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Meeting Agenda  
**BOARD OF DIRECTORS**  
Lakeshore Regional Entity  
January 22, 2025 – 1:00 PM  
GVSU Muskegon Innovation Hub  
200 Viridian Dr, Muskegon, MI 49440

1. Welcome and Introductions – Ms. Gardner
2. Roll Call/Conflict of Interest Question – Ms. Gardner
3. Public Comment (Limited to agenda items only)
4. Consent Items:  
***Suggested Motion:*** To approve by consent the following items.
  - January 22, 2025, Board of Directors meeting agenda (*Attachment 1*)
  - December 18, 2024, Board of Directors meeting minutes (*Attachment 2*)
5. Reports –
  - a. CEO – Ms. Marlatt-Dumas (*Attachment 3*)
  - b. LRE Leadership – (*Attachment 4*)
6. Chairperson’s Report – Ms. Gardner
  - a. January 15, 2025, Executive Committee (*Attachment 5*)
7. Action Items –
  - a. Governance Policies (*Attachment 6, 7*)  
***Suggested Motion:*** To approve the LRE Board Governance Policies:
    - ii. 10.6 Open Meetings Act
    - iii. 10.13 Communication and Counsel to the Board of Directors
8. Financial Report and Funding Distribution – Ms. Chick (*Attachment 8*)
  - a. FY2025, December Funds Distribution (*Attachment 9*)  
***Suggested Motion:*** To approve the FY2025, December Funds Distribution as presented.
  - b. LRE Budget Amendment #1 (*Attachment 10*)  
***Suggested Motion:*** To approve FY2025 Budget Amendment #1
  - c. Statement of Activities as of 11/30/2024 with Variance Reports (*Attachment 11*)
  - d. Monthly FSR (*Attachment 12*)

9. CEO Evaluation

***Suggested Motion:*** To approve at the request of the LRE CEO to move into closed session for the purpose of considering the periodic personnel evaluation of the LRE CEO per MCL Act 267, OMA 15.268.a.

10. Board Member Comments

11. Public Comment

12. Upcoming LRE Meetings

- February 19, 2025 – Executive Committee, 1:00PM
- February 26,2025 – LRE Executive Board Work Session, 11:00 AM  
**GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440**
- February 26, 2025 – LRE Executive Board Meeting, 1:00 PM  
**GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440**

Meeting Minutes  
**BOARD OF DIRECTORS**

Lakeshore Regional Entity  
December 18, 2024 – 1:00 PM

GVSU Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

WELCOME AND INTRODUCTIONS – Ms. Gardner

Ms. Gardner called the December 18, 2024, LRE Board meeting to order at 1:01 PM.

ROLL CALL/CONFLICT OF INTEREST QUESTION – Ms. Gardner

**In Attendance:** Ron Bacon, Jon Campbell, Patricia Gardner, Janice Hilleary, Sara Hogan, Alice Kelsey, O’Nealya Gronstal, Dave Parnin, Stan Stek, Jim Storey, Janet Thomas, Craig Van Beek

**Online:** Richard Kanten

**Absent:** Linda Dunmore, Andrew Sebolt

PUBLIC COMMENT

CONSENT ITEMS:

**LRE 24-53 Motion:** To approve by consent the following items.

- December 18, 2024, Board of Directors meeting agenda
- November 20, 2024, Board of Directors meeting minutes

Moved: Ron Bacon Support: Janice Hilleary

MOTION CARRIED

COMMUNITY ADVISORY PANEL

Minutes are included in the packet for information.

MDHHS/PIHP CONTRACT DISCUSSION

**LRE 24-54 Motion:** To approve entering into closed session to discuss two confidential written legal opinions prepared by counsel that are subject to the attorney client privilege and relate to the litigation pending in the Court of Claims, Case No. 24-000198-MZ as well as issues related to a dispute with MDHHS involving historic cost settlement.

Mr. Stek clarifies pursuant to the applicable case that any discussion in closed session must be specifically limited to discussion of attorney client privilege.

Moved: Janet Thomas Support: Ron Bacon

ROLL CALL VOTE  
MOTION CARRIED

**LRE 24-55 Motion:** To approve moving out of closed session

Moved: Craig Van Beek                      Support: Stan Stek

ROLL CALL VOTE  
MOTION CARRIED

Mr. Stek would request before the Board considers potential retention of counsel that counsel submit a statement of potential conflict, how any potential conflict will be addressed and a request, if necessary, for a waiver of conflict. If the Board moves forward, retaining Taft (Greg Moore) a fee allocation agreement should also be provided. When counsel represents multiple parties, this will clarify what will happen if parties do not agree. Ms. Gardner, as Chairperson, agrees with Mr. Stek and requests that information be provided in writing for the LRE Board to review and consider during the January 22, 2025, meeting.

The purpose of this information is beneficial when counsel represents multiple plaintiffs in one litigation. There is a possibility that the interest of one plaintiff does not align entirely with the interest of another plaintiff. It is difficult knowing this going into litigation but is important for representing counsel to assess the potential of this happening prior to litigation, what is the risk and how to address. This is standard in multiple plaintiff litigations.

#### LEADERSHIP BOARD REPORTS

a. CEO Report – Ms. Marlatt-Dumas

The CEO report is included in the Board packet for information.

- Congratulations to Jordan Siemon on winning the Nick Filonow Award of Excellence.
- All 5 CMHs have signed the PIHP/CMHSP contract. The risk language will continue to be worked on.
- LRE/N180 have signed a contract with CHRT to analyze Utilization Management.
- MDHHS continues to limit the number of HAB Waiver packets (5) allowed to be submitted at one time. We are pushing back as this may cause us to lose revenue in the future.
- LRE has received the final report for the Waiver audit. LRE did well and on repeat citations performance scores are higher.
- LRE is working within the region to develop a policy around AI.
- LRE Lawsuit/Cost Settlement – If the region does not move on the suite there is concern that if the region must pay back the \$13.7 million along with the current deficit that will have to be addressed, reserve funds will be depleted. If the funds

are depleted this year LRE will be unable to pay down CMH deficits in the upcoming fiscal year if spending plans do not come in line. The LRE CEO will move in the direction that the Board directs.

- PIHP lawsuit – spoke with the CMH CEOs and they do not believe signing the contract is in the best interest of the region. The PIHPs continue to ask MDHHS to come back to the table for further negotiations.

b. LRE Leadership Report – Ione Myers

- Included in the packet for information.

### CHAIRPERSON’S REPORT

December 11, 2024, Executive Committee meeting minutes are included in the packet for information.

- Ms. Gardner reports that the primary discussion was regarding the lawsuits and what should be the recommendation moving forward. The consensus was to have Ms. Marlatt-Dumas continue negotiations with the state. The Executive Committee would like to thank Ms. Marlatt-Dumas for continuing the negotiations with MDHHS and fostering a good relationship with Ms. Kristen Jordan.
- The LRE legal counsel recommendation is to move forward with the lawsuits, but the LRE Board Chair is recommending prior to considering joining we review a resolution of conflict from legal as earlier recommended by Mr. Stek. At present there does not seem to be any benefit for our region to join the lawsuit. Ms. Gardner comments that there is strength in having three in the lawsuit with two not having joined as this enables negotiations with the state without prejudice of being part of the suit. Mr. Bill Ward (CEO, N180) and Mr. Stek are meeting with Winnie Brinks to discuss this issue and will request that the senate majority leader discuss with Ms. Hertel, MDHHS to come back to the table for further negotiations. The position of Ms. Gardner and the Executive Committee are to stay the course and continue negotiations.
- On the issue of the LRE suing the state due to the \$13.7 million, Ms. Gardner recommends that the strongest position would be to wait to see if the state moves forward after which the LRE Board can meet either at a special meeting or the next scheduled meeting to approve moving forward with a TRO.

### CEO EVALUATION TIMELINE

The timeline is attached for information.

### ACTION ITEMS

**LRE 24-56 Motion:** To approve the FY 2025 contract with ReFocus LLC.

Moved: Ron Bacon                      Support: Janice Hilleary  
MOTION CARRIED

FINANCIAL REPORT AND FUNDING DISTRIBUTION

CFO Report is included in the Board packet for information.

**FY2025 November Funds Distribution**

**LRE 24-57 Motion:** To approve the FY2025, November Funds Distribution as presented.

Moved: Jon Campbell                      Support: Ron Bacon  
MOTION CARRIED

**Statement of Activities as of 10/31/2024 with Variance Report-**

Included in the Board packet for information.

