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 Room
4135 Washtenaw Ave, Ann Arbor
OR
You may attend virtually at https://zoom.us/j/92935426749
June 13, 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**
- Quality-Finance Committee Meeting Minutes and Actions from 2/14/22 (Attachment #1A)
- Quality-Finance Committee Meeting Minutes and Actions from 4/11/22 (Attachment #1B)

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

VI. Contracts and Leases (5 minutes)
- Contracts and Leases (Attachment #3) **M. Taylor ACTION**

VII. Executive Director Authorizations (5 minutes)
- Executive Director Authorizations (Attachment #4) **M. Taylor ACTION**

VIII. Regional Finance Update (5 minutes)

IX. Old Business

X. New Business (40 minutes)
- Annual Performance Improvement Year End Report (Attachment #5) **L. Higle ACTION**
- Program Committee Dashboard FY22, Quarter 1(Attachment #6) **L. Higle ACTION**
- Program Education Presentation– I/DD Overview (Attachment #7) **K. DeWeese**

XI. Items for Future Discussions (5 minutes)
- Accounts Receivable
- Cost Per Case Comparisons
- Looking at call data and how it affects CARES Team
- CCBHC Performance Measures
- Single point of entry for Substance Abuse Disorder

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.

XII. Adjournment of Public Meeting

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/92935426749

Or One tap mobile:
+19292056099, 92935426749# US (New York)
+12678310333, 92935426749# US (Philadelphia)

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

Webinar ID: 929 3542 6749

International numbers available: https://zoom.us/u/acaUJX5mej

Audience Participation Guidelines:

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- 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 QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

February 14, 2022

Learning Resource Center-Michigan and Huron Rooms (in person)

https://zoom.us/j/94513867007 (virtual)

2:00 pm

ROLL CALL: S. Antonow attending remotely
A. Dusbiber attending remotely
N. Graebner-Sundling attending in-person
B. Higman attending in person
D. Strong attending remotely-cannot count towards quorum
B. King attending remotely-cannot count towards quorum
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: R. Jefferson, K. Scott

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, L. Higle, S. Ray, H. Linky, k. Diebboll, A. Igoe, B. Hagaman, T. Florence, C. O'Brien, K. Snay, S. Amos O'Neal, M. Taylor, R. Dornbos

OTHERS PRESENT: L. Lutomski, J. Martin, G. Nelson, K. Homan, T. Gavalier, M. Creekmore

N. Graebner-Sundling called the meeting to order at 2:05 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

A. Dusbiber joined the meeting virtually at 2:07pm

IV. Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 12/13/21.
- The Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 12/13/21 were reviewed. (Attachment #1)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO APPROVE THE MINUTES AND ACTIONS FROM THE DECEMBER 13, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**

JEFFERSON	**N/A**	**KING**	**N/A**
SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

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

MOTION BY A. DUSBIBER SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2021 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**N/A**	**KING**	**N/A**
SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

II. Regional Finance Update
- N. Phelps presented the Regional Finance Update to the committee.
- The Regional budget amendment was not passed due to no quorum at the meeting.

III. Old Business
- CCBHC Update
  - M. Harding presented an update on the CCBHC.
  - Process is moving forward.

M. Udow Phillips joined the meeting at 2:16pm.

- General Fund Spending Update
  - T. Cortes and N. Phelps presented an update on the General Fund Spending to date.
  - Continuing to work with County Administration and Human Resources along with other external resources.

- One Pager on Workforce Crisis (Attachment #3)
  - T. Cortes provided an update on the Workforce Crisis.
  - K. Walker, M. Udow-Phillips and T. Cortes met with GCSI to look at other options.
  - Suggestion to update the document to reflect the Governor's budget.
  - This will come to the WCCMH Millage Advisory Committee and the Board meeting for final approval.

IV. New Business
- FY 2022 Budget Amendment (Attachment #4)
  - N. Phelps presented the FY 2022 Budget Amendment to the committee.

- This budget amendment will be brought to the Washtenaw County Board of Commissioners meeting on March 2, 2022 for approval.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBER TO APPROVE THE FY 2022 BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**N/A**	**KING**	**N/A**
SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Program Education Presentation-CMH Nursing Program
  - B. Hagaman, C. O'Brien and A. Igoe presented the CMH Nursing Program presentation to the committee (Attachment #5).

- Program Dashboard FY21 Quarter 4
  - T. Florence and L. Higle presented the Program Dashboard FY21 Quarter 4 (Attachment #6) to the committee.
  - There were no sentinel events for this period.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY K. WALKER TO ACCEPT THE FY 2021 4TH QUARTER PROGRAM DASHBOARD AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**N/A**	**KING**	**N/A**
SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Annual Recipient Rights Report
  - S. Thompson presented the Annual Recipient Rights Report (Attachment # 7) to the committee.
  - The tri-annual assessment was completed virtually over a period of a month and WCCMH Recipient Rights Department received a full compliance rating.
  - Request to see further information and benchmark data on providers recipient right's complaints/substantiations.

MOTION BY K. WALKER SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT THE FY 2021 ANNUAL RECIPIENT RIGHTS REPORT.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**N/A**	**KING**	**N/A**
SCOTT	**N/A**	**STRONG**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- Looking at call data and how it affects CARES Team
- Access Department comparison presentation from pre-CCBHC and with CCBHC
- CCBHC Performance Measures

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

VI. Meeting adjourned at 3:28 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

April 11, 2022

Learning Resource Center-Michigan Room (in person)

https://zoom.us/j/95983442519 (virtual)

2:00 pm

ROLL CALL:	S. Antonow attending remotely A. Dusbiber attending remotely B. Higman attending in person B. King attending virtually-does not count as quorum M. Udow-Phillips attending in person
MEMBERS ABSENT:	N. Graebner-Sundling, K. Walker, K. Scott, D. Strong, R. Jefferson
STAFF PRESENT:	T. Cortes, M. Harding, R. Dornbos, M. Taylor, L. Higle, K. Hoener, L. Gentz, K. Snay, S. Amos O'Neal, S. Ray, M. Tasker, T. Florence, B. Hagaman
OTHERS PRESENT:	L. Lutomski, D. Leahy, M. Creekmore, T. Gavalier, K. Snodgrass, K. Homan, M. Creekmore

S. Antonow called the meeting to order at 2:10 pm.

There was not a quorum of the Quality-Finance Committee present so no action was taken.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 2/14/22.
- The Quality-Finance Committee Meeting Minutes and Actions from 2/14/22 were reviewed. (Attachment #1)
- There was not a quorum of the committee so this will be presented at the next Quality-Finance Committee meeting for approval.

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending February 28, 2022 (Attachment #2).
- There was not a quorum of the Quality-Finance Committee so this will be presented at the April 22, 2022 WCCMH Board for approval.

VI. Contracts and Leases
- M. Taylor presented the Contracts and Leases to the committee (Attachment #3)

- There was not a quorum of the Quality-Finance Committee so this will be presented at the April 22, 2022 WCCMH Board for approval.

VII. Executive Director Authorizations
- M. Taylor presented the Executive Director Authorizations to the committee (Attachment #4)
- There was not a quorum of the Quality-Finance Committee so this will be presented at the April 22, 2022 WCCMH Board for approval.

VIII. Regional Finance Update
- N. Phelps and T. Cortes presented the Regional Finance Update to the committee.

IX. Old Business
- None
- K. Walker stated that the Board will need to decide on what the committee membership is and whether they can allow virtual meetings under the current conditions. There cannot be a quorum of the Board present at Committee meetings so there will be 4-5 Board members on a committee and use recommendations instead of approval for motions.
- R. Dornbos will be sending out an email to the Board asking what committee they would be interested in serving on.
- If members need an ADA accommodation to attend the meetings virtually, please contact R. Dornbos.

X. New Business
- Program Education Presentation on Crisis Negotiation Team (CNT) (Attachment #5)
  - K. Hoener and Sgt. J. Cratzenburg (WCSO) presented the Crisis Negotiation Team presentation to the committee.

- CARES Report (Attachment #6)
  - L. Higle and M. Tasker presented the CARES Report to the committee.

- Chicago Lab Update
  - T. Cortes and L. Gentz provided an update on the Chicago Lab

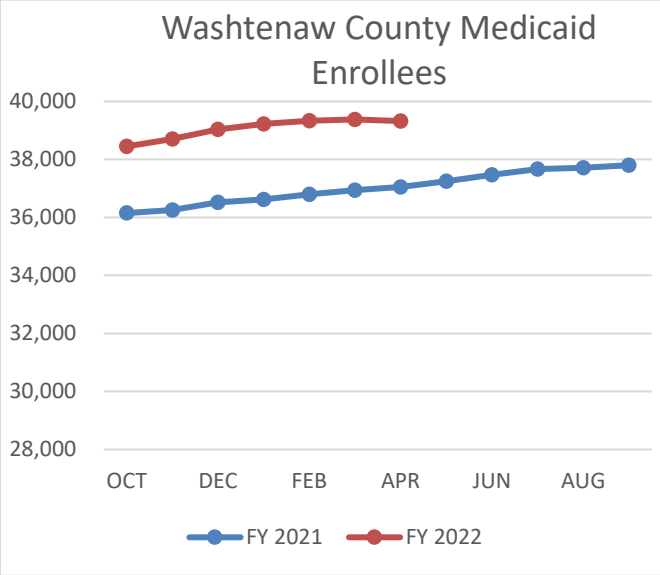
XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- Looking at call data and how it affects CARES Team
- CCBHC Performance Measures
- Single point of entry for Substance Abuse Disorder

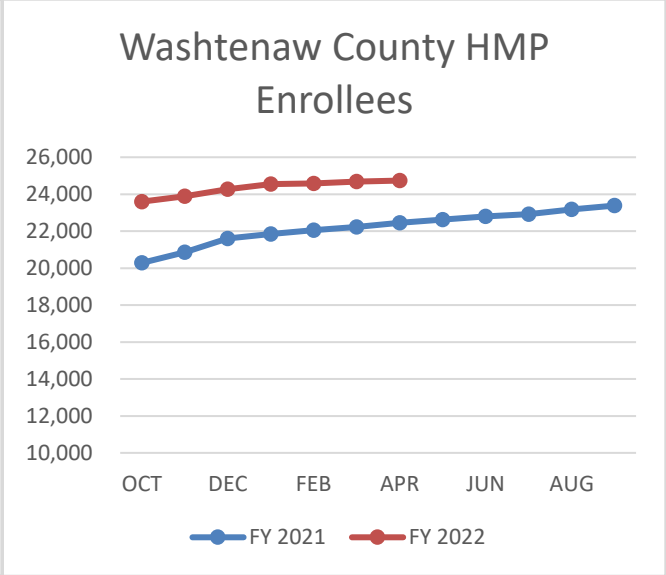
XII. Meeting adjourned at 3:20 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending April 30, 2022
Prepared: June 6, 2022

1. Washtenaw County Enrollees

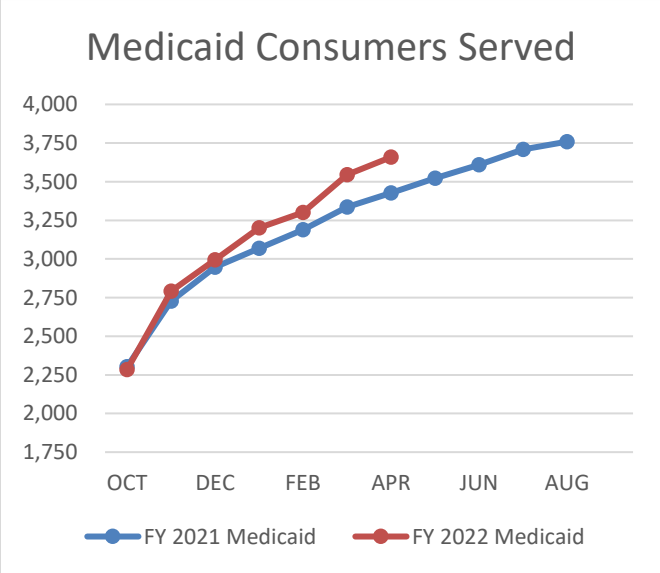
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

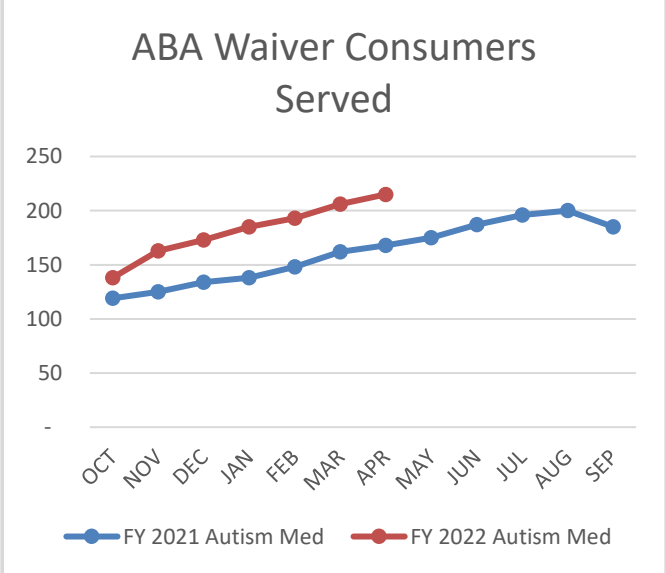




Washtenaw County Medicaid Enrollees were 39,327 in April 2022. This is a 6.14% increase from the same time last year (2,275 more enrollees than in April 2021). Healthy Michigan enrollment in April 2022 was 24,737. This is a 10.20% increase from the same time last year (2,290 more enrollees than in April 2021).

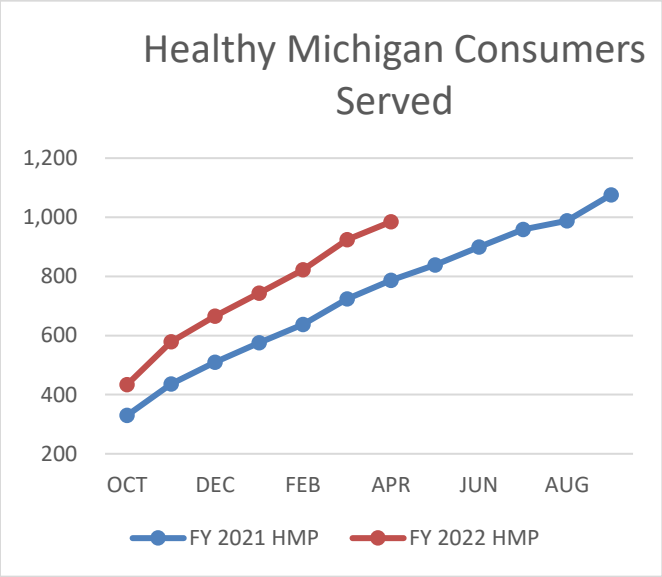
2. WCCMH Consumers Served to Date





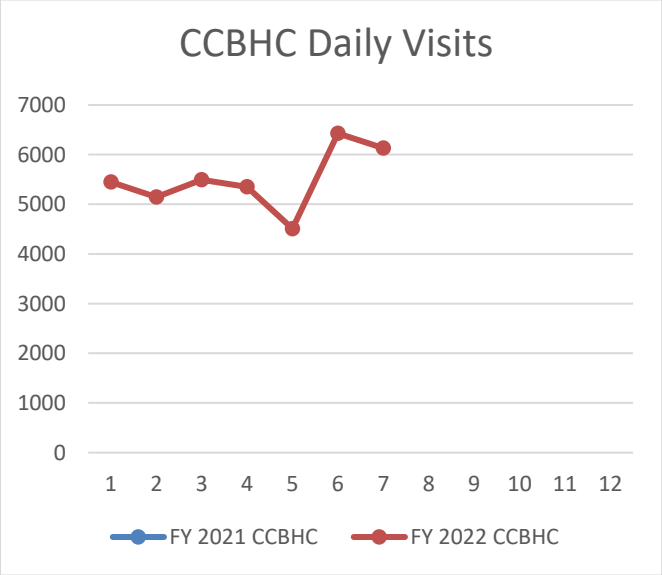
Medicaid consumers served through April 2022 are 3,659. This is 231 more consumers than the prior year (3,428 consumers were served through April 2021).

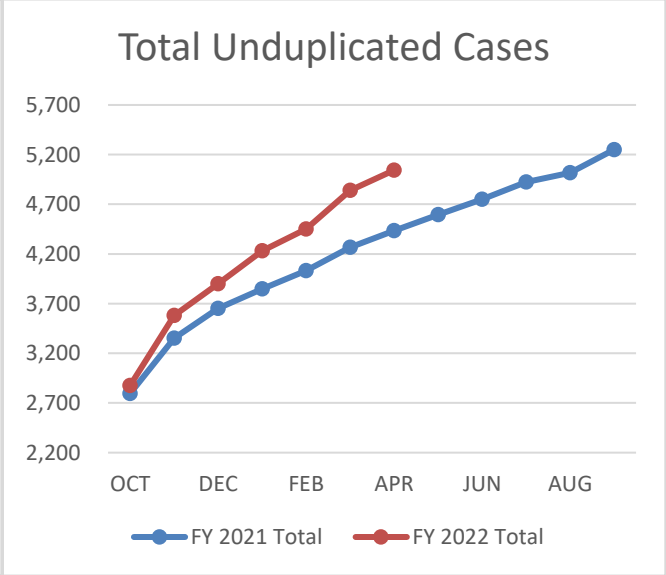
ABA Waiver consumers served through April 2022 are 215. This is 47 more consumers than prior year (168 consumers were served through April 2021).



Healthy Michigan consumers served through April 2022 were 985. This is 198 more consumers than the same period last year.

General Fund consumers served is not available this month due to reporting errors.





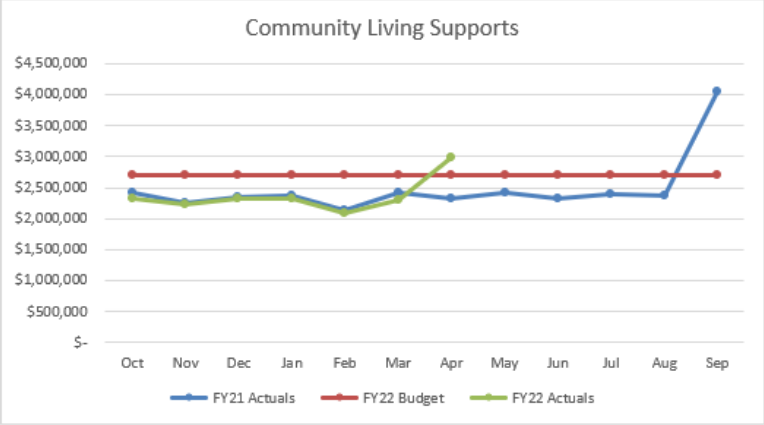
The CCBHC daily visit count for April 2022 were 6,132.

The total unduplicated consumers served by WCCMH through April 2022 were 5,043. This is 609 more consumers than served last year.

