



PROGRAM AND PERSONNEL COMMITTEE

**April 11, 2014 - 8 a.m.
Mental Health Center – Board Room**

**Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Chuck Buzzell**

AGENDA

	<u>Disposition</u>
1) Call to Order	Quorum
2) Approval of Minutes of March 14, 2014 (Previously Forwarded)	Action
3) Items for Consideration	
4) Old Business	
5) New Business	
6) Communication	
A) PAC Campaign (Attachment #1)	Information
B) CMH Director Evaluation (Attachment #2)	Information
C) FridayFacts of April 4, 2014 (Attachment #3)	Information
7) Director's Comments	
8) Audience Participation	
9) Adjournment	
/jvv	



January 14, 2014

To: CMH Board Members/Executive Directors/Management Staff
Affiliate Members

From: PAC Committee

Re: 2014 Annual Campaign

This memorandum is being sent to all CMH boards and affiliate members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at MACMHB. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give MACMHB a "seat at the table".

2014 will be a critical election year in Michigan. Every seat in the state legislature (House and Senate) will be on the ballot along with the Governor, the constitutional officers (Secretary of State and Attorney General), not to mention the open US Senate seat and the state Supreme Court Justices. With uncertainty surrounding the policies related to the Affordable Care Act and other mental health/substance use disorder policies it is critical we maintain an active presence during this critical time.

Last year's campaign results were good. Over \$9586 was raised from twenty (20) boards and 169 persons made contributions, including eighteen (18) directors. The PAC Committee has decided to conduct this year's campaign similar to last year's to encourage greater participation by both boards and individuals within our Association. The campaign details are provided on the back of this memorandum.

If you have any questions regarding this year's campaign, please contact Michael Vizena or Alan Bolter at the Board Association offices. Thank you for your participation.

2014 MACMHB PAC CAMPAIGN Details and Timeline

The 2014 campaign is designed to encourage more boards and more individuals to participate. While last year's campaign was a success, 57% of the boards did not report any campaign efforts. 61% of the CMH executive directors did not participate. Twelve affiliate members made contributions in 2013. The Committee has set a target for participation of 50% (23) of the CMH boards in this year's campaign.

No specific contribution level is being established as a goal for this year's campaign. Instead, the challenge is to have at least 6 members (50% of the membership of each board) participate in the campaign. Participation by executive staff will be counted towards the participation. Boards that report results of a campaign with at least 6 members participating will qualify for the drawing of the Tiger game box suite tickets.

The campaign is being announced in January. The PAC Committee requests that CMH directors and board chairpersons announce and discuss the campaign over the next three months at their regular monthly meetings. Boards that have conducted successful campaigns have chief executive officer and board member leadership who make this a meeting agenda item and discuss the need for a PAC fund.

As a special incentive for boards and affiliates that meet the challenge target, Muchmore Harrington Smalley and Associates will again donate a Detroit Tigers suite box (12 tickets) for a Tiger ball game. We will have the details on that game later this year.

Boards should forward the results of their campaign and donations to the Board Association offices by May 12, 2014 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 13, 2014 in order to be in the drawing for the Tiger tickets if eligible.

**Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933
(no corporate checks, please)**

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

MEMORANDUM

Date: April 11, 2014
To: Chair and Members of the CMH Board
From: Julia B. Rupp
Subject: **Director's Annual Evaluation**

Recently I had the pleasure of celebrating the anniversary of my second year of employment as the Director of Community Mental Health Services of Muskegon County. For me, the time has passed quickly.

At this time I would like to stress the importance of completing an annual evaluation regarding my job performance. In this way you will assist me in directing the efforts of our staff and achieving the goals of the agency.

A blank evaluation form with information and evaluation weights is attached. I am asking you to complete this form as thoroughly as possible by providing a rating for each item in each category listed. Please use a rating between one and five, with one being the lowest possible rating you could give and five the highest. Do not be concerned with the calculation of the "weight x rating" or "area rating" columns; they will be calculated later. On pages two and three, you have the option to evaluate eight additional categories and the opportunity to enter comments. Please attach additional sheets as needed. Your comments are valuable.

We ask that all completed evaluation forms are signed by you and either mailed to Joy or given to her on or before April 25, 2014. If this is not possible, please let me know.

Your cooperation, time, and input are very much appreciated. If you have any questions or need clarification or further direction, please do not hesitate to give me a call.

