Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH)
QUALITY-FINANCE COMMITTEE MEETING
AGENDA
***In-Person at the Learning Resource Center-Michigan & Huron Rooms
4135 Washtenaw Ave, Ann Arbor
Or you may attend virtually at https://zoom.us/j/94513867007
February 14, 2022
2:00-3:30 pm

I. Roll Call (5 minutes)

II. Introductions (5 minutes)

III. Audience Participation (see guidelines below) (5 minutes)

IV. Budget-Finance Committee Meeting Minutes (5 minutes) **ACTION**
- Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 12/13/21 (Attachment #1)

V. Financial Status Report (10 minutes)
- Financial Status Report (Attachment #2) **N. Phelps ACTION**

VI. Contracts and Leases
- None

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update (10 minutes)

IX. Old Business (10 minutes)
- CCBHC Update **M. Harding**
- General Fund Spending Update **T. Cortes/N. Phelps**
- One Pager on Workforce Crisis (Attachment #3) **T. Cortes**

X. New Business (30 minutes)
- FY 2022 Budget Amendment (Attachment #4) **N. Phelps ACTION**
- Program Education Presentation on CMH Nursing (Attachment #5) **B. Hagaman**
- Program Dashboard FY21 Quarter 4 **T. Florence/L. Higle** (Attachment #6) **ACTION**
- Annual Recipient Rights Report **S. Thompson** (Attachment #7) **ACTION**

XI. Items for Future Discussions (5 minutes)
- Accounts Receivable
- Cost Per Case Comparisons
- Looking at call data and how it affects CARES Team

Audience Participation Guidelines:
- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

- Access Department comparison presentation from pre-CCBHC and with CCBHC
- CCBHC Performance Measures
- Single point of entry for Substance Abuse Disorder

XII. Adjournment of Public Meeting

*****Board/Committee members are encouraged to participate in person unless other arrangements have been made in advance.**

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/94513867007

Or One tap mobile:
+13126266799, 94513867007# US (Chicago)
+16465189805, 94513867007# US (New York)

Or join by phone:
Dial(for higher quality, dial a number based on your current location):
US: +1 312 626 6799 or +1 646 518 9805 or +1 929 205 6099 or +1 267 831 0333

Webinar ID: 945 1386 7007

International numbers available: https://zoom.us/u/ar6fxsiOI

PLEASE NOTE THAT SOCIAL DISTANCING AND MASKS ARE REQUIRED.
MASKS WILL BE PROVIDED FOR THOSE WHO DO NOT HAVE ONE.

Audience Participation Guidelines:

- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING MINUTES

DRAFT

December 18, 2021

https://zoom.us/j/95174458832

1:00 pm

ROLL CALL: S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
M. Udow-Phillips attending remotely from Ann Arbor, Washtenaw County, MI
K. Walker attending remotely Southgate, Wayne County, MI

MEMBERS ABSENT: K. Scott, D. Strong

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, R. Dornbos, H. Linky, S. Ray, K. Diebboll, S. Amos O'Neal, M. Taylor, K. Hoener, B. Brookens-Harvey, K. Snay, L. Gentz, T. Florence

OTHERS PRESENT: L. Lutomski, K. Homan, M. Creekmore, G. Nelson

N. Graebner-Sundling called the meeting to order at 1:03 pm.

I. Introductions
- T. Cortes introduced B. Brookens-Harvey from the Youth and Family Services who will be presenting at this meeting.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Budget-Finance Committee Meeting Minutes and Actions from 11/8/21.
- The Budget-Finance Committee Meeting Minutes and Actions from 11/8/21 were reviewed. (Attachment #1A)

MOTION BY B. KING, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE NOVEMBER 8, 2021 BUDGET-FINANCE COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**NOT ON BUDGET-FINANCE COMMITTEE**	**DUSBIBER**	**NOT ON BUDGET-FINANCE COMMITTEE**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**NOT ON BUDGET-FINANCE COMMITTEE**
JEFFERSON	**Y**	**KING**	**Y**

SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**NOT ON BUDGET-FINANCE COMMITTEE**

MOTION CARRIED

I. Program-Quality Committee Meeting Minutes and Actions from 11/8/21.

- The Program-Quality Committee Meeting Minutes and Actions from 11/8/21 were reviewed. (Attachment #1A)

MOTION BY K. WALKER, SUPPORTED BY S. ANTONOW TO APPROVE THE MINUTES AND ACTIONS FROM THE NOVEMBER 8, 2021 PROGRAM-QUALITY COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**NOT ON PROGRAM-QUALITY COMMITTEE**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**NOT ON PROGRAM-QUALITY COMMITTEE**
SCOTT	**N/A**	**STRONG**	**NOT ON PROGRAM-QUALITY COMMITTEE**
UDOW-PHILLIPS	**NOT ON PROGRAM-QUALITY COMMITTEE**	**WALKER**	**Y**

MOTION CARRIED

II. Financial Status Report

- N. Phelps presented the Financial Status Report for the period ending October 31, 2021 (Attachment #2).

MOTION BY B. KING SUPPORTED BY R. JEFFERSON TO APPROVE THE FINANCIAL STATUS REPORT ENDING OCTOBER 31, 2021 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**NOT ON BUDGET-FINANCE COMMITTEE**	**DUSBIBER**	**NOT ON BUDGET-FINANCE COMMITTEE**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**NOT ON BUDGET-FINANCE COMMITTEE**
JEFFERSON	**Y**	**KING**	**Y**
SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**NOT ON BUDGET-FINANCE COMMITTEE**

III. Regional Finance Update

- N. Phelps presented the Regional Finance Update to the committee.

IV. Old Business

- CCBHC Update
  - M. Harding presented an update on the CCBHC.
  - The application is still being reviewed by the State.

- Received F. Brabec's notes from the listening sessions and the comments continually point towards CCBHC.
- Request to highlight the number of CCBHC people coming in, daily visits and look at reporting.

V. New Business

- Program Education Presentation-Wraparound and SED Waiver
  - B. Brookens-Harvey from the CMH Youth and Family Department presented the Wraparound and SED Waiver presentation to the committee (Attachment #3).
  - Outcome data would be beneficial to review at a future meeting.

A. Dusbiber left the meeting at 1:55pm

- General Fund Spending Opportunities Discussion
  - T. Cortes and N. Phelps discussed the Opportunities for General Fund spending.
  - The high priority is placed on Recruitment and Retention with the provider network and with staffing at WCCMH.
  - A communication has been drafted for the State and should be able to get something out to the state and board association in the next couple of weeks.

VI. Items for Future Discussions

- Accounts Receivable (Budget-Finance Committee)
- Cost Per Case Comparisons (Budget-Finance Committee)
- Looking at call data and how it affects CARES Team (Program-Quality after January 2022)
- Access Department comparison presentation from pre-CCBHC and with CCBHC (Program-Quality Committee)
- CCBHC Performance Measures (Program-Quality Committee)

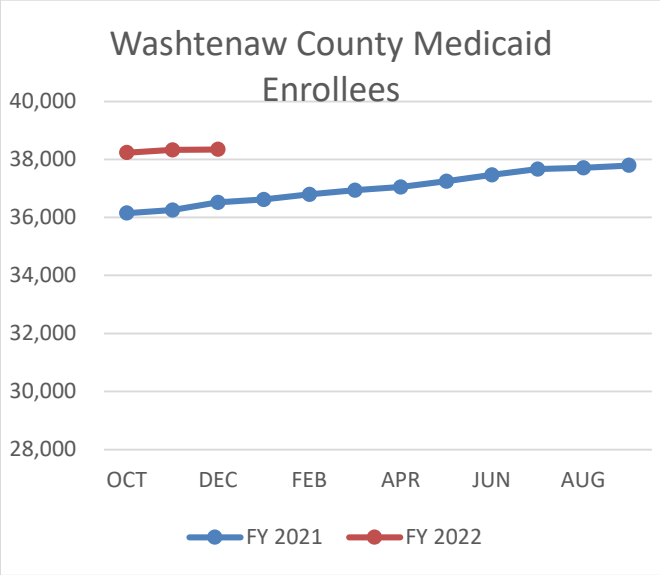
MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY K. WALKER TO ADJOURN THE WCCMH BUDGET-FINANCE MEETING.

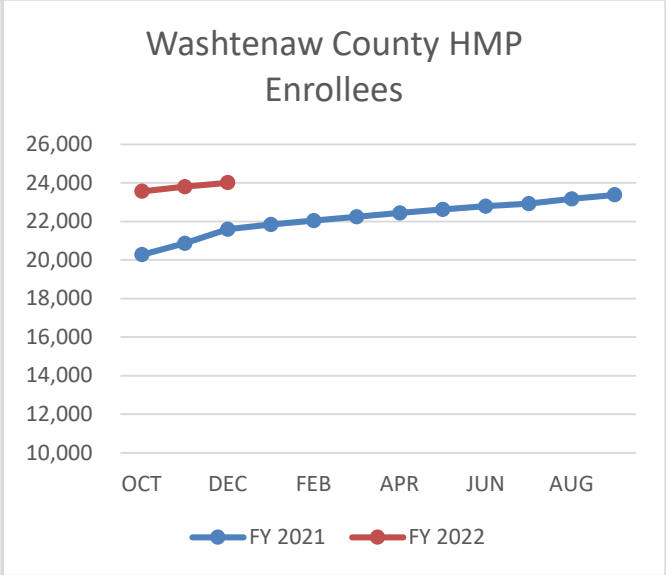
VII. Meeting adjourned at 2:28 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending December 31, 2021
Prepared: February 8, 2022

1. Washtenaw County Enrollees

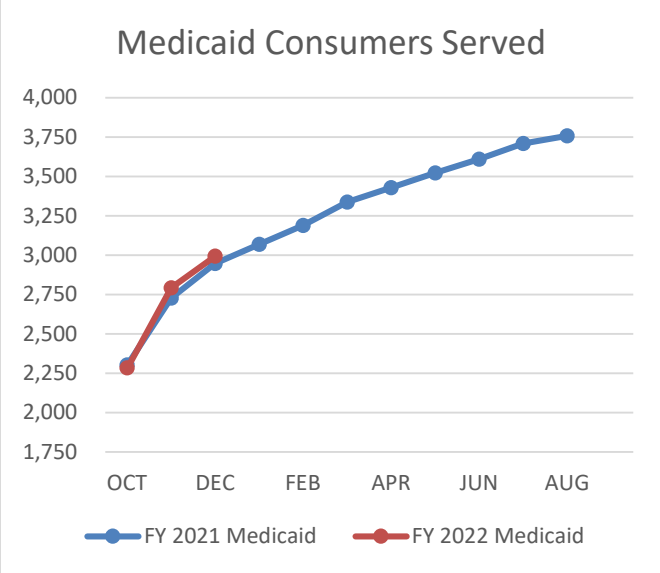
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

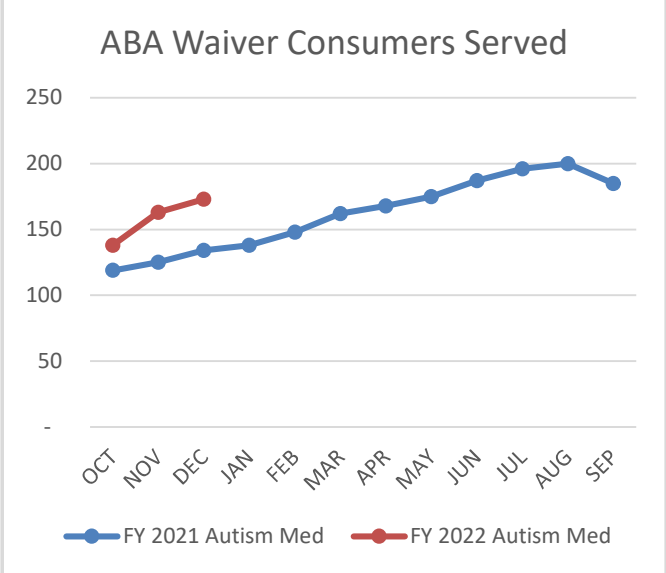




Washtenaw County Medicaid Enrollees were 38,351 in December 2021. This is a 5.00% increase from the same time last year (1,826 more enrollees than in December 2020). Healthy Michigan enrollment in December 2021 was 24,016. This is a 11.18% increase from the same time last year (2,415 more enrollees than in December 2020).