3. Financial Statement Highlights

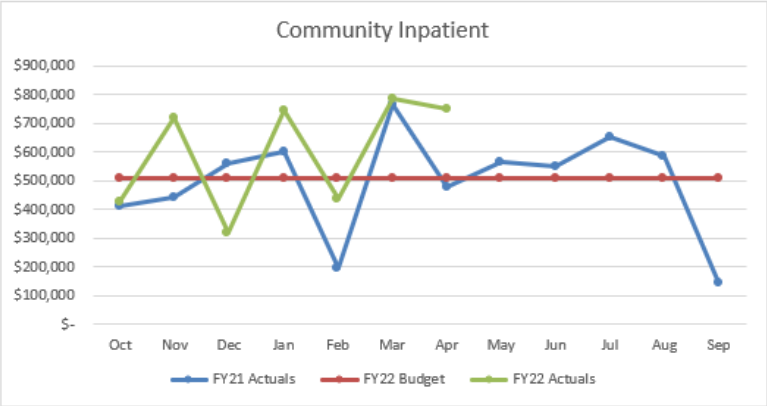
a. CLS service costs to date are estimated to be $16.6 Million and $2.3 Million under budget. The costs year to date are 2% more than this time last year. At the end of FY21 and in April FY22 there were additional provider stability payments made to CLS providers and are reflected in the graph below. 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	$ 2,323,772	-4.21%
Nov	2,264,769	2,711,968	2,239,357	-2.72%
Dec	2,346,049	2,711,968	2,317,212	-2.22%
Jan	2,365,368	2,711,968	2,329,070	-2.05%
Feb	2,135,096	2,711,968	2,086,644	-2.09%
Mar	2,408,780	2,711,968	2,312,469	-2.42%
Apr	2,328,718	2,711,968	2,997,213	2.03%
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		



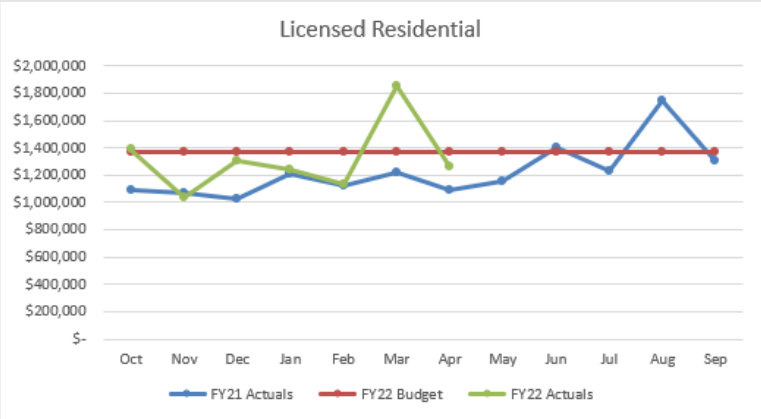
b. Community Inpatient costs to date are $4.1 Million. The costs year to date are 21.00% more than this time last year and $110,000 over budget.

	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	745,851	9.64%
Feb	194,823	508,333	438,634	19.81%
Mar	767,313	508,333	785,399	15.32%
Apr	480,817	508,333	751,136	21.00%
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		



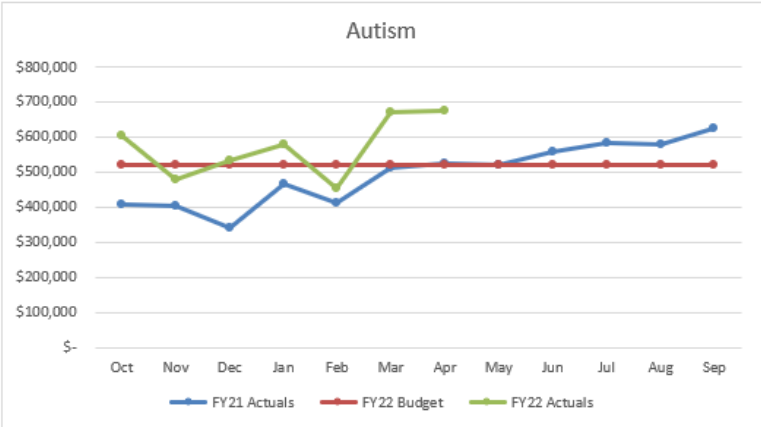
c. Licensed Residential costs to date are $9.2 Million and $400,000 under budget. The costs year to date are 17.55% more than this time last year. At the end of FY21 and March FY22 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary 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	1,238,132	12.75%
Feb	1,118,469	1,375,450	1,134,181	10.45%
Mar	1,225,127	1,375,450	1,857,393	17.92%
Apr	1,093,521	1,375,450	1,260,033	17.55%
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 $3.9 Million. The costs year to date are 30.21% more than this time last year and $351,000 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	580,372	35.56%
Feb	410,998	520,861	453,979	30.48%
Mar	512,641	520,861	672,143	30.61%
Apr	525,526	520,861	674,225	30.21%
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 $4.7 Million through April.
c. By funding source, HMP is showing a deficit of $665,000 through April.
d. Overall, the PIHP surplus is $4.1 Million through April.
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 $738,000.

6. Local Key Points

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

b. Local Funds are showing a surplus of $27,000 through April.

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
APRIL 2022 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	27,697,869
HSW		15,171,189
DCW		4,678,527
Child Waiver/SED Waiver		1,075,142
Autism		3,433,922
Prior Year Adjustments		-
Care for Caid		27,694
Total Medicaid Revenue	$	52,084,342
Total Medicaid Expense	$	47,346,429
Medicaid Surplus/(Deficit)	$	4,737,913
CCBHC **		
Revenue	$	2,365,438
Expense		-
CCBHC Surplus/(Deficit)	$	2,365,438
Healthy Michigan **		
Revenue	$	3,666,181
Expense		4,331,448
Healthy MI Surplus/(Deficit)	$	(665,267)
General Fund		
Revenue		
CMH Operations	$	2,470,445
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		15,961
Total General Fund Revenue	$	2,486,406
Total General Fund Expense	$	1,748,629
General Fund Surplus/(Deficit)	$	737,776
Injectable Meds		
Revenue	$	70,702
Expense		51,192

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
APRIL 2022 FYTD

		Total
Inj. Meds. Surplus/(Deficit)	$	19,510
Grants And Contracts		
Revenue	$	930,136
Expense		930,136
Grants & Cont. Surplus/(Deficit)	$	(0)
CMHSP To CMHSP		
Revenue	$	376,368
Redirect to GF		(15,961)
Expense		360,407
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,029,815
Expense		990,938
Local Surplus/(Deficit)	$	38,877
Private Grant & All NOR		
Revenue	$	110,530
Expense		110,530
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	63,243,595
Expense		56,009,348
Grand Total Surplus/(Deficit)	$	7,234,248

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	6,457,594
WCCMH Surplus/(Deficit)		776,654
	$	7,234,248

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 2022

	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	$ 26,994,570	$ 27,697,869	$ 703,299	2.61%
HSW	27,372,824	15,967,481	15,171,189	(796,291)	-4.99%
Children & SED Waivers	1,044,210	609,123	1,075,142	466,020	76.51%
Healthy Michigan Capitation	6,284,880	3,666,180	3,666,181	1	0.00%
Autism Capitation	5,886,723	3,433,922	3,433,922	0	0.00%
Direct Care Worker Pass-Through	8,421,349	4,912,454	4,678,527	(233,927)	-4.76%
CCBHC Supplementary	4,059,000	2,367,750	2,365,438	(2,312)	-0.10%
TOTAL PIHP Revenue	$ 99,345,391	$ 57,951,478	$ 58,088,268	$ 136,790	0.24%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 2,470,446	$ 2,470,445	$ (1)	0.00%
Grants & Earned Contracts	1,790,168	1,044,265	905,146	(139,119)	-13.32%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,021,861	$ 695,656	$ (326,205)	-31.92%
Project Revenue	847,984	494,657	432,372	(62,285)	-12.59%
All Other	1,917,652	1,118,630	1,389,897	271,267	24.25%
TOTAL Operating Revenue	**$ 109,888,006**	**$ 64,101,337**	**$ 63,981,784**	**$ (119,553)**	-0.19%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,598,359	$ 3,849,043	$ 3,349,468	$ (499,575)	-12.98%
Program Administration	3,355,568	1,957,415	2,554,377	596,962	30.50%
Residential Services					
Community Living Supports	$ 32,543,612	$ 18,983,774	$ 16,605,739	$ (2,378,035)	-12.53%
Licensed Residential	16,505,397	9,628,148	9,219,797	(408,351)	-4.24%
Outpatient Services					
Autism Services	$ 6,250,336	$ 3,646,030	$ 3,996,922	$ 350,892	9.62%
Case Management	5,000,662	2,917,053	2,402,208	(514,845)	-17.65%
Supports Coordination	2,948,825	1,720,148	1,266,780	(453,368)	-26.36%
Skill Building	4,688,790	2,735,128	2,055,267	(679,861)	-24.86%
Supported Employment	1,538,321	897,354	848,094	(49,260)	-5.49%
Psychiatry	3,307,258	1,929,234	1,757,663	(171,571)	-8.89%
Nursing Services	2,397,642	1,398,625	1,231,484	(167,141)	-11.95%
Therapy Services	2,194,098	1,279,891	1,051,847	(228,044)	-17.82%
All Other	9,327,130	5,440,826	4,519,703	(921,123)	-16.93%
CCBHC Services	4,059,000	2,367,750	-	(2,367,750)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 3,558,333	$ 4,188,342	$ 630,009	17.71%
Local Matches & Shelter	1,282,838	748,322	811,057	62,735	8.38%
Grants & Earned Contracts	1,790,168	1,044,265	889,185	(155,080)	-14.85%
TOTAL Operating Expenses	**$ 109,888,006**	**$ 64,101,337**	**$ 56,747,933**	**$ (7,353,403)**	-11.47%
Revenue Over/(Under) Expenses	-	-	7,233,851	7,233,851	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 2022

	FY 2022 YTD Actuals	Prior Year Comparison: FY 2021 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 27,697,869	$ 24,848,384	$ 2,849,484	11.47%
HSW	15,171,189	14,882,417	288,773	1.94%
Children & SED Waivers	1,075,142	565,308	509,834	90.19%
Healthy Michigan Capitation	3,666,181	3,385,074	281,107	8.30%
Autism Capitation	3,433,922	2,810,826	623,096	22.17%
Direct Care Worker Pass-Through	4,678,527	4,167,161	511,366	0.00%
CCBHC Supplementary	2,365,438	-	2,365,438	0.00%
TOTAL PIHP Revenue	$ 58,088,268	$ 50,659,169	$ 7,429,099	14.66%
MDHHS Revenue				
State General Funds	$ 2,470,445	$ 2,434,407	$ 36,038	1.48%
Grants & Earned Contracts	905,146	820,101	85,045	10.37%
All Other Revenue				
County Appropriation	$ 695,656	$ 521,556	$ 174,100	33.38%
Project Revenue	432,372	391,807	40,565	10.35%
All Other	1,389,897	1,307,285	82,612	6.32%
TOTAL Operating Revenue	**$ 63,981,784**	**$ 56,134,325**	**$ 7,847,459**	13.98%
Operating Expenses				
Administrative Expenses				
General Administration	$ 3,349,468	$ 2,857,544	$ 491,924	17.21%
Program Administration	2,554,377	1,619,060	935,317	57.77%
Residential Services				
Community Living Supports	$ 16,605,739	$ 16,439,683	$ 166,056	1.01%
Licensed Residential	9,219,797	7,843,464	1,376,333	17.55%
Outpatient Services				
Autism Services	$ 3,996,922	$ 3,069,546	$ 927,376	30.21%
Case Management	2,402,208	2,443,981	(41,773)	-1.71%
Supports Coordination	1,266,780	1,304,617	(37,837)	-2.90%
Skill Building	2,055,267	1,386,903	668,364	48.19%
Supported Employment	848,094	794,017	54,077	6.81%
Psychiatry	1,757,663	1,548,785	208,878	13.49%
Nursing Services	1,231,484	1,140,570	90,914	7.97%
Therapy Services	1,051,847	985,757	66,090	6.70%
All Other	4,519,703	3,905,320	614,383	15.73%
CCBHC Services	-	-	-	0.00%
Other Expenses				
Community Inpatient	$ 4,188,342	$ 3,461,483	$ 726,859	21.00%
Local Matches & Shelter	811,057	844,347	(33,290)	-3.94%
Grants & Earned Contracts	889,185	780,564	108,621	13.92%
TOTAL Operating Expenses	**$ 56,747,933**	**$ 50,425,641**	**$ 6,322,293**	12.54%
Revenue Over/(Under) Expenses	7,233,851	5,708,685	1,525,166	

Washtenaw County Community Mental Health (WCCMH)
Summarized Month End Tracking

Prior Year FY 2021	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 7,755,401	$ 15,310,244	$ 23,580,591	$ 31,333,092	$ 38,921,338	$ 47,115,196	$ 56,134,326	$ 64,236,863	$ 72,980,573	$ 81,144,669	$ 90,818,496	$ 99,945,774
Total Expense	$ 6,390,300	$ 13,468,771	$ 20,308,564	$ 28,129,172	$ 35,311,210	$ 42,743,574	$ 50,665,179	$ 58,492,671	$ 66,459,411	$ 75,089,495	$ 84,875,262	$ 90,335,121
Surplus / (Deficit)	$ 1,365,101	$ 1,841,473	$ 3,272,027	$ 3,203,920	$ 3,610,128	$ 4,371,622	$ 5,469,147	$ 5,744,192	$ 6,521,162	$ 6,055,174	$ 5,943,234	$ 9,610,653 (a)

Current Year FY 2022	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 9,108,033	$ 17,714,521	$ 26,486,887	$ 35,542,274	$ 44,287,543	$ 55,120,090	$ 63,981,784					
Total Expense	$ 7,658,696	$ 14,955,417	$ 22,766,179	$ 30,490,909	$ 38,411,183	$ 48,890,967	$ 56,747,933					
Surplus / (Deficit)	$ 1,449,337	$ 2,759,104	$ 3,720,708	$ 5,051,365	$ 5,876,360	$ 6,229,123	$ 7,233,851	$ -	$ -	$ -	$ -	$ -

(a) Includes PIHP Medicaid Surplus of $4,639,734 which is returned to PIHP
Includes General Fund Surplus of $2,682,639 which is returned to MDHHS
Includes Local Funds Surplus of $2,288,280 (County $2,013,517 deficit elimination plan contribution & $274,763 local surplus) which offsets Fund Deficit

REQUEST: To approve recommendations to the board for the following contract(s) and lease(s):

BACKGROUND:

1. E3 Achievement: will provide pre-vocational/skill building services for an out-of-county client.
2. Young Life: will provide summer respite camp services.
3. Tender Hearts, Inc.: will provide licensed residential services.
4. CLR Academy: will provide Beyond Sport Programming to young individuals who are incarcerated at Washtenaw County Youth Center, young individuals who reside in the Sycamore Meadows neighborhood, and young individuals who reside in the Parkridge neighborhood.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. E3 Achievement	Medicaid	Per Consumer Authorizations	June 15, 2022- September 30, 200	Pre-vocational/Skill Building Services
2. Young Life	Medicaid	Per Consumer Authorizations	June 1, 2022- September 30, 2022	Respite Camp Services
3. Tender Hearts, Inc.	Medicaid	Per Consumer Authorizations	June 1, 2022- September 30, 2022	Licensed Residential Services
4. CLR Academy	Millage	$45,000	May 1, 2022- April 30, 2023	Beyond Sport Programming

Executive Director Contract Authorizations
June 2022 Finance Committee Meeting

REQUEST: Recommend acceptance of the Executive Director's signature on contracts with a value of less that $25,000

Contractor	Amount	Term	Purpose	Approval Date
JCJ Contracting	$3,438	9/10/21-9/30/21	Driveway Repair	11/19/2021
Michigan Theatre	$2,320	2/16/2022	WCCMH Private Screening of "Summer of Soul"	5/9/2022
National Council for Mental Wellbeing	$12,850	1/18/22-9/30/22	Daily Living Activities-20 Training Module	5/9/2022
Althea Wilson	$5,000	1/1/22-9/30/22	Community Anti-Racism Education Trainings	5/9/2022
U.S. Transport Service	$5,000	4/1/22-4/15/22	Coordinate and Provide Supervised Transportation from Out-of-State Residential Facility	5/9/2022
Shanna Kattari	$5,000	6/1/22-9/30/22	Alphabet Soup & Treating Equality: inclusivity in Healthcare Trainings	5/9/2022
Issue Media Group, LLC	$12,000	6/1/22-5/31/23	Voices of Youth Programs	

DMH Coffee DBA Bearclaw Coffee Catering	$5,000	5/12/22-9/30/22	Bimonthly mobile coffee services for WCCMH sites	
Teen Turn Challenge Program	$6,180	6/1/22-5/31/23	Athletic, educational, and outreach events for youths	

Washtenaw County Community Mental Health (WCCMH)
Annual Year End Performance Improvement Report
Fiscal Year 21 (October 1, 2020 – September 30, 2021)

Organizational Focus FY 21

- FY 21 required ongoing adjustments as COVID-19 pandemic continued. These adjustments included responding to mandates, focusing on individuals served, and managing impacts on employees' health and safety. Categorized and individualized adjustments included the following:
  - Response to mandates:
    - Monitored and responded to Centers for Disease Control and Prevention (CDC) Guidelines and Michigan Occupational Safety and Health Administration (MI-OSHA) standards regarding COVID-19 and healthcare settings.
    - Worked with Washtenaw County Public Health Department for assistance interpreting CDC guidelines and ongoing changes.
    - Developed and continually updated COVID-19 screening process for those entering our buildings (including on-site staff members and individuals served).
    - Monitored ongoing feedback and changes from accrediting organization (Joint Commission) regarding Infection Control Standards.
    - Worked with County Human Resources Department to manage privacy issues related to employee vaccinations while managing employee safety and minimizing risk.
  - Focus on systems to minimize COVID-19 risk from and to individuals served:
    - Continued to implement COVID-19 screening for individuals served as they entered our service buildings.
    - Monitored vaccination status of all clients and entered relevant information into the electronic health record (EHR) also known as "Confidential Record of Consumer Treatment" (CRCT).
    - Offered Johnson and Johnson vaccinations via vaccination clinics twice in all service buildings (Towner, Annex and Ellsworth).
    - Offered Pfizer vaccination to youth via two clinics at the Youth and Family program (Ellsworth).
    - Began offering services either in person or via telehealth or telephone based on the individual's choice.
    - Collaborated with the County administration and the Delonis Center to assist the homeless population during the pandemic. Emphasis on:
      - Working with a local area hotel which provided housing to the homeless to help them avoid COVID exposure. These services then switched to another local hotel and then ended in July 2021.
      - While individuals received this temporary shelter, we helped house twenty two individuals through our PATH program.
    - For those who required a higher level of care in an emergent situation, a policy and procedure for rapid COVID testing was developed which minimized barriers to individuals receiving the most appropriate level of care.
    - Worked with the Health Department as consumers were exposed to or tested positive with COVID-19 and required contact tracing.
  - Focus on employees:
    - Collaborated with the Washtenaw County Public Health Department to allow WCCMH staff members to gain access to vaccinations as members of the priority population.

        - Continued to obtain, maintain, and monitor the supply and distribution of Personal Protective Equipment (PPE) for our staff members and providers.
        - Regular and ongoing reminders regarding the required use of PPE and COVID screening for our staff members.
        - Worked with the County Human Resources and Public Health Department as employees were impacted by COVID-19 (exposure, testing positive, contact tracing, requirements for isolation, when to return to work, etc.).
        - Assisted employees with understanding CDC guidelines if they were exposed or tested positive.
        - Updated screening and testing protocol when a widespread community outbreak occurred.
    - Administrative focus:
        - Developed and implemented rotating schedule for onsite and offsite staff members to minimize possible COVID-19 virus exposure by maintaining social distancing while maximizing services to individuals. This schedule required constant attention and revision as staff needs and/or requests changed.
        - Navigated and created solutions that pertained to reopening buildings to the public.
        - Monitored overall compliance with mandates and opportunities to assist our community.
        - Improved our telehealth processes.
- FY 19 and FY 20 were impacted by changes in the capitated funding model resulting in revenue changes and subsequent actions to minimize that impact. Continuing to work with the WCCMH Board, Washtenaw County's Board of Commissioners, and County Administration, WCCMH's hiring freeze (implemented in FY 19) resulted in continued clinical and non-clinical administrative positions remaining vacant. Due to positive revenue changes, the hiring freeze was lifted in the summer of FY 21. Then, starting in late spring of FY 21, "The Great Resignation" impacted much of the nation including a statewide impact on available and willing individuals applying for clinical positions in the Community Mental Health service arena. The number of position vacancies at the beginning and end of the FY 21 are as follows:
    - FY 21 began with the following vacancies:
        - 58 total vacancies
            - 48 vacant program positions
            - 10 vacant administrative positions
    - FY 21 end of fiscal year vacancies:
        - 85 total vacancies
            - 72 vacant program positions
            - 13 vacant administrative positions
- Additionally, management resources were also impacted due to various leave of absences resulting in:
    - Upper management managing significant leave of absences without disruption of employee management and service implementation.
    - During the third and fourth quarter WCCMH saw an increase in resignations and a significant decrease in individuals applying to work with CMH. Program Administrators, Supervisors and frontline staff members had to respond to the intense pressure of increased caseloads knowing that:
        - Increased caseloads forces the clinician's time to be spread across more cases which lowers the amount of time the clinician has for each case.
        - The lack of available time impacts the development of a therapeutic rapport with the consumer which research identifies as the best predictor of good outcomes.
        - A lack of time impacts the ability to engage and discover the consumer which helps reveal additional needs and/or symptoms the consumer/family may be experiencing.

