

**COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES  
BOARD OF ST. JOSEPH COUNTY  
January 25<sup>th</sup>, 2022  
CMHSAS-SJC Conference Room  
Centreville, MI**

**BOARD AGENDA**

1. Call to Order
2. Approval of Agenda\*
3. Approval of Minutes\*
4. Board Member Resignation – Ryan Banaszak
5. Guest, Visitors, & Public Comments (3 Min)
6. Prevention Presentation & SA Case Management
7. Financial
  - a. Check Register\*
    - i. November
    - ii. December
  - b. Monthly Financials\*
  - c. Investments
    - i. Additional Investments
  - d. Salary Pay Line Addition\*
  - e. Lighting Upgrade\*
8. Contracts
  - a. Contract Grid\*
9. Compliance
  - a. 4<sup>th</sup> Quarter MiHealth Link Audit
10. Executive Report
  - a. Directors Report
  - b. Strategic Plan Update
  - c. Directors Calendar
  - d. Employee Satisfaction Survey 2021
  - e. Employee Exit Interviews
11. Clinical Operations
  - a. Clinical Operations Data
  - b. Annual Report
12. Environmental Scan
  - a. Customer Advisory Committee Minutes
  - b. SWMBH Board Meeting Dates
13. Adjourn

**\*Motion required**

**Recess Available upon request.**

**IF YOU ARE UNABLE TO ATTEND, PLEASE CONTACT THE BOARD OFFICE (269-467-1001 x308)  
NEXT REGULAR MEETING: February 22<sup>nd</sup>, 2022 5:00 PM, CMHSAS-SJC CONFERENCE ROOM**

**COMMUNITY MENTAL HEALTH & SUBSTANCE ABUSE SERVICES BOARD  
OF ST. JOSEPH COUNTY  
MEETING MINUTES OF NOVEMBER 30<sup>TH</sup>, 2021  
CMHSAS-SJC CONFERENCE ROOM/GOTOMEETING COVID-19**

**OFFICERS**

**PRESENT:** Rick Shaffer-Chair, Kathy Pangle -Vice-Chair, Kay Decker-Secretary

**MEMBERS**

**PRESENT:** Darci Skrzyniarz, Bob Horton, Carol Naccarato, Elisabeth Roberts, Sandy Hall, Dennis Allen, Ryan Banaszak, Cathi Abbs

**MEMBERS**

**ABSENT:** Tony Heiser, Robert Horton

**VISITORS:**

**CALL TO ORDER**

The Meeting was called to order at 5:00 PM by Rick Shaffer - Chair

**APPROVAL OF AGENDA**

Schaffer added sub a under Guest, Visitors and Public Comments, Chairman comments.

**A MOTION WAS MADE BY PANGLE, SUPPORTED BY SKRZYNIARZ, TO APPROVE THE AGENDA. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.**

**APPROVAL OF MINUTES**

Sandy Hall noted that the date was incorrect and should be October, and that she was missing from attendance.

**A MOTION WAS MADE BY NACCARATO, SUPPORTED BY HALL, TO APPROVE THE MINUTES OF OCTOBER 26th, 2021. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED.**

**GUEST, VISITORS, & PUBLIC COMMENTS**

**Chairman comments**

Schaffer responded to a letter written to the board. Schaffer felt the issues presented on paper were significant enough to meet with the executive committee and Kris to go over the allegations for about an hour. Kirsch, CEO had done her homework on the concerns and brought lots of detailed notes. Any board member that didn't receive them can get them sent to them via Cameron.

Schaffer stated that nothing flagrant stood out. Summary of concerns are as follows:

Violation to the Open Meetings Act: There was a zoom link that was available that anyone wanted to join, Robert from the Three Rivers Commercial was in attendance. No one was barred from the meeting.

Halloween Party no social Distancing: Concern about staff protection during Halloween party. Schaffer stated that it is often difficult while eating to maintain proper social distancing.

Concern about productivity: It was found that case managers are getting together to review geography and that we are doing the best we can to be the most productive.

Feeling that promotions were not given due diligence, posting management positions: Current management team 5 members have been promoted from union. CEO is allowed to pick people that she/he trusts to get the job done, and it is their prerogative.

Pangle stated that all things addressed that she was satisfied with the responses. Exit interviews, would like to be seen in the board packets. Kirsch stated that the committee reviewed the exit interviews over the past 9 or 10 months. Abbs asked if it was standard procedure to do Exit Interviews. Kirsch explained the process. Abbs also inquired that was there a process for identifying during annual reviews of those that wish to be promoted and help to nurture that. Pangle also stated that they reviewed the bullying allegation

Decker liked the fact that the staff felt comfortable enough to bring concerns to the board, if the board doesn't know there is problems, they can't address them.

## **FINANCIAL**

### **Check Register**

Bullock, CFO presented the check register for October 2021. Total disbursements of \$1,007,688.04. No unusual checks. It was noted that there were Employee expense reports on the check register due to the switchover to Paycor.

Bullock also explained they won't have October or November's Financials until January.

**A MOTION WAS MADE BY ROBERTS, SUPPORTED BY ABBS, TO APPROVE THE CHECK REGISTER. ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED**

### **Lobby, Small Groups Room, Reception, Conference room**

Bullock, CFO presented remodel ideas for the Small Groups room, conference room, reception, and Lobby. The designs will be completed by Lori Shrock. Lakeside Custom will be doing the work. Bullock asked for 45 thousand to complete all renovations. Project will most likely not start until March/April.

**A MOTION WAS MADE BY ABBS AND SUPPORTED BY DECKER TO APPROVE 45K AND TO COVER THE COST OF RENNOVATIONS OF THE 4 ROOMS. ROLL CALL VOTE ALL IN FAVOR/ NONE APPOSED. MOTION CARRIED.**

## **CONTRACTS**

### **Contract Grid**

Cupp, CCO, presented the contract grid.

**A MOTION WAS MADE BY NACCARATO, SUPPORTED BY ALLEN TO APPROVE THE CONTRACT GRID AS PRESENTED. ROLL CALL TAKEN ALL IN FAVOR/NONE OPPOSED. MOTION CARRIED**

### **COMPLIANCE**

#### **Compliance Activity Report**

Cupp, CCO, presented Swmbhs Q4 Regional Medicaid services Verification Audit.

### **RECIPIENT RIGHTS ANNUAL REVIEW**

Sidener, Recipient Rights Director, presented the annual report to the board. Schaffer inquired where this report goes, Sidener stated this goes to the state.

**MOTION WAS MADE BY PANGLE TO APPROVE RECIPIENT RIGHTS ANNUAL REPORT SUPPORTED BY DECKER. ALL IN FAVOR/NONE OPPOSED.**

### **EXECUTIVE REPORT**

#### **Directors Report**

Kirsch, CEO presented Skyler Ford, new CCBHC Director. Kirsch also the directors report. Discussion was had in regard to Productivity and how staff are informed of their productivity. Naccarato also noted that there were a lot of new positions, what open positions do we still have. Kirsch stated, Outpatient Therapist, Support Staff, SUD x's 3, and Access Care Manager.

#### **SWMBH Site Review**

Kirsch, CEO presented the SWMBH Site Review

### **CLINICAL OPERATIONS**

#### **Clinical Operations Data / Meeting Minutes**

Kirsch, CEO presented clinical data to the board. Hall inquired about the trend of intakes dropping. Kirsch stated that it fluctuates. Kirsch will work on presenting this in an easier to understand version.

### **ENVIRONMENTAL SCAN**

#### **Affinity House**

Affinity house minutes available for board review.

#### **December Meeting**

December meeting was cancelled. Bullock CFO asked that the board give CEO 60 day temporary signing powers to be able to conduct business through December.

**MOTION WAS MADE BY PANGLE TO APPROVE 60 DAY TEMPORARY SIGNING AUTHORITY SUPPORTED BY BANASZAK. ALL IN FAVOR/NONE OPPOSED.**

### **CLOSED SESSION**

A motion was made by Banaszak to go into closed session to discuss Personnel related items. Board went into closed session at 1811.

**MOTION WAS MADE BY BANASZAK, SUPPORTED BY DECKER TO GO INTO CLOSED SESSION. ROLL CALL VOTE TAKEN, ALL IN FAVOR NONE OPPOSED.**

Board went out of closed session at 1845.

#### DIRECTORS EVALUATION

**A MOTION WAS MADE BY PANGLE AND SUPPORTED BY DECKER TO APPROVE THE DIRECTOR'S EVALUATION. ALL IN FAVOR/ NONE APPOSED. MOTION CARRIED.**

#### DIRECTORS CONTRACT

Kirsch CEO presented her contract, in which she stated she is asking for a 6-month contract as she wishes to retire May 31<sup>st</sup>, 2022.

Bullock, CFO, presented the annual CMH survey that is done every year. It was mentioned that as we did wage adjustments to staff a couple of years back, that the CEO was never adjusted to meet the market average, and to stay competitive in today's market, there should be an adjustment to the salary of the CEO. Bullock stated that the average salary of our scale and her years of experience, should be making 137,407.

**A MOTION WAS MADE BY BANASZAK AND SUPPORTED BY HALL TO APPROVE INCREASING CEO SALARY TO 137,407. ROLL CALL VOTE 2 IN FAVOR (HALL, BANASZAK) 8 APPOSED. MOTION DEFEATED.**

Allen proposed a 5% increase to salary. Hall wished to add a performance-based metric to be able to increase the salary. Performance based metric was not added to the motion, but Hall and Banaszak volunteered to be on a committee that would look at applying this to future staff and CEO's.

**A MOTION WAS MADE BY ALLEN AND SUPPORTED BY SKRZYNIARZ TO APPROVE INCREASING CEO SALARY TO 131,102.40 ROLL CALL VOTE 9 IN FAVOR 1 APPOSED (NACARRATO). MOTION CARRIED.**

#### ADJOURNMENT

**MOTION WAS MADE BY ALLEN TO ADJOURN THE MEETING SUPPORTED BY HALL SHAFFER ADJOURNED THE MEETING AT 7 PM.**

Signature \_\_\_\_\_

Kay Decker, Secretary

\_\_\_\_\_

Date



# STURGIS DEPARTMENT OF PUBLIC SAFETY

**RYAN BANASZAK**  
DIRECTOR OF PUBLIC SAFETY

**ANDREW STRUDWICK**  
DEPUTY DIRECTOR

Date: 12/28/2021

Attn: Kristine Kirsch and Rick Shaffer

Please accept this letter as my formal resignation from the Community Mental Health and Substance Abuse Services of St. Joseph County Board of Directors. It has been my honor and pleasure to serve on this board for the past year. I believe the work being done by CMH of St. Joseph County is incredibly important and it's been a privilege to be involved in that work. Unfortunately, recent changes in my job will require me to shift my priorities for the foreseeable future. I have appreciated the opportunity to be involved in the work being done and will continue to support the organization in any way I can. Please feel free to reach out to me with any questions you may have.

Have a Safe and Happy Holidays.

Respectfully,

A handwritten signature in black ink, appearing to read "Ryan Banaszak".

Ryan Banaszak



122 - 124 N. NOTTAWA ST, STURGIS, MI 49091  
PH: 269-651-3231 FAX: 269-659-7293

From the Desk of Mark and Mikayla – Prevention Specialist

**Prime For Life FY 2021**

119 people completed PFL (This includes 4 hour and 12-hour classes)

12 students completed for JDT

*Was not able to offer PFL in Jail due to covid restrictions.*

*Was not able to offer TGFD in schools due to covid restrictions.*

**Presentation attendance for campaigns:**

Naloxone Training- 7 people attended in person

Methamphetamine Presentation- 39 people in person and 529 virtual attendees

Underage drinking presentation- 9 in person, 461 virtually

Vaping Presentation at White Pigeon HS- 12 people attended in person

**Alcohol and Tobacco Compliance Checks:**

Completed 21 alcohol checks (20/21 passed)

Completed 45 Tobacco checks (45/45 passed)

Provided 74 retailers with vender education

**Interactions at booth at Fair:**

Monday 178 people

Tuesday 70 people

Wednesday 158 people

Thursday 111 people

Friday 258 people

Total: 775

**Joe Insider Ads:**

14,000 views per month

210,735 impressions (how many times our ad was seen) combined for English and Spanish from January 2021 to October 26<sup>th</sup>, 2021

**Total Facebook views in FY 2021:**

Our posts reached 37,002 people

# WHAT HAPPENED TO CLIENTS WHO RECEIVED OPIOID TREATMENT & RECOVERY SERVICES?

State Opioid Response

October 2018 - September 2021

## FROM PROGRAM INTAKE TO SIX MONTHS LATER...

- 94% were not using opioids

- 65% were not using any substances at all

- decreased use across all substances – alcohol, benzodiazepines, cocaine/crack, marijuana, methamphetamines, & opioids

- 26% decreased behavioral, health, & social consequences related to alcohol/drug use (e.g., avoiding social activities, emotional issues, stress levels)

- decreased mental health symptoms – anxiety, depression, & trouble understanding, concentrating, or remembering

- increased education, employment, & housing stability

*Data includes clients in Michigan who received treatment or recovery services funded by the State Opioid Response Grant. Data were collected per requirements in the Government Performance & Results Act of 2010.*



WAYNE STATE  
School of Social Work



COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES OF ST JOSEPH COUNTY  
STATEMENT OF REVENUES AND EXPENDITURES  
December 31st, 2021

	Approved	Budget	Actual	\$ Variance	% Variance
	Annual Budget FY 2022	3 Months 12/31/2021	3 Months 12/31/2021	Favorable (Unfavorable)	Favorable (Unfavorable)
<b>Revenues</b>					
Earned Contracts	\$ 450,279	\$ 112,570	\$ 105,004		
Local Match	317,268	79,317	71,551		
MDHHS Grants	169,040	42,260	39,845		
Substance Abuse	1,532,455	383,114	268,174		
Healthy Michigan Revenue-MH/IDD	2,052,185	513,046	566,935		
Medicaid-MH/IDD	15,224,173	3,806,043	4,065,416		
Medicaid Fee-for-service/patient pay	30,000	7,500	17,380		
State General Fund	893,232	223,308	223,308		
CCBHC	0	0	495,193		
<b>Total Revenues</b>	<b>20,668,632</b>	<b>5,167,158</b>	<b>5,852,805</b>	<b>685,647</b>	<b>13.27%</b>
<b>Expenditures</b>					
Salaries and Benefits	6,901,612	1,725,403			
Supplies	72,088	18,022			
Travel and Meetings	179,500	44,875			
Administrative Contracts	270,750	67,688			
Inpatient Hospitalization	1,900,000	475,000			
Residential Services	6,700,000	1,675,000			
Non-Residential Service Contracts	3,840,011	960,003			
Occupancy	180,000	45,000			
Equipment Expense	50,000	12,500			
Depreciation Expense	195,000	48,750			
Insurance	105,000	26,250			
Communication	80,000	20,000			
Miscellaneous Expense	64,000	16,000			
Local Match to PIHP	130,671	32,668			
<b>Total Expenditures</b>	<b>20,668,632</b>	<b>5,167,158</b>	<b>4,105,867</b>	<b>1,061,291</b>	<b>20.54%</b>
Previous December 2021 IBNR Calculation					
			757,913		
<b>Excess (deficiency) of revenues over expenditures</b>					
	\$ 0	\$ 0	\$ 989,025	1,746,938	



Trust Department  
100 West Chicago Street  
Coldwater, MI 49036-1158  
Phone (517) 278-1569  
Toll Free (888) 481-7469

**Statement of Account**  
December 1, 2021 Through December 31, 2021  
**Community Mental Health Services Agency**  
Account Number : 6200871

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed. You may review our policy and practices with respect to your personal information at [www.CenturyBankandTrust.com](http://www.CenturyBankandTrust.com) or we will mail you a free copy upon request, if you call us toll free at (888) 481-7469.

