CASE #	107	115	116	122	120	109	128	139	124	118	
H0050 - Brief Intervention											Benefit Plan Change
Sum of PAID AMOUNT					\$ 15.50						
Sum of ALLOWED UNITS					1						
Distinct Count of CASE #					1						
H2027 - Didactic Services											Benefit Plan Change
Sum of PAID AMOUNT	\$ 385.00	\$ 1,040.00	\$ 622.50	\$ 1,391.00	\$ 489.00	\$ 456.00	\$ 198.00			\$ 209.00	
Sum of ALLOWED UNITS	68	188	107	248	90	90	36			38	
Distinct Count of CASE #	6	6	7	9	6	4	2			1	
H2034 - Recovery Housing											Benefit Plan Change and Rate Reduction
Sum of PAID AMOUNT	\$ 116,409.36	\$ 119,863.85	\$ 118,633.72	\$ 121,537.66	\$ 132,164.91	\$ 147,844.97	\$ 102,667.90	\$ 81,525.25	\$ 74,381.50	\$ 56,649.00	
Sum of ALLOWED UNITS	5,033	5,156	5,137	5,262	5,740	6,028	5,540	4,403	4,176	2,864	
Distinct Count of CASE #	233	236	229	243	247	253	238	209	178	153	
S0215 - Transportation - Per Mile											Benefit Plan Change
Sum of PAID AMOUNT	\$ 1,371.26	\$ 1,835.04	\$ 1,258.38	\$ 2,084.16	\$ 1,394.61	\$ 459.76	\$ 534.80	\$ 280.00	\$ 92.40	\$ 30.80	
Sum of ALLOWED UNITS	2,447	3,246	2,193	3,636	2,427	793	955	500	165	55	
Distinct Count of CASE #	29	37	28	34	30	9	10	5	3	1	
S9976 - Residential Room and Board											Benefit Plan Change and Rate Reduction
Sum of PAID AMOUNT	\$ 174,316.75	\$ 177,454.50	\$ 195,182.25	\$ 205,885.00	\$ 183,094.00	\$ 183,723.00	\$ 137,225.00	\$ 135,408.00	\$ 147,084.00	\$ 128,247.00	
Sum of ALLOWED UNITS	6,240	6,353	6,984	7,363	6,552	6,579	6,550	6,449	7,021	6,111	
Distinct Count of CASE #	413	436	445	461	417	396	423	450	440	384	
T1009 - Childcare Services											Benefit Plan Change
Sum of PAID AMOUNT	\$ 5,247.00	\$ 7,587.00	\$ 6,854.00	\$ 5,904.00	\$ 3,707.00	\$ 5,519.00	\$ 5,535.00	\$ 5,100.00	\$ 5,952.00	\$ 5,660.00	
Sum of ALLOWED UNITS	82	109	114	91	58	69	83	55	85	72	
Distinct Count of CASE #	6	7	10	7	7	6	7	3	8	5	
T1012 - Peer Recovery Supports											Benefit Plan and Copay Changes
Sum of PAID AMOUNT	\$ 9,334.00	\$ 8,567.00	\$ 11,619.00	\$ 13,783.00	\$ 20,850.00	\$ 21,576.00	\$ 9,412.00	\$ 7,813.00	\$ 5,828.00	\$ 259.00	
Sum of ALLOWED UNITS	326	314	430	443	611	649	295	231	175	7	
Distinct Count of CASE #	63	60	74	82	80	81	62	45	36	3	
Total Sum of PAID AMOUNT	\$ 509,386.48	\$ 527,559.41	\$ 547,345.62	\$ 582,858.21	\$ 521,828.01	\$ 529,276.55	\$ 406,677.20	\$ 358,842.71	\$ 355,288.96	\$ 263,636.57	
Total Sum of ALLOWED UNITS	22,678	24,636	23,941	26,620	24,008	21,844	19,741	16,427	16,031	10,954	
Total Distinct Count of CASE #	1,362	1,399	1,400	1,434	1,318	1,238	1,244	1,217	1,096	914	

ANALYTICAL SUMMARY				
	July_Dec Avg	January	February	March
Total Sum of PAID AMOUNT	536,375.71	406,677.20	358,842.71	355,288.96
Total Sum of ALLOWED UNITS	21,844.00	19,741.00	16,427.00	16,031.00
Total Distinct Count of CASE #	1,238.00	1,244.00	1,217.00	1,096.00
Change in PAID AMOUNT		(129,698.51)	(47,834.49)	(3,553.75)
% Change in PAID AMOUNT		-24.18%	-11.76%	-0.99%
Change in ALLOWED UNITS		(2,103)	(3,314)	(396)
% Change in ALLOWED UNITS		-9.63%	-16.79%	-2.41%
Change in CASES		6.00	(27.00)	(121.00)
% Change in CASES		0.48%	-2.17%	-9.94%

Background

In accordance with the MSHN Operating Agreement, Article VI, Contracts that state the following:

The Entity Board must approve the execution of any contract exceeding \$25,000 in value. This includes any contract involving the acquisition, ownership, custody, operation, maintenance, lease, or sale of real or personal property and the disposition, division or distribution of property acquired through execution of the contract.

Therefore, MSHN presents the attached FY21 Contract Listing for Board approval and authorization of the Chief Executive Officer to sign.

Recommended Motion:

The MSHN Board authorizes its Chief Executive Officer to sign and fully execute the contracts as presented and listed on the FY21 contract listing.

MID-STATE HEALTH NETWORK					
FISCAL YEAR 2021 NEW AND RENEWING CONTRACTS					
July 2021					
CONTRACTING ENTITY	SUD PROVIDERS COST REIMBURSEMENT PROJECTS/PROGRAM DESCRIPTION	CONTRACT TERM	ORIGINAL FY21 COST REIMBURSEMENT CONTRACT AMOUNT	FY21 TOTAL COST REIMBURSEMENT CONTRACT AMOUNT	FY20 INCREASE/ (DECREASE)
Lifeways CMH	SUD - Prevention (Hillsdale)	8.1.21 - 9.30.21	-	20,072	20,072
			\$ -	\$ 20,072	\$ 20,072
CONTRACTING ENTITY	CONTRACT SERVICE DESCRIPTION (Revenue Contract)	CONTRACT TERM	FY21 ORIGINAL CONTRACT AMOUNT	FY21 TOTAL CONTRACT AMOUNT	FY21 INCREASE/ (DECREASE)
Michigan Department of Health & Human Services	Prepaid Inpatient Health Plan (PIHP Agreement)(Amendment #2)	10.1.20 - 9.30.21	-	-	-
			\$ -	\$ -	\$ -

Mid-State Health Network (MSHN) Board of Directors Meeting

Tuesday, May 4, 2021

Zoom Video/Audio Conference

Meeting Minutes

This meeting of the Mid-State Health Network Board of Directors was held virtually under 2020 PA 254, Section 3a.(1)(b) which permits an electronic meeting of a public body due to a local state of emergency declared for the area which the public body usually holds its meetings. MSHN offices are located in Ingham County, and this is the “usual meeting location” and the board has chosen in prior years to rotate its meetings among member counties. On April 27, 2021, the Ingham County Board of Commissioners continued its declaration of a county-wide state of emergency through May 31, 2021. The videoconferencing technology used to conduct this meeting permitted two-way communication for all meeting participants, including members of the public.

1. Call to Order

Chairman Ed Woods called this meeting of the Mid-State Health Network Board of Directors to order at 5:01 pm.

2. Roll Call

Ms. Amanda Ittner, MSHN Deputy Director, conducted the Roll Call for Board Members in attendance.

Board Member(s) Present: Jim Anderson (Bay-Arenac), Brad Bohner (LifeWays), Joe Brehler (CEI), Bruce Cadwallender (Shiawassee), Craig Colton (Huron), Ken DeLaat (Newaygo), Tina Hicks (Gratiot) [joined at 5:27 pm], Dianne Holman (CEI), John Johansen (Montcalm), Jeanne Ladd (Shiawassee), Pat McFarland (Bay-Arenac), Rhonda Matelski (Huron), Deb McPeck-McFadden (Ionia), Gretchen Nyland (Ionia), Irene O’Boyle (Gratiot), Kurt Peasley (Montcalm), Tracey Raquepaw (Saginaw), Kerin Scanlon (CMH for Central Michigan), and Ed Woods (LifeWays)

Board Member(s) Absent: David Griesing (Tuscola), Dan Grimshaw (Tuscola), Steve Johnson (Newaygo), Joe Phillips (CMH for Central Michigan), Leola Wilson (Saginaw)

Staff Members Present: Joseph Sedlock (Chief Executive Officer), Amanda Ittner (Deputy Director), Leslie Thomas (Chief Financial Officer).

A moment of silence to honor an employee family at LifeWays and all who have been lost since our last board meeting was observed.

3. Approval of Agenda for May 4, 2021

Board approval was requested for the Agenda of the May 4, 2021 Regular Business Meeting.

MSHN 20-21-026 MOTION BY DEB MCPEEK-MCFADDEN SUPPORTED BY JIM ANDERSON FOR APPROVAL OF THE AGENDA OF THE MAY 4, 2021, REGULAR BUSINESS MEETING, AS PRESENTED. MOTION CARRIED: 18-0.

4. FY 20 Financial Audit Presentation

Derek Miller, CPA, Partner in the auditing firm Roslund, Prestage and Company, presented the financial audit of MSHN for fiscal year 2020. Mr. Miller noted that MSHN is in a strong financial position and that the audit found no material weaknesses and provided the basis for a “clean” auditor opinion.

MSHN 20-21-027 MOTION BY PAT MCFARLAND, SUPPORTED BY GRETCHEN NYLAND TO RECEIVE AND FILE THE FY20 AUDIT REPORT OF MID-STATE HEALTH NETWORK COMPLETED BY ROSLUND, PRESTAGE AND COMPANY. ROLL CALL

VOTING IN FAVOR OF THE MOTION: JIM ANDERSON, BRAD BOHNER, JOE BREHLER, BRUCE CADWALLENDER, CRAIG COLTON, KEN DELAAT, DIANNE HOLMAN, JOHN JOHANSEN, JEANNE LADD, PAT MCFARLAND, RHONDA MATELSKI, DEB MCPEEK-MCFADDEN, GRETCHEN NYLAND, IRENE O’BOYLE, KURT PEASLEY, TRACEY RAQUEPAW, KERIN SCANLON, ED WOODS. MOTION CARRIED: 18-0

5. Public Comment

There was no public comment.

6. 2020 Board Self-Assessment

Ms. Irene O’Boyle, MSHN Board Vice-Chairperson, provided a written report and overview of the 2020 Board Self-Assessment. Ms. O’Boyle noted several highlights from the board survey, including an 83% participation rate and that nearly all areas of the self-assessment indicated annual improvements over the past four years that the assessment has been completed.

MSHN 20-21-028 MOTION BY KEN DELAAT SUPPORTED BY KERIN SCANLON TO RECEIVE AND FILE THE 2020 BOARD SELF-ASSESSMENT. ROLL CALL

VOTING IN FAVOR OF THE MOTION: JIM ANDERSON, BRAD BOHNER, JOE BREHLER, BRUCE CADWALLENDER, CRAIG COLTON, KEN DELAAT, TINA HICKS, DIANNE HOLMAN, JOHN JOHANSEN, JEANNE LADD, PAT MCFARLAND, RHONDA MATELSKI, DEB MCPEEK-MCFADDEN, GRETCHEN NYLAND, IRENE O’BOYLE, KURT

PEASLEY, TRACEY RAQUEPAW, KERIN SCANLON, ED WOODS. MOTION CARRIED: 19-0

7. CEO Report

Mr. Joe Sedlock discussed several items from within his written report to the Board highlighting the following:

- MSHN and regional COVID operations status
- Provider stabilization activities
- SUD Community Block Grant Reduction Plan Implementation
- MSHN Board strategic planning sessions and plans
- Michigan Crisis and Access Line
- Certified Community Behavioral Health Centers
- Senate and House proposals affecting the public behavioral health system
- Federal HHS Budget

8. Deputy Director Report

Ms. Amanda Ittner discussed several items in her written report to the board, highlighting the following:

- Population Health and Integrated Care Activities
- Complex Care Management Proposal for the Unenrolled Population
- Certified Community Behavioral Health Centers Demonstration
- Balanced Score Card Metrics for FY 21
- Provider Network Adequacy Report - 2020
- Annual Disclosure of Ownership, Controlling Interests, and Criminal Convictions

9. Chief Financial Officer's Report

Ms. Leslie Thomas provided an overview of the financial reports included within board meeting packets for the period ended March 31, 2021.

MSHN 20-21-029 MOTION BY KURT PEASLEY, SUPPORTED BY DIANE HOLLMAN TO RECEIVE AND FILE THE STATEMENT OF NET POSITION AND STATEMENT OF ACTIVITIES FOR THE PERIOD ENDING MARCH 31, 2021, AS PRESENTED. ROLL CALL VOTE.

VOTING IN FAVOR OF THE MOTION: JIM ANDERSON, JOE BREHLER, CRAIG COLTON, KEN DELAAT, TINA HICKS, DIANNE HOLMAN, JOHN JOHANSEN, JEANNE LADD, PAT MCFARLAND, RHONDA MATELSKI, DEB MCPEEK-MCFADDEN, GRETCHEN NYLAND, IRENE O'BOYLE, KURT PEASLEY, TRACEY RAQUEPAW, KERIN SCANLON, ED WOODS. NO RECORDED VOTE: BRAD BOHNER, BRUCE CADWALLENDER. MOTION CARRIED: 17-0.

10. Contracts for Consideration/Approval

Ms. Ittner provided an overview of the FY21 contract listing provided in the meeting packet and requested the board authorize MSHN's CEO to sign and fully execute the contracts listed on the FY21 contract listing.

MSHN 20-21-030 MOTION BY KEN DELAAT, SUPPORTED BY JOHN JOHANSEN TO AUTHORIZE THE CHIEF EXECUTIVE OFFICER TO SIGN AND FULLY EXECUTE THE CONTRACTS LISTED ON THE FY21 CONTRACT LISTING, AS PRESENTED. ROLL CALL VOTE.

VOTING IN FAVOR OF THE MOTION: JIM ANDERSON, JOE BREHLER, BRUCE CADWALLENDER, CRAIG COLTON, KEN DELAAT, TINA HICKS, DIANNE HOLMAN, JOHN JOHANSEN, JEANNE LADD, PAT MCFARLAND, RHONDA MATELSKI, DEB MCPEEK-MCFADDEN, GRETCHEN NYLAND, IRENE O'BOYLE, KURT PEASLEY, TRACEY RAQUEPAW, KERIN SCANLON, ED WOODS. NO RECORDED VOTE: BRAD BOHNER. MOTION CARRIED: 18-0.

11. Executive Committee Report

Chairperson Woods reported the executive committee met with Mr. Sedlock and Ms. Ittner to discuss and review items including:

- Board Self-Evaluation
- Nominating Committee Update
- Board Meeting and Strategic Planning Meetings logistics, agendas, and related planning

Next Board Executive Committee Meeting scheduled for May 21, 2021.

12. Chairperson's Report

Chairperson Woods provided remarks as follows:

- Encouraged board member participation in the upcoming board strategic planning sessions.
- Acknowledged the work of the MSHN staff and regional partners in providing monetary and in-kind stabilization support to the regional provider network.

13. Approval of Consent Agenda

Board approval was requested for items on the consent agenda as listed in the motion below, and as presented.