- The lack of time could result in 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 know or understand issues the consumer or family are facing.
- Less time to spend on evidence-based practices with the consumer and their family will impact the ability to achieve the outcomes we are striving for.
- A lack of time is available to spend completing the arduous volume and processes of the Medicaid guidelines.
- The lack of time impacts the ability to implement steps toward improving processes identified in audits leading to higher expectations of staff who struggle with a large caseload and continued additional compliance expectations.
- The limited time requires Supervisors to cover additional duties including carrying caseloads, being senior staff on call for other programs when no other staff were available as well as a constant and intense demand for their time.
- The caseloads and constant shifting required staff members to assist consumers in other programs due to the ongoing vacancies and increased caseloads.
- The highest priority amongst all the expectations is to provide the needed services to the client.

Additional foci for FY 21 included the following:

- Developed and prepared for full implementation of a Certified Community Behavioral Health Clinic (CCBHC).
- Deployed a survey of telehealth utilization to identify future improvement opportunities.
- Reviewed and implemented new code procedure transactions as mandated by the Michigan Department of Health and Human Services (MDHHS).
- Continued to implement a process to help manage and monitor virtual/hybrid work processes and productivity to replace previous "in person" processes.
- Implemented the Black Lives Matter (BLM) Taskforce:
    - June 2020, WCCMH Board approved the WCCMH BLM statement.
    - September 2020 – a taskforce was identified to develop and implement the BLM activities.
    - Taskforce comprised of organization employees as well as community members.
    - Internal focus of BLM included developing a more culturally sensitive and aware workforce to help improve therapeutic rapport and effectiveness of our services.
    - External focus of BLM to increase exposure to WCCMH and help minimize stigma associated with mental health services.
    - Externally, in addition to reducing stigma in the African American Community as it relates to mental health but also look at some issues dealing with gun violence, voting rights, and health disparities.
    - Task force met Bi-weekly (2x/month).
    - Taskforce activities built upon the theme: "The Indirect Effect of Injustice".
        - Regular meetings of a Book Club.
        - Offered "Chat and Chew" with the following topics:
        - Black History Moments
        - KKK and Law Enforcement
        - Black Wall Street
        - Social Workers Role in Undoing Racism
        - Modern Day Lynching
        - Voting Laws
        - The Racist Roots of American Policing
        - Presented film "Love is the Answer"
        - Set up a booth at Juneteenth celebration in downtown Ypsilanti.

- Sponsored Jazz Festival in downtown Ypsilanti.
- Facilitated required training for WCCMH employees – "Death by a Million Cuts"

Initiative	Crisis services	Stabilization services	Peer support services	SUD services	Housing services	Education & prevention	Reducing stigma	Needs assessment & planning	Grants: supplements millage $	Status	Date Implemented, Expected, or Completed
CARES	✓	✓	✓	✓	✓	✓				Implemented	May 2019
CCBHC	✓	✓	✓	✓		✓			✓	Implemented	May 2019
750 Towner	✓	✓								Implemented	March 2020
NAMI peer project			✓							In progress	2020
Mental Health First Aid training						✓	✓			In progress	2020
Youth assessment center						✓		✓	✓	In progress	Ongoing
Youth Court										Implemented	December 2020
31N WISD school MH project						✓	✓			In progress	Ongoing
Mini-grant Anti-stigma campaign w/WISD						✓	✓			In progress	Ongoing
Anti-stigma campaign w/public health						✓	✓			In progress	Ongoing
Corner Health psychiatry access	✓	✓								Implemented	November 2019
SUD system transformation				✓		✓	✓	✓	✓	In progress	Ongoing
MAT in jail				✓					✓	Implemented	January 2020
LEAD initiative						✓			✓	In progress	Ongoing
Housing RFP w/OCED	✓	✓			✓					In progress	January 2020
Washtenaw Health Plan						✓				In progress	Ongoing
Student Advocacy Center						✓				In progress	Ongoing
Ozone House Psychiatry Access					✓					Implemented	June 2021
5 Healthy Towns								✓		In progress	Ongoing

- Continued to advocate and respond to direct care worker staffing shortage through the implementation of $2.25/hour as well as additional stability payments to support residential service providers with workforce challenges.
- Washtenaw County's Public Safety and Mental Health Preservation Millage of 2018 (Millage) – below is the Dashboard which reflects the progress on various millage funded projects.

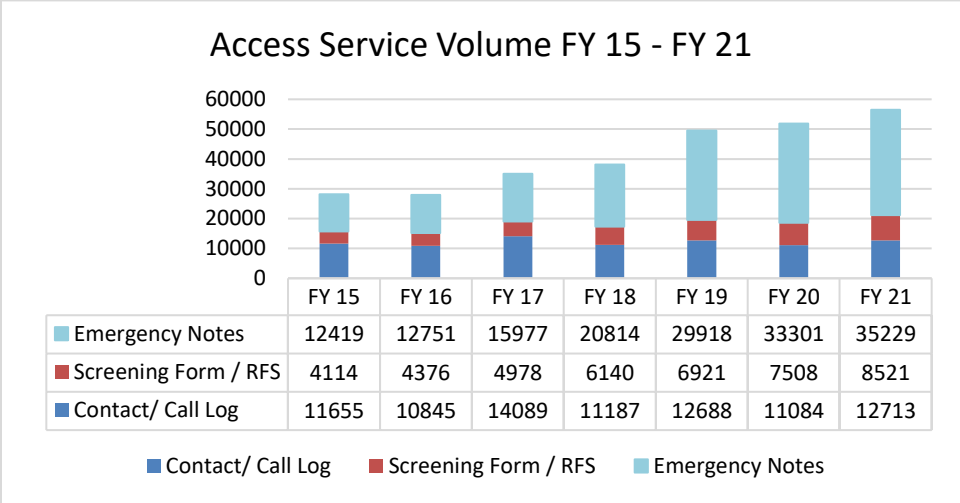
This concludes a narrative overview of various activities conducted during the FY 21. Additional information follows which includes WCCMH's performance in some areas of efficiency and effectiveness as indicated by presenting various indicators monitored throughout the year. These indicators may reveal trends and patterns which assist our future foci. This is a summary review of our status in FY 21.

Access, Triage and Crises

Our indicator monitoring will begin with our front door and access to our services. Typically, the process starts with a phone call (though we also respond to those who walk in to our locations). Below is a graphic to help understand the flow of a phone call to our organization regarding a consumer or a potential consumer and the subsequent document in the electronic health records (EHR). The EHR "EII" was in place until April 1, 2018 at which time "CRCT" became the new EHR.

The following describes the process as well as documentation in the current electronic health record, "CRCT". The phone call may result in a Call Log or Request for Services (RFS) when services are being requested. If the call is considered routine, the RFS will route to an Access Screening to complete the screening of, and scheduling for, a Biopsychosocial (BPS). If the phone call is considered urgent, the call will be routed to the Crisis Team which results in an Emergency Note. If the situation is considered emergent, the call will be routed for a Prescreen evaluation to determine the necessary level of care and subsequent follow up.

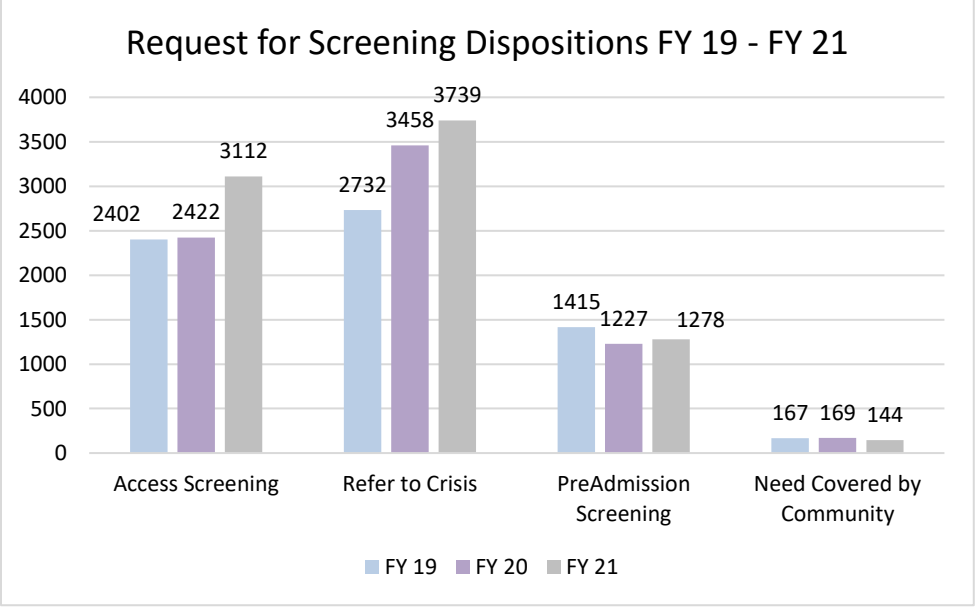
Below is a graph of Access Services from FY 15 – FY 21. The data is from "EII" (FY 15 – 2nd qtr FY 18) and "CRCT" (3rd qtr FY 18 – FY 21).



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21
Emergency Notes	12419	12751	15977	20814	29918	33301	35229
Screening Form / RFS	4114	4376	4978	6140	6921	7508	8521
Contact/ Call Log	11655	10845	14089	11187	12688	11084	12713

Monitoring the total number of services over seven fiscal years show a steady increase most likely attributed to marketing based on millage funded expansion of services and therefore increased penetration by WCCMH, increased need in the community, and increased collaborations with various law enforcement departments.

Below is a graph for a three-year time period reflecting RFS dispositions. The RFS document produces dispositions that can help understand the type of requests that are being fielded. (The CRCT document RFS dispositions are very different than the EII document "Screening Form", therefore the graph below displays only the CRCT RFS dispositions.) When an individual requests a service, the caller can be routed to an Access Screening, referred to the crisis team if there is an urgent issue, can be routed for a preadmission screening if there is an emergent situation or can be given information of options in the community. The graph below includes FY 19 – FY 21 RFS disposition data that pertain to a service request.

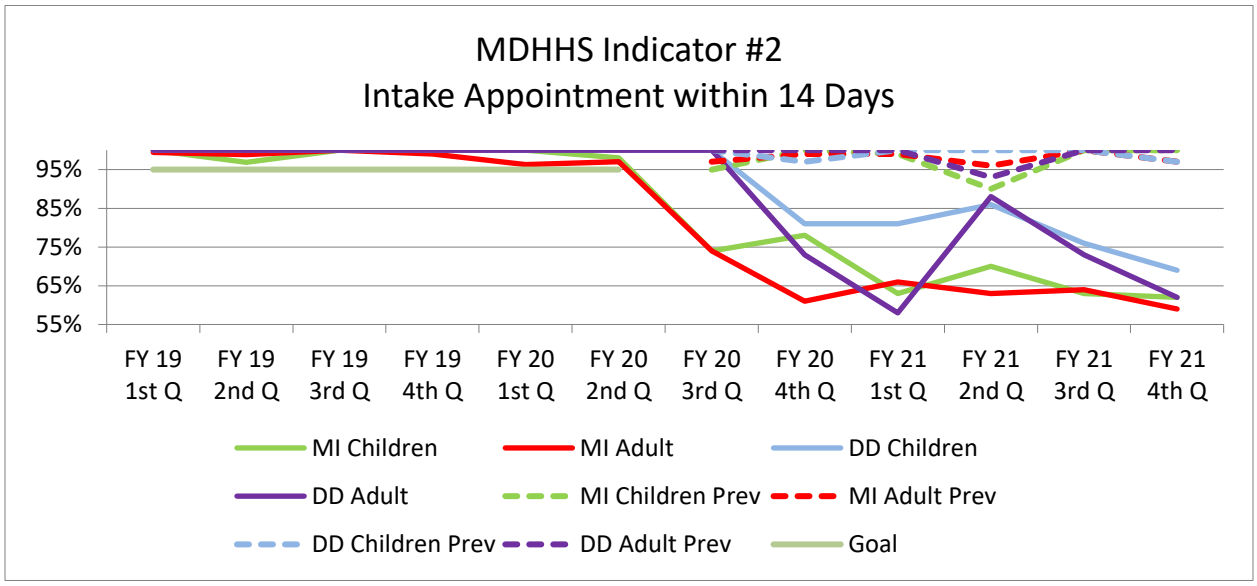


Over the past three years, there is a significant increase in request for service calls resulting in a disposition of Access Screenings and referrals to our Crisis Team. Conversely, we see a decrease in the number of calls that resulted in a preadmission screening and where the needs were met by the community. This suggests the Millage funded services (CARES) may be resulting in:

- More individuals contacting us for service and proceeding to the intake process.
- More individuals being aware of our services and calling us for assistance with their urgent situation, resulting in Crisis Team engagement (Refer to Crisis).
- Decreasing the number of emergent situations since WCCMH may have more options to respond to situations when they are urgent.
- Providing services for individuals (CARES team) rather than referring them elsewhere in the community (where often there are wait lists).

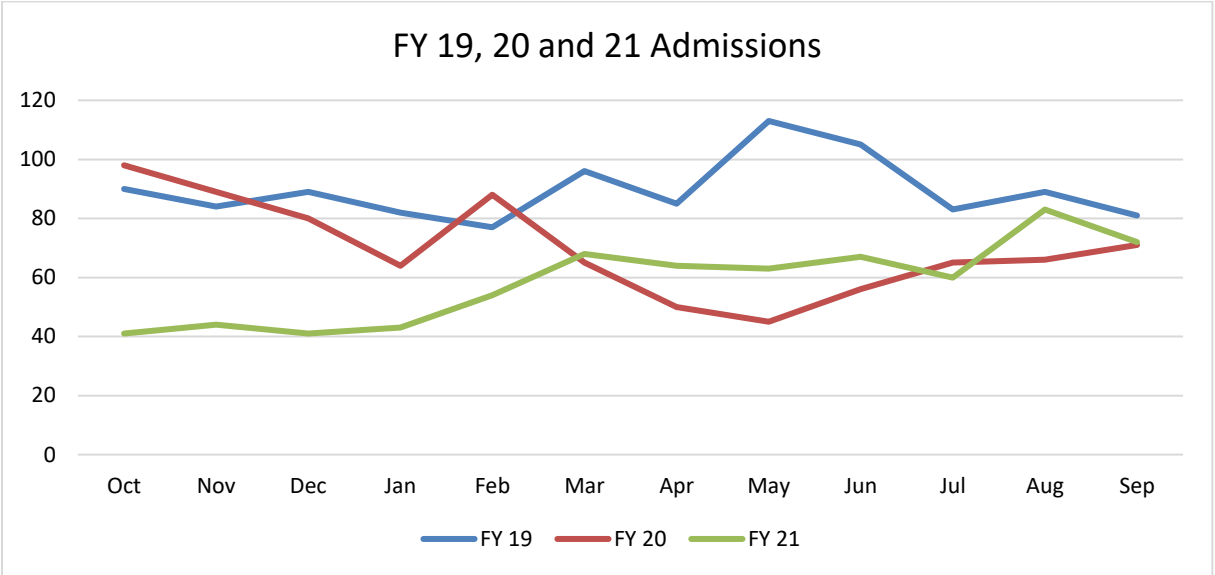
RFS dispositions, resulting in "Access Screening" leads to the Access department determining if the individual is eligible for and continuing to seek out an intake and then scheduling the Biopsychosocial (BPS) appointment. (Please note, callers seeking substance use services may be routed elsewhere.) The individual receiving their BPS/intake appointment within fourteen days of the request is one of the Michigan Department of Health and Human Services (MDHHS) performance indicators (specifically indicator #2). As of April 1, 2020, the MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to ongoing service) and removed the historical goal of 95% compliance. The major change in the operational definition does not allow accounting for individual choice. Individual choice is indicated when the individual requests an appointment outside of the 14-day window, reschedules, cancels and/or does not attend an appointment. Because of these changes, the number of out of compliance cases has increased statewide. MDHHS is requiring each Prepaid Inpatient Health Plan (PIHP) to have each Community Mental Health Service Provider (CMHSP) develop a quality improvement plan to address one of these indicators beginning January 2022.

The graph below shows our historical compliance rate for Indicator #2 (14 days to intake) under the previous definition and the new definition starting third quarter FY 20 (April 1, 2020). The "dashed lines" indicate where our compliance would have been under previous definitions. (Please note, for State Performance Indicators, all population naming follows the MDHHS population naming convention. MDHHS continues to identify adults who experience a developmental disability as "DD Adult" while our internal programming describes these individuals as experiencing an Intellectual and/or Developmental Disability (IDD)).



The individual's preference has a significant impact on the intake occurring within 14 days. Our Access Department offers appointments as close to the request as possible hoping this will help the individual keep the appointment as a priority. However, as indicated in the third and fourth quarters, individuals seeking services often have competing priorities or other variables that prohibit them from attending appointments within 14 days. As stated earlier, there is no MDHHS goal for quarters 3 and 4 as this is considered a statewide baseline collection period.

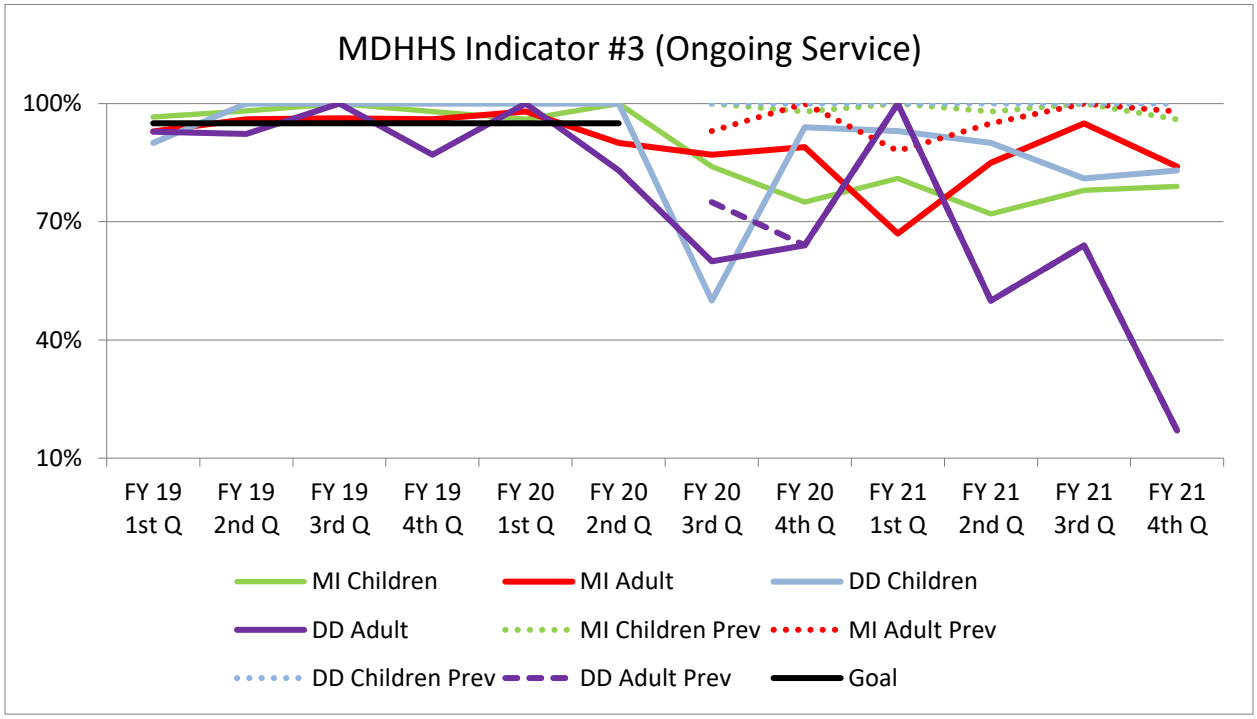
The BPS results in identifying eligibility. Tracking admissions into WCCMH reveals the following graph:



The FY 21 admission rate for WCCMH core programs continues to be lower than admissions in FY 19 though steadily increased over the fiscal year.