Please contact your administrator  
with any questions concerning your account.

Cameron Bullock

677 E. Main St.  
Centreville, MI 49032

**Confidential And Privileged Information**

December 01, 2021 through December 31, 2021  
 Account Name : Community Mental Health Services Agency

Account No : 6200871

# Account Summary

	Current		Year To Date	
	December 1, 2021 To December 31, 2021	December 31, 2021	January 1, 2021 To December 31, 2021	December 31, 2021
<i>Beginning Market Value :</i>		\$513,284.70		\$508,181.18
<i>Receipts :</i>				
Cash Deposits :	\$0.00		\$0.00	
Asset Deposits :	\$0.00		\$0.00	
Total Receipts :		\$0.00		\$0.00
<i>Payments :</i>				
Disbursements :	\$0.00		\$0.00	
Withdrawals and Distributions :	\$0.00		\$0.00	
Administrative Expenses :	(\$625.00)		(\$2,500.00)	
Total Payments :		(\$625.00)		(\$2,500.00)
<i>Investment Income :</i>				
Tax Free Income :	\$0.00		\$0.00	
Taxable Interest :	\$639.55		\$4,178.45	
Dividends :	\$1,118.04		\$6,357.92	
Return of Capital (Income Assets Only) :	\$0.00		\$0.00	
Other Income :	\$0.00		\$0.00	
Total Investment Income :		\$1,757.59		\$10,536.37
<i>Investment Change :</i>		(\$1,000.52)		(\$2,800.78)
Total Investment Change :		(\$1,000.52)		(\$2,800.78)
<i>Ending Market Value :</i>		\$513,416.77		\$513,416.77

December 01, 2021 through December 31, 2021  
 Account Name : Community Mental Health Services Agency

Account No : 6200871

## Portfolio Summary

December 31, 2021

	Portfolio %	Cost Basis	Market Value	Estimated Ann Inc	Current Yield
Fixed Income	97.18%	501,014.00	498,951.27	10,832.92	2.17%
Money Market Funds	2.82%	14,465.50	14,465.50	14.47	0.10%

*Total Portfolio*

*Net Cash*

*Total Market Value*

100.00 %      515,479.50      513,416.77      10,847.39      2.11%

0.00

513,416.77

*Portfolio Components May Not Equal 100% Due To Rounding*

December 01, 2021 through December 31, 2021

Account Name : Community Mental Health Services Agency

Account No : 6200871

## Summary Of Investment Holdings

Shares or Par Value	Investment Category	Cost Basis	Unit Value	Market Value	Estimated Ann Inc	Curr Yield	% Port
75,000	Federal Home Loan Bank	75,037.50	99.85	74,884.22	675.00	0.90%	14.59%
<b>Totals</b>		<b>75,037.50</b>		<b>74,884.22</b>	<b>675.00</b>	<b>0.90%</b>	<b>14.59%</b>
<b>U.S. Government Obligations</b>							
<b>Brokered Cert. of Deposit</b>							
50,000	Flagstar Bank CD	52,029.50	101.02	50,511.85	1,250.00	2.47%	9.84%
50,000	Northpointe Bank	50,000.00	99.84	49,922.35	75.00	0.15%	9.72%
75,000	Flagstar Bank	77,496.00	101.28	75,963.15	1,350.00	1.78%	14.80%
50,000	First National Bank of Amer	50,000.00	99.69	49,847.10	625.00	1.25%	9.71%
50,000	JPMorgan Chase Bank	50,000.00	98.49	49,242.60	500.00	1.02%	9.59%
<b>Totals</b>		<b>279,526.50</b>		<b>275,487.05</b>	<b>3,800.00</b>	<b>1.38%</b>	<b>53.66%</b>
<b>Century Bank and Trust Money Mkt</b>							
14,465.5	Century Bank and Trust Money	14,465.50	1.00	14,465.50	14.47	0.10%	2.82%
<b>Totals</b>		<b>14,465.50</b>		<b>14,465.50</b>	<b>14.47</b>	<b>0.10%</b>	<b>2.82%</b>
<b>ETF U.S. Obligations</b>							
1,150	MFC IShares TIPS	146,451.00	129.20	148,580.00	6,357.92	4.28%	28.94%
<b>Totals</b>		<b>146,451.00</b>		<b>148,580.00</b>	<b>6,357.92</b>	<b>4.28%</b>	<b>28.94%</b>
<b>Total Investments</b>		<b>515,479.50</b>		<b>513,416.77</b>	<b>10,947.39</b>	<b>2.11%</b>	<b>100.00%</b>
<b>Plus Net Cash</b>		<b>0.00</b>		<b>513,416.77</b>			
<b>Total Market Value</b>				<b>513,416.77</b>			

December 01, 2021 through December 31, 2021

Account Name : Community Mental Health Services Agency

Account No : 6200871

# Account Transactions

Date	Description	Amount
	<b>Starting Balance</b>	\$ 0.00
	<b>Dividends and Interest</b>	
12/01/2021	Interest Century Bank and Trust Money	6.65
	Interest From 11/01/2021 To 11/30/2021	
12/08/2021	Dividend MFC IShares TIPS	213.85
	1150 Shares @ \$0.185957	
12/14/2021	Interest Northpointe Bank	6.20
	.1500% 11/14/22	
12/15/2021	Interest Flagstar Bank CD	626.70
	2.5000% 06/13/22	
12/23/2021	Dividend MFC IShares TIPS	904.19
	1150 Shares @ \$0.786249	
	<b>Sub Total</b>	<b>1,757.59</b>
	<b>Purchases</b>	
12/30/2021	Buy First National Bank of Amer 1.2500% 12/30/26	-50,000.00
	50000 Par Value @ \$100.00	
	<b>Sub Total</b>	<b>-50,000.00</b>
	<b>Payments</b>	
12/22/2021	Market Fee	-625.00
	Market Value: 512,114.10	
	<b>Sub Total</b>	<b>-625.00</b>
	<b>MONEY MARKET ACTIVITY</b>	
	5 Purchases ( s ) For	1,757.59
	2 Sale ( s ) For	50,625.00
	<b>Ending Balance</b>	<b>\$ 0.00</b>

**UNION HIRING SCALE**

**EFFECTIVE DATE 01/04/2022**

Position Description	Minimum Degree/ License Required	Minimum Experience Preferred	Experience Years					
<b>OFFICE STAFF</b>								
Accounting Assistant/Access/ Support/ Medical Records/Receptionist	High School or Equivalent	1 year job related	0-1	2-4	5-9	10-14	15+	
Accountant	Bachelor Degreee or Equivalent	2 years job related	22.67	24.37	26.07	27.77	29.47	

**PARAPROFESSIONAL**

Paraprofessional/Peer Supports/ SED Instructor/Aide	High School or Equivalent	None	14.55	15.64	16.74	17.83	18.92
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**PROFESSIONAL**

Medical Assistance/LPN	Associates Degree	2 years job related	16.77	18.03	19.29	20.54	21.81
Registered Nurse	RN License	2 years job related	23.89	25.68	27.48	29.27	31.06
Case Mgt/Suppo Coord/ ACT Adv	Bachelor or Master in unrelated field not eligible for QMHP or QIDP	2 years job related	15.76	16.94	18.12	19.30	20.48
Case Mgt/Supp Coord/ACT Assessment Worker	BA or BSW licensure eligible for QMHP or QIDP	2 years job related	19.72	21.20	22.68	24.16	25.64
Mental Health Clinician Case Mgt/Supp coord/ACT Adv	MA or MSW licensure eligible for QMHP or QIDP	2 years job related	26.83	28.85	30.86	32.87	34.88
Mental Health Clinician Case Mgt/Supp coord/ACT Adv	MA or MSW Fully Licensed	2 years job related	31.83	33.85	35.86	37.87	39.88



# Lighting Solutions Analysis

**PREPARED FOR:**

**St. Joe CMH**

Centreville, MI

12/02/2021

Version #: 1

**COMMUNITY  
MENTAL HEALTH  
& SUBSTANCE ABUSE  
SERVICES  
OF ST. JOSEPH COUNTY**



# Executive Lighting Summary

With more than 30 years in the energy industry, IGS Energy is committed to simplifying the process of bringing LED lighting to your organization. The efficiency gains associated with LED technology equate to a reduction in energy costs and offer a more sustainable way to light your facility for a greener planet.

This emphasis on efficiency supports our purpose to build a sustainable energy future to promote a healthier planet and complements your organization's sustainability initiatives.

With a long-term approach to partnership, we serve as an extension of your team and stand ready to support your broader energy management initiatives. We make the process of choosing LED lighting simple and rewarding by:

- 1. Eliminating maintenance time and expenses**, so you can focus on the matters most important to your core business, rather than changing lamps and tubes on a daily/weekly/monthly basis
- 2. Improving lighting systems** to comply with standards and recommendations set forth by OSHA and the Illuminating Engineering Society
- 3. Reducing operational expenses** related to light energy consumption
- 4. Providing financing options** to break down the capital barrier and unlock profitability

## Items Completed to Date:

- ✓ Comprehensive Lighting Audit
- ✓ Lighting Solution Specification & Design
- ✓ Savings Estimate
- ✓ Project Cost with Payback Estimate

### NOLAN RAINS

Lighting Solutions Specialist  
Phone: 614.659.5143  
Email: Nolan.Rains@IGS.com

# Key Findings and Assumptions

- **Costs are indicative and intended for budgetary guidance**

We feel confident that these cost estimates are good representations of turnkey cost. However, we would need to have our install team visit the site to confirm install-specific costs from their perspective before providing any contracts.

- **2 Product Options Presented: 1.) Troffer Retrofit Kits 2.) LED Tubes**

- **Items to Confirm:**

What type of existing LED fixtures do you have? We identified LED can lights, but there may be some flat panels?

What are the overall goals of the project besides energy efficiency? Is consistency of the fixture aesthetic important?

We would need the retrofit kit (or a flat panel) for fixtures needing sensors. Number of fixtures in Kitchen & C Tag East Room?

# Project Scope Summary (LED Lamps)

Existing Lighting System										Proposed Lighting System				
Room	Existing Description	Qty	System Wattage	Running Hours	Annual kWh	Custom Engineered Solution	Fixture Qty	System Wattage	Running Hours	Annual kWh				
1	Parking Lot	2 Light Fixture MH400	459	4,380	4,021	ARI40UT3-508BTBC	2	140	4,380	1,226				
2	Outside Building to include Canopy	1 Light Fixture MH400	459	4,380	18,094	ARI40UT3-508BTBC	9	140	4,380	5,519				
3	Clubhouse	1 Lamp MH250	278	4,380	10,959	RCF19RCFH040CSW	9	40	4,380	1,577				
4	Clubhouse	2X4 3 Lamp T8	93	3,120	4,649	(3) KTLLED10.5T8-840-DX2	16	32	3,120	1,572				
5	Clubhouse	2X2 2 Lamp T8	59	3,120	552	(2) KTLLED10.5T8-840-DX2	3	21	3,120	197				
6	Clubhouse	2X4 2 Lamp T8	59	3,120	4,786	(2) KTLLED10.5T8-840-DX2	26	21	3,120	1,704				
7	Clubhouse Restroom	1X4 2 Lamp T8	59	3,120	736	(2) KTLLED10.5T8-840-DX2	4	21	3,120	262				
8	C Tag & Med Center	2X4 2 Lamp T8	59	3,120	736	(2) KTLLED10.5T8-840-DX2	4	21	3,120	262				
9	Storage Room C Tag	2X4 2 Lamp T8	59	3,120	3,498	(2) KTLLED10.5T8-840-DX2	19	21	3,120	1,245				
10	Server Room	2X4 2 Lamp T8	59	3,120	5,522	(2) KTLLED10.5T8-840-DX2	30	21	3,120	1,966				
11	Utility Room	1X4 2 Lamp T8	59	3,120	184	(2) KTLLED10.5T8-840-DX2	1	21	3,120	66				
12	Employee Breakroom	2X2 Utube T8	59	3,120	184	(2) KTLLED9UT8-840-DX2	1	18	3,120	56				
13	Conference Room	1X4 2 Lamp T8	59	3,120	368	(2) KTLLED10.5T8-840-DX2	2	21	3,120	131				
14	Front Hallway	1X4 2 Lamp T8	59	3,120	184	(2) KTLLED10.5T8-840-DX2	1	21	3,120	66				
15	Reception and Lobby	2X4 2 Lamp T8	59	3,120	920	(2) KTLLED10.5T8-840-DX2	5	21	3,120	328				
16	Reception and Lobby	2X4 2 Lamp T8	59	3,120	2,025	(2) KTLLED10.5T8-840-DX2	11	21	3,120	721				
17	Reception and Lobby	2X4 2 Lamp T8	59	3,120	2,577	(2) KTLLED10.5T8-840-DX2	14	21	3,120	917				
18	Reception and Lobby	2X4 2 Lamp T8	59	3,120	552	(2) KTLLED10.5T8-840-DX2	3	21	3,120	197				
19	Reception and Lobby	2X2 Utube T8	59	3,120	1,841	(2) KTLLED9UT8-840-DX2	10	18	3,120	562				
20	Reception and Lobby	2X2 2 Lamp T8	59	3,120	184	(2) KTLLED10.5T8-840-DX2	1	21	3,120	66				
21	Supply Room	2X4 2 Lamp T8	59	3,120	184	(2) KTLLED10.5T8-840-DX2	1	21	3,120	66				
22	Mail Room	2X4 2 Lamp T8	59	3,120	1,289	(2) KTLLED10.5T8-840-DX2	7	21	3,120	459				
23	Admin Storage	1X4 2 Lamp T8	59	3,120	368	(2) KTLLED10.5T8-840-DX2	2	21	3,120	131				
24	Front Offices	2X2 Utube T8	59	3,120	736	(2) KTLLED9UT8-840-DX2	4	21	3,120	262				
25	Mechanical Room	2X4 2 Lamp T8	59	3,120	1,473	(2) KTLLED9UT8-840-DX2	8	18	3,120	449				
26	Admin Wing	1X4 2 Lamp T8	59	3,120	2,209	(2) KTLLED10.5T8-840-DX2	4	21	3,120	262				
27	Admin Wing	2X4 2 Lamp T8	59	3,120	736	(2) KTLLED10.5T8-840-DX2	4	21	3,120	262				
28	Can Lights	2X2 2 Lamp T8	59	3,120	2,761	(2) KTLLED10.5T8-840-DX2	15	21	3,120	983				
29	Can Lights	2X2 2 Lamp T8	59	3,120	4,786	(2) KTLLED10.5T8-840-DX2	26	21	3,120	1,704				
30	Can Lights	2X2 Utube T8	59	3,120	184	(2) KTLLED9UT8-840-DX2	1	18	3,120	56				
31	Can Lights	LED	-	3,120	-	No Charge All-Ready LED	8	0	3,120	-				
32	Back Hallway & Offices	1X2 2 Lamp T8	59	3,120	184	(2) KTLLED10.5T8-840-DX2	1	21	3,120	66				
33	Back Hallway & Offices	2X2 2 Lamp T8	59	3,120	2,209	(2) KTLLED10.5T8-840-DX2	12	21	3,120	786				
34	Restrooms	2X2 Utube T8	59	3,120	2,393	(2) KTLLED9UT8-840-DX2	13	18	3,120	730				
35	Restrooms	2X4 2 Lamp T8	59	3,120	2,761	(2) KTLLED10.5T8-840-DX2	15	21	3,120	983				
36	Restrooms	2X4 2 Lamp T8	59	3,120	736	(2) KTLLED10.5T8-840-DX2	4	21	3,120	262				
37	Small Group Rooms	2X4 2 Lamp T8	59	3,120	736	(2) KTLLED10.5T8-840-DX2	4	21	3,120	262				
					308	86,319								
					308	26,883								