JR/jvv

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**COUNTY OF MUSKEGON
PERFORMANCE PLANNING AND EVALUATION PROGRAM
(Supervisory Employees)**

Employee Name Julia Rupp Class Title Mental Health Director
 Department CMH Supervisor Name CMH Board of Directors
 Date of Plan ex.:mm/dd/yy Date of Evaluation: ex.:mm/dd/yy
 Type of Evaluation: Mid -Probation End of Probation Annual Evaluation Other Evaluation

PART I - JOB DESCRIPTION

PERFORMANCE PLANNING: The supervisor and employee should review the job description. Items may be added or deleted as appropriate to provide the best description of the job duties the employee will be held accountable for during the specified performance period. If the employee will be involved with special projects or assignments, these should be added to the job description and numbered to correspond with the form. Weights, indicating the relative importance of each job duty and totaling 100 across all job description items, should be agreed upon and entered in the appropriate boxes.

PERFORMANCE EVALUATION: Prior to assigning a number from the Performance Level Rating Scale, the supervisor should enter performance Comments onto the form. Once Comments have been documented, the supervisor should use the Performance Level Rating Scale to evaluate the employee's performance on each job duty. Ratings and weights should then be multiplied and summed to arrive at a Part 1 Total Rating.

	JOB DUTIES	WEIGHT	RATER COMMENTS	RATING	WEIGHT X RATING
1.	Internal operations. ^ v	25	^ v	----- -----	----- -----
2.	Affiliation. ^ v	25	^ v	----- -----	----- -----
3.	Community Collaboration. ^ v	25	^ v	----- -----	----- -----
4.	State Collaboration. ^ v	25	^ v	----- -----	----- -----
5.	^ v	0	^ v	----- -----	----- -----
6.	^ v	0	^ v	----- -----	----- -----
7.	^ v	0	^ v	----- -----	----- -----
	TOTAL	100 pts	Part I TOTAL RATING		-----

PART II - GENERAL PERFORMANCE AREAS

PERFORMANCE PLANNING: The supervisor and employee should review the following General Performance Areas. Weights, totaling 100 across all areas, should be agreed upon and entered in the appropriate boxes as a basis for summarizing the importance of each area in the upcoming evaluation period. Individual items may be edited or deleted in each area as appropriate to provide the best possible description of the job's General Performance Areas.

PERFORMANCE EVALUATION: The supervisor should first write comments in each General Performance Area. The supervisor should then review the specific items listed under each General Performance Area and reach a judgment concerning the employee's rating in each General Performance Area. Ratings and Weights should then be multiplied to produce area ratings for each General Performance Area. Area ratings should then be summed to arrive at a Part II Total Rating.

<p>Application of Job Knowledge</p> <ul style="list-style-type: none"> • Completes job responsibilities in accordance with accepted technical standards. • Makes effective use of training, education, and experience to ensure work responsibilities are done correctly. • Follows prescribed work formats to ensure quality results. • Uses assigned equipment correctly and as prescribed. Is familiar with and applies policies and procedures as appropriate. • Completes and files written reports and documentation as required. • Demonstrates knowledge of organizational or department systems 	<p><u>WEIGHT 20</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			

<p>Initiative</p> <ul style="list-style-type: none"> • Does not require constant direction or supervision. • Takes on new tasks when a job is completed. • Demonstrates self-directed behavior when possible. • Attempts to anticipate job-related demands. • Demonstrates flexibility and willingness to assume unanticipated responsibilities. • Attempts to generate better ideas and ways of working when possible. 	<p><u>WEIGHT 10</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			

<p>Work Habits</p> <ul style="list-style-type: none"> • Takes good care of equipment • Makes effective use of time to ensure that work responsibilities are completed correctly. • Meets prescribed work schedule arrival and departure timeframes. • Does not let personal interests interfere with work requirements. 	<p><u>WEIGHT 10</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			