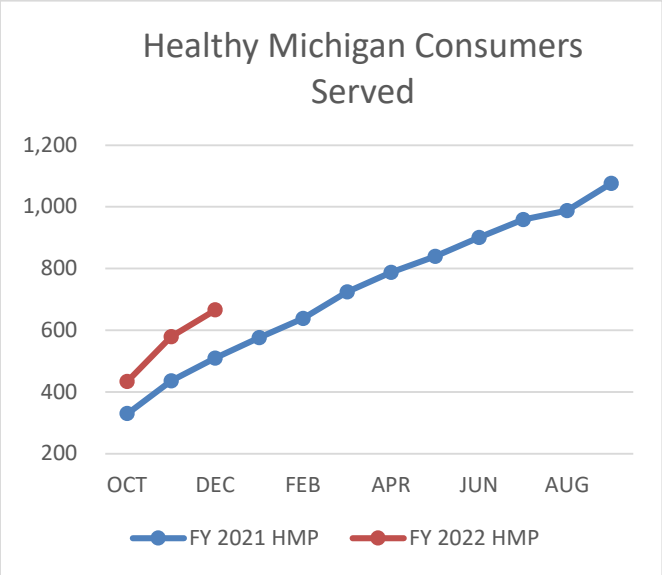
2. WCCMH Consumers Served to Date

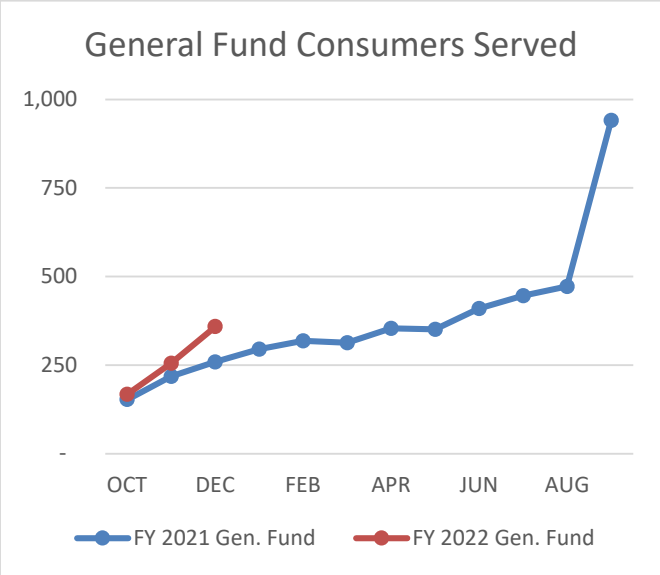




Medicaid consumers served through December 2021 are 2,994. This is 47 more consumers than the prior year (2,947 consumers were served through December 2020).

ABA Waiver consumers served through December 2021 are 173. This is 39 more consumers than prior year (134 consumers were served through December 2020).





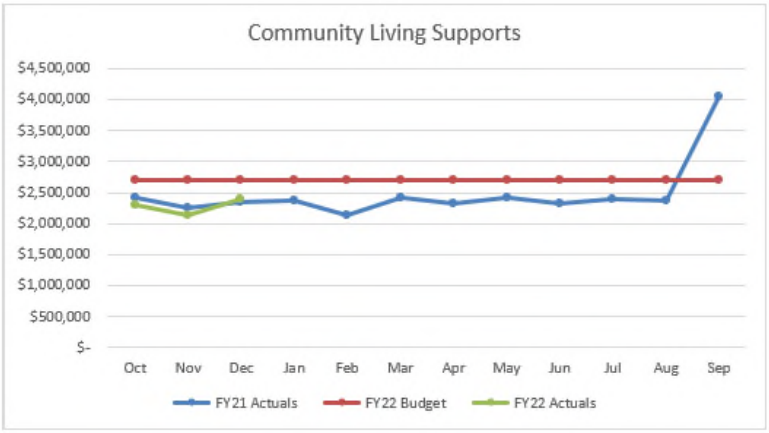
Healthy Michigan consumers served through December 2021 were 666. This is 156 more consumers than the same period last year.

General Fund consumers served through December 2021 were 359. This is 100 more consumers than the same period last year.

3. Financial Statement Highlights

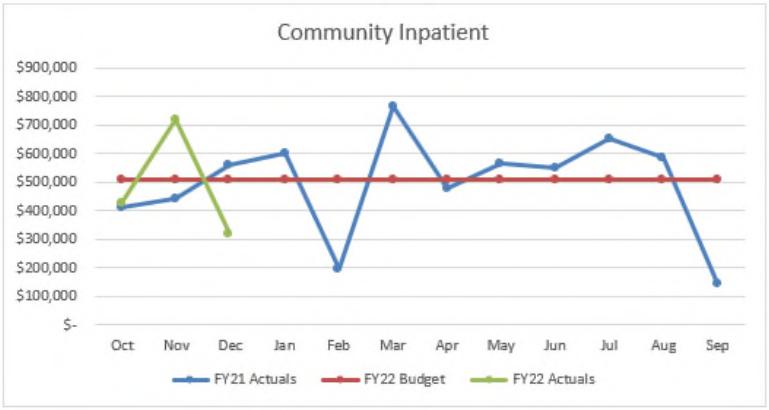
a. CLS service costs to date are estimated to be $6.8 Million and $1.3 Million under budget. The costs year to date are 6% less than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 2,425,825	2,711,968	$ 2,291,232	-5.55%
Nov	2,264,769	2,711,968	2,134,739	-5.64%
Dec	2,346,049	2,711,968	2,405,193	-2.92%
Jan	2,365,368	2,711,968		
Feb	2,135,096	2,711,968		
Mar	2,408,780	2,711,968		
Apr	2,328,718	2,711,968		
May	2,410,288	2,711,968		
Jun	2,316,806	2,711,968		
Jul	2,393,966	2,711,968		
Aug	2,377,568	2,711,968		
Sep	4,042,059	2,711,968		



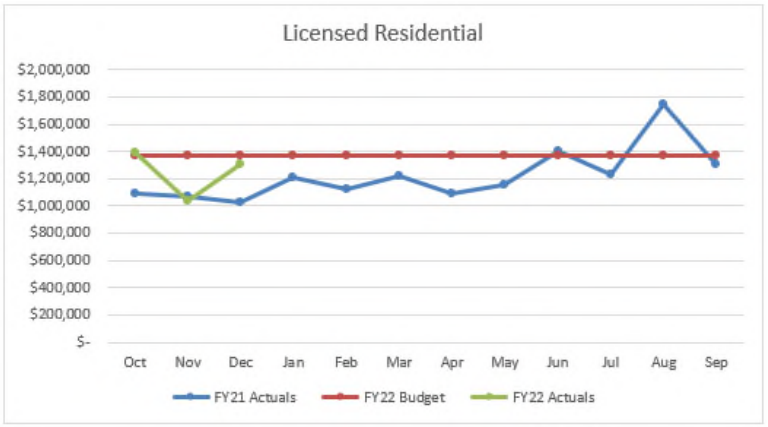
b. Community Inpatient costs to date are $1.4 Million. The costs year to date are 3.58% more than this time last year and $57,000 under budget.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 411,150	$ 508,333	$ 428,747	4.28%
Nov	444,907	508,333	719,608	34.14%
Dec	560,543	508,333	318,967	3.58%
Jan	601,931	508,333		
Feb	194,823	508,333		
Mar	767,313	508,333		
Apr	480,817	508,333		
May	567,208	508,333		
Jun	548,208	508,333		
Jul	653,771	508,333		
Aug	584,676	508,333		
Sep	146,525	508,333		



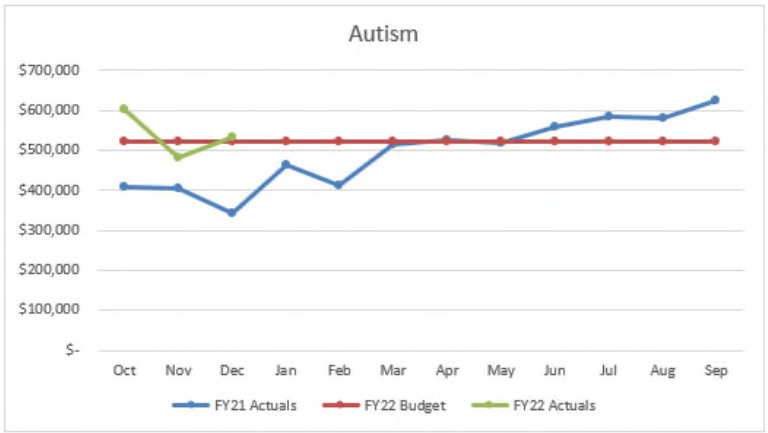
c. Licensed Residential costs to date are $3.7 Million and $396,000 under budget. The costs year to date are 16.74% more than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 1,093,095	$ 1,375,450	$ 1,386,550	26.85%
Nov	1,073,263	1,375,450	1,038,733	11.95%
Dec	1,028,927	1,375,450	1,304,777	16.74%
Jan	1,211,062	1,375,450		
Feb	1,118,469	1,375,450		
Mar	1,225,127	1,375,450		
Apr	1,093,521	1,375,450		
May	1,159,115	1,375,450		
Jun	1,399,305	1,375,450		
Jul	1,228,220	1,375,450		
Aug	1,742,223	1,375,450		
Sep	1,304,444	1,375,450		



d. Applied Behavior Analysis/Autism service costs to date are $1.6 Million. The costs year to date are 39.84% more than this time last year and $53,000 over budget. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 408,109	$ 520,861	$ 602,553	47.64%
Nov	404,662	520,861	479,479	33.13%
Dec	342,956	520,861	534,172	39.84%
Jan	464,654	520,861		
Feb	410,998	520,861		
Mar	512,641	520,861		
Apr	525,526	520,861		
May	518,865	520,861		
Jun	558,191	520,861		
Jul	584,957	520,861		
Aug	578,244	520,861		
Sep	624,950	520,861		



e. Internal staffing expenses are trending under budget due to the difficulty recruiting for budgeted vacant positions.

4. PIHP Revenue Key Points

a. Medicaid and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid is showing a surplus of $2.2 Million through December.
c. By funding source, HMP is showing a deficit of $108,000 through December.
d. Overall, the PIHP surplus is $3.1 Million through December.
e. At this time, funding related to temporary direct care worker wage increases will be cost settled separately and any unspent funds must be returned to the State and cannot be retained by the PIHP.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $514,000.

6. Local Key Points

a. The majority of Local Funding comes from Washtenaw County.

b. Local Funds are showing a surplus of $64,000 through December 2021.

c. Uses of Local Funding include:

i. The 10% GF Match of non-residential services
ii. Local contribution – required by MDHHS
iii. Local share for State Facilities
iv. Shelter expenses and other Local needs

7. Fund Balance

WCCMH currently has no fund balance available for fiscal year 2022.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
DECEMBER 2021 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	11,142,546
HSW		6,650,331
DCW		2,005,083
Child Waiver/SED Waiver		453,928
Autism		1,471,681
Prior Year Adjustments		-
Care for Caid		27,694
Total Medicaid Revenue	$	21,751,262
Total Medicaid Expense	$	19,538,482
Medicaid Surplus/(Deficit)	$	2,212,780
CCBHC **		
Revenue	$	1,032,500
Expense		-
CCBHC Surplus/(Deficit)	$	1,032,500
Healthy Michigan **		
Revenue	$	1,571,221
Expense		1,679,543
Healthy MI Surplus/(Deficit)	$	(108,322)
General Fund		
Revenue		
CMH Operations	$	1,058,761
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		394
Total General Fund Revenue	$	1,059,155
Total General Fund Expense	$	544,833
General Fund Surplus/(Deficit)	$	514,322
Injectable Meds		
Revenue	$	20,621
Expense		15,216

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
DECEMBER 2021 FYTD

		Total
Inj. Meds. Surplus/(Deficit)	$	5,405
Grants And Contracts		
Revenue	$	385,541
Expense		385,541
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	161,121
Redirect to GF		(394)
Expense		160,726
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	386,775
Expense		322,752
Local Surplus/(Deficit)	$	64,023
Private Grant & All NOR		
Revenue	$	60,297
Expense		60,297
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	26,486,887
Expense		22,766,179
Grand Total Surplus/(Deficit)	$	3,720,708

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	3,142,363
WCCMH Surplus/(Deficit)		578,345
	$	3,720,708

Washtenaw County Community Mental Health
Budget to Actuals
For Three Months Ending December 31, 2021