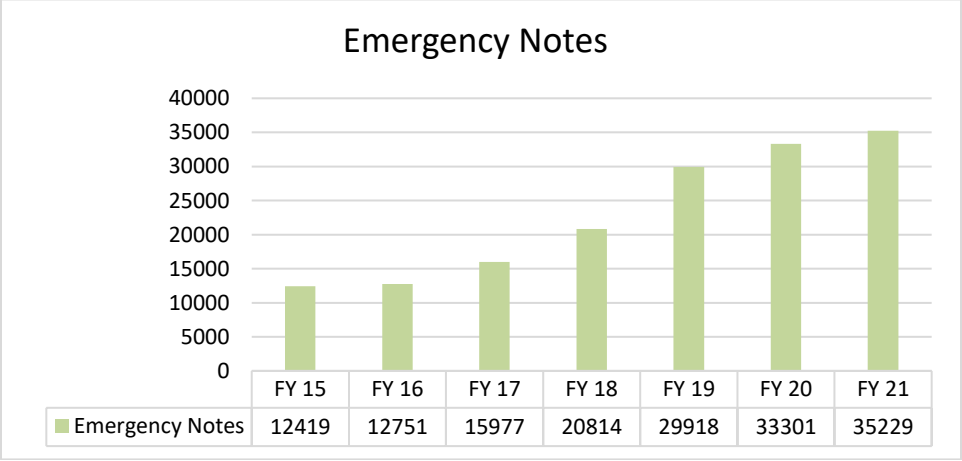
After the individual is found eligible to receive services, it is expected that ongoing services occur within 14 days. This is monitored via the MDHHS performance indicator (#3). (Again, the MDHHS operational definition changed for this indicator and does not account for individual choice when

determining compliance. An additional change that impacts indicator #3 includes eligible individuals declining our services would still be out of compliance.) The dotted line indicates where compliance would have been under the previous definitions.



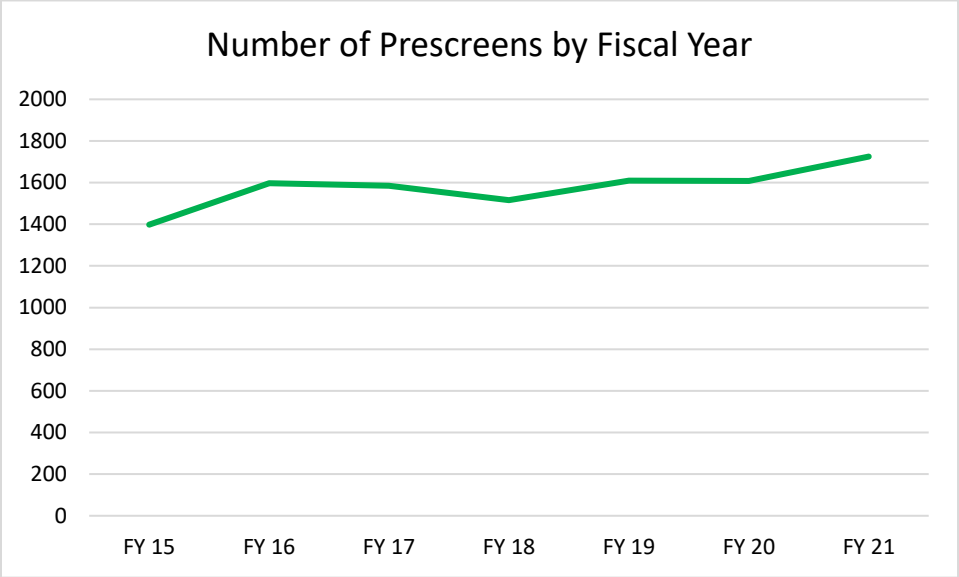
The DD Adult dashed line merges with the solid line of actual compliance indicating the individual's preference is not impacting on overall compliance. There have been programmatic changes to help the adults with an intellectual disability receive their ongoing service quicker.

Continuing to monitor the flow of a request for service, individuals who contact us for services and present with an urgent situation are referred to the Crisis Team which then results in an emergency note. (Please note, there may be multiple emergency notes connected to each issue referred and there may be Crisis Team involvement that was not initiated via the Request for Service process.) The emergency note will also occur when a Prescreen is needed. Monitoring the volume of emergency notes (which indicate an urgent issue) by fiscal years reveals a significant trend:



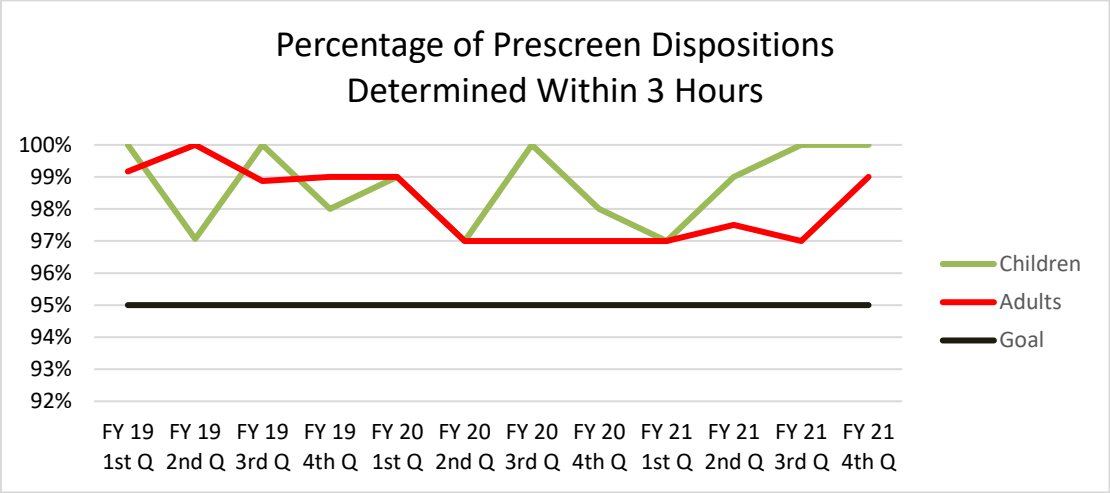
It is clear the urgent services of the Crisis Team have significantly increased over the years. The volume is almost three times higher than the volume of urgent services in FY 15.

When the RFS is of an emergent nature, the RFS can result in a direct request for a Preadmission Screening. It should be noted, sometimes preadmission screens can occur without a RFS (typically these are internal cases that require preadmission screen). The Preadmission Screen evaluates the emergent situation to identify the appropriate level of care. The preadmission screen is implemented in either a face to face or telephonic evaluation of the individual's emergent needs. Below are the total number of Crisis Hospital Prescreens over a seven-year period:

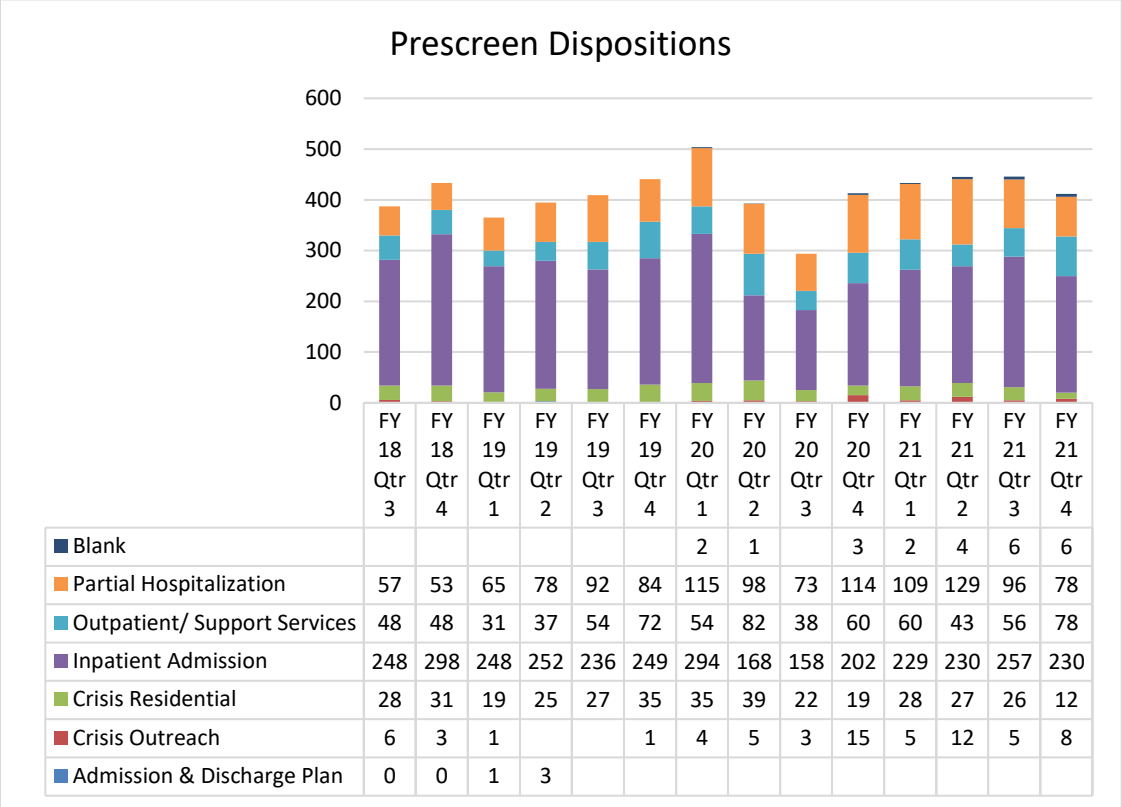


Overall, the number of Crisis prescreens in FY 21 continued the increased trend as seen over the past years. This continues to suggest possibly higher acuity in our communities and/or perhaps deeper penetration by WCCMH.

During the hospital prescreen, the organization has three hours from the moment the individual is medically cleared to complete the disposition which includes identifying the level of service needed to address the emergent issue. This is another performance indicator monitored by MDHHS (Indicator #1). Our ability to achieve higher than the expected 95% compliance is depicted below:



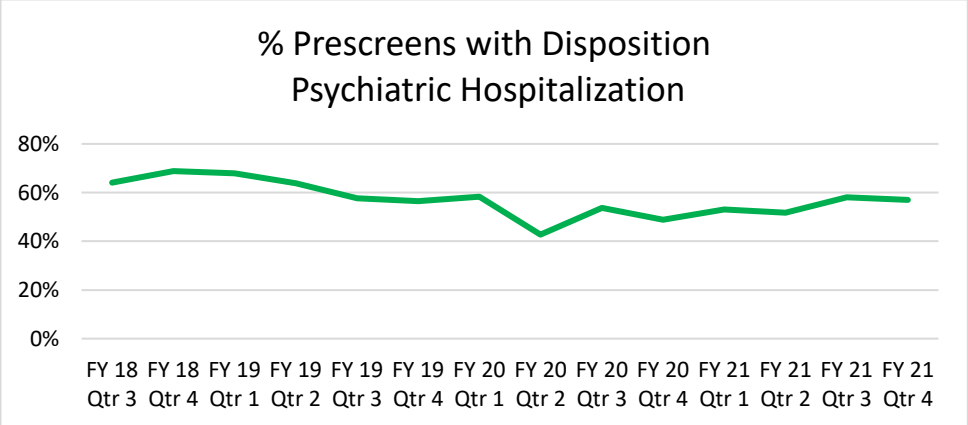
We continue to excel beyond expectations. When an individual is in a psychiatric crisis, our crisis team evaluates the individual to determine their needs and assist with appropriate treatment in the medically necessary level of care. Of the Crisis Prescreens, it is useful to look at all disposition categories that resulted from the screening. The following graph helps to pictorially represent these dispositions.



	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										

There was a higher use of Partial Hospitalization until quarter three and four. Inpatient admissions are higher than in FY 20 though overall lower than in FY 19.

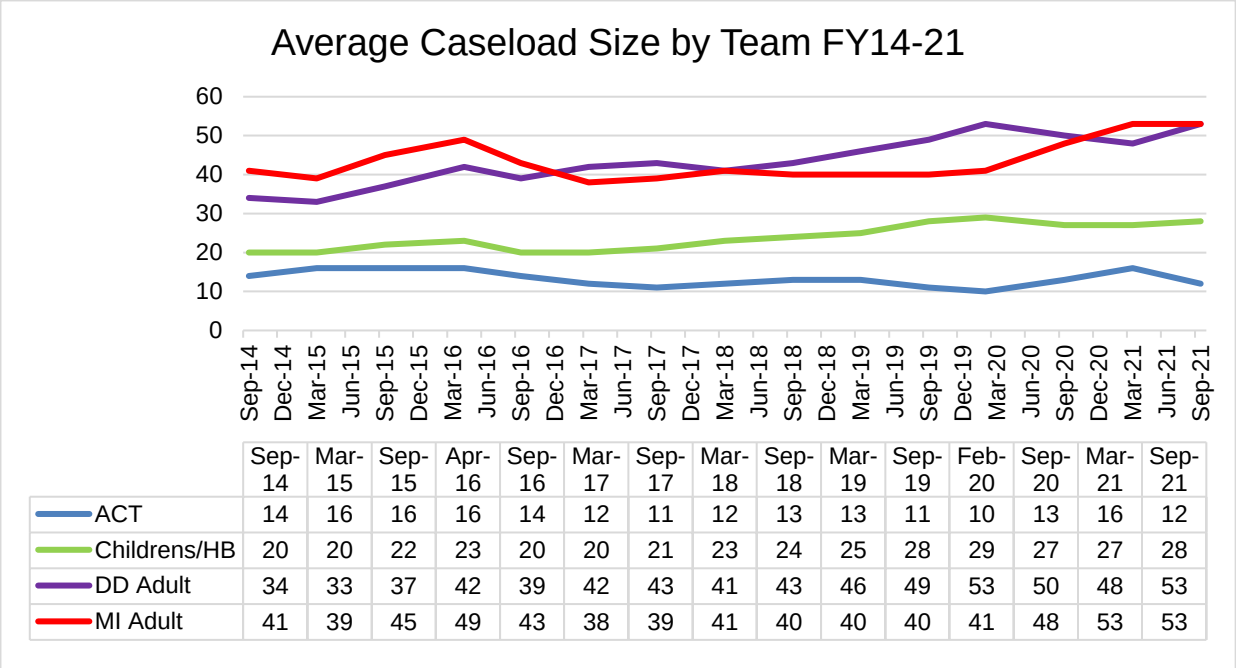
Monitoring the percentage of prescreens that result in dispositions of psychiatric hospitalizations reveals the following:



FY 21 dispositions increased in quarters 3 and 4 and seem to be at the same level as FY 19.

Caseloads vary depending on increased demand for services, turnover in staffing, the hiring freeze from FY 19 and the "Great Resignation" which resulted in higher vacancies and very few applicants for open

positions. The "Great Resignation" is not limited to Washtenaw County but is impacting Community Mental Health centers throughout the state and is also reported to have a nationwide impact as well. An increase in the caseload size began in FY 19 (except for the ACT program which has a mandated caseload limit) when there were several position on hold due to the financial status of the organization at that time. The number of primary staff members assigned to the cases are captured every month by the PI processes as part of the monthly management data sharing and review process. For this particular review, we captured caseload sizes at two points in time for every fiscal year and averaged those caseload sizes for their respective programs.

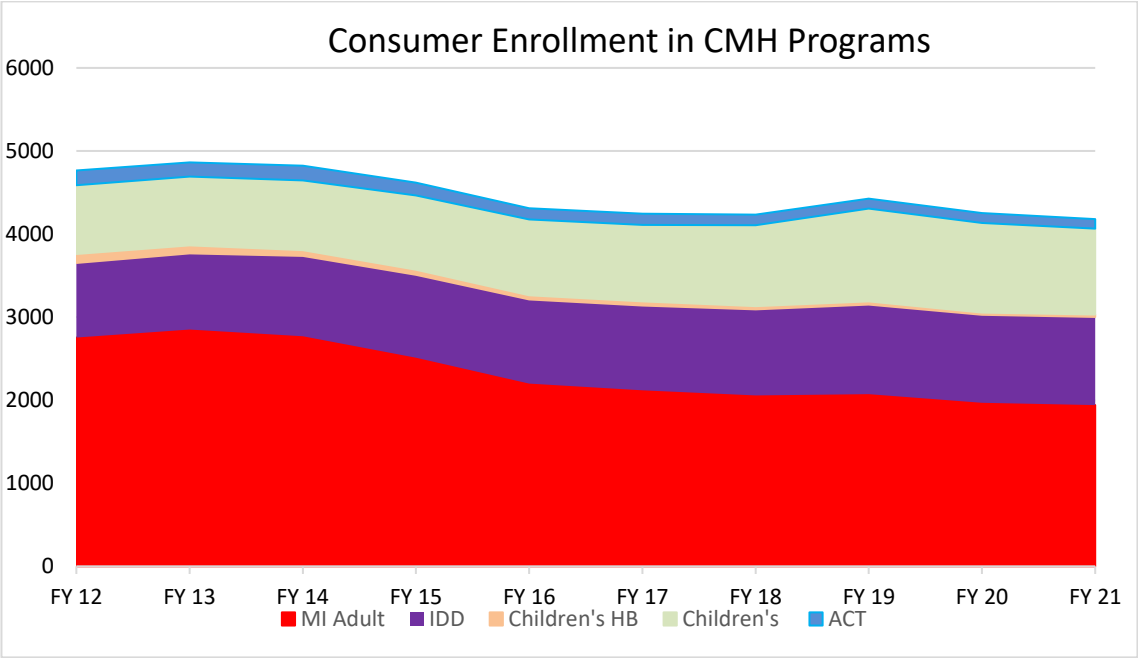


	Sep-14	Mar-15	Sep-15	Apr-16	Sep-16	Mar-17	Sep-17	Mar-18	Sep-18	Mar-19	Sep-19	Feb-20	Sep-20	Mar-21	Sep-21
ACT	14	16	16	16	14	12	11	12	13	13	11	10	13	16	12
Childrens/HB	20	20	22	23	20	20	21	23	24	25	28	29	27	27	28
DD Adult	34	33	37	42	39	42	43	41	43	46	49	53	50	48	53
MI Adult	41	39	45	49	43	38	39	41	40	40	40	41	48	53	53

*Children's/ Home Based and Assertive Community Treatment (ACT) have much lower caseload sizes due to MDHHS and/or Medicaid mandates.