- This is the first month of the new fiscal year so will not be an accurate indicator of the year. There will be an amendment adjusting revenue amounts because these are based on our preliminary amounts prior to receiving the MDHHS' final rates.

**Monthly FSR-**

Included in the Board packet for information.

BOARD MEMBER COMMENTS

- Mr. Campbell asks what is the process if the state recoups the \$13.7 million back?
  - Historically the state has withheld from a payment but does not necessarily tell us when or how they will withhold the funds. Currently, MDHHS has not communicated how those funds will be taken back. LRE did ask legal if we should ask for clarification of the recoupment process. Ms. Chick recommends asking the state for clarification, so we have it in writing. So far MDHHS have not been very responsive to questions.

Mr. Campbell agrees with the recommendation to speak with the senate majority leader and also supports coordinating a meeting with the Executive Committee and legislators from all the counties as there is strength in numbers to apply political pressure.

- Ms. Gronstal asks if the legislatures are aware of the situation.
  - Unsure but the probability is more than likely no.
- Ms. Gardner would like to thank the Board members as they could focus on other activities but are faithful to coming to the Board meetings and advocacy for individuals and wishes the best for the holiday season.

- Mr. Storey concurs with Mr. Campbells statements. Would like to note that this is appropriate and would hope that it is effective to meet with the senate majority leader there will be new leadership in the house beginning January 1, 2025.
- Ms. Hogan encourages people to ask questions about the stability of the provider network and that the risk is not transferred down to the providers.

#### UPCOMING LRE MEETINGS

- January 15, 2025 – Executive Committee, 1:00PM
- January 22,2025 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 22, 2025 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

#### ADJOURN

Ms. Gardner adjourned the December 18, 2024, LRE Board of Directors meeting at 2:43 PM.

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Ron Bacon, Board Secretary

Minutes respectfully submitted by:  
Marion Moran, Executive Assistant



***Certified Community  
Behavioral Health Clinic  
(CCBHC)***

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**Demonstration Year 3 (Fiscal Year 24)  
Regional Summary of Activities**



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*Italicized = Illustration*

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**WMCMH**

**Ottawa**

**N180**

**OnPoint**

### **LRE Through the Process**

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## What sets CCBHCs apart from Community Mental Health Centers



**Availability and Accessibility of Services** – Services delivered at times and locations convenient for those requesting services, timely access to services, addressing barriers to care, outreach and engagement, 24/7 access to crisis services, and acceptance of all patients regardless of ability to pay or place of residence.



**Care Coordination** – Partnership with providers across the spectrum of health services (physical & behavioral healthcare, social services, housing, schools, criminal justice and other systems) to help clients navigate and access the full array of supports available for whole health wellness and recovery.



**Quality and Other Reporting** – Collect, report, and track encounter, outcome and quality data. Preventative Care quality measures including screenings for Suicide Risk, Depression, Tobacco, Unhealthy Alcohol Use and Social Drivers of Health. Continuous Quality Improvement plans and monitoring.



**Staffing** – Staffing plan is driven by a local community needs assessment. Staff are licensed and accredited, adequately trained in evidence-based, recovery-oriented care, person- and family-centered, trauma-informed, and culturally and linguistically competent.



**Organizational Authority and Governance** – A local government behavioral health authority, non-profit organization or an authority of (or in contract with) the Indian Health Service. Consumer representation in governance. Board Composition with no more than 50% of members with 10% of annual income from the health care industry.



**Scope of Services** – Nine required services, including services for military members, that are comprehensive, evidenced-based, person centered, family-centered, trauma informed, and recovery-oriented.

## Purpose of this Summary of Activities

A CCBHC, or Certified Community Behavioral Health Clinic, is a type of mental health facility designed to provide comprehensive, community-based mental health and substance use services. These clinics aim to enhance access to care, improve quality, and ensure coordination among various health services. Throughout this report underlined text indicates a hyperlink to additional information. When viewing this report electronically, clicking on the underlined text will direct you to another portion of the report or an external resource for more information.

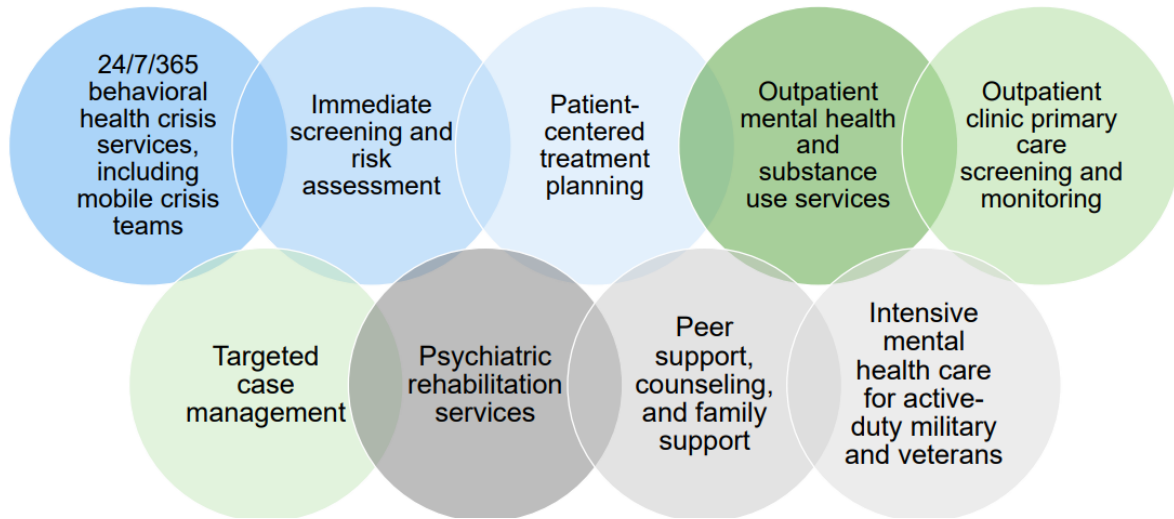
### Goals

Goal 1:	Increase access to behavioral health services.
Goal 2:	Broaden the availability of prevention and early intervention.
Goal 3:	Promote integrated health.
Goal 4:	Improve quality of care and standardization of service delivery.

[CCBHC - Certified Community Behavioral Health Clinic | SCCMHA](#)

This summary is focused on how Lakeshore Regional Entity (LRE) performs in its obligations as a Pre-paid Inpatient Health Plan (PIHP), as defined by Michigan Department of Health and Human Services (MDHHS) in the CCBHC Handbook. The year started with version 1.8 and progressed to 1.95. MDHHS has retained responsibility for CCBHC site-level evaluations and certification activities.

## 9 Core CCBHC Services



The Key Elements along with the 9 Core CCBHC services help support the communities they touch by removing barriers to access; focusing on the needs of the client whether they be physical, emotional, or material needs; and coordinating with other community partners to improve efficiency. These services, below, can be provided directly by the CCBHC or via a contractual relationship with a designated collaborating organization (DCO).

### CCBHCs Nationally

The CCBHC model originated from the 2014 Excellence in Mental Health Act in the United States. This legislation established a framework for funding and supporting these clinics to address gaps in mental health services and to promote better outcomes for individuals with behavioral health needs. The model emphasizes person-centered care, integrated services, and a focus on the needs of the community.