# Financial Analysis - Project Details

## Lamps

	Existing	After
kWh Rate	\$0.1474	\$0.1474
Usage kWh	86,319	26,883
Energy Cost	\$ 12,726	\$ 3,963
Estimated Annual Maintenance Costs	\$ 1,648	\$ -
Estimated Annual Operating Costs	\$ 14,374	\$ 3,963
Reduction in Lighting-Only Energy Use		69%
Total Estimated Annual kWh Savings		59,436
<b>Total Estimated Annual \$ Savings</b>		<b>\$ 10,411</b>

<b>Estimated Saving Metrics</b>	
Gross Energy Efficiency Project Cost (Indicative)	\$ 31,238
Total Estimated Incentives (Requires Approval)	\$ 4,406
Net Project Cost	\$ 26,832
Estimated Project Payback Period	2.6 Yrs

# Project Scope Summary (Retrofit Kits)

Existing Lighting System								Proposed Lighting System				
Room	Existing Description	Qty	System Wattage	Running Hours	Annual kWh	Custom Engineered Solution	Fixture Qty	System Wattage	Running Hours	Annual kWh		
1	Parking Lot	2 Light Fixture MH400	459	4,380	4,021	ARI140UT3-50BTPC	2	140	4,380	1,226		
2	Outside Building to Include Canopy	1 Light Fixture MH400	459	4,380	18,094	ARI140UT3-50BTPC	9	140	4,380	5,519		
3	Clubhouse	1 Lamp MH250	2/8	4,380	10,959	RCH19RCT1040C5W	9	40	4,380	1,577		
4	Clubhouse	2X4 3 Lamp T8	93	3,120	4,649	TRK24D28W4000K	16	28	3,120	1,398		
5	Clubhouse	2X2 2 Lamp T8	59	3,120	552	TRK22D20WC5CR	3	20	3,120	187		
6	Clubhouse	2X4 2 Lamp T8	59	3,120	4,786	TRK24D28W4000K	26	28	3,120	2,271		
7	Clubhouse Restroom	1X4 2 Lamp T8	59	3,120	736	(2) KILED10.518-840 DX2	4	21	3,120	262		
8	Clubhouse Restroom	2X4 2 Lamp T8	59	3,120	736	TRK24D28W4000K	4	28	3,120	349		
9	C Tug & Med Center	2X2 2 Lamp T8	59	3,120	3,498	TRK22D20WC5CR	19	20	3,120	1,186		
10	C Tug & Med Center	2X4 2 Lamp T8	59	3,120	5,522	TRK24D28W4000K	30	28	3,120	2,621		
11	Storage Room C Tug	1X4 2 Lamp T8	59	3,120	184	(2) KILED10.518-840-DX2	1	21	3,120	66		
12	Storage Room C Tug	2X2 Tube T8	59	3,120	184	TRK24D28W4000K	1	28	3,120	87		
13	Server Room	1X4 2 Lamp T8	59	3,120	368	(2) KILED10.518-840-DX2	2	21	3,120	131		
14	Utility Room	1X4 2 Lamp T8	59	3,120	184	(2) KILED10.518-840-DX2	1	21	3,120	66		
15	Employee Breakroom	2X4 2 Lamp T8	59	3,120	920	TRK24D28W4000K	5	28	3,120	437		
16	Confrence Room	2X4 2 Lamp T8	59	3,120	2,025	TRK24D28W4000K	11	28	3,120	961		
17	Front Hallway	2X2 2 Lamp T8	59	3,120	2,577	TRK22D20WC5CR	14	20	3,120	674		
18	Reception and Lobby	2X4 2 Lamp T8	59	3,120	552	TRK24D28W4000K	3	28	3,120	262		
19	Reception and Lobby	2X2 Tube T8	59	3,120	1,841	TRK24D28W4000K	10	28	3,120	874		
20	Reception and Lobby	2X2 2 Lamp T8	59	3,120	184	TRK22D20WC5CR	1	20	3,120	62		
21	Reception and Lobby Bathroom	2X4 2 Lamp T8	59	3,120	184	TRK24D28W4000K	1	28	3,120	87		
22	Supply Room	2X4 2 Lamp T8	59	3,120	1,289	TRK24D28W4000K	7	28	3,120	612		
23	Mail Room	2X4 2 Lamp T8	59	3,120	368	TRK24D28W4000K	2	28	3,120	175		
24	Admin Stru uge	1X4 2 Lamp T8	59	3,120	736	(2) KILED10.518-840-DX2	4	21	3,120	262		
25	Front Offices	2X2 Tube T8	59	3,120	1,473	TRK24D28W4000K	8	28	3,120	699		
26	Front Offices	2X4 2 Lamp T8	59	3,120	2,209	TRK24D28W4000K	12	28	3,120	1,048		
27	Mechanical Room	1X4 2 Lamp T8	59	3,120	736	(2) KILED10.518-840-DX2	4	21	3,120	262		
28	Admin Wing	2X4 2 Lamp T8	59	3,120	2,761	TRK24D28W4000K	15	28	3,120	1,310		
29	Admin Wing	2X2 2 Lamp T8	59	3,120	4,786	TRK22D20WC5CR	26	20	3,120	1,622		
30	Admin Wing	2X2 2 Lamp T8	59	3,120	184	TRK24D28W4000K	1	28	3,120	87		
31	Can Lights	LED	-	3,120	-	No Change Alr-sad; LED	8	0	3,120	-		
32	Custodian Closet	1X2 2 Lamp T8	59	3,120	184	(2) KILED10.518-840-DX2	1	21	3,120	66		
33	Back Hallway & Offices	2X2 2 Lamp T8	59	3,120	2,209	TRK22D20WC5CR	12	20	3,120	749		
34	Back Hallway & Offices	2X2 Tube T8	59	3,120	2,393	TRK24D28W4000K	13	28	3,120	1,136		
35	Restrooms	2X4 2 Lamp T8	59	3,120	2,761	TRK24D28W4000K	15	28	3,120	1,310		
36	Restrooms	2X4 2 Lamp T8	59	3,120	736	TRK24D28W4000K	4	28	3,120	349		
37	Small Group Rooms	2X4 2 Lamp T8	59	3,120	736	TRK24D28W4000K	4	28	3,120	349		
					308							
					86,319							
					308							
					30,540							

# Financial Analysis - Project Details

## Retrofit Kits

	Existing	After
<b>Estimated Efficiency Gain</b>		
<b>Estimated Annual Maintenance Costs</b>	\$ 1,648	\$ -
<b>Estimated Annual Operating Costs</b>	\$ 14,374	\$ 4,502
<b>Reduction in Lighting-Only Energy Use</b>	65%	
<b>Total Estimated Annual kWh Savings</b>	55,780	
<b>Total Estimated Annual \$ Savings</b>		\$ 9,872

<b>Estimated Saving Metrics</b>	
<b>Gross Energy Efficiency Project Cost (Indicative)</b>	\$ 51,901
<b>Total Estimated Incentives (Requires Approval)</b>	\$ 4,114
<b>Net Project Cost</b>	\$ 47,787
<b>Estimated Project Payback Period</b>	4.8 Yrs

\*Sensors can be added for \$33 per fixture; need to confirm # fixtures

1/4/2021

Community Mental Health & Substance Abuse  
Services of St. Joseph County  
Kristine Kirsch Chief Executive Officer  
Jarrett Cupp, Director of Corporate Compliance  
677 E. Main St. Ste A.  
Centerville, MI 49032

Dear Ms. Kirsch and Mr. Cupp,

Attached you will find the results of the quarterly MI Health Link demonstration program Claims Review performed by the Compliance/Program Integrity division of Southwest Michigan Behavioral Health (SWMBH). The period under review was for claims submitted in Fiscal Year 2021 Quarter Four. For this period there were 9 SUD and 17 MH claims reviewed.

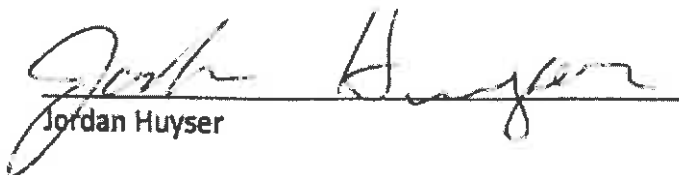
As indicated on the totals page of the attached workbook, your overall compliance rate is 100%. Any score of less than 95% will require a corrective action plan to be developed. If applicable, please address the plan to the attention of Jordan Huyser SWMBH Program Integrity and Compliance Department. If required by your organization, the Corrective Action Plan may be submitted through e-mail, US Postal Service or facsimile.

If a recoupment is indicated, a copy of the Request for Recoupment will be enclosed for your review. We will coordinate with the SWMBH Finance Department to perform the correction after the appeal period has passed, as SWMBH adjudicates the claims.

All Plans for Improvement are due in the offices of SWMBH within thirty (30) calendar days from the date of this letter/communication. If you disagree with the findings of this review, you have the right to appeal as outlined in the SWMBH Operating Policy 10.14. A copy of which is contained in this packet for your reference.

We want to thank you and your staff for your assistance and support in completing this review. If you have any questions or concerns related to this review, please direct them to the individual who performed your review.

Sincerely,

  
Jordan Huyser

Jordan Huyser  
Compliance Specialist II  
Southwest Michigan Behavioral Health

**Contracts for Board Meeting 1/25/22  
Clinical Contracts**

<b>Provider Direct</b>	<b>Staff Responsible</b>	<b>Type of Service</b>	<b>Annual Budget Per Diem Cost</b>	<b>Explanation</b>	<b>Contract Dates</b>	<b>Board Approved</b>
Emily Dongvillo	J. Cupp	Dietitian	\$85 per hour	Dietitian	12/1/21-9/30/22	
Behavioral Center of Michigan	J. Cupp	Hospital	\$950 per diem	Inpatient Hospital	10/1/21-9/30/23	
Alexis Flowers	J. Cupp	Assessments	\$150 per assessment	Intake/Biopsychosocial	1/10/22-9/30/22	

**Non-Clinical Contract**

Aunalytics	J. Reed	Internal Phone System	\$3525.00	Emergency Response for Phone	FY22	
Aunalytics	J. Reed	Internal Phone System	\$2275.40	Router Renewal	FY22	
Human Services Commission	C. Bullock	Dues	\$3500	Dues	FY22	
CertaSite	C. Bullock	Alarm System	\$3335.00	Alarm System	FY22	
CertaSite	C. Bullock	Fire Monitoring	\$900	Fire Monitoring	FY22	
Acuity	C. Bullock	Insurance	\$6250	Workers Comp	FY22	
MMRMA	C. Bullock	Insurance	\$79160	Risk Management Insurance	FY22	

**MOUs**

Constantine Public Schools	J. Cupp	School Support Services	\$60 per hour, 20 hours per week	Revenue Contract	1/1/22 – 6/30/22	
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## Director's Report December 2021/January 2022

### Administration:

- State Approval received for Wrap around services for 2022
- Assisted the Sherriff office with the interview process of new supervisor.
- Managers finished the policy review process.
- MMRM risk assessment report received – Discussed camera at front entrance where clients come in. Move to key fobs instead of a normal key. Training for driving the 15-passenger van.
- Cheryl Krontz – Completed her Certification for coding/biller
- Annual meeting with PCE, review of processes and upcoming needs.
- Reviewed overall insurance policy with Lighthouse.
- Discussed with Kim LaSarta the documentation issues as well as staff shortages for CMH's.
- CCBHC continues to go well and has increased overall intake numbers.
- I presented the annual report to the Board of Commissioners January 18, 2022
- Received employee survey – Barb Bungart, Anna Farley and Heather Teadt assisted Cameron and myself with the action plan. See attached. Overall, it was a very helpful survey with areas that we can improve upon.
- Skyler Ford presented to HSC the CCBHC program.
- Successful contract negotiations with Constantine Public Schools. Kristen Browning will be assigned for 2.5 days per week.
- Planning stages for the next round of Suicide Prevention activities.
- I am now attending the housing task force for HSC.
- Working on the HRSA loan forgiveness. Currently not accepting new organizations but will proceed with application to be ready when it opens enrollment. Date to be determined by HRSA.
- CMH will host a vaccination clinic February 3 and March 3 from 1530 to 1830.
- Vestige GPS units' final stages for staff use. Safety unit for out in the field.

### Human Resources:

#### New hires

- Garcia, Mercedes – children department
- Krajniak, Cahil - CCBHC
- Lafler, Crystal (re-hire) – Outpatient therapist
- France, Rachael - Receptionist
- Sandra Zapata – OBRA coordinator
- Cerny, Holly – Clubhouse

#### Resignations:

Alex Flowers OBRA coordinator – Continues to be a contract provider for CMH.