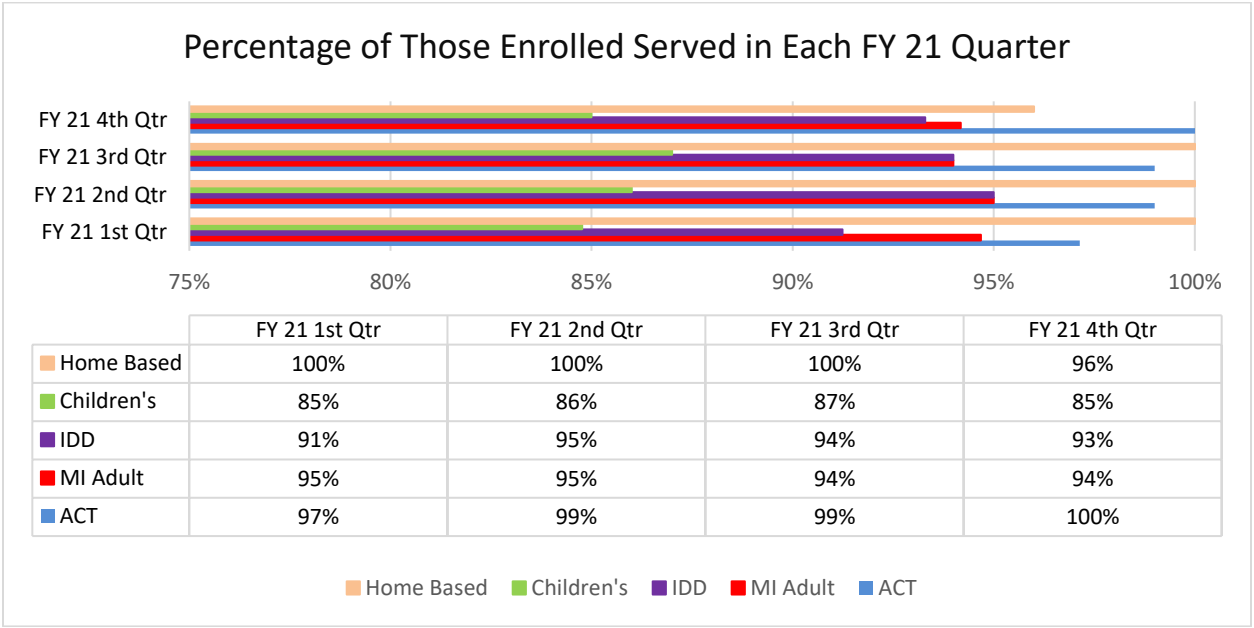
MI Adult has experienced a continued significant increase in caseload size and leveled out (as an average) in the last six months of FY 2021 (though the increased trend is anticipated to continue into FY 22). IDD also experienced an overall increase in caseload sizes which leveled out to the the same size as MI Adult.

The following graph identifies the cumulative enrollment in each of the WCCMH core programs by fiscal year.



Cumulative enrollment shows overall decrease in admission to WCCMH services. (Note – data is specific to services in the Community Mental Health programs and does not include the Cares program at this time.)

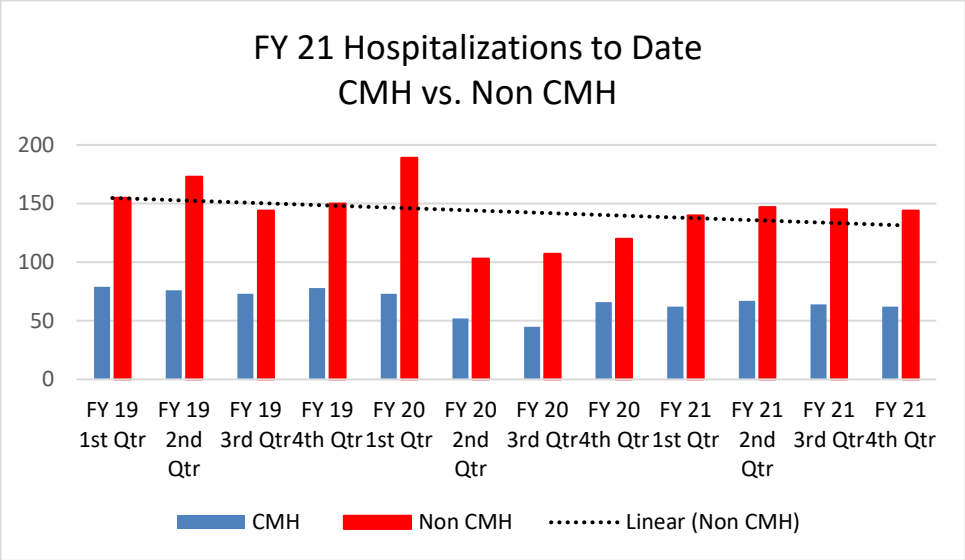
The organization's priority during this challenging time is to be sure the individual is receiving their services and that we remain in contact with them. Of those enrolled, it is helpful to monitor the percentage receiving a service in the designated time period as indicated below:



	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%

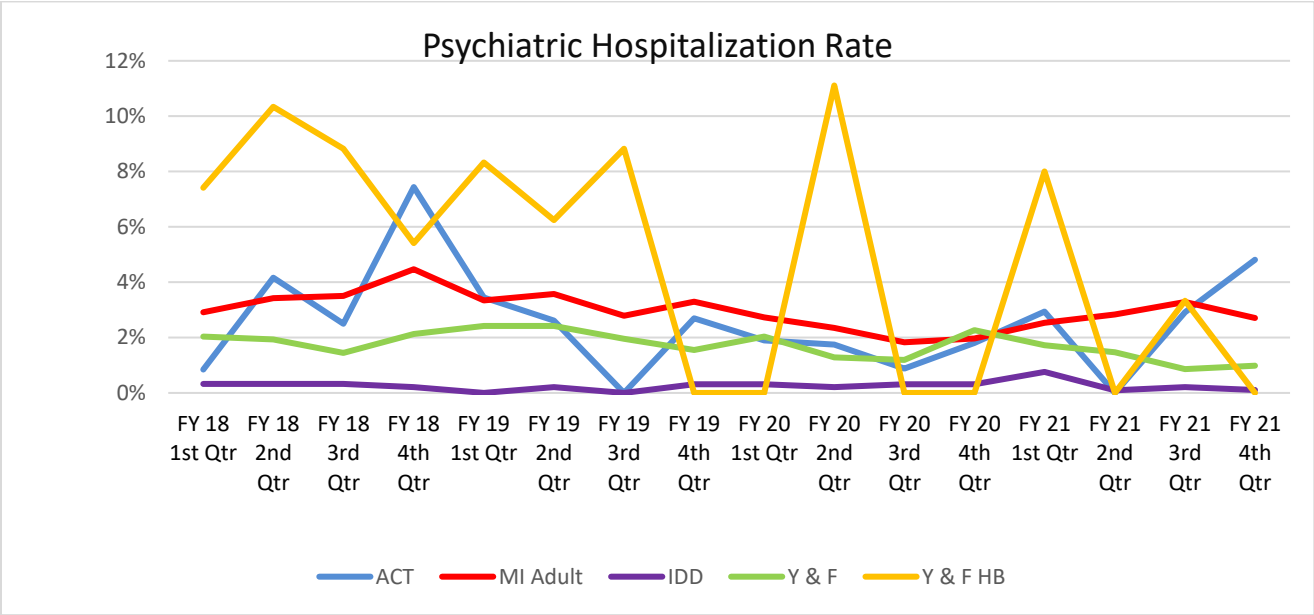
This graph displays the percentage of individuals receiving at least one service in the corresponding time period. It should be noted, engaging those enrolled in the Children's program can be quite challenging due to the competing priorities in the family's life.

Monitoring a trend of how many individuals end up in a level of care that is very restrictive helps to identify how well we are helping people remain in the community. This very restrictive setting occurs when one receives a psychiatric hospitalization. Cases receiving ongoing services from WCCMH core services may be psychiatrically hospitalized. Additionally, those who are in the community and do not have insurance or are underinsured may be psychiatrically hospitalized and funded by the WCCMH system. Of those who are psychiatrically hospitalized, some are already enrolled and active in our WCCMH service system (CMH) while some are county residents who are not enrolled in one of our core programs (Non CMH). Data regarding the hospitalization trends over three fiscal years between these two categories is depicted below:



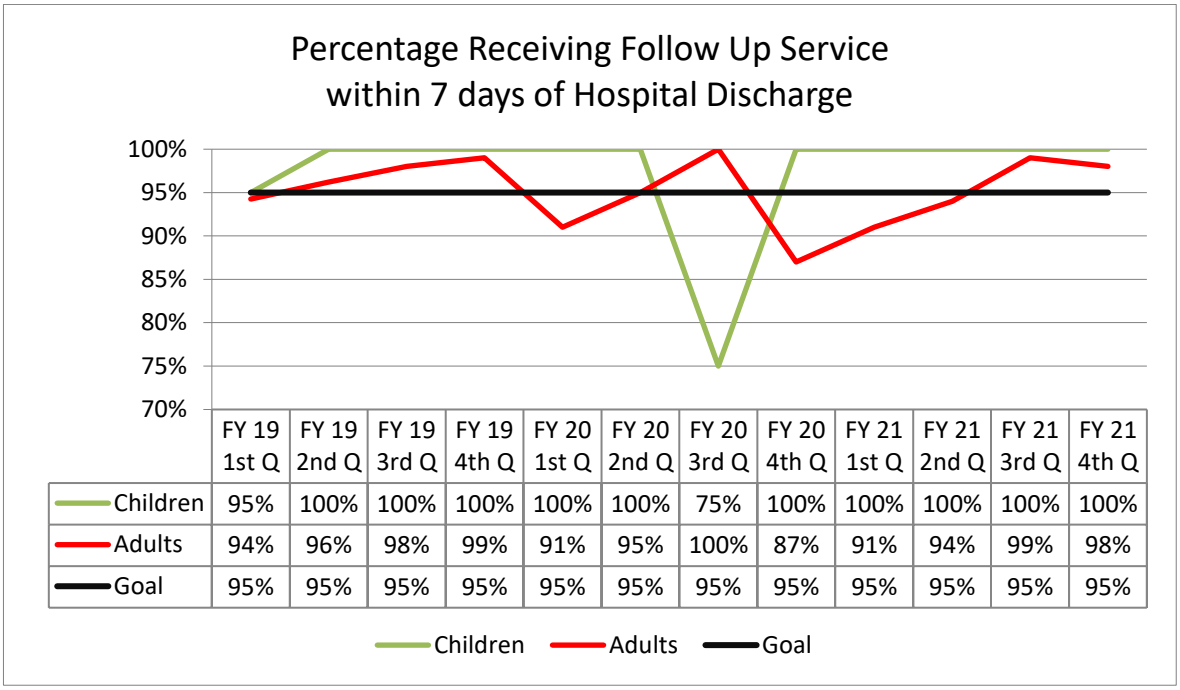
Psychiatric hospitalizations of CMH-served individuals (open CMH cases) overall have a decreasing trend from FY 19. Non-CMH individuals (not open to CMH but may be open to CARES) also show a decrease in hospitalizations. This may be due to the full implementation of the millage-funded CARES program and the 750 Towner crisis center, which opened in the Spring of 2020. It is important to note level of care recommendations are always the least restrictive service while addressing the medical necessity of the individual's presenting symptoms. Having less restrictive options for medically necessary services is recovery focused and less traumatic for the individuals we serve.

Considering a psychiatric hospitalization rate (number of individuals hospitalized compared to number of individuals served as an open case) can be a very useful measure to monitor as it helps identify the percentage of admissions per those served. The following graph helps depict these rates and possible trends:



ACT has seen a slow increase in the percentage of hospitalizations and in FY 21 saw an increase in hospitalization except for the second quarter. The MI Adult Team experienced a steady increase except for the fourth quarter though overall still higher than in FY 20 but lower than in FY 19 and FY 18.

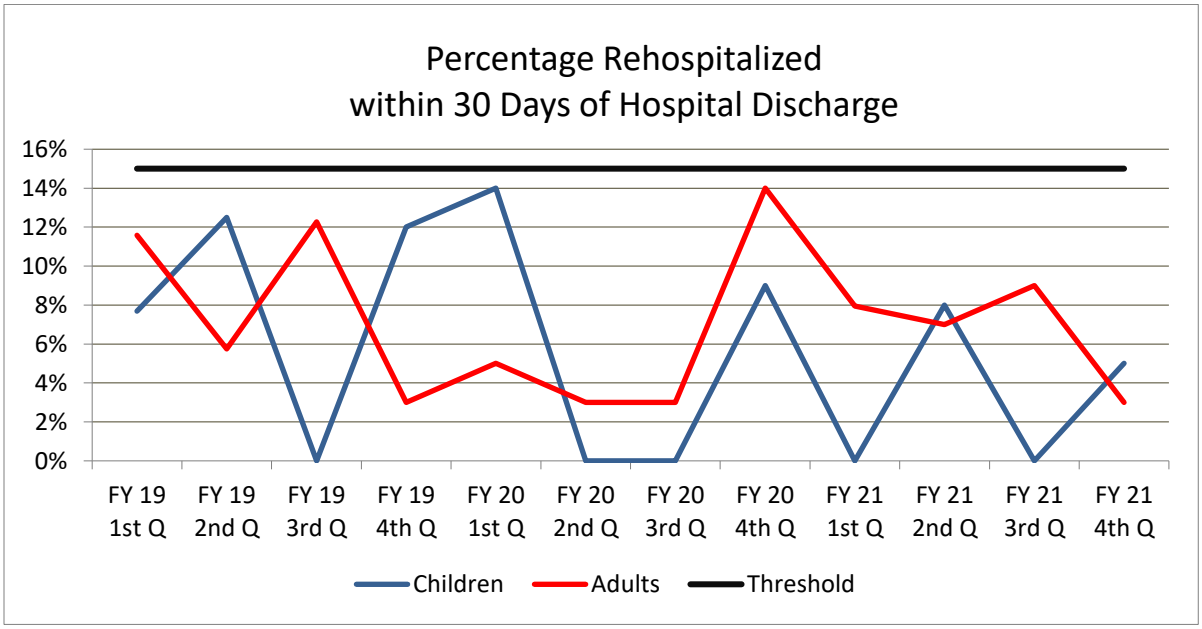
When an individual is psychiatrically discharged, they should receive a service within 7 days of their discharge. Below are graphs of the MDHHS Performance Indicator monitoring open WCCMH cases of children and adults who were psychiatrically hospitalized and received a face-to-face service within 7 days of their discharge.



	FY 19 1st Q	FY 19 2nd Q	FY 19 3rd Q	FY 19 4th Q	FY 20 1st Q	FY 20 2nd Q	FY 20 3rd Q	FY 20 4th Q	FY 21 1st Q	FY 21 2nd Q	FY 21 3rd Q	FY 21 4th Q
Children	95%	100%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%
Adults	94%	96%	98%	99%	91%	95%	100%	87%	91%	94%	99%	98%
Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Children's services did an outstanding job offering and providing the service within 7 days. The MI Adult program was impacted by caseload sizes and required an adjustment which impacted the resulting three quarters and is now appearing to do a very good job offering and providing this service.

The following MDHHS Performance indicator helps to monitor our effectiveness of avoiding repeat hospitalization within 30 days of discharge from the hospital. This graph is comprised of adults and children who are enrolled in and receive services from WCCMH, were hospitalized and then re-hospitalized within 30 days of discharge.



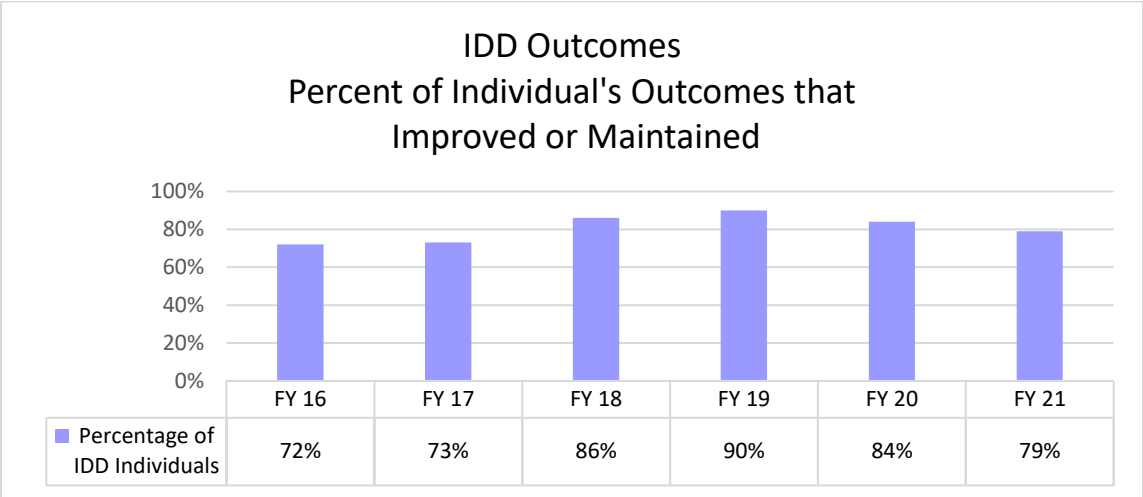
The organization continues to remain below the MDHHS threshold of 15%.

Program Outcomes

IDD Program Outcomes

Adults with an Intellectual Developmental Disability are continually assessed with the standardized "DD Outcome" tool. The tool was developed in 2007 to quantify the status of an individual's life domains and needs. The tool was then implemented to achieve a standardized manner of collecting outcome data. The tool focuses on the individual's status and/or level of independence in factors of Self Determination (Work, Community Living, Choice & Decision Making, Relationships, Housing) and Health and Welfare (Safety, Safety Education, Health Access, and Wellness). Their status in each of these items is assigned a quantitative designation. The range of assigned number is from 1 – 5. "1" reflects extreme need while "5" reflects that specific area is addressed and in place. Based on the sum of completed items, an average for all items is determined. This tool continues to be used in a standardized manner by WCCMH.

Identifying aggregated results of maintaining status or improving are developed based on calculating differences between the average scores of the most recent assessment and the initial assessment.



IDD shows an overall decrease in the percentage of individuals who improved or maintained their outcome values.

Youth and Family Program Outcomes

The Youth and Family program uses the Child, Adolescent Functional Assessment System (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS) as valid and reliable outcome measures for children who experience a serious emotional disorder. The CAFAS is used for children who are in school and are between 7 and 18 years old. The PECFAS is used for children 3 years old and under 7 years old.

The CAFAS Total Score is the sum of the impairment ratings for the 8 subscales for the youth. For each subscale, the rater selects the item(s), which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment based on the score (indicated parenthetically): Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment.

Reviewing this outcome for FY 20 indicates the program has made a significant difference in the individuals they serve. For this administrative report, CAFAS Total Scores are aggregated across youths and a comparison is made between the scores for the initial and most recent assessments. A lower score at the most recent assessment indicates a positive change. The difference in scores is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment. The findings are broken down between inactive episodes of care (closed cases) and for both inactive and active episodes of care (closed and open cases).

FY 21 Child and Adolescent Functional Assessment Scale (CAFAS)

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments (for inactive episodes of care with a sample size of 188): **24**

Average CAFAS Youth Total Score on Initial Assessment: **102**

Average CAFAS Youth Total Score on Most Recent Assessment: **78**

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments (for both active and inactive episodes of care with a sample size of 521): **19**

Average CAFAS Youth Total Score on Initial Assessment: **101**

Average CAFAS Youth Total Score on Most Recent Assessment: **82**

The finding for inactive cases identifies a significant improvement (a score greater than 20 indicates a statistically significant change) and an impressive difference between initial and most recent assessment. The significant improvement is consistent with previous year's findings.

The finding that includes both active and inactive cases indicate a change just below what is considered statistically significant (20) though still reflects positive improvement for the children suggesting the program model is effective. Typically, we do not see a statistically significant change in this category because the active cases are still receiving interventions and may not have experienced a significant change yet.

The PECFAS is a "preschool" version of the CAFAS that assesses the child's functioning over relevant life domains and overall improvement. The PECFAS Total Score is based on the same subscales as the CAFAS and also includes information from the Caregiver (Material Needs, Family/Social Support). The four levels of impairment are the same as the CAFAS.

For this administrative report, PECFAS Total Scores are aggregated across youths and a comparison is made between the scores for the initial and most recent assessments. A lower score of the most recent assessment indicates a positive change. The difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment. The findings are broken down between inactive episodes of care (closed cases) and for both inactive and active episodes of care (closed and open cases).