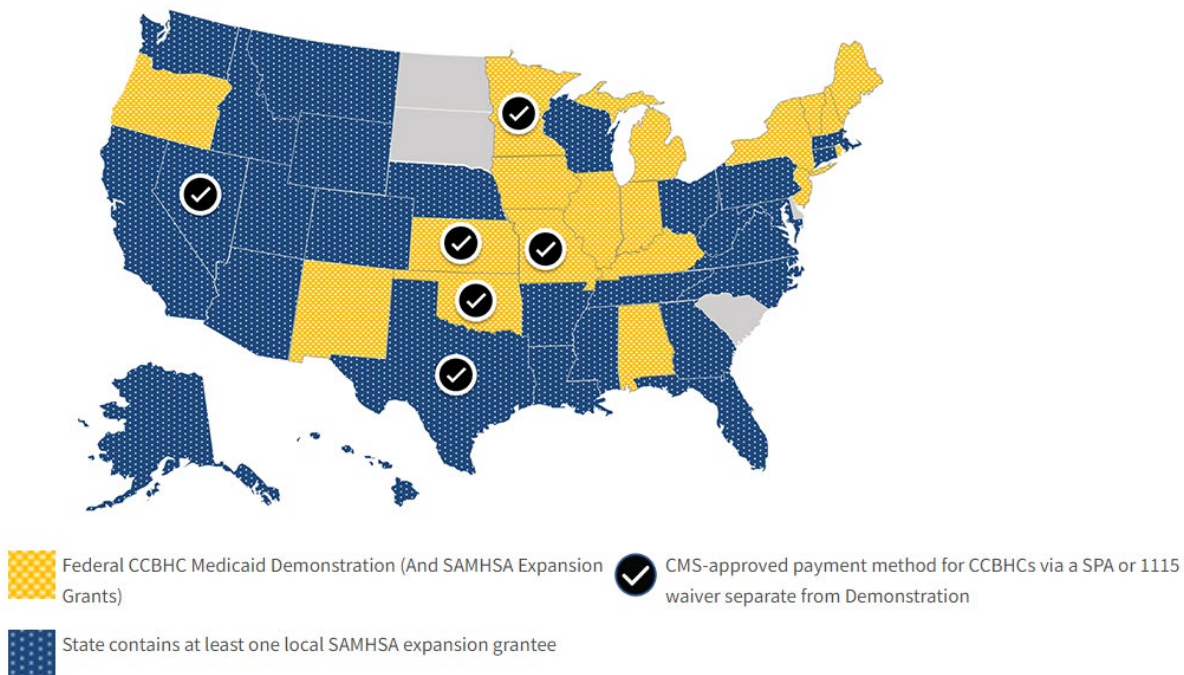
The Nationwide movement toward access to services and behavioral and physical health integration with social determinants of health has been spurred by SAMHSA. While national data tends to be behind, through August of 2022, CCBHC has prompted a 23% increase in clinics when compared to pre-CCBHC numbers. CCBHCs have also increased MAT availability, collaboration with Justice Systems and awareness of health disparities.

[CCBHC Demonstration Overview \(michigan.gov\)](https://michigan.gov/ccbhc)

# Map of CCBHCs Across the United States\*

\*Current as of March 6, 2023.

Currently, there are over 500 CCBHCs operating across the country, as either CCBHC-E grantees, as clinics participating in their states' Medicaid demonstration, or as a part of independent state CCBHC programs.



## [Section 223 Medicaid CCBHC Demonstration and State Programs | SAMHSA](#)

### CCBHCs in Michigan

Michigan, as a state, joined the cause in 2020 with the Coronavirus Aid, Relief, and Economic Security (CARES) Act. MDHHS continues to incorporate and encourage additional CCBHC sites to include non-Community Mental Health Services Programs (CMHSP). MDHHS remains responsible for certifying and monitoring all CCBHC sites.

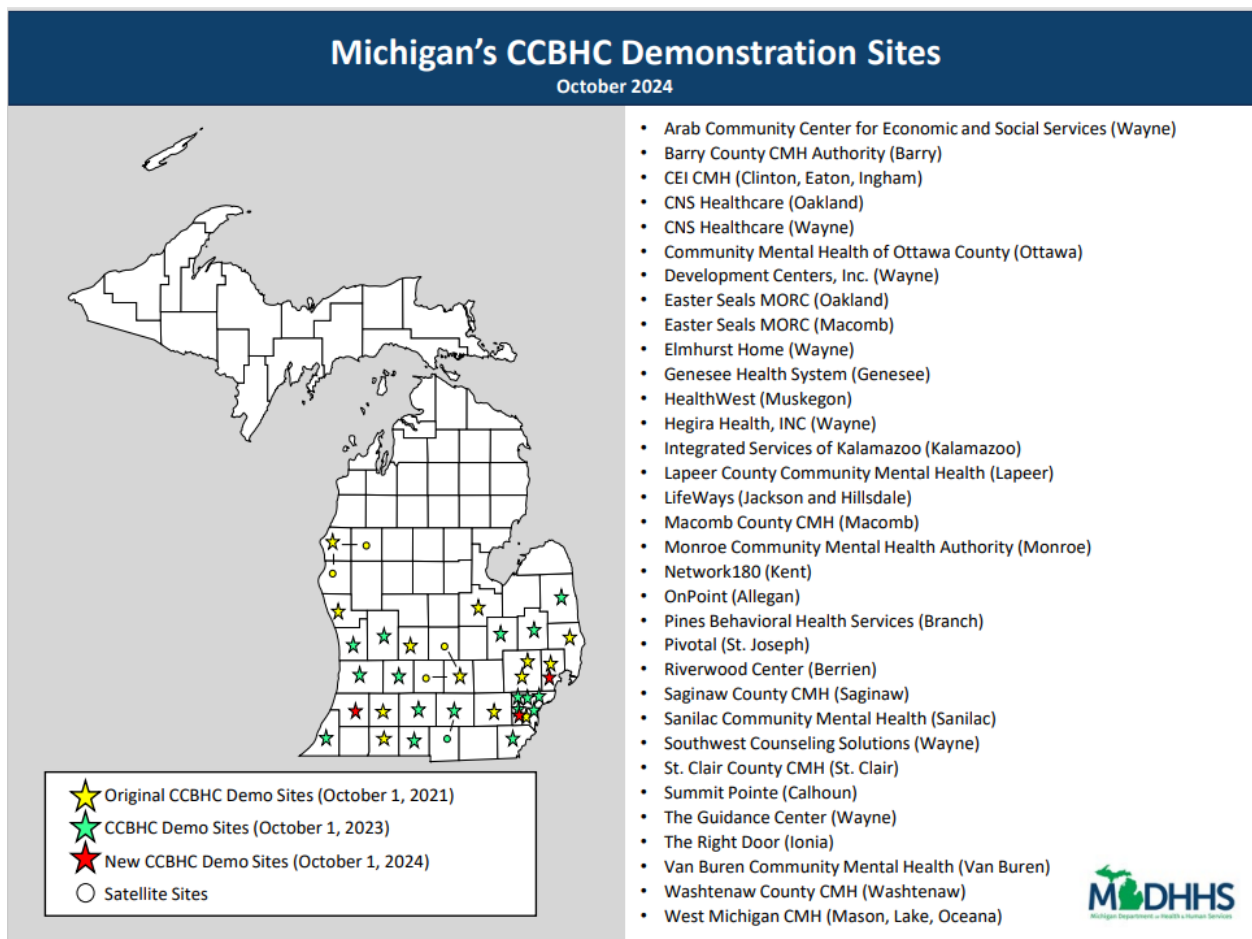
In FY23, 13 Medicaid-funded CCBHCs provided services to approximately 75,000 unique individuals across Michigan. Approximately 30% of individuals served were children and young adults ages 0 to 21 and 70% were adults.

Additional budget recommendations include funding to increase access to behavioral health services through direct program capacity enhancements, a managed care rate increase for behavioral health services, incentives to build a pipeline of qualified providers and ongoing resource support for people experiencing behavioral health crises.

- \$36.1 million to increase rates for behavioral health services provided through Medicaid Health Plans (MHP).

- \$8.3 million to establish Medicaid reimbursement for peer provided substance use disorder services.
- \$7.3 million for the Michigan Crisis and Access Line to ensure structural ongoing support for services currently provided to individuals experiencing behavioral health crises.
- \$4 million to enhance gambling prevention and treatment services including residential gambling treatment, recovery support services, youth education and prevention services, research and evaluation, provider training, a media campaign, and the problem gambling hotline.