Stephanie Myer – Access – taking a supervisory job at ISK

## THEME 1: IMPROVED OUTCOMES FOR CLIENTS - 2021-2022

**Objective: To enhance children services by providing an array of services to improve the lives of children we serve**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Continue to work with the courts in providing mental health court for our juveniles	Kathleen Morrill	2021-2022	fiscal year analysis of children served, CAFAS improvement	Will continue to monitor progress of adolescents served. Annual report in February of our year progress
Wrap Around services to improve the lives of kids served	Kathleen Morrill	2021 -2022	fiscal year analysis of children served, CAFAS improvement	Lydia Chappa Coordinator
JJ screener will continue to provide assessments for kids referred	Kathleen Morrill	2021-2022	MAYSI assessment, Pediatric symptom checklist, Strengths and difficulties questionnaire, and PECFAS, CAFAS	Program is going well. Barb is seeing kids and completing assessments. Barb to report February 2022.
Working in school collaboration via 31N grants and regular school grants to improve lives of kids served - mild to moderate mental illness.	Kathleen Morrill	fiscal year 2021-2022	CAFAS, school progress.	Continue to monitor progress of program - Continues to be high need in county for Therapist in each school
Mobile crisis for children	Grac Miller	2021-2022	data collected on kids served	Work in progress, we have the structure just not the staff
Provide Peer supports for children	Kathleen Morrill	2021-2022	New program. Will identify a peer and provide training.	New program - still looking for an employee to fill this role

## THEME 1: IMPROVED OUTCOMES FOR CLIENTS - 2021-2022

**Objective: To implement a step down process including maintenance groups**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Discuss ideas for group topics or modalities with all staff	Management team	2021-2022	Fiscal Year Staff meeting minutes	Trainings resumed via virtual. Training logs available to review if requested
Compile a list of client referrals for new groups	Management team	2021-2022	Fiscal Year List maintained	Staff can utilize Relias and other training programs as scheduled
Implement a schedule of maintenance groups	Management team	2021-2022	Fiscal Year Groups will begin	IOP in progress, Maintenance group Clubhouse, and Physical Health wellness group
MIC Groups	Kathleen Morrill	2021-2022	Fiscal Year Groups for children to be implemented	New program for October 2021

## THEME 1: IMPROVED OUTCOMES FOR CLIENTS 2021/2022

**Objective: To ensure clients are residing in the least restrictive environments available**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Identify all clients in a specialized foster care and State hospital settings	CEO and UM	Fiscal Year 2021-2022	List of clients and placements compiled	ongoing UM meetings to ensure clients are in correct programs
Conduct a Utilization Management review on those placements to verify medical necessity.	UM Director	Fiscal Year 2021-2022	Report findings to CEO	ongoing UM meetings to ensure clients are in correct programs
Schedule meetings to review clients in specialized foster care and State hospital settings in an attempt to brainstorm less restrictive options	COO	Fiscal Year 2021-2022	Meeting minutes	this is an ongoing meeting conducted to ensure placement alternatives will meet the need of clients - review monthly

**THEME 2: INTEGRATED HEALTHCARE EXCELLENCE 2021-2022**

**Objective: To improve clients' physical health through education**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Identify areas of interest for monthly health education seminars by collecting information from staff	CEO	2021-2022	Fiscal Year Staff meeting minutes	Currently childrens staff is completing a parent education program
Implement a schedule for monthly health education	CEO	2021-2022	Fiscal Year Scheduled meeting	CCBHC education January 2022 - completed at clinical staff meeting

**THEME 2: INTEGRATED HEALTHCARE EXCELLENCE 2021-2022**

**Objective: To improve clients' physical health through coordination with primary care**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Hold Access to Healthcare meetings, with an increased presence from physical health	CEO	2021-2022	Fiscal Year Meeting minutes/Attendance sheets	Projects include vaccination awareness and increase of shots in arms for our county. Working on key indicators of Diabetes and cardiac disease.
Continue/expand staff placements at primary care locations.	CEO	2021-2022	Fiscal Year Staff schedules reflect office hours at primary care locations	on hold for now - due to COVID
CC360 and Relias Health to improve on clients health	Nurse Care Manager	2021-2022	Fiscal Year data to analyze and educate to improve	Implementation October: 1 - Skyler utilizing data to improve patient care. Too new for any useful data.
Implement CCBHC demonstration site per state requirements	Mgt. Team	2021-2022	Fiscal Year Quality indicators as stated in CCBHC handbook	Up and running as well as anyone expected. Should have data available after first quarter

### THEME 3: EMPLOYEE ENGAGEMENT AND RETENTION 2021-2022

**Objective: To continue to build a strong, diverse, and well trained workforce**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Identify all Evidence Based Practices being implemented at CMHSAS SIC	Management team	Fiscal Year 2021-2022	Cumulative list of all staff trained in ESPPs	ongoing process
Gain input from staff regarding areas they feel they need more training	Management team	Fiscal Year 2021-2022	All Staff Meeting Minutes	ongoing process
Locate trainings or training options available	Management team	Fiscal Year 2021-2022	Compilation of training options	ongoing process
Continue discussions with staff and ERWC to Increase employee engagement	Management team	Fiscal Year 2021-2022	Small group meetings	ongoing process
PAVCOR, Human Capital Mgmt system.	Peggy/Cam	Fiscal Year 2021-2022	Paycor system	Implementation October 1 - working thru the processes

### THEME 4: COMMUNITY ENGAGEMENT 2021-2022

**Objective: To increase CMH presence in the community**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
MIDHHS PIT CREW	Kathleen	Fiscal Year 2021-2022	Data collection	New program October
Continue engagement in other community meetings (HSC, Suicide Prevention Network, SATF, ASN, IDT, CDR, etc.)	CEO and Management	Fiscal Year 2021-2022	Attendance at community meetings	CMH active at all levels of HSC. Suicide Prevention activities being planned for next steps

## THEME 5 : CONTINUED FINANCIAL SOLVENCY 2021-2022

**Objective: To remain in the best financial position possible to ensure availability of services in our community.**

Action Steps	Person Responsible	Time Frame	Method for Measurement	Progress/Updates
Continue to work in the constraints of financial buckets - earned contracts, local match, Substance Abuse, Healthy Michigan Revenue, Medicaid, State General Fund, CCBHC Monitoring for changes in funding via the State/SWMBH/CCBHC	CFO	Fiscal Year 2021-2022	Statement of Revenues and Expenditures/Balance sheet	Continue to operate in the black
Standard Cost Allocation Implementation	CFO	Fiscal Year 2021-2022	Written reports Data analysis	CFO working with Richard Carpenter to complete all task
Identify opportunities to meet client and community needs utilizing general fund dollars	CFO	Fiscal Year 2021-2022	Statement of Revenues and Expenditures/Balance sheet	First quarter purchased specialized tub and water heater. Provided therapy for those without insurance, under insured.

# CMH BOARD CALENDAR 2021-2022

OCTOBER			
<b>Administration</b>		CEO Evaluation prep for November	
<b>Finance</b>	Monthly budget		Staff raise of 3.5% approved
<b>Regulatory</b>	Chart Review as presented by Jarrett	Quality Plan 2021-2022 presented Corporate Compliance plan 2021-2022	
<b>Board Compliance/Educ.</b>			
<b>Board Directives</b>	Balance sheet included in board packet for October	Check register to include description – included in October board packet	
NOVEMBER			
<b>Administration</b>	Determine to facilitate a December board meeting	CEO Contract	Approved until May 31, 2022. Kris to retire.
<b>Finance</b>			Financial audit in progress.
<b>Regulatory</b>			
<b>Board Directive</b>			
<b>Board Compliance/Educ.</b>	Recipients Rights - presented and approved Compliance –	Annual Compliance training	Review of staff letter, Kris provided report of investigation. Accepted.
DECEMBER			
<b>Administration</b>	CMH certification	Received email from Julie Harrison, stating certification is extended until MiCal system is completed. Jarrett has email for safe keeping	
<b>Finance</b>	Monthly		
<b>Regulatory</b>	Annual review of policies –		Completed December 2021
<b>Board Compliance/Educ.</b>			
<b>Board Directive</b>			

**JANUARY**

<b>Administration</b>	Strategic Plan Review -	See attached		
<b>Finance</b>	Monthly			
<b>Regulatory</b>	4 <sup>th</sup> Quarterly MMBIS -	Final submission to the state.	Joe has preliminary results - see board packet	
<b>Board Compliance/Educ.</b>	Compliance from Cupp Corner			
<b>Board Directive</b>			Annual report to Board of Commissioners - done	

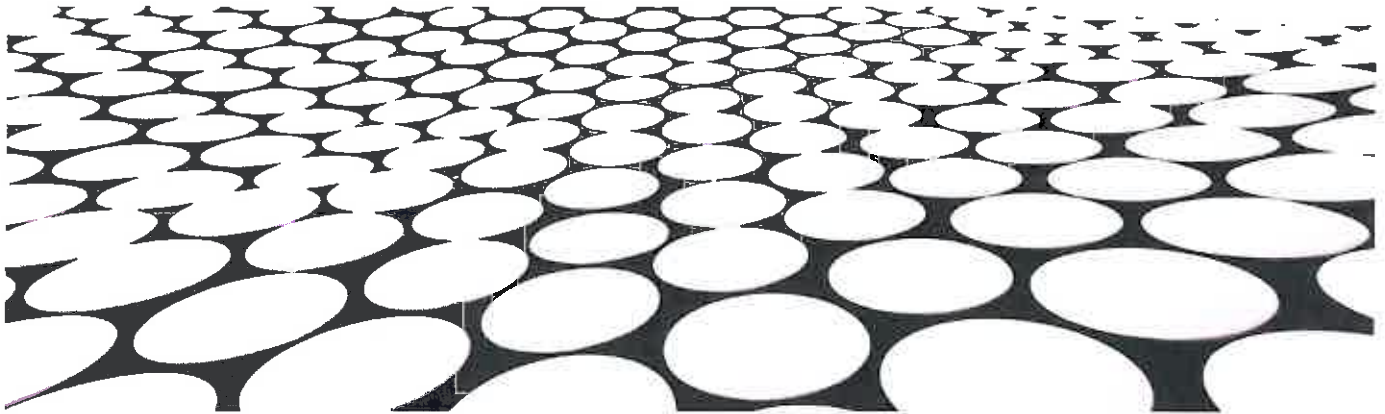
**FEBRUARY**

<b>Administration</b>				
<b>Finance</b>	Monthly			
<b>Regulatory</b>				
<b>Board Compliance/Educ.</b>	Review of Policies By Laws -			
<b>Board Directive</b>				

**MARCH**

<b>Administration</b>				
<b>Finance</b>	Monthly			
<b>Regulatory</b>				
<b>Board Directive</b>				
<b>Board Compliance/Educ.</b>	Review Membership to County -			

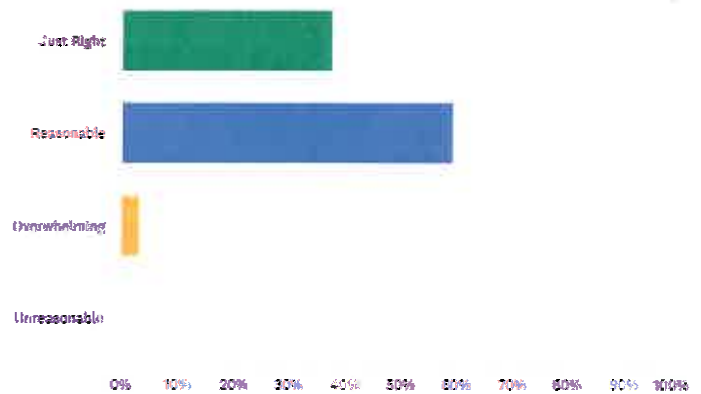
# 2021 EMPLOYEE SATISFACTION SURVEY



## SUPERVISOR EXPECTATIONS

### How realistic are your supervisors expectations

Answered: 32 Skipped: 0



#### ANSWER CHOICES

- Just Right
- Reasonable
- Overwhelming
- Unreasonable

TOTAL

#### RESPONSES

37.50%

59.38%

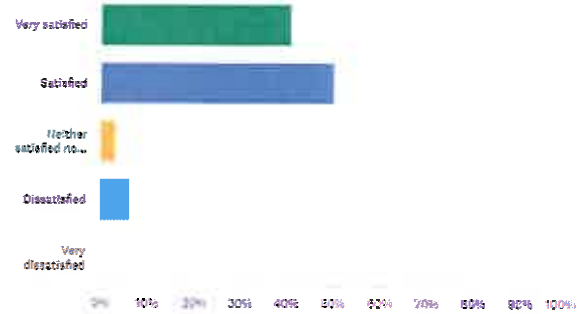
2.13%

0.00%

# DO BENEFITS MEET EXPECTATIONS

Do you feel the employer benefits meet your expectations?

Answered: 32 Skipped: 0



ANSWER CHOICES

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

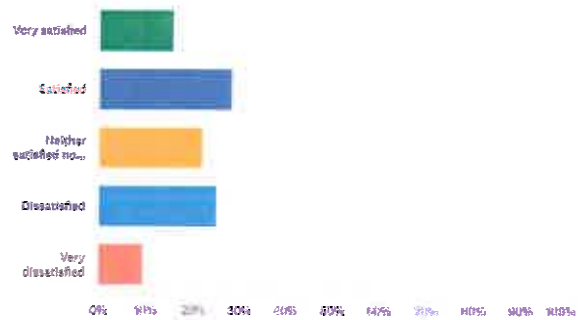
RESPONSES

ANSWER CHOICES	PERCENTAGE	COUNT
Very satisfied	40.00%	13
Satisfied	60.00%	19
Neither satisfied nor dissatisfied	2.00%	1
Dissatisfied	8.00%	3
Very dissatisfied	0.00%	0
TOTAL		32

# SALARY MEET EXPECTATIONS

Does your Salary meet your expectations?

Answered: 32 Skipped: 0



ANSWER CHOICES

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

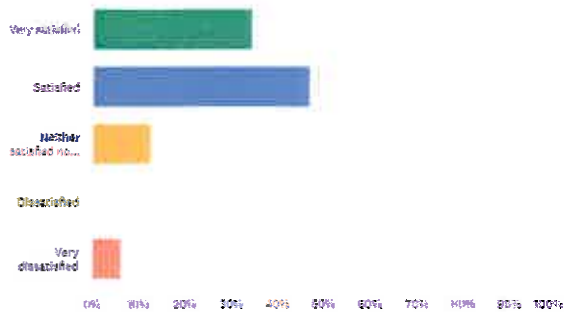
RESPONSES

ANSWER CHOICES	PERCENTAGE	COUNT
Very satisfied	16.00%	5
Satisfied	28.00%	9
Neither satisfied nor dissatisfied	28.00%	9
Dissatisfied	25.00%	8
Very dissatisfied	9.00%	3
TOTAL		32

# HEALTH INS, STD, LTD ETC.

Do your benefits (Health Ins, Vision, Short Term, Long Term, Voluntary) meet your expectations?

Answers: 22 Skipped: 0



### ANSWER CHOICES

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

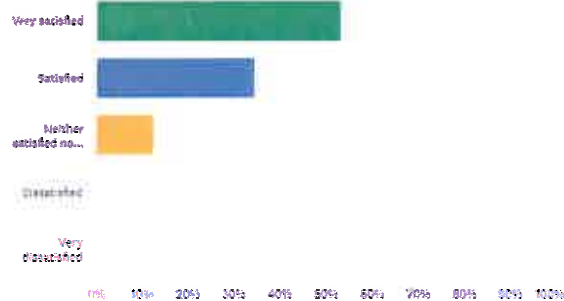
### RESPONSES

Percentage	Count
34.30%	11
45.80%	16
12.80%	4
0.00%	0
0.20%	0
<b>TOTAL</b>	<b>32</b>

# WORK SCHEDULE

Does your Work schedule meet your expectations?

Answers: 32 Skipped: 0



### ANSWER CHOICES

- Very satisfied
- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

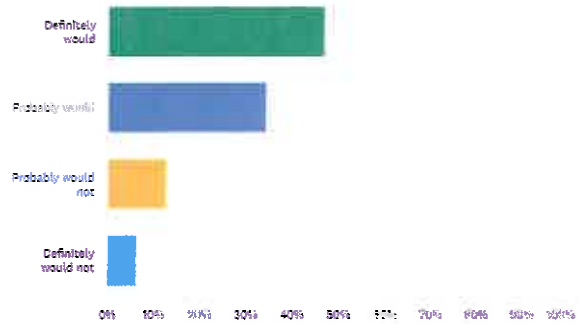
### RESPONSES

Percentage	Count
53.10%	17
34.30%	11
12.20%	4
0.00%	0
0.00%	0
<b>TOTAL</b>	<b>32</b>

# RECOMMEND AS A WORKPLACE

How likely would you be to recommend CMH & SAS to someone looking for a job?