MSHN 20-21-031 MOTION BY JIM ANDERSON, SUPPORTED BY JOHN JOHANSEN, TO APPROVE THE FOLLOWING DOCUMENTS ON THE CONSENT AGENDA: APPROVE MINUTES OF THE MARCH 2, 2021 BOARD OF DIRECTORS MEETING; RECEIVE SUD OVERSIGHT POLICY ADVISORY BOARD MEETING MINUTES OF FEBRUARY 17, 2021; RECEIVE BOARD EXECUTIVE COMMITTEE MEETING MINUTES OF MARCH 19, 2021 AND APRIL 16, 2021, RECEIVE POLICY COMMITTEE MINUTES OF APRIL 6, 2021, RECEIVE OPERATIONS COUNCIL KEY DECISIONS OF MARCH 15, 2021 AND APRIL 19, 2021 AND TO APPROVE ALL OF THE FOLLOWING POLICIES: BOARD MEMBER

COMPENSATION, CASH MANAGEMENT, CASH MANAGEMENT – ADVANCES, CASH MANAGEMENT – BUDGET AND OVERSIGHT, CASH MANAGEMENT – COST SETTLEMENTS, COSTING POLICY, FINANCE MANAGEMENT, FIXED ASSET DEPRECIATION, FOOD PURCHASES, INVESTMENT, PA2 FUND USE, PA2 INTEREST ALLOCATION, PROCUREMENT, RISK-MANAGEMENT – INTERNAL SERVICE FUND, SUD - INCOME ELIGIBILITY AND FEES, TRANSFER OF CMHSP CARE RESPONSIBILITY, AND TRAVEL. ROLL CALL VOTE.

VOTING IN FAVOR OF THE MOTION: JIM ANDERSON, JOE BREHLER, BRUCE CADWALLENDER, CRAIG COLTON, KEN DELAAT, TINA HICKS, DIANNE HOLMAN, JOHN JOHANSEN, JEANNE LADD, PAT MCFARLAND, RHONDA MATELSKI, DEB MCPEEK-MCFADDEN, GRETCHEN NYLAND, IRENE O'BOYLE, KURT PEASLEY, TRACEY RAQUEPAW, KERIN SCANLON, ED WOODS. NO RECORDED VOTE: BRAD BOHNER. MOTION CARRIED: 18-0.

14. Other Business:

Mr. Sedlock expressed gratitude for the work of the Chief Financial Officer, Leslie Thomas, and her team noting that they are responsible for the highest level of audit compliance possible and work every day, week in and week out, to maintain the integrity of the organization and its financial management systems. The Board extended its gratitude and appreciation for Ms. Thomas' leadership and the efforts of her team.

15. Public Comment

There was no public comment.

16. Adjournment

The MSHN Board of Directors Regular Business Meeting adjourned at 6:18 pm.

Mid-State Health Network SUD Oversight Policy Advisory Board

Wednesday, June 19, 2021, 4:00 p.m.

Zoom Meeting

Meeting Minutes

1. Call to Order

Chairperson John Hunter called the MSHN SUD Regional Oversight Policy Board (OPB) of Directors Organizational Meeting to order at 4:03 p.m.

Board Member(s) Present: Jim Anderson (Bay), Nichole Badour (Gratiot), Bruce Caswell (Hillsdale), Steve Glaser (Midland), Susan Guernsey (Mecosta), John Hunter (Tuscola), Bryan Kolk (Newaygo), Robert Luce (Arenac), Joe Murphy (Huron), Vicky Schultz (Shiawassee), Todd Tennis (Ingham), Deb Thalison (Ionia), Kim Thalison (Eaton), David Turner (Osceola), Dwight Washington (Clinton), Ed Woods (Jackson)

Board Member(s) Absent: Lisa Ashley (Gladwin), Christina Harrington (Saginaw), Tom Lindeman (Montcalm), Jim Moreno (Isabella), Leonard Strouse (Clare)

Alternate Members Present: John Kroneck (Montcalm)

Staff Members Present: Amanda Ittner (Deputy Director), Joe Sedlock (Chief Executive Officer), Sherry Kletke (Executive Assistant), Dr. Trisha Thrush (Lead Treatment Specialist), Carolyn Tiffany (Director of Provider Network Management Systems), Dr. Dani Meier (Chief Clinical Officer), Kim Zimmerman (Director of Compliance, Quality & Customer Services), Leslie Thomas (Chief Financial Officer), Michael Scott (Veterans Navigator), Kari Gulvas (Prevention Specialist)

2. Roll Call

Ms. Amanda Ittner provided the Roll Call for Board Attendance.

3. Approval of Agenda for June 16, 2021

Board approval was requested for the Agenda of the June 16, 2021 Regular Business Meeting, as presented.

MOTION BY STEVE GLASER, SUPPORTED BY BRYAN KOLK, FOR APPROVAL OF THE JUNE 16, 2021 REGULAR BUSINESS MEETING AGENDA, AS PRESENTED. MOTION CARRIED: 16-0.

4. Approval of Minutes from the February 17, 2021 Regular Business Meeting

Board approval was requested for the draft meeting minutes of the February 17, 2021 Regular Business Meeting.

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON, FOR APPROVAL OF THE MINUTES OF THE FEBRUARY 17, 2021 MEETING, AS PRESENTED. ROLL CALL VOTE: VOTING YES: VOTING NO: N/A. MOTION CARRIED: 16-0.

5. Public Comment

There was no public comment.

6. Board Chair Report

- Welcomed New Member:
 - Joe Murphy (Huron County)
- Annual Board Member Disclosure Forms: Board members were reminded of the requirement to fill out the annual disclosure form which will be distributed electronically this year via DocuSign.

Ms. Nicole Badour joined the meeting at 4:15pm.

7. Deputy Director Report

Ms. Amanda Ittner provided an overview of the written report available in the meeting packet that included; MSHN internal updates, COVID supplemental block grant funding, MSHN Statement on System Redesign, Open Meetings Act, Michigan Opioids Task Force Annual Report, and the Suicide Prevention Commission Report. . Mr. Todd Tennis updated the Board that the Ingham County Board of Commissions are not expecting to extend the Public Health Emergency and will let it expire on June 30, 2021..

8. Chief Financial Officer Report

Ms. Leslie Thomas provided an overview of the financial reports included in board meeting packets:

- FY2021 PA2 Funding and Expenditures by County
- FY2021 PA2 Use of Funds by County and Provider
- FY2021 Substance Use Disorder (SUD) Financial Summary Report of April 2021
- Block Grant Reduction Update & Projections

Ms. Kim Thalison left the meeting at 4:30pm.

9. FY21 Substance Use Disorder PA2 Contract Listing

Ms. Carolyn Tiffany provided an overview and information on the FY21 Substance Use Disorder PA2 Contract listing, recommended for board approval, as presented.

MOTION BY DWIGHT WASHINGTON, SUPPORTED BY TODD TENNIS, TO APPROVE THE FY21 SUBSTANCE USE DISORDER PA2 CONTRACT LISTING, AS PRESENTED. ROLL CALL VOTE: VOTING YES: VOTING NO: N/A. MOTION CARRIED: 16-0.

10. SUD Operating Update

Dr. Dani Meier provided an overview and update on SUD Operations including information on the following:

- FY2021 Q2 SUD County Reports

11. Other Business

- MSHN Strategic Planning Presentation: MSHN Leadership presented an overview of the draft FY2022-2023 Strategic Plan, including the five Board Priorities; Better Health, Better Equity, Better Care, Better Value and the new priority of Betty Equity.
 - Mr. Todd Tennis inquired about advocacy efforts for SAPTR providers. MSHN has been supporting SAPTR providers and their inclusion in related advocacy efforts.
 - Mr. Dwight Washington inquired about the system redesign concept from Senator Shirkey. The system redesign legislation introduced in the House by Representative Whiteford would eliminate the PIHPs and dismantle the current managed care system at a time when provider and service stabilization is a priority, especially as it relates to the effects of COVID-19.

- Mr. John Kroneck states that Michigan Psychiatric Association is available to support advocacy efforts.

Ms. Vicky Schultz left meeting at 5:26 p.m.

Mr. Bruce Caswell left meeting at 5:37 p.m.

12. Public Comment

There was no public comment.

13. Board Member Comment

Mr. Bryan Kolk inquired about the intergovernmental agreements asking if the final executed agreement has been distributed to all counties. Ms. Amanda Ittner mentioned that determining the status of the executed agreement was on our project list along with Ms. Sherry Kletke. The intergovernmental agreement is a three-year agreement which started in 2019 and a new agreement will be due for 2022. MSHN will review for any updates to be brought to the board and distribute to the counties for signature.

14. Adjournment

MOTION BY STEVE GLASER, SUPPORTED BY DEB THALISON TO ADJOURN THE JUNE 16, 2021, SUBSTANCE USE DISORDER OVERSIGHT POLICY ADVISORY BOARD MEETING AT 5:46 P.M.

*Meeting minutes submitted respectfully by:
MSHN Executive Assistant*

Mid-State Health Network Board of Directors

Executive Committee Meeting Minutes

Friday, May 21, 2021, 9:00 a.m.

Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice-Chairperson; Jim Anderson, Secretary; Kurt Peasley, Ex-Officio
Others Present: None
Staff Present: Amanda Ittner, Deputy Director; Joseph Sedlock, Chief Executive Officer

1. **Call to order:** Chairperson Woods called this meeting of the MSHN Executive Committee to order at 9:01 a.m.
2. **Approval of Agenda:** Motion by I. O’Boyle supported by J. Anderson to approve the 05/21/2021 Executive Committee Meeting Agenda. Motion carried.
3. **Guest Board Member Comments:** None
4. **Board Matters:**
 - 4.1. **System Redesign Proposal Letter of Opposition – Board:** MSHN administration prepared and presented a letter intended for legislative and executive branch leaders opposing the Senate and House proposals for public behavioral health system redesign. After discussion, the Executive Committee agreed that the proposed letter reflects the positions stated recently by board members and made several suggestions that would improve the letter. MSHN administration will revise the letter to reflect Executive Committee input and resend to members. The Executive Committee will meet on Tuesday, May 25, 2021 at 9:00 to consider a motion to adopt, sign and send the letter.
 - 4.2. **Board Strategic Planning Critique/Evaluation:** MSHN administration prepared and presented a draft questionnaire/survey for board members to provide feedback on recently held board strategic planning sessions. The Executive Committee offered input and encouraged administration to send the survey, collect and compile responses, and to bring forward results at a future meeting. Committee members indicated that MSHN leadership team did a good job planning and executing these sessions and thought they were very good and productive discussions.
 - 4.3. **Board Self-Evaluation Survey Follow-Up: Board Packets/Materials:** Several comments in the board self-assessment indicated the desire to have board meeting materials provided earlier than usual board packet releases, which are presently 7 days before the meeting. Several board members also require paper packets to be sent to them, which may cause delays in receiving the packet that are beyond the control of MSHN. Administration noted that all MSHN board members do receive an “electronic” packet. Administration noted that the rationale for a seven-day advance release has to do with timing of financial statement production and ensuring that all other content is “fresh.” The executive committee discussed potential for earlier board packet releases and concluded that the current timing should be adequate for most board members to receive and read the materials. The committee requested that Mr. Sedlock address this rationale, and to offer individuals who may need accommodations to contact his office and to work with these needs to the best of the agency’s ability.
5. **Administrative Matters:**
 - 5.1 **Updates:** Administration provided several updates to the Executive Committee:
 - HR Benefits Update – Ms. Ittner indicated that MSHN is in the process of considering renewal of dental and optical benefits. This is a regular annual activity. Ms. Ittner noted that her office has received some complaints from employees about current carriers. This resulted in MSHN seeking quotes from additional carriers with broader provider networks. While not yet final, MSHN is evaluating bids from

two new carriers. Cost increases are quite modest, of which employees pay 20%. Transition to new carriers will occur effective for July 1 plan year.

- Sheryl Kletke, has been hired as the MSHN Executive Assistant and will begin on June 7, 2021.
- MSHN administration is continuing consideration around indefinite continuation of remote-based operations for MSHN and is also considering return to office-based work for some, many or all MSHN positions. Current lease on MSHN offices expires in late 2022. No decisions have been made. Benefits and consequences are being reviewed and a decision will likely be made by fall.
- MSHN administration is concerned about potential employee turnover associated with the Senate and/or House public behavioral health system redesign. These proposals are destabilizing to beneficiaries, their families, providers, and communities. Of particular concern are the members of the MSHN workforce, whose livelihoods would be eliminated if either of the proposals, in their current form, are enacted. MSHN administration is beginning considerations around potential retention strategies so that potential turnover is minimized, keeping in mind that replacing key positions would be nearly impossible under threat of elimination. Meanwhile, the regional entity must continue to carry out its contractual obligations.

6. **Other:**

- 6.1. Any other business to come before the Executive Committee: None.
- 6.2. Next Executive Committee Meeting is scheduled for Friday, June 18, 2021.

7. **Guest Board Member Comments:** None

8. **Adjourn:** This meeting of the MSHN Executive Committee was adjourned at 9:45 a.m.

Mid-State Health Network Board of Directors

Executive Committee Meeting Minutes

Tuesday, May 25, 2021, 9:00 a.m.

Members Present: Ed Woods, Chairperson; Irene O’Boyle, Vice-Chairperson; Jim Anderson, Secretary; Kurt Peasley, Ex-Officio
Others Present: None
Staff Present: Amanda Ittner, Deputy Director; Joseph Sedlock, Chief Executive Officer

1. Call to order: This meeting of the Executive Committee was called to order by Chairperson Woods at 9:00 a.m.
2. Approval of Agenda: Motion by K. Peasley supported by I. O’Boyle to approve the meeting agenda. Motion carried.
3. Board Matters:
 - 3.1. Consideration of Letter to Legislative and Executive Branch Leaders Calling for Investment in Public Behavioral Health System Innovations and Opposing House/Senate Redesign Proposals.

Motion by K. Peasley supported by J. Anderson to adopt the following motion: On behalf of the Board of Directors and acting on its behalf, the MSHN Executive Committee approves for signature and distribution its May 25, 2021 letter to Executive Branch and Legislative Leaders calling for investment in and support of the public behavioral health system and opposing House/Senate redesign proposals. Motion carried.

Document will be routed for electronic signature. Once signed will be send to House and Senate Leadership and the Governor’s Office. A copy will also be distributed to MSHN CMHSPs and Board Members with a request to send to their local representatives.
4. Other:
 - 4.1. Any other business to come before the Executive Committee: None.
 - 4.2. Next Executive Committee Meeting is scheduled for Friday, June 18, 2021
5. Adjourned at 9: 08 AM.

Mid-State Health Network Board of Directors

Executive Committee Meeting Minutes

Friday, June 18, 2021, 9:00 a.m.

MEMBERS PRESENT: Ed Woods, Chairperson; Jim Anderson, Acting Secretary; Kurt Peasley, Ex Officio
ABSENT: Irene O'Boyle, Vice Chairperson
OTHERS PRESENT: None
STAFF PRESENT: Amanda Ittner, Deputy Director (J. Sedlock, Chief Executive Officer is on vacation)

1. **Call to order:** This meeting of the MSHN Board Executive Committee was called to order by Chairperson Woods at 9:00 a.m.
2. **Approval of Agenda:** Motion by Kurt Peasley supported by Jim Anderson to approve the agenda as presented. Motion carried.
3. **Guest Board Member Comments:** None
4. **Board Matters:**
 - 4.1. **2021-07-08 Draft Board Meeting Agenda:** A. Ittner reviewed the draft July Board meeting agenda that includes the following: Board Development topic related to prevention and treatment of Gambling as previously requested by Board members, Block Grant Reductions Strategy Update, and CMHSP Supplemental Budget Proposals. The supplemental budget proposals include a regional strategy for staff recognition and retention (both internal staff and provider network staff) that is similar to other PIHP implementation strategies. Executive Committee members voiced concerns with a regional approach to a staff recognition and retention plan, allowing local CMHSP flexibility and assurance of payment to frontline staff. MSHN is planning for the July Board meeting to be in-person and is in the process of securing a physical location. Communication to Board members will be sent out after confirmation of Ingham County expiration of the Public Health Emergency.
 - 4.2. **Board Strategic Planning Feedback Survey Results:** A. Ittner reviewed the results of the Board Strategic Planning Feedback Survey. The majority of the feedback was positive in terms of facilitation, topics, session length, breakout over a few days, video recording and leadership preparedness with a strong preference for in-person when allowed. The results will be shared with the Board of Directors in July with a summary included in the CEO report.
5. **Administrative Matters:**
 - 5.1. **Updates:** A. Ittner briefed the Executive Committee on MSHN's plan to begin developing a staff retention/incentive plan in light of proposed legislation that would eliminate PIHPs. The plan would only be implemented if/when legislation is passed and would assist MSHN to continue its obligation to fulfill contractual requirements.
6. **Other:**
 - 6.1. Any other business to come before the Executive Committee.
 - 6.2. Next Executive Committee Meeting is scheduled for Friday, July 16, 2021
7. **Guest Board Member Comments:** None
8. **Adjourn:** This meeting of the MSHN Executive Committee was adjourned at 9:29.