	Current Fiscal Year				
	FY 2022 Amended Budget	FY 2022 Amended Budget YTD	FY 2022 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 46,276,405	$ 11,569,101	$ 10,869,833	$ (699,268)	-6.04%
HSW	27,372,824	6,843,206	6,650,331	(192,875)	-2.82%
Children & SED Waivers	1,044,210	261,053	453,928	192,876	73.88%
Healthy Michigan Capitation	6,284,880	1,571,220	1,571,221	1	0.00%
Autism Capitation	5,886,723	1,471,681	1,471,681	0	0.00%
Direct Care Worker Pass-Through	8,421,349	2,105,337	2,005,083	(100,254)	-4.76%
CCBHC Supplementary	4,059,000	1,014,750	1,032,500	17,750	1.75%
TOTAL PIHP Revenue	$ 99,345,391	$ 24,836,348	$ 24,054,577	$ (781,771)	-3.15%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 1,058,763	$ 1,058,761	$ (2)	0.00%
Grants & Earned Contracts	1,790,168	447,542	408,670	(38,872)	-8.69%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 437,940	$ 220,488	$ (217,452)	-49.65%
Project Revenue	847,984	211,996	181,974	(30,022)	-14.16%
All Other	1,917,652	479,413	562,417	83,004	17.31%
TOTAL Operating Revenue	**$ 109,888,006**	**$ 27,472,002**	**$ 26,486,887**	**$ (985,115)**	-3.59%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,598,359	$ 1,649,590	$ 1,506,797	$ (142,793)	-8.66%
Program Administration	3,355,568	838,892	827,012	(11,880)	-1.42%
Residential Services					
Community Living Supports	$ 32,543,612	$ 8,135,903	$ 6,831,163	$ (1,304,740)	-16.04%
Licensed Residential	16,505,397	4,126,349	3,730,060	(396,289)	-9.60%
Outpatient Services					
Autism Services	$ 6,250,336	$ 1,562,584	$ 1,616,204	$ 53,620	3.43%
Case Management	5,000,662	1,250,166	1,044,238	(205,928)	-16.47%
Supports Coordination	2,948,825	737,206	502,277	(234,929)	-31.87%
Skill Building	4,688,790	1,172,198	633,456	(538,742)	-45.96%
Supported Employment	1,538,321	384,580	368,241	(16,339)	-4.25%
Psychiatry	3,307,258	826,815	789,552	(37,263)	-4.51%
Nursing Services	2,397,642	599,411	539,654	(59,757)	-9.97%
Therapy Services	2,194,098	548,525	450,370	(98,155)	-17.89%
All Other	9,327,130	2,331,783	1,702,237	(629,546)	-27.00%
CCBHC Services	4,059,000	1,014,750	-	(1,014,750)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 1,525,000	$ 1,467,322	$ (57,678)	-3.78%
Local Matches & Shelter	1,282,838	320,710	349,321	28,612	8.92%
Grants & Earned Contracts	1,790,168	447,542	408,275	(39,267)	-8.77%
TOTAL Operating Expenses	**$ 109,888,006**	**$ 27,472,002**	**$ 22,766,179**	**$ (4,705,823)**	-17.13%
Revenue Over/(Under) Expenses	-	-	3,720,708	3,720,708	

Washtenaw County Community Mental Health
Budget to Actuals
For Three Months Ending December 31, 2021

	Prior Year Comparison			
	FY 2022 YTD Actuals	FY 2021 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 10,869,833	$ 10,816,488	$ 53,345	0.49%
HSW	6,650,331	6,148,615	501,716	8.16%
Children & SED Waivers	453,928	231,483	222,445	96.10%
Healthy Michigan Capitation	1,571,221	1,439,000	132,222	9.19%
Autism Capitation	1,471,681	1,164,460	307,221	26.38%
Direct Care Worker Pass-Through	2,005,083	1,679,127	325,956	0.00%
CCBHC Supplementary	1,032,500	-	1,032,500	0.00%
TOTAL PIHP Revenue	$ 24,054,577	$ 21,479,171	$ 2,575,406	11.99%
MDHHS Revenue				
State General Funds	$ 1,058,761	$ 968,106	$ 90,655	9.36%
Grants & Earned Contracts	408,670	284,205	124,465	43.79%
All Other Revenue				
County Appropriation	$ 220,488	$ 223,524	$ (3,036)	-1.36%
Project Revenue	181,974	158,947	23,027	14.49%
All Other	562,417	466,637	95,780	20.53%
TOTAL Operating Revenue	**$ 26,486,887**	**$ 23,580,591**	**$ 2,906,296**	12.32%
Operating Expenses				
Administrative Expenses				
General Administration	$ 1,506,797	$ 1,129,105	$ 377,692	33.45%
Program Administration	827,012	591,527	235,485	39.81%
Residential Services				
Community Living Supports	$ 6,831,163	$ 7,287,064	$ (455,901)	-6.26%
Licensed Residential	3,730,060	3,195,285	534,775	16.74%
Outpatient Services				
Autism Services	$ 1,616,204	$ 1,155,728	$ 460,476	39.84%
Case Management	1,044,238	912,034	132,204	14.50%
Supports Coordination	502,277	466,314	35,963	7.71%
Skill Building	633,456	458,923	174,533	38.03%
Supported Employment	368,241	311,338	56,903	18.28%
Psychiatry	789,552	547,822	241,730	44.13%
Nursing Services	539,654	415,659	123,995	29.83%
Therapy Services	450,370	358,620	91,750	25.58%
All Other	1,702,237	1,423,042	279,195	19.62%
CCBHC Services	-	-	-	0.00%
Other Expenses				
Community Inpatient	$ 1,467,322	$ 1,416,600	$ 50,722	3.58%
Local Matches & Shelter	349,321	355,299	(5,978)	-1.68%
Grants & Earned Contracts	408,275	284,205	124,070	43.66%
TOTAL Operating Expenses	**$ 22,766,179**	**$ 20,308,564**	**$ 2,457,615**	12.10%
Revenue Over/(Under) Expenses	3,720,708	3,272,027	448,681	

There's a behavioral health care staffing crisis in Michigan– here's how we can solve it.

Summary

The need and demand for mental health services has increased throughout the COVID-19 pandemic. Many community mental health agency staff members are overburdened, and open positions are going unfilled–both in Washtenaw County and across the state of Michigan. Increasing pay and providing more career opportunities for direct care mental health workers are both essential to help solve this problem. Governor Gretchen Whitmer's recommended budget contains important proposals to help with the state's mental health crisis. The Michigan State Legislature must consider these proposals and act quickly to avert a mounting crisis.

Background

Michigan's behavioral health care workforce provides a range of direct care services and responsibilities–from activities of daily living like dressing, bathing, and feeding, to household and social support and clinical tasks. Many of the behavioral health care workers who do this work are employed by the state's community mental health system, which serves adults with severe and persistent mental illness, children with serious emotional disturbances, and individuals with intellectual and developmental disabilities. However, Michigan is currently experiencing a staffing crisis with tens of thousands of unfilled jobs.

Data from the Community Mental Health Association of Michigan estimates that there are 50,000 vacant positions for behavioral health direct care workers–a 21 percent vacancy rate.[i] These jobs include case managers, social workers, peer support specialists, therapists, substance use specialists, nurse practitioners, and other mental health professionals. The positions remain empty during a time when services are in high demand due to the many negative effects of the COVID-19 pandemic–such as loss of family and friends, health conditions, job loss, financial issues, additional caregiving burdens, social isolation, and stress. For instance, during the pandemic, about four in ten adults reported symptoms of anxiety or depression – a 400 percent increase since 2019.[ii]

The COVID-19 pandemic can also be blamed for exacerbating behavioral health workforce recruitment and retention issues that existed prior to the pandemic. Many long-term behavioral health care workers report that they are exhausted, receive little appreciation for their contributions, and that the work has become too difficult for them to continue.[iii] Consequently, numerous seasoned professionals have left the field altogether, resulting in the loss of historical knowledge, relationships between staff, and mentoring. While women make up close to 70 percent of the mental health direct care workforce, many have chosen to stay at home to care for their own children due to unpredictable COVID-19 school and daycare closures. In addition, some direct care workers have expressed that a lack of specialized training prevents them from successfully fulfilling their responsibilities and is another barrier to retaining these workers long-term.[iv]

Other professional opportunities have also emerged for members of the behavioral health care workforce. With remote work becoming commonplace, some clinical workers have been "aggressively recruited" by companies that offer work from home options, such as telehealth services.[v] Furthermore, other industries are offering more competitive entry-level wages, with work that is less stressful–both physically and emotionally–and presents lower risk of COVID-19 exposure. The average starting wage of a direct care worker in Michigan is $11.44 per hour,[vi] while many fast food, grocery, retail, and clerical positions are now offering starting wages of at least $15 per hour.

In the fall of 2021, the Michigan legislature passed a permanent direct care worker wage increase of $2.35; however, this increase primarily affects direct care staff who work in nursing homes. Governor Gretchen Whitmer's upcoming budget proposes $135 million specifically for behavioral health care workers from the state's General Fund.[vii]

Recommendations

To address Michigan's behavioral health care staffing crisis:

- **The $2.35 increase in direct care worker wages should be extended to the behavioral health care workforce and made permanent.** Additional enhancements in wages beyond $2.35 should be considered, commensurate with the skill and important role severed by behavioral health staff.
- **Michigan DHHS should work with other state agencies to develop a specialized career pathway for direct care worker positions.** This includes a centralized recruitment and training center to elevate the profession, certification programs through the state's community colleges that provide a clear career pathing opportunity, and tiered levels of professional advancement based on job type, training, and experience.
- **Michigan DHHS should reduce provider administrative burdens**. This includes complicated new billing requirements for community living supports (CLS).

These steps are the minimum needed to address the state's behavioral health workforce shortage in the short-term. Longer term solutions are also needed to address the more fundamental issues resulting in a mismatch between capacity and need. Michigan should develop a statewide long-term strategic plan to expand mental health capacity. To accomplish this goal, the Governor should establish a state task force with bipartisan state legislators, government agency representatives, and those working in the field–to develop a cohesive, statewide strategy.

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[i] https://www.crainsdetroit.com/health-care/pandemic-caused-more-mental-illness-without-staff-industry-impasse
[ii] https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
[iii] https://cmham.org/wp-content/uploads/2021/04/Staff-Shortages-Client-Crises-Made-COVID-Hard-On-Mental-Health-Services.pdf
[iv] https://www.bridgemi.com/quality-life/michigan-ages-shortage-health-care-workers-explodes-crisis
[v] https://cmham.org/wp-content/uploads/2021/04/Staff-Shortages-Client-Crises-Made-COVID-Hard-On-Mental-Health-Services.pdf
[vi] https://arcmi.org/micarecrisis/
[vii] https://www.freep.com/story/news/politics/2022/02/07/whitmer-proposes-3-billion-extra-front-line-workers-police-other-heroes/6662322001/

Washtenaw County Community Mental Health

Fiscal Year 2022 Budget Amendment Details

February 2022

REVENUES:

Medicaid:

- PIHP Revenue has been updated to reflect the budgeted amounts included in the FY22 PIHP Budget.
- Overall, the capitation categories reflect a $2,615,042 increase over the original WCCMH FY22 Budget as well as an additional $1,750,000 as a direct pass through for provider workforce stability.
- The "Direct Care Worker Pass-Through" amount has been updated to reflect the increased funding needed to support the $2.35 per hour wage increase.
- The "CCBHC Supplementary" has been updated to reflect the projected revenue with all the information known at this time.
- In total, the PIHP Revenue has increased $16,845,391 from the FY22 Original Budget.

EXPENSES:

CCBHC Expenses:

- CCBHC expense recognition is still being determined as management works to understand the costing/reporting requirements, EMR updates and impacts to existing millage/CCBHC grant funding splits. As a placeholder, a separate expense category "CCBHC Services" is included in the Outpatient Services section.

Contracted Services:

- Updates to contracted services to reflect the anticipated cost of the "Direct Care Worker Pass-Through" effort as well as provider workforce stability payment for residential services.

ATTACHMENT #4
FEBRUARY 2022

Washtenaw County Community Mental Health
Fiscal Year 2022
Proposed Second Budget Amendment

	FY 2022 Original Budget	FY 2022 1st Budget Amendment	FY 2022 2nd Budget Amendment	2nd Amendment Over/(Under) Original Budget
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 43,503,203	$ 44,526,405	$ 46,276,405	$ 2,773,202
HSW	25,102,700	25,368,146	27,372,824	2,270,124
Children & SED Waivers	894,097	1,044,210	1,044,210	150,113
Direct Care Worker Pass-Through	-	8,020,332	8,421,349	8,421,349
CCBHC Supplmentary	-	2,000,000	4,059,000	4,059,000
Healthy Michigan Capitation	7,000,000	6,284,882	6,284,880	(715,120)
Autism Capitation	6,000,000	5,886,723	5,886,723	(113,277)
TOTAL PIHP Revenue	$ 82,500,000	$ 93,130,698	$ 99,345,391	$ 16,845,391
MDHHS Revenue				
State General Funds	$ 4,235,050	$ 4,235,050	$ 4,235,050	$ -
Grants & Earned Contracts	1,779,812	1,790,168	1,790,168	10,356
All Other Revenue				
County Appropriation	$ 1,748,770	$ 1,751,761	$ 1,751,761	$ 2,991
Project Revenue	847,984	847,984	847,984	-
All Other	1,917,652	1,917,652	1,917,652	-
TOTAL Operating Revenue	**$ 93,029,268**	**$ 103,673,313**	**$ 109,888,006**	**$ 16,858,738**
Operating Expenses				
Administrative Expenses				
General Administration	$ 6,279,421	$ 6,279,421	$ 6,598,359	$ 318,938
Program Administration	3,304,826	3,304,826	3,355,568	50,742
Residential Services				
Community Living Supports	$ 26,750,000	$ 31,543,612	$ 32,543,612	$ 5,793,612
Licensed Residential	13,000,000	15,755,397	16,505,397	3,505,397
Outpatient Services				
Autism Services	$ 5,520,000	$ 5,732,206	$ 6,250,336	$ 730,336
Case Management	4,758,950	4,758,950	5,000,662	241,712
Supports Coordination	2,806,291	2,806,291	2,948,825	142,534
Skill Building	4,294,135	4,462,153	4,688,790	394,655
Supported Employment	1,463,965	1,463,965	1,538,321	74,356
Psychiatry	2,861,899	2,861,899	3,307,258	445,359
Nursing Services	2,281,750	2,281,750	2,397,642	115,892
Therapy Services	2,088,044	2,088,044	2,194,098	106,054
All Other	8,457,337	9,161,793	9,327,130	869,793
CCBHC Services	-	2,000,000	4,059,000	4,059,000
Other Expenses				
Community Inpatient	$ 6,100,000	$ 6,100,000	$ 6,100,000	$ -
Local Matches & Shelter	1,282,838	1,282,838	1,282,838	-
Grants & Earned Contracts	1,779,812	1,790,168	1,790,168	10,356
TOTAL Operating Expenses	**$ 93,029,268**	**$ 103,673,313**	**$ 109,888,006**	**$ 16,858,738**
Revenue Over/(Under) Expenses	$ -	$ -	$ -	$ -