Answers: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Definitely would	46.88%	15
Probably would	34.38%	11
Probably would not	12.50%	4
Definitely would not	6.25%	2
<b>TOTAL</b>		<b>32</b>

## MAJOR CHALLENGES FACED AT WORK

- Open Positions and Recruiting
- Time, Paperwork expectations, stress in working with families, etc.
- Vaccine Requirements from the federal gov.
- Turn over rate, cliques
- Lack of trust from managers
- Covid has been a challenge and we've learned to adapt and meet client needs in a lot of different ways
- Co workers not acting as a team. Some co workers seem very entitled. Lack of communication. The main challenge I face is coworkers starting AFTER me making more money... It makes it extremely hard to give 100%.
- Sometimes my Co-worker
- Not enough time to complete paperwork or trainings.
- The fax machine operation has been challenging
- When non-clinical issues come up at work they do not appear to be resolved in a timely way
- Favoritism
- Documentation requirements

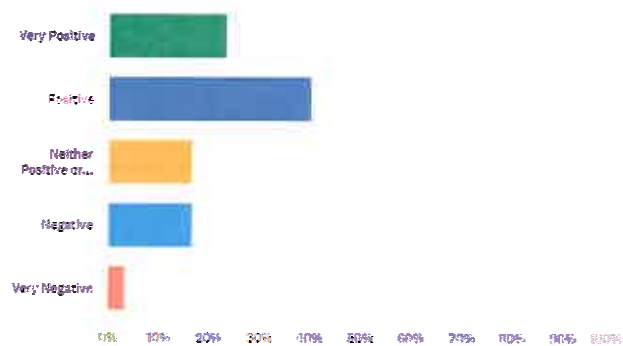
## MAJOR CHALLENGES FACED AT WORK CONT.

14. Ignorance from admin when it comes to big picture, social work/community involvement the and community services, versus the bottom dollar. This funding we will lose by showing we do not need more... This simple public service funding 101 . We should also be fixing more incentives for employees as well as incentives for long term employees such as raises and higher salaries and benefits
15. Division with Administration and workplace bullying
16. Short-Staffed
17. Unrealistic expectations, doing other peoples work
18. Overwhelming client intake, more clients than intake slots available.
19. Hostility among staff toward each other and administration. Lack of reasonable decisions related to the work place. i.e. workers bringng children to work and bringing dogs to work. Administration should not be allowing this to happen
20. Negativity within the case management department
21. None (x's 4)
22. Using Authenticator to get on phone and iPad when out in the field seeing customers
23. Few co-workers that like to stir up drama or problems on issues that are not existent or are based on hearsay. Co-Workers would rather gossip instead of going straight to the source.
24. Working with difficult clients
25. Office Space
26. Co-Workers in same Department
27. Timeframes/Covid Issues

## MANAGEMENT POSITIVITY

### How positive do you feel management is?

Answered: 30 Skipped: 2



#### ANSWER CHOICES

- Very Positive
- Positive
- Neither Positive or Negative
- Negative
- Very Negative

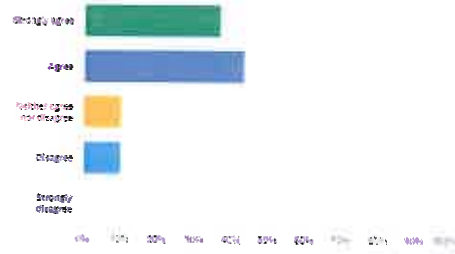
#### RESPONSES

- 23.33%
- 40.00%
- 16.67%
- 16.67%
- 3.33%

# COWORKERS VALUE YOUR OPINION

Do you feel your co-workers value your opinion?

Answers: 20 (100%)



ANSWER CHOICES

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

TOTAL

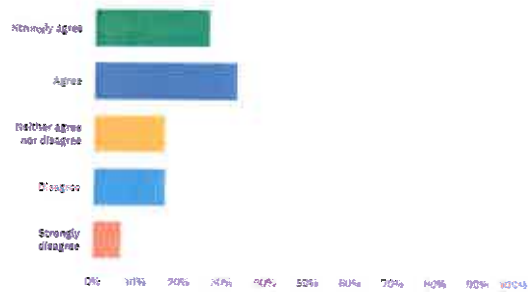
RESPONSES

Response	Count
Strongly agree	7
Agree	11
Neither agree nor disagree	2
Disagree	2
Strongly disagree	0
<b>TOTAL</b>	<b>20</b>

# MANAGEMENT VALUE YOUR OPINION

Do you feel management values your opinion?

Answers: 30 (100%)



ANSWER CHOICES

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

TOTAL

RESPONSES

Response	Count
Strongly agree	2
Agree	10
Neither agree nor disagree	5
Disagree	5
Strongly disagree	8
<b>TOTAL</b>	<b>30</b>

**WHAT DO YOU WANT CHANGED THAT IS NOT A STATE REQUIREMENT**

- 1. Adversary relationship between union and management; union leadership is not representative of employees
- 2. Would like for administration to listen more effectively to concerns of staff, etc.
- 3. More significant pay increases (usually pay increases barely cover cost of living increases and health insurance increases); opportunities for training at a regional or national level (further certifications)
- 4. Can't think of anything at this time. I know everyone is doing their best despite all of the pandemic issues we have faced. Hopefully things can go back to normal soon
- 5. Management NOT micromanaging. Direct supervisors know how hard we work, but we do not get that from Kris, Cameron, and Cathy. And sometimes Peggy.
- 6. I don't always feel management listens. I often feel those that work in cubeland are "less" of co-worker than the therapists and administration and are treated as such. Management has been heard many times that those in cubeland are lazy. Not by our direct supervisors. I also feel management is often reactionary.
- 7. None (x's 10)
- 8. I would increase salary and benefits. It is more financially beneficial to become a private therapist. This should not be the situation. If CMH would compete with private therapy compensation we would not have the turn around we have.

**WHAT DO YOU WANT CHANGED THAT IS NOT A STATE REQUIREMENT CONT.**

- 9. Discipline for pot stirrers, gossipers and bully's
- 10. Get rid of the union
- 11. Higher expectation and monitoring of administration behaviors and treatment of staff
- 12. People not doing their job and getting rewarded
- 13. I would make it so the workers understood that it is a work place and the workers need to find solutions for child and pet care that does not interfere with working.
- 14. All employee benefits the same across agency
- 15. Having to use a company car to assist clients
- 16. Paperwork for clinicians is a priority
- 17. The salary compared to other organizations
- 18. More space to accommodate the growing staff (x's 2)

## AGENCY RESOURCES

If you feel stressed, overwhelmed, etc. do you know of the resources available to you provided by the agency?

Answered: 28 Skipped: 0



### ANSWER CHOICES

Yes

No

TOTAL

### RESPONSES

89.3%

10.7%

26

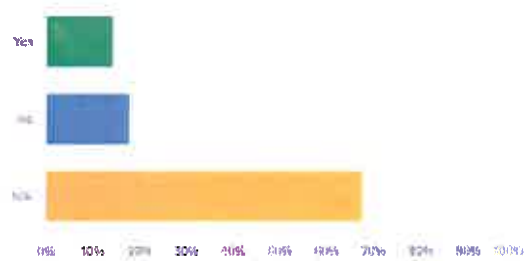
3

29

## USING AGENCY RESOURCES

If you answered yes, have you utilized those services, and would you recommend?

Answered: 28 Skipped: 4



### ANSWER CHOICES

Yes

No

N/A

TOTAL

### RESPONSES

14.3%

17.9%

67.8%

4

5

19

28

## HOW TO MAKE CMH MORE ENJOYABLE

1. more office space available to clinicians that work primarily in the community but want to meet with people in the office, easier way to know whether a room is booked already or not might also help
2. None (x'7)
3. Cubeland is so open now there does not appear to be any privacy. No one is really using the space with the couch and the table. Perhaps this could be made more private/homey? Also, Med clinic appears to have wasted space where weight checks happen. Perhaps that space could be reconfigured into offices?
4. Consistent spaces to work with clients
5. More areas to meet with clients is needed for those that don't have an office.
6. I feel CMH is doing a wonderful job on all of the upgrades!
7. In the works
8. There needs to be a space for clinicians, without offices, to be able to use and access a computer.
9. It would be nice if there were a signout for office space available as there are less available rooms and more people using the offices. I don't always know I am going to have a space when I schedule in office appointments
10. Nothing inside. We have a very nice work environment. Parking lot at west end of building is dark. In winter months can be concerning when working late and parking in furthest parking spots.
11. CMH has done so much to update and has a plan to continue to update. maybe some soft music in common areas.
12. Bigger Space – Remove walls to open floor plans
13. Temperature and humidity control, it is getting better though
14. Continued modernization of the building and making it look more inviting and enjoyable place to work
15. Fix the back door so it closes behind you

## HOW TO MAKE CMH MORE ENJOYABLE CONT.

16. The current changes to the building have made the environment a lot more enjoyable
17. More consistent janitorial services, no more carpet, more space
18. Office space
19. The back offices on the therapy side have climate control issues – very cold in winter months; warm in the summer
20. More offices
21. Paint my office

## HOW TO MAKE CMH A BETTER PLACE TO WORK

1. Less negativity and gossip, especially in CubeLand where everyone can hear
2. Again, to feel more valued and appreciated
3. Clear communications about changes; a laid back and flexible tone from management is very helpful
4. Let your employees do their job. If there are issues with individuals, Supervisors can deal with that individual. Blanket statements and policy's create stress amongst those doing their job. Kris and Cameron often get tunnel vision when they have an idea and then won't listen to other ideas that might improve the environment.
5. Raise the pay to draw new employees and have incentives for staying. We have had such a revolving door of employees. Although management thinks its because employees are finding better paying jobs or private practice jobs, but many not all, leave because they are not feeling appreciated. Some were not even looking for jobs, but they fell in their laps and they went for it. Discussing "Productivity" all the time does little for morale. I do not feel management understands how productivity is calculated. I have heard the director say, you saw 4 or 5 clients, that's good. But if they were all 15 min. appointments 1.5 hours divided by 8 is 18%, not the 30% she would like. Before new policy's are created, talk with staff about why there might be a need for a policy. Together we can write up meaningful policy's, not new ones to "get" employees.
6. Removing negative people/negative energy...not sure what can be done
7. (none x's 8)
8. A place to sit and work

## HOW TO MAKE CMH A BETTER PLACE TO WORK CONT...

9. Tell the good staff when they are doing a good job. We only hear negatives and everyone is lumped in together even if we are doing a decent job.
10. Get rid of the union, it creates a we, they atmosphere
11. Mutual respect between departments and administration
12. Less gossip
13. Have a positive admin
14. There is too much favoritism and clickish behavior that is starting from the top down. Some admin staff make rash decisions without discussing with departments affected or potential effects to the bottom line. CH is a prime offender.
15. More positive attitudes among staff
16. Make drinking water a free perk of the job
17. Yearly bonus
18. More consistent recognition of hard working clinicians and staff aside from employee of the year. Everyone deserves that award so maybe a monthly spotlight or something.
19. Reduced Drama. Less feelings more facts
20. More staff

	Issue	Suggestions	Action Items
1	Retention	Increase \$ for Fully Licensed MSW's and LPC's. HRSA Loan Forgiveness	Board Agenda Item of Increase Pay Line Application Process Started with HRSA, Need to wait for next open enrollment.
2	Printer Faxing Issue	New Printers are getting install by end of January	Keep Cloud Faxing as an option on computers even when the system is operational. Resend out instructions on how to utilize Cloud fax.  Once Printers are installed and cleared out of the supply room, rooms and items can be moved into the supply room to create spaces in places mentioned. Ensure that people are aware of the process for checking out rooms and ensure that staff are respecting the schedule. This should open up around 4-6 additional spaces for checkout by staff
3	Office Space	Redoing Prevention Area, Conference room sectioned out, Ados Testing Room, Multipurpose CTAG Rooms	
4	Cubeland Voices Travel	Sound Absorption installed on walls to help with carrying voices	Cameron to check online to find sound absorbers to be installed.
5	Notification for workplace bullying, negativity, gossip etc.	Education of black boxes and purpose of black boxes and Compliance Department. Staff need to address 1 on 1 with individuals. Follow chain of command for follow up if one on one was not successful.	Jarrett to provide education on compliance program and effective ways to report workplace bullying.
6	Individuals transporting clients	Act Specifically- Anna to ensure that all employee vehicles are equipped with CARF required materials to remain compliant. Sample this to see how it works and if any issues. Potential to roll out to remainder of staff	Policy to be reviewed and rewritten to allow ACT to transport clients and fit the ACT Model of care more appropriately. If this works well, may be a model for future expansion to remainder of staff
7	Lighting	Add additional lighting to back sidewalk.	Board Agenda item to replace all lighting with LED bright lights that are energy efficient and also add additional lighting to back sidewalk for added security.
8	Employee Recognition	ERC employees of the month vs yearly only. Mini gifts/tokens of appreciation from direct supervisors. Possible to do additional PTO on years of service.	Analyze PTO potential. Review with Management on additional incentives recognition of staff. To talk to ERC about employee of the month.
9	Onboarding	Create mentors for each department so that when we have a new staff member they have a point of contact that will show them the ropes and be a source of information throughout their first 6 months or so. Need to also think of a way to "reimburse" mentor for additional workload.	Need to reach out to each department supervisor and see who is best candidate for mentoring and how we can help foster a better boarding process for new staff.
10	Lab Access for Clients	Work with Covered Bridge to find a process that allows our clients better ease of access to lab testing.	Kris to reach out to Ashely and see if this is achievable and what that might look like

Community Mental Health & Substance Abuse Services of St. Joseph County

Exit Interview

Employee Name: [REDACTED]

Separation Date: 12/3/2021

Position: LMSW, O/BRA Coordinator

Supervisor: [REDACTED]

1. Why are you leaving? COVID-19 Vaccine Mandate (CMS).

2. Did CMH help you accomplish your professional goals? Yes, I have had the opportunity to learn and grow as a social worker.



3. How did the duties and demands of your job align with your expectations? I have enjoyed every bit of my job and serving the community.

4. If you could change one thing you are doing what would it be? To be able to avoid COVID and the politics involved and continue in my position.

5. Is there an employee benefit that CMH does not offer that you think would benefit the employees? Is there a benefit you think is no longer beneficial? Tuition repayment, aside from PSLF as that is not really provided by CMH.

6. What improvements can you suggest for CMH & SAS of St. Joseph County? None.

7. Is there anything else that you would like to share? CMH has provided a positive atmosphere during my employment. As an employee, I appreciated the timely response and flexibility with the transition during the COVID lockdown in 2020.

FOR ADMINISTRATIVE USE ONLY	
Employee Name:	
Date of Hire:	<u>2/18/2020</u>
Separation Date:	<u>12/3/2021</u>
Job Title/Dept:	<u>OBRA Coordinator</u>
Supervisor:	

Community Mental Health & Substance Abuse Services of St. Joseph County

Exit Interview

Employee Name: [REDACTED] Separation Date: 1/19/22

Position: Access Clinician Supervisor: [REDACTED]

1. Why are you leaving? Accepted a position with 15k!

2. Did CMH help you accomplish your professional goals? CMH helped me to grow as a professional & become more confident as a social worker. - so yes!

3. How did the duties and demands of your job align with your expectations? Duties / demands were outlined in job description. Conversations were had moving forward about any changes that were coming about.

4. If you could change one thing you are doing what would it be? I would love to be more involved w/veterans in the community!