FY 21 Preschool and Early Childhood Functional Assessment Scale (PECFAS)

Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments (for inactive episodes of care with a sample size of 22: **13**

Average PECFAS Youth Total Score on Initial Assessment: **78**

Average PECFAS Youth Total Score on Most Recent Assessment: **65**

Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments (for both active and inactive episodes of care with a sample size of 56): **14**

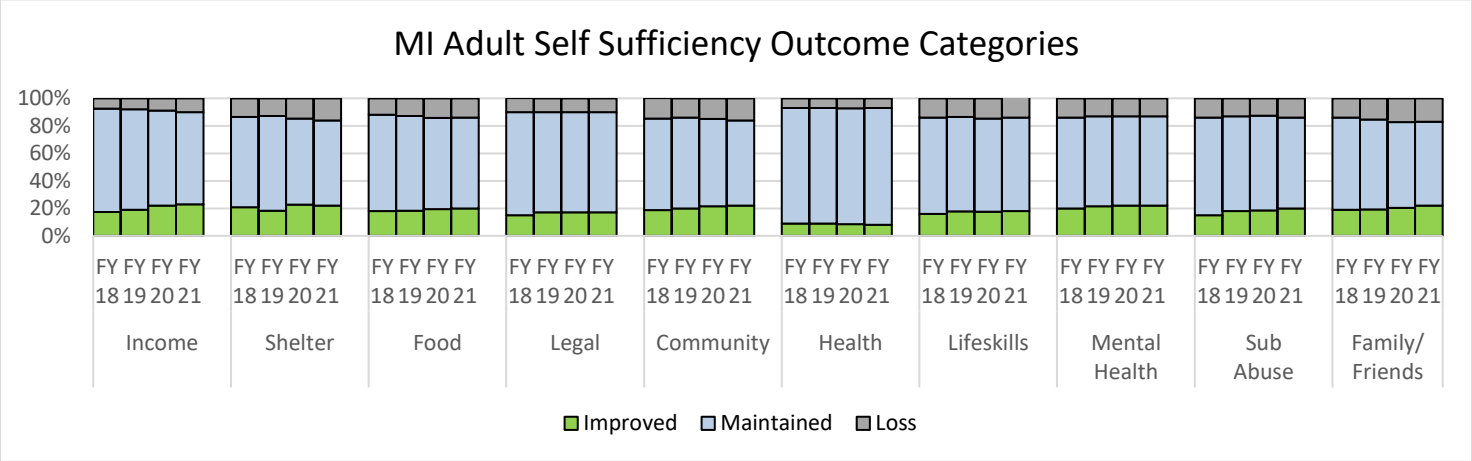
Average PECFAS Youth Total Score on Initial Assessment: **82**

Average PECFAS Youth Total Score on Most Recent Assessment: **68**

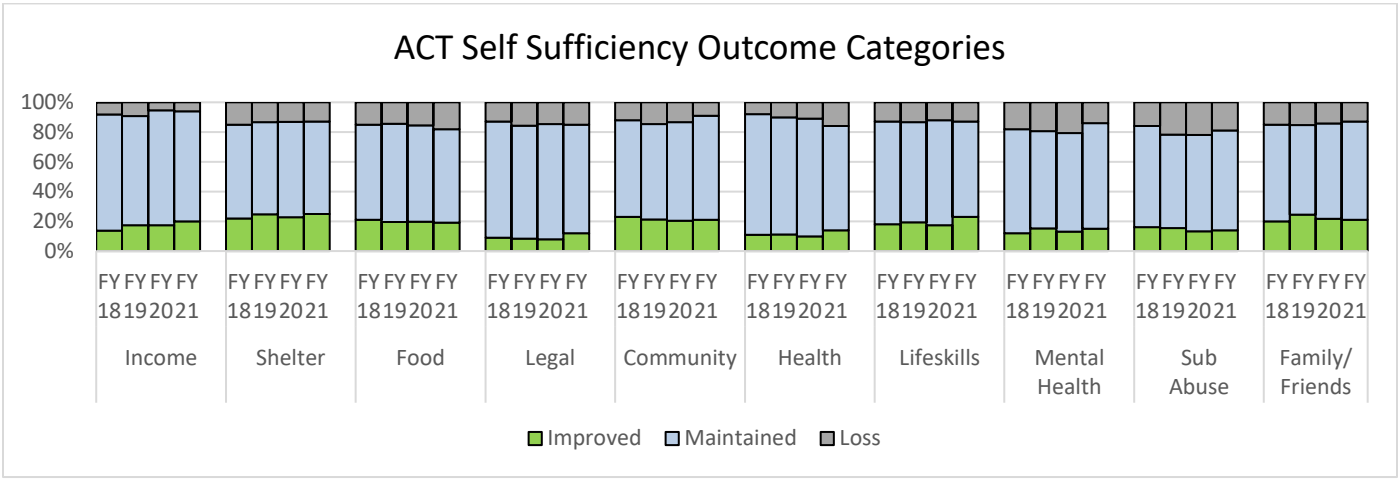
Reviewing the outcome for FY 21 indicates the program is having a positive impact on the child (and their family) though has not achieved the significant criteria (20).

MI Adult and ACT Program Outcomes

Adults with a Mental Illness are continually assessed with the standardized outcome tool called the Self Sufficiency Matrix. The Self Sufficiency tool reviews an individual's status on 13 indicators (Income, Shelter, Education, Healthcare, Mental Health, Family/ Friends, Community, Employment, Food, Legal, Life Skills, Substance Abuse and Mobility). However, for purposes of efficient display, education, employment, and mobility are not included in the graph. Values can include In Crisis, Vulnerable, Safe, Building Capacity or Empowered. Aggregated results of improving, maintaining or loss of status are developed based on calculating differences between the initial and most recent item score, categorizing for each item and each case if there was an improvement, loss or maintained and then subsequent percentages for the overall program.



The graphs identify percentages of Improvement, Maintained, and Loss over a four-year time period. Sometimes there will be a percentage that Improved and a percentage that experienced Loss, sometimes on the same domain. This can occur because the aggregated data may reflect individuals who moved from "Maintained" and either moved to "Improved" or "Loss." MI Adult continued to improve or maintain in six of the ten categories (Income, Food, Community, Mental Health, Substance Abuse and Family/Friends) while a higher percentage show increased loss in four categories (Income, Shelter, Community, and Life Skills). Again, the aggregated findings can show a higher improvement and loss in the same category, and which indicate the aggregated percentage of those who maintained a lower number.



ACT had a higher improvement from FY 20 in eight of the ten categories (Income, Shelter, Legal, Community, Health, Life Skills, Mental Health, and Substance Abuse. Aggregated losses occurred in four of the ten categories (Food, Legal, Health and Life Skills). Again, the aggregated findings can show a higher improvement and higher loss in the same category, which indicates the aggregated percentage of those who maintained is a lower number.

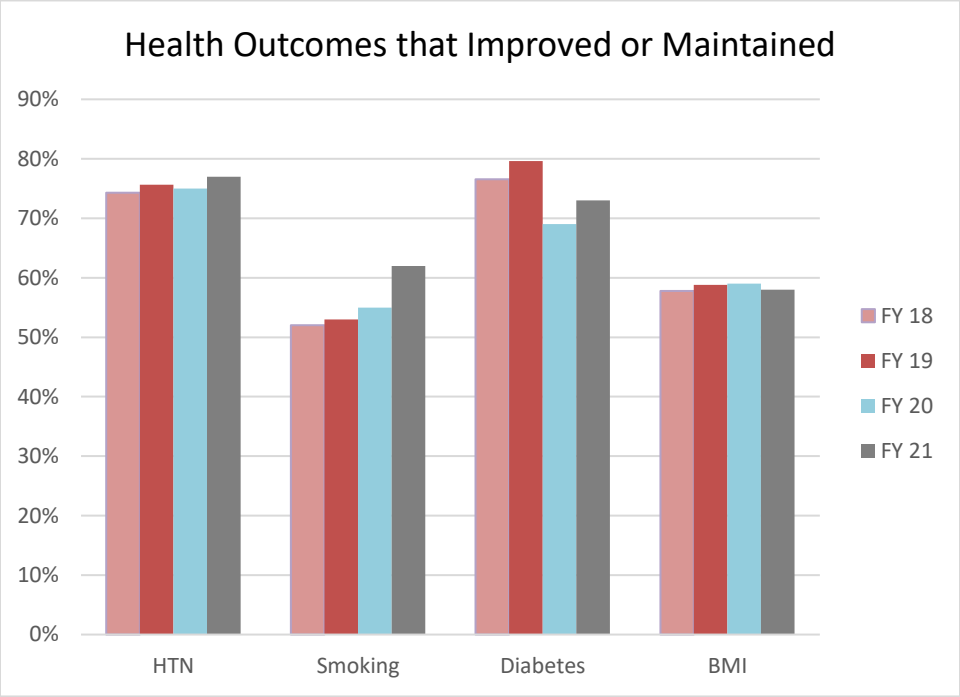
Integrated Care

WCCMH continues to maintain a strong focus of integrated care. We monitor indicators of Hypertension (HTN), Smoking, Diabetes and Body Mass Index (BMI) for improvements. These definitions are:

Hypertension: the percentage of individuals diagnosed with Hypertension who either improved or maintained their health based on their blood pressure.

Smoking: the percentage of individuals who either smoked in the past or currently smoke who either improved or maintained their health based on their smoking status.
Diabetes: the percentage of individuals who have a Diabetes diagnoses and a current laboratory value (within 12 months of the end of the fiscal year) who either improved or maintained their health as indicated by an improvement or maintained level of their A1C.
BMI: the percentage of individuals who either improved or maintained their health by a static or decrease in their BMI.

The graph below depicts the percentage of individuals who either improved or maintained on measures of health:



HTN, Smoking and Diabetes improved or maintained from FY 20. BMI is slightly lower in the number who improved or maintained.

Health and Mortality

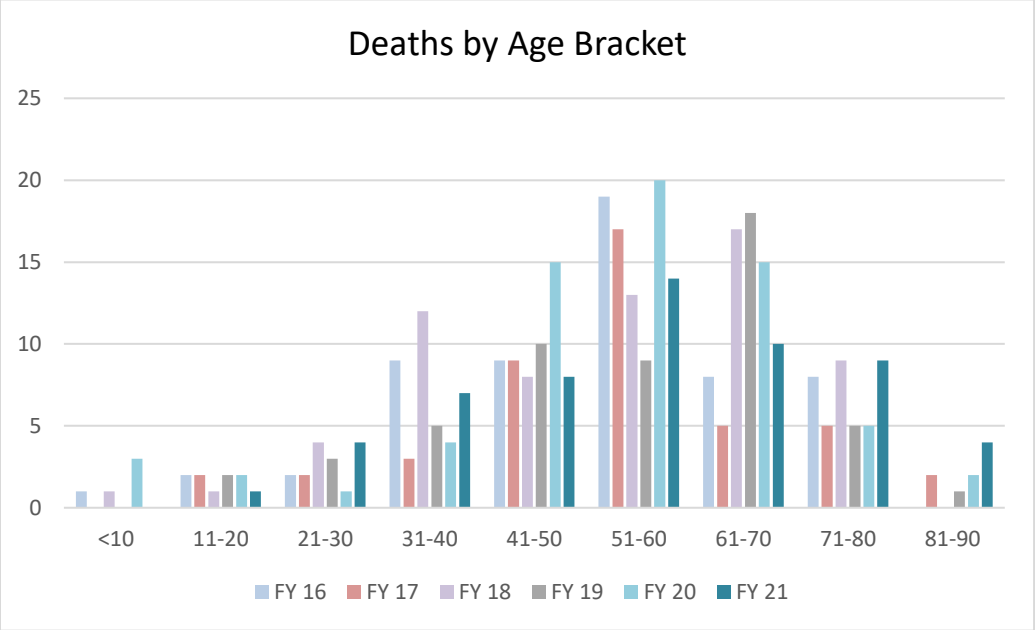
Research and industry trends identify those individuals who experience a severe mental illness tend to die much younger than their counterparts. WCCMH monitors our mortality rate, as well as the average age of the individual at the time of death. The data below are commensurate with research identified trends. For every reported individual death, WCCMH process includes reviewing the chart, obtaining the death certificate (if available) and presenting this information and the death report to the Medical Director. The Medical Director then classifies the cause of death. Below are the aggregated categories of cause of death and the average age at the time of death for each category.

Mortality

Cause of Death	FY 17	*Age FY 17*	FY 18	*Age FY 18*	FY 19	*Age FY 19*	FY 20	*Age FY 20*	FY 21	*Age FY 21*
Aspiration Pneumonia		*26*			1		2		2	*77*
Cancer	10	*54*	8	*63*	9	*57*	7	*57*	10	*63*
Cardiovascular	8	*76*	13	*59*	14	*61*	14	*60*	6	*69*
Dehydration			1	*76*						
Drug Abuse	6	*47*	12	*39*	5	*40*	8	*45*	2	*37*
Endocrine System (Diabetes)									1	*50*
Environmental Hypothermia					1	*51*		*60*		
Gastrointestinal							3		1	*66*
Hip Fracture Complications			1	*60*				*60*		
Homicide	1	*33*	3	*30*						
Inanition							2	*70*		
Infection		*61*		*72*		*61*	4 (2 - COVID19)	*80*	5 (4 - COVID 19)	*66*
Kidney Disease	1	*42*	1	*62*			1	*49*		
Liver Disease	1	*57*	2	*63*			2		3	*52*
Metabolic					1	*61*				
Muscular Dystrophy										
Natural/Other	3	*47*	1	*38*				*50*		
Neurological	2	*47*	2	*34*	1	*81*	3	*51*	7	*60*
Respiratory	4	*61*	5	*66*	9	*52*	10		4	*41*
Sturge Weber Syndrome								*45*		
Suicide	3	*47*	2	*44*	2	*22*	5		2	*24*
Trauma			1	*53*	2	*68*		*44*	2	*40*
Unknown	3	*51*	9	*52*	10	*52*	8		12	*57*
Grand Total	**# of Deaths 47**	***Avg Age 52***	**# of Deaths 65**	***Avg Age 56***	**# of Deaths 55**	***Avg Age 53***	**# of Deaths 67**	***Ave Age 54***	**# of Deaths 57**	***Avg Age 57***

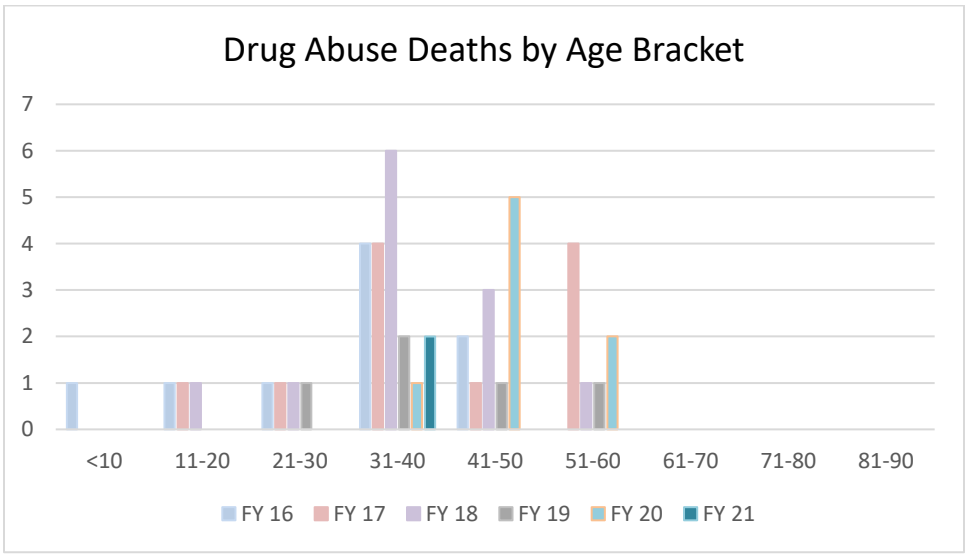
Mortality data is based on death certificates from the Washtenaw County Medical Examiner. If an individual dies out of county, we do not receive that death certificate. The number of deaths tend to vary as indicated by the six-year dataset.

Reviewing the number of individuals who were receiving services and passed away in Fiscal Year 2021 between frequency of deaths per bracketed age categories helps monitor and review baseline data and possible trends/ patterns.



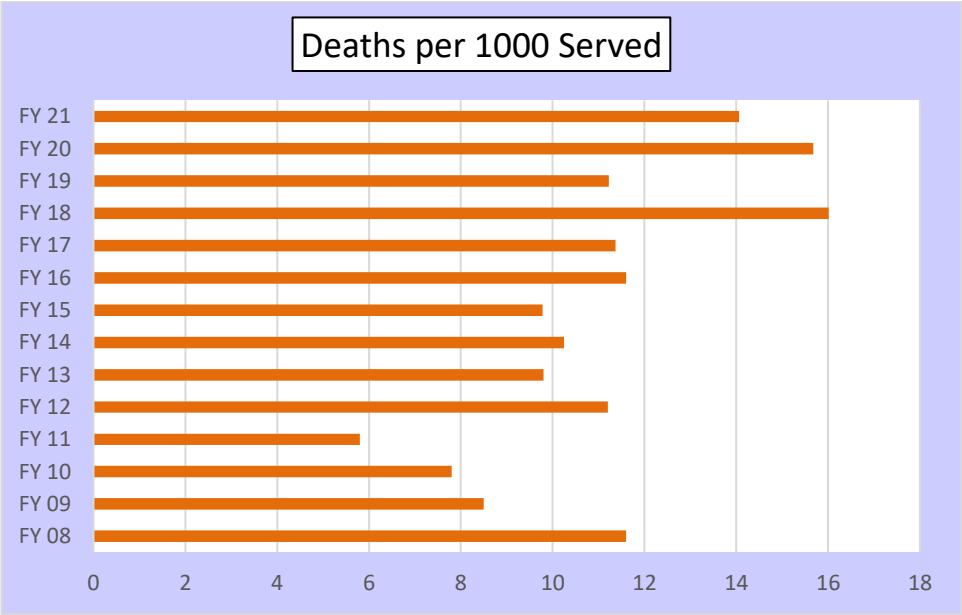
Not surprisingly, a higher frequency of deaths occurs in the older decades. We hope that helping individuals with their health will result in the frequency of deaths moving to the right on the graph, i.e., occurring in older age. The bracketed age group 81-90 continues to show an increased number of individuals which may indicate a trend toward living longer. The age groups 61-70 and 71-80 are both showing higher numbers over time.

Deaths that occurred due to accidental overdose (Drug Abuse) are much lower than in years previous. These deaths from FY 21 and their bracketed age group are depicted below:



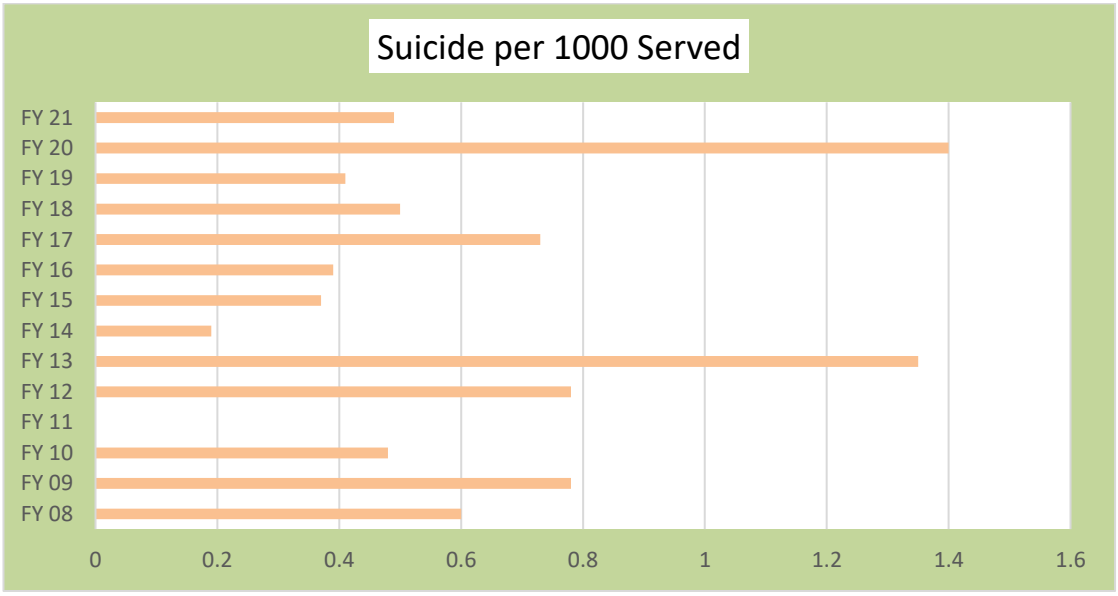
Unusually, there were only two deaths attributed to "drug abuse" in FY 21 and both occurred in the age bracket of 31-40.