PERFORMANCE LEVEL RATING SCALE

- 1- **IMPROVEMENT REQUIRED** - Performance is consistently below an acceptable level. Immediate improvement is required. Ratings in this category must a) be supported by specific comments, b) identify specific areas of unacceptable performance, c) involve notification to the individual of the consequences of continued less than acceptable performance, and d) result in scheduled performance counseling.
- 2- **IMPROVEMENT POSSIBLE** - Performance is inconsistent, meets minimum standards only periodically or only in certain areas. Ratings in this category must a) be supported by specific comments, b) identify specific areas of unacceptable performance, and c) be accompanied by guidelines for improved performance. Performance counseling should be scheduled.
- 3- **EFFECTIVE** - Performance which is consistently at acceptable levels. No major areas of necessary improvement can be cited.
- 4- **VERY EFFECTIVE** - Performance which frequently exceeds normally expected levels. A high degree of proficiency is shown in certain aspects of performance.
- 5- **OUTSTANDING** - Performance which consistently exceeds normally expected levels. A high degree of proficiency is shown in all aspects of performance. Ratings of outstanding must be supported by specific examples.

<p>Interaction With Others</p> <ul style="list-style-type: none"> • Demonstrates courtesy in contacts with the public. • When appropriate, attempts to inform co-workers of information helpful in discharging their responsibilities. • Is receptive to direction from supervisors. • Is receptive to and considers needs of others when appropriate. • Demonstrates good listening skills. 	<p><u>WEIGHT 15</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			
<p>Organization and Planning</p> <ul style="list-style-type: none"> • Prioritizes tasks and assignments. • Sets time standards for achievement of assignments. • Defines objectives beyond immediate, daily task requirements. • Follows through on assignments to ensure they are completed or implemented correctly. • Communicates plans to others when appropriate. • Considers departmental or unit work flow in discharge of responsibilities. 	<p><u>WEIGHT 15</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			
<p>Development of Subordinates</p> <ul style="list-style-type: none"> • Encourages professional development of subordinates. • Uses delegation to develop subordinates' skills. • Delivers complete and well-planned performance evaluations to subordinates. • Assists subordinates in developing on-the-job skills when new equipment or procedures are introduced. 	<p><u>WEIGHT 15</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			
<p>Leadership</p> <ul style="list-style-type: none"> • Develops rapport with subordinates. • Demonstrates a positive role model for subordinates. • Sets and communicates clear objectives and standards. • Promotes a team orientation among subordinates. • Addresses personnel problems in a timely and tactful manner. • Achieves group acceptance of unit, or department goals. 	<p><u>WEIGHT 15</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			
<p>Additional General Performance Area</p> <ul style="list-style-type: none"> • _____ • _____ • _____ • _____ 	<p><u>WEIGHT 0</u></p>	<p>X RATING</p>	<p>= AREA RATING</p>
<p>COMMENTS IN SUPPORT OF RATING</p> <hr style="border-top: 1px dashed black;"/>			
<p>Part II TOTAL RATING</p>			
<p>PERFORMANCE LEVEL RATING SCALE</p>			



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

April 4, 2014

FRIDAYFACTS - 5 pages

TO: CMH Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Michael Vizena, Executive Director
Alan Bolter, Associate Director

RE: - **Don't Forget About the 2014 MACMHB PAC Campaign**
- **Newaygo County MH Announces CEO Snyder Retirement**
- **MDCH Releases Initial NCI Report**
- **BHDDA Announces Hiring of Diversion Administrator**
- **Legislative Update**
 - **LG Signs 'R-word' Legislation Into Law**
 - **Healthy Michigan Goes Live**
- **National Update**
 - **New Rural Mental Health and Substance Abuse Toolkit Unveiled**
 - **President Obama Signs Excellence in Mental Health Act into Law**
- **MACMHB Meetings for April, 2014**

Don't Forget About the 2014 MACMHB PAC Campaign

The MACMHB PAC campaign for 2014 has begun. A letter and campaign details were mailed to all MACMHB boards and affiliate members in January. Hopefully your boards have had some discussion and time to conduct a PAC campaign for this year. As you know, 2014 is an election year in the state of Michigan and our PAC activities go hand in hand with our advocacy efforts.

To date only a few boards have mailed in PAC checks. If you have not done so, please take the next month and half to complete your local activities. The MACMHB PAC Committee has set a goal of increasing participation in our fundraising efforts for 2014 – last year we had 20 boards participate in our PAC campaign.

Boards should forward the results of their campaign and donations to the Board Association offices by May 12 (if available). The results of the campaign will be on-site at the Spring

Conference in Dearborn. Final donations should be sent to MACMHB no later than June 13, 2014 in order to be in the drawing for the Tiger tickets if eligible.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Please contact Alan Bolter or Mike Vizona if you have any questions regarding this year's campaign.