5. Is there an employee benefit that CMH does not offer that you think would benefit the employees? Is there a benefit you think is no longer beneficial? \_\_\_\_\_

N/A :)

6. What improvements can you suggest for CMH & SAS of St. Joseph County? \_\_\_\_\_

I think we have pretty fabulous staff! but turnover rate is pretty high - it would be great if we could hold staff longer - which I know is in progress!  
Also - more veteran services would be SO GREAT!

7. Is there anything else that you would like to share? \_\_\_\_\_

Just thank you for the opportunity I've had here!

**FOR ADMINISTRATIVE USE ONLY**

Employee Name: [REDACTED]

Date of Hire: 7/18/2019 Separation Date: 1/14/2022

Job Title/Dept: Access Care Manager

Supervisor: [REDACTED] Submitted by: Rogey De la Fuente

2020/2021

# Annual Report



Community Mental Health  
and Substance Abuse Services  
of St. Joseph County

# Executive Summary

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## Who We Are

Sometimes life can become difficult. Day-to-day stress and pressure can be intensified by the complexity of today's world. Reactions to stress are sometimes only apparent through outward symptoms such as depression, unusual behavior, or physical problems.

When the support of family and friends just isn't enough, professional help can be the answer. Community Mental Health & Substance Abuse Services of St. Joseph County is ready and willing to help you and your loved one through the time of need. Our comprehensive mental health programs offer a wide range of confidential services for children, teens, adults, and seniors. During the 20-21 Fiscal Year CMHSAS-SJC served 1,849 unique individuals.

## Our Vision

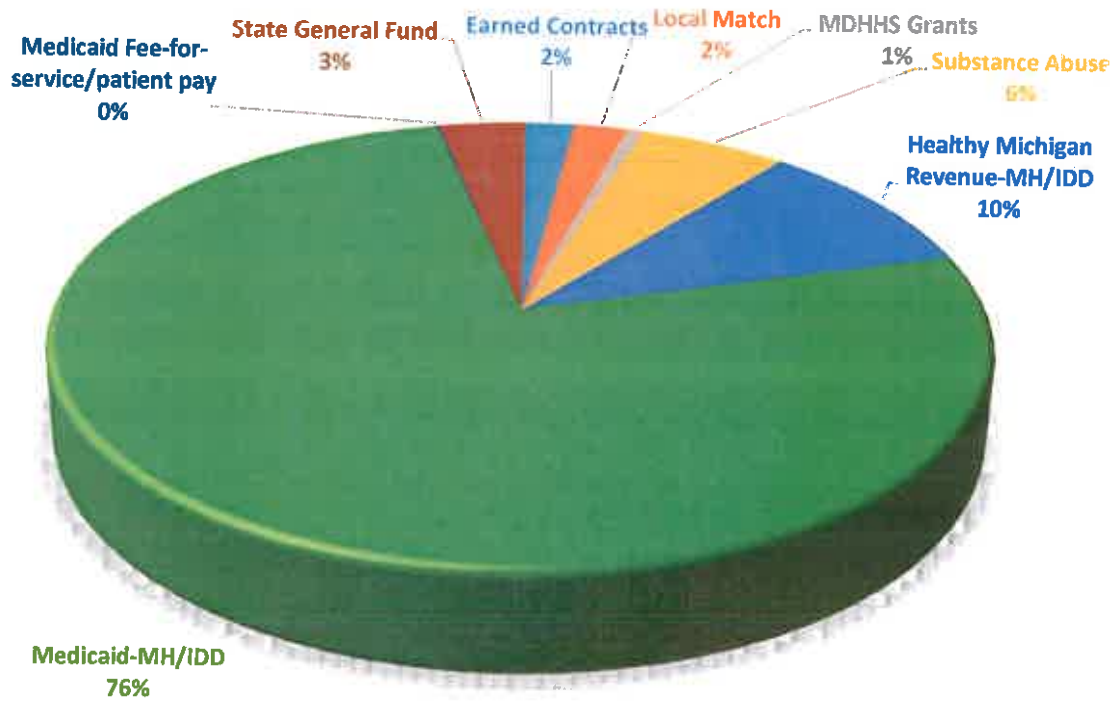
Our Vision is to enhance the lives of the citizens we serve by providing a range of individualized mental health, substance abuse, wellness and recovery services.

## Our Mission

Our Mission is Community Mental Health and Substance Abuse Services of St. Joseph County will be the premier behavioral health care agency providing an excellent system of care for citizens in need by focusing on wellness and recovery.

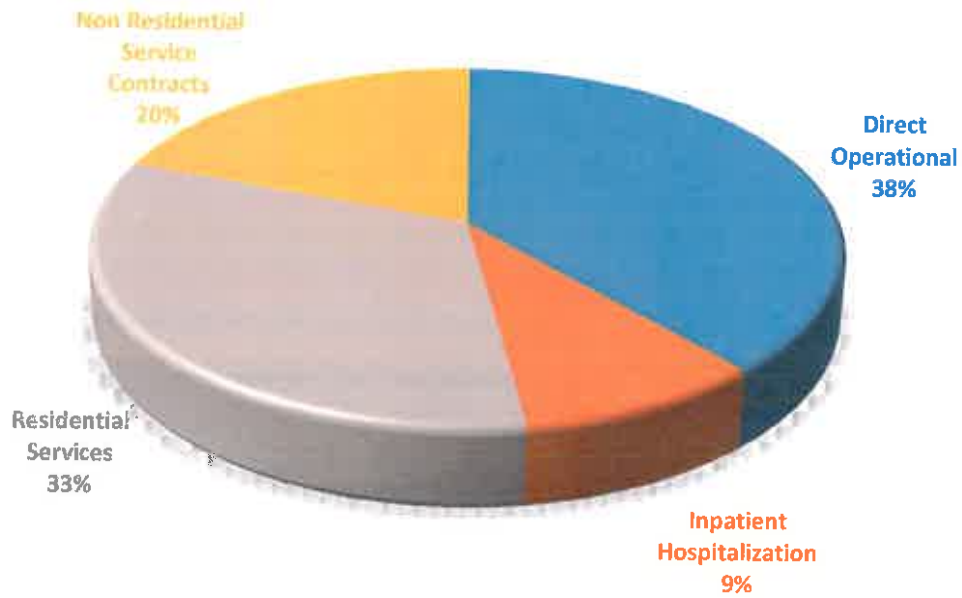
# Revenue

Earned Contracts	\$430,161
Local Match	\$468,218
MDHHS Grants	\$139,752
Substance Abuse	\$1,275,089
Healthy Michigan Revenue-MH/IDD	\$2,175,101
Medicaid-MH/IDD	\$16,557,973
Medicaid Fee-for-service/patient pay	\$29,846
State General Fund	\$743,903
<b>Total Revenues</b>	<b><u>\$21,820,043</u></b>



# Expenditures

Direct Operational	\$7,486,636
Inpatient Hospitalization	\$1,836,737
Residential Services	\$6,408,351
Non-Residential Service Contracts	\$3,839,577
	<u>\$19,571,301</u>



# Adults with Mental Illness

## Number of Consumers Served by Provider

Provider	# of Services	# of Consumers
MIA Outpatient	3,171	400
MIA Case Management	3,325	213
MIA ACT	3,388	61
Circle of Friends Clubhouse	4,551	56
Supported Employment	550	49
Peer Support	532	33
MIA Community Living Supports	1	1

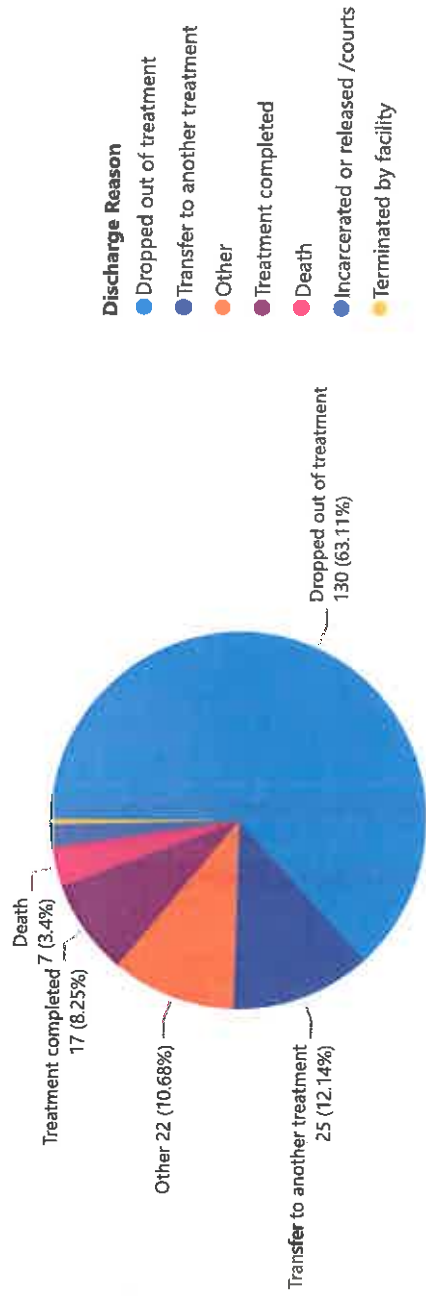
## New Primary Admissions FY21

Provider	# of Consumers
MIA Outpatient	173
MIA Case Management	30
MIA ACT	14
Circle of Friends Clubhouse	1
<b>Total</b>	<b>218</b>

## Open/Close Same Year

Provider	# of Consumers
MIA ACT	4
MIA Case Management	13
MIA Outpatient	55
<b>Total</b>	<b>72</b>

## FY 21 MIA Discharges



# Children with Severe Emotional Disturbance

## Number of Consumers Served by Provider

Provider	# of Services	# of Consumers
MIC Case Management	5,060	369
MIC Community Living Supports	316	26
MIC Home Based Services	579	25
MIC Outpatient	1,130	145

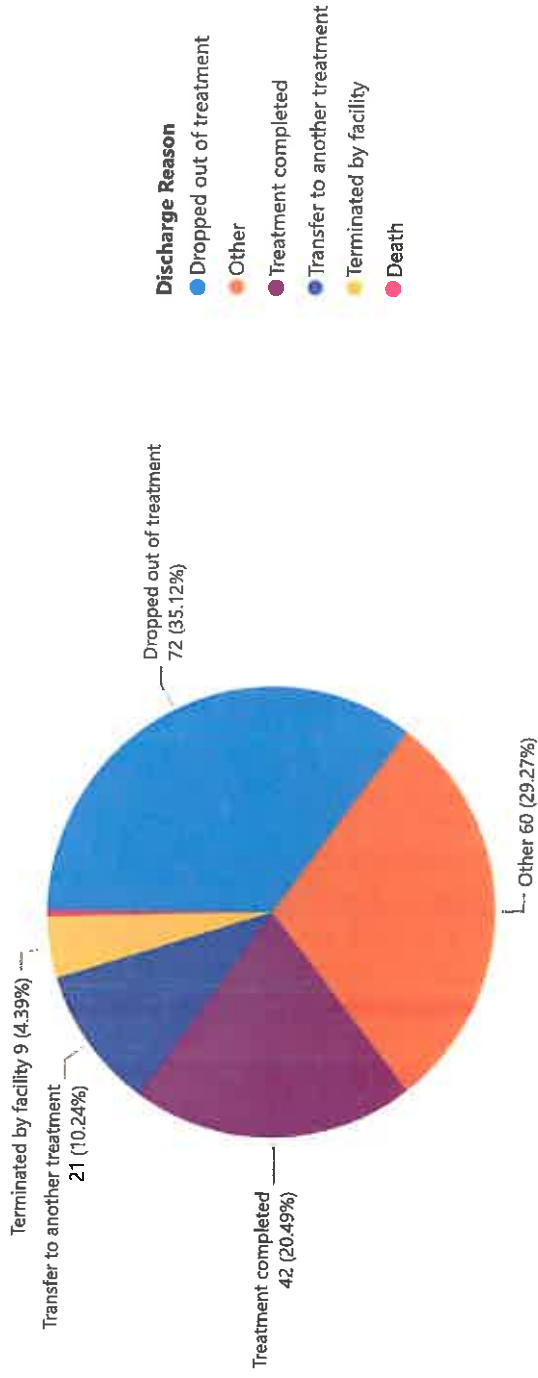
## New Primary Admissions FY21

Provider	# of Consumers
MIC Case Management	137
MIC Home Based Services	11
MIC Outpatient	75
<b>Total</b>	<b>223</b>

## Open/Close Same Year

Provider	# of Consumers
MIC Case Management	42
MIC Home Based Services	4
MIC Outpatient	24
<b>Total</b>	<b>70</b>

## FY 21 SED Discharges



# Adults with Developmental Disabilities

## Number of Consumers Served by Provider

Provider	# of Services	# of Consumers
DD Outpatient	52	10
DD Supports Coordination/Case Management	4,229	289

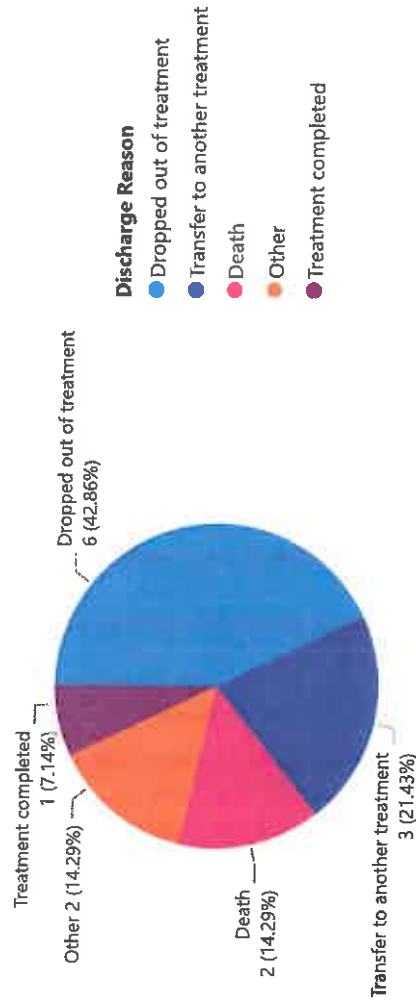
## New Primary Admissions FY21

Provider	# of Consumers
DD Supports Coordination/Case Management	20
<b>Total</b>	<b>20</b>

## Open/Close Same Year

Provider	# of Consumers
DD Supports Coordination/Case Management	2
<b>Total</b>	<b>2</b>

## FY 21 I/DD Discharges



# Adults with Substance Use Disorders

## Number of Consumers Served by Provider

Provider	# of Services	# of Distinct Consumers
Substance Abuse	4762	344
Substance Abuse Women's Specialty Services	253	27