Reviewing deaths over the past fourteen years has helped us identify the number of deaths compared to the number of individuals served. Please note, the accuracy and robustness of deaths in fiscal years 2008 – 2011 is unknown due to concerns about reporting processes in that time frame. Reporting processes are much more robust and monitored so there is credibility to the number of deaths from 2012 – 2021.



The ratio of deaths / individuals served this past year is lower than last year though is still higher than what might be considered an average. There are no identified systemic mental health treatment factors contributing to these deaths. To the best of the organization's ability, we know of only four deaths of an individual whose COVID-19 test results was positive in FY 21 and two deaths from FY 20.

Monitoring the ratio of suicides per 1,000 individuals served is also important. Again, it is not known how robust or accurate our historical death reporting process was. That is, there may have been more historical suicides than are listed in the following chart. This is the data trend over the past thirteen fiscal years:



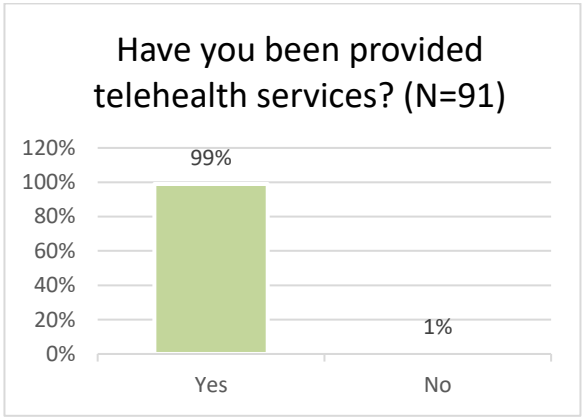
The ratio for FY 21 is one of the lowest ratios in the evaluated time period. It should also be noted that all suicides are reviewed with a root cause analysis. This is a very thorough and thoughtful review process beyond

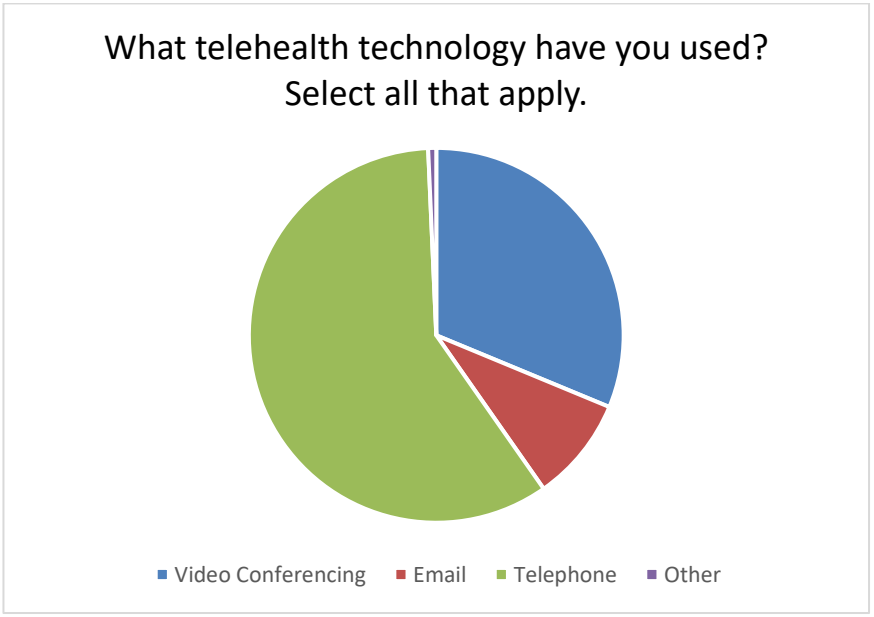
the normal death review process. There were no practice-of-care issues in these suicides and no systemic patterns or trends identified.

Satisfaction Survey Results

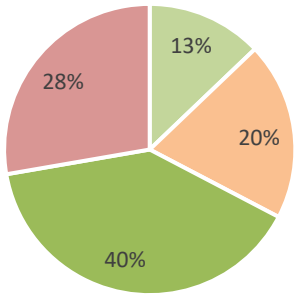
Due to the change in service delivery, the Regional Customer Service Committee did not survey all populations with the satisfaction surveys as in the past. Instead, early in the pandemic, WCCMH participated with 19 other state wide Community Mental Health Service Providers and implemented a standardized Telehealth Satisfaction Survey. This process continued for FY 2021. The FY 2021 results are below.

Survey Results from Those Who Receive Services





FY 21 - If available, how likely would you be to use telehealth services instead of in-person services? (N = 87)



Very Unlikely Unlikely Likely Very likely

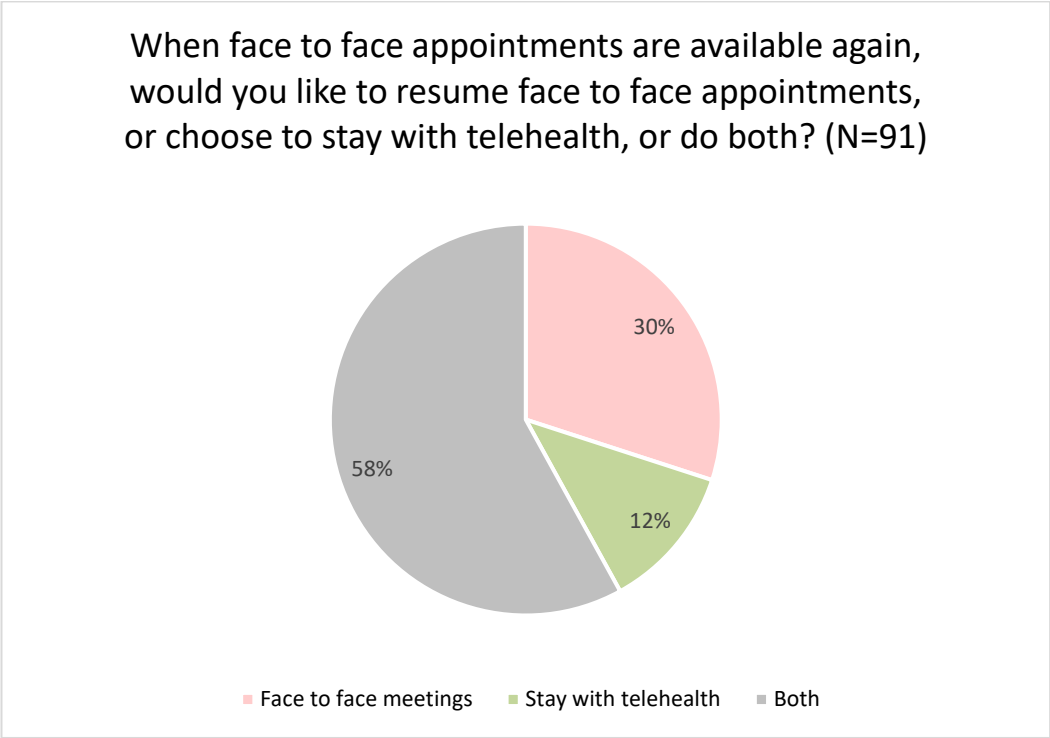
FY 21 - What part of telehealth do you wish could remain even after COVID - 19 is no longer a concern? Select all that apply. (N = 89)

Telephone calls from my treatment team

Person Centered Planning meetings using video conferencing

Video conferencing with my treatment team

Other (Please specify)



Summary

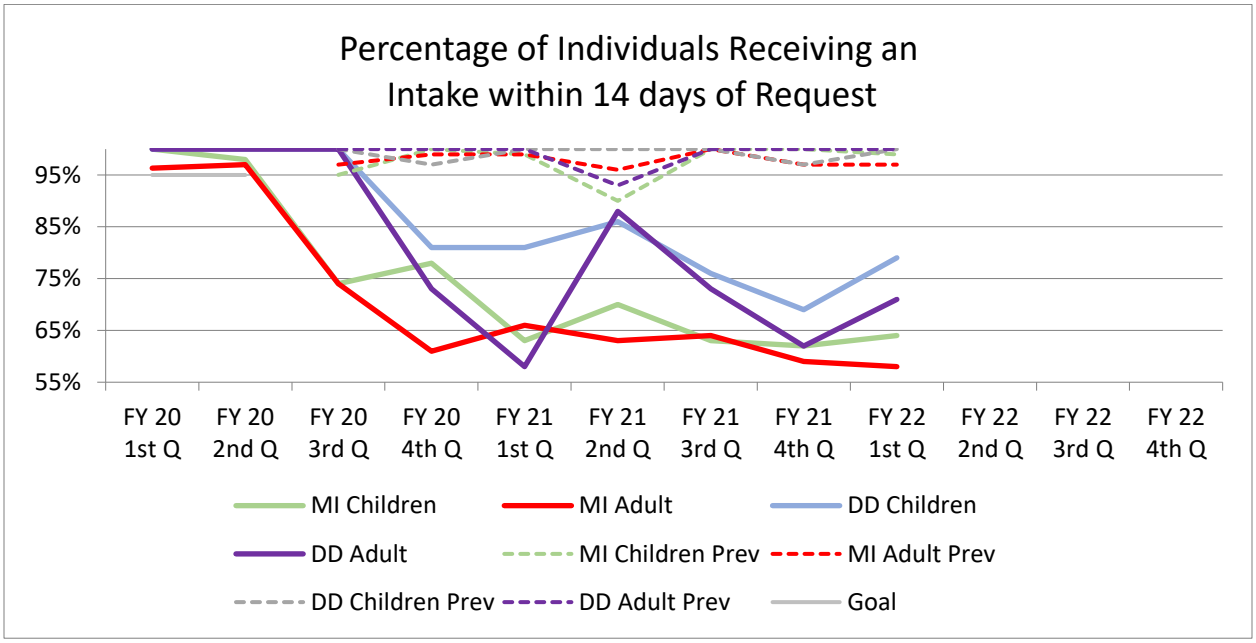
The industry of Community Mental Health services is a complex, demanding and high-risk environment seeking to service individuals who experience functional impairment, poverty, disabilities and severe symptoms in a limited resourced environment. CMH Organizations must manage this complexity while also improving lives and families as an important component of community responsibility. We continue to seek out ways to strengthen our organization in a manner that will help to improve the lives of those we are honored to serve.

Program and Quality Board Committee
Dashboard Data FY 2022 1st Qtr (Oct - Dec 2021)

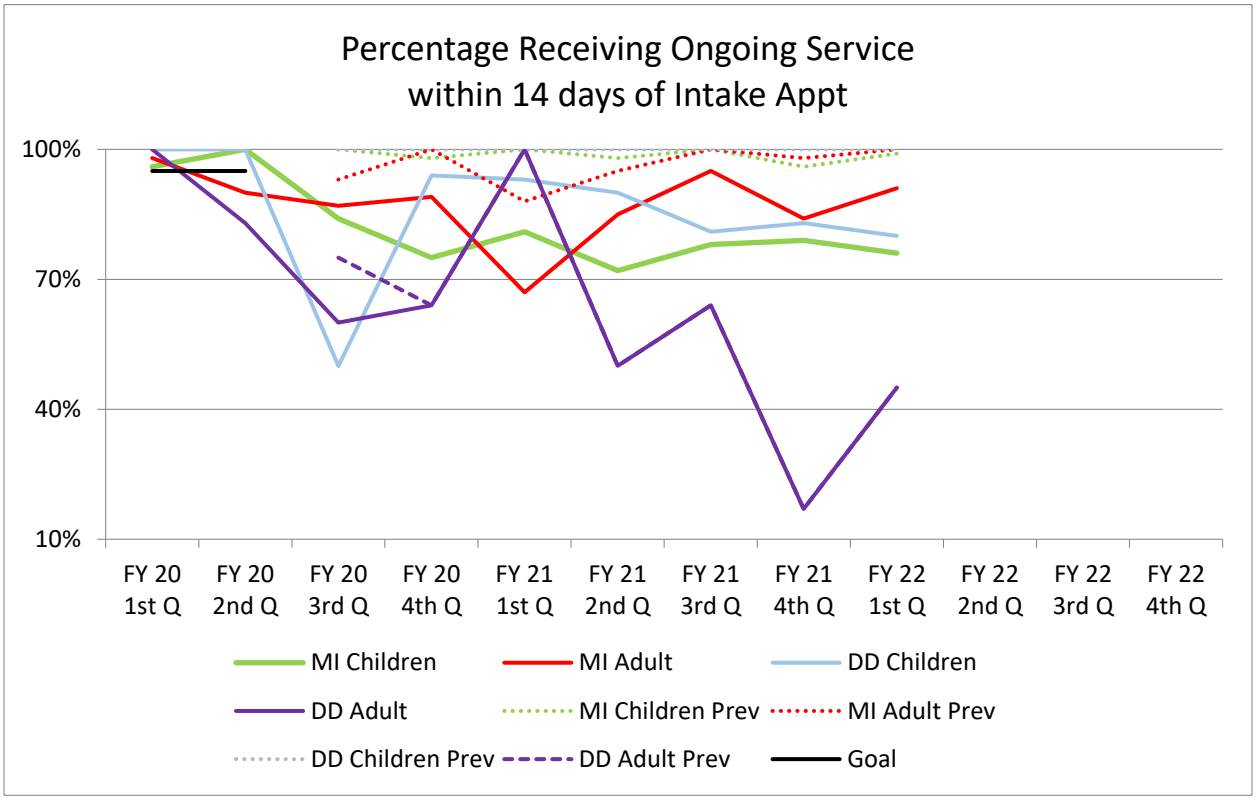
As of April 1 2020, the Michigan Department of Health and Human Service (MDHHS) changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

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.

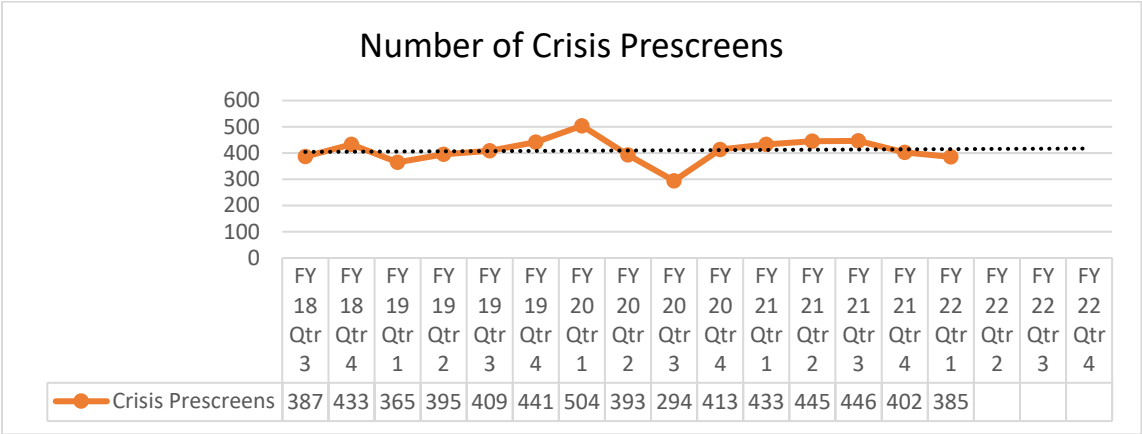
The "dashed lines" indicate where our compliance would have been under previous definitions. The data points are detailed in the tables below the graphs.



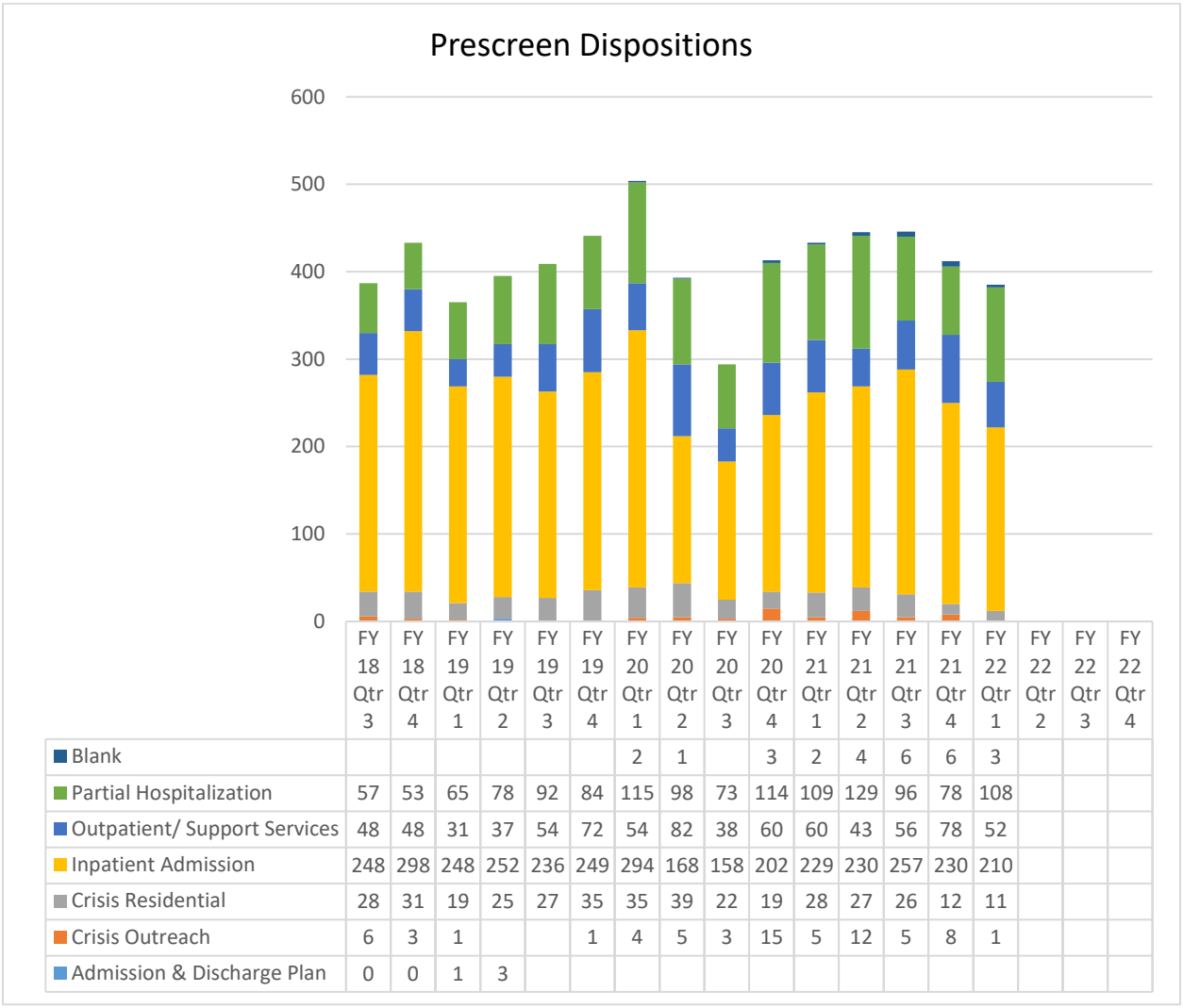
FY 22 1st Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	133	85	48	47	64%	99%
MI Adult	178	104	74	71	58%	97%
DD Child	39	31	8	8	79%	100%
DD Adult	14	10	4	4	71%	100%