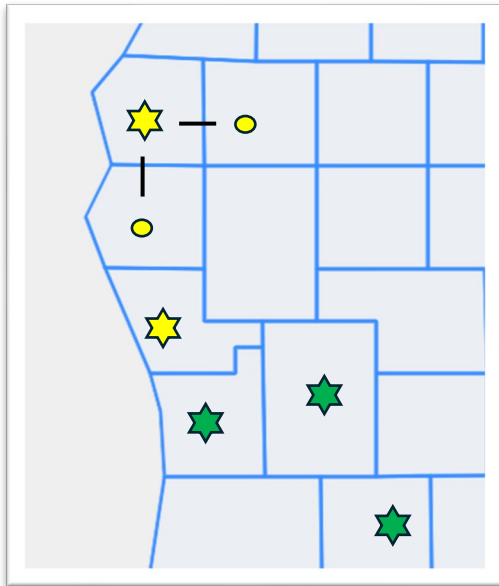
[Nearly \\$250 million included in FY25 budget to expand access to behavioral health services for Michigan families](#)



[PowerPoint Presentation](#)

## CCBHCs in LRE

PIHPs, like LRE, provide oversight and support for CCBHC sites and are responsible for reconciling funding for each site. LRE is currently the only PIHP in the state to claim all member CMHSPs as CCBHCs. This allows LRE to be a prominent actor in the State's efforts to expand and develop the CCBHC model. As partner demonstration sites, the member CMHSPs can better coordinate service delivery, support model development, and advocate for state policy that maximizes the effectiveness of integrated, whole-person healthcare across the state.



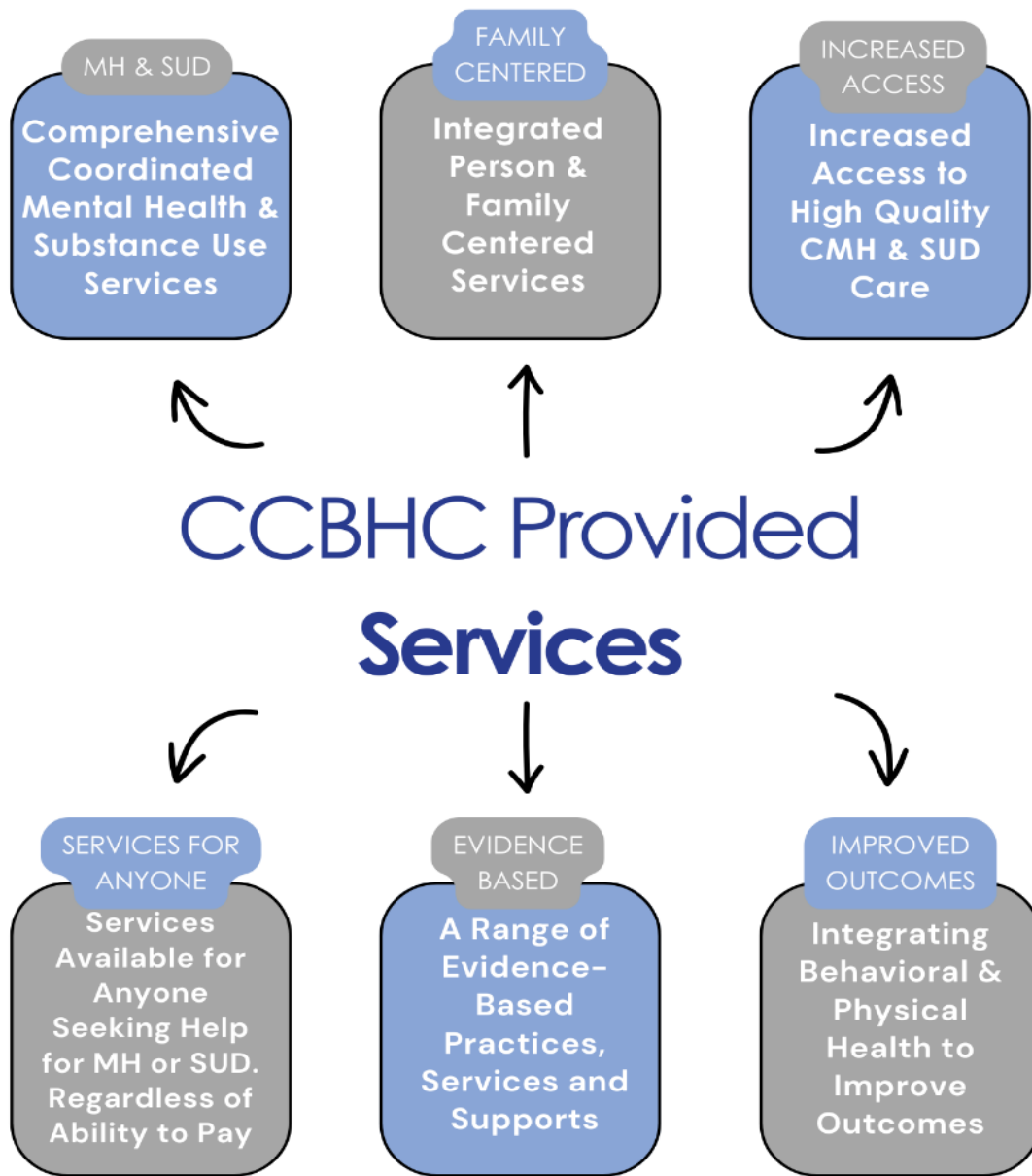
### LRE CCBHC Sites

LRE is currently the only PIHP in the state to claim all members as CCBHCs. This allows LRE to be a prominent actor in the state's efforts to expand and develop the CCBHC model. As partner demonstration sites, the member CMHSPs can better coordinate service delivery, support model development, and advocate for state policy that maximizes the effectiveness of integrated, whole-person healthcare across the state.

Yellow stars indicate initial Demonstration sights: HealthWest and West Michigan CMHSP

Green stars are Network180, OnPoint, and Ottawa CMHSP who joined slightly later.

The mission of LRE is to strengthen the public behavioral health system and ensure excellence in services through regional support and leadership for collaboration and innovation. LRE serves 7 counties: Allegan, Kent, Lake, Mason, Muskegon, Oceana and Ottawa counties. There are 5 CMHSP's in total that are all CCBHCS. West Michigan Community Mental Health (WMCMH) serving, Lake, Mason, and Oceana counties were part of the initial demonstration application in FY21. HealthWest (Muskegon) was also part of the initial demonstration that began October 1, 2021. The preliminary demonstration period of two years has since been extended through 2026. In February 2023, the Centers for Medicare and Medicaid (CMS) announced the opportunity for states participating in Section 223 of PAMA to expand demonstration sites. The remaining three community mental health services programs—Community Mental Health of Ottawa County (CMHOC), Network180, and OnPoint—all completed the application and certification process and became Demonstration CCBHCs effective October 1, 2023. During FY2024, LRE assisted the additional 3 SAMHSA grantees with technical assistance (TA) for certification and have aided them along the way.



**Michigan is committed to supporting the CCBHC model and measuring its transformative effect on behavioral and physical health care. The model, as shown in the data above, allows Michigan CCBHC demonstration clinics to expand the scope of mental health and substance use services in their community and serve anyone who walks through the door, regardless of their diagnosis or ability to pay.**



## **PIHP Requirements, Cost and Quality Metric Reporting, and Oversight**

CCBHC general requirements utilize MDHHS contracts and policy as well as Medicaid statutes, policies, procedures, rules, and regulations to dictate PIHP involvement and oversight. LRE also uses policy and contracts to ensure access and compensation meet requirements. LRE holds contracts with each of the CMHSPs, and therefore CCBHCs. MDHHS manages the certification and start-up training processes for all CCBHCs, however, LRE is notified of their results and will assume responsibilities for training when necessary.

Supporting CCBHCs through information-gathering and sharing is a primary function of LRE using Power-BI and Zenith IDCP data platforms. LRE tracks encounters and daily visits and facilitates regular regional and internal CCBHC meetings, to provide opportunities to share trainings, outcomes, and technical assistance that supports effective delivery of services. The Waiver Supports Application (WSA) is used to identify CCBHC utilizers and facilitate transfers to and from CCHBCs. The WSA is maintained by LRE and is used for the purposes of reporting and payment structures.

LRE has worked with the CMHSPs initially in grant applications for CCBHC and then through Demonstration certification. At the state level, LRE has been advocating for policies to support the development of CCBHCs, including the inclusion of billing codes to enhance integrated practices. In October 2023, LRE began developing new customer satisfaction surveys to meet CCBHC requirements, collaborating with CMHSPs to finalize and implement these surveys. Additionally, LRE has been actively supporting prospective CCBHC sites during the Demonstration expansion application period, providing input and resources.

## **Noteworthy Accomplishments and Numbers**

CCBHCs in the LRE region received approximately \$43 million in additional funding through supplemental payments. CCBHC requires services to be provided regardless of insurance status. A little over \$500,000 in additional funding was received in FY24 to offset expenses to services provided to approximately 4,350 non-Medicaid individuals.