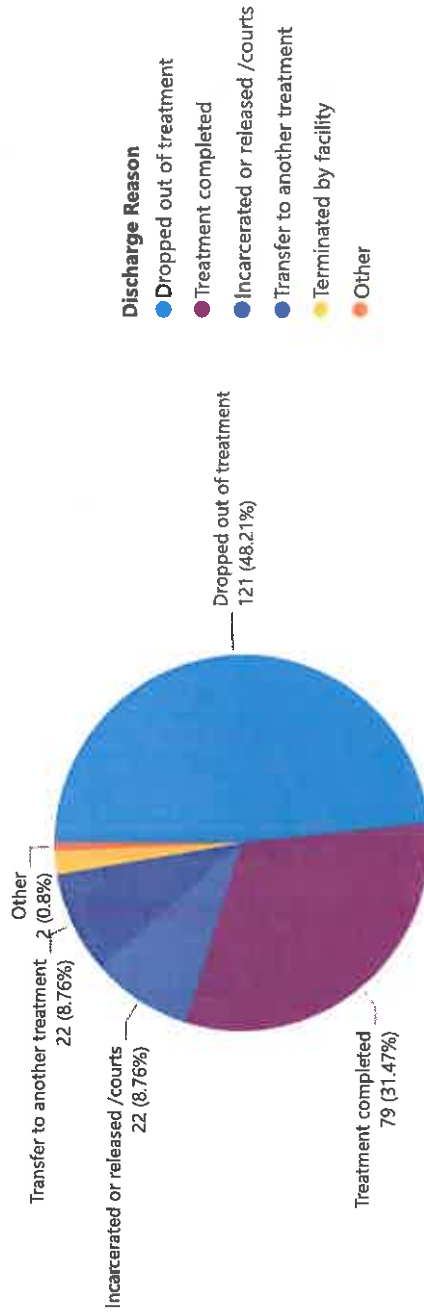
## New Primary Admissions FY21

Provider	Count of CaseNumber
Substance Abuse	195
Substance Abuse Women's Specialty Services	25
SUD Case Management	1
<b>Total</b>	<b>221</b>

## Open/Close Same Year

Provider	Count of CaseNumber
Substance Abuse	135
Substance Abuse Women's Specialty Services	6
SUD Case Management	1
<b>Total</b>	<b>142</b>

## FY 21 SUD Discharges



# Consumers Served by Med Clinic and CMH Psychiatrist

**Number of Consumers Served by Provider**

Provider	# of Services	# of Consumers
Med Clinic	2883	710

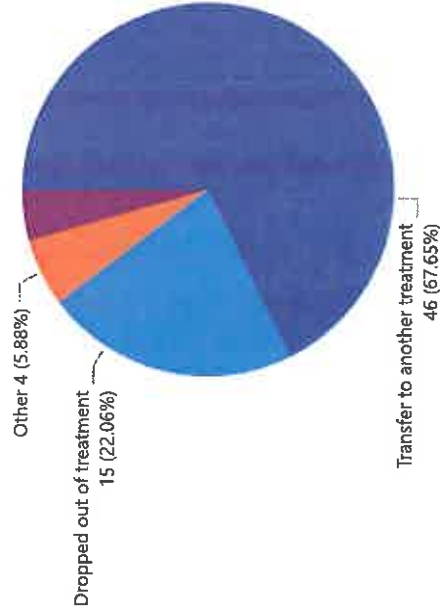
**New Primary Admissions FY21**

Provider	# of Consumers
Med Clinic	44
<b>Total</b>	<b>44</b>

**Open/Close Same Year**

Provider	# of Consumers
Med Clinic	8
<b>Total</b>	<b>8</b>

## FY 21 Med Clinic Discharges



- Discharge Reason**
- Transfer to another treatment
  - Dropped out of treatment
  - Other
  - Treatment completed

# Access/Emergency Services

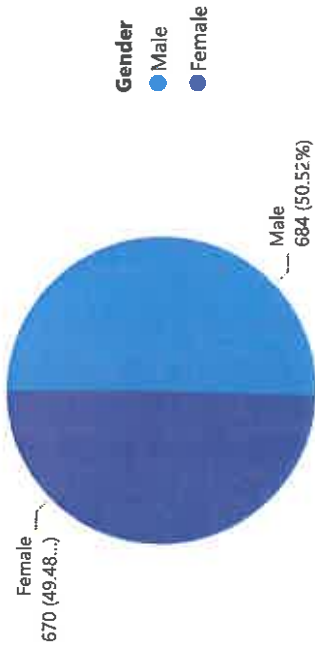
PreScreen/Crisis Services		Request For Services		Intake Appointment from RFS		
Provider	# of PreScreen/Crisis Contacts	Routing	# of RFS	IntakeAppReason	# of Appointments from RFS	% of Appointments from RFS
Emergency Services	389	Call Discontinued	6	Appointment Kept	600	54.10%
		Crisis Intervention	2	Canceled by Client	121	10.91%
		Info Only	90	Canceled by Staff	62	5.59%
		Prescreen for Inpatient	1	No Show	241	21.73%
		Refer to Outside Agency	249	Rescheduled by Client	66	5.95%
		Referred for DAAD Assessment	6	Rescheduled by Staff	19	1.71%
		Referred for Intake Assessment	1,129	<b>Total</b>	<b>1,109</b>	<b>100.00%</b>
		<b>Total</b>	<b>1,483</b>			

## CMHSAS-SJC Intake Dispositions FY21

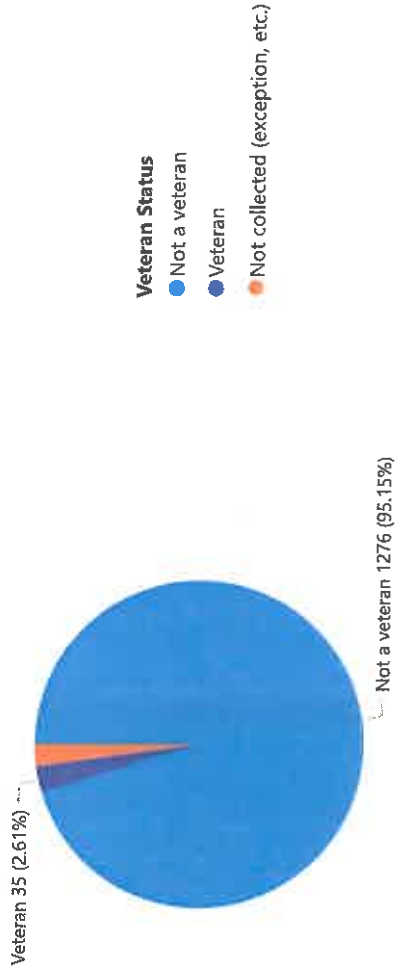


# Demographics

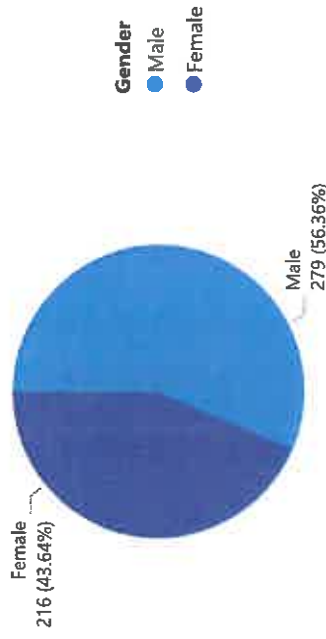
## Adults by Gender



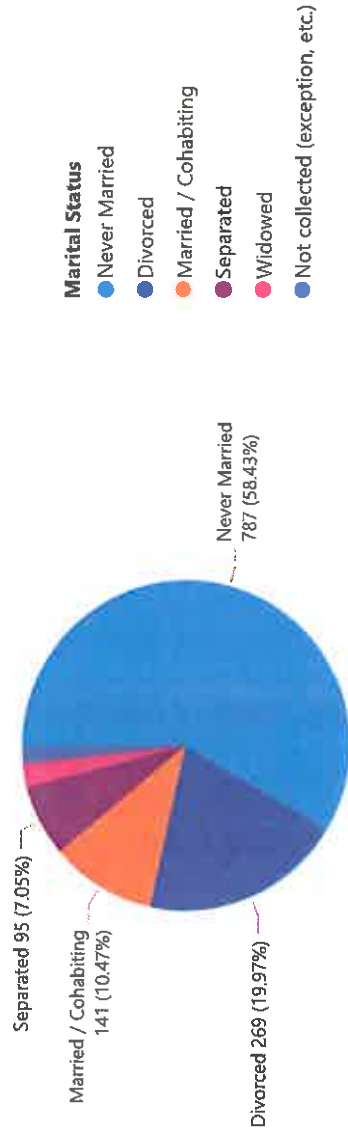
## Adult Veteran Status



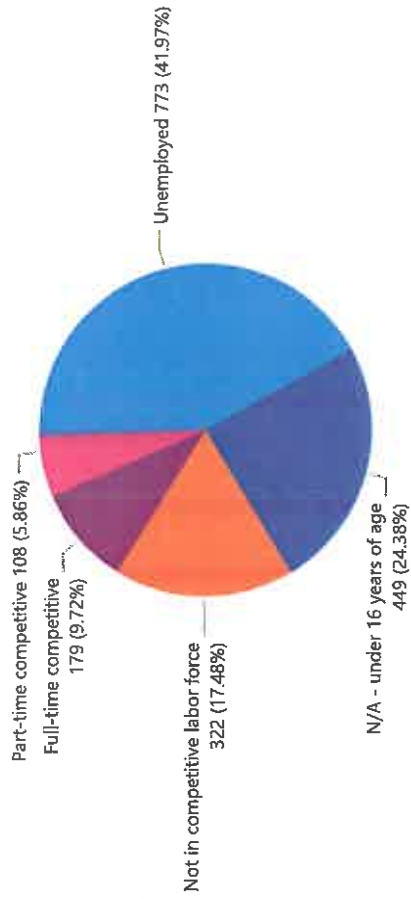
## Children by Gender



## Adult Marital Status



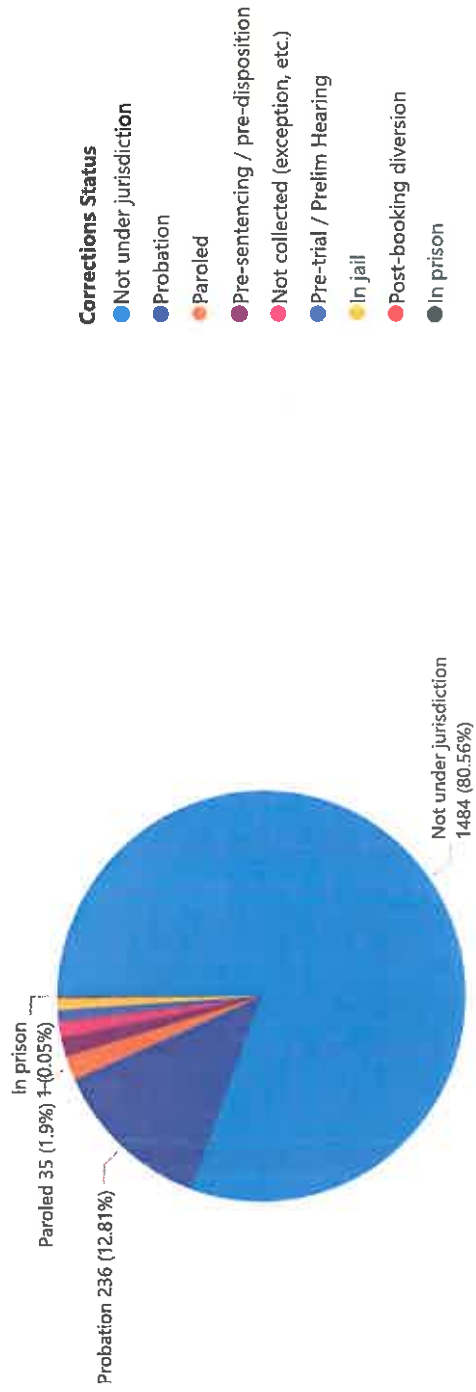
## Employment Status



### Employment Status

- Unemployed
- N/A - under 16 years of age
- Not in competitive labor force
- Full-time competitive
- Part-time competitive
- Not collected (exception, etc.)

## Corrections Status



### Corrections Status

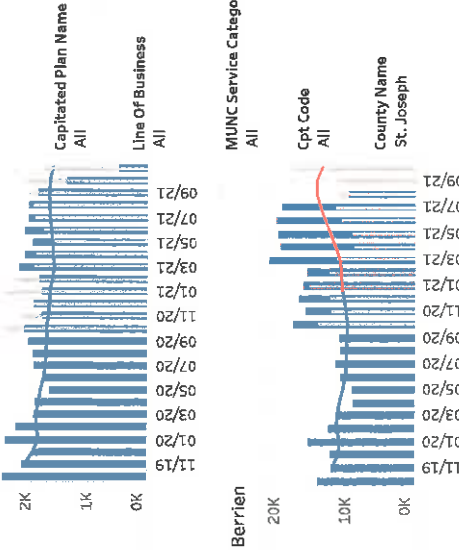
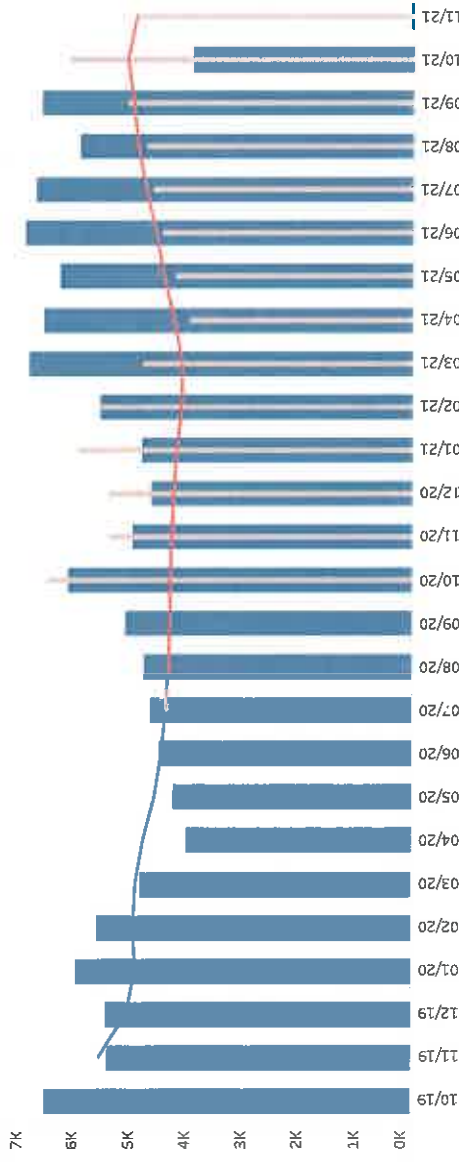
- Not under jurisdiction
- Probation
- Paroled
- Pre-sentencing / pre-disposition
- Not collected (exception, etc.)
- Pre-trial / Prelim Hearing
- In jail
- Post-booking diversion
- In prison