WCCMH Nursing Services

BRANDIE HAGAMAN, MPH, PROGRAM ADMINISTRATOR

COLLEEN O'BRIEN, RN, NURSING SUPERVISOR

ANN IGOE, RN, BSN, DNP CANDIDATE

Teams with nursing services

** will have a separate presentation at a later date.

- ACT
- Residential
- MI- Core
- Intellectual and Developmentally Disabled (I/DD)
- Youth and Family (YF)
- 750
- CARES
- CRS
- OBRA**
- Health and Wellness Program (HWP)**

Team descriptions

ACT team- high intensity group that live in the community that are seen anywhere from multiple times a day or a week, nurses go out on “grid” a few times a week, coordinates with psychiatrist, helps with medication delivery and monitoring

Residential team- consumer that lives in a community setting with assistance (group home, supported apartment, etc.) generally older, nurses interact with the providers staff for medication, education. Services are both in the community and at the clinics.

MI-Core teams- largest group at WCCMH, consumers live more independently, and some are significantly ill. Services are more clinic based and works closely with psychiatrist and treatment team.

CARES – stabilization team that works with consumers that have insurance or no insurance. Works with psychiatry and treatment team to coordinate care after treatment provided.

Team descriptions

I/DD- DD diagnosis and DD/MI, consumers live in a variety of settings that can include group homes, supported living sites, living with family, living independently. Quite a few have high medical acuity, services are community based as well as some clinical services that are coordinated with the prescriber team and treatment team.

YF- Serves 0-18 years old with SED, or I/DD. Services are clinic based, coordination with pediatricians and other community programs that include schools, therapy team and providers, works with multiple teams/ programs within YF services.

CRS- on site nursing 7 days a week, step down house that has consumers that might be discharged from the hospital, need medication monitoring or psychiatric monitoring for short term. Nursing works with all adults' teams across WCCMH and community providers (physicians).

750- Staffed by a medical assistant (MA) and other treatment team staff for a 23-hour setting. The MA completes a health assessment, provides medication monitoring and monitoring for the consumers stay.

Why Nurses?

Psychiatric nursing is defined as a specialty within the field of nursing that **provides holistic care to individuals with mental disorders or behavioral problems** so as to **promote their physical and psychosocial well-being**. It emphasizes the use of **interpersonal relationships as a therapeutic agent** and considers the environmental factors that influence mental health – *American Psychological Association, 2020*

The four metaparadigms of nursing align well with the CMH bio-psycho-social approach:

Person – receiver of care, a multifaceted human being with individual experiences

Environment – internal and external influences which affect a person's health

Health – physical, emotional, intellectual, social and spiritual well-being

Nursing - delivery of optimal health outcomes for the patient through a mutual relationship in a safe and caring environment

Daily Activities of Nursing

- Take vitals
- Give injections
- Refills/verbal orders
- Provide medication education
- Participate in interdisciplinary communication
- Gather information for the annual health risk assessment (PHRs)
- Provide care coordination between CMH, hospitals, and community providers
- Assessment and support during medical and psychiatric emergencies

Committees:

Medication Management – this committee reviews, develops and monitors processes that involve medications at WCCMH. This committee also reviews the Joint Commission standards around medication control.

Infection Control – this committee ensures that WCCMH is following the infection control standards set forth by the Joint Commission. This committee also encourages methods to decrease the spread of diseases and promotes vaccinations.

New staff training – this training is provided monthly to all new WCCMH staff that covers many of the medication management, infection control and other safety standards that are required of staff.

Provider medication training- nursing staff develop and implement the medication training and testing for provider's staff. This testing takes place multiple times a month.

Safety – nursing staff participate on the safety committee to ensure processes and protocols are being followed at the sites.

Committees/ Coverage :

Staff Development – Sit on the staff development to provide input on staff development and trainings from the nursing perspective

Employee Activities Committee (EAT)- this committee promotes staff morale and recognition by planning activities, theme weeks, staff goodie bags and acknowledgement boards across all the sites.

Team Trainings- On a quarterly basis all nurses are required to provide trainings at their treatment team meetings. This includes training on medication management, naloxone, flu shot and handwashing, Waived testing (for designated teams)

On call- nursing staff provide on-call services during nonbusiness hours and throughout the weekends/holidays. They work with the crisis team, CRS, on call prescribing to help answer questions and solve medication related issues.

CRS weekend/holiday coverage- nurses provide coverage every day at CRS on a volunteer (paid basis) on the weekends and on holidays

Post hospitalization process- nursing staff meet with consumers within 7 days post hospitalizations in order to reconcile medications, coordinate with the prescriber and treatment team with any follow up needs.

Pandemic changes:

- Nursing staff were on a rotating schedule so that there was minimum nursing staffing as well as being able to socially distance. Services included:
  - Provided injections in office and in the community
  - Covered CRS
  - ACT medications ordering and monitoring
  - Virtual visits prior to prescriber appointments
  - Virtual post hospital discharge appts
- COVID screening/testing- nursing staff provide onsite treatment determination (in conjunction with the treatment team) when a consumer presents with symptoms/exposure concerns. Nursing staff also provide rapid COVID testing for those that are transition to different levels of care when at WCCMH.
- COVID vaccine clinics- Nursing staff helped plan and execute multiple Johnson and Johnson vaccine clinics for WCCMH consumers.
- Currently all nursing services staff are onsite

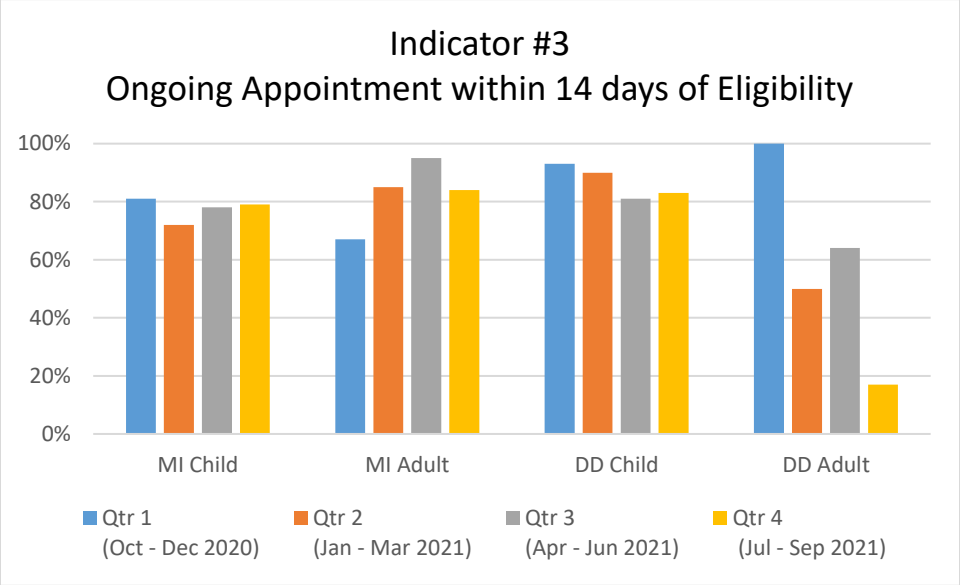
ATTACHMENT #6

FEBRUARY 2022

Washtenaw Community Mental Health
Impact of Staffing Crisis

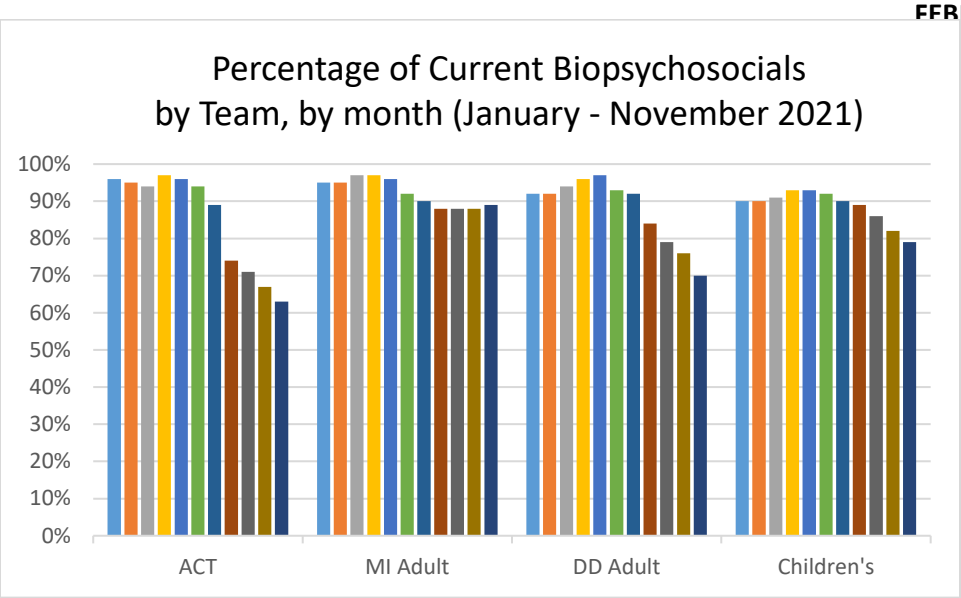
Michigan Department of Health and Human Services (MDHHS) performance indicators include monitoring status of a Community Mental Health Service Provider's (CMHSP) ability to initiate ongoing services to consumers within 14 days of their eligibility assessment.

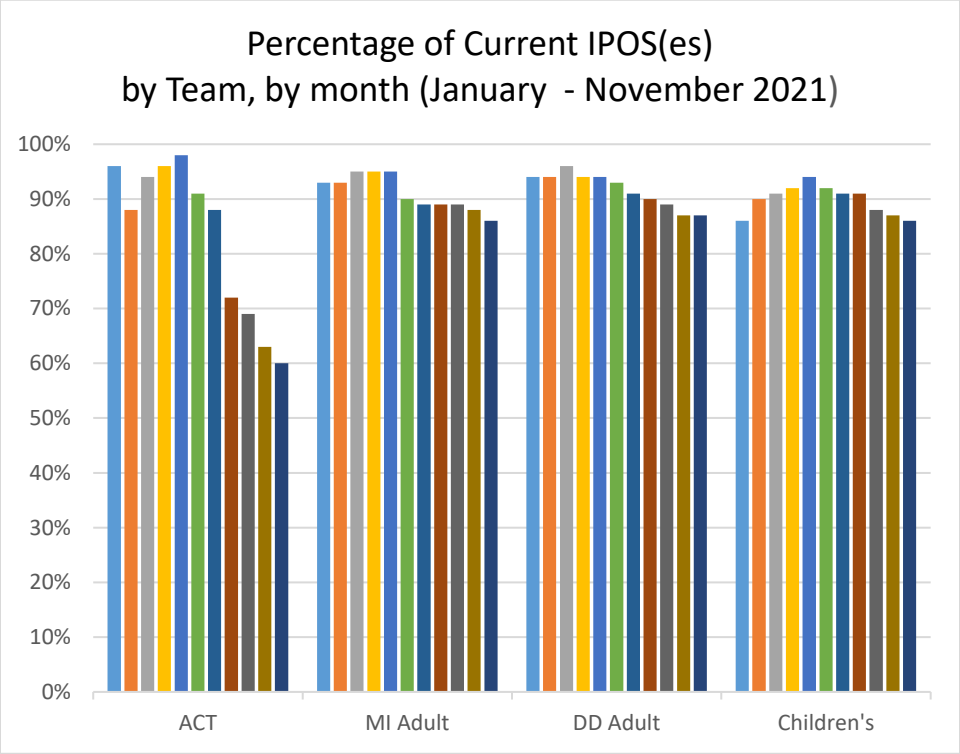
Below shows our ability to do this as indicated by the percentage of cases that received their ongoing service within 14 days. Some of the reasons for not receiving the service may be due to consumer choice (e.g. no show appointment, scheduling outside of the 14 day area, moving out of the area, etc.). However, Program has reported the staffing shortage has made it very difficult to establish service for new cases within the 14 days thereby impacting accessibility to our services. Below is a chart showing MI Adult and DD Adults performance on this indicator for three quarters (Jan – Mar, Apr – Jun and July – Sep 2021).