Over 5,000 individuals identified as having mild to moderate mental health needs received services through CCBHCs. While more than 1,500 individuals served through CCBHC had a social driver of health concern (housing, food, financial instability). By having contact with these individuals, it is hoped that an impact can be made to improve situations.

## CCBHC Satisfaction Survey

In October 2023, the LRE initiated the process of determining the appropriate versions of the Mental Health Statistics Improvement Program (MSHIP) and Youth Services Survey (YSS) to use for the new customer satisfaction survey, as required by the CCBHC handbook. LRE confirmed which surveys to adapt and began collaborating with the CMHSPs to develop the 2024 customer satisfaction surveys.

The customer satisfaction survey workgroup, consisting of representatives from each CMHSP in the region, spent the past year assembling the survey demographics and distribution process for both CCBHC and non-CCBHC clients. The final components were completed and approved by the region before being presented to the CMHSP CEOs for final approval.

The LRE's internal Information Technology (IT) team produced a final version of the survey for each CMHSP, creating a survey for CCBHC clients and another for non-CCBHC clients. The workgroup reconvened to review the 30-day release of the CCBHC survey, which will collect, and process samples as specified in the CCBHC handbook.

To streamline data collection, the LRE's IT team developed a system for CMHSPs to enter completed surveys. Additionally, a Power BI dashboard was created to compile and analyze the collected data, providing a breakdown of customer satisfaction categories for final reports.

This collaborative effort required multiple teams to work together to design, distribute, collect, and analyze the customer satisfaction survey, gauging overall service satisfaction. A comprehensive report will be generated, detailing the survey's effectiveness and results from each CMHSP, including a comparison of satisfaction levels between CCBHC and non-CCBHC clients.

# Scorecard

LRE collected **795 Customer Satisfaction Surveys** related to CCBHC consumers during 2024. Scores are on a scale of 1-5 with 5 being the best score.

I like the Services that I receive here?



4.44 out of 5

I would recommend this Agency to a friend or family member?



4.37 out of 5

I am better able to control my life?



4.01 out of 5

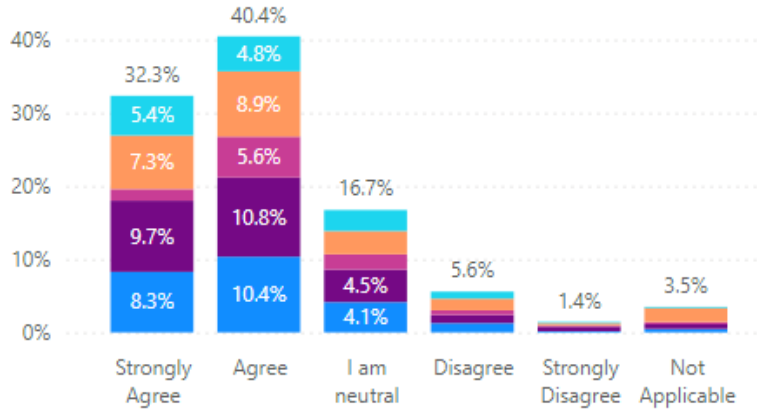
I am getting along better with my family?



3.98 out of 5

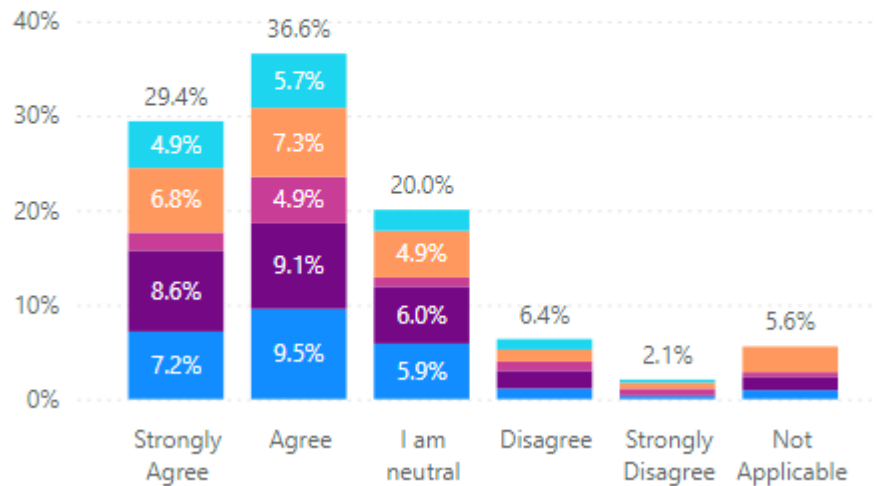
## I Deal More Effectively With Daily Problems

CMH ● OnPoint ● HealthWest ● Network180 ● Ottawa ● West Michi...



## I Am Better Able To Take Care Of My Needs

CMH ● OnPoint ● HealthWest ● Network180 ● Ottawa ● West Michi...



[Open in Power BI](#)

LRE Customer Satisfaction Surveys FY24

Data as of 12/4/24, 8:31 AM

Filtered by FormNum (is Form 2), ApprovalStatus (is Approved)

# CCBHCs impact their community in unique ways



## NETWORK180

Network180 has opened a Behavioral Health Urgent Care facility in May of 2024 that is available to the community 24/7. Network180 has also added staff to their Mobile Crisis Response, Targeted Case Management, and Care Coordination teams to increase member access to services.



## HEALTHWEST

HealthWest has developed a Medication Assisted Treatment program operated through an on-site primary care clinic. They have two medical providers who are delivering MAT services and the individuals receiving MAT are provided with education and screening for HIV and Hepatitis. These individuals are also offered vaccination when they are due and if clinically appropriate. HealthWest has developed a Comprehensive Assessment Team who completes the Initial Assessment for all incoming individuals to best determine needs and program assignment.



## WEST MICHIGAN CMH

WMCMH has significantly increased their capacity to assist those within the older population. They have also moved their Veteran Liaison to full-time and reorganized their "pathways" to services to better accommodate those with mild to moderate needs as well as improve coordination with community providers and resources. Thanks to CCBHC resources, WMCMH has been able to maintain a Naloxone vending machine in their lobby.



## OTTAWA COUNTY CMH

CMHOC has added Navigators to provide brief interventions for members with mild to moderate mental health concerns and added medical assistants to improve coordination efforts in the community. They have also partnered with community health and wellness professionals to provide group or one-on-one coaching.



## ONPOINT

OnPoint has increased their service array to include additional Youth Peer Support, Outpatient Groups (to include Adolescent SUD CBT, Mindfulness and Seeking Safety), and Primary Care Screening within the intake assessment workflow. They have added a Medical Clinic Care Coordinator and implemented same day access.

## Detailed CCBHC Accomplishments

There are six quality metrics that are set by MDHHS as goals for the CCBHCs. Each of these goals has a financial incentive attached to it. WMCMH is the only CCBHC in the region to receive the maximum compensation as they succeeded at reaching all measures.

HealthWest and WMCMH earned a total of nearly \$2.6 million based on their performance in FY23 and meeting all or partial of the six behavioral healthcare quality measures. The bonus payment schedule is based on a 1-year look back.

### [Network180](#)

Several key expansions and improvements in services occurred throughout 2024. These include increasing adult outpatient capacity for individuals with mild to moderate needs, developing a specialized Psychiatric Services Only option, and launching a 24/7 Urgent Care (Brief Crisis Intervention) service. Additionally, the Targeted Case Management team was expanded to serve 900 more clients, and the Mobile Crisis Response team increased staffing to operate around the clock beginning in September 2024. The organization also created and hired eight Care Coordinator positions for various clinical programs between Spring and Fall 2024 and added specific training to address social issues facing older adults. Other service expansions include the growth of the Dialectical Behavior Therapy (DBT) program. Moreover, there is a stronger focus on data collection and reporting, with increased use of PowerBI dashboards to track and improve outcomes, a shift that began in Spring 2024.

### [HealthWest](#)

HealthWest offers a comprehensive range of healthcare and therapeutic services, including a Medication Assisted Treatment (MAT) program, which is central to its services. This program provides education and screening for HIV and Hepatitis, along with vaccination when appropriate. HealthWest has also expanded its service delivery to include Telehealth, allowing clients more flexible options for care alongside in-person services. The outpatient therapy department has grown to support individuals with mild to moderate needs and includes a specialized medication/injection clinic for those in recovery.