# Encounters Graph - St. Joseph

## Encounters Report Updated on 11/28/2021

Barry

Filter Date  
10/1/2019 to 11/30/2021

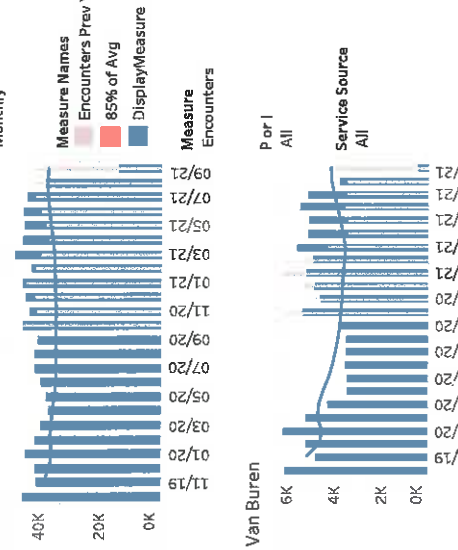
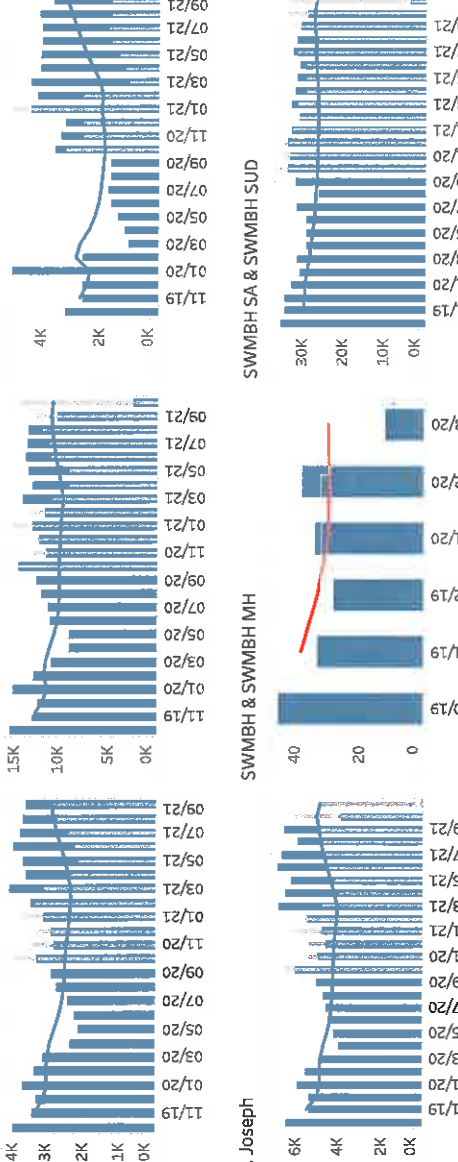


# Encounters Graph - Calhoun

## Encounters Report Updated on 11/28/2021

Cass

Filter Date  
10/1/2019 to 11/30/2021



# Encounters Graph - Kalamazoo

## Encounters Report Updated on 11/28/2021

Kalamazoo

Filter Date  
10/1/2019 to 11/30/2021



# Encounters Graph - Van Buren

## Encounters Report Updated on 11/28/2021

Van Buren

Filter Date  
10/1/2019 to 11/30/2021



# Encounters Graph - St. Joseph

## Encounters Report Updated on 11/28/2021

St. Joseph

Filter Date  
10/1/2019 to 11/30/2021



# Encounters Graph - SWMBH SA & SWMBH SUD

## Encounters Report Updated on 11/28/2021

SWMBH SA & SWMBH SUD

Filter Date  
10/1/2019 to 11/30/2021



# Encounters Graph - SWMBH & SWMBH MH

## Encounters Report Updated on 11/28/2021

SWMBH & SWMBH MH

Filter Date  
10/1/2019 to 11/30/2021



# Encounters Graph - St. Joseph

## Encounters Report Updated on 11/28/2021

St. Joseph

Filter Date  
10/1/2019 to 11/30/2021



Clients Missing Bhted updated 11/26/2021 11:44:02 PM

Region Category	Business Line	Counties and Providers	Distinct Served Clients	Clients with Matched BH TEDS Event - 15-Month Criteria	Clients with Missing BH TEDS Event - 15-Month Criteria	Clients with Missing BH TEDS Event - 15-Month Criteria	Completion Rate - 15-Month Criteria	Completion Rate - 15-Month Criteria	
MID	MID	Berry	3,002	717	762	87	17.9%	18.2%	
		Berrier	2,824	2,824	2,824	24	83.4%	83.5%	
		Bertron	4,277	4,253	4,253	24	99.5%	99.5%	
		Carleton	8,526	8,376	8,376	150	98.3%	98.3%	
		Cass	436	436	436	0	100%	100%	
		Chalmers	1,403	1,392	1,392	11	99.2%	99.2%	
		St. Joseph	1,444	1,444	1,444	0	100%	100%	
		SWH-BH-SUD	202	202	202	0	100%	100%	
		Van Buren	2,777	2,725	2,725	52	98.1%	98.1%	
		Total	13,953	13,823	13,823	287	97.9%	97.9%	
		Sub Total	13,953	13,823	13,823	287	97.9%	97.9%	
		Code							
		SUD	SUD	Berry	289	189	189	2	65.4%
Berrier	182			182	182	0	100%	100%	
Bertron	636			636	636	0	100%	100%	
Carleton	128			128	128	0	100%	100%	
Cass	52			52	52	0	100%	100%	
Chalmers	2,297			2,274	2,274	23	99.4%	99.4%	
St. Joseph	234			234	234	0	100%	100%	
Van Buren	811			796	796	15	97.8%	97.8%	
Total	2,872			2,832	2,832	40	98.6%	98.6%	
Sub Total	2,872			2,832	2,832	40	98.6%	98.6%	
Substance Use									
Sub District									
Code									
MID	MID	Berry	274	252	252	22	92%	92%	
		Berrier	179	179	179	0	100%	100%	
		Bertron	237	237	237	0	100%	100%	
		Carleton	211	211	211	0	100%	100%	
		Cass	129	129	129	0	100%	100%	
		Chalmers	1,777	1,777	1,777	0	100%	100%	
		St. Joseph	17	17	17	0	100%	100%	
		Van Buren	238	238	238	0	100%	100%	
		Total	2,881	2,881	2,881	22	99.2%	99.2%	
		Sub Total	2,881	2,881	2,881	22	99.2%	99.2%	
		Code							

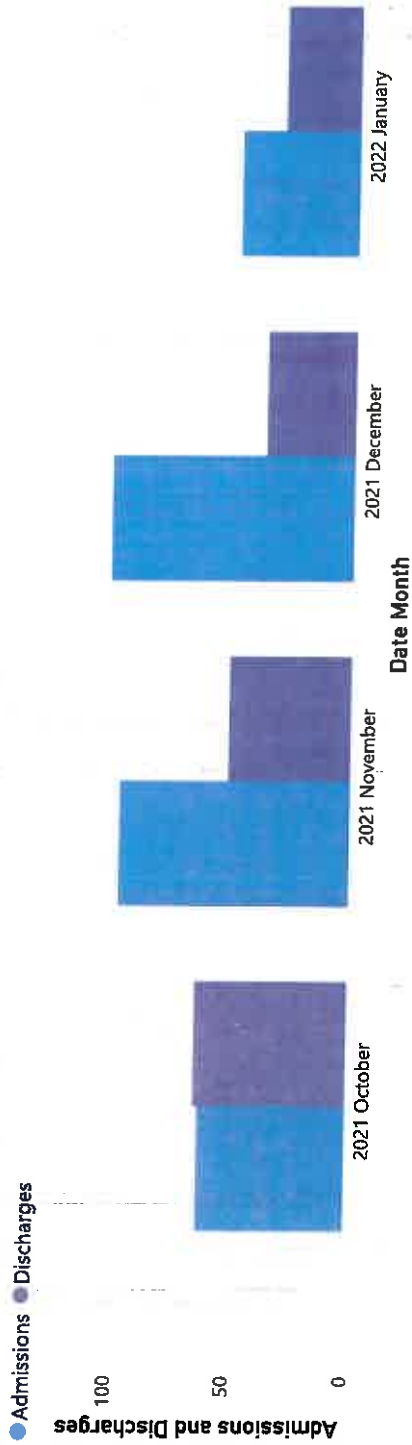


### Program Stats

ProviderName	Admissions	Discharges	Net Additions
Access		1	-1
DD Supports Coordination/Case Management	3	8	-5
Med Clinic	21	26	-5
MIA ACT	3	2	1
MIA Case Management	7	10	-3
MIA Outpatient	116	46	70
MIC Case Management	51	19	32
MIC Home Based Services		1	-1
MIC Outpatient	43	14	29
Substance Abuse	59	44	15
Substance Abuse Women's Speciality Services	6	12	-6
SUD Case Management	1		1
<b>Total</b>	<b>310</b>	<b>183</b>	<b>127</b>

Year	Month	Admissions	Discharges	Net Additions
2021	October	62	64	-2
2021	November	97	51	46
2021	December	102	37	65
2022	January	49	31	18
<b>Total</b>		<b>310</b>	<b>183</b>	<b>127</b>

### Admissions and Discharges by Year and Month





# Customer Advisory Committee

December 13, 2021

**Members Present:** Gail, Wayne, Cynthia, Brandi, Travis

**Members Absent:** Tina, Beatrice, Marie, Linda

**Facilitated by:** Travis K., Brandi B.

**The meeting started at 11:00 AM.**

## 1. Welcome

- All CAC members were welcomed and necessary forms were filled out.

## 2. CAC Membership

- Vaccination Mandate - members will get copies of cards to Travis.
- New referral - D.K. – Outpatient, Peers – Brandi will reach out. Will need W-9.
- Cynthia suggested getting a veteran on the committee.
- Travis sent out an email to staff for referrals. We did have a family member of a child, but they declined due conflict in schedule. Will reach out again this month.
- February 14<sup>th</sup> meeting – Members will bring a snack for the meeting.
- Gail recommended sitting in on another counties CAC Committee to get ideas on how they operate.

## 3. Public Outreach

- CAC members will attempt to then to do some sort of outreach within the community (like public places, churches, grocery stores, laundry mats and doctor's, etc.), to help reach the people where they are in the community And targeting the places that people go to regularly.
- Cards and fliers for public places. Brandi will work on
  - Add Crisis number to them???
  - Also, send Peer WarmLine separately so it is not confused with CMH services. This service was started as a crisis line for anyone residing in Michigan during Covid. However, it was so successful, it will be funded indefinitely.
  - Cynthia suggested having a brief list of services offered at CMH so members know what services are available. Discussed encouraging community to look at CMHSAS Website for services offered.
  - Cynthia would like to see Staff talk about various services so members are better aware of services offered.
- CMHSAS Website has been updated. Encouraged members to check it out.

- Cynthia suggested putting the website address on CAC flyers to handout.
- Brandi will look into updating the peer section to include Peer Support groups.

4. **Policy Updates:** Will start reviewing policies related to customer services for membership suggestions and input.

5. **Closing**

- Meeting was adjourned at 12:00 PM.
- Next Meeting scheduled Jan. 10th, 2021 at 11:00am

# Customer Advisory Committee Minutes

January 10, 2022

**Members Present:** Donnie, Tina, Wayne

**Members Absent:** Gail, Cindy, Bea

**Facilitated by:** Travis, Brandi, Marie

The meeting started at 11:00 AM.

## 1. Welcome

- All CAC members were welcomed and the necessary forms were filled out. Introduced new member Donnie to the group.

## 2. CAC Membership

- We continue to seek new members who are currently engaged in services. To expand representation, we would especially like to involve an individual engaged in Assertive Community Treatment (ACT), a parent or guardian of a child receiving services, and a military veteran.
- Jessica & Tina from Affinity House have created promotional cards and fliers for the CAC that we would like to revisit and modify for future use. Marie suggested that we post them in the waiting room.
- Gail expressed interest last month in sitting in on another county's CAC to get ideas on how they operate. Travis will reach out to nearby agencies to see if we could schedule a virtual meeting to meet with other representatives.

## 3. Public Outreach

- Promotional fliers & cards – These materials would help the community learn more about CMHSAS services and CAC membership. We would also like to include the numbers for the crisis hotline and peer support warmline.
- Website – We would like to add content about peer support services and CAC membership to the CMHSAS website as there has been in the past. Travis suggested that we take time next month to explore both the website and Facebook page to offer feedback about how it can be improved. Brandi mentioned that when someone is approaching or in crisis, it would be helpful to make sure they can easily navigate to get the information they need. Travis suggested adding the number to the peer support warmline to the top of the page (where the crisis hotline is already listed), and Marie offered the idea of adding a "Need Help?" button to click on. Members were encouraged to visit both sites on their own before the next meeting to share their own experiences.
- CMHSAS-SJC Website: [stjoecmh.org](http://stjoecmh.org)  
CMHSAS-SJC Facebook page: [facebook.com/stjoecmh](https://facebook.com/stjoecmh)

#### **4. Future Peer Support Groups**

- Brandi & Marie asked members for topics that would address the needs of service recipients and community members. Donnie shared that many people struggle during seasonal changes and that it would be helpful to have a group during those times. Travis stated that he has heard many people asking for additional support for grief and loss.
- Upcoming group – The peer support team will be working with Access to start a group for those newly referred to CMHSAS services so that they can get connected with a peer right away while waiting for their first clinical appointment. We would provide information about services offered, community resources, and the role that peer support can play in one's recovery. We may also open it up to those currently receiving services and others in the community who would like to drop in for extra social/emotional support. This would also benefit our new clients as they would be able to meet and engage with others who are at different stages of treatment.

#### **5. Miscellaneous**

- Policies – Travis will introduce one policy during each meeting for us to discuss, clarify, and offer feedback.
- Crisis Mobile Unit – Travis explained that the agency is planning to implement a crisis mobile unit for a clinician and peer support specialist to assist local law enforcement with mental health emergencies in the community.

#### **6. Closing**

- Meeting was adjourned at 12:00 PM.
- Next Meeting scheduled for Monday, February 14 at 11:00 a.m. Members are encouraged but not obligated to bring a dish or snack to share.

#### **CAC FACILITATORS**

**Travis:** [tkohl@stjoecmh.org](mailto:tkohl@stjoecmh.org)

(269) 467-1001 x.456

**Brandi:** [bbontrager@stjoecmh.org](mailto:bbontrager@stjoecmh.org)

(269) 467-1001 x.377

**Linda:** [lbarnhardt@stjoecmh.org](mailto:lbarnhardt@stjoecmh.org)

(269) 467-1001 x.363

**Marie:** [mcherry@stjoecmh.org](mailto:mcherry@stjoecmh.org)

(269) 467-1001 x.384



## Southwest Michigan Behavioral Health Board Meetings 2022

January 14, 2022 – 9:30am to 11:00am (Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001)

March 11, 2022 – 9:30am to 12:00pm (Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001)

\*April 8, 2022 – 9:30am to 11:00am

\*May 13, 2022 – 9:30am to 11:00am

\*June 10, 2022 – 9:30am to 11:00am

\*July 8, 2022 – 9:30am to 11:00am

\*August 12, 2022 – 9:30am to 11:00am

\*September 9, 2022 – 9:30am to 11:00am

\*October 14, 2022 – 9:30am to 11:00am

\*November 11, 2022 – 9:30am to 11:00am

\*December 9, 2022 – 9:30 am to 11:00am

All scheduled meetings take place at the Principal Office, unless otherwise communicated.\*

*\*Principal Office Located at 5250 Lover's Lane, Suite 200, Portage, MI, 49002*

All SWMBH Board Meetings are subject to the Open Meetings Act 1976 PA 267, MCL 15.261-15.275  
SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275

SWMBH does not limit or restrict the rights of the press or other news media.  
Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.



## **Southwest Michigan Behavioral Health Substance Use Disorder Oversight Policy Board Meetings 2022**

**March 21, 2022 4:00-5:30pm**

**May 16, 2022 4:00-5:30pm**

**July 18, 2022 4:00-5:30pm**

**September 12, 2022 3:00-5:30pm**

**November 14, 2022 4:00-5:30pm**

All scheduled meetings take place at Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001)

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