The staffing shortage has also impacted our ability to complete two significant documents in the treatment process. These documents guide our individualized consumer care. They are the Biopsychosocial and the Individual Plan of Service (IPOS). Both of these must be updated every year or they are considered expired. The Individual Plan of Service must be based on current information which is gathered through the completion of the Biopsychosocial process. If these documents are expired, we are not meeting Medicaid mandates and this also impacts other parts of the operations chain (e.g. services identified and subsequently authorized to support claims, information in the electronic health record that assists other aspects of services such as prescribers, etc.).

Through our Performance Improvement Department monthly management reports, we monitor how well we are keeping up with these mandates on a monthly basis. Below are two graphs which initially show relatively strong compliance (with some variance) which can be considered our baseline. However, they also display a significant drop off in our ability to stay compliant with the expectations and mandates.





The IPOS has a higher compliance rate because it is required to be current to support all services and claims but really should be informed by a current BPS which is a Joint Commission Standard, a Medicaid mandate and a regional policy.

The staffing shortage is impacting access to care in a timely way, proper and timely assessment process and the development of the treatment plan which impacts service and overall quality.

Another factor whose effect is not able to be measured at this time is the impact from a burgeoning caseload which requires the clinician to spread their available time amongst more consumers which means less time for each consumer. This lack of time impacts:

a) The time available to develop of a therapeutic rapport with the consumer which research identifies as the best predictor of good outcomes,
b) The clinician's available time to engage and discover the consumer which helps reveal additional needs and/ or symptoms the consumer / family may be experiencing,
c) A possible increase in adverse events since we do not know the consumer as well as we have in the past and therefore may not understand issues the consumer or family are facing,
d) The available time to spend on evidence based practices with the consumer and their family in order to achieve the outcomes we wish to achieve and
e) The ability to implement steps toward improving processes identified in audits. (A recent MDHHS audit will require the implementation of a corrective action plan which will require training, monitoring and higher expectations of an already beleaguered staff who struggle with a large caseload and continued additional compliance expectations. It is feared that this may further stress our system and could also impact additional turnover.)

To summarize, all of these issues are significantly impacted when the clinician is spread too thin with their large caseload and the added documentation requirements that come with each case assigned to them. This has a significant impact in our quality of care.

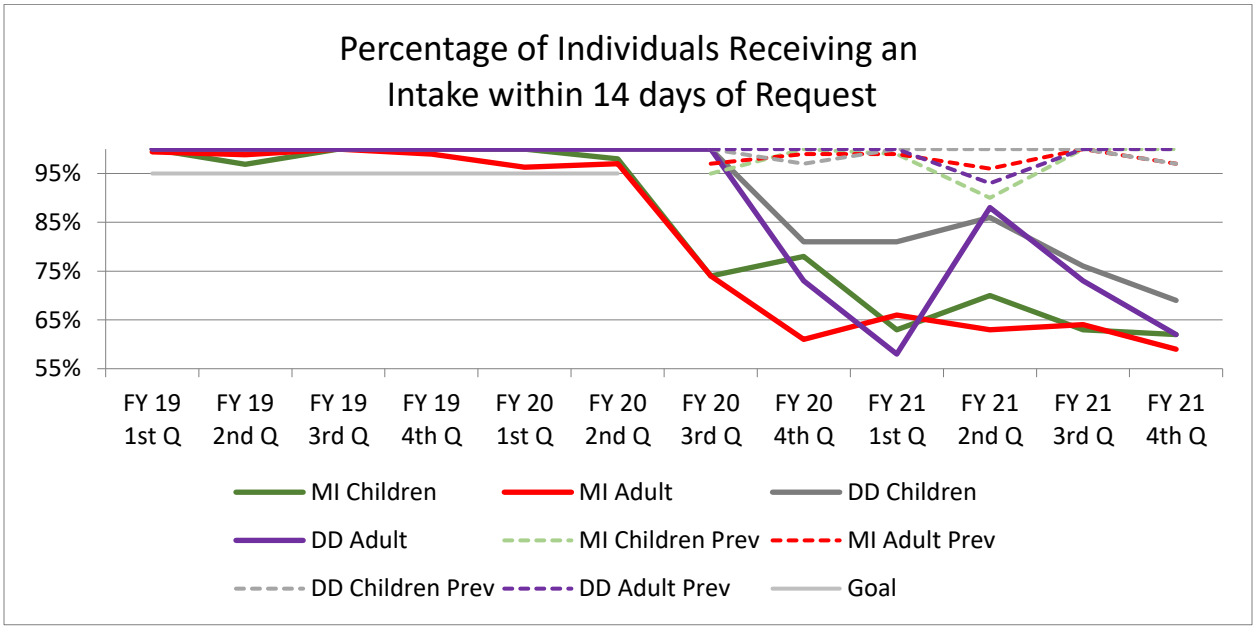
Prepared and submitted by:
WCCMH Performance Improvement
Division Manager Laura Higle

Program and Quality Board Committee
Dashboard Data FY 2021 4th Qtr (July - Sept 2021)

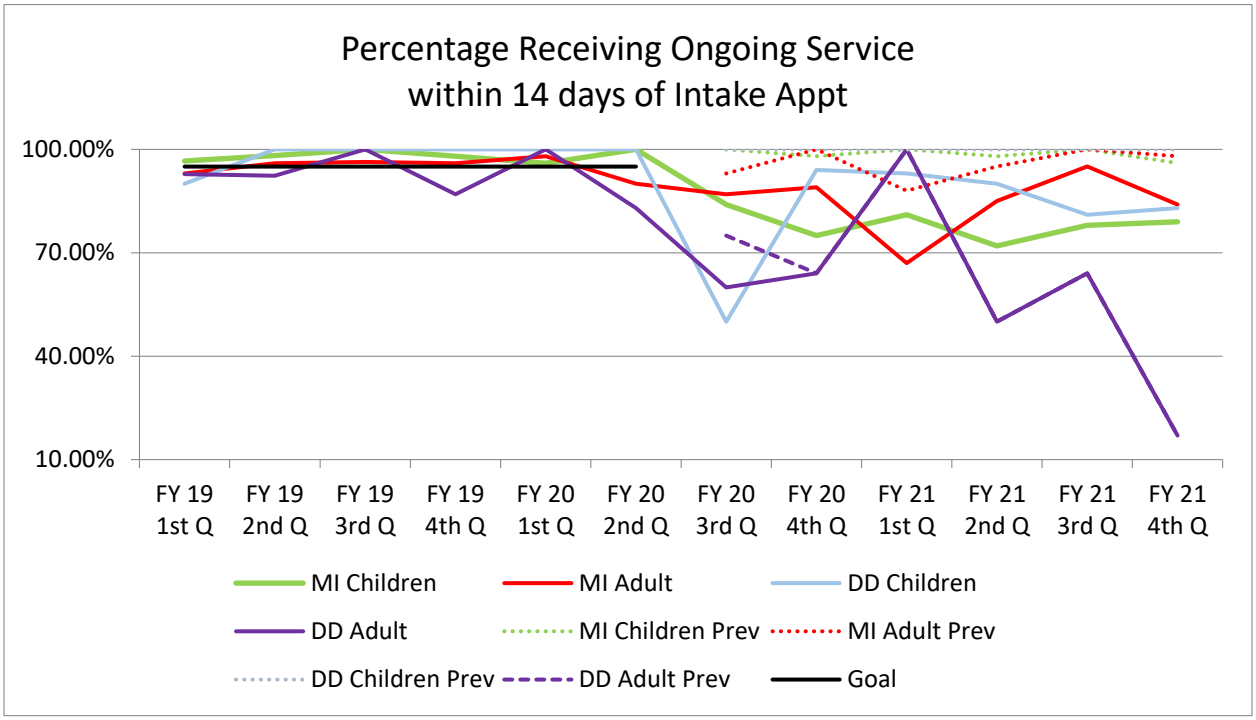
As of April 1 2020, the Michigan Department of Health and Human Service (MDHHS) changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

The major change in the operational definition does not allow accounting for consumer choice and for counting every request of service. Consumer choice is indicated by requesting an appointment outside of the 14 day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance". Therefore, across the State, percentage numbers are significantly different. MDHHS is treating the first year as baseline collection.

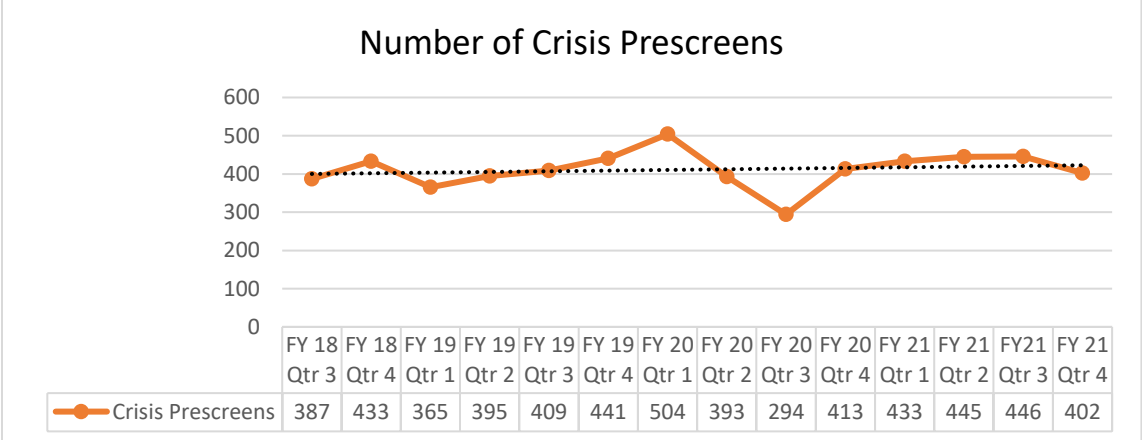
The "dashed lines" indicate where our compliance would have been under previous definitions. The data points are detailed in the tables below the graphs.

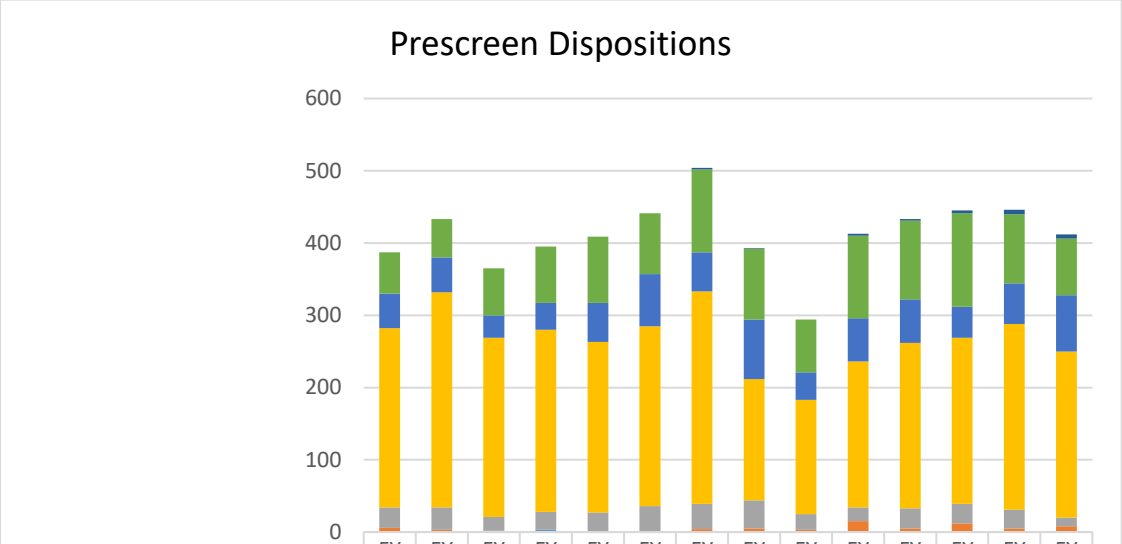


FY 21 4th Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	101	63	38	38	63%	100%
MI Adult	179	106	73	70	59%	97%
DD Child	48	33	15	14	69%	97%
DD Adult	21	13	8	8	62%	100%