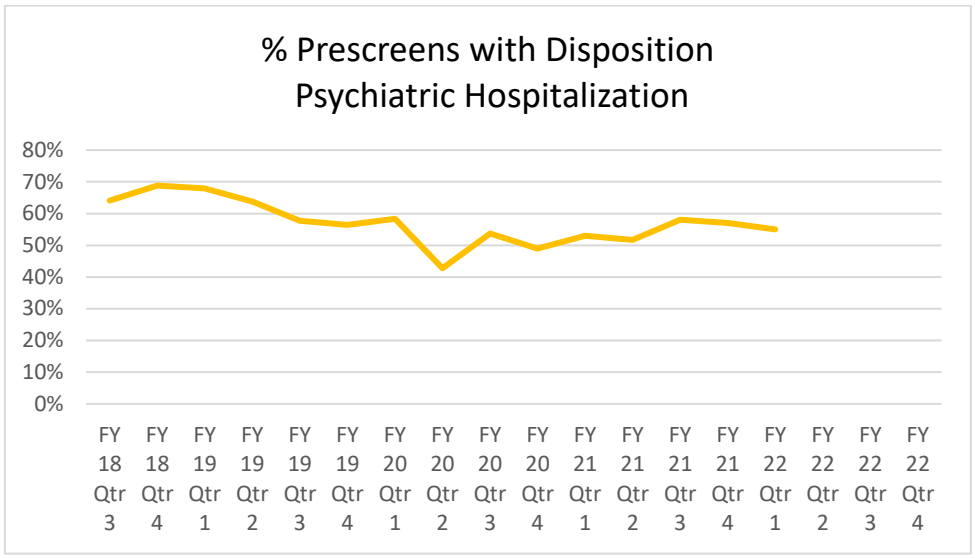
FY 22 1st Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	91	69	22	22	76%	100%
MI Adult	87	79	8	8	91%	100%
DD Child	46	37	9	9	80%	100%
DD Adult	11	5	6	0	45%	45%

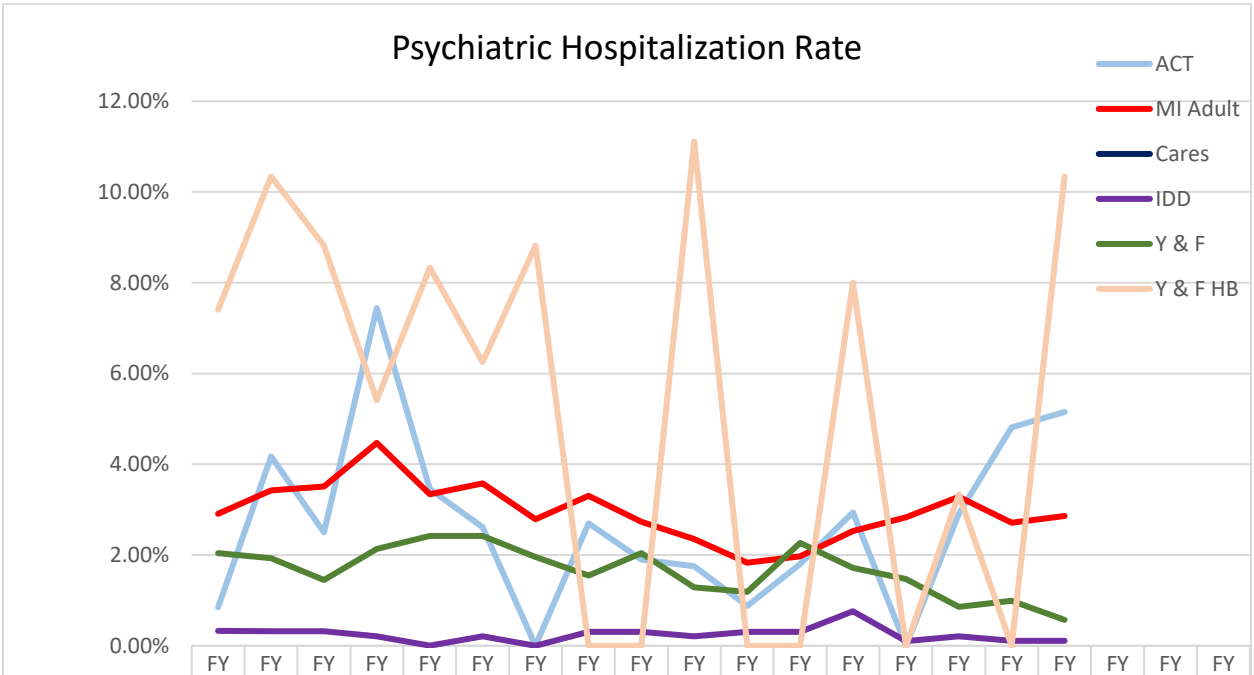


	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Crisis Prescreens	387	433	365	395	409	441	504	393	294	413	433	445	446	402	385			



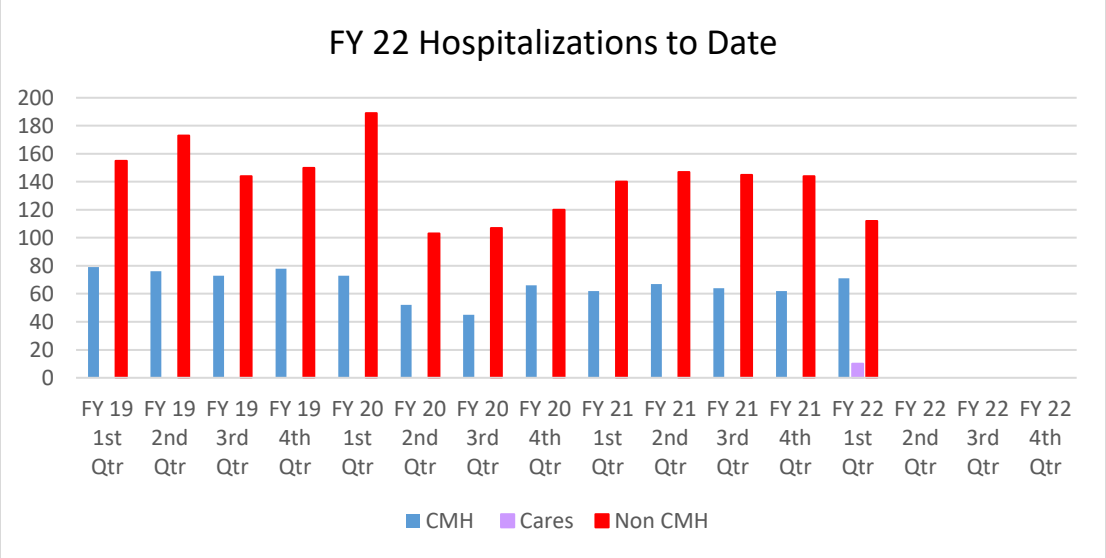
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Blank							2	1		3	2	4	6	6	3			
Partial Hospitalization	57	53	65	78	92	84	115	98	73	114	109	129	96	78	108			
Outpatient/ Support Services	48	48	31	37	54	72	54	82	38	60	60	43	56	78	52			
Inpatient Admission	248	298	248	252	236	249	294	168	158	202	229	230	257	230	210			
Crisis Residential	28	31	19	25	27	35	35	39	22	19	28	27	26	12	11			
Crisis Outreach	6	3	1			1	4	5	3	15	5	12	5	8	1			
Admission & Discharge Plan	0	0	1	3														

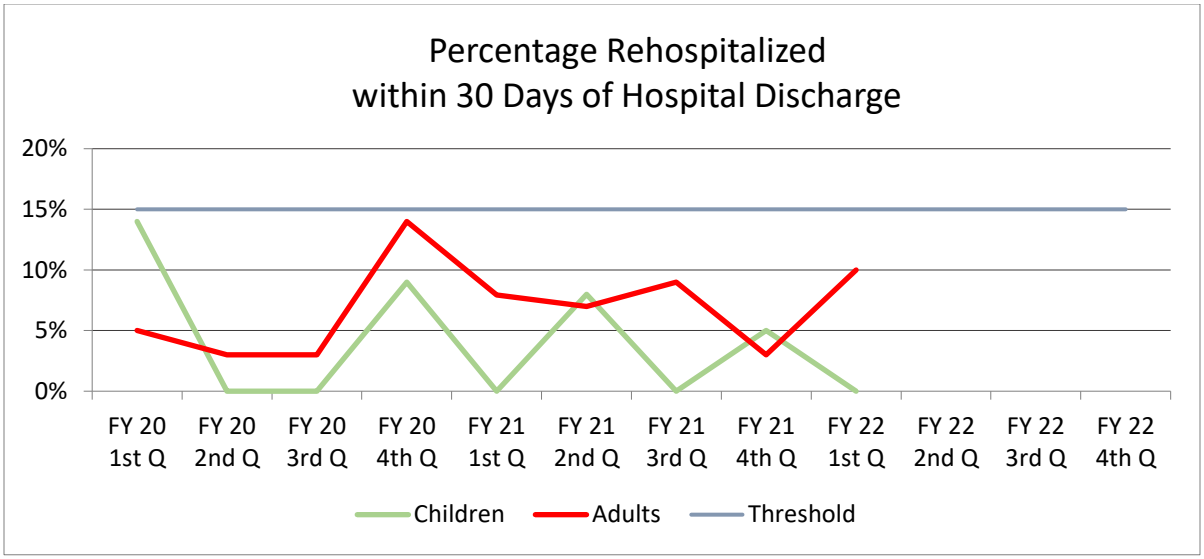




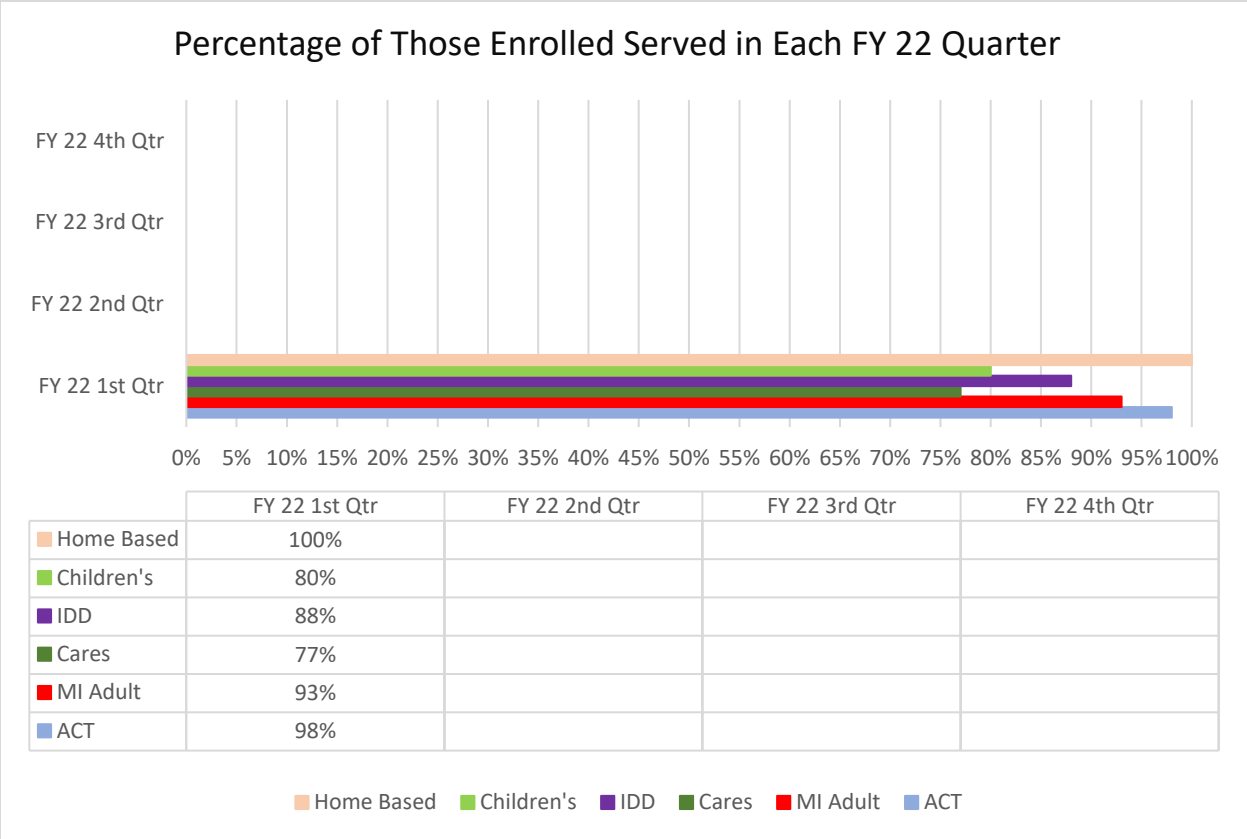
	FY 18 1st Qtr	FY 18 2nd Qtr	FY 18 3rd Qtr	FY 18 4th Qtr	FY 19 1st Qtr	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
ACT	0.85	4.17	2.50	7.44	3.45	2.61	0.00	2.70	1.90	1.75	0.88	1.80	2.94	0.00	2.91	4.81	5.15			
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	2.86			
Cares																	2.64			
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	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	0.57			
Y & F HB	7.41	10.3	8.82	5.41	8.33	6.25	8.82	0.00	0.00	11.1	0.00	0.00	8.00	0.00	3.33	0.00	10.3			

FY 22 1st Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	97	6 (1)	5.15%
MI Adult	1572	54 (9)	2.86%
Cares	341	9 (1)	2.63%
IDD	891	1 (0)	0.11%
Y & F	707	4 (0)	0.57%
Y & F Home Based	29	3 (0)	10.34%





FY 22 1st Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	9	0	0%
Adult	98	10	10%



	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
Home Based	100%			
Children's	80%			
IDD	88%			
Cares	77%			
MI Adult	93%			
ACT	98%			

Critical Event Data Reported Thru Qtr 1 FY 2022

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	Non Suicide Death	8
	MI Adult	Non Suicide Death	5
		Suicide	1
Qtr 1 Total			14

Mortality Data Thru Qtr 1 FY 2022

Cause of Death	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	Number of Deaths FY 22
Aspiration Pneumonia			1	2	2	2
Cancer	10	8	9	7	10	
Cardiovascular	8	13	14	14	5	2
Dehydration		1				
Drug Abuse	6	12	5	8	2	
Endocrine System (Diabetes)					1	
Environmental Hypothermia			1			
Gastrointestinal				3	1	
Hip Fracture Complications		1				
Homicide	1	3				
Inanition				2		
Infection				4	5 (4 - COVID 19)	3 (2 - COVID 19)
Kidney Disease	1	1		1		
Liver Disease	1	2		2	3	1
Metabolic			1			
Muscular Dystrophy						
Natural/Other	3	1				
Neurological	2	2	1	3	7	2
Respiratory	4	5	9	10	4	
Sturge Weber Syndrome						
Suicide	3	2	2	5	2	1
Trauma		1	2		2	1
Unknown	3	9	10	8	10	2
Grand Total	**47**	**65**	**55**	**67**	**54**	**14**

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

ATTACHMENT #7
JUNE 2022

WCCMH Adult I/DD Program

WCCMH Board Meeting, June 2022

Service Population Includes:

ATTACHMENT #7
JUNE 2022

- I/DD = Intellectual and Developmental Disability
- Adults - 18 years and older that have a diagnosed developmental disability. This includes; A Cognitive or Physical Disability that is acquired prior to the age of 22 and is deemed to be life long, resulting in substantial functional limitations. Substantial functional limitations in 3 or more of the following areas: receptive and expressive communication; mobility; self-care; self direction; learning; economic self-sufficiency; capacity for independent living.

What do services look like?

ATTACHMENT #7
JUNE 2022

Services for I/DD Individuals Include:

- Supports Coordination
- Therapy – individual and group
- Psychiatry
- Psychology
- Occupational Therapy
- Dietician
- Nursing
- Housing – CLS, Specialized Residential
- Vocational (Skill Building & Supported Employment)
- Respite

Numbers Served

ATTACHMENT #7
JUNE 2022

- Total served in I/DD program – 973
- Number of enrolled Habilitation Supports Waiver (HSW) individuals – 386
- Total individuals receiving unlicensed Community Living Support (CLS) – 433
- Total individuals living in licensed residential settings – 98

The Current CMH I/DD Team

ATTACHMENT #7
JUNE 2022

- 4 Clinical Supervisors
- 2 Vocational Supervisors
- 2 Service Coordinators
- 1 MHP
- 19 Supports Coordinators
- 3 Psychologists
- 1 Nurse
- 1 OT

Who do we partner with?

ATTACHMENT #7
JUNE 2022

- WISD
- Guardians
- Families
- Advocates
- Legal teams
- Hospitals
- Primary/Integrated Care Coordination
- Provider agencies
- Payees
- Community agencies
- MDHHS

What is a Habilitation Support Wavier(HSW) and how do you obtain one?

ATTACHMENT #7
JUNE 2022

- HSW is a wavier program that deviates from the State Plan and allows for more/different services
- This program is specific for individuals with developmental disabilities
- An initial application is needed to determine eligibility
- Annual re-certification is completed for continuing eligibility
- Audits of HSW services happen every other year, with plans of corrections reviewed by the State on the off year

Eligibility Criteria

ATTACHMENT #7
JUNE 2022

- Individual has a developmental disability (per MMHC)
- Is an active Medicaid recipient
- Is residing in a community setting; cannot live in licensed setting with more than 12 beds
- If not for HSW services, would require ICF/IDD level of care services; and is receiving habilitative services. MDHHS has not defined an exact number of hours needed for services, but it should be substantial per MDHHS.
- Individual choose to participate in the HSW program

An individual must have CLS, out of home non-vocational, Prevocational or Supported Employment in order to be considered for HSW. These are described as "habilitative services" and the consumer must be working on a habilitative skill to qualify for HSW.

Initial Referral Packet Process

ATTACHMENT #7
JUNE 2022

- Initial conversations occur with consumers/families to see if they are interested. Individuals/guardians must consent to HSW every 3 years. Professionals must recertify annually.
- If interested, SC's receive and prepare the following documentation: Initial Certification form, ensure BH Teds has been update for accurate living arrangement, signed copy of IPOS (including clear goals around habilitative skill development with at least 3 highlighted skill development, a signed signature page, all supporting documentation - health care guidelines, behavioral plans, etc) and an IEP for all individuals under the age of 26.
- This is all submitted to our HSW Coordinator. HSW Coordinator will review and complete the new client worksheet and performance of Major Life Activities documents. HSW coordinator will also contact the PIHP HSW Lead with the CRCT Identification so that a WSA (State system) can be created for the new HSW candidate.
- HSW Coordinator will add all the above information and uploads the relevant documents into the WSA and submit to the PIHP.
- PIHP will then review for eligibility and submit to the State for review.
- The State will then review and approve or send back with comments or deny.

Annual Recertification Process

ATTACHMENT #7
JUNE 2022

- Within 90 days of the HSW consumer recertification end date (365 days from initial approval), the CMH will be able to add information for recertification. This is completed through the WSA system.
- All supporting documentation that was sent for the initial certification must be sent again for review to ensure continued eligibility. The only document that is not needed after the initial packet is the IEP.
- This acts as a mini-audit of the chart to ensure continued eligibility. If there are pending documents or any document that is out of date, the packet will not be accepted. Packets have not been accepted if the State does not feel that the habilitative goals are not strong enough, not enough skills are being worked on, no signed signature page, etc.
- Larger state audits then occur every other year to review that services are provided as intended. This also includes review of staff providing HSW services including our contract providers.

Questions?

ATTACHMENT #7
JUNE 2022

- Krista DeWeese
  - Program Administrator for Adult I/DD Services
  - deweesek@washtenaw.org
  - 734-222-3412