Newaygo County MH Announces CEO Snyder Retirement

Greg Snyder, CEO of Newaygo County Mental Health (NCMH), recently announced to the NCMH board of directors his plans to retire in June, 2014, after serving the agency in various capacities for 35 years. He has served as CEO since November of 2001. He joined the agency in September of 1979 as a psychiatric social worker and served in a number of management positions prior to assuming the CEO position. During his tenure as CEO, the NCMH budget has grown from nearly \$7 million to \$11 ½ million. He has seen the organization transition through deinstitutionalization and closure of state psychiatric facilities, becoming a Medicaid provider as well as joining affiliations for the Medicaid managed care of consumers. Recently he guided the organization through the formation and development of its current regional affiliation as a member of the Mid-State Health Network, a partnership with 11 other CMHSPs that work together to provide services to Medicaid eligible mental health consumers.

In addition to his leadership work for NCMH, Greg has provided leadership contributions working with the Michigan Department of Community Health (MDCH) and MACMHB. In 2004, he was appointed to the re-established Quality Improvement Council of MDCH, and in 2008 he was elected to and still serves on the National Association of County Behavioral Health and Developmental Disability Directors. NACBHDD is an affiliate of the National Association of Counties (NACo) and responsible for the development and recommendation of policy to NACo on national health care issues. He was also chair of the MACMHB Children's Issues Committee for several years.

"To be a part of the fantastic collaborative network that has evolved in the county, and most important, seeing services to consumers expand and the growth of the agency has been amazing. Moving to person-centered planning, recovery, and true hope and inclusion for our consumers has been the most gratifying thing for me to witness over the years," Mr. Snyder commented.

The Board of Directors has begun the CEO recruitment process for Mr. Snyder's replacement. They would like the new CEO to be on board by June 1 to provide for a month of transition work with Mr. Snyder.

MDCH Releases Initial NCI Report

Earlier this week the Elizabeth Knisely, Director of the Bureau of Community Based Services, BHDDA, released the initial Michigan report on the National Core Indicator (NCI) program. The NCI program, used in over 35 states, provides standardized measurement and various

indicators tracking for persons with intellectual/developmental disabilities served by the public mental health system.

The full survey findings, including results from interviews with over 400 person, are available at <http://www.nationalcoreindicators.org/>. These results were analyzed and prioritized by Michigan's NCI Advisory Committee, and the first topic specific report, focused on employment, has been issued. "Wanting to Work" provides a summary of the employment related NCI results and relevant Michigan Department of Community Health data. It also provides information on barriers and best practices.

Four additional reports – including person centered planning, health, relationships, and living arrangements – are planned.

Persons with questions regarding the project or initial report should contact Nora Barkey at BarkeyN@michigan.gov.

BHDDA Announces Hiring of Diversion Administrator

Behavior Health and Developmental Disabilities Administration's, Elizabeth Knisely, Director of the Bureau of Community Services, has announced the hiring of Steven Mays as their Diversion Administrator. Steven received his undergraduate degree in social work at Ferris State University in 1989. Following work in the Flint area in the area of bio feedback for persons with head injuries, Mr. Mays was hired by Genesee Health System (formally Genesee County Community Mental Health) in 1992 and for almost 22 years worked in a number of clinical positions, most recently as clinical liaison working specifically with law enforcement and the court system that designed and implemented Michigan's first adult Mental Health Court. Steven is currently working for Michigan Department of Community Health as the Diversion Coordinator under the Bureau of Community Based Services and with the Lt. Governors Mental Health Diversion Council.

LEGISLATIVE UPDATE

LG Signs 'R-word' Legislation Into Law

Last Friday, Lt. Governor Calley signed into law a fifteen-bill bipartisan, bicameral legislative package that would remove the words "mentally retarded" and "mental retardation" from all Michigan laws and replaces them with person-first language that is more respectful and inclusive.

House Bills 5345 – 5352 and Senate Bills 805 – 811 put Michigan in line with all but six other states that have removed the word from their law books. Spearheading the legislation to remove the offending words are Reps. Matt Lori and Phil Cavanagh and Senators Bruce Caswell and Rebekah Warren, who all serve on the Michigan Mental Health and Wellness Commission.

Healthy Michigan Goes Live

Open enrollment started Tuesday for Michigan's expanded Medicaid program, called the Healthy Michigan Plan. Citizens can apply at HealthyMichiganPlan.org, by calling (855) 789-5610, or in person at their local Michigan Department of Human Services office.