A key feature of HealthWest's approach is its Comprehensive Assessment Team, which conducts initial assessments to determine clients' needs and assigns appropriate programs. The organization is also enhancing its multi-disciplinary care teams by redefining roles for various staff members, including case managers, nurses, clinicians, and recovery coaches. Additionally, RNs and medical assistants now have access to hospital records, improving care coordination and client health management.

HealthWest emphasizes health monitoring, with screenings conducted at intake and annually thereafter. Key health indicators are tracked regularly, and the organization has

developed a Community Care Coordination Program to assist individuals with acute symptoms and connect them to necessary resources. The program also ensures follow-up care for clients already engaged with other providers.

To better serve older adults, HealthWest has updated its Person-Centered Planning Policy and is rolling out staff training. The organization has also appointed a dedicated Veterans Navigator to provide tailored support for veterans.

Data collection and performance monitoring are central to HealthWest's operations, with regular tracking of service delivery, client outcomes, and performance indicators. HealthWest adheres to Michigan's Mission-Based Performance Indicator System (MMBPIS) and uses this data to continuously improve the quality of care and ensure accountability.

Overall, HealthWest focuses on expanding access to care, improving service coordination, and utilizing data to assess program effectiveness. The organization is committed to providing personalized care, with particular attention to the unique needs of veterans and older adults.

#### [West Michigan Community Mental Health](#)

In FY24, West Michigan Community Mental Health (WMCMH) expanded its services to better support older adults and veterans, as well as enhance care coordination across its service areas. To address the unique needs of the older population, WMCMH trained three Adult Care Managers in competencies specific to older adults through the Rush Center for Excellence in Aging. This training ensures that consumers over 60 are paired with staff who have the necessary cultural understanding and skills. Additionally, the Clinical Director attended the Michigan Mental Health and Aging conference to further inform the agency's programming strategies.

WMCMH also strengthened its services for veterans by transitioning its part-time Veteran Liaison position to full-time. The Veteran Liaison now provides staff training, coordinates with veteran service organizations, and offers increased outreach and support for veterans across the three-county catchment area.

A major development in FY24 was the launch of WMCMH's in-house Intensive Outpatient Program (IOP) on October 1, 2024, though much of the preparatory work occurred in FY24. WMCMH also created new "Pathway 4" services for individuals with mild to moderate needs, offering support coordination, peer support, and medication management, along with direct referrals to prescribers when clinically appropriate.

WMCMH has expanded its coordination of care by securing new agreements with organizations such as COVE (Domestic Violence Shelter), West Shore ESD, and the Oceana County Department of Veterans Affairs. It also updated existing agreements with local

health departments and family health care services to ensure seamless care across physical health, behavioral health, social services, and other community resources.

The treatment process at WMCMH involves regular updates to person-centered and family-centered diagnostic evaluations, occurring at least every 90 days or sooner if there are significant changes in a person's condition or treatment goals. To ensure quality and timeliness, WMCMH employs multiple monitoring methods, including supervisory oversight, electronic tracking, and reviews by the Continuous Quality Improvement (CQI) team.

WMCMH also tracks a variety of metrics to monitor the effectiveness of its CCBHC activities, including the frequency of evidence-based practices, the use of health information technology, care coordination efforts, and health screenings. In response to updated federal requirements, WMCMH revamped its data collection and reporting systems to align with revised SAMHSA clinic measures.

#### [Community Mental Health of Ottawa County](#)

CMHOC has expanded its service offerings to better support individuals with mild to moderate mental health needs through the introduction of Navigators who provide short, brief interventions. These Navigators assist with warm hand-offs to community agencies, ensuring that individuals are successfully connected to the services they need.

The organization is also working to develop designated collaborating organization (DCO) agreements for Supported Employment services and ASAM 2.1 to further expand its services and improve care for individuals in need. Additionally, CMHOC is focused on enhancing care coordination by embedding Medical Assistants on each treatment team, improving integrated health initiatives and supporting better coordination with community partners and contracted agencies.

In March 2024, CMHOC established a service understanding with the Ottawa County VA to strengthen care coordination and better serve military veterans, active-duty service members, and military families. To further support individuals' overall health and wellness, CMHOC has partnered with a licensed dietitian to offer both group and individual nutrition counseling.

CMHOC continues to prioritize person-centered planning, ensuring that services are tailored to the individual's preferences, goals, and abilities. The organization has successfully implemented the required CCBHC quality measures within its Electronic Medical Record (EMR) system, enabling the collection and reporting of relevant data. Ongoing meetings are held to ensure the accuracy and efficiency of data collection and reporting.



## [OnPoint](#)

The organization is implementing several key service expansions and improvements. These include increasing adult outpatient capacity for mild to moderate individuals, launching a Psychiatric Services Only option, and introducing a 24/7 Urgent Care (Brief Crisis Intervention) service. The Targeted Case Management team was expanded to support 900 additional clients, and the Mobile Crisis Response team began operating 24/7 in September 2024. The organization also created eight new Care Coordinator positions and offered training to address social issues facing older adults. Additionally, the Dialectical Behavior Therapy (DBT) program was expanded, and there was an increased emphasis on data collection and reporting, including greater use of PowerBI dashboards to improve outcomes.

## **LRE Through the Process**

LRE has provided ongoing technical assistance (TA) to three of the SAMHSA grantees, assisting them with the certification process and supporting their startup efforts throughout the fiscal year. At the state level, LRE has been advocating for policies and practices to promote the CCBHC model, including lobbying for billing codes to support integrated care and fiscal health for CCBHC demonstration sites. LRE is also in collaboration with the Michigan Department of Health and Human Services (MDHHS) to onboard Cherry Health, a prospective non-CMHSP CCBHC provider applicant.

In October 2023, LRE began developing a customer satisfaction survey for CCBHCs to meet the requirements in the CCBHC handbook. The LRE team collaborated with Community Mental Health Service Providers (CMHSPs) to design and finalize the survey, which includes designation of CMH or CCBHC participation. The process involved cross-team efforts to create the survey, distribute it, collect responses, and analyze the data through a Power BI dashboard. This system will enable tracking of customer satisfaction across various service categories.

LRE has also been actively supporting new and prospective CCBHC sites, providing assistance, resources, and input during the application period for the CCBHC Demonstration expansion. Leadership and staff have contributed data and historical insights to help applicant sites gain acceptance into the program, and new sites are being engaged in regional CCBHC meetings to prepare for implementation.

# CCBHC DY3 Evaluation














TO ASSESS THE EFFECTIVENESS IN SUPPORTING CCBHC DEMONSTRATION, LRE COMPLETED THE FOLLOWING EVALUATION BASED ON THE RESPONSIBILITIES AND REQUIREMENTS DEFINED IN THE MDHHS CCBHC HANDBOOK.

## Status of PIHP Requirements

Contract or develop a MOU with all CCBHCs in their region and ensure access to CCBHC services for their enrollees.	
PIHPs must understand the CCBHC certification process and certification requirements.	
Establishing an infrastructure to support CCBHC's in care coordination and providing required services.	
Collecting and sharing member-level information regarding health care utilization and medications with CCBHCs	
Providing implementation and outcome protocols to assess CCBHC effectiveness.	
Developing training and technical assistance activities that will support CCBHC in effective delivery of CCBHC services.	
Establishing an infrastructure to support CCBHC's in care coordination and providing required services.	
PIHPs must distribute data requests from MDHHS to CCBHCs for data collections.	
PIHPs must validate by reviewing for completion, evaluate for reasonability and accuracy of data requests prior to sending to MDHHS.	
PIHPs provide training and technical assistance on certification requirements.	
PIHPs must utilize Michigan claims and encounter data for the CCBHC population.	
PIHPs must use CareConnect360 to analyze health data spanning different settings of care	
PIHPs must provide support to CCBHCs related to Health Information Technology, including WSA, CareConnect360, EHR, and HIEs.	

# CCBHC DY3 Evaluation

TO ASSESS THE EFFECTIVENESS IN SUPPORTING CCBHC DEMONSTRATION, LRE COMPLETED THE FOLLOWING EVALUATION BASED ON THE RESPONSIBILITIES AND REQUIREMENTS DEFINED IN THE MDHHS CCBHC HANDBOOK.