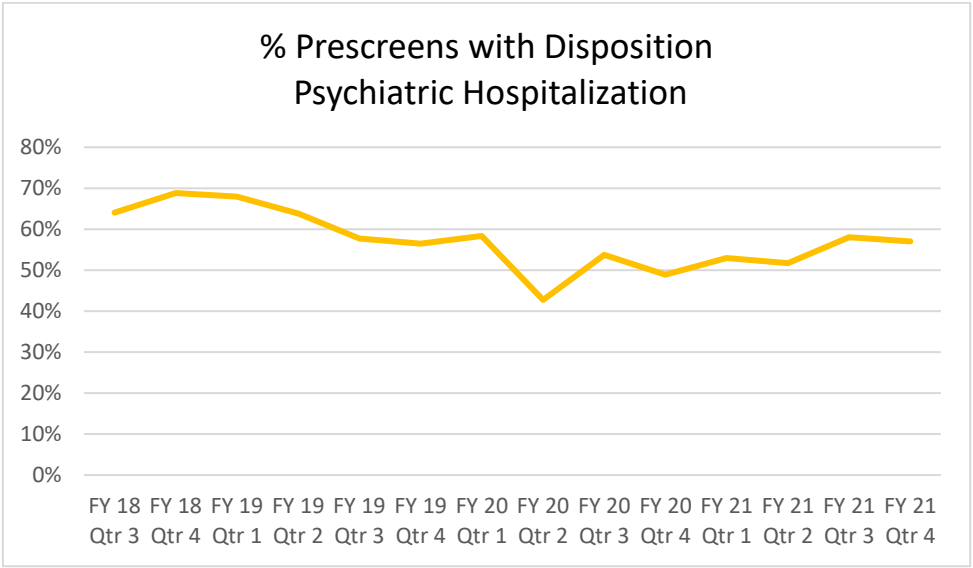


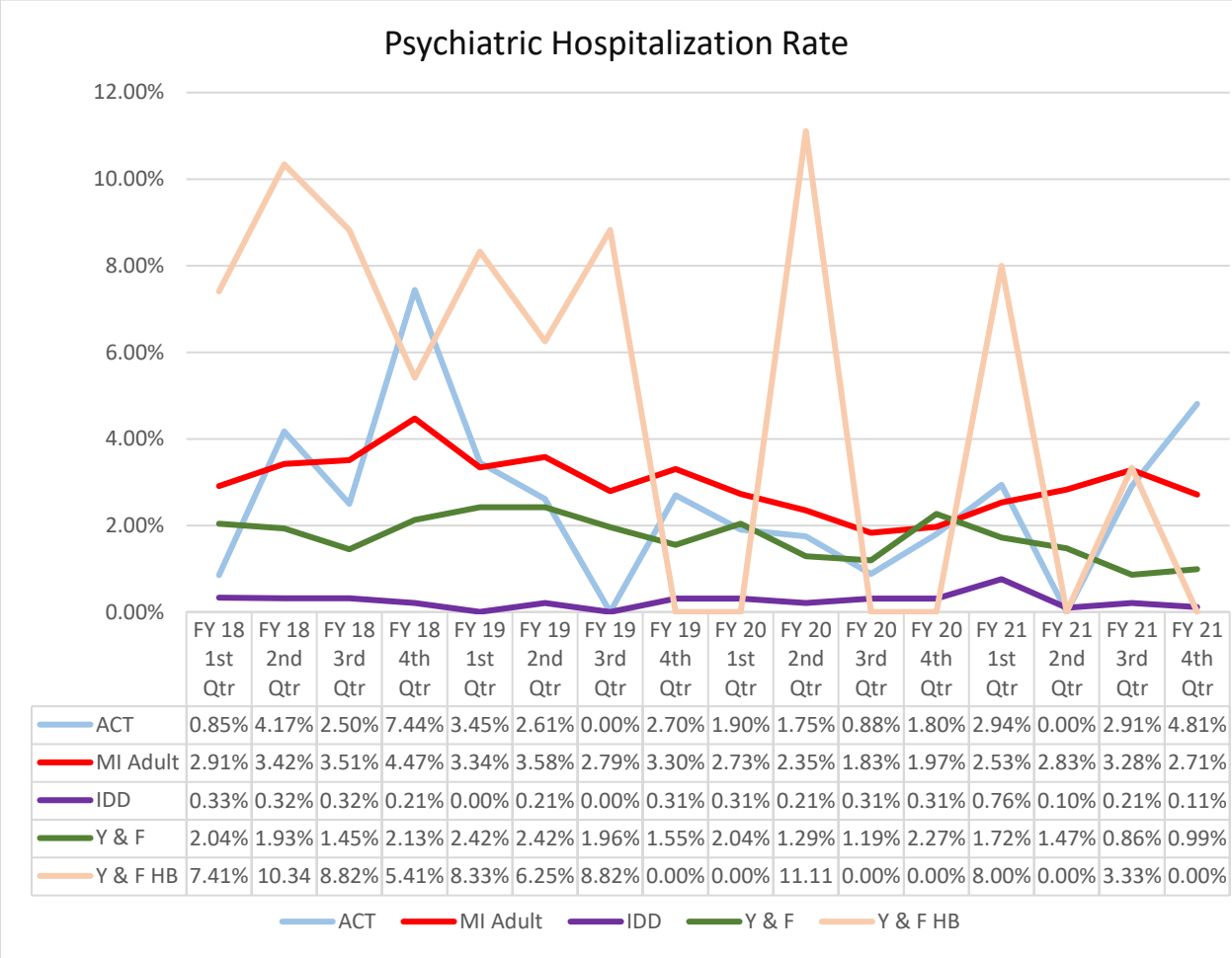
FY 21 4th Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	70	55	15	13	79%	96%
MI Adult	105	88	17	15	84%	98%
DD Child	36	30	6	6	83%	100%
DD Adult	12	2	10	2	17%	20%





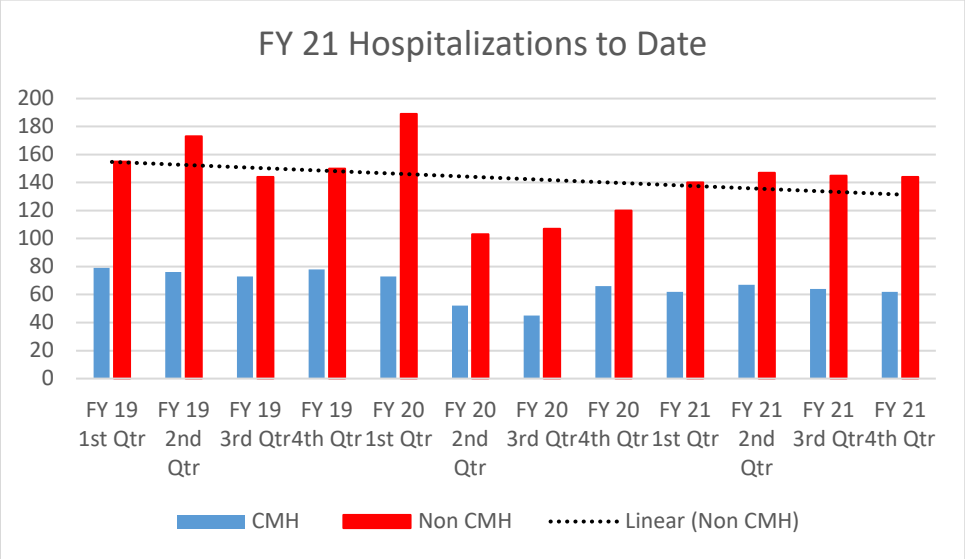
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4
Blank							2	1		3	2	4	6	6
Partial Hospitalization	57	53	65	78	92	84	115	98	73	114	109	129	96	78
Outpatient/ Support Services	48	48	31	37	54	72	54	82	38	60	60	43	56	78
Inpatient Admission	248	298	248	252	236	249	294	168	158	202	229	230	257	230
Crisis Residential	28	31	19	25	27	35	35	39	22	19	28	27	26	12
Crisis Outreach	6	3	1			1	4	5	3	15	5	12	5	8
Admission & Discharge Plan	0	0	1	3										

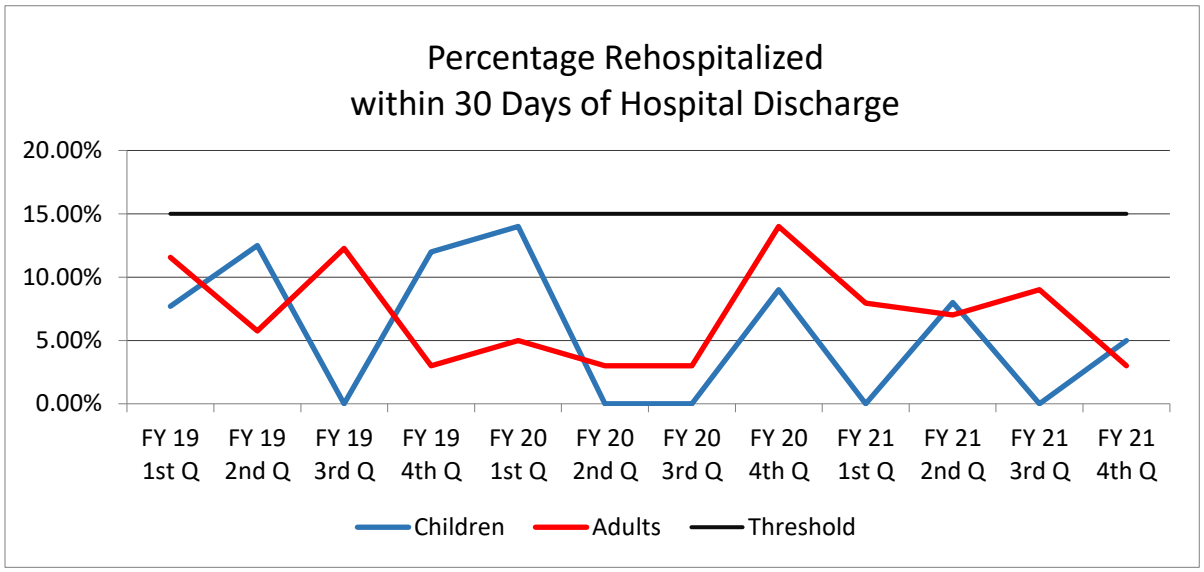




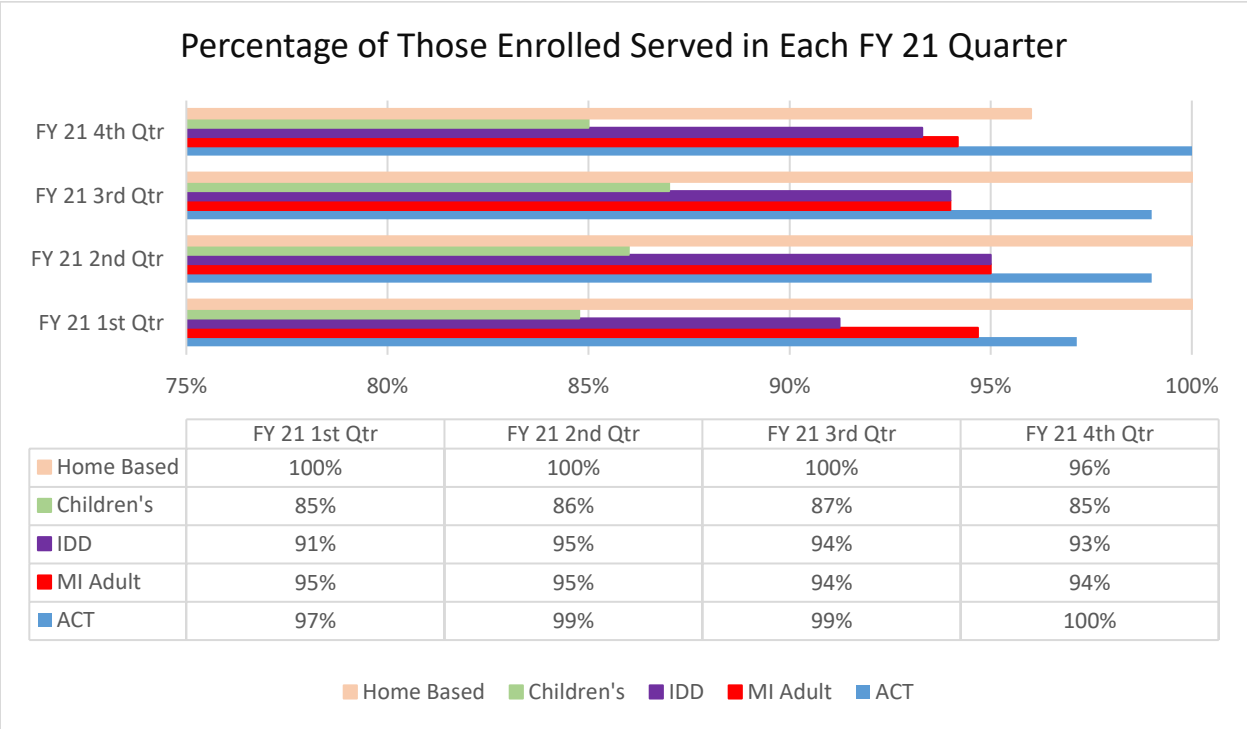
	FY 18 1st Qtr	FY 18 2nd Qtr	FY 18 3rd Qtr	FY 18 4th Qtr	FY 19 1st Qtr	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr
ACT	0.85%	4.17%	2.50%	7.44%	3.45%	2.61%	0.00%	2.70%	1.90%	1.75%	0.88%	1.80%	2.94%	0.00%	2.91%	4.81%
MI Adult	2.91%	3.42%	3.51%	4.47%	3.34%	3.58%	2.79%	3.30%	2.73%	2.35%	1.83%	1.97%	2.53%	2.83%	3.28%	2.71%
IDD	0.33%	0.32%	0.32%	0.21%	0.00%	0.21%	0.00%	0.31%	0.31%	0.21%	0.31%	0.31%	0.76%	0.10%	0.21%	0.11%
Y & F	2.04%	1.93%	1.45%	2.13%	2.42%	2.42%	1.96%	1.55%	2.04%	1.29%	1.19%	2.27%	1.72%	1.47%	0.86%	0.99%
Y & F HB	7.41%	10.34	8.82%	5.41%	8.33%	6.25%	8.82%	0.00%	0.00%	11.11	0.00%	0.00%	8.00%	0.00%	3.33%	0.00%