As of 1 p.m. Wednesday, the Department of Community Health said 16,549 had applied electronically for Medicaid under the expanded eligibility criteria and 7,603 were automatically approved.

For more information go to <http://www.michigan.gov/healthymiplan>

NATIONAL UPDATE

NEW RURAL MENTAL HEALTH AND SUBSTANCE ABUSE TOOLKIT UNVEILED **(from the March edition of NACBHDD News)**

A new Rural Mental Health and Substance Abuse Toolkit has been launched by the Rural Assistance Center (RAC), the University of Minnesota Rural Health Research Center, and the NORC Walsh Center for Rural Health Analysis. Designed to help rural communities and organizations develop and implement programs that meet the targeted mental health needs of communities based on proven approaches and strategies, the toolkit is available free of charge on the RAC website [<http://www.raconline.org/communityhealth/mental-health>] The Toolkit includes 8 modules with information and links to resources, websites, publications, and tools. It provides:

- an overview on mental health issues in rural areas;
- program model examples; and
- guidance on implementation, evaluation methods, and more.

The product was developed by the University of Minnesota Rural Health Research Center, in collaboration with the NORC Walsh Center for Rural Health Analysis, as part of the Rural Community Health Gateway. The Gateway, located on the RAC website, is designed to help rural communities learn about proven, evidence-based methods of providing rural residents with better access to health care services.

RAC provides information and customized assistance through its call center and online resource library, www.raconline.org.

PRESIDENT OBAMA SIGNS EXCELLENCE IN MENTAL HEALTH ACT INTO LAW

President Barack Obama on Tuesday signed into law H.R. 4302, a bill to temporarily stave off Medicare physician payment cuts that also includes the historic Excellence in Mental Health Act demonstration program.

The legislation, which passed the House last Thursday and the Senate on Monday night, establishes a \$900 million, two year demonstration program in eight unspecified states to

offer a broad range of mental health and substance use treatment services, including 24-hour crisis psychiatric services, while setting new standards for provider organizations.

"This represents the largest single federal investment in community-based mental and substance use treatment in well over a generation," said Linda Rosenberg, President and CEO of the National Council for Behavioral Health. "After decades of devastating funding cuts, this represents a turning point in terms of federal support of community mental health services. As many as 240,000 people will be able to receive critical behavioral health services as a result of Excellence Act funding. Much work remains to ensure quality mental health and substance use treatment services are available to all who need them, but today is a day for celebrating this historic moment. And for applauding the bill's tireless bipartisan champions, Senators Stabenow (D-MI) and Blunt (R-MO) along with Representatives Matsui (D-CA) and Lance (R-NJ)."

"Today's vote is a landmark step forward in the effort to expand community mental health services for people living with mental illness and reduce the stigma around mental illness," said Senator Debbie Stabenow, the bill's lead sponsor. "This is a critically important issue that touches all of our families in some way and this legislation is one of the most significant steps in decades to expand access to care. I'm so thankful for the National Council for Behavioral Health's strong support as we worked in a bipartisan way to strengthen mental health services."

The National Council has long been a champion of the Excellence Act, which expands access to evidenced-based community health care for children and adults with serious and persistent mental illnesses and addiction disorders. The legislation will reduce high hospital emergency room utilization among persons living with behavioral health conditions while easing the burden on hard-pressed law enforcement agencies in urban and rural areas. Additionally, the Excellence Act demonstration will assist the young men and women returning from Iraq and Afghanistan with service-connected mental disorders, including clinical depression and PTSD.

If you have not already done so, please join us in [thanking Congress](#) for their support of this important legislation! For more details on the Excellence Act law, visit the National Council's [Excellence Act webpage](#).

MACMHB Meetings for April, 2014

(all meetings are at the MACMHB offices unless otherwise indicated)

April 11th, 9:00 a.m. - Executive Board
April 22nd, 1:00 p.m. - Children's Issues Committee
April 23rd, 9:30 a.m. - Legislative Committee
April 23rd, 1:00 p.m. - Policy Committee
April 24th, 9:30 a.m. - Member Services Committee
April 24th, 1:00 p.m. - Contract & Financial Issues Committee
April 28th, 10:00 a.m. - Provider Alliance

Enjoy the Weekend.