CCBHC Enrollment	PIHP will use the WSA for CCBHC assignment activities and information exchange.	
	Verify diagnostic criteria for CCBHC recipients who are not automatically identified & enrolled and non-Medicaid recipients are entered into the WSA.	
	Require and monitor the CCBHCs have policies and procedures in place to ensure collection of consent forms.	
CCBHC Payments	The PIHP is responsible for reimbursing CCBHCs for each valid CCBHC encounter in a timely manner.	
	PIHP's will submit encounters to MDHHS in accordance with Section 5.C.1 of the CCBHC handbook.	
Cost & Quality Metric Reporting	Review, audit and submit CCBHC cost and quality metric reports to MDHHS.	
	CCBHC & PIHPs must complete and submit reconciliation templates quarterly.	
	PIHP's must monitor, collect, and report grievance, appeal, and fair hearing information, with details, by CCBHC to MDHHS.	
	PIHP's must submit other MDHHS-required reports such as FSRs pursuant to MDHHS defined instructions and timelines.	
Oversight	Monitor CCBHC performance and lead quality improvement efforts.	
	Establish a continuous quality improvement program and collect and report on data that permits an evaluation of metrics at the population level.	
	Audit for Cost, Quality, Performance and Compliance.	
	Compliance with other State and/or Federal requirements	

# Next Steps

- >> ○ • Cherry Health applied to be a CCBHC during year 3. The application was not accepted, however it is anticipated they will reapply. Preparatory conversations and connections are ready and waiting. 06 |

*Potential for a non-CMH CCBHC Being Added in Our Region*
- >> ○ • DCO's have been a pain-point as the process is quite prescriptive. Some CCBHCs have been able to enter into agreements with community providers as DCOs while some providers have ended their DCO agreements. LRE continues to provide technical assistance when requested 05 |

*The Evolution of the DCO Program*
- >> ○ • Since data from multiple years is now available, LRE will be utilizing Refocus LLC (Jack Calhoun) to begin trend analysis for greater understanding and looking to the future. 04 |

*Start to Analyze & Trend Data*
- >> ○ • LRE worked diligently to provide timely and accurate data to MDHHS. LRE participates in statewide workgroups and webinars to ensure the most current needs are understood and to provide input. 03 |

*Ensure all CCBHCs are Meeting Required Outcomes (per MDHHS)*
- >> ○ • While much of the CCBHC monitoring is performed by MDHHS, LRE is available to CCBHCs in the region at their request. LRE is continuously exploring ways to assist the region with trainings or other value-add technical assistance. 02 |

*Continue to Help Provide CCBHCs Technical Assistance They Request*
- >> ○ • MDHHS has recently released and posted version 2.0 of the CCBHC Handbook. While the changes are not immense, there are several and LRE is committed to understanding the updates as they apply to both LRE oversight and CCBHC adherence to requirements. An implementation plan is now being required. LRE has completed the plan and are awaiting MDHHS' review and outcome. 01 |

*Ensure Adherence to the Updated Manual*

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**EXECUTIVE COMMITTEE SUMMARY**

Wednesday, January 15, 2025, 1:00 PM

Present: Patricia Gardner, Janet Thomas, Richard Kanten, Craig Van Beek, Ron Bacon  
LRE: Mary Marlatt-Dumas, Stephanie VanDerKooi, Stacia Chick

WELCOME and INTRODUCTIONS

- i. Review of January 15, 2025, Meeting Agenda
- ii. Review of December 11, 2024, Meeting Minutes

The January 15, 2025, agenda and the December 11, 2024, meeting minutes are accepted as presented.

FY25 MDHHS/PIHP CONTRACT UPDATE

Legal filed an amended complaint adding Region 6 to the lawsuit. The LRE has not joined the lawsuit and has not signed the contract sent from MDHHS, although we did sign the redline version. Previously, LRE received communications stating we cannot move forward with SUDHH. Chirs Ryan, Taft Law, worked with the AG that allowed for the order to be stipulated therefore allowing LRE and the other PIHPs to continue with the SUDHH. Ottawa County CMH will continue to enroll individuals.

LRE spoke with legal who will draft a pro/con analysis for joining the lawsuit. Currently, there has been no further discussion regarding the redline contract that LRE signed and submitted to MDHHS. Kristen Jordan said during a meeting that they are working on the contract internally. Ms. Dumas comments that Kristen Jordan has continued to be willing to work with the PIHPs.

MDHHS COST SETTLEMENT UPDATE

At this time LRE is unsure if or when MDHHS will recoup the \$13.7 million due to the previous cost settlement issue. Ms. Dumas discussed LRE's disagreement with MDHHS methodology used with Kristen Jordan who asked LRE to put that in writing and address it to her. LRE believes we are still aligned with the original order. Ms. Chick will draft a communication stating that we are not in agreement and after legal review will send to MDHHS

Ms. Dumas requested that MDHHS notify LRE in advance of when they are going to recoup the \$13.7 million. They agreed that they would but did not respond to the questions of how far in advance. Advance notice will allow the LRE Board time to decide how to move forward.

Mr. Brashears recommends the CMH CEOs draft an impact statement/analysis if the \$13.7 million were taken from the system. This could also be brought to legislators explaining the negative impact on the system if MDHHS recoups these funds.

Ms. Gardner recommends Ms. Marlatt-Dumas and Ms. Chick complete the communication to MDHHS regarding disagreement of their methodology and the CMH CEOs draft an impact analysis that will be directly attached to the communication.

**Action:** LRE will right the communication to MDHHS and will discuss the impact analysis with the CMH CEOS during Operations Committee.

### BOARD GOVERNANCE POLICY REVIEW

Governance Policies are reviewed by Ms. Marlatt-Dumas. The EC group would

- i. 10.4 Board Governance
  - EC recommends rewriting and condensing the policy.
- ii. 10.6 Open Meetings Act
  - EC recommends bringing it to the full Board for approval.
- iii. 10.13 Communication and Counsel to the Board of Directors
  - EC recommends bringing it to the full Board for approval.
- iv. 10.17 Management Delegation and Executive Limitations
  - EC recommends rewriting and condensing the policy.

### BOARD MEETING AGENDA ITEMS

- i. Action Items
  - a. Governance Policies
    - 10.6 and 10.13 will be brought to the Board for approval.
  - b. Budget Amendment #1

### BOARD WORK SESSION AGENDA

There will be no work session.

### OTHER

Future Work Session Agenda Item: Have the CMH CEOs present a 15-minute presentation on service delivery topics in their counties.

### CEO EVALUATION

The Executive Committee met with Ms. Marlatt-Dumas and Human Resources to discuss the results of the CEO evaluation. All other attendees were asked to leave the meeting at this time.

### UPCOMING MEETINGS

- January 22, 2025 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- January 22, 2025 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- February 19, 2025 – Executive Committee, 1:00PM
- February 26, 2025 – LRE Executive Board Work Session, 11:00 AM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440
- February 26, 2025 – LRE Executive Board Meeting, 1:00 PM  
GVSU, Muskegon Innovation Hub, 200 Viridian Dr, Muskegon, MI 49440

### ADJOURN

## Policy 10.6

<b>POLICY TITLE: OPEN MEETINGS, FREEDOM OF INFORMATION AND REASONABLE ACCOMMODATION</b>	<b>POLICY # 10.6</b>	
<b>Topic Area:</b> Governance/Management	Page 1 of 4	<b>REVIEW DATES</b>
<b>Applies to:</b> LRE Executive Board	<b>ISSUED BY:</b> Chief Executive Officer	1/25/23
		12/17/24
<b>Developed and Maintained by:</b> LRE Executive Board, LRE CEO	<b>APPROVED BY:</b> Board of Directors	
<b>Supersedes:</b> N/A	<b>Effective Date:</b> 1/25/2023	<b>Revised Date:</b> 12/27/24

### I. PURPOSE

To provide the LRE Board specific requirements for operating in compliance with Michigan's Open Meetings Act, 1976 PA 267, the Freedom of Information Act, 1976 PA 422; Title VII of the Civil Rights Act of 1964; Americans with Disabilities Act, and the ADA Amendments Act of 2008

### II. POLICY

The Lakeshore Regional Entity Board of Directors members, officers, staff and other employees shall fully comply with all applicable laws, regulations and rules, including without limitation 1976 PA 267 (the "Open Meetings Act"), 1976 PA 422 (the "Freedom of Information Act"), Title VII of the Civil Rights Act of 1964; Americans with Disabilities Act, and the ADA Amendments Act of 2008.