FY 21 4th Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	104	6 (1)	4.81%
MI Adult	1587	47 (4)	2.71%
IDD	947	1 (0)	0.11%
Y & F	707	8 (1)	0.99%
Y & F Home Based	26	0 (0)	0





FY 21 4th Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	22	1	4.55%
Adult	92	3	3.26%



	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr
Home Based	100%	100%	100%	96%
Children's	85%	86%	87%	85%
IDD	91%	95%	94%	93%
MI Adult	95%	95%	94%	94%
ACT	97%	99%	99%	100%

Critical Event Data Reported Thru Qtr 4 FY 2021

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

	Team at Event	Type	Total
Qtr 1	IDD	Emergency Medical Treatment	3
		Non Suicide Death	4
	MI Adult	Non Suicide Death	13
		Suicide	1
	ACT	Non Suicide Death	1
Qtr 1 Total			22
Qtr 2	Children's	Non Suicide Death	1
	IDD	Non Suicide Death	6
	Adult MI	Non Suicide Death	9
Qtr 2 Total			16
Qtr 3	DD Adult	Non Suicide Death	6
	MI Adult	Non Suicide Death	7
		Suicide Death	1
Qtr 3 Total			14
Qtr 4	DD Adult	Non Suicide Death	3
	MI Adult	Non Suicide Death	3
Qtr 4 Total			6

Mortality Data Thru Qtr 4 FY 2021

Cause of Death	Number of Deaths FY 16	Number of Deaths FY 17	Number of Deaths FY 18	Number of Deaths FY 19	Number of Deaths FY 20	Number of Deaths FY 21
Aspiration Pneumonia				1	2	2
Cancer	10	10	8	9	7	10
Cardiovascular	16	8	13	14	14	5
Dehydration			1			
Drug Abuse	8	6	12	5	8	2
Endocrine System (Diabetes)						1
Environmental Hypothermia				1		
Gastrointestinal	1				3	1
Hip Fracture Complications			1			
Homicide		1	3			
Inanition					2	
Infection					4	5 (4 - COVID 19)
Kidney Disease	2	1	1		1	
Liver Disease		1	2		2	3
Metabolic				1		
Muscular Dystrophy	1					
Natural/Other		3	1			
Neurological	5	2	2	1	3	7
Respiratory	6	4	5	9	10	4
Sturge Weber Syndrome	1					
Suicide	2	3	2	2	5	2
Trauma	1		1	2		2
Unknown	5	3	9	10	8	10
Grand Total	**58**	**47**	**65**	**55**	**67**	**54**

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

WCCMH - Office of Recipient Rights

Quarter IV- FY 20/21

Executive Summary

ORR Program Overview:

- The Rights Office attended the Annual Recipient Rights Conference (virtually) in September 2020.
- We are excited to introduce you to our new Rights Director, Katie Snay and new Rights Officer Sarah Smith.
- The Rights Office received a full compliance score on their tri-annual audit by MDHHS ORR.

Report Complaint Data:

- In addition to the complaint data below, the Rights Office follow up with or referred 32 issues to customer service.

Aggregate Summary

Fiscal Year	20/21	19/20	18/19	17/18
Complaints Received	123	142	233	246
Allegations Involved	164	206	337	375
Allegations Investigated	157	190	324	371
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	63	65	116	122
Percentage of allegations substantiated	40.12%	34.21%	33.64%	32.88%

The following is a four year comparison of **abuse and neglect cases**. Please note that the Abuse Class II data includes *all types* of Abuse II. Additionally, the Neglect data *does not* include Neglect-Failure to Report allegations.

	FY 20/21		FY 19/20		FY 18/19		FY 17/18	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**19**	**5**	**23**	**3**	**28**	**7**	**38**	**8**
Class III	**13**	**4**	**18**	**1**	**23**	**8**	**26**	**5**
Sexual Abuse	**0**	**0**	**2**	**0**	**1**	**0**	**3**	**0**
Neglect:								
Class I	**0**	**0**	**1**	**1**	**1**	**0**	**1**	**0**
Class II	**3**	**1**	**3**	**1**	**2**	**1**	**5**	**0**
Class III	**45**	**26**	**60**	**33**	**75**	**36**	**66**	**31**

The following is a four year comparison of **the top three complaint substantiation cases,** all categories.

FY 20/21	(Received) **Substantiated**	**FY 19/20**	(Received) **Substantiated**	**FY 18/19**	(Received) **Substantiated**	**FY 17/18**	(Received) **Substantiated**
Neglect Class III	(45) **26**	Neglect Class III	(60) **33**	Neglect Class III	(75) **36**	Neglect Class III	(66) **31**
Dignity and Respect	(31) **8**	Neglect Class III: Failure to Report	(8) **8**	Mental Health Services Suited to Condition	(70) **26**	Mental Health Services Suited to Condition	(58) **24**
Mental Health Services Suited to Condition *and* Abuse Class II	(20) **5** (19) **5**	Mental Health Services Suited to Condition	(19) **6**	Dignity and Respect	(68) **15**	Dignity and Respect	(93) **19**

Neglect Class III

Staff fail to follow a written standard AND caused or contributed to:
Harm
Risk of Harm
Failure to report Abuse/Neglect

Dignity and Respect

Treat recipients with consideration, politeness, appreciation
Provide recipients with privacy & choices
Examples:

- Use preferred name
- Give personal space & privacy
- Use positive and kind language
- Honor cultural/other differences
- Let recipients speak for themselves
- Actively listen and respond
- Put recipient's interest and needs first

Mental Health Services Suited to Condition

Staff fail to follow a written standard
(ex: IPOS, doctor's order, policy, etc.)

- No harm or risk of harm

Abuse Class II

<u>Staff caused/contributed to</u>:

- Physical (non-serious)/emotional harm
  - Nonserious physical harm means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions
- Exploitation
- Unreasonable force

The following chart is an explanation of **substantiations by service location**:

Service location type/Code	Number of substantiations
Outpatient services (01)	0
Residential Group home – MI (02)	1
Residential Group Home – DD (03)	9
Mixed Residence (02,03)	0
Inpatient (5)	0
Day Program MI (6)	0
Day Program DD (7)	0
Workshop (Prevocational)	1
Supported Employment (08)	0
Assertive Community Treatment (09)	2
Case Management (10)	5
Psychosocial Rehabilitation	0
Partial Hospitalization (12)	0
Supported Living (13)	45
Other (14)	0
Residential MI/DD (15)	0

Annual Appeals Data for: WCCMH

APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeal Requests Received	3
Number of Appeals Accepted	3
Number Number of Appeals Upheld	3
Number of Appeals Sent Back for Reinvestigation	0
Number of Appeals Requesting External Investigation by DHHS	0
Number of Appeals Sent Back for Further Action	0
Total Number of Appeals Reviewed by the Appeals Committee	3

Complaint Data for: Washtenaw County Community Mental Health

Rights Office Director: Katie Snay

Reporting Period: 2020-10-01 to 2021-09-30

CMH: 4553 # of Consumers Served (unduplicated count) CMH

3 Rights Office FTEs

LPH: Number of Admissions LPH

Hours/40

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	164
Interventions	0
Investigations	157
Interventions Substantiated	0
Investigations Substantiated	63

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COMPLAINT SOURCE

Recipient	17
Staff	34
ORR	47
Guardian/Family	16
Anonymous	2
Community/General Public	7
Total Complaints Received	123

Number of Complainants (unduplicated count): 65

TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	85	21	16	40	3
All others	72	15	12	35	7

Part B: Detailed Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0
72221	Abuse class II - nonaccidential act	4	4	1	0	4	0
72222	Abuse class II - unreasonable force	8	8	1	0	9	0
72223	Abuse class II - emotional harm	0	0	0	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0	0	0	0
72225	Abuse class II - exploitation	7	7	3	1	6	0
7223	Abuse - class III	13	13	4	3	13	0
7224	Abuse class I - sexual abuse	0	0	0	0	0	0

2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	Neglect class I	0	0	0	0	0	0
72252	Neglect class I - failure to report	0	0	0	0	0	0
72261	Neglect class II	3	3	1	0	3	0
72262	Neglect class II - failure to report	2	2	1	0	2	0
72271	Neglect class III	45	45	26	8	62	0
72272	Neglect class III - failure to report	3	3	3	0	4	0

3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0	0	0	0	0	0	0	0
7520	Failure to report	0	0	0	0	0	0	0	0
7545	Retaliation/harassment	0			0	0	0	0	0
7760	Access to rights system	0	0	0	0	0	0	0	0
7780	Complaint investigation process	0	0	0	0	0	0	0	0
7840	Appeal process/mediation	0	0	0	0	0	0	0	0

4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	Second opinion - denial of hospitalization	0	0	0	0	0	0	0	0
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	0	0	0	0	0	0	0	0
4630	Independent clinical examination	0	0	0	0	0	0	0	0
4980	Objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	Second opinion - denial of services	0	0	0	0	0	0	0	0

5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	Religious practice	0	0	0	0	0	0	0	0
7045	Voting	0	0	0	0	0	0	0	0
7047	Presumption of competency	0	0	0	0	0	0	0	0
7284	Search/seizure	1	0	0	1	1	0	1	0

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity & respect	4	0	0	4	1	1	3	0
7112	Receipt of general education information	0	0	0	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0	0	0	0

7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	Visits	0	0	0	0	0	0	0	0
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	Access to telephone, mail	0	0	0	0	0	0	0	0
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	Written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	Uncensored mail	0	0	0	0	0	0	0	0

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	2	0	0	2	2	1	1	0
7485	Withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	Correction of record	0	0	0	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0	0	0	0

9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	5	0	0	5	1	1	5	0
7082	Sanitary/humane environment	7	0	0	7	4	0	8	0
7086	Least restrictive setting	0	0	0	0	0	0	0	0

10. Freedom of Movement

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	1	0	0	1	1	0	4	0
7400	Restraint	0	0	0	0	0	0	0	0
7420	Seclusion	0	0	0	0	0	0	0	0

11. Financial Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money	0	0	0	0	0	0	0	0
7302	Facility account	0	0	0	0	0	0	0	0
7303	Easy access to money in account	0	0	0	0	0	0	0	0
7304	Ability to spend or use as desired	0	0	0	0	0	0	0	0
7305	Delivery of money upon release	0	0	0	0	0	0	0	0
7360	Labor & Compensation	0	0	0	0	0	0	0	0

12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	Possession and use	0	0	0	0	0	0	0	0
7282	Storage space	0	0	0	0	0	0	0	0
7283	Inspection at reasonable times	0	0	0	0	0	0	0	0
7285	Exclusions	0	0	0	0	0	0	0	0
7286	Limitations	0	0	0	0	0	0	0	0
7287	Receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	Waiver	0	0	0	0	0	0	0	0
7289	Protection	0	0	0	0	0	0	0	0

13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	Dignity and Respect	31	0	0	31	8	10	26	2
7003	Informed consent	0	0	0	0	0	0	0	0
7029	Information on family planning	0	0	0	0	0	0	0	0
7049	Treatment by spiritual means	0	0	0	0	0	0	0	0
7080	Mental health services suited to condition	20	0	0	20	5	6	18	0
7100	Physical and mental exams	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	0	0	0	0	0	0	0	0
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0	0	0	0

14. Treatment Planning

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	Person-centered process	1	0	0	1	0	0	1	0
7122	Timely development	0	0	0	0	0	0	0	0
7123	Requests for review	0	0	0	0	0	0	0	0
7124	Participation by individual(s) of choice	0	0	0	0	0	0	0	0
7125	Assessment of needs	0	0	0	0	0	0	0	0

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	Prior consent	0	0	0	0	0	0	0	0
7242	Identification	0	0	0	0	0	0	0	0
7243	Objection								
7244	Release to others/return	0	0	0	0	0	0	0	0
7245	Storage/destruction	0	0	0	0	0	0	0	0
	TOTALS	**157**	**0**	**0**	**157**	**63**	**31**	**170**	**2**