Community Mental Health Service Provider Network

Bay Arenac
Behavioral Health



CMH for Clinton, Eaton
& Ingham Counties



CMH for Central
Michigan



Gratiot Integrated
Health Network



Huron Behavioral
Health



The Right Door for
Hope, Recovery &
Wellness



LifeWays CMH



Montcalm Care
Network



Newaygo County
Mental Health Center



Saginaw County CMH



Shiawassee
Health & Wellness



Tuscola Behavioral
Health Systems

Board Officers

Edward Woods
Chairperson

Irene O'Boyle
Vice-Chairperson

Jim Anderson
Interim Secretary

Mid-State Health Network (MSHN) is a Pre-Paid Inpatient Health Plan (PIHP) created as a regional entity by 12 Community Mental Health Services Programs (CMHSPs) under the Mental Health Code (MHC). We address you today as officers of the Mid-State Health Network Board of Directors and on its behalf.

Recent proposals in the House and Senate fundamentally change the public behavioral health system. The Mid-State Health Network Board of Directors opposes these proposals because:

- Beneficiaries and their families, and the communities that support them, are opposed as was well documented in prior redesign efforts and would stand to lose access to services, supports and input into the design and operation of their services and supports system. Many Michiganders are left out of the redesign proposals completely.
- Public oversight, governance, operations, and accountability would be ended.
- Current proposals for redesign are not based on performance metrics related to positive outcomes, effectiveness, and efficiency measures associated with the current public system and there is no clear statement about the problem or problems that the Senate or House are attempting to address or solve.
- These proposals incentivize and prioritize profits to private companies at the expense of the public and the beneficiaries served by the public behavioral health system.
- These proposals, if enacted, would inappropriately overlay a medical model where a social supports and service model is necessary to effectively support beneficiaries.
- These proposals seek financial integration and ignore integration where it is most meaningful and beneficial to recipients, which is at the point of service.

Instead of damaging the public behavioral health system through pursuit of these proposals, recent innovations by the public behavioral health system should be supported. The Mid-State Health Network Board of Directors supports, and asks our Legislative and Executive Branch leaders to support:

- Certified Community Behavioral Health Clinics (CCBHCs).
- Behavioral Health Homes.
- Opioid Health Homes.
- State Innovation Models.
- Local primary and behavioral health integration infrastructure and care coordination at the point of service delivery.

These innovations themselves address most access challenges and gaps of most concern to citizens and PIHPs and should be fostered, nurtured and supported by State government.

The remainder of this document provides additional details associated with our positions. Please take the time to thoroughly review our viewpoint, and please contact Mid-State Health Network's Chief Executive Officer to arrange for discussions on these fundamentally important matters.

Sincerely,

FOR THE MID-STATE HEALTH NETWORK BOARD OF DIRECTORS BY

DocuSigned by:

Ed Woods, Chairperson

DocuSigned by:

Irene O'Boyle, Vice Chairperson

DocuSigned by:

Jim Anderson, Acting Secretary

DocuSigned by:

Kurt Peasley, Ex Officio

DocuSigned by:

Joseph P. Sedlock,
Chief Executive Officer

DocuSigned by:

Amanda Ittner,
Deputy Director

Every year, hundreds of thousands of Michigan citizens benefit from the high-quality services and supports provided through the federal and state funding administered by PIHPs and operated by CMHSPs, their provider networks, and the substance abuse prevention, treatment and recovery service delivery system. Thousands upon thousands of individuals, their families, and communities, depend on the public behavioral health system for daily (and in some cases, life-long) supports and services. Many beneficiaries have expressed their desire to strengthen and improve the existing public behavioral health system – opposing the carving in of public behavioral health funding to physical health plans. Many Michigan citizens are completely left out of the legislative proposals. Current innovations in public behavioral health, such as Certified Community Behavioral Health Centers, Behavioral Health Homes, and Opioid Health Homes have evidence to support that they produce better access, better health outcomes, and better care for individuals, families, and communities. Because these proposals ignore the voices of thousands of people served by the public behavioral health system, leave many potential beneficiaries out, and ignore the benefits of innovative models now being established in the State, we stand united in opposing them.

The public behavioral health system is the safety net system for our state's most vulnerable and needy people. It is to us, the board of directors, who are appointed by Community Mental Health Services Program (CMHSP) boards in our 21-county service area (where we are appointed to the CMHSP board by our County Commissions) that the regional entity is accountable. The public behavioral health system is a State-County partnership and has been since its inception. We believe strongly that the public safety net behavioral health system must remain public in governance, accountability, funding, and operation. We believe strongly that beneficiaries have immediate and in-person access to their board member representatives in the community and to the whole board of directors through participation in local public board meetings under the Open Meetings Act. Recent proposals by some members of the Michigan Senate and House eliminate these key features of the behavioral health system. We stand united in opposing these proposals.

Facts demonstrate the effectiveness of MSHN and this region, as well as many other PIHPs, CMHSPs and our substance abuse prevention, treatment, and recovery provider systems. Please refer to our [recently published Impact Report by clicking on this link](#). Proposals to “reform” or “redesign” the public behavioral health system must be based on factual determinations that define the problem(s) being addressed and measure performance against metrics meaningful to persons served and our communities. Pursuing these proposals in the absence of a stated problem (or set of problems) is nothing more than reactive and anecdotal and must be avoided. Even cursory review of performance and financial metrics would reveal that the public behavioral health system should be supported, invested in, and strengthened, including (and perhaps most especially) the innovative programming described above that is now in being established in Michigan. Because these proposals do not accomplish any of these aims, we stand united in opposing them.

The public behavioral health system carries out its responsibilities to *every citizen* in this state by seeking and serving persons with the greatest, most severe, most persistent needs and vulnerabilities without regard to whether there is risk of loss, low or no return on investment, or other non-person-centered motivations. The public system appropriately shares these risks with the State and is demonstrably more efficient at moving more taxpayer money into services and not into administration or infrastructure as evidenced by even a casual review of “Medical Loss Ratios” and “profit” profiles of public PIHPs and Michigan's Medicaid Health Plans. Because the Senate and House proposals leave many citizens out and are based on fallacious arguments, we stand united in opposing them.

The House and Senate proposals as they currently stand both eliminate Michigan's PIHPs, eliminate or threaten the CMHSPs ability to deliver services and supports to the most vulnerable and needy in our State and shift responsibility for managing public services and supports to private health plans (Senate), and Administrative Services Organization (House), and to the State. The premise of these proposals seems to be that privatization (Senate) and statewide-ness (House) are better than local access, local control, local accountability, collaborative regional/local management, and local oversight. These are just a few of the beneficial features of the current public behavioral health system that the House and Senate proposals ignore, and for these reasons we stand united in opposition to them.

These proposals, particularly the Senate proposal, is built upon a misunderstanding that the financing, administration and delivery of physical and behavioral health services are not different from each other. This is a faulty and dangerous misunderstanding, especially at the service level. Physical health services (and service management) is based on “medical models”. The medical model, oversimplified, treats a specific condition (chronic or acute), primarily with medication, and

usually within an established critical-clinical pathway, with a curative or rehabilitative emphasis or goal. Treatment of or related to behavioral health conditions are based on a “social supports” model. The “social supports model”, oversimplified, addresses the whole-person service and support needs of persons over a span of time to help reduce symptoms, promote adaptive learning, strengthening of social supports, address social determinants of health and are habilitative in nature. Habilitative means focused on helping beneficiaries attain, retain, or improve skills and functioning. Because the Senate proposal in particular, but the House proposal as well, are based on this faulty understanding of the differences in the delivery of physical and behavioral health care, we stand united in opposition to them.

The legislative proposals seem to ignore that “integrated care” happens when and where the person is served; instead focusing on administrative and financing structures. Every one of the CMHSPs in this region, and the MSHN regional entity itself, are actively engaged in integrated care work that results in individual and population health outcomes improvements. Because these proposals include financial integration with private entities and ignore local care integration and coordination work, such as those that could be offered through Behavioral Health Homes, Opioid Health Homes, Certified Community Behavioral Health Clinics, and other current public behavioral health system improvements, we stand united in opposing the proposals.

This is no time for major upheaval on the public behavioral health system that so many thousands of persons, their families and communities rely on for support. Especially during this pandemic period, but at any time. The public behavioral health safety net has ensured continued services and supports to individuals, families, communities, workforce members and provider organizations in every possible way before and throughout the pandemic period including tens of millions of dollars in provider stabilization and direct care worker support in this region alone.

We request that our policy making representatives support, improve and strengthen the public behavioral health safety net system, and that you support improvements in the delivery of publicly governed, publicly accountable, publicly operated regional and community-based systems, invest in and expand initiatives that are proven to improve citizen access, beneficiary engagement, individual and population health, behavioral wellbeing, resiliency, quality of life, and community betterment such as those mentioned above. These are among the daily, weekly, and yearly accomplishments of the public system that would be destroyed by pursuing these proposals.

###

MID-STATE HEALTH NETWORK
BOARD POLICY COMMITTEE MEETING MINUTES
TUESDAY, JUNE 1, 2021 (VIDEO CONFERENCE)

Members Present: John Johansen, Irene O'boyle, Kurt Peasley, and Jim Anderson

Members Absent: Jeanne Ladd

Staff Present: Amanda Ittner (Deputy Director)

1. CALL TO ORDER

Chairperson John Johansen called the Board Policy Committee Meeting to order at 10:00 a.m.

2. APPROVAL OF THE AGENDA

MOTION by Kurt Peasley, supported by Jim Anderson, to approve the June 1, 2021, Board Policy Committee Meeting Agenda, as amended. Motion Carried: 4-0.

3. ELECTION OF POLICY COMMITTEE CHAIRPERSON

Chairperson Johansen reviewed the roles and responsibilities of the Policy Committee Chairperson and asked for volunteers to serve in this role. Chairperson Johansen is willing to continue to serve but wanted to offer other members a chance.

MOTION by Kurt Peasley, supported by Jim Anderson, to support Chairperson Johansen continuation as Committee Chairperson.

4. PROCEDURE FOR DISCUSSION

Ms. Ittner reviewed the draft edits to the procedure titled: General Management: Policy and Procedure Development as a follow up to policy committee discussion regarding first and second reading for the Board of Directors.

5. POLICIES UNDER BIENNIAL REVIEW

Chairperson Johansen invited Ms. Ittner to inform members on the revisions made to the policy being presented under biennial review. Ms. Ittner provided an overview of the substantive changes within the policies. The human resources chapter has been reviewed by MSHN Leadership Team and the Professional Employment Organization.

CHAPTER: HUMAN RESOURCES

1. Employee Compensation Policy
2. Performance Evaluation Policy
3. Personnel Manual
4. Position Management
5. Public Health Emergency Notice
6. Reimbursement Policy for Credentials, Licensure and Memberships
7. Separation Policy
8. Succession Planning

MOTION by Jim Anderson, supported by Kurt Peasley, to approve and recommend the policies under biennial review as presented. Motion carried: 4-0.

6. NEW BUSINESS

No new business was presented for discussion. Chairperson Johansen commented that once members have reviewed the policies to acknowledge via an email response.

7. ADJOURN

Chairperson Johansen adjourned the Board Policy Committee Meeting at 10:12 a.m.

*Meeting minutes respectfully submitted by:
MSHN Deputy Director*

Agenda Item		Action Required			
Consent Agenda	No items for discussion				
	Approved as presented	By Who	N/A	By When	N/A
FY 21 Savings Estimates through March 2021	<p>L. Thomas reviewed the Financial reports as of March 31, 2021. MSHN is expecting a large lapse to MDHHS (48m), having a fully funded ISF (48m) and Medicaid Savings (48m). Finance Council met last week to discuss options/needs to utilize the funds. Discussed the steady/increase in Revenue due to hold on eligibility and the decreased claims due to COVID.</p>				
	CEO's to involve their CFO's who will communicate list of items to Leslie Thomas which will be brought back to Ops for review at a future date.	By Who	CMHSP CEO's and CFO's L. Thomas	By When	DUE 5/27/21 June 7, 2021
Independent Facilitation Proposal	<p>C. Watters reviewed the Independent Facilitation Proposal that was discussed in Provider Network Committee with a need/request for regional contract to secure IF services. Support and suggestion to develop materials regional promotional materials (at the appropriate time). Support from Operations Council to move forward and develop concept with MSHN as regional contract holder.</p>				
	C. Watters will continue concept development and bring back to Ops Council at a future date.	By Who	C. Watters	By When	7.31.21
HSW Report (April 2021)	T. Lewicki reviewed the status of HSW slot utilization and the trend downward, under the 95% required. MSHN at risk of losing slots and related revenue.				
	Informational Only CMHSPs to identify additional potential HSW candidates and submit applications through established process.	By Who	CMHSPs	By When	Ongoing
Residential/CLS Staffing – Strategy Discussion	<p>C. Pinter reviewed his frustration with the lapsed DCW funding and related commitment to support the residential network. BABH has distributed a higher DCW premium pay with their Networks direct care staff. Discussed regional approach to incentivize network staff retention. Discussed need for regional consistency and to operate within published regional guidance.</p>				
	Discussion Only	By Who	N/A	By When	N/A

Agenda Item		Action Required			
MSHN Deputy Director Report: <ul style="list-style-type: none"> • CCBHC – consideration of MSHN & CMHSP Liaisons for Implementation • Complex Care Management Update 	<ul style="list-style-type: none"> • A. Ittner reviewed the status of CCBHC concept papers, consideration of CMH liaison to regional committee to address questions, implementation planning, etc. CMHs involved in CCBHC demonstration identified/appointed members with whom MSHN can coordinate internal subject matter experts, depending on agenda. • A. Ittner discussed the edits requested by the association, revised the proposal with edits and association supported. Next step is the committee will conduct final review/edits for presentation to Director Hertel mid-June. 				
	MSHN will reach out to liaison and schedule a planning meeting on CCBHC. Amanda to send out final version to Ops after review by CCM committee.	By Who	A. Ittner	By When	5.30.21
Senate and House “Redesign” Proposals	MSHN and other regional leaders discussed the senate and house “redesign” proposals. Both proposals are significant threats not only to the PIHP but to the CMHSPs, SAPTR networks, and beneficiaries.				
	Discussion Only	By Who	N/A	By When	N/A
		By Who		By When	

Agenda Item		Action Required			
Consent Agenda	No items for discussion				
	Approved as presented	By Who	N/A	By When	N/A
Regional Medical Director Communication on Continued Mask Use	T. Lewicki reported that RMD’s met and drafted a letter to support continued use of PPE/Mask within our network. T. Warner was still unclear as to the letter and what is being recommended for staff/individuals served in healthcare settings. S. Lindsey was also concerned if this was requirement or recommendation from the Medical Officers. J. Sedlock clarified that is a recommendation and can review/revise to ensure that is clear.				
	MSHN will review and take back to RMDs for revision.	By Who	T. Lewicki	By When	6.30.21
Workforce Recognition Discussion	J. Sedlock reviewed the document in the packet related to 2 other PIHPs workforce recognition plan for FY21. Workforce stabilization, retention and recognition is the goal here. Discussion regarding incentive, inclusion in budget, calculating rates, prospective, retention payments, allowable cost, recognition of management/lapse to MDHHS.				
	Ops Council supports Finance Council to research this further on audit allowability, retention allowability, and flexibility on pass through locally. J. Sedlock with discuss briefly MDHHS and bring feedback to the group.	By Who	L. Thomas J. Sedlock	By When	7.1.21 7.1.21
COVID-19 Updates/Status/Information Sharing (Due to previously cancelled “Friday Call”)	Discussion only; Mask mandates, Vaccination Status, etc				
	Informational Only	By Who	N/A	By When	N/A
CON Support Discussion Letter	S. Lindsey reported that last week she was being solicited from LifePointe Behavioral Solutions, from Farmington Hills, asking for a letter to the CON Commission asking for support to develop a psychiatric hospital. Sandy authored a letter of support due to the need.				
	Information Only	By Who	N/A	By When	N/A