The Regional Entity shall develop such compliance policies and procedures. If any such noncompliance is found, immediate corrective action as defined in the Lakeshore Regional Entity Operating Agreement shall be taken by the appropriate source to ensure compliance. Compliance policies and procedures will be defined in the Operating Agreement.

### III. APPLICABILITY AND RESPONSIBILITY

This policy applies to the LRE CEO and Board.

### IV. MONITORING AND REVIEW

This policy will be reviewed annually by the LRE CEO

### V. DEFINITIONS

**Closed Session:** A meeting or part of a meeting of a public body that is closed to the public.

**Decision:** A determination, action, vote, or disposition upon a motion, proposal, recommendation, resolution, order, ordinance, bill, or measure on which a vote by members of a public body is required and by which a public body effectuates or formulates public policy

**Disability:** a mental or physical impairment, or a record or history of such an impairment, that prevents participation in major life activities.

**Disabled Person:** Someone who has a mental or physical impairment, or a record or history of such an impairment, that prevents participation in major life activities.

**Public Body:** Any state or local legislative or governing body, including a board, commission, committee, subcommittee, authority, or council, that is empowered by state constitution, statute, charter, ordinance, resolution, or rule to exercise governmental or proprietary authority or perform a governmental or proprietary function; a lessee of such a body performing an essential public purpose and function pursuant to the lease agreement; or the board of a nonprofit corporation formed by a city under section 4o of the home rule city act, 1909 PA 279, MCL 117.4o.

**Meeting:** The convening of a public body at which a quorum is present for the purpose of deliberating toward or rendering a decision on a public policy, or any meeting of the board of a nonprofit corporation formed by a city under section 4o of the home rule city act, 1909 PA 279, MCL 117.4o.

**Reasonable Accommodation:** A reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity. An equal employment opportunity means an opportunity to attain the same level of performance or to enjoy equal benefits and privileges of employment as are available to an average similarly situated employee without a disability.

The ADA requires reasonable accommodation in three aspects of employment:

- 1) to ensure equal opportunity in the application process,
- 2) to enable a qualified individual with a disability to perform the essential functions of a job, and
- 3) to enable an employee with a disability to enjoy equal benefits and privileges of employment.

**Mental impairment:** Any psychological or mental disorder, such as emotional or mental illness, mental retardation, organic brain syndrome, and learning disabilities. These include, but are not limited to:

- Muscular dystrophy



- Orthopedic, speech, and hearing impairments
- Visual impairments
- Hearing impairments
- Heart disease
- Epilepsy
- Cerebral palsy
- Intellectual/Developmental disability
- Drug addiction
- Specific learning disabilities

**Physical Impairment:** A physiological disorder or condition, anatomical loss, or cosmetic disfigurement that impacts one or more of these body systems:

- Neurological
- Special-sense organs
- Musculoskeletal
- Digestive
- Cardiovascular
- Respiratory
- Reproductive
- Hemic and lymphatic
- Endocrine
- Skin
- Genitourinary

## VI. PROCEDURES

LRE shall operate in compliance with the procedures prescribed in Michigan’s Open Meetings Act, 1976 PA 247, in Michigan’s Freedom of Information Act, 1976 PA 442, Title VII of the Civil Rights Act of 1964; Americans with Disabilities Act, and the ADA Amendments Act of 2008

Board members seeking reasonable accommodations will submit a formal request using the “Reasonable Accommodations Request Form” to the LRE Board Executive Committee. The request will be reviewed by the Executive Committee during the next regularly scheduled Executive Committee meeting and a disposition provided to the requesting Board member within seven (7) days of the date of review.

## VII. RELATED POLICIES AND PROCEDURES

- Michigan’s Open Meetings Act, 1976 PA 247.  
[http://www.legislature.mi.gov/\(S\(y0izyfd1uq0jvg2hi5ziwenc\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-267-of-1976](http://www.legislature.mi.gov/(S(y0izyfd1uq0jvg2hi5ziwenc))/mileg.aspx?page=GetObject&objectname=mcl-Act-267-of-1976)
- Michigan’s Freedom of Information Act, 1976 PA 442  
[http://www.legislature.mi.gov/\(S\(getco1pddofdrjvliafthpbl\)\)/mileg.aspx?page=GetObject&objectname=mcl-Act-442-of-1976](http://www.legislature.mi.gov/(S(getco1pddofdrjvliafthpbl))/mileg.aspx?page=GetObject&objectname=mcl-Act-442-of-1976)

- Lakeshore Regional Entity Operating Agreement
- Title VII of the Civil Rights Act of 1964;
- Americans with Disabilities Act;
- ADA Amendments Act of 2008
- Michigan Elliott-Larsen Civil Rights Act
- LRE Policy
- LRE Reasonable Request for Accommodation

**VIII. CHANGE LOG**

Date of Change	Description of Change	Responsible Party
12/27/24	Reviewed – No Changes	CEO

## Policy 10.13

<b>POLICY TITLE: COMMUNICATION AND COUNSEL TO THE BOARD OF DIRECTORS</b>		<b>POLICY #: 10.13</b>	
<b>Topic Area:</b> Executive Responsibility	<b>Applies to:</b> Chief Executive Officer, Chief Compliance Officer, Chief Financial Officer	<b>Issued By and Approved By:</b>  Board of Directors	<b>REVIEW DATES</b>
			11/18/21
<b>Developed and Maintained by:</b> CEO and Designees	<b>Supersedes:</b> N/A	<b>Effective Date:</b> 9/17/16	1/8/2025
			<b>Revised Date:</b> 1/8/2025

### I. PURPOSE

To make appropriate decisions, the Entity Board of Directors must be informed of relevant information by the Entity Executive staff.

### II. POLICY

#### Chief Executive Officer

The Lakeshore Regional Entity (the "Entity") Chief Executive Officer (CEO) shall ensure that the Entity Board of Directors is informed and supported in its work.

The Entity CEO must:

1. Submit monitoring data required by the Entity Board of Directors in a timely, accurate, and understandable fashion, directly addressing provisions of Entity Board of Directors policies being monitored and including the Entity CEO interpretations as well as relevant data.
2. Ensure that the Entity Board of Directors is aware of any noncompliance actual or anticipated of Entity Board of Directors.
3. Ensure that the LRE Board of Directors has adequate information to be aware of relevant trends.
4. Inform the Entity Board of Directors of any significant information on impending media coverage, threatened or pending lawsuits, and material internal and external changes.
5. Ensure that the Entity Board of Directors is aware that, in the Entity CEO's opinion, the Entity Board of Directors is not in compliance with its own policies, particularly in the case of the Entity Board of Directors behavior that is detrimental to the work relationship between the Entity Board of Directors and the Entity CEO.
6. Refrain from presenting information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation, and other.
7. Ensure that the Entity Board of Directors will have a workable mechanism for official Entity Board of Directors, officers, or committee's communications.

8. Not deal with individual Entity Board of Directors in a way that favors or privileges certain the Entity Board of Directors members over others, except when fulfilling individual requests for information or responding to officers or committees duly charged by the Entity Board of Directors.
9. Submit to the Entity Board of Directors a consent agenda containing items delegated to the Entity CEO required by law, regulation, or contract to be approved by the Entity Board of Directors, along with applicable monitoring information.

Chief Financial Officer and Chief Compliance Officer

The Financial Officer and Chief Compliance Officer shall have direct access to the Entity Board of Directors.

**III. APPLICABILITY AND RESPONSIBILITY**

This policy applies to the Entity Board of Directors, Entity CEO, Entity Chief Compliance Officer, and the Entity Chief Financial Officer.

**IV. MONITORING AND REVIEW**

The CEO and designees will review this policy on an annual basis.

**V. DEFINITIONS**

**Entity** – Also referred to as Lakeshore Regional Entity or LRE, is the Prepaid Inpatient Health Plan (PIHP) for Region 3 as defined in 42 CFR Part 438 and meets the requirements of MCL 330.1204b of the Michigan Mental Health Code.

**VI. RELATED POLICIES AND PROCEDURES**

- A. Compliance Policies and Procedures
- B. Board Policies and Procedures
- C. Board By-Laws

**VII. REFERENCE/LEGAL AUTHORITY**

N/A

<b>CHANGE LOG Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
11/18/21	Moved procedure to policy section. Added language from 10.17	CEO and Designees
1/8/2025	Added Entity Definition	CEO