17. No Right Involved

Code	Category	Received
0000	No right involved	4

18. Outside Provider Jurisdiction

Code	Category	Received
0001	Outside provider jurisdiction	3

ATTACHMENT #7
FEBRUARY 2022

Section II: intervention & investigation substantiation data for: WCCMH

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	HSW
Neglect class III	ACT	Written Reprimand	Training	Suspension	0	1	0			
Neglect class III	SIP	Suspension	Staff Transfer		0	1	0			
Abuse class II - exploitation	SIP	Employee left the agency, but substantiated	Policy Revision/Development	Other	0	1	0			
Neglect class II - failure to report	SIP	Employee left the agency, but substantiated	Policy Revision/Development	Other	0	1	0			
Abuse class III	SIP	Employee left the agency, but substantiated			0	3	0			
Neglect class III	SIP	Employee left the agency, but substantiated			0	3	0			
Abuse class III	Residential DD	Written Reprimand	Training		0	1	0			
Abuse class III	Residential DD	Written Reprimand	Training		0	1	0			
Disclosure of confidential information	Case Management	Training			0	1	0			
Abuse class II - exploitation	SIP	Written Reprimand	Training	Other	0	1	0			1
Neglect class III	Residential DD	Employee left the agency, but substantiated			0	6	0			5
Neglect class III	SIP	Employee left the agency, but substantiated			0	1	0			
Neglect class III	SIP	Suspension			0	3	0			1
Neglect class III	SIP	Employee left the agency, but substantiated			0	4	0			4
Restrictions/limitations	SIP	Employee left the agency, but substantiated			0	4	0			4
Neglect class III	SIP	Employee left the agency, but substantiated			0	1	0			
Sanitary/humane environment	Residential DD	Employment Termination			0	1	0			
Sanitary/humane environment	SIP	Employment Termination			0	1	0			1
Neglect class III	SIP	Written Reprimand			0	2	0			2
Neglect class III	ACT	Written Reprimand	Training		1	0	0			
Neglect class III	SIP	Written Reprimand	Training		0	2	0			2
Neglect class III	Residential DD	Verbal Counseling	Written Reprimand	Employee left the agency, but	0	1	0			1
Neglect class III - failure to report	Case Management	Written Reprimand			0	1	0			1
Neglect class III - failure to report	SIP	Written Reprimand			0	2	0			2
Sanitary/humane environment	SIP	Employee left the agency, but substantiated			0	2	0			1
Neglect class III	SIP	Suspension	Written Reprimand		0	1	0			1
Dignity and respect	Case Management	Other			0	0	1			
Dignity and respect	Residential DD	Employee left the agency, but substantiated			0	1	0			
Search/seizure	Residential DD	Employee left the agency, but substantiated			0	1	0			
Dignity and respect	SIP	Employee left the agency, but substantiated			1	0	0			
Mh services suited to condition	SIP	Written Reprimand	Training		0	1	0			1
Neglect class III	SIP	Written Reprimand	Training		0	1	0			1
Mh services suited to condition	SIP	Written Reprimand	Staff Transfer		0	1	0			
Neglect class III	SIP	Written Reprimand	Staff Transfer		0	1	0			
Disclosure of confidential information	Case Management	Training			1	0	0			
Neglect class III	SIP	Written Reprimand	Training		0	1	0			1
Dignity and respect	SIP	Employment Termination			0	3	0			1
Abuse class II - exploitation	Residential DD	Employment Termination	Other		0	1	0			
Dignity and respect	SIP	Employment Termination			0	2	0			2
Safe environment	SIP	Employee left the agency, but substantiated			0	2	0			2
Abuse class III	SIP	Employee left the agency, but substantiated			0	2	0			2
Neglect class III	SIP	Employee left the agency, but substantiated			1	0	0			
Mh services suited to condition	SIP	Written Counseling	Training		0	1	0			1
Neglect class III	SIP	Other			0	3	0			3
Neglect class III	SIP	Written Reprimand	Training		0	1	0			
Dignity and respect	SIP	Employee left the agency, but substantiated	Staff Transfer		0	3	0			
Neglect class III	Residential MI	Written Reprimand	Training		1	0	0			
Neglect class III	SIP	Employee left the agency, but substantiated			0	1	0			
Neglect class III - failure to report	SIP	Written Reprimand	Training		0	1	0			
Abuse class II - nonaccidential act	SIP	Written Reprimand	Verbal Counseling		0	1	0			1
Abuse class II - unreasonable force	SIP	Written Reprimand	Verbal Counseling		0	1	0			1
Neglect class III	SIP	Suspension	Staff Transfer	Other	0	1	0			1
Neglect class III	SIP	Suspension	Training	Other	0	1	0			1
Dignity and respect	SIP	Employee left the agency, but substantiated			1	0	0			
Neglect class III	SIP	Written Reprimand	Training		2	0	0			
Dignity and respect	SIP	Written Reprimand	Training		0	1	0			1
Sanitary/humane environment	SIP	Written Reprimand	Training		0	1	0			1
Mh services suited to condition	Residential DD	Written Reprimand			0	1	0			
Neglect class III	SIP	Written Reprimand	Training		0	1	0			
Mh services suited to condition	SIP	Training	Verbal Counseling		0	3	0			3
Family dignity & respect	Case Management	Training			1	0	0			
Neglect class III	SIP	Employee left the agency, but substantiated			0	3	0			1
Neglect class II	Day Program DD	Training	Employment Termination		0	1	0			1

REMEDIATION TOTALS	
Verbal Counseling	4
Written Counseling	1
Verbal Reprimand	0
Written Reprimand	26
Suspension	6
Demotion	0
Staff Transfer	5
Training	23
Employment Termination	6
Employee left the agency, but substantiated	21
Contract Action	0
Policy Revision/Development	2
Environmental Repair/Enhancement	0
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	8
Pending	0
None	0

POPULATION TOTALS	
MI	9
DD	88
SED	1
SED-W	0
DD-CWP	0
HSW	51

PROVIDER TOTALS	
Out Patient	0
Residential MI	1
Residential DD	9
Residential MI & DD	0
Inpatient	0
Day Program MI	0
Day Program DD	1
Workshop (prevocational)	0
Supported Employment	0
ACT	2
Case Management	5
Psychosocial Rehabilitation	0
Partial Hospitalization	0
SIP	45
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Respite Homes	0
Other	0

ATTACHMENT #7
FEBRUARY 2022

WCCMH

SECTION II: ANNUAL TRAINING ACTIVITY

Part A: Training Received by Office Staff (Please only list trainings related to rights protection)

LIST THE NAMES OF ALL STAFF HERE
Evan George
Leah Raehtz
Shaun Thompson

Staff Name (drop down: you have to scroll up to see the names)	MDHHS-ORR Course Number	Topic of Training Received	CEU Type (drop down)	# Hours
Evan George	RC21-GS1	Detecting Deception in a Verbal and Written Statement	I - Operations	1.50
Evan George	RC21-02	What's New in Lansing	I - Operations	1.50
Evan George	RC21-07	BHDDA Updates	IV -Augmented Training	1.50
Evan George	RC21-LPHRT	LPH Roundtable	I - Operations	1.50
Evan George	RC21-10	Moving from Challenging to Rewarding Conversations	IV -Augmented Training	1.50
Evan George	RC21-13	Behavioral Health Mediation Program with the Community Dispute Resolution Program	II - Legal Foundations	1.50
Evan George	RC21-18	Guardianship Reform: Kicking the Can Down the Road	II - Legal Foundations	1.50
Evan George	RC21-GSII	Velvet Covered Steel: How to Think Communicate and Act with Resilience	IV -Augmented Training	1.50
Leah Raehtz	RC21-GS1	Detecting Deception in a Verbal and Written Statement	I - Operations	1.50
Leah Raehtz	RC21-01	Evidence Analysis	I - Operations	1.50
Leah Raehtz	RC21-05	SUD Recipient Rights	I - Operations	1.50
Leah Raehtz	RC21-07	BHDDA Updates	IV -Augmented Training	1.50
Leah Raehtz	RC21-LPHRT	LPH Roundtable	I - Operations	1.50
Leah Raehtz	RC21-10	Moving from Challenging to Rewarding Conversations	IV -Augmented Training	1.50
Leah Raehtz	RC21-15	NGRI Policy Updates	II - Legal Foundations	1.50
Leah Raehtz	RC21-CMHRT	CMH Roundtable	I - Operations	1.50
Leah Raehtz	RC21-18	Guardianship Reform: Kicking the Can Down the Road	II - Legal Foundations	1.50
Leah Raehtz	RC21-GSII	Velvet Covered Steel: How to Think Communicate and Act with Resilience	IV -Augmented Training	1.50
Shaun Thompson	RC21-GS1	Detecting Deception in a Verbal and Written Statement	I - Operations	1.50
Shaun Thompson	RC21-02	What's New in Lansing	I - Operations	1.50
Shaun Thompson	RC21-05	SUD Recipient Rights	I - Operations	1.50
Shaun Thompson	RC21-09	Practicing Effective Management	IV -Augmented Training	1.50
Shaun Thompson	RC21-LPHRT	LPH Roundtable	I - Operations	1.50
Shaun Thompson	RC21-12	Disrupting the Impacts of Implicit Bias and Micro-Aggressions: Being Respectful and Professional is not Enough	IV -Augmented Training	1.50
Shaun Thompson	RC21-15	NGRI Policy Updates	II - Legal Foundations	1.50
Shaun Thompson	RC21-CMHRT	CMH Roundtable	I - Operations	1.50
Shaun Thompson	RC21-16	Medication Over Objection: Rights and Responsibilities	II - Legal Foundations	1.50
Shaun Thompson	RC21-GSII	Velvet Covered Steel: How to Think Communicate and Act with Resilience	IV -Augmented Training	1.50

CATEGORY TOTALS	
I - Operations	19.50
II - Legal Foundations	9.00
III - Leadership	0.00
IV -Augmented Training	13.50
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

WCCMH
SECTION II: ANNUAL TRAINING ACTIVITY
Part B: Training Provided by Rights Office

Is Update Training Required?	Yes
If Yes, how often: (Annual, Every 2 years, etc.)	Annual

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
		75	700					
Recipient Rights Online Training	3.00	75	700				Computer	# estimated for contractual due to use of online training
RRAC Training	1.00					6	Face-to-Face	
WCCMH Board Training	0.50					8	Face-to-Face	

Type of Training Totals		Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	2	0	0	0	0
Video	0	0	0	0	0
Computer	1	75	700	0	0
Paper	0	0	0	0	0
Video & Face-to-Face	0	0	0	0	0
Computer & Face-to-Face	0	0	0	0	0
Paper & Face-to-Face	0	0	0	0	0
Other (please describe)	0	0	0	0	0
These Numbers will self-fill					

WCCMH

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 20/21. Pick from the drop-down in Outcome and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 21/22 goal section below.

1 **Invite someone from WCCMH to explain priority setting regarding recipients during the pandemic and to speak about WCCMH staff furloughs, and what staffing changes have/will be made to WCCMH due to the pandemic.**

Outcome: Accomplished

2 **Invite someone to speak or gather information regarding how St. Joseph Hospital Recipient Rights is providing rights protection with their Rights Officer furloughed.**

Outcome: Accomplished

3 **In addition to rights investigation statistics, RRAC members would like the WCCMH Rights Office to present the WCCMH Board with the full spectrum of the responsibilities handled by the Rights Office (this can occur during the WCCMH Board**

Outcome: Accomplished

4 **RRAC members would like to invite people to share their personal stories regarding recipient rights during the public comment portion at the WCCMH Board meeting.**

Outcome: Ongoing

5 **Recruit new/additional committee members.**

Outcome: Ongoing

Outcomes established by the office for FY 21/22:

1 **The RRAC would like to review the technical requirement for appeals and find an appropriate way to request WCCMH follow up from concerns that are expressed during appeals.**

2 **The RRAC would like to invite Michigan Medicine Rights Officer Matt Zugel and his RRAC chair, David, to speak about their RRAC, appeals and hospital rights perspective.**

3 **The RRAC would like to hear Katie Snay's goals as the new rights director and have her share new initiatives she and the Rights Officers will create through work plans.**

4 **RRAC members would like to invite people to share their personal stories regarding recipient rights during the public comment portion at the WCCMH Board meeting.**

5 **Recruit new/additional committee members.**

WCCMH

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1.	**The RRAC recommends that the WCCMH Board supports the 2020/2021 outcomes for the WCCMH Rights Office and continues to support and fund the WCCMH Rights Office at the level it needs to be effective.**
2.	None

WCCMH						
STAFF CEU TRAINING HOURS TOTALS						
THIS DATA WILL SELF-FILL						
Staff Name	Operations	Legal Foundations	Leadership	Augmented Training	Non-CEU	Total Training for Staff
Evan George	4.50	3.00	0.00	4.50	0.00	12.00
Leah Raehtz	7.50	3.00	0.00	4.50	0.00	15.00
Shaun Thompson	7.50	3.00	0.00	4.50	0.00	15.00