Mid-State Health Network Board of Directors

Nominating Committee Meeting Minutes

Wednesday, April 14, 2021 – 2:00 PM

Members Present: Steve Johnson, Deb McPeck-McFadden, Kerin Scanlon

Staff Present: Joseph Sedlock, Chief Executive Officer

1. **Call to order:** This meeting of the MSHN Board of Directors Nominating Committee was called at 2:04 PM.
2. **Roll Call:** All members present
3. **Appointment of Committee Chairperson:** The Nominating Committee discussed committee chairpersonship. Kerin Scanlon was selected to serve as the Nominating Committee Chair.
4. **Review of MSHN Bylaws and Policies:** The Committee reviewed the Board Nominations and Election Procedure, Board Governance Policy and Articles 6.1 and 6.2 of the MSHN Bylaws all of which are applicable to the committee's work.
5. **Review of Proposed Timeline:** The Nominating Committee considered the timeline prepared by MSHN staff for the nominations and election process for 2021. The Committee requested that staff redraft the timeline to reflect discussion of the approach to be used for nominations (see below).
6. **Review/Approval of Draft Board Survey:** The Committee reviewed the survey that was used last time MSHN held officer elections to ask seated board members of their interest in or nominees for officer positions. The nominating committee asks that rather than a paper survey that staff use a survey tool (i.e., SurveyMonkey) to ask these questions of all board members.
7. **Nominations Process for 2021 Elections:** The Nominating Committee agreed on the following process for 2021 Elections, to be held at the September 2021 board meeting:
 - Nominating Committee Chairperson Kerin Scanlon will contact current MSHN Board Officers to determine their interest, if any, in continuing to serve. Ms. Scanlon will send an email to committee members after those contacts have occurred.
 - MSHN Staff will prepare and send a survey to all board members asking whether current board members are interested in service as an officer and whether current board members would like to nominate another individual for election as an officer. Anticipated survey date is shortly after the May 4 board meeting (so that the Chair can announce at the May 4 board meeting to expect a survey and encourage members to respond promptly).
 - MSHN staff will compile and distribute the result to the Nominating Committee members near the end of May 2021.
 - MSHN staff will contact Nominating Committee members near the end of June 2021 to schedule a meeting of the committee in July 2021 to conduct any follow-up that may be needed based on the board member survey and also to review and prepare a draft slate of officers.
 - After this July 2021 committee meeting, MSHN staff will prepare the slate and ballots for use at the September 2021 board meeting.
8. **New Business:** None
9. **Adjournment:** This meeting was adjourned at 2:30 PM

Purpose

This policy is established to provide guidelines for compensating all Mid-State Health Network (MSHN) direct employed positions.

Policy

- A. Objective: It is a MSHN objective to have a total compensation program that enables the organization to attract, retain, and motivate the number of high-caliber employees needed to achieve the organization's objectives as cost effectively as possible. Thus, the total compensation is intended to:
 - a. Provide for fair treatment of all employees;
 - b. Be efficient to administer;
 - c. Be easy to understand and communicate; and
 - d. Comply with all applicable laws and regulations.
- B. Strategy: To accomplish its objective, MSHN has adopted specific compensation program goals to:
 - 1. Provide base compensation at or near the market median;
 - 2. Provide a total compensation program (including pay and benefits) that attracts and retains the qualified staff needed to accomplish our mission;
 - 3. Provide suitable working conditions that promotes high degree of morale and job satisfaction. (including in office items such ~~items~~ as coffee/tea/bottled water/snack items). MSHN will also supply a refrigerator, microwave and paper/plastic goods for employee use during break and meal periods while in office.
- C. Accountabilities:
 - 1. Employees are responsible for collaborating with management with the operation, compliance and updating of the compensation program;
- D. Position Descriptions: MSHN maintains a job description for each of its direct employed positions.
- E. Position Titles: The Deputy Director will work the CEO to develop the appropriate job title for a new or changed position. Effort shall be made to assure position titles and descriptions are comparative to industry norms so compensation levels can be reasonably compared.
- F. Position Evaluations: Position evaluation is the process by which MSHN determines the relative value to be placed on various jobs within the organization through their placement within the pay structure.
- G. Salary Grade Assignments:
 - 1. The Deputy Director shall evaluate any newly created job before the recruitment process begins.
 - 2. The MSHN CEO shall review and approve all grade assignments. New employees may be placed in a salary grade at the discretion of the CEO commensurate with their level of education and experience.

- H. Pay Increases: Pay increases are intended to keep MSHN pay levels competitive to the marketplace. To do so, MSHN employees may receive two (2) types of pay increases depending on their pay rate, the competitive market conditions, and the availability of resources. A general increase may be granted when pay ranges are adjusted to keep them competitive with the market. The other type of pay increase is a “step” increase, that is based on the length of time an employee is in a job classification.
- I. Communication: All employees will receive general information regarding the administration of the compensation program, and will be informed of changes to program components, as appropriate.
- J. Periodic Review: Mid-State Health Network shall procure a market salary study not less than once every three years and will adjust salary scales based on the evidence accumulated in the market salary study for all positions.

Applies to:

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☐ MSHN’s Affiliates: ☐ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions:

CEO: Chief Executive Officer

Other Related Materials:

Human Resources: Employee Compensation Procedure

References/Legal Authority:

Fair Labor Standards Act

Change Log:

Date of Change	Description of Change	Responsible Party
09.2014	New Policy	Chief Finance Officer
11.2015	Annual Review/Update	Deputy Director
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director

Purpose

The Mid-State Health Network (MSHN) Performance Evaluation Policy exists to periodically record essential information concerning the performance level, strengths/weaknesses, and annual goals of an employee in relation to career development, including potential for advancement and suitability for other jobs and training.

The policy also serves to assist management in making thorough, objective and factual appraisals of the performance of employees under his/her supervision; to assist management in achieving maximum utilization of all human resources; and to motivate each employee to seek ways to improve performance where needed, and to enhance overall employee relations.

Policy

It is the policy of MSHN to utilize a performance evaluation system to maximize employee's overall job performance and professional development.

Applies to

- ☒ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:
- ☐ MSHN's CMHSP Participants: ☐ Policy Only ☐ Policy and Procedure
- ☐ Other: Sub-contract Providers

Definitions

MSHN: Mid-State Health Network

Other Related Materials

MSHN Employee Self Evaluation - Template
MSHN Employer Evaluation - Template

References/Legal Authority

N/A

Change Log:

Date of Change	Description of Change	Responsible Party
10.2015	New Policy	Amanda Horgan
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
02.2021	Biennial Review	Deputy Director

Personnel Manual

The distribution and use of this handbook should not be considered as altering the employment-at-will relationship between Mid-State Health Network and its employees.

Mid-State Health Network, 530 W. Ionia, Suite F, Lansing, MI 48933
517.253.7525

Introduction	2	Employee Conduct	12-14
Purpose	2	• Attendance & Punctuality	12
Employee Arrangement	3	• Telecommuting	12
Standard Employment Practices	3-6	• Smoke Free Environment	12
• At-Will Employees	3	• Drugs and Alcohol	12
• Equal Employment Practices	3	• Violence and Weapons	13
• Sexual Harassment & Other Unlawful Harassment	3-4	• Dress Code	13
• Workplace Bullying	4	• Computer Internet, Telephones and Electronic Mail	13
• Harassment/Discrimination Complaint Procedure	5	• Social Media	14
• Immigration Law Compliance	5	Leave Policies	14-18
• Evaluation Period	5	• General Policies	14
• Standards of Conduct	5	• Family & Medical Leave of Absence	14-16
• Reporting Suspected Fraud & Suspected Illegal Activity	5	• Military Family Leave	16
• Personnel File	6	• Qualifying Exigency Leave	16
General Policies and Procedures	6-12	• Covered Service Member Leave	16
• Background Checks/Disclosing	6	• Paid Time-Off (PTO)	16
• Employment Applications	6	• Accumulation and Carry-Over of PTO	17
• Credentialing and Re-credentialing	6	• Holidays	17
• Orientation	6	• Leave Without Pay	17
• Reporting Changes	6	• Jury Duty	17
• Performance Reviews	6	• Military Leave	18
• Job Classifications	7	• Bereavement Leave	18
• Job Descriptions	7	• Inclement Weather	18
• Expense Reimbursement	7	Disciplinary Policies	18-19
• Personal Property	7	• Workplace Rules	18
• General Safety and Health Policies	8	• Problem Resolution	19
• OSHA Compliance	8	• Discipline	19
• Workers Compensation	8	• Corrective Action	19
• Benefits Continuation	8	Separation Policies	19
• Monitoring & Searches	9	• Resignation	19
• Office Security	9	• Job Abandonment	19
• Confidential Information	9	• Termination	19
• Conflict of Interest & Outside Employment	9-10	Manual Amendments and Revisions	20
• Pay Periods	10	Acknowledgement of Receipt & Understanding	20
• Paycheck Corrections	10		
• Time Sheet Policy	11		
• Work Week and Hours of Work	10		
• Overtime	11		
• Rest Time	11		
• Break Time for Nursing Mothers	11		
• Nepotism	11		
• Political Activity	11		

Introduction: This MSHN personnel manual is predicated on the agency's operating philosophy as outlined in its Operating Agreement:

"The Entity is dedicated to ensuring that equality in voice and governance exists, and that the benefit to the citizens meets Medicaid standards while being provided in ways that reflect the needs and resources of the communities in which each CMHSP Participant operates. The Entity will foster each CMHSP Participants' integration activities and locally driven work. The organization and operation of the Entity is based on a shared operating structure, using a committee-based system that creates many venues, allowing voices from across the region to be heard. It establishes certain checks and balances to ensure that governance remains balanced and equal and that the operation of the Entity is for service to the CMHSP Participants in achieving high levels of regulatory compliance, quality of service, and fiscal integrity. In these ways, the Entity exists to serve in the best interest of and to the benefit of all CMHSP Participants and their consumers."

MSHN is also responsible for integrating the service needs of the region's citizens in relation to substance abuse prevention and treatment and administering public policy and systems to manage and coordinate these services. Accordingly, MSHN endeavors to include these perspectives in its operations and governance.

And, in accordance with the Entity's stated vision:

"To continually improve community well-being/wellness through the provision of premiere behavioral health care and leadership in the coordination of a network of community partnerships essential to address the multiple needs for quality of life and the reduction of per capita costs, with priority focused on the most vulnerable citizens."

Purpose: The Mid-State Health Network (MSHN) Personnel Manual is designed to acquaint employees with policies and procedures which may affect their employment. The manual addresses issues pertaining to such things as employee benefits, working conditions, and other provisions with which employees should become aware. The manual outlines employee responsibilities and describes the programs developed by MSHN, which will benefit all employees.

This Personnel Manual and the policies within it apply to employees of MSHN exclusively and are not meant for employees from any other company, firm, or entity. Similarly, any other manual developed for another client or division of MSHN will not be understood or interpreted to apply to employees of MSHN. The manual is not intended to cover Board members, independent contractors or compensated individuals appointed to standing councils or committees regardless of the compensation status or method.

This handbook is not meant to encompass every situation, it is every employee's responsibility to understand and follow the items in the manual, to ask questions to management if they do not understand any part of this handbook and to exercise sound judgement when applying the principals of this handbook to various work-place situations. No Personnel Manual can predict or anticipate every circumstance for which a policy has been developed. As MSHN continues to evolve, the need may arise to change or alter policies described herein. The interpretation and operation of the policies or benefits noted herein are within the sole discretion of MSHN. Therefore, MSHN reserves the right to revise, supplement, or rescind any policies, benefits or portions of the manual it deems appropriate. A change of any kind is in the sole discretion of MSHN and every effort will be made to notify employees of such changes as they may occur. This manual should not be construed as creating a contract between the MSHN and any of the applicable employees.

It is each employee's responsibility to be aware of any change. In no case and under no circumstances will future changes or practices affect the status of at-will employees of MSHN.

In order to encourage an efficient and professional work environment which serves our stakeholders' needs, MSHN follows the policies and procedures outlined herein.

Employee Arrangement

MSHN uses a Professional Employer Organization (PEO) to support human resource functions. The PEO administers new employee records compliance, benefits procurement and administration, and provides payroll administration. The PEO supports compliance with state and federal labor relations and wage and hour laws. ~~As such,~~ While contact with the Deputy Director and/or the Chief Executive Officer for any employment or personnel matter is encouraged, the PEO may serve as ~~a~~ an additional point of contact for employees seeking assistance as outlined in the manual; and for policy development and administration including but not limited to Legal Assurances, Non-Discrimination, Accommodation, Confidentiality, Recipient Rights, Corporate Compliance, Reporting Illegal and Unethical Activity, Anti-Harassment/Bullying (Sexual Harassment, Other Harassment, Non-Retaliation), Social Security Number Privacy Act, Hatch Act, Whistleblower's Protection Act, and Immigration Law Compliance.

The Professional Employer Organization (PEO) used by MSHN is: Costaff Human Services 1-800-~~xxx-xxx~~4-COSTAF

Standard Employment Practices

At-Will Employee: At-Will Employment means that the employee or MSHN may decide to terminate an individual's employment at any time, with or without reason, and with or without notice. Since all MSHN employment relationships are at-will, no contract or promise of continued employment, either verbal or implied, is created now or at any time during employment. As such, no employment contract is or can be created unless or until MSHN and the employee expressly agree to an alternative to an at-will status, and formalize such terms by a written agreement authorized by the MSHN Board and signed by the MSHN ~~authorized designee~~ Chief Executive Officer.

Equal Employment Practices: MSHN is committed to providing equal employment opportunities to all individuals without regard to race, color, religion, sex (including gender identity, sexual orientation and pregnancy), genetic information, national origin, age, disability, veteran status, marital status, or any other characteristic protected by law. MSHN follows Federal Equal Opportunity Laws, including the Americans with Disabilities Act, the Equal Pay Act, Title VII, and the Age Discrimination in Employment Act. MSHN's policy of equal employment opportunity applies to all terms and conditions of employment, including hiring, placement, compensation, training, promotion, discipline, and termination.

MSHN does not discriminate against qualified applicants or employees who, with or without a reasonable accommodation, can perform the essential functions of the job. MSHN will make reasonable accommodations for qualified individuals with known disabilities, unless doing so would result in an undue hardship. An employee with a disability for which a reasonable accommodation is needed should contact the Deputy Director (as the HR representative) to discuss possible solutions. If the employee is not able to resolve the matter with the Deputy Director, the employee should contact the CEO or the PEO. MSHN may require documentation to establish the need for an accommodation if an employee has a qualifying physical or mental disability that affects his or her job.

Employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of the Deputy Director (as the HR representative), the Chief Executive Officer, or the PEO. If the question or concern relates to alleged discrimination by the Deputy Director (as the HR representative) or if you feel uncomfortable discussing this with the Deputy Director, the concern should be taken to the CEO or the PEO. Employees can raise legitimate concerns, and make good faith reports, without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination or retaliation for voicing a concern will be subject to disciplinary action, up to and including discharge.

Sexual and Other Unlawful Harassment: MSHN will endeavor to maintain a work environment that nourishes respect for the dignity of each individual. This policy is adopted in furtherance of that ~~tradition~~ commitment.

It is against the policies of MSHN for an employee to harass another person because of the person's sex, race, color, religion, national origin, age, disability, sexual orientation, marital status, or other characteristic protected by law. Actions, words, jokes, or comments based on such characteristics will not be tolerated. Consequently, it is against the

policies of MSHN for an employee to sexually harass another person.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment.
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual.
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or environment.

Unlawful harassment can include, but is not limited to, epithets, slurs, jokes, pranks, comments, offensive or sexual written or graphic materials, obscene gestures, unwanted advances, physical touching, or threatening, hostile or intimidating acts.

All complaints of harassment will be promptly, thoroughly, and confidentially investigated to the greatest extent possible and, where necessary, appropriate corrective action will be taken. Any person found to have unlawfully harassed another employee will be subject to appropriate disciplinary action, up to and including discharge.

Any employee who believes that he or she is being unlawfully harassed should immediately follow the complaint procedure outlined in the handbook.

Workplace Bullying: MSHN defines bullying as “~~repeated~~ inappropriate behavior, either direct or indirect, whether verbal, physical, or otherwise, conducted by one or more persons against another or others, at the place of work and/or during the course of employment. Such behavior violates MSHN’s policies. MSHN is dedicated to providing a safe and non-threatening workplace for its employees, clients and contractors. Bullying is taken very seriously and will not be tolerated. Any act of bullying by or against an employee, customer, supplier, partner or visitor is strictly prohibited. This policy applies to all agency employees, whether on or off agency property. Bullying under this policy is defined as persistent, malicious, unwelcome, severe and pervasive mistreatment intended to intimidate and create risk to the health and safety of the employee, whether verbal, physical or otherwise, in the workplace and/or in the course of employment.

The purpose of this policy is to communicate to all employees, including supervisors, managers, and executives that MSHN will not in any instance tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including termination.

Bullying may be intentional or unintentional. Where an allegation of bullying is made, the intention of the alleged bully may be relevant, and may be given consideration when meting out discipline, as will the effect of the behavior upon the individual.

The following types of behavior are examples of bullying:

- Verbal Bullying: harassing, ridiculing or maligning a person or his/her family; persistent name calling which is hurtful, insulting or humiliating; using a person as a butt of jokes; abusive and offensive remarks.
- Physical Bullying: pushing; shoving; kicking; poking; tripping; assault, or threat of physical assault; damage to a person’s work area or property.
- Gesture Bullying: non-verbal threatening gestures, staring which can convey threatening messages.

Any employee who believes that he or she is being bullied should immediately follow the Harassment/Discrimination Complaint Procedure, as provided below.

Harassment/Discrimination Complaint Procedure: Any employee who, in good faith believes he or she has been subject to illegal discrimination or harassment prohibited by law, should immediately report that fact to the immediate

supervisor, the Deputy Director ~~or the CEO~~ or the PEO. ~~For~~ if the alleged perpetrator is the CEO, the complainant should be filed with the PEO. If an employee observes or has knowledge of an incident of harassment involving other employees, they should immediately inform and file a written complaint in the same manner as noted above. If an employee has any questions regarding the reporting of such matters, they should contact the Deputy Director, CEO or the PEO. Upon notice, MSHN will promptly conduct an impartial investigation of any complaint or report of harassment. To the extent possible, MSHN's investigation will be conducted in a manner calculated to protect the privacy of the individuals involved, and the confidentiality of the complainant. If the investigation reveals that harassment or discrimination has occurred, disciplinary action up to and including discharge will be taken. The nature of the discipline will depend upon the circumstances of each case. Upon completion of the investigation, the complainant will be notified of the conclusion of the investigation. Specific disciplinary actions, if applicable, will not be shared in order to protect the privacy of all individuals involved.

If a report of discrimination or harassment prohibited by law is made in good faith, MSHN will protect the reporting individual from retaliation or any other detrimental impact on his or her employment. Disciplinary action, up to and including discharge, will be taken into against anyone who attempts retaliation towards any individual involved as a witness or complainant. Employees who become aware of complaints or investigations of harassment are expected to refrain from unnecessary and unprofessional discussions with coworkers concerning the individuals involved; as such discussions may themselves be a form of retaliation.

Immigration Law Compliance: MSHN will only hire individuals who are authorized to work in the U.S under the Immigration Reform and Control Act of 1986. As a condition of employment, all new and past employees must complete the US I-9 Eligibility Verification form and present documentation establishing identity and employment eligibility complying with the I-9 rules and regulations.

Evaluation-Introductory Period: During the first ninety (90) days of employment, employees are in an “evaluation introductory period.” During this time, the CEO, through the direct supervisor, will continually evaluate-review performance and compatibility with MSHN. Should an employee's performance not meet the standards set forth ~~by MSHN~~ as documented in MSHN's policy and/or the employee's job description, corrective action and supportive supervision shall be initiated, but if not corrected could lead to adverse employment action up to and including termination ~~will be taken~~. Any significant absence will automatically extend an introductory period by the length of the absence. If MSHN determines that the designated introductory period does not allow sufficient time to thoroughly evaluate-review the employee's performance, the introductory period may be extended for a specified period. This evaluation-introductory period shall not be deemed to in any way affect nor abrogate an employee's status as an at-will employee.

Standards of Conduct: MSHN expects that all employees conduct themselves in a professional and ethical manner. An employee must not conduct business that is unethical in any way, nor should any employee influence other employees to act unethically. Furthermore, an employee must report any dishonest activities or damaging conduct to the Deputy Director, CEO or PEO.

Reporting Suspected Fraud or Illegal Activity: MSHN ~~Board and~~ employees shall report any suspected or actual fraud, abuse or waste of any funds, including Medicaid funds, or other suspected illegal activity to the ~~Director of Compliance, Customer Service and Quality Compliance Officer~~.

In the event that an employee becomes aware or believes that another employee's behavior or actions are inappropriate, illegal, problematic, or in any way inhibit or affect the organization's or the employee's performance or the MSHN's work environment, the conduct or behavior should be reported to the Compliance Officer, Deputy Director, CEO or PEO.

All reasonable concerns shall be promptly, thoroughly, and confidentially investigated by MSHN and, where necessary, appropriate corrective action will be taken. Employees must not discuss such actions or behavior with others. Discussion about such matters may create an unacceptable work environment for which the involved employee will be held responsible and may be disciplined in accordance with MSHN's disciplinary policy.

All employees are required to read and abide by MSHN policies, procedures and the Corporate Compliance Plan. These documents provide the framework for MSHN employees to comply with applicable laws, regulations and program requirements.

Personnel File: MSHN keeps personnel files for its employees. Medical records and credentialing records are kept separately from personnel records. Employees may view the contents of their personnel file by making a written request to the Deputy Director, CEO or PEO. No employee may alter or remove any document in his or her personnel file. If an employee believes any records or information in their general personnel file to be inaccurate, they may submit a written request to have the record corrected or, if denied, an employee response may be included in the personnel record in compliance with the *Bullard-Plawecki Employee Right to Know Act, MCL 423.501, et seq.*

General Policies and Procedures

Background Checks and Disclosing Certain Criminal Information: All employees shall fully disclose to their supervisor any criminal felony or work-related misdemeanor convictions. Any employees that work directly with minors or who will have access to minor's records that are convicted of a felony or misdemeanor, including expressly any law relating to drugs or other controlled substances, or are charged with a felony, or are placed on the Child Protective Service (CPS) Central Registry as a perpetrator, shall notify in writing their supervisor immediately, and in all cases, no later than five (5) days after such conviction, charge, or placement on the CPS Central Registry. An employee must disclose to the Employer any conviction resulting from such pending charges as described in this Section. However, as required by Federal regulation, employees working with minors must disclose any arrests or charges related to child sexual abuse, child abuse, or child neglect and the disposition of such arrest or charges, and may also be required to certify that no case of child abuse or neglect has been substantiated against them. In every case, employees in positions that work directly with minors or who will have access to minor's records, shall undergo the background checks including drug testing, and, if they have not resided or lived in Michigan for each of the previous ten (10) years, they must also sign a waiver attesting to the fact that they have not been convicted of a felony or been identified as a perpetrator. The Employer may, at its cost, conduct a criminal history search periodically on all employees when required to ensure compliance with grants, licensing requirements, and performance standards.

Employment Applications: MSHN relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the exclusion of the individual from further consideration for employment or, if that person has been hired, termination of employment.

Credentialing and Re-credentialing: In accordance with MSHN policy and the BHDDA Credentialing and Re-credentialing Process, health care professionals, as indicated in the Credentialing and Re-credentialing Process, who make clinical decisions impacting a consumer's care, must be credentialed upon hire and recredentialed at least every two years. At minimum, this includes Utilization Management Staff, the Chief Clinical Officer, the Chief Behavioral Health Officer, nurses, and the Medical Director(s). MSHN may recognize and accept the credentialing activities conducted by another entity; however, must maintain copies of the credentialing decision and primary source verifications in its administrative credentialing records. MSHN position descriptions will identify staff which are required to be credentialed and recredentialed. Employment is contingent upon credentialing and recredentialed.

Minimum Qualifications: Some positions may require specific credential(s) as identified in the job description (e.g., QIDP, QMHP, MCBAP Certification, or professional license) but are not required to go through the credentialing or recredentialed process. Employment is contingent upon verification of required credential(s) and ongoing maintenance of required credential(s). MSHN may identify the need for one or more of its existing employees to obtain credentials and/or be credentialed. Where MSHN changes the credentialing requirements of a position or requires an existing employee to obtain a new credential required by MSHN, MSHN and the employee will develop a professional

development plan to obtain the required credentialing within an agreed upon timeframe. Compensation for the newly required credential is in accordance with the *Reimbursement Policy for Credentials, Licensure and Memberships Policy*.

Orientation: In accordance with federal law, both new employees and re-hires are required to provide documentation of identity and eligibility to work in the United States. New employees will receive a copy of the Personnel Manual, and will be given the time to read it and ask any clarifying questions of the CEO or the hiring supervisor. The signed copy of the "Acknowledgement & Receipt of Understanding" will be placed in the employee's personnel file. Employee orientation will also include review of MSHN policies and procedures and the new employees' job description.

Reporting Changes: Employees are responsible for promptly notifying the Deputy Director and the PEO of any change in their name, address, telephone number, marital status, citizenship, tax withholding allowances, emergency contact information, insurance beneficiary, or dependent insurance coverage. Accurate and correct information is vital for benefits, insurance records, and other MSHN files. MSHN, through its PEO, maintains an employee self-service portal for updating this type of information. MSHN encourages use of the employee self-service portal, but this is not a replacement for also notifying the Deputy Director.

Performance Reviews: The supervisors and employees are encouraged to discuss job performance, individual goals, and objectives on an informal, day to day basis. Additionally, MSHN endeavors to undertake employee performance appraisal reviews on a periodic basis set by MSHN. The reviews will focus on job-related strengths and weaknesses, as well as overall fit with the MSHN goals and objectives. Goals and improvement plans may be mapped out each review period and progress will be measured at the next review. ~~Performance reviews may determine salary increases and promotions. Employees have the opportunity to review all performance appraisals and provide a written response, if requested. It is the expectation of MSHN that performance reviews include an interactive discussion between a supervisor and employee which provides the opportunity for the employee to review and understand the written performance appraisal review, ask questions, and seek clarification. In general, supervisors should not present performance reviews or other documents to any employee for a signature without discussing the contents and providing an opportunity for the employee to review, and seek consultation with their own advisor(s). If an employee disagrees with the written performance review prepared by the supervisor, the employee may submit a written response of the reasons for the reluctance/refusal to sign the performance review or other disagreement with the content. The written response will be attached to the review and All reviews and responses become part of an~~ filed in the employee's personnel file.

Job Classifications: Employees are classified by two major categories: "Exempt" and "Non-exempt." This manual applies to both Exempt and Non-Exempt employees.

1. Non-exempt employees are eligible to receive overtime pay in accordance with state and federal wage and hour laws. These employees are required to submit a timely and accurate time record for each pay period, approved by the appropriate supervisor, for the purpose of tracking hours worked and calculating compensation. Compensated paid time off is not considered hours worked for purposes of calculating overtime pay.
2. Exempt employees are generally salaried and fall into one or more of the following classifications: executive, professional, certain computer, or administrative personnel. These employees are exempt from the applicable provisions of state and federal wage and hour laws, and are not entitled to overtime or compensatory time.

Exempt Employees are required to be paid on a "salary basis". Being paid on a "salary basis" means an employee regularly receives a predetermined amount of compensation each pay period on a weekly, or less frequent, basis. The predetermined amount cannot be reduced because of variations in the quality or quantity of the employee's work. Subject to exceptions listed below, an exempt employee must receive the full salary for any workweek in which the employee performs any work, regardless of the number of days or hours worked.

Deductions from pay are permissible when an exempt employee:

- Does not perform any work during a workweek;
- Is absent from work for one or more full days for personal reasons other than sickness or disability; or for absences of one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy or practice of providing compensation for salary lost due to illness;
- To offset amounts which employees receive as jury or witness fees or for military pay;
- For unpaid disciplinary suspensions of one or more full days imposed in good faith for workplace conduct rule infractions of major significance, including but not limited to theft or violations of MSHN's harassment, drug and alcohol, safe workplace and workplace violence policies or such other work rule of major significance. This does not include merely performance issues such as absenteeism and tardiness;
- An employer is not required to pay the full salary in the initial or terminal week of employment; or

For penalties imposed in good faith for infractions of safety rules of major significance; In these circumstances, either partial day or full day deductions may be made.

MSHN prohibits any improper deductions from the salaries of exempt employees. Employees who believe that an improper deduction has been made to their salary, should immediately report this information to the CEO and PEO. Reports of improper deductions will be promptly investigated. If it is determined that an improper deduction has occurred, the employee will be promptly reimbursed for any improper deduction made.

Job Descriptions: MSHN employees shall be provided with a job description as part of new employee orientation. The job description shall outline qualifications, required skills, ~~and~~ general responsibilities, and whether or not the individual is required to be credentialed and recredentialed. Job responsibilities will outline recovery-based, person-centered and culturally competent practices. Job qualifications will specify that lived experiences with behavioral health issues are desired. Job descriptions are examined and reissued annually as a part of the performance review process.

Expense Reimbursement: MSHN will reimburse employees for reasonable pre-approved business expenses. Reasonable expenses while traveling on agency business include travel fares, accommodations, meals, tips, telephone and fax charges, and purchases on behalf of the agency. Travel and expense reimbursement practices are outlined in MSHN Board approved policies and must be requested in accordance with approved procedures.

Personal Property: MSHN does not assume responsibility for any personal property located on its premises. Employees are to use their own discretion when choosing to bring personal property into the office and do so at their own risk. Additionally, employees may not bring or display in the office any property that may be viewed as inappropriate or offensive to others.

General Safety and Health Policies: Safety of MSHN employees and visitors, in our office, is of the utmost importance. Each employee is expected to work diligently to maintain safe and healthful working conditions, and to adhere to all practices and procedures designed to prevent injuries and illness. By working together and staying aware of our surroundings, we can achieve a safe and healthy environment. Each employee is responsible for being aware of best safety practices, thinking defensively, anticipating unsafe situations, and reporting unsafe conditions immediately.

In addition, employees should observe the following precautions:

- Notify the CEO and/or Deputy Director of any emergency situation. If employees are injured or become sick at work, no matter how slightly, they must inform their supervisor ~~CEO~~ immediately. Failure to notify MSHN in a timely manner can lead to possible worker compensation disqualification.
- Employees should promptly notify the ~~CEO~~ Deputy Director, before the beginning of the workday, of any medication they are taking that may cause drowsiness or other side effects that could lead to injury to the employee or their coworkers.

- ~~The unauthorized use of alcoholic beverages, marijuana, or illegal substances during working hours will not be tolerated. The possession of alcoholic beverages, marijuana, or illegal substances in the MSHN office is forbidden.~~
- Employees should use, adjust, and repair machines and equipment only if trained and qualified.
- Employees should get help when lifting or pushing heavy objects.
- If an employee is not sure of the safe procedure, they should ask appropriate staff for support or directions.
- Employees should know the locations, contents, and use of first aid and firefighting equipment.
- Employees should use personal protective equipment in accordance with the job being performed.
- Employees should report the need for repair or replacement of work materials or facilities as soon as discovered.
- Employees should avoid clutter that might cause accidents; materials and equipment should be stored safely and neatly

MSHN reserves the right to request that an employee leave the premises if, in the employer's judgment, an injury or illness poses a direct threat to the health and safety of the employee or others in the workplace. Employees concerned about being infected with a serious disease by a coworker or other person should report such concern to the ~~CEO~~Deputy Director.

OSHA Compliance: Due to the potentially hazardous nature of any workplace, all MSHN employees are responsible for familiarity and compliance with Occupational Safety and Health Administration (OSHA), United States Environmental Protection Agency (EPA), and state regulations regarding infection control, job safety, and health protection. MSHN provides training and materials explaining the applicable standards and guidelines for all employees during the initial orientation and periodically, if applicable, when regulations are revised or added. All employees are required to participate, and a record will be maintained of all those in attendance. Missed meetings and training exercises must be made up within a reasonable time to avoid disciplinary action. MSHN maintains a central file on Material Safety Data Sheets for all hazardous materials at MSHN by employees.

Workers Compensation: MSHN provides comprehensive workers' compensation insurance at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. MSHN requires that all employees report job-related accidents or injuries to a supervisor immediately, whether the accident occurred on or off company premises. Failure to report an injury, regardless of how minor, could result in difficulty with the employee's claim. Once the injury is reported, the employee will be asked to complete an incident report and may be asked to go to the designated occupational health clinic. Once this occurs, MSHN will begin the accident investigation. After the accident investigation is complete, and MSHN accepts the employee's claim under workers' compensation, MSHN will pay reasonable medical and other expenses related to the employee's work injury. Neither MSHN nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participating in any off-duty recreational, social, or athletic activity sponsored by MSHN

Benefits Continuation: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) applies to employers with 20 or more employees in the preceding year. COBRA gives eligible employees and their qualified beneficiaries the opportunity to continue health insurance coverage under MSHN's health plan when a "qualifying event" would normally result in the loss of eligibility. Some common qualifying events are resignation, termination of employment, or death of an employee; a reduction in an employee's hours or a leave of absence; an employee's divorce or legal separation; and a dependent child no longer meeting eligibility requirements.

If eligible under COBRA, the employee or beneficiary pays the full cost of coverage at MSHN's group rates plus an administration fee. MSHN provides each eligible employee with a written notice describing rights granted under COBRA when the employee becomes eligible for coverage under MSHN's health insurance plan. The notice contains important information about the employee's rights and obligations.

Monitoring & Searches: All agency and personal property at the work site is subject to monitoring and review at all times. This includes, but is not limited to, desks, computers, other containers and email files. Reasons for searches and reviews include, but are not limited to, personal abuse of agency property, theft or substance abuse investigation, and improper disclosure of confidential information.

MSHN retains the right to conduct searches at any time. This includes the right to search assigned computers or files, even if protected by a password or other method of security. Any employee who attempts to obtain or alter a password for the purpose of accessing restricted files will be subject to disciplinary action, up to and including termination.

Office Security: Shortly after an employee's start date, he/she may be given a key to gain access to the office. The last employee to leave the office is responsible for making certain that all doors and windows are locked and secured.

Confidential Information: MSHN requires that employees do not disclose information held to be confidential by MSHN under the Health Insurance Portability and Accountability Act (HIPAA), the Michigan Mental Health Code, or other state/federal regulations. Social Security numbers should be collected only where required by federal and state law or as otherwise permitted by federal and state law for legitimate reasons consistent with this Privacy Policy.

MSHN is committed to protecting the privacy of the persons served through its provider network and shall strictly govern the disclosure of any information to anyone other than those authorized. Any employee who engages in unauthorized disclosure of confidential or protected information is subject to disciplinary action which may result in termination.

Documents containing Social Security numbers are to be stored in locked, secure areas. Social Security numbers will not be publicly displayed, and will not be released to anyone outside the company, except as required by law. No more than four sequential digits of a Social Security number may be included on a document mailed outside of the agency. Any document containing a Social Security number is to be shredded when discarded utilizing the MSHN provided shred bins.

To ensure that all protected information remains confidential, employees are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy regulations outlined in the MSHN Corporate Compliance Plan.

Conflict of Interest and Outside Employment: MSHN requires that employees not compromise the agency, its stakeholders, partners, or suppliers for personal gain. Examples of conflict of interest include, but are not limited to, accepting gifts worth more than \$25, requesting or granting business favors, or conducting business for personal gain. Employees are required to disclose all conflicts of interest to the CEO (or to the Chairperson of the Board if involving the CEO). Failure to do so may result in disciplinary action, up to and including termination.

While outside or supplemental employment is discouraged, employees may engage in outside or supplemental employment in accordance with the following limitations. In no case shall outside or supplemental employment conflict with or impair the employee's responsibilities to MSHN.

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

- Not use MSHN facilities as a source of referral for private customers or clients;
- Not be engaged in during an employee's regularly scheduled working hours;
- Not use the name of the MSHN or any County agency as a reference or credential in advertising or soliciting customers or clients;
- Not use MSHN supplies, facilities, staff or equipment in conjunction with any outside or supplemental employment or private practice (including any equipment or supplies provided for use by the employee in the employee's home office);
- Maintain a clear separation of outside or supplemental employment from activities performed for the MSHN;
- Not cause any incompatibility, conflict of interest, or any possible appearance of conflict of interest, or any impairment of the independent and impartial performance of employee's duties.

Pay Periods: All employees are normally paid on a bi-weekly basis (usually twenty-six pay periods annually). Electronic deposits will not be released prior to the set pay schedule for any reason, nor will they be released to anyone other than the employee. MSHN may require employees to use direct deposit or a payroll debit card in compliance with the Michigan Wage and Fringe Benefit Act. If payment of wages by direct deposit or payroll debit card is required by MSHN, MSHN will provide a written form to each employee to select debit card or direct deposit (and for the employee to provide account information for the direct deposit). An employee's failure to return their selection form within 30 days with the requisite account information shall result in payment by debit card.

It is our policy to comply with FLSA salary-basis. All deductions from an employee's wages shall be in accordance with applicable law and, when required, with the employee's consent. MSHN can make additional payroll deductions for authorized activities with an employee's written consent.

Paycheck Corrections: Employees are asked to review their payroll remittance carefully for errors. If an employee finds a mistake they should report it to the Chief Financial Officer (CFO) or PEO so that necessary steps may be taken to correct the error. Errors in payroll will be corrected and paid in the next scheduled paycheck after notice is received or otherwise in compliance with the Michigan Wage and Fringe Benefit Act.

Time Sheet Policy: Accurate recording of time worked is the responsibility of every employee. Federal and state laws require the employer to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is the time actually spent on the job performing assigned duties.

- Hourly employees shall accurately report the hours worked each week. The CEO (or designated supervisor) approves exceptions to normal hours (Monday through Friday 8:00 a.m. – 5:00 p.m.).
- Salaried employees are considered as 80 hours paid per pay period and only required to complete a time report for each pay period a request for any paid time off (PTO) -indicating any use of paid time off (PTO)-time-
- Each employee is required to notify their supervisor, in advance, of the dates of all approved PTO.
- Excessive use of unplanned leave or lateness in arriving at work are reasons for concern and may result in corrective action.

Time reports are provided in an electronic format. Unless authorized, no employee may record the time of any other employee, or request that another employee record their time. Falsification of time worked, altering or tampering time is prohibited. Violators will be subject to disciplinary action, up to and including termination.

Work Week and Hours of Work: The standard work week is from Sunday 12:00 a.m. until Saturday 11:59 p.m. Normal office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. Individual work schedules will vary depending on the operating needs of the agency.

Overtime: Non-exempt employees are to be paid time and one-half (1.5 times rate) for work time that exceeds 40 hours during a scheduled workweek. Employees asked to work overtime are expected to do so. Overtime must be approved in advance by the employee's supervisor. Exempt employees are not eligible for overtime pay. Paid time off, for example holidays or vacations, is not considered work time for purposes of determining overtime pay.

Rest Periods: Employees are allowed to have up to two 15-minute rest periods each day. Authorized rest periods cannot be used to shorten your workday or be accumulated for any other purposes.

Break Time for Nursing Mothers: In compliance with federal law which requires the provision of unpaid, reasonable break time for a non-exempt employee to express breast milk, MSHN subscribes to the following policy:

All employees shall be provided a place to breastfeed or express their milk. The CEO or PEO can confer with the employee to designate a suitable, private location, other than a bathroom, which is located in close proximity to the employee's work area for such breaks. An employee may use her private office area for milk expression if she prefers. Employees shall be provided flexible breaks to accommodate breastfeeding or milk expression for the first year of the child's life. A non-exempt breastfeeding employee shall be provided a

flexible schedule for breastfeeding or pumping to provide breast milk for her child. The time would not exceed normal time allowed for lunch and breaks. For time above and beyond normal lunch and breaks, PTO time must be used, or the employee can make up the time at the discretion of the supervisor. A refrigerator will be made available for safe storage of expressed breast milk. Employees may use their own cooler packs to store expressed breast milk, or may store milk in a designated refrigerator/freezer. Employees should provide their own containers. Those using the refrigerator are responsible for keeping it clean.

Nepotism: It is the policy of MSHN to prohibit the hiring of relatives in situations where a relative would be under the direct or general supervision of an elected official, department head, supervisor or team leader, or to employ relatives where the status of employment of that person might be influenced by an elected official, department head, supervisor or team leader.

By adhering to the above policy which prohibits relatives from working in positions where they might have influence over each other's status, or the hiring of those relatives, a potentially discriminatory situation is avoided altogether. MSHN realizes that there may be existing relationships among employees which are contrary to this policy. It is the purpose of this policy statement to avoid creating any new situations where relatives are employed in spheres of influence relationships, and not to affect the employment of any relationships that currently exist.

- Relative - Parent, foster parent, spouse, child, sibling, grandparent, grandchild, aunt, uncle, cousin, in-law or step relative, or any person with whom the employee has a close personal relationship.
- Personal relationship - Relationship between individuals who have or have had a continuing relationship of a romantic or intimate nature.
- Spheres of influence - Scope in which an employee exerts direct or indirect control over another.
- Economic relationship - Fiduciary relationship in which one employee benefits by receiving financial remuneration such as landlord/tenant relationships or business partnerships.
- Fraternization - Relationship of an intimate or romantic nature between a supervisor and his/her subordinates or conduct that creates the appearance of impression that such a relationship exists.
- If a supervisory-subordinate relationship occurs as a result of a marriage between two employees working in the same program area, then MSHN will attempt to transfer one of the individuals but it is not required to do so. If a transfer does not occur, one of the employees will be required to resign within sixty (60) days of the marriage.

Political Activity: Every employee has the right to freely express his or her views as a citizen and to cast a vote as he or she may wish. Coercion for political purposes is strictly prohibited. Employees of federally aided programs are, however, prohibited from participation in partisan political activity under the Federal Hatch Political Activities Act [while at work or conducting business on behalf of MSHN](#).

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

Employee Conduct

Attendance & Punctuality: Punctuality and regular attendance are important to the smooth operation of MSHN. If an employee is consistently late or excessively absent, MSHN's ability to perform work is affected and an unfair burden is placed on co-workers. Therefore, unless absences are permitted or excused under the agency's holiday, vacation, sick, or other policies, employees are responsible for being at work and arriving on time.

If an employee is going to be absent or late, it is mandatory and the employee's responsibility to call, e-mail, or text a message their supervisor as soon as possible, preferably in advance of lateness and no later than one hour after the start of the workday. If an employee is absent for several days, they must notify their supervisor each day (unless medical

documentation is provided that defines the period of absence). An employee who is absent for reasons other than those permitted or excused by MSHN's holiday, vacation, or leave policies, or who fails to provide notice as required, will be subject to appropriate disciplinary action, up to and including termination.

Telecommuting: With advanced planning and prior approval MSHN employees may be permitted to telecommute. Telecommuting arrangements must not disrupt the daily activities of a group or workflow. The supervisor must approve all employee telecommuting arrangements. Telecommuting (or remote worksite authorization) is a privilege and not a right. Employees approved for telecommuting (or remote work) must sign a "Remote Work Agreement" and abide by its terms and conditions. Permission to telecommute may be withdrawn in the sole discretion of the CEO.

Smoke Free Environment: For the health and comfort of MSHN employees and visitors, smoking is not permitted anywhere inside of the building. Smoking by employees is only allowed during authorized breaks and must be done outside the building in designated smoking areas.

Drugs and Alcohol: It is the policy of MSHN to maintain its offices as a drug-free work environment that is both safe for our employees and visitors, as well as conducive to efficient and productive work standards. This policy prohibits the unauthorized possession, by employees or others, of alcohol, marijuana, and illegal substances on MSHN's property, regardless of whether the persons are on duty. Employees are also prohibited from having detectable levels or identifiable trace quantities of alcohol, marijuana, and illegal substances during working time. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

MSHN may drug test under the following circumstances:

- As part of the New Hire Process,
- Reasonable Suspicion,
- Any employee, post workplace property damage accident and/or
- Any employee, post workplace accident resulting in injury or illness if the employee's supervisor and/or Human Resources determine there is a reasonable possibility that employee drug or alcohol use caused or could have contributed to the reported accident

Employees who test positive, refuse or fail to test, or admit to current substance abuse will be subject to discipline, up to and including termination. Adulterated specimens may be treated as a positive test result. All drug testing will be treated confidentially and used solely for the purpose of making employment decisions.

Violence and Weapons: MSHN is committed to providing a safe workplace for the public and its employees, clients, and contractors. MSHN takes violence and threats of violence extremely seriously. Any act or threat of violence by or against any employee, customer, supplier, partner, or visitor is strictly prohibited. This policy applies to all agency employees, whether on or off agency property. Any use or possession of weapons by an employee, whether illegal or not, is prohibited on agency property, or while on agency business. This includes knives, guns, martial arts weapons, or any other object that is used as a weapon. Any employee caught possessing a weapon will be disciplined, up to and including termination.

If an employee encounters an individual who is threatening immediate harm to an employee or visitor on premise, employee should contact an emergency agency (such as 9-1-1) immediately. Employees should not engage in either physical or verbal confrontation with a potentially violent individual. Any person who exhibits any unsafe behaviors will be removed from MSHN premises as quickly as safety permits, and shall remain off MSHN premises pending the outcome of an investigation.

All employees, temporary employees, ~~contractors~~ and any other personnel are responsible for notifying MSHN of any acts or threats which they have witnessed, received, or have been told that another person has witnessed or received. Any individual, who reasonably believes that a situation with any employee or any other party may become violent, should immediately leave the area. Any violations of this policy should be immediately reported in writing to the CEO.

Employees will cooperate in all investigations, and a failure to cooperate may result in disciplinary action, up to and including discharge. If the investigation substantiates that a violation has occurred, MSHN will take immediate corrective action, up to and including discharge.

In order to provide a safe workplace and protect our employees from threats to their safety, MSHN must know if a court has ordered an individual to stay away from MSHN locations. Therefore, this policy also requires all individuals who obtain a protective or restraining order which lists MSHN locations as being protected areas, to provide the CEO a copy of any protective or restraining order. This information will be kept reasonably confidential to the extent possible.

Dress Code: A professional and clean appearance plays a vital role in how we are perceived by our clients, visitors, and each other. Employees are expected to dress tastefully and professionally at all times. Employees who show up for work dressed inappropriately are subject to progressive discipline, and/or may be sent home to change and not paid for the time it takes until their return. Questions about appropriate attire should be directed to the employee's immediate supervisor. If a certain manner of dress, personal appearance or hygiene is necessary because of religious beliefs, medical condition or an otherwise legally protected reason, the employee must notify their immediate supervisor of the reason, in writing, before reporting to work. MSHN may require said employee to provide appropriate proof of this belief, condition or otherwise protected reason.

Computer, Internet, Telephones, and Electronic Mail: MSHN provides a variety of electronic tools to employees for use in operating the agency. Agency-provided technology should be used only for business-related matters during working time, and personal usage should be minimized at all times. Where an employee receives a stipend for the provision of a cell phone, it is understood that the phone is owned by the employee and will be used for personal business.

Employees should not have an expectation of privacy in their use of company computers, telephones (including cellphones issued by the company) or other tools. All communications on these devices, including email and other internet activity, are subject to monitoring or inspection by the company at any time, without advance notice. Employees are encouraged to use these tools only for business-related communications. MSHN reserves the right to monitor customer calls to ensure employees abide by company guidelines and provide appropriate levels of service.

Email, telephones and other devices may not be used in any manner that violates company policies, including especially our policies regarding equal opportunity and harassment.

All electronic and telephone communication systems and all communications and information transmitted by, received from, or stored in these systems are the property of MSHN and, as such, are intended for job-related purposes. Employees are not permitted to use a code, access a file, or retrieve any stored communication unless authorized to do so, or unless they have received prior clearance from an authorized company representative. All pass codes are the property of MSHN and may be used to access electronic and telephone communications at any time

Social Media: Social media includes all forms of public, web-based communications and expression that brings people together by making it easier to publish content to many individuals. The Social Media policy applies if employees are authorized to represent MSHN on social media platforms or if an employee makes references to MSHN, its affiliates or officers when using social media in a personal capacity. In order to post on external social media sites for work purposes, employees must have prior written approval from the CEO.

While free time is generally not subject to any restriction by MSHN, we urge all employees not to post information regarding MSHN, their jobs, or other employees which could lead to morale issues in the workplace or detrimentally affect MSHN's business. Employees should keep in mind that posting information regarding work can be detrimental to the work environment. At all times employees should be civil to others and their opinions, by not posting personal or work-related information. Employees are personally responsible for the content published on blogs, wikis, or any other form of social media. Employees must always be mindful that once something is published online it is difficult to erase. Employees should also consider that if MSHN receives a complaint about information posted on social media sites, MSHN may need to investigate that complaint to [insureensure](#) no violation of the harassment policy or other Company policy has occurred. In the event there is such a complaint, employees will be expected to cooperate in any investigation of

that complaint, including providing access to the posts at issue.

Employees who identify themselves as an employee of MSHN or discuss matters related to our business on social media, must remember that although it may be a personal website or blog and a medium of personal expression, some readers may nonetheless view the employee as a de facto spokesperson for MSHN. Employees must make it clear that the views expressed are theirs alone and that they do not necessarily reflect the views of MSHN. To help reduce the potential for confusion, employees should put a disclaimer in a prominent location on the page or blog. For example, “The view expressed on this web site/blog are mine alone and do not necessarily reflect the views of my employer.

Without prior written approval from the CEO, no employee shall use any words, logos, or other marks that would infringe upon the trademark, service mark, certification mark, or other intellectual property rights of MSHN or its business partners. All rules that apply to employee activities, including the protection of proprietary and confidential information, apply to all blogs and online activity.

Leave Policies

General Policies: MSHN provides eligible employees with leave for a variety of reasons. The following summarizes MSHN's leave policies in a way that MSHN hopes will be generally helpful.

As with all policies, MSHN reserves the right to revise or rescind these policies at its discretion, subject to legal requirements. This statement of leave policies is not intended to create a contract between MSHN and its employees.

To apply for leave, or to inquire into what leave may be available, an employee should speak with the Deputy Director, or the PEO administrator. An employee applying for leave will be asked to state why he/she wants the leave, when he/she wants the leave to begin, and when he/she wants the leave to end. The Deputy Director will inform the employee what type and duration of leave, if any, has been approved and will also tell the employee which requirements, such as certification of a health condition, the employee must fulfill.

All leaves are granted for a specific period of time. An employee who foresees being unable or unwilling to return to work at the end of the leave period should apply for any other leave for which the employee is eligible, including an extension of the current leave. MSHN reserves the right to terminate the employment of an employee who does not return to work at the end of the approved leave period.

Family and Medical Leave of Absence: The Family and Medical Leave Act (“FMLA”) allows eligible employees of a covered employer to take an unpaid leave of absence under certain circumstances for up to a total of 12 work weeks in a specific 12-month period. Eligible employees of a covered employer will be granted an FMLA leave of absence for the following reasons:

1. For the birth of a child, and to care for the newborn child;
2. For placement with the employee of a child for adoption or foster care;
3. To care for the employee's spouse, child, or parent with a serious health condition; and
4. Because of a serious health condition that makes the employee unable to perform the functions of the employee's job.

An eligible employee is defined as follows:

1. Has been employed by MSHN for at least 12 months, and
2. Has been employed at least 1,250 hours during the 12 months immediately preceding the commencement of leave, and
3. Is employed at a worksite where 50 or more employees are employed by the employer within 75 miles of that worksite.

An employee who meets all eligibility requirements will be granted an unpaid leave of absence for up to twelve (12) weeks. Employees who have accrued vacation leave, personal leave, or family leave time may be required to take that leave as part of the FMLA leave.

Spouses who are eligible for FMLA and are both employed by MSHN are permitted to take only a combined total of 12 weeks of leave during any 12-month period if the leave is taken for the birth of a child, the placement of a child for adoption or foster care, or to care for a sick parent.

For purposes of calculating the 12-month period for determining 12 work weeks of leave during any 12-month period, a 12-month period will be measured backward from the date an FMLA leave is requested to begin, absent a conflict with state law.

All FMLA leaves of absence require the prior approval of MSHN. Employees seeking leave under FMLA must provide thirty (30) days' notice to their ~~immediate supervisor~~ Deputy Director or the Human Resources Department PEO where the leave is foreseeable. Where the leave is not foreseeable, notice must be given as soon as practicable. Failure to provide the required notice may result in the denial of an employee's request for a leave of absence.

Where FMLA leave is taken to care for a sick family member or for an employee's own serious health condition, leave may be taken intermittently or on a reduced leave schedule when medically necessary. An employee who requests intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment may be temporarily transferred to an alternative position of employment which better accommodates recurring periods of absence, provided that position of employment has equivalent pay and benefits.

In general, an employee seeking a leave of absence for a serious health condition must submit certification from a health care provider to substantiate that the leave is due to a serious health condition of the eligible employee or the son, daughter, spouse, or parent of the employee, as appropriate. The certification must state the date on which the serious health condition began, the probable duration of the condition, and must describe the nature of the condition. If the leave is due to the serious illness of an immediate family member, certification must provide an estimated amount of time the employee is needed to care for the immediate family member. If the leave is due to the serious illness of the employee, certification must provide a statement that the employee is unable to perform his or her functions of employment. If the leave is for planned medical treatment, certification must provide the dates on which the treatment is expected to be given and the duration of the treatment.

MSHN reserves the right to seek a second medical opinion from a healthcare provider of their choice to verify the need for the leave of absence. If the first and second medical opinions differ, MSHN may require that a third opinion be obtained from a third health care provider that is jointly selected by the employee and MSHN. The third medical opinion will be final and binding on both parties. A return to work medical certification is required for all employees returning from a medical leave of absence.

Employees who are on an approved FMLA leave will continue to participate in the group health insurance plan and the Company will continue to pay its portion of the premiums for the employee's health insurance during this period. Accordingly, employees are advised to plan for the retention of health coverage by arranging to pay the employee portion of the premium contributions during the FMLA leave.

In the event that an employee ~~elects not~~ is not able to return to work after the completion of an approved FMLA leave, MSHN may recover from the employee the cost of any payments made to maintain the employee's health coverage. MSHN's obligation to continue to pay its portion of the premiums for an employee's health insurance will cease at the completion of an approved FMLA leave.

Any eligible employee who returns from an approved leave under FMLA will be restored to his or her former position or to an equivalent position with equivalent benefits, pay, and other equivalent terms and condition of employment. However, any employee who fails to return after the employee's FMLA leave entitlement has expired may not be guaranteed a position of employment or the continuation of his or her health insurance. Highly compensated employees may be denied restoration to their former position if the denial is necessary to prevent substantial and grievous economic injury to the operations of your assigned company. The employee will be notified by MSHN of the intent to

deny restoration on such basis at the time your assigned company determines that such injury would occur.

FMLA does not supersede any provision of any State or local law that provides greater family or medical leave rights than the rights established by Federal FMLA.

Military Family Leave: On January 28, 2008, the National Defense Authorization Act (NDAA) was signed into law. The NDAA amended the FMLA to provide eligible employees working for covered employees two important new leave rights related to military service. The New military family leave entitlements for eligible specified family members:

Qualifying Exigency Leave: Permits eligible employees with a spouse, son, daughter, or parent on covered active duty in the Armed Forces, or notification of an impending call or order to active-duty status, in support of a contingency operation may use their 12-week unpaid leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

Covered Servicemember Leave: Permits eligible employees to take up to 26 weeks of unpaid leave during a single 12-month period to care for a family member (spouse, son, daughter, parent, or next of kin) who is a covered servicemember. A covered servicemember is a current member of the Armed Forces (including the National Guard or Reserves) who has a serious injury or illness incurred in the line of active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on temporary disability retirement list. The leave was expanded to include veterans who are undergoing medical treatment, recuperation or therapy for serious injury or illness that occurred any time during the five years preceding the date of treatment.

Paid Time-Off (PTO): Regular full-time employees are eligible for PTO. The purpose of PTO is to cover any need for time off, whether it is for a vacation, personal time, sickness, or to take care of family members. If an employee misses work for any reason, they are expected to use PTO unless they are using approved and earned compensatory or flex time. If an employee is on unpaid approved Medical, or Personal Leave of Absence, PTO will not be accrued for the duration of the leave.

When foreseeable, employees are expected to submit a written PTO or email request at least one (1) week in advance. The request must be approved by the supervisor. Negative PTO accruals are not allowed.

Accrued PTO not used before the time of an employee's resignation will be paid out if the employee resigns with a minimum of two weeks (10 business days) notice. Employees who resign with less than the required notice, or who are terminated for cause, will not receive a payout of their accrued PTO.

Regular full-time employees become eligible for PTO upon hire at a rate commensurate with experience and tenure in the Community Mental Health System and as agreed upon in their terms of and conditions for employment.

Regular full-time employees become eligible as follows:

Employment Period	Number of Days
0-1 Years of Employment	7.69 hours for every eighty (80) hours paid
2-3 Years of Employment	9.23 hours for every eighty (80) hours paid
4-6 Years of Employment	9.85 hours for every eighty (80) hours paid
7-9 Years of Employment	10.46 hours for every eighty (80) hours paid
10 + years of employment	10.77 hours for every eighty (80) hours paid

Accumulation and Carry-Over of PTO: An employee shall not be limited on accumulation of PTO during the fiscal year (October 1 – September 30), but an employee shall not be allowed to carry more than two hundred forty (240) hours from one fiscal year to the next. An exception to this limit shall be if an employee requests scheduled paid time off and that request is denied, an employee shall then be allowed to carry-over the number of hours requested and denied in

addition to the 240 hours. Other allowable exceptions may only be approved by the Chief Executive Officer. Annually an employee may be eligible to convert accrued PTO hours accumulated to wages. PTO payouts will occur annually in September. To be eligible for conversion, an employee must have met the following criteria:

- Minimum of eighty (80) hours PTO balance after conversion
- Must have utilized eighty (80) hours of PTO within the previous 12 months and at least forty (40) hours of consecutive PTO. Agency paid holidays occurring between the 40 hours PTO requirement does not count towards the consecutive PTO hours used.

Holidays: MSHN observes the following holidays:

- New Year's Day - January
- Martin Luther King Day - January
- Presidents' Day - February
- Memorial Day - May
- Independence Day, July 4th
- Labor Day - September
- Veterans' Day – November
- Thanksgiving Thursday & Friday - November
- Christmas Eve Day - December
- Christmas Day- December
- New Year's Eve Day - December

For MSHN employees to be eligible for holiday pay, they must be on the active payroll and actually work the last scheduled workday before the holiday, as well as the scheduled workday after the holiday, unless the employee has been approved for use of PTO. If an employee does not work the scheduled day before or after the holiday (call in sick) they will not be paid for the holiday and will not be permitted to use the PTO for the holiday unless they had prior PTO approval. Paid time off for holidays will not be counted as hours worked for the purposes of determining overtime.

Holiday pay for part-time employees shall accrue based upon and be paid according to the actual percentage of the part time employees budgeted and scheduled weekly hours based upon a 40-hour work week of the employee at the time of the accrual.

Leave Without Pay: Available PTO must be utilized prior to requesting leave without pay. Requests for personal leave without pay for a period not to exceed one hundred eighty (180) days in a calendar year are considered individually and granted at the discretion of MSHN CEO. The reason for the request, the employee's length of service, the employee's work record and the demands of the individual's job are examples of the type of factors typically considered in evaluating a request for personal leave of absence. A request for personal leave of absence will be granted only if the employee is not eligible for any other type of leave.

Jury Duty: Employees summoned for jury duty will be allowed the necessary time off from work to perform this civic responsibility. MSHN will pay the employee their regular salary; and the employee is expected to remit any jury duty compensation received to MSHN within two weeks of receipt of funds. Employees will be expected to report to work during all regular hours if their presence is not required in a jury room or court. MSHN may require the employee to supply documentation from the court affirming the employee's jury duty service.

Military Leave: A military leave of absence will be granted to employees who are absent from work because of service in the U.S. uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA). Employees may supplement their leave, with available Paid Time off (PTO) or may take the leave unpaid. Continuation of health insurance benefits is available as required by USERRA based on the length of the leave and subject to the terms, conditions, and limitations of the applicable plans for which the employee is otherwise eligible. Leaves for military service and reinstatement after performing military service will be provided in accordance with the requirements of law.

Bereavement Leave: Employees are eligible for paid bereavement leave. When a death occurs in an employee's immediate family (spouse, domestic partner, child, mother, father, sister, brother, grandparent, and in-laws of the same level), an employee may take up to three (3) days off with pay, to attend the funeral or make funeral arrangements. In unusual circumstances, additional time off may be granted, with or without pay, at the discretion of the MSHN CEO. Any

additional time needed will be taken out of PTO or taken without pay. Employees must receive approval from the CEO and may be asked to provide documentation of the event.

Inclement Weather: MSHN will operate during regularly scheduled business hours unless otherwise determined by the CEO or Chairperson of the Board of Directors. During inclement weather conditions or other such circumstances where travel is not advised, employees are asked to follow the established inclement weather closure policy and to use their own judgment in determining the safety of reporting to work and the subsequent travel from work. Unless the agency is closed, employees who choose not to report to work during inclement weather or other related conditions will be required to use PTO time.

Disciplinary Policies

Workplace Rules: The following work rules are designed to promote the mutual relationship and are subject to every day common sense. No single set of rules can cover every aspect of conduct on the job. The company retains the right to take disciplinary action for any conduct that does not meet expected standards of appropriate behavior in the workplace, and to assess the level of discipline based on the circumstances of each case. In situations outside specific rules, the company will follow its general policies. Nothing in these rules alters our policy of employment at will. The following are examples of inappropriate behavior that may lead to disciplinary action:

- Failure to work as assigned during scheduled times, this includes tardiness and absenteeism, as well as failure to timely return from scheduled breaks.
- Gambling on premises
- Smoking, drinking, or eating in unauthorized areas
- Disrespect to managers, or rudeness or unprofessional behavior toward a coworker, customer, or other member of the public
- Failing to work cooperatively with management/supervision or coworkers
- Reporting for work, or at work, in an unfit or unsafe condition to perform work
- Using abusive, obscene, or improper language on office premises
- Sleeping on the job
- Improper disclosure or failure to safeguard business secrets or other similar confidential information
- Failure or inability to meet minimum standards of responsibility, skill, and other work requirements
- Failure to follow instructions
- Disregard office policies and procedures
- Abusing or improperly using company property
- Any other violation of rules set out in the Personnel Manual or any other policy, procedure, rule, or guideline

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

- Possession of firearms or other weapons on office premises
- Unauthorized possession, use or distribution of drugs or controlled substances
- Theft or attempted theft
- Gross neglect of duties
- Insubordination or refusal to follow instructions
- Falsification of records

The disciplinary policy is as follows:

First Violation: Verbal warning and notation in personnel file

Second Violation: Written warning, included in personnel file

Third Violation: Two-day unpaid suspension & final written warning, included in personnel file

Forth Violation: Subjected to termination of employment

Problem Resolution: MSHN seeks to deal openly and directly with its employees and believes that communication between employees and management is critical to solving problems. Co-workers that may have a problem with one

another should attempt to resolve the problem themselves. If a resolution cannot be agreed upon, ~~both~~ employees should approach their direct supervisor(s) for assistance with obtaining resolution. In the event an employee is not comfortable approaching their direct supervisor for assistance with problem resolution, or the concern involves the supervisor, employees have the following alternative options for addressing human resource issues:

- Employees are encouraged to approach MSHN's Deputy Director for assistance with human resource issues and problem resolution
- Employees may also directly contact a human resource specialist at the Professional Employer Organization (PEO): Costaff Human Services 1-800-XXX-XXXX

In the event a resolution is not reached by any of the above methods employees should approach the CEO, who will work with the employee(s) to determine a resolution. In these instances, the decision of the CEO is final. Employees that have an issue involving ~~problem with~~ the CEO should address the concern directly with the CEO or with the Human Resources Representative at the PEO.

Discipline: MSHN's policy is to attempt to deal constructively with employee performance problems and errors. The disciplinary process will be determined by the MSHN CEO in light of the facts and circumstances of each case. Discipline shall typically be progressive in nature, at the discretion of the CEO and based on the severity of the performance concern. Depending upon the facts and circumstances, the discipline applied may include, among other things, oral or written warnings, probation, suspension without pay, or immediate discharge. Each situation will be considered through a variety of factors including, but not limited to, the seriousness of the situation, the employee's past conduct and length of service, and the nature of the employee's previous performance or incidents involving the employee. Nothing contained in this manual, including this section, the Corrective Action section and the Separation Policies, negates the at-will employment relationship.

Corrective Action: Corrective action is taken in response to a rule infraction or violation of agency policies and will continue until the violation or infraction is corrected. Corrective action may include any of the following: verbal warning, written warning, written suspension or discharge. MSHN may establish other/additional sanctions or terms for performance correction or improvement. MSHN considers some violations as grounds for immediate dismissal, including, but not limited to: violation of MSHN discrimination/harassment policy; insubordinate behavior, theft, destruction of agency property, breach of confidentiality agreement, untruthfulness about personal background or threats of violence, abuse or violation of the remote work agreement, among others. Employees charged with some infraction and subject to corrective action may appeal that corrective action. An appeal must be submitted in writing to the CEO. If, after reviewing the corrective action, CEO, in consultation with the PEO, determines that the procedures were followed accordingly, the corrective action will stand. If it is determined that MSHN procedures were not followed, the action may be altered or reversed. The decision of the CEO is final.

Separation Policies

Resignation: Resignation is a voluntary act initiated by the employee to terminate their employment with MSHN. Although advanced notice is not required, MSHN requests a written notice of at least two weeks (10 business days) from all employees.

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

Termination: MSHN requires that employees return all documents, files, computer equipment, uniforms, agency tools, business credit cards, keys, and other agency owned property on or before the last day of work. When all agency owned property has been collected, the employee will receive his or her final paycheck and any accrued PTO pay, if applicable.

Employees leaving the agency will have the option of having an exit interview with the CEO.

Manual Amendments and Revisions

The Board of Directors reserves the right to and retains, solely and exclusively, all rights to manage and operate its affairs, to modify, amend or terminate any portion of the benefits or compensation provided with or without notice. The statutory rights, duties and obligations of the Board shall not in any way be abridged by the terms of this manual. The fact that these policies may have been drafted or applied differently in the past does not affect their current or future enforcement. The contents of this manual may be added to, expanded, reduced or otherwise modified; any such modification in this manual shall be at the discretion of the Board of Directors. Verbal changes shall have no force or effect. Changes will be effective on the date of Board authorization and will supersede the original policies, benefits and compensation.

Acknowledgement of Receipt & Understanding

I hereby certify that I have read and fully understand the contents of this Personnel Manual. I also acknowledge that I have been given the opportunity to discuss any policies contained in this manual with an agency official. I agree to abide by the policies set forth in this manual, and understand that compliance with MSHN's rules and regulations is necessary for continued employment. My signature below certifies my knowledge, acceptance, and adherence to the agency's policies, rules, and regulations.

I have entered into my employment with MSHN voluntarily and acknowledge there is no specific length of employment. Accordingly, either I or MSHN can terminate the employment relationship at will, with or without cause, at any time. I agree that any action, claim or suit against MSHN, its parent company or subsidiaries, arising out of my employment or the termination of my employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or they will forever be barred. I waive any limitation periods to the contrary. I understand that MSHN is an Equal Opportunity Employer and an employer at will. I acknowledge that this manual is neither a contract of employment nor a legal document. I have received the manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it. I understand that this receipt will become a permanent part of my personnel record.

I acknowledge that MSHN reserves the right to modify or amend its policies at any time, without prior notice. These policies do not create any promises or contractual obligations between MSHN and its employees.

Employee Signature

Date

Chief Executive Officer Signature

Date

Purpose

This policy is established to clarify the authority and delegation of personnel procurement and management to the Mid-State Health Network (MSHN) Chief Executive Officer (CEO) by the MSHN Board of Directors. The following policy provides authoritative guidance to the CEO for ensuring sustained organizational effectiveness relating to the number, type, and qualifications of personnel and position management.

Policy

- A. It is the policy of MSHN that the CEO operate the organization under an approved administrative operating budget that is sufficient to ensure compliance with the Michigan Department of Health and Human Services (MDHHS) contract.
- B. Accountabilities:
1. The MSHN Board of Directors is responsible for adopting an operating budget, including personnel resources and benefits. Budgets proposed by administration include the anticipated number and types of personnel, along with aggregate compensation details;
 2. The MSHN CEO, operating within the parameters of the Board of Directors approved MSHN operating budget, will create, alter, and maintain staff positions and an organizational structure sufficient to carry out the obligations and responsibilities, and to conduct the day to day operations, of MSHN in accordance with its Mission, Vision, Values and contracts with purchasers of MSHN services;
 3. The MSHN CEO may create, alter or otherwise arrange or procure staff positions provided the total board approved operating budget for MSHN operations is not exceeded. In the event the MSHN operating budget is reasonably expected to be exceeded, the MSHN CEO must receive approval of the Board of Directors in order to proceed; and
 4. Compensation of direct employed positions will be determined in compliance with the MSHN Employee Compensation Policy and Procedure.

Applies to:

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☐ MSHN's Affiliates: ☐ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions:

CEO: Chief Executive Officer

MDHHS: Michigan Department of Health & Human Services

MSHN: Mid-State Health Network

Other Related Materials:

Human Resources: Employee Compensation Procedure

References/Legal Authority:

N/A

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
02.2017	New Policy	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
<u>02.2021</u>	<u>Biennial Review</u>	<u>Deputy Director</u>

Purpose

The purposes of this policy are to provide for the protection of the members of the Mid-State Health Network workforce from infection or exposure to contagious viruses, to mandate certain measures by MSHN and its workforce members and guests, and to provide for the common good of Mid-State Health Network during a public health emergency.

Policy

It is the policy of Mid-State Health Network to develop, continually update and publish a public health emergency-specific “Preparedness and Response Plan.” ~~The plan shall~~ In accordance with the MSHN Continuity of Operations Plan the emergency-specific plan shall address MSHN internal operational status, workplace conditions, building entry/exit requirements, requirements for the use of personal protection equipment and social distancing, cleaning, use of common, multi-occupancy and single occupancy spaces in MSHN-controlled sites, visitor/guest, meeting and travel restrictions, hygiene requirements, illness reporting, employee training and any other aspect of operations or employee behavior considered essential to protect and promote the wellness of the MSHN workforce during the public health-related condition or declared state(s) of emergency.

The “Preparedness and Response Plan” shall be maintained by the Chief Executive Officer and shall be updated from time-to-time as circumstances and published guidance from official public health sources warrant.

All MSHN employees are required to follow the “Preparedness and Response Plan,” including but not limited to pertinent requirements to use personal protective equipment, cleaning/sanitation, hand and respiratory hygiene during working hours. Employees refusing to or consistently failing to do so may be subject to exclusion from MSHN premises, disciplinary action or both.

The Chief Executive Officer shall have broad discretion to implement the “Preparedness and Response Plan” and to enforce the requirements therein contained and is responsible for determining whether to restrict or relax elements of the plan, related policies included in the plan, to restrict or relax business-related activities (including travel, remote work, and all other aspects of maintaining a safe and healthy environment for employees), or for taking other actions to promote public health, workforce and guest health and safety. The Chief Executive Officer is expected to consult with the Deputy Director, Chief Medical Officer and other members of leadership, as well as employees, whenever possible in the decision-making process related to elements contained in the plan.

Applies to

- ☒ All Mid-State Health Network Staff
- ☐ Selected MSHN Staff, as follows:

- ☐ MSHN's Affiliates: ☐ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

N/A

Other Related Materials

MSHN COVID-19 Preparedness and Response Plan



2020-10-16 FINAL
COVID-19 PREPARED

MSHN Continuity of Operations Plan



MSHN
CoOP_8.2020.pdf

Formatted: Font: Not Italic

Field Code Changed

Formatted: Indent: Left: 0", First line: 0.19"

Formatted: Indent: Left: 0.19"

Field Code Changed

References/Legal Authority

Executive Order 20-91 (Governor Whitmer)

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
05.22.2020	New Policy	Chief Executive Officer
<u>02.2021</u>	<u>Biennial Review</u>	<u>Deputy Director</u>

Purpose

Mid-State Health Network (MSHN) recognizes the importance of recruiting and retaining well-qualified professionals with the requisite credentials and licenses and the continuing need for re-certifications to support the mission. Memberships to associations can provide discounted trainings and certified educational credits to obtain the requisite credentials and licenses. The purpose of this policy is to identify MSHN's policy regarding reimbursement for credentials, licensure and memberships.

Policy

It is the responsibility of licensed or otherwise credentialed employees to maintain their individual credentials that are required for employment. The payment of professional credentials, licenses, associated professional fees and memberships and continuing education credits will be considered by MSHN, but it is not an employee benefit or entitlement. Consequently, such expenditures shall be reviewed and, if approved, will be disbursed in the form of a reimbursement to eligible employees in accordance with policies and procedures.

The professional credential must be issued by an appropriate Federal, state or local authority, or industry recognized professional credentialing body.

Reimbursement for payment of these expenses must be determined to be in the interest of the MSHN. MSHN may reimburse an employee for expenses associated with obtaining or maintaining professional credentials and/membership fees that MSHN determines are beneficial to carrying out the functions of the employee's position. MSHN will discuss appropriate licensures during the job description and performance evaluation review process. Expenses associated with obtaining or maintaining professional credentials that are solely for the benefit of an employee may not be reimbursed.

Reimbursement is subject to availability of funding for this purpose and approval of each individual request. Department leaders are responsible for ensuring appropriate allocation of resources through the annual budgeting process.

Reimbursement request must identify the types of credentials, professional accreditations, professional licenses, certifications, examinations, and/or associated expenses, including those for continuing professional education, authorized for reimbursement.

Employees must request and receive authorization of expenses to obtain professional credentials in advance of an expense being incurred by an employee. Under such circumstances, an employee may be reimbursed for an incurred expense only following successful completion of a professional credential requirement.

MSHN may identify the need for one or more of its existing employees to be credentialed. Where MSHN changes the credentialing requirements of a position or requires an existing employee to obtain a new

credential required by MSHN, MSHN will pay the initial costs of the employee to obtain the newly required credential.

Applies to

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☐ MSHN's CMHSP Participants: ☐ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

MSHN: Mid-State Health Network

Certification Program: A program that involves a process in which individuals attain and demonstrate the level of knowledge and skill required to perform in the profession, occupation, or roles.

Licensure: A process by which a governmental authority grants permission to an individual practitioner or organization to operate or to engage in an occupation or profession.

Professional Accreditation: A formal process by which a recognized body, usually a non-governmental institution, assesses and recognizes that an organization meets applicable, pre-determined standards.

Professional credentials: Documents that attest to the truth of stated facts. For the purpose of this Instruction, professional credentials include professional accreditation, State-imposed and professional licenses, and professional certifications and registrations.

Other Related Materials

N/A

References/Legal Authority

N/A

Change Log:

Date of Change	Description of Change	Responsible Party
10.2015	New Policy	Deputy Director
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
<u>02.2021</u>	<u>Biennial Review</u>	<u>Deputy Director</u>

Purpose

The intent of this policy is to ensure that an exiting employee is informed of his/her rights and benefits and that accurate records regarding termination of employment are collected and maintained.

Policy

It is the policy of Mid-State Health Network to ensure that any employee whose employment is being terminated, whether voluntarily or involuntarily, receives an exit interview. The exit interview shall be conducted by the Deputy Director. If the employee reports directly to the Deputy Director, then the Chief Executive Officer shall conduct the exit interview.

The objectives of the exit interview are as follows:

- To determine and discuss the employee's reason for resignation, if applicable;
- To discover and discuss any grievances that the employee may have regarding the department or position held in an effort to institute corrective action(s), if any; which may be deemed necessary
- To discover and discuss any misunderstandings the employee may have had about his/her job or with his/her supervisor(s) in an effort to institute corrective action(s), if any, which may be deemed necessary;
- To discover and discuss suggestions the employee may have regarding areas of improvement for MSHN operations;
- To maintain good will and teamwork amongst current and future employees;
- To review administrative details with the employee such as benefit continuation rights and conversion privileges, if any, final pay, re-employment policy, and employment compensation; and
- To arrange for the return of any company property which may be in the possession of the leaving employee and has not already been returned to the department supervisor.

Applies to

- ☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☐ MSHN's Affiliates: ☐ Policy Only ☒ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

N/A

Other Related Materials

Exit Interview Procedure
Involuntary Termination Procedure
Exit Interview Form
Termination Checklist

References/Legal Authority

N/A

Change Log:

Date of Change	Description of Change	Responsible Party
04.2016	New Policy	Deputy Director
06.2017	Annual Review	Deputy Director
05.2018	Annual Review	Deputy Director
05.2019	Annual Review	Deputy Director
<u>02.2021</u>	<u>Biennial Review</u>	<u>Deputy Director</u>

POLICIES AND PROCEDURE MANUAL

Chapter:	Human Resources		
Title:	Succession Planning Policy		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/> Version: 1.0 Page: 1 of 2	Review Cycle: Annually Author: Chief Executive Officer	Adopted Date: 05.05.15 Review Date: 09.11.2018 05.04.2021 Revision Eff. Date:	Related Policies:

Purpose

Organizations that plan well for the future anticipate and plan for changes in key leadership staff. Mid-State Health Network (MSHN) seeks to be prepared for future changes in key staff positions by requiring development of a Succession Plan.

Policy

It is the policy of the MSHN Board to assess the temporary/emergency and permanent leadership needs of the organization to help ensure the selection of a qualified and capable leader (temporary or permanent) who provides a good fit for continuation of the organization's mission, vision, values, goals, and objectives; and who has the necessary skills for the organization. The Chief Executive Officer (CEO) shall not put the organization at risk by failing to appropriately plan and prepare for extended periods of scheduled or unexpected absence.

The Board requires that the CEO maintain a procedure for temporary/emergency succession of the CEO. The procedure shall provide for:

- Plan implementation authority and approval requirements for an acting appointment (including compensation);
- Definition of the duration for appointment of an acting CEO;
- Consideration of limitations/authority restrictions to be placed on the acting CEO;
- Cross-training expectations; and
- Communication planning.

If the Board is preparing for permanent replacement the Chairperson shall, with input and direction from the full Board, establish a plan for recruitment and selection. The Board shall develop a diverse pool of candidates, while at the same time encouraging the professional development and advancement of current employees. If there is a gap between the CEO's departure and the ability for the new CEO to take office, the Board shall appoint an interim CEO in accordance with approved procedures and consistent with the expectations of Board policy.

The CEO shall establish and maintain a procedure that details the process for succession planning including planning for other key executive leadership positions. The procedure shall include appropriate notice to the Michigan Department of Health and Human Services, other funders, the provider network, key constituents and community stakeholders.

Applies to

- ☐ All MSHN Staff
☒ Selected MSHN Staff, as follows: CEO, DD, CFO, CIO, CBHO and CCO
☒ MSHN Board of Directors
☐ MSHN's Affiliates: ☐ Policy Only ☐ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

CEO: Chief Executive Officer

DD: Deputy Director

CFO: Chief Financial Officer

CIO: Chief Information Officer

CBHO: Chief Behavioral Health Officer

CCO: Chief Clinical Officer

MSHN: Mid-State Health Network

PIHP: Pre-paid Inpatient Health Plan

Succession Planning: Identification and development of potential successors for key positions in an organization, through a systematic evaluation process and training. Unlike replacement planning (which grades an individual solely on the basis of his or her past performance) succession planning is largely predictive in judging an individual for a position he or she might never have been in.

Other Related Materials

Succession Planning Procedure

References/Legal Authority

MDHHS-PIHP Contract

Change Log:

Date of Change	Description of Change	Responsible Party
05.15.2015	New Policy	Chief Executive Officer
05.03.2016	Annual Review	Chief Executive Officer
06.12.2017	Annual Review	Deputy Director
05.17.2018	Annual Review	Deputy Director
05.01.2019	Annual Review	Deputy Director
<u>02.2021</u>	<u>Biennial Review</u>	<u>Deputy Director</u>