Mission: To promote hope, recovery, resilience and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

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/95222756000
August 14, 2023
2:00-3:30 pm

I. Roll Call (1 minute)

II. Introductions (1 minute)

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

IV. Budget-Finance Committee Meeting Minutes (3 minutes) **ACTION**
- Quality-Finance Committee Meeting Minutes and Actions from 6/12/23 (Attachment #1)

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

VI. Contracts and Leases (5 minutes)
- None

VII. Executive Director Authorizations (5 minutes)
- Executive Director Authorizations (Attachment #3) **M. Taylor ACTION**

VIII. Regional Finance Update (5 minutes)

IX. Old Business (15 minutes)
- Board Education: Adult MI Residential (Attachment #4) **E. Montgomery**

X. New Business (40 minutes)
- Program Committee Dashboard FY23, Quarter 2 (Attachment #5) **L. Higle ACTION**
- Program Committee Annual (Attachment #6) **L. Higle ACTION**
- Semi-Annual Recipient Rights Report (Attachment #7) **K. Snay ACTION**
- WCCMH Fiscal Year 2024 Annual Operating Budget (Attachment #8) **N. Phelps ACTION**
- FY23 Compliance Examination (Attachment #9) **N. Phelps ACTION**
- WCCMH FY24 Master Contract List (Attachment #10) **M. Taylor ACTION**

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 and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

XI. Items for Future Discussions (5 minutes)
- Accounts Receivable
- Cost Per Case Comparisons

XII. Adjournment of Public Meeting (Next Quality-Finance Committee Meeting: October 16, 2023)

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join.
https://zoom.us/j/95222756000

Or One tap mobile:
+12678310333, 95222756000# US (Philadelphia)
+13126266799, 95222756000# US (Chicago)

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

Webinar ID: 952 2275 6000

International numbers available: https://zoom.us/u/adO0sLREIF

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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

June 12, 2023

Learning Resource Center-Michigan Room (in person)

https://zoom.us/j/98809260474 (virtual)

2:00-3:30 pm

ROLL CALL: S. Antonow attending virtually
A. Dusbiber attending virtually
B. Higman attending in person
N. Graebner-Sundling attending in person
M. Udow-Phillips attending in person

MEMBERS ABSENT: H. Heaviland

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, L. Gentz, N. Phelps; S. Ray, Sally Amos O'Neal, M. Taylor, L. Higle, H. Linky, S. Lossing, B. Hagaman, M. Tasker, K. Hoener, E. Montgomery

OTHERS PRESENT: Kari Walker; K. Homan; T. Gavalier, L. Lutomski

N. Graebner-Sundling called the meeting to order at 2:01 pm.

:

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 4/10/23 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 4/10/23 were reviewed

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. DUSBIBER TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM APRIL 10, 2023, QUALITY-FINANCE COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
HEAVILAND	**N/A**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending April 30, 2023 (Attachment #2)

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING APRIL 30, 2023, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y (virtual)**	**DUSBIBER**	**Y (virtual)**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
HEAVILAND	**N/A**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

VI. Contracts and Leases
- None

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update
- N. Phelps provided an update to the committee

IX. Old Business
- CCBHC I/DD Data Overview
  - M. Harding presented the Cares and CCBHC Data Overview.
  - Condensed CARES audit/site visit went well.
- Board Education: OBRA
  - S. Lossing provided OBRA education to the Committee.

X. New Business
- Hospital Rate Increase
  - T. Cortes discussed the hospital rate increases with the Committee.
  - Michigan Medicine's contractual psychiatric hospitalization rates are increasing substantially.
  - M. Harding reviewed inpatient adult/children's rates for hospitalization costs for CMH clients.
  - The number of cases has increased in addition to rate increases driving costs upwards.
- Program Committee Dashboard - FY23 Quarter 1 (Attachment #3)
  - L. Higle presented the Program Dashboard FY23 Quarter 1 for the Committee.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF PROGRAM DASHBOARD FY23 QUARTER 1 AS PRESENTED.

ROLL CALL VOTE:

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

HEAVILAND	**N/A**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- Hospital Rate Increases

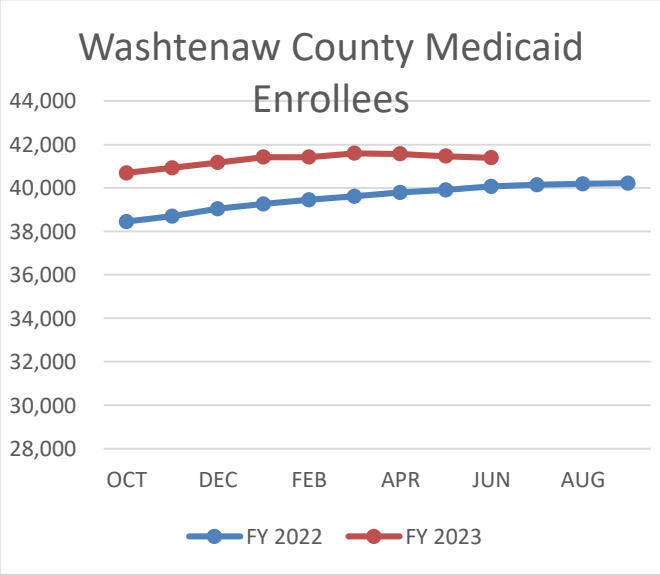
MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

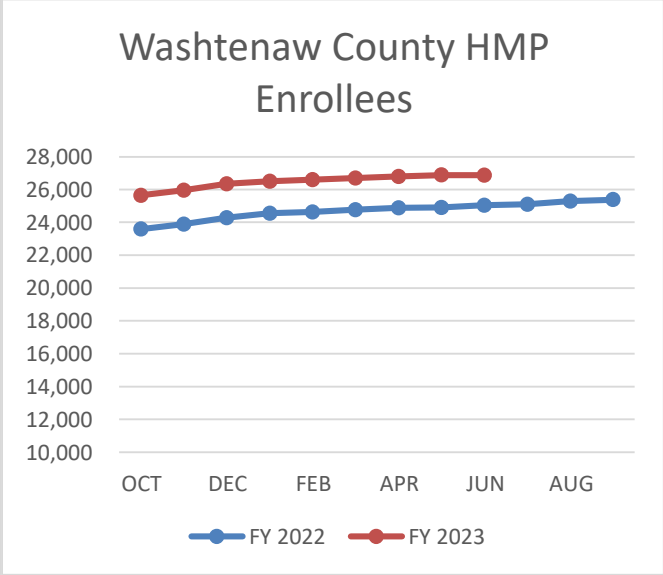
XII. Meeting adjourned at 3:22 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2023: For the period ending June 30, 2023
Prepared: August 7, 2023

1. Washtenaw County Enrollees

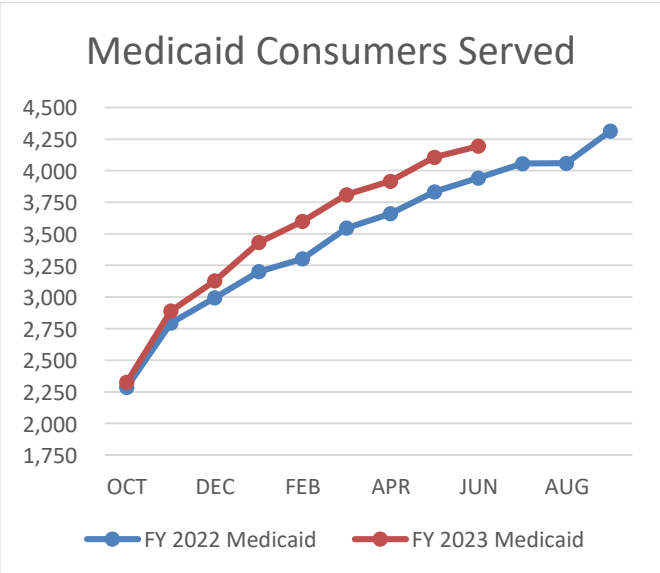
A summary of FY 2023 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

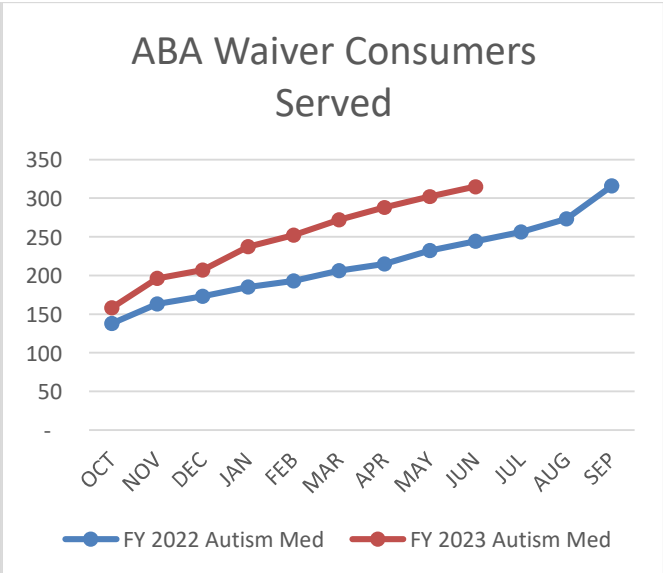




Washtenaw County Medicaid Enrollees were 41,385 in June 2023. This is a 3.29% increase from the same time last year (1,317 more enrollees than in June 2022). Healthy Michigan enrollment in June 2023 was 26,864. This is a 7.30% increase from the same time last year (1,828 more enrollees than in June 2022).

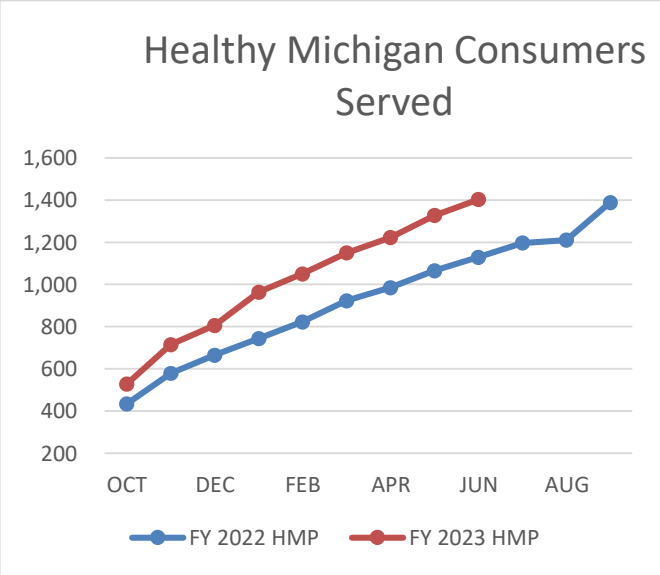
2. WCCMH Consumers Served to Date

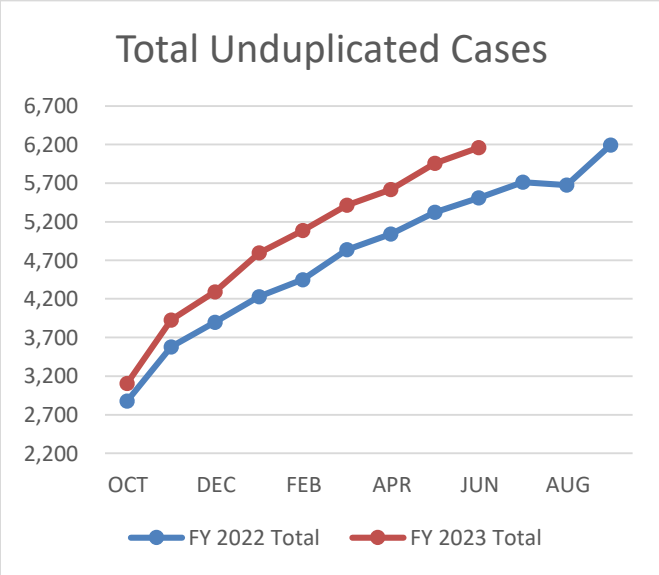




Medicaid consumers served through June 2023 are 4,195. This is 254 more consumers than the prior year (3,941 consumers were served through June 2022).

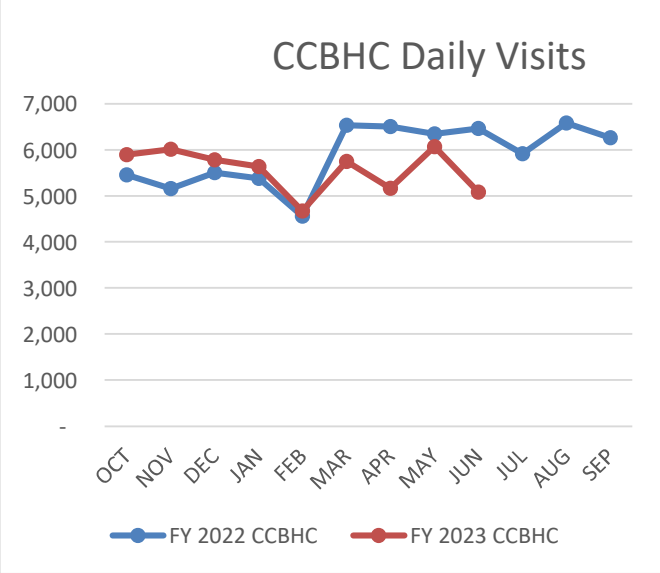
ABA Waiver consumers served through June 2023 are 315. This is 71 more consumers than prior year (244 consumers were served through June 2022).

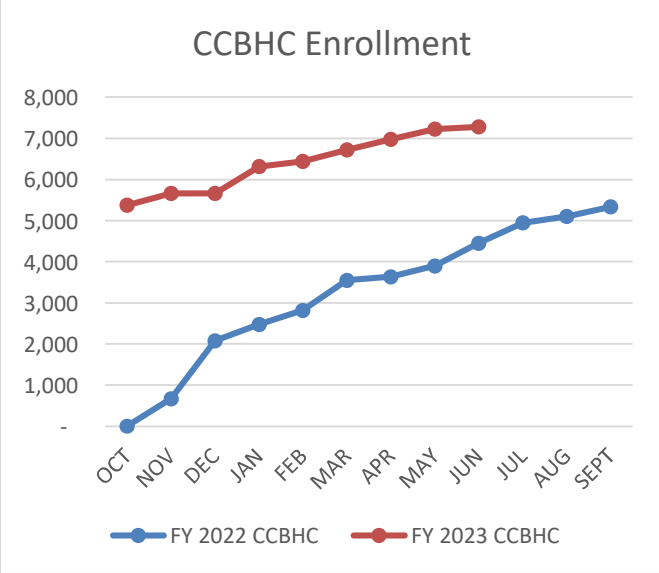




Healthy Michigan consumers served through June 2023 were 1,403. This is 273 more consumers than the same period last year.

The total unduplicated consumers served by WCCMH through June 2023 were 6,160. This is 649 more consumers than served last year.





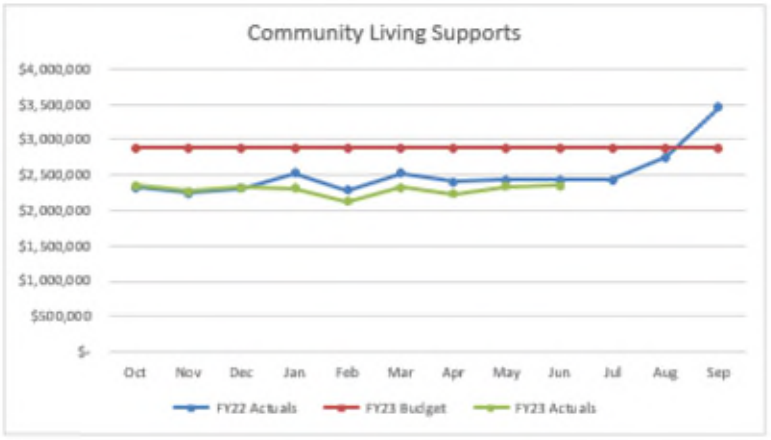
The CCBHC daily visit count for June 2023 were 5,085.

The YTD CCBHC Enrollment for FY 2023 as of June was 7,282.

3. Financial Statement Highlights

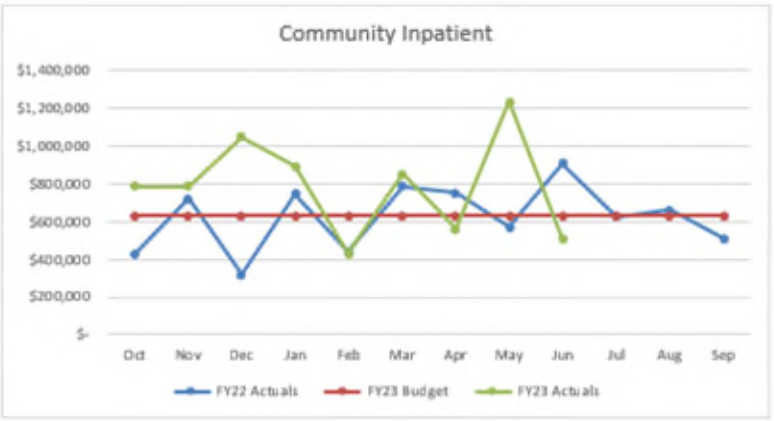
a. CLS service costs to date are estimated to be $21.4 Million. The costs year to date are 1.29% more than this time last year. A 5% increase to CLS rates has been implemented as of 10/1/2022.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 2,325,336	2,883,333	$ 2,349,683	1.05%
Nov	2,240,096	2,883,333	2,268,391	1.15%
Dec	2,317,212	2,883,333	2,325,087	0.88%
Jan	2,524,996	2,883,333	2,316,463	-1.57%
Feb	2,285,682	2,883,333	2,127,806	-2.62%
Mar	2,529,180	2,883,333	2,324,151	-3.59%
Apr	2,406,148	2,883,333	2,231,213	-4.12%
May	2,431,396	2,883,333	2,339,572	-4.08%
Jun	2,431,870	2,883,333	2,357,899	-3.96%
Jul	2,436,133	2,883,333		
Aug	2,746,122	2,883,333		
Sep	3,451,817	2,883,333		



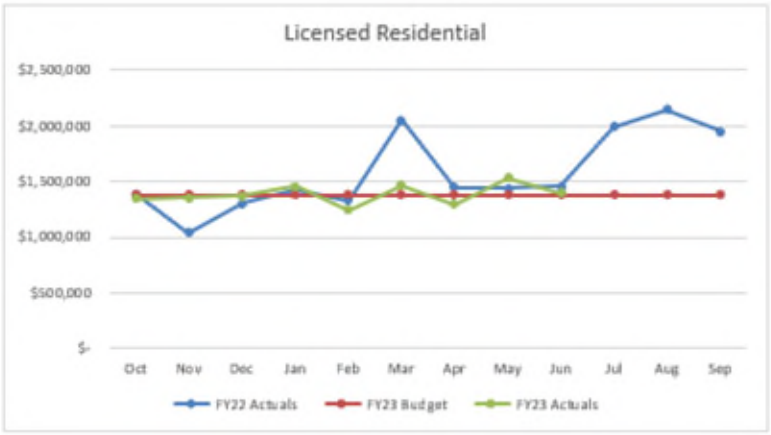
b. Community Inpatient costs to date are $7.0 Million. The costs year to date are 25.17% more than this time last year and $1.4 Million over budget.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 428,747	$ 629,167	$ 783,838	82.82%
Nov	719,608	629,167	786,506	36.75%
Dec	318,967	629,167	1,046,711	78.36%
Jan	745,851	629,167	890,910	58.50%
Feb	438,634	629,167	428,822	48.46%
Mar	785,399	629,167	851,148	39.30%
Apr	751,136	629,167	558,658	27.65%
May	572,488	629,167	1,233,470	38.21%
Jun	904,625	629,167	511,519	25.17%
Jul	624,231	629,167		
Aug	661,279	629,167		
Sep	508,767	629,167		



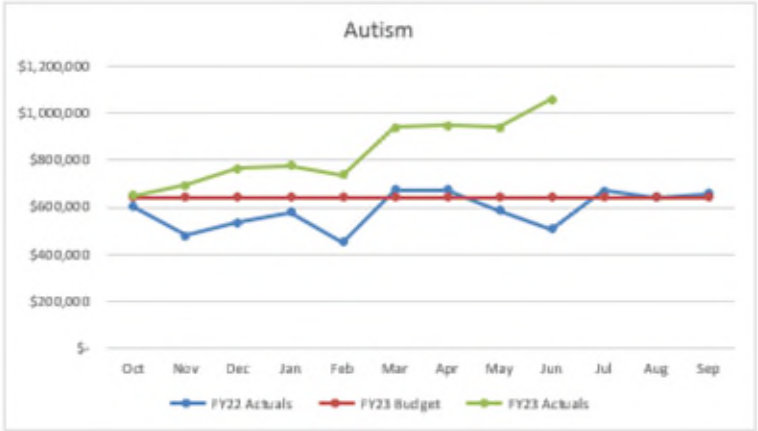
c. Licensed Residential costs to date are $12.4 Million and $7,000 over budget. The costs year to date are 6.21% more than this time last year. A 5% increase was implemented as of 10/1/2022 for local providers.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 1,386,550	$ 1,383,333	$ 1,348,498	-2.74%
Nov	1,038,733	1,383,333	1,351,230	11.32%
Dec	1,304,777	1,383,333	1,371,021	9.13%
Jan	1,429,675	1,383,333	1,456,672	7.13%
Feb	1,325,725	1,383,333	1,244,640	4.42%
Mar	2,048,936	1,383,333	1,466,361	-3.47%
Apr	1,451,576	1,383,333	1,292,818	-4.55%
May	1,437,448	1,383,333	1,529,546	-3.17%
Jun	1,454,128	1,383,333	1,396,384	-3.26%
Jul	1,995,132	1,383,333		
Aug	2,141,085	1,383,333		
Sep	1,952,399	1,383,333		



d. Applied Behavior Analysis/Autism service costs to date are $7.5 Million. The costs year to date are 47.39% more than this time last year and $1.7 Million over budget.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 602,553	$ 641,667	$ 648,805	7.68%
Nov	479,479	641,667	694,140	24.11%
Dec	534,172	641,667	765,065	30.43%
Jan	580,372	641,667	776,181	31.30%
Feb	453,979	641,667	737,877	36.65%
Mar	672,143	641,667	939,566	37.29%
Apr	674,225	641,667	948,251	37.85%
May	587,988	641,667	939,851	40.67%
Jun	508,069	641,667	1,056,440	47.38%
Jul	670,422	641,667		
Aug	643,331	641,667		
Sep	658,111	641,667		



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

4. PIHP Revenue Key Points

a. Medicaid, CCBHC and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid and CCBHC is showing a surplus of $3,830,603 through June.
c. By funding source, HMP is showing a surplus of $286,627 through June.
d. Overall, the PIHP surplus is $6,194,592 through June.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $1,747,527.

6. Local Key Points

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

b. Local Funds are showing a surplus of $278,327 through June.

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 2023.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
JUNE 2023 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	43,389,711
HSW		20,653,594
DCW		-
Behavioral Health Home		281,994
Child Waiver/SED Waiver		875,514
Autism		4,856,546
Prior Year Adjustments		-
Care for Caid		169,318
Total Medicaid Revenue	$	70,226,678
Total Medicaid Expense	$	55,100,811
Medicaid Surplus/(Deficit)	$	15,125,867
CCBHC **		
Supplmental Revenue	$	5,754,818
CCBHC Non-Medicaid Expense	$	948,440
CCBHC HMP Expense		3,013,497
CCBHC Medicaid Expense		13,088,145
Total CCBHC Expense	$	17,050,082
CCBHC Surplus/(Deficit)	$	(11,295,264)
Healthy Michigan **		
Revenue	$	5,184,458
Expense		4,897,830
Healthy MI Surplus/(Deficit)	$	286,627
General Fund		
Revenue		
CMH Operations	$	3,448,251
CMH Operations Contra		-
GF Carryforward		211,753
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		(4,262)
Total General Fund Revenue	$	3,655,742
Total General Fund Expense	$	1,908,215
General Fund Surplus/(Deficit)	$	1,747,527

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
JUNE 2023 FYTD

		Total
Injectable Meds		
Revenue	$	113,312
Expense		74,233
Inj. Meds. Surplus/(Deficit)	$	39,079
Grants And Contracts		
Revenue	$	1,231,538
Expense		1,231,538
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	749,544
Redirect to GF		(48,301)
Expense		701,243
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,276,109
Expense		997,782
Local Surplus/(Deficit)	$	278,327
Private Grant & All NOR		
Revenue	$	72,289
Expense		59,860
Priv. Grant & NOR Surplus/(Deficit)	$	12,429
Grand Total		
Revenue	$	88,259,619
Expense		82,065,027
Grand Total Surplus/(Deficit)	$	6,194,592

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	4,156,309
WCCMH Surplus/(Deficit)		2,038,283
	$	6,194,592

Washtenaw County Community Mental Health
Budget to Actuals
For Nine Months Ending June 30, 2023

	Current Fiscal Year				
	FY 2023 Approved Budget	FY 2023 Approved Budget YTD	FY 2023 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 48,979,046	$ 36,734,285	$ 43,389,711	$ 6,655,427	18.12%
HSW	30,058,737	22,544,053	20,653,594	(1,890,459)	-8.39%
Children & SED Waivers	1,200,000	900,000	918,948	18,948	2.11%
Healthy Michigan Capitation	6,913,368	5,185,026	5,184,458	(568)	-0.01%
Autism Capitation	6,475,395	4,856,546	4,856,546	(0)	0.00%
Direct Care Worker Pass-Through	9,263,483	6,947,612	-	(6,947,612)	-100.00%
CCBHC Supplementary	4,059,000	3,044,250	5,754,818	2,710,568	89.04%
Behavioral Health Home	-	-	281,994	281,994	0.00%
TOTAL PIHP Revenue	$ 106,949,029	$ 80,211,772	$ 81,040,069	$ 828,297	1.03%
MDHHS Revenue					
State General Funds	$ 4,597,669	$ 3,448,252	$ 3,660,004	$ 211,752	6.14%
Grants & Earned Contracts	1,790,168	1,342,626	1,223,238	(119,388)	-8.89%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,313,821	$ 419,166	$ (894,655)	-68.10%
Project Revenue	847,984	635,988	431,399	(204,589)	-32.17%
All Other	1,917,652	1,438,239	2,368,913	930,674	64.71%
TOTAL Operating Revenue	**$ 117,854,263**	**$ 88,390,697**	**$ 89,142,789**	**$ 752,092**	0.85%
Operating Expenses					
Administrative Expenses					
General Administration	$ 7,733,373	$ 5,800,030	$ 5,382,864	$ (417,166)	-7.19%
Program Administration	4,150,194	3,112,646	2,732,497	(380,149)	-12.21%
Residential Services					
Community Living Supports	$ 34,600,000	$ 25,950,000	$ 21,478,830	$ (4,471,170)	-17.23%
Licensed Residential	16,600,000	12,450,000	12,457,170	7,170	0.06%
Outpatient Services					
Autism Services	$ 7,700,000	$ 5,775,000	$ 7,506,315	$ 1,731,315	29.98%
Case Management	5,750,761	4,313,071	3,632,879	(680,192)	-15.77%
Supports Coordination	3,243,708	2,432,781	2,054,132	(378,649)	-15.56%
Skill Building	5,004,548	3,753,411	2,908,894	(844,517)	-22.50%
Supported Employment	1,556,862	1,167,647	1,288,084	120,438	10.31%
Psychiatry	4,134,073	3,100,555	3,060,779	(39,776)	-1.28%
Nursing Services	2,659,925	1,994,944	1,722,142	(272,802)	-13.67%
Therapy Services	2,758,751	2,069,063	1,796,169	(272,894)	-13.19%
All Other	11,339,062	8,504,297	7,749,161	(755,136)	-8.88%
Other Expenses					
Community Inpatient	$ 7,550,000	$ 5,662,500	$ 7,091,582	$ 1,429,082	25.24%
Local Matches & Shelter	1,282,838	962,129	917,733	(44,396)	-4.61%
Grants & Earned Contracts	1,790,168	1,342,626	1,168,966	(173,660)	-12.93%
TOTAL Operating Expenses	**$ 117,854,263**	**$ 88,390,697**	**$ 82,948,197**	**$ (5,442,500)**	-6.16%
Revenue Over/(Under) Expenses	-	-	6,194,592	6,194,592	

Washtenaw County Community Mental Health
Budget to Actuals
For Nine Months Ending June 30, 2023

	Prior Year Comparison			
	FY 2023 YTD Actuals	FY 2022 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 43,389,711	$ 35,118,937	$ 8,270,774	23.55%
HSW	20,653,594	19,679,724	973,870	4.95%
Children & SED Waivers	918,948	1,336,265	(417,317)	-31.23%
Healthy Michigan Capitation	5,184,458	4,713,662	470,796	9.99%
Autism Capitation	4,856,546	4,415,042	441,504	10.00%
Direct Care Worker Pass-Through	-	6,015,249	(6,015,249)	0.00%
CCBHC Supplementary	5,754,818	3,015,897	2,738,921	0.00%
Behavioral Health Home	281,994	-	281,994	0.00%
TOTAL PIHP Revenue	$ 81,040,069	$ 74,294,776	$ 6,745,293	9.08%
MDHHS Revenue				
State General Funds	$ 3,660,004	$ 3,369,909	$ 290,095	8.61%
Grants & Earned Contracts	1,223,238	1,194,939	28,299	2.37%
All Other Revenue				
County Appropriation	$ 419,166	$ 869,570	$ (450,404)	-51.80%
Project Revenue	431,399	553,948	(122,549)	-22.12%
All Other	2,368,913	1,807,287	561,626	31.08%
TOTAL Operating Revenue	**$ 89,142,789**	**$ 82,090,429**	**$ 7,052,360**	8.59%
Operating Expenses				
Administrative Expenses				
General Administration	$ 5,382,864	$ 4,705,582	$ 677,282	14.39%
Program Administration	2,732,497	3,208,521	(476,024)	-14.84%
Residential Services				
Community Living Supports	$ 21,478,830	$ 21,206,129	$ 272,701	1.29%
Licensed Residential	12,457,170	11,728,288	728,882	6.21%
Outpatient Services				
Autism Services	$ 7,506,315	$ 5,092,979	$ 2,413,336	47.39%
Case Management	3,632,879	3,191,686	441,193	13.82%
Supports Coordination	2,054,132	1,722,834	331,298	19.23%
Skill Building	2,908,894	2,735,162	173,732	6.35%
Supported Employment	1,288,084	1,095,339	192,745	17.60%
Psychiatry	3,060,779	2,305,373	755,406	32.77%
Nursing Services	1,722,142	1,629,226	92,916	5.70%
Therapy Services	1,796,169	1,379,287	416,882	30.22%
All Other	7,749,161	6,043,870	1,705,291	28.22%
Other Expenses				
Community Inpatient	$ 7,091,582	$ 5,665,456	$ 1,426,126	25.17%
Local Matches & Shelter	917,733	962,548	(44,815)	-4.66%
Grants & Earned Contracts	1,168,966	1,165,189	3,777	0.32%
TOTAL Operating Expenses	**$ 82,948,197**	**$ 73,837,469**	**$ 9,110,728**	12.34%
Revenue Over/(Under) Expenses	6,194,592	8,252,960	(2,058,368)	

Executive Director Contract Authorizations
August 2023 Quality-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
Lakeway Consulting	$1,500	January 1, 2023-September 30, 2023	Workplace Violence Prevention Trainings	2/24/2023
CPDA Initiatives	$10,000	February 1, 2023-September 30, 2023	Will provide Medication Administration Trainings	2/24/2023
Irvin Daphnis	$275	February 16, 2023	Black Lives Matter Chat and Chew Speaker	2/24/2023
LaShawn Gary	$250	February 26, 2023	Performer at a Black Lives Matter Event	2/24/2023
Ryheem Johnson	$1,590	February 19, 2023	Performer at a Black Lives Matter Event	2/24/2023
Washtenaw Community College	$815	February 8, 2023 & February 26, 2023	Facility reservations for "Sounds of Blackness" and "Emancipation".	2/24/2023
Shannell Farris	$500	February 19, 2023	Performer at a Black Lives Matter Event	2/24/2023
Mike Chase	$250	February 19, 2023	Performer at a Black Lives Matter Event	2/24/2023
DP Interactive LLC	$200	February 6, 2023	Will provide media graphic video for Black Lives Matter Task Force	2/24/2023

Richard Parris	$200	February 26, 2023	Performer and Paneled Speaker for Black Lives Matter Event	2/24/2023
Staffy Blakely	$175	February 26, 2023	Performer, Moderator, and Mistress of Ceremony for a Black Lives Matter Event	2/24/2023
Marvin Miller	$250	February 26, 2023	Performer and Panelist at a Black Lives Matter Event	2/24/2023
Lonnie Chapman	$375	February 1, 2023-February 28, 2023	Will provide Black Lives Matter Task Force Event Flyers	2/24/2023
Jamall Bufford	$450	February 19, 2023-February 26, 2023	Performer, Panelist, and DJ at two Black Lives Matter Events	2/24/2023
Athena Johnson	$250	February 26, 2023	Performer and Panelist at a Black Lives Matter Event	2/24/2023
Deborah Kennard	$3,150	April 1, 2023-September 30, 2023	Eye Movement Desensitization and Reprocessing Therapy (EMDR) training	4/28/2023
Ryan Lindsay	$1,800	June 1, 2023-August 31, 2023	Motivational Interviewing & Communication Styles Training	4/28/2023

Mission Hills Consulting LLC	$1,500	January 1, 2023-October 31, 2023	Workplace Violence Prevention Trainings & Consultation Services	4/28/2023
Qualigence International	Up to $10,000	April 1, 2023-September 30, 2023	Recruitment Services	4/28/2023
Esteemed Provision LLC	$575	April 5, 2023	Human Trafficking Training	4/28/2023
Ann Arbor Center for Independent Living DBA Disability Network Washtenaw Monroe Livingston	$9,000	August 1, 2023 – September 30, 2024	Youth Transition Community Supports	

WCCMH Board Presentation:

Adult MI Residential Team

Objectives

- Provide an overview of programs currently housed on this treatment team
- Review services provided
- Frequently utilized systems of support
- Address questions

Programs

- General and Specialized Adult Foster Care (AFC) Settings
- Community Living Supports (CLS)
- Mental Health Court (MHC) Case Management
- Not Guilty By Reason of Insanity (NGRI) Liaison
- State Hospital Liaison
- I/DD SMI caseload
- Crisis Residential Services (CRS)

AFCs:

- Are residential settings that provide 24-hour personal care, protection, and supervision for individuals who are developmentally disabled, mentally ill, physically handicapped or aged who cannot live alone but who do not need continuous nursing care.
- AFC Homes are restricted to providing care to at least 4 but no more than 20 adults

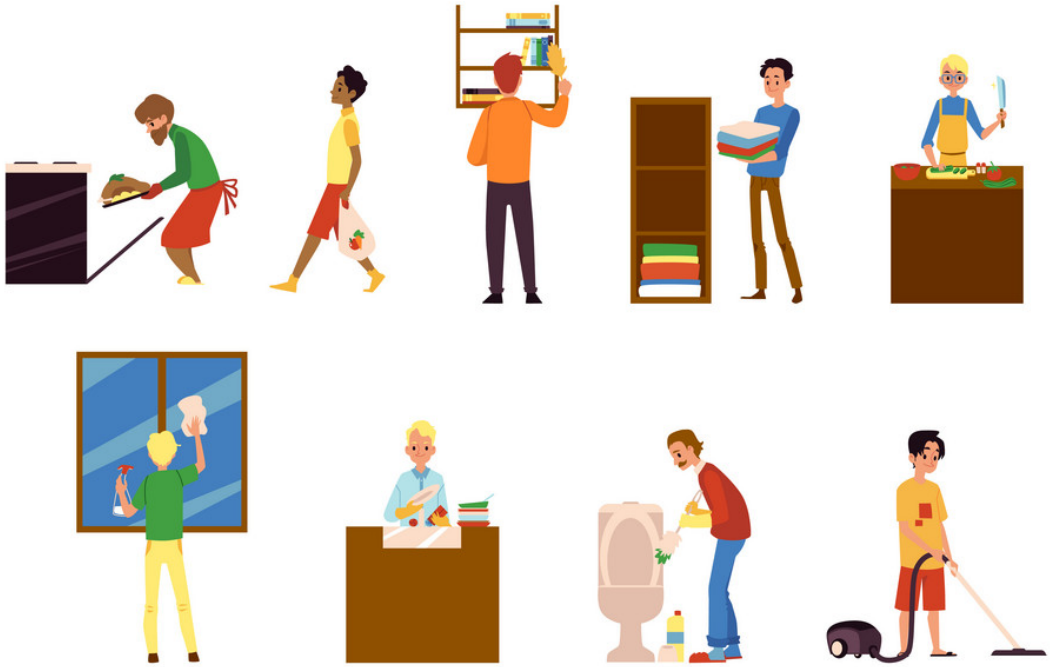
General AFCs:

- Are licensed through MDHHS
- Are not contracted with WCCMH

Specialized Residential AFCs:

- Are also licensed through MDHHS, but are operating under an enhanced license to provide specialized services to individuals with a mental illness, TBI, developmental disability or varied combinations.
- Are contracted with WCCMH for this enhanced service and paid a per diem rate by CMH in addition to the consumer's AFC Care Rate.

Community Living Supports



- Are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of their goals of community inclusion and participation, independence, or productivity. Coverage includes assisting, prompting, reminding, cueing, observing, guiding, and/or training provided by CLS staff.
- Housing first SUD programs (Platt/Ashley)

Evaluate CLS Annually

WHAT TYPES OF ACTIVITIES ARE NOT CONSIDERED CLS?

- CLS services are face-to-face services, and as such, services cannot be provided when a consumer is asleep (except in very rare and unusual situations).
- CLS is not meant to be a cleaning/ housekeeping service. The consumer must be directly involved in the tasks that are being performed by CLS staff, and it must be written in the consumer's plan of service as a treatment goal to be billed to Medicaid.
- CLS services are not meant to monitor, supervise, or provide companionship to consumers. CLS services are meant to provide skills training and personal assistance to help increase a consumer's level of independence in their home and their community.
- CLS services are not meant to be provided in locations outside of the consumer's local community.
- Transportation mileage to and from medical appointments is not a covered CLS service (mileage should be requested through your local DHS worker as needed).
- CLS cannot be provided while a consumer is in an institutional setting such as the hospital, nursing home, or jail. CLS is provided in community settings (for example the consumer's home, library, grocery store, etc).

WHAT KIND OF SUPPORT DOES CLS OFFER?

Assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities:

- Meal preparation
- Laundry
- Routine, seasonal, and heavy household care and maintenance
- Activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
- Shopping for food and other necessities of daily living

Staff assistance, support and/or training with activities such as:

- Money management
- Non-medical care (not requiring nurse or physician intervention)
- Socialization and relationship building
- Transportation from the beneficiary's residence to community activities and among community activities (transportation to and from medical appointments is excluded)
- Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
- Attendance at medical appointments (transportation mileage is covered through your local DHS office)
- Obtaining goods, other than those listed under shopping, and non-medical services
- Reminding, observing and/or monitoring of medication administration.
- Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Services Provided By CMH To Residential Consumers:

- UMRC (Utilization Management Review Committee)
- Case Management
  - Ongoing provider monitoring
    - Progress notes, medications administration records, care coordination…
  - Ongoing consumer engagement, advocacy, assessment of treatment and level of care needs
- Nursing
  - Ongoing healthcare coordination
  - Annual health reviews
  - Injections
- Prescribing
  - Medications management
- Other services as assessed (day programming, peer supports, HWP, therapy…)
- Specialty CLS housing first programming (Platt House and Ashley House)
- We also support individuals residing out of county in specialized residential settings

Mental Health Court Case Management

- The Mental Health Court is a four-phase program that was created to focus on therapeutic treatment for an adult offender whose mental illness contributed to their crime.
- The program uses a team approach to address your needs through mental health treatment, substance abuse treatment (if necessary), and case management. Intensive probation and judicial supervision are also an important part of this program.
- MHC Case Manager:
  - Meets with individuals at minimal monthly
  - Attends court weekly
  - Works with consumer in collaboration with court, community, CMH and SUD providers to provide supports in effort to reduce recidivism

NGRI-Not guilty by reason of insanity

- "An affirmative defense to a prosecution of a criminal offense that the defendant was legally insane when they committed the acts constituting the offense. An individual is legally insane if, because of a mental illness as defined in § 400 of the MMHC, or because of having an intellectual disability as defined in §100b of the MMHC, that person lacks substantial capacity either to appreciate the nature and quality or the wrongfulness of their conduct or to conform their conduct to the requirements of the law. Mental illness or having an intellectual disability does not otherwise constitute a defense of legal insanity."

NGRI Liaison

- Begins working with individuals while in a state hospital
- Works with treatment team, hospital liaison, and consumer on discharge planning
  - Including developing risk mitigation strategies
- Once discharged
  - Liaison between consumer, treatment team, and NGRI Committee in effort to maintain the consumer's treatment and mental health stability while in the community.
  - The liaison also processes/forwards requests from the consumer and/or treatment team (i.e. leaves, moves, placement, treatment recommendations, returns to state hospital…)

State Hospital Liaison

- Assigned all Adult WCCMH consumers (MI and I/DD) currently residing in the state hospitals
- Process mandatory court paperwork to support admissions and prepare for discharge
- Assess consumer's appropriateness for discharge
- Work with treatment teams to discharge consumers back to the community

I/DD SMI Caseload

- I/DD Supports Coordinator case manager
- I/DD SMI experienced prescriber
- Quadrant III Consumer

2 - High DD - Low MI **DD:** **Severe or Profound ID, more severe physical limitations** **MI:** **Anxiety Disorder NOS, SA only, Personality Disorders, and Mood Disorder.**	**4 - High DD - High MI** **DD:** **Severe or Profound ID, more severe physical limitations** **MI:** **Schizophrenia, Schizoaffective disorder, Bipolar disorder (not managed well with medication), ATO, long acting injectable medication, Clozapine**
1 - Low DD - Low MI **DD:** **Mild or Moderate ID, minimum physical limitations** **MI:** **Anxiety Disorder NOS, SA only, Personality Disorders, and Mood Disorder.**	3 - Low DD – High MI DD: Mild or Moderate ID, minimum physical limitations MI: Schizophrenia, Schizoaffective disorder, Bipolar disorder (not managed well with medication), ATO, long acting injectable medication, Clozapine

Crisis Residential

- CRS is a 6 bed Specialized Residential AFC designed to operate as an intermediary for psychiatric hospitalization and community residence.
- Staffed
  - 24/7 with Synod staff
  - 24/7 access to Crisis Team
  - Daily and on call CMH nursing support
  - 3 days each week and on call prescribing support/medication management
  - 6 days each week of certified peer support services
  - 5 days each week of service coordination

Systems of Support

- Courts
  - MHC
  - NGRI
  - AOTs
  - State Hospitals
  - Guardianship
- Jail Services
- Substance Use Disorder Providers
- Provider Panel
- Local Hospitals

Questions?

Program and Quality Board Committee
Dashboard Data FY 2023 2nd Qtr (Jan - Mar 2023)

2nd quarter Human Resources Turnover Rate:

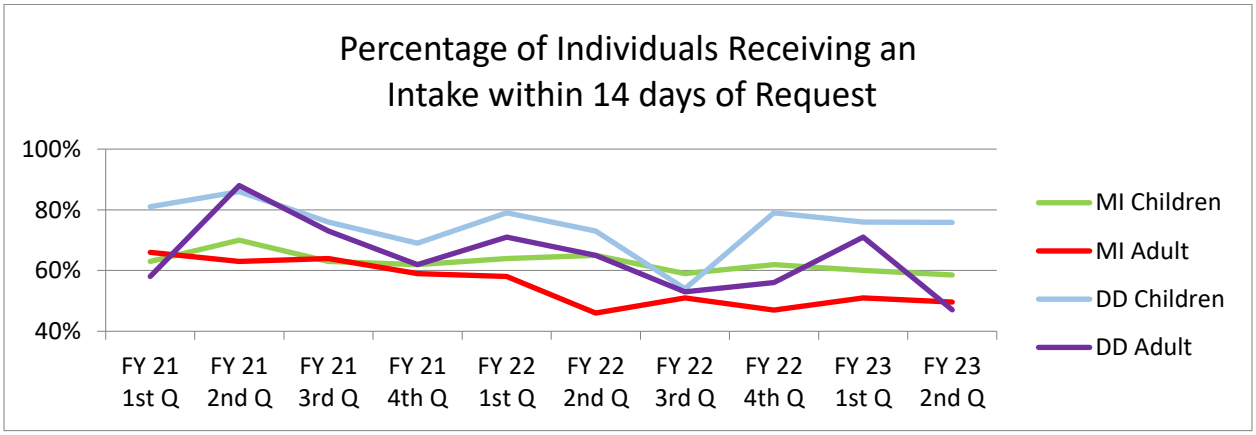
2nd Qtr– 2.4% 9 terminations (both involuntary and voluntary) divided by average number of active positions during the quarter (362).

(1st Qtr was 4.1%)

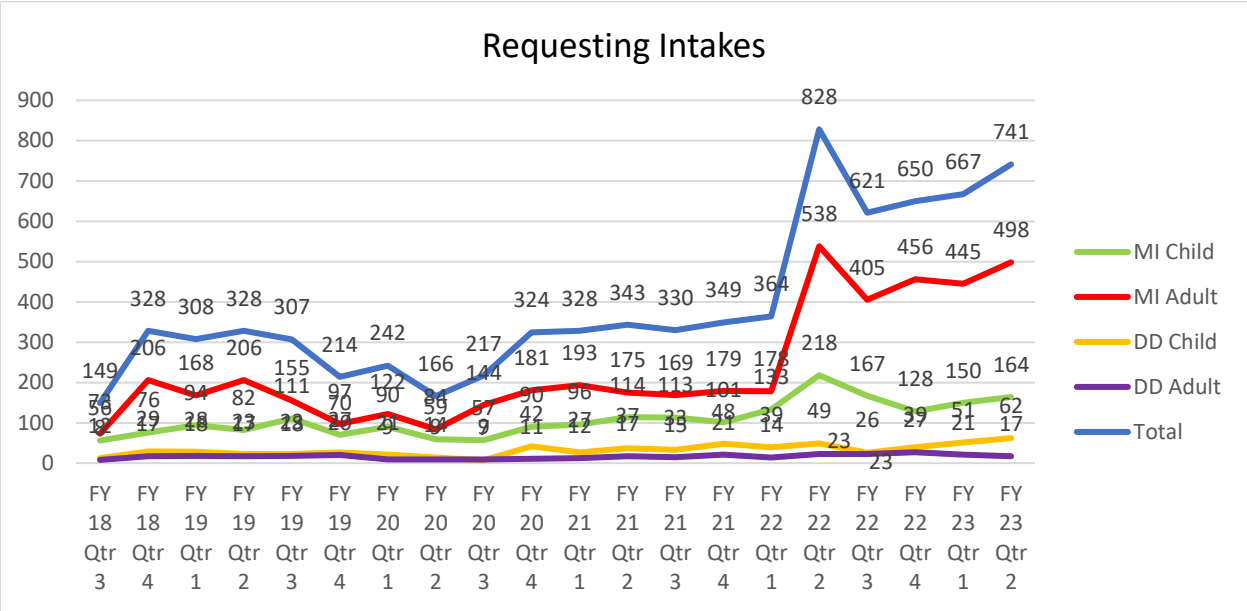
Michigan Department of Health and Human Services (MDHHS) Performance Indicators:

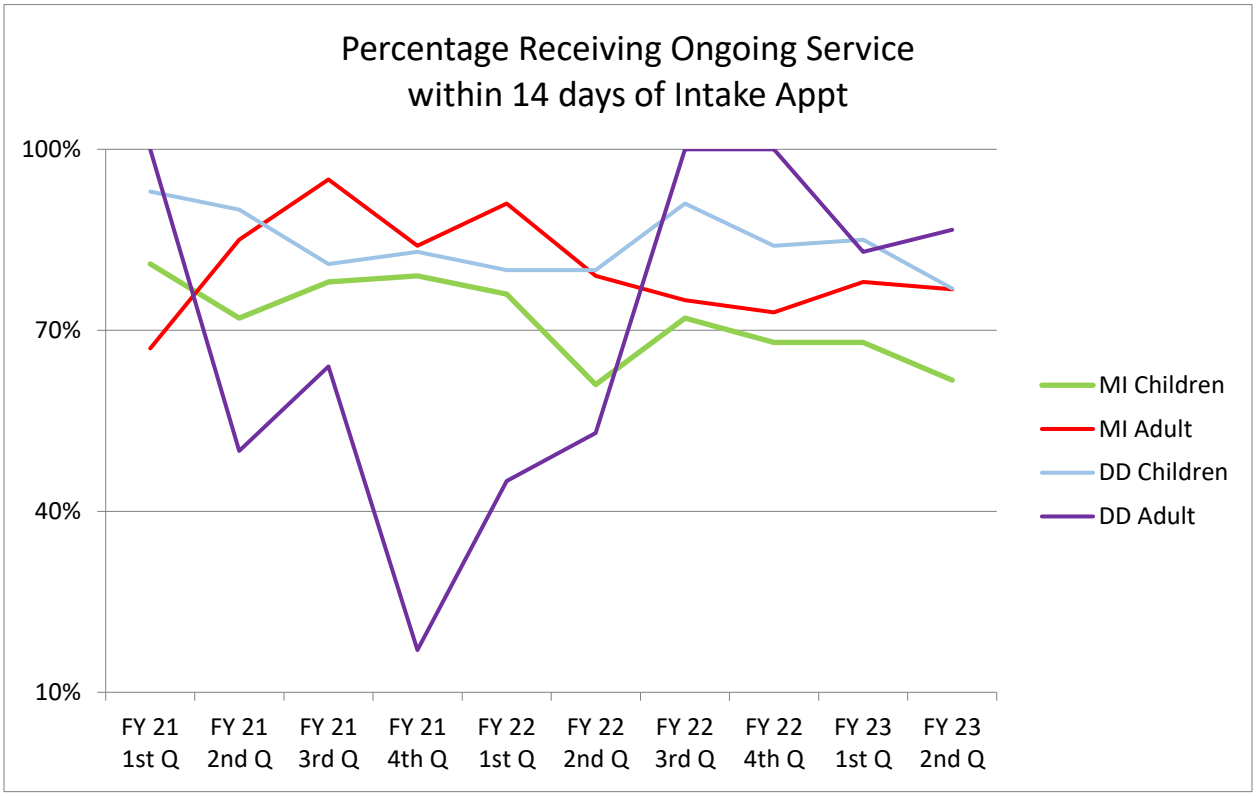
As of April 1 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

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".

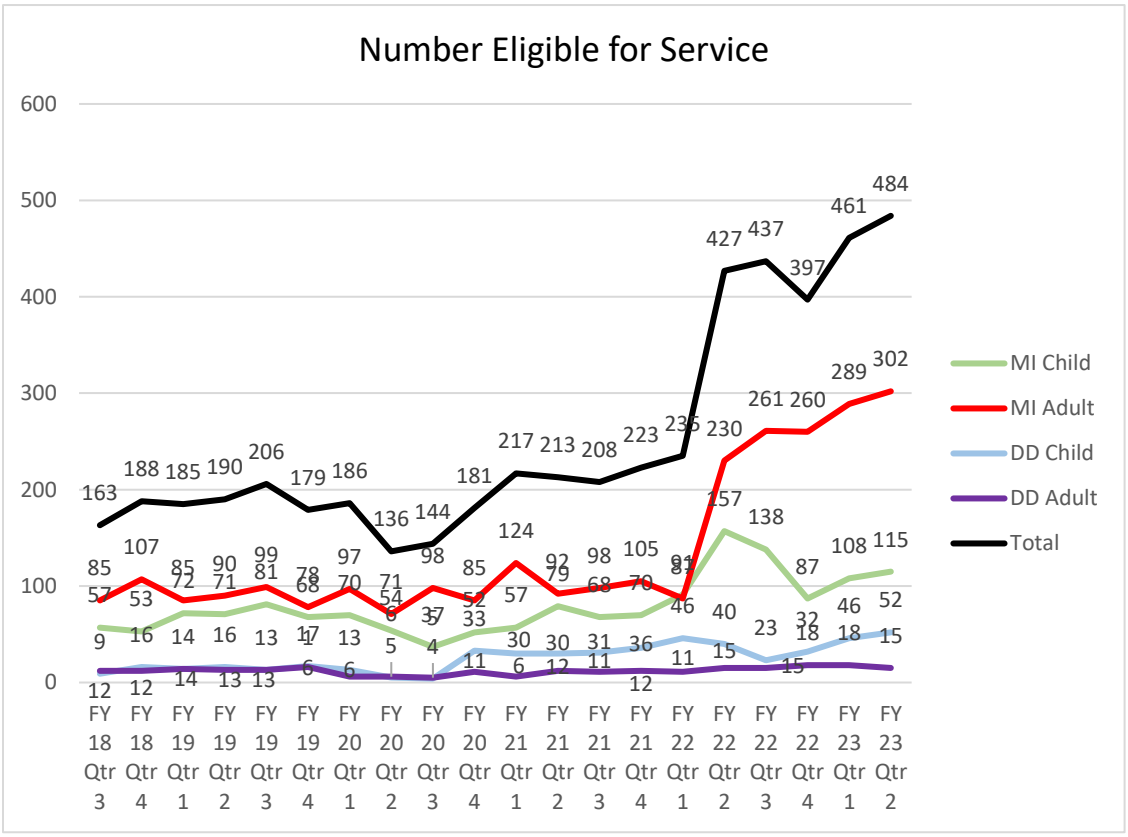


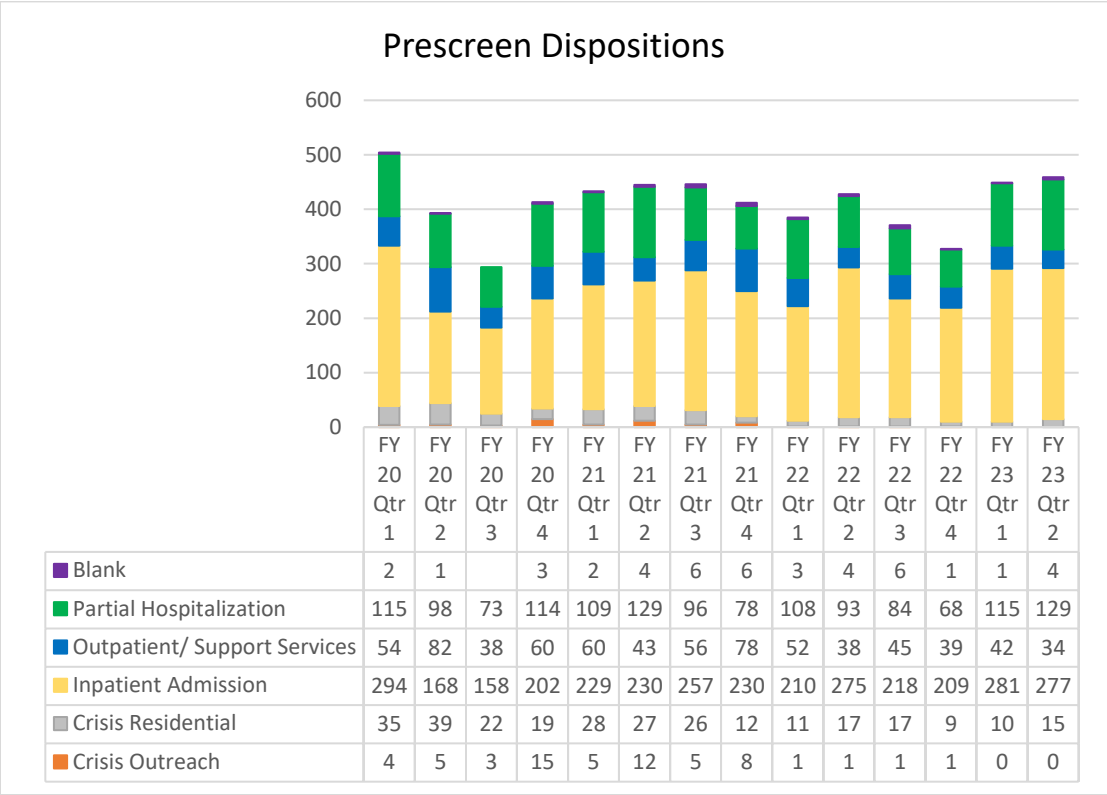
FY 23 2nd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	164	96	68	64	56%	96%
MI Adult	498	247	251	247	50%	98%
DD Child	62	47	15	13	76%	96%
DD Adult	17	8	9	8	47%	89%


Requesting Intakes
900
800
700
600
500
400
300
200
100
0
MI Child
MI Adult
DD Child
DD Adult
Total
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
FY 23 Qtr 1
FY 23 Qtr 2

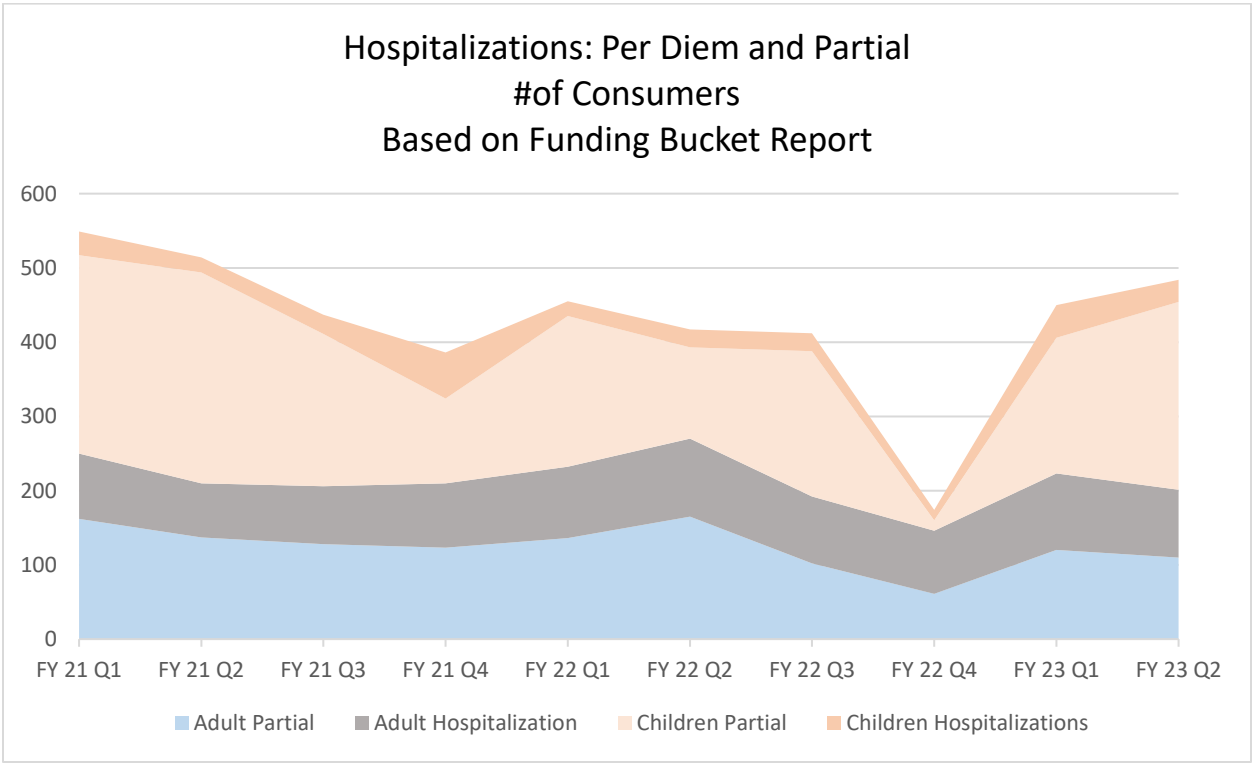

Percentage Receiving Ongoing Service within 14 days of Intake Appt
100%
70%
40%
10%
MI Children
MI Adult
DD Children
DD Adult
FY 21 1st Q
FY 21 2nd Q
FY 21 3rd Q
FY 21 4th Q
FY 22 1st Q
FY 22 2nd Q
FY 22 3rd Q
FY 22 4th Q
FY 23 1st Q
FY 23 2nd Q

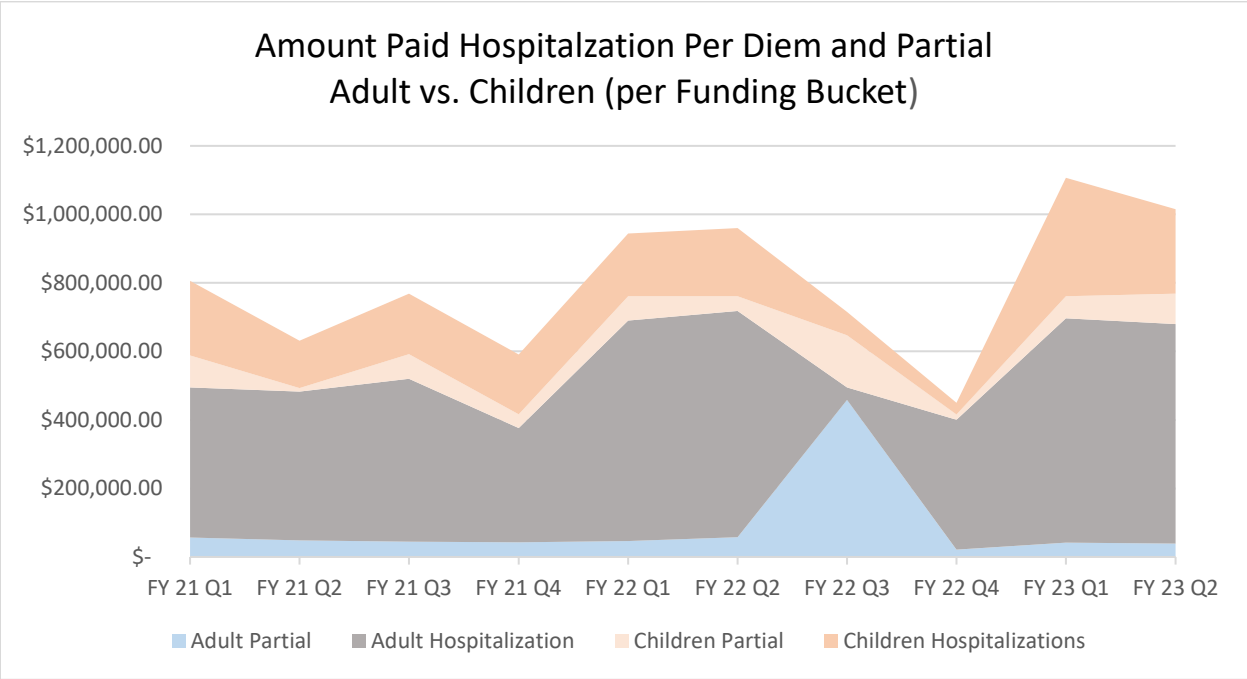
FY 23 2nd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	115	71	44	40	62%	95%
MI Adult	302	232	70	67	77%	99%
DD Child	52	40	12	11	77%	97%
DD Adult	15	13	2	0	87%	87%

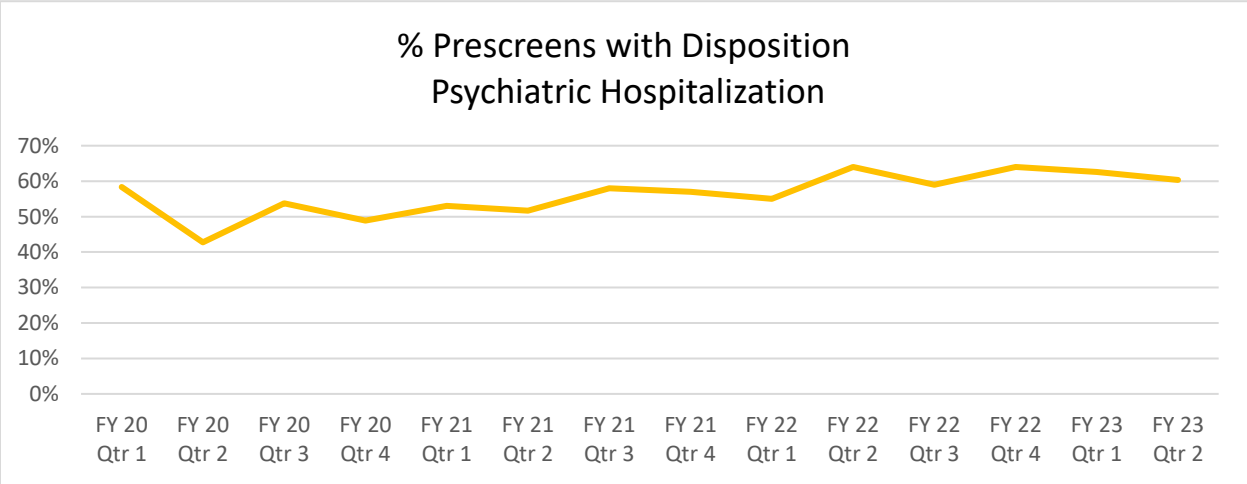


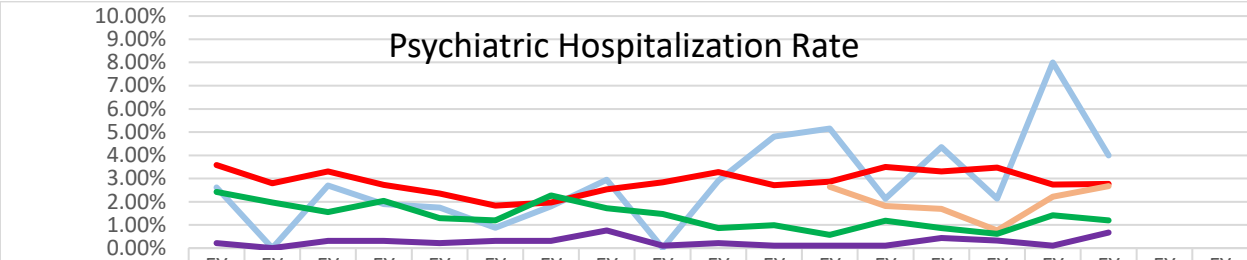


	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2
Blank	2	1		3	2	4	6	6	3	4	6	1	1	4
Partial Hospitalization	115	98	73	114	109	129	96	78	108	93	84	68	115	129
Outpatient/ Support Services	54	82	38	60	60	43	56	78	52	38	45	39	42	34
Inpatient Admission	294	168	158	202	229	230	257	230	210	275	218	209	281	277
Crisis Residential	35	39	22	19	28	27	26	12	11	17	17	9	10	15
Crisis Outreach	4	5	3	15	5	12	5	8	1	1	1	1	0	0



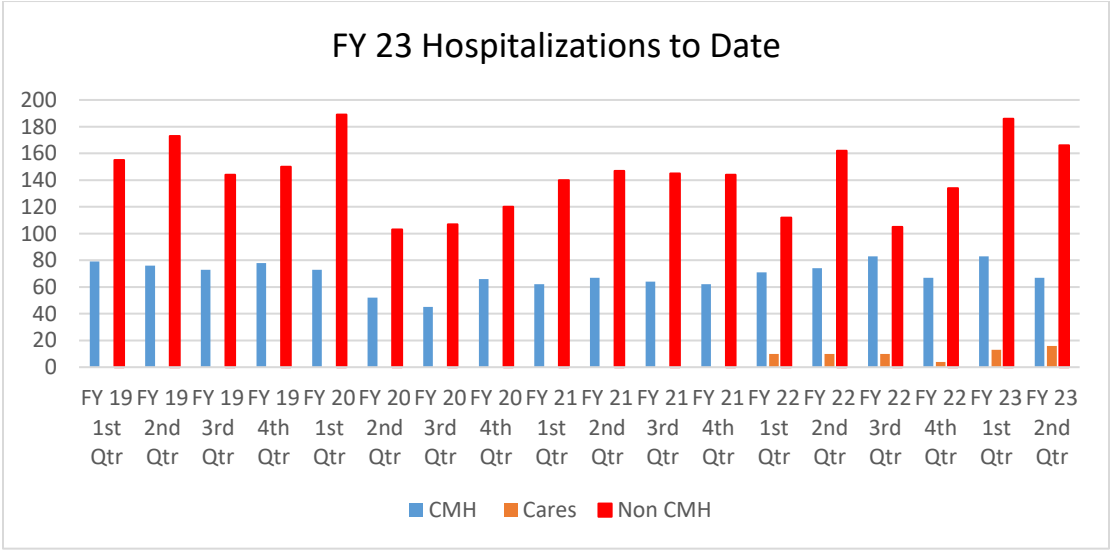

Amount Paid Hospitalzation Per Diem and Partial
Adult vs. Children (per Funding Bucket)
$1,200,000.00
$1,000,000.00
$800,000.00
$600,000.00
$400,000.00
$200,000.00
$-
FY 21 Q1
FY 21 Q2
FY 21 Q3
FY 21 Q4
FY 22 Q1
FY 22 Q2
FY 22 Q3
FY 22 Q4
FY 23 Q1
FY 23 Q2
Adult Partial
Adult Hospitalization
Children Partial
Children Hospitalizations

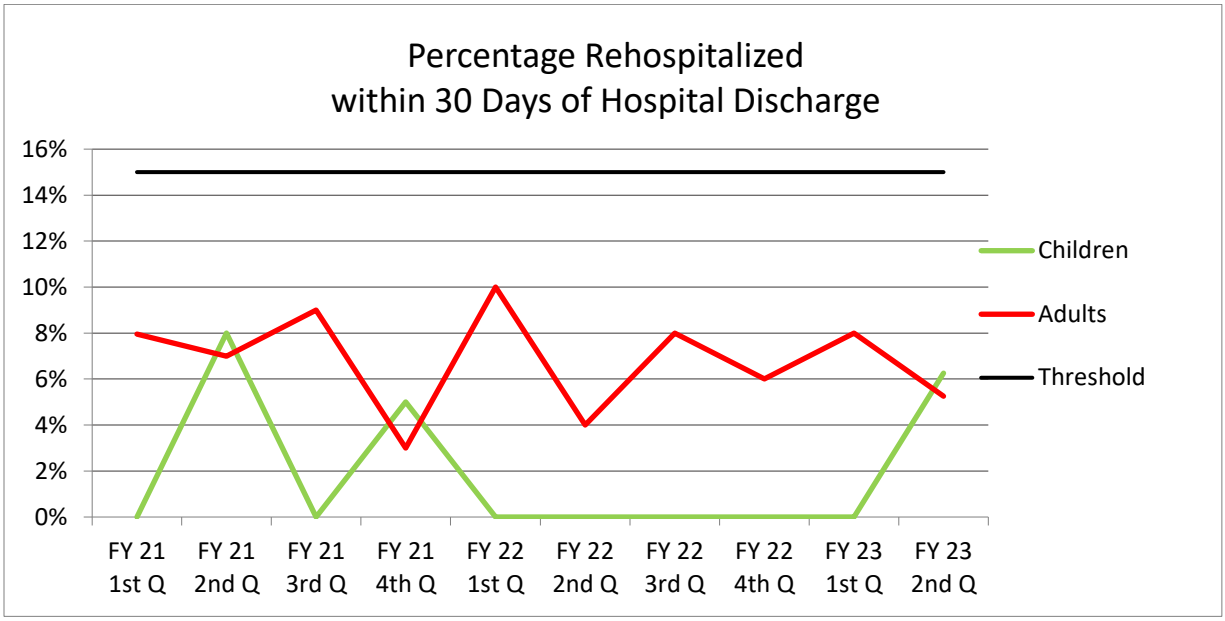

% Prescreens with Disposition
Psychiatric Hospitalization
70%
60%
50%
40%
30%
20%
10%
0%
FY 20 Qtr 1
FY 20 Qtr 2
FY 20 Qtr 3
FY 20 Qtr 4
FY 21 Qtr 1
FY 21 Qtr 2
FY 21 Qtr 3
FY 21 Qtr 4
FY 22 Qtr 1
FY 22 Qtr 2
FY 22 Qtr 3
FY 22 Qtr 4
FY 23 Qtr 1
FY 23 Qtr 2



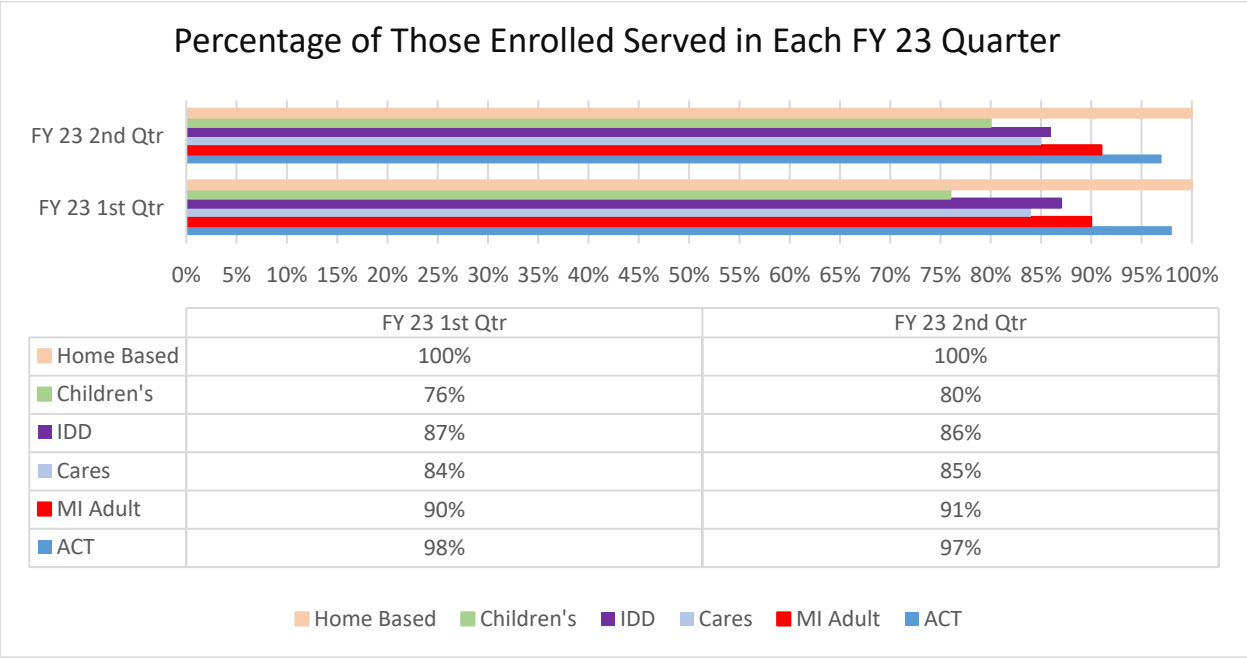
	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr	FY 23 1st Qtr	FY 23 2nd Qtr	FY 23 3rd Qtr	FY 23 4th Qtr
ACT	2.61	0.00	2.70	1.90	1.75	0.88	1.80	2.94	0.00	2.91	4.81	5.15	2.13	4.35	2.13	8%	4%		
MI Adult	3.58	2.79	3.30	2.73	2.35	1.83	1.97	2.53	2.83	3.28	2.71	2.86	3.50	3.30	3.47	2.74	2.77		
Cares												2.64	1.82	1.69	0.76	2.21	2.67		
IDD	0.21	0.00	0.31	0.31	0.21	0.31	0.31	0.76	0.10	0.21	0.11	0.11	0.11	0.43	0.32	0.11	0.67		
Y & F	2.42	1.96	1.55	2.04	1.29	1.19	2.27	1.72	1.47	0.86	0.99	0.57	1.18	0.86	0.61	1.42	1.20		

FY 23 2nd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	100	4 (1)	4%
MI Adult	1622	45 (3)	2.77%
Cares	600	16 (1)	2.67%
IDD	895	6 (0)	0.67%
Y & F	915	11 (1)	1.20%
Y & F Home Based	19	1 (0)	5.26%





FY 23 2nd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	16	1	6.25%
Adult	114	6	5.26%



	FY 23 1st Qtr	FY 23 2nd Qtr
Home Based	100%	100%
Children's	76%	80%
IDD	87%	86%
Cares	84%	85%
MI Adult	90%	91%
ACT	98%	97%

Critical Event Data Reported Thru Qtr 2 FY 2023

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.

Time period	**Team at Event**	**Type**	**Total**
Qtr 1	ACT	Hospitalization	1
	Cares	Non Suicide Death	1
	Children's Services	Non Suicide Death	1
	IDD	Arrest	1
		Non Suicide Death	8
	MI Adult	Non Suicide Death	7
		Suicide	1
Qtr 1 Total			20
Qtr 2	ACT	Non Suicide Death	1
	IDD	Suicide	1
		Non Suicide Death	8
	MI Adult	Arrest	1
		Suicide	1
		Non Suicide Death	4
		Hospitalization due to Injury	1
Qtr 2 Total			17

Mortality Data Thru Qtr 2 FY 2023

Cause of Death	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	Number of Deaths FY 23
Aspiration Pneumonia				2	3	1
Cancer	8	9	7	10	3	3
Cardiovascular	13	14	14	6	12	5
Dehydration	1					
Diabetes				1		
Drug Abuse	12	6	8	2	6	4
Endocrine System (Diabetes)						
Environmental Hypothermia		1				
Fluid Electrolyte Disturbance						1
Gastrointestinal			3	1		2
Hip Fracture Complications	1					
Homicide	3					1
Hyponatremia					2	
Inanition			2			
Infection	3	1	4 (2 - COVID 19)	5 (4 - COVID 19)	4 (3 - COVID 19)	
Kidney Disease	1		1			1
Liver Disease	2		2	3	1	1
Metabolic		1				
Natural/Other	1					
Neurological	2	1	3	7	3	2
Respiratory	5	10	10	4	5	3
Suicide	2	2	6	2	2	3
Trauma	1	2		2	3	
Unknown	10	10	8	15	10	6
Grand Total (Previous years may not include detail of all causes of deaths but Grand Total is accurate.)	**65**	**55**	**68**	**57**	**54**	**33**

Sentinel Events: There was one sentinel event in the second quarter.

Washtenaw County Community Mental Health (WCCMH)
Annual Year End Performance Improvement Report
Fiscal Year 22 (October 1, 2021 – September 30, 2022)

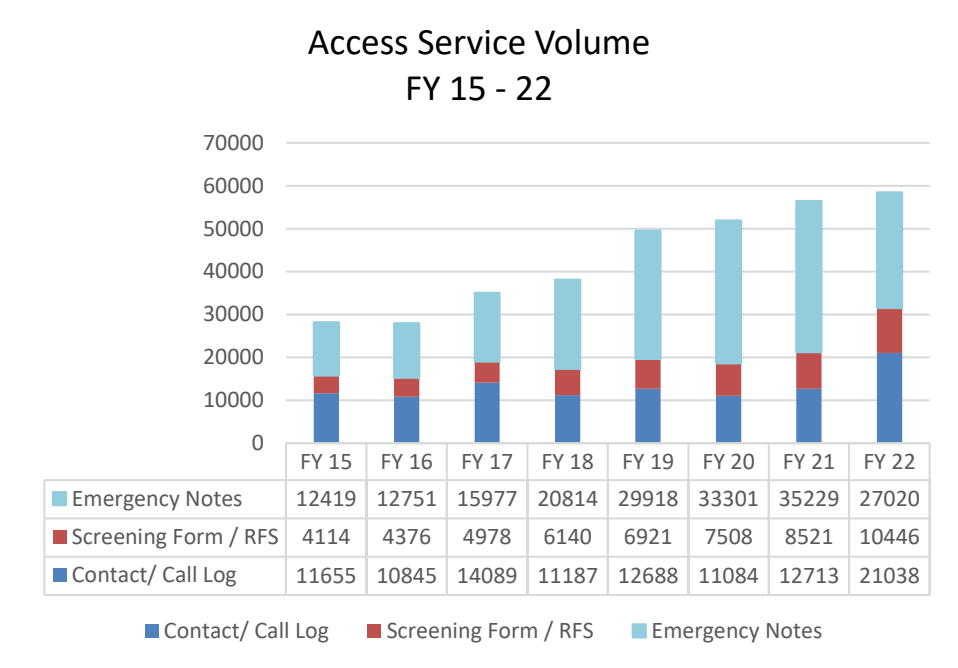
FY 22 Organizational Foci

- WCCMH implemented and actively participated in the Certified Community Behavioral Health Clinic (CCBHC) programming as part of the Michigan demonstration.
- WCCMH, working with Community Partners, implemented and provided ongoing communication of millage initiatives, results and outcomes.
- Reviewed and updated the WCCMH Strategic Plan to include integration of millage, CCBHC and the Community Mental Health Partnership of Southeast Michigan (CMHPSM) funding streams.
- Integrated significant Equity focus within all Strategic Plan goals.
- WCCMH Administration worked to increase funding levels by leading advocacy efforts at local and state levels for a diverse portfolio of funding opportunities, including, but not limited to: Medicaid, CCBHC, Managed Care, and grants.
- WCCMH pursued Medicaid Reimbursement for prior period cost settlement from the State of Michigan to reimburse Washtenaw County for coverage of Medicaid cost overruns.
- WCCMH worked with recruiting companies and advertising agencies to help identify and attract applicants.
- WCCMH advocated for and succeeded in delivering retention bonuses to employees.
- Network Management continued to support, recognize and fund our network provider management system via advocacy and a Caring Hearts Capable Hands recruitment/retention campaign, which includes advertising, a website/QR code, car magnets, and swag items.
- Worked with the Washtenaw Diversion Council to develop recommendations for implementation to impact greater diversion efforts of youth and adults from both the Juvenile and Adult Justice System and into appropriate mental health and substance use disorder alternatives.
- The organization continued to focus on responding to risks presented by the ongoing public health emergency due to the pandemic. Continual changes in mandates, developing hybrid staff schedules and engaging with consumers regarding COVID vaccine acceptance and personal safety during the pandemic were all responded to. This focus included COVID vaccine clinics administered by WCCMH and in conjunction with Public Health and Genoa Pharmacy.
- The Delonis Shelter experienced a significant COVID outbreak between Thanksgiving and the New Year. WCCMH advocated for and worked with the County Administration to develop and staff a temporary housing location (at the Washtenaw County Learning Resource Center) for 65 homeless individuals.
- Continued implementation of the Black Lives Matter (BLM) Task Force with nine events implemented during FY 22 (including Facebook events, "Chat and Chews", and Community events.
- Assessing Suicide Risk - The organization finalized a multi-year focus on using a standardized tool (Columbia Suicide Severity Rating Scale) to assess suicide risk. This focus occurred throughout the region and included upgrading the electronic health record, using the tool, identifying the level of risk, implementing training for all staff and monitoring the use of the C-SSSR.
- Joint Commission Reaccreditation occurred in the summer of 2022 with minimal findings.
- 2022 was the fourth year that the Public Safety and Mental Health Preservation Millage provided funding to expand access to mental health and substance use services across Washtenaw County. These dollars were used to support Washtenaw County youth, to get homeless people into stable housing, to provide services to people who would not otherwise qualify for them, and to divert low-level, low-risk offenders away from the criminal justice system and into much-needed mental health and substance use treatment. The Annual Report provides additional information: https://wccmh-millage-impact-repo-2ead25c4e9faa.webflow.io/

This concludes a narrative overview of various activities conducted during FY 22. 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 22. Please note, this year we have integrated the CARES datasets into this report.

Access, Triage and Crises

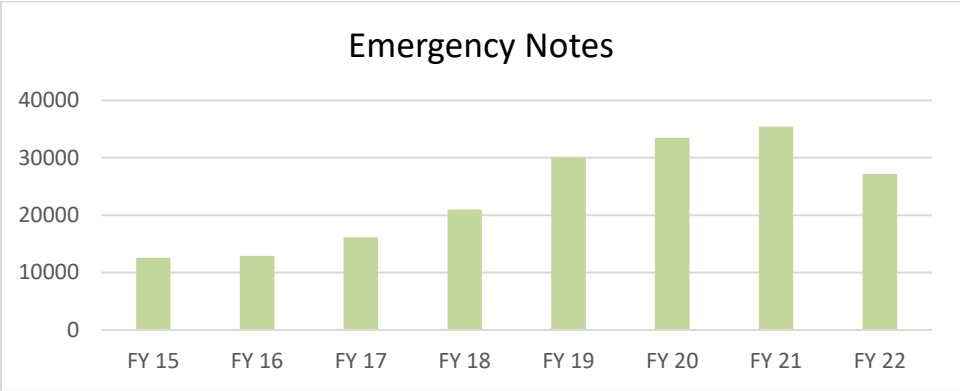
Our indicator monitoring begins with a focus on access to our services. Typically, the process starts with a phone call. The phone call may result in a Call Log or Request for Services (RFS). If the phone call is considered urgent, the call will be routed to the Crisis Team which results in an Emergency Note. Below is a graph of Access Services from FY 15 – FY 22.



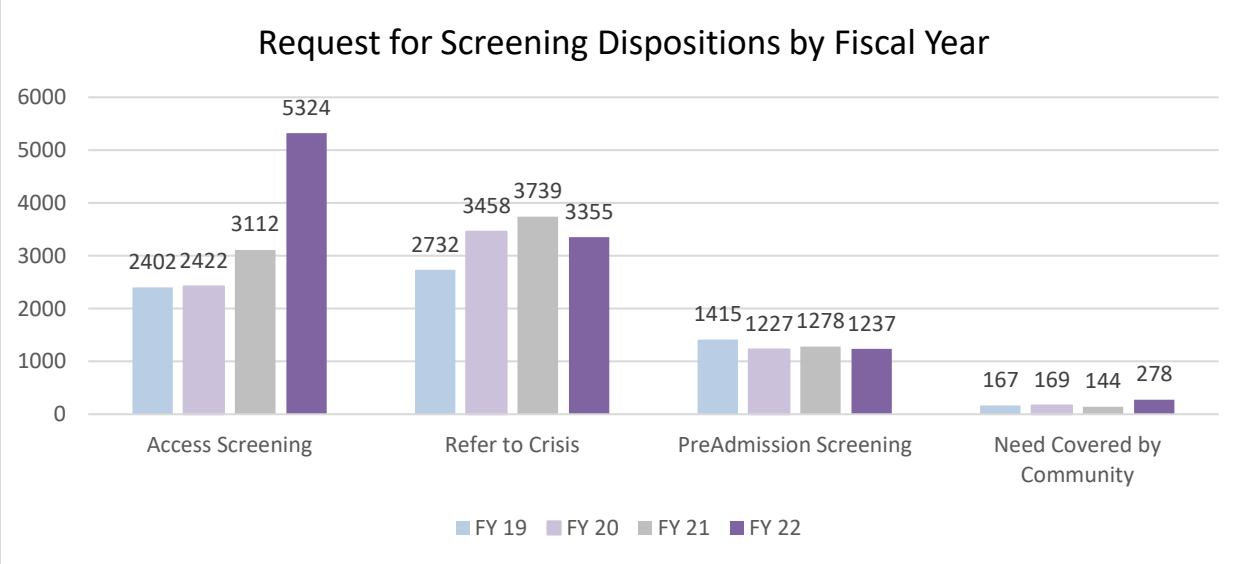
	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22
Emergency Notes	12419	12751	15977	20814	29918	33301	35229	27020
Screening Form / RFS	4114	4376	4978	6140	6921	7508	8521	10446
Contact/ Call Log	11655	10845	14089	11187	12688	11084	12713	21038

Monitoring the total number of services over eight fiscal years continues to reveal a steady increase in services. This past year there were almost twice as many Call Logs as last year. The overall increase is most likely a result of millage funded expansions of services, increased collaborations with various law enforcement departments, marketing, and the development and implementation of our Certified Community Behavioral Health Clinics (CCBHC). It is clear we have increased our ability to identify and respond to the needs in the community.

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. The emergency note will also occur when a Prescreen is needed. Monitoring the volume of emergency notes by fiscal year reveals a significant increasing trend through FY 21 with FY 22 showing a decrease:



The RFS document produces dispositions that can help understand the type of requests that are being fielded. When an individual requests a service, the caller can be routed to an Access Screen, referred to the crisis team if there is an urgent issue, routed for a preadmission screening if there is an emergent situation or given information of options in the community. The graph below includes FY 19 – FY 22 RFS disposition data that pertain to a service request.



A summary of the data is as follows:

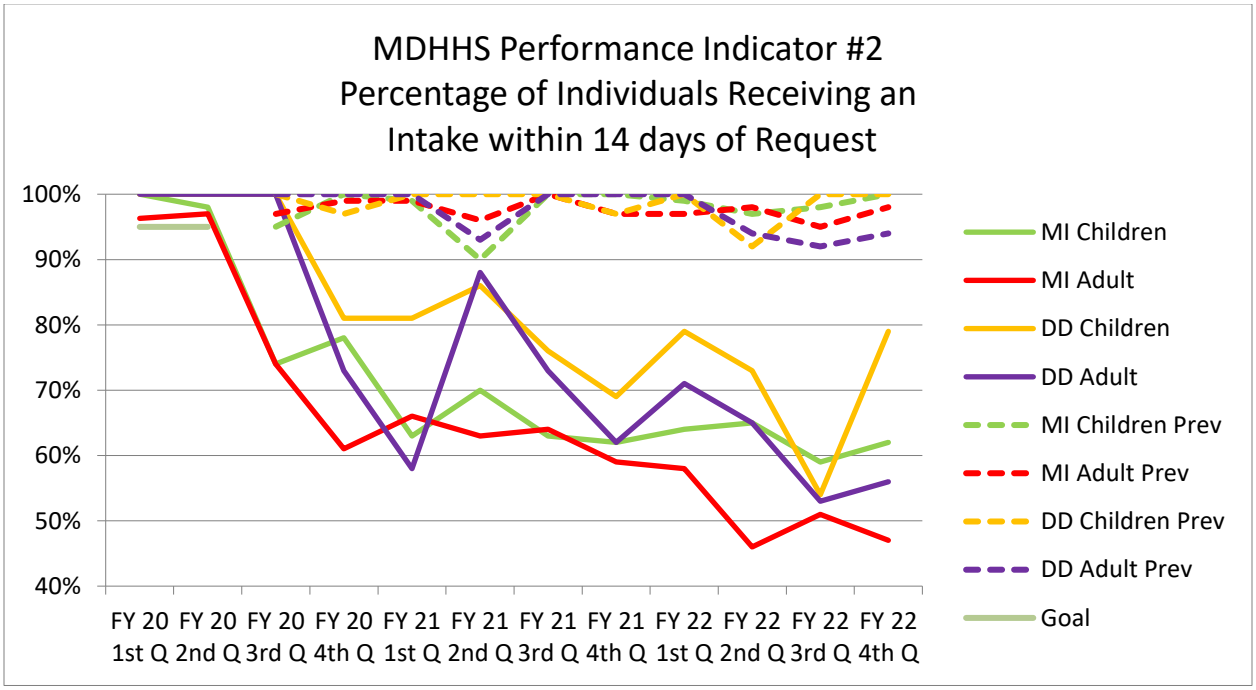
- Over the past four years, there is an overall increase in request for service calls resulting in a disposition of Access Screenings with the past year showing a significant increase. This is most likely a product of both integrating the Cares dataset and implementing the CCBHC.
- For the first three years we saw an overall increase in referrals to our Crisis Team but then a decrease in referrals in the past year.
- Conversely, we see a minimal decrease in the number of calls that resulted in a preadmission screening though in the past three years this is somewhat stable.
- In the past year we saw a strong increase in requests where the need was covered by the community.

These data points suggest the Millage funded services (CARES) and CCBHC may be resulting in:

- More individuals are aware of our services, call us for assistance with their urgent situation, and more individuals are engaged with the Crisis Team.
- More individuals are proceeding to the intake process.
- A decrease in the number of emergent situations possibly because WCCMH and/or the community may have more options to respond to situations when they are urgent.
- WCCMH is providing services for more consumers (CARES and CCBHC services).

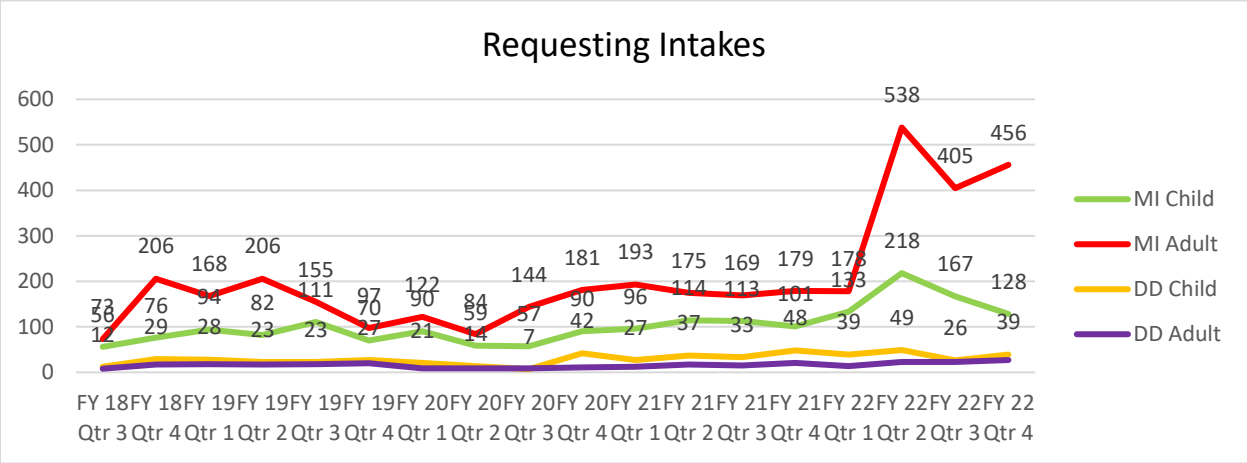
RFS dispositions, resulting in "Access Screening" leads to the Access department determining if the individual would benefit from an eligibility assessment which results in the scheduling of a Biopsychosocial (BPS) appointment. (Please note, callers seeking substance use services may be routed elsewhere.) 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 of when they want their appointment or choosing to not attend the appointment. The new definition identifies a case as noncompliant if the BPS does not occur within 14 days regardless of the consumer's preference. Because of the changes in the definition, the number of out of compliance cases has increased statewide.

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)).



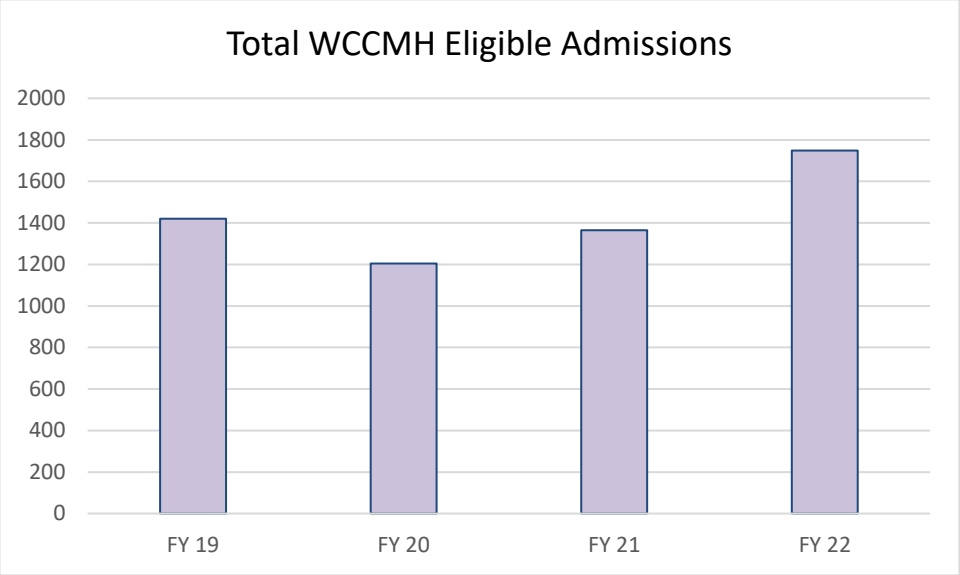
The Performance Improvement Department and Program Administrators evaluate each case out of compliance to identify trends and / or patterns and identify possible systemic improvements. This arduous focus continually identifies the individual's preference has a significant impact on the intake occurring within 14 days. This preference is indicated by the consumer scheduling the appointment outside of 14 days, rescheduling the appointment, or not showing up for the appointment. Our Access Department offers appointments as close to the request as possible hoping this will help the consumer keep the appointment as a priority. However, consumers seeking services often have competing priorities or other variables that prohibit them from attending appointments within 14 days.

With the implementation of CCBHC and the integration of CARES datasets, we saw a significant increase of requests for intakes as indicated below:

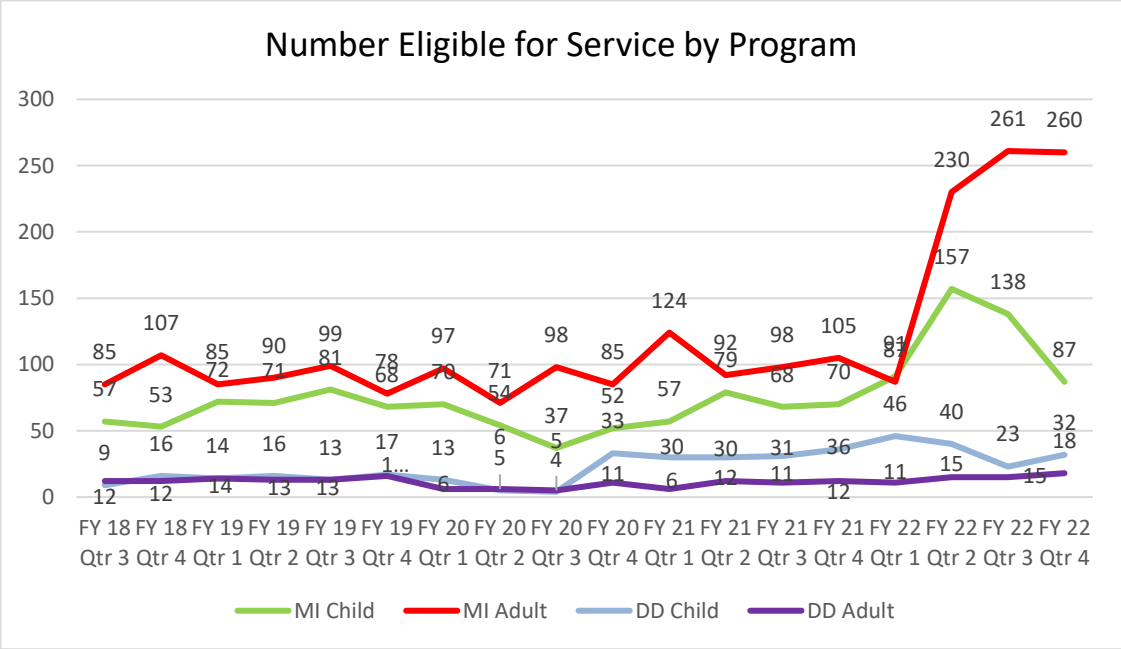


The increase in requests for Adults who experience mental health complications is remarkable. Children with mental health complications is also increasing. These increases reflect CCBHC's ability to service the mild to moderate symptoms which allows WCCMH to be able to identify and serve more individuals with mental health complications. This is great for the community and the increase in volume is challenging given the number of vacancies and the difficulty attracting applicants.

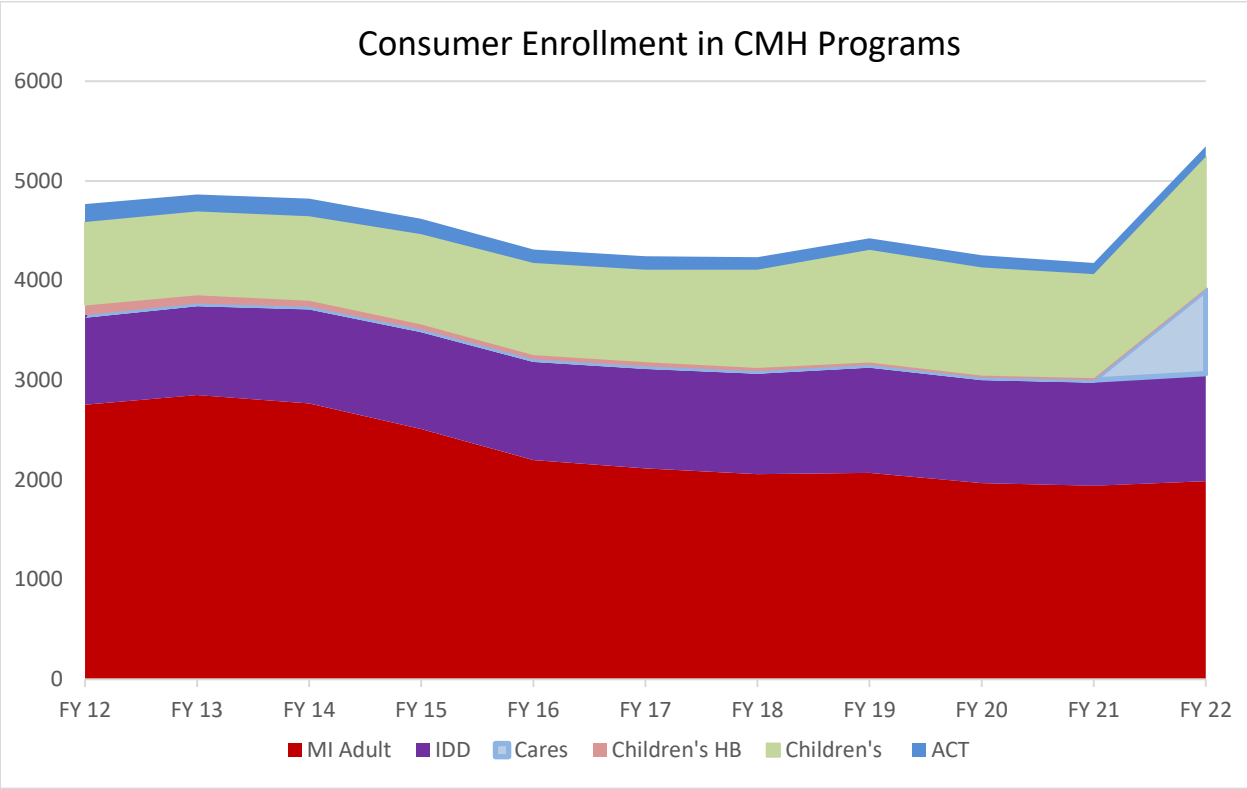
The BPS (intake) results in identifying eligibility. With the increase in BPSes it is not surprising the number of individuals identified as eligible has increased a great deal as well.



The FY 22 admissioms are significantly higher than in years past. Those eligible for services are then admitted into one of our programs. Tracking these admissions into WCCMH reveals the following graph:



Not surprisingly, with intakes increasing for adults and children who experience mental health symptoms, the number of consumers eligible for program is increasing as well. The following graph identifies the cumulative enrollment in each of the WCCMH core programs by fiscal year.

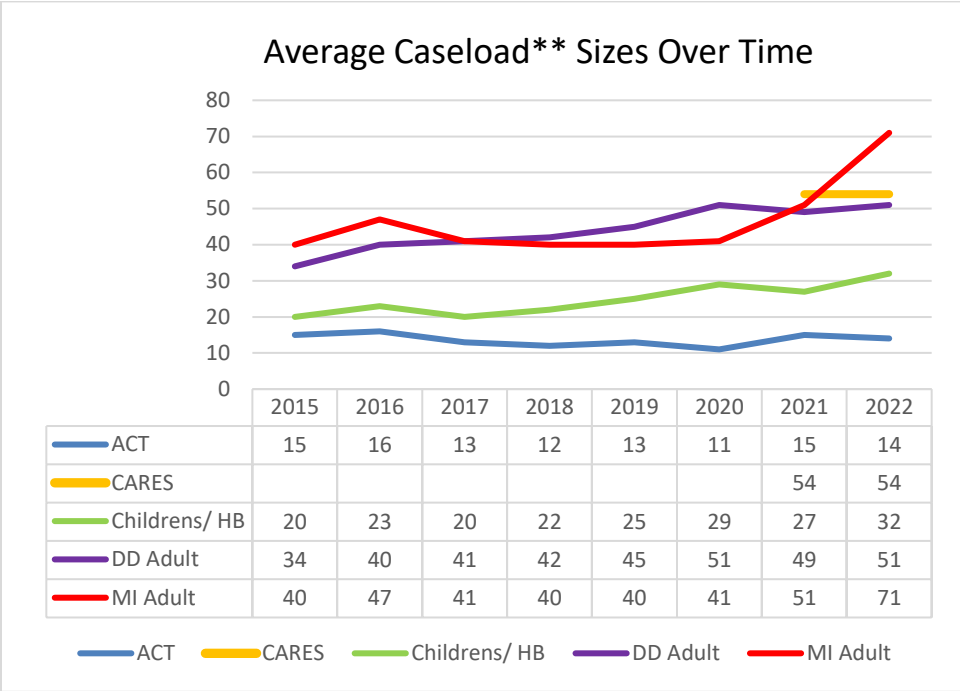


Cumulative enrollment shows overall increase in admission to WCCMH services which is impacted by the implementation of CCBHC and integration of the CARES dataset.

While experiencing higher enrollment, we also juggled higher vacancy rates. In the second quarter of FY 22, we began monitoring our turnover rate defined as the the number of terminations (voluntary and involuntary) divided by the average number of active positions during the quarter. This rate for each quarter was:

Quarter	Average Number of Active Positions	Number of Terminations	Turnover Rate
2nd	372	14	3.8%
3rd	362	20	5.5%
4th	364	16	4.3%

Higher enrollment amidst ongoing turnover impacted caseload sizes. As individuals are found eligible for service, their case is opened, assigned to a program and then assigned to a caseload. The graphic below displays the average caseloads. The trending increase of caseload sizes began in FY 19 (due to a hiring freeze). In the past two years there has also been a higher number of vacancies due to very few applicants for open positions (note- this phenomena is not limited to Washtenaw County and continues to impact all Community Mental Health centers throughout the state).

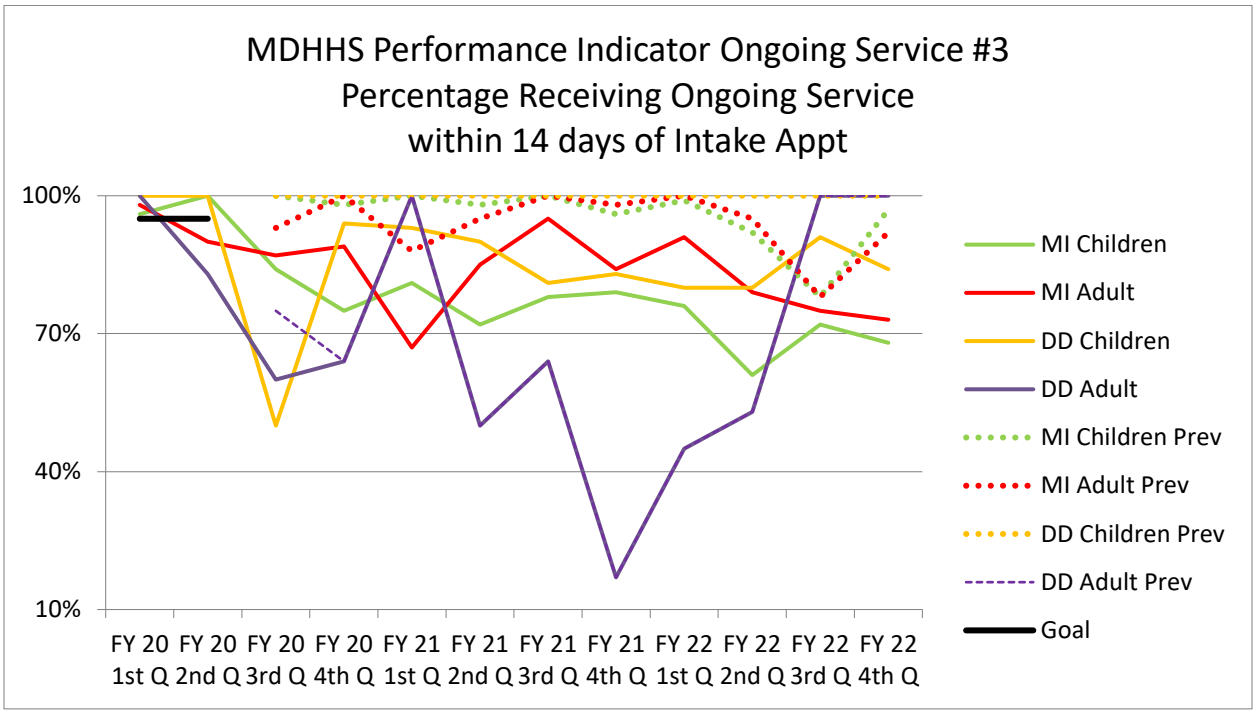


	2015	2016	2017	2018	2019	2020	2021	2022
ACT	15	16	13	12	13	11	15	14
CARES							54	54
Childrens/ HB	20	23	20	22	25	29	27	32
DD Adult	34	40	41	42	45	51	49	51
MI Adult	40	47	41	40	40	41	51	71

*Children's/ Home Based and Assertive Community Treatment (ACT) have much lower caseload sizes due to MDHHS and/or Medicaid mandates.
**Average caseload does not reflect the full variance a program can experience over the course of a year

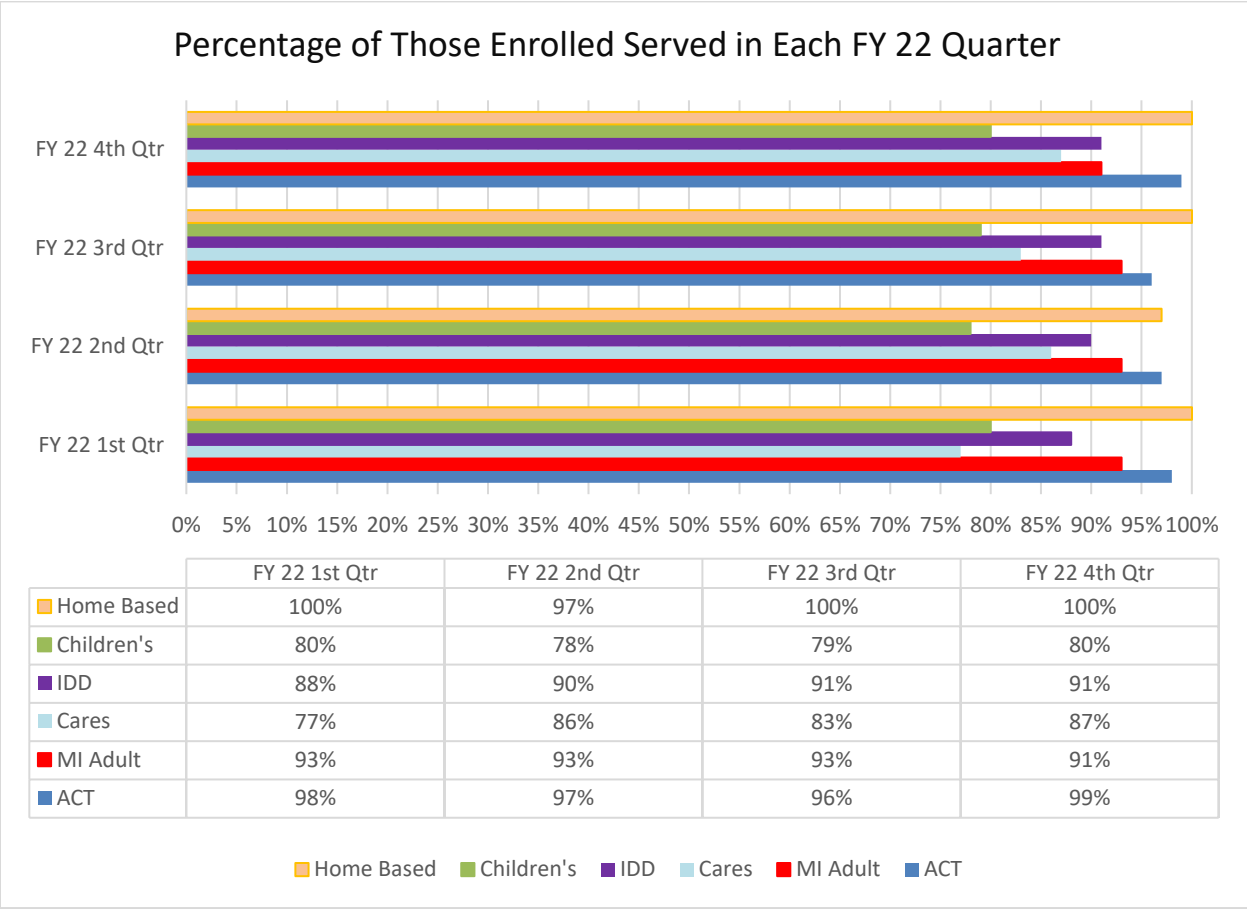
MI Adult continues to experience an increase in the average caseload with FY 22 being 28% higher than FY 21 and 42% higher than FY 19 & 20. Children's programs have also experienced increased caseload sizes which hit their highest marks in FY 22 and are 30% higher than before the hiring freeze. IDD also experienced an overall increase in caseload sizes and are about 20% higher than before the hiring freeze. ACT caseload sizes experienced variance. CARES baseline appears to be 54.

Once a case is assigned to a primary staff, ongoing services are initiated. Below is a graph showing the percentages of consumers who received their first ongoing appointment within 14 days which is the MDHHS Performance Indicator #3. As in indicator #2, the definition of compliance changed for indicator #3 in 2020 and the new definition does not take into account the consumer's preference (e.g. scheduled outside of 14 days, rescheduled by consumer or no show). The new compliance rate is much lower than prior to the definition change.



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 has been an increase in DD Adult meeting with the consumer for the ongoing service within 14 days due to strong and effective programmatic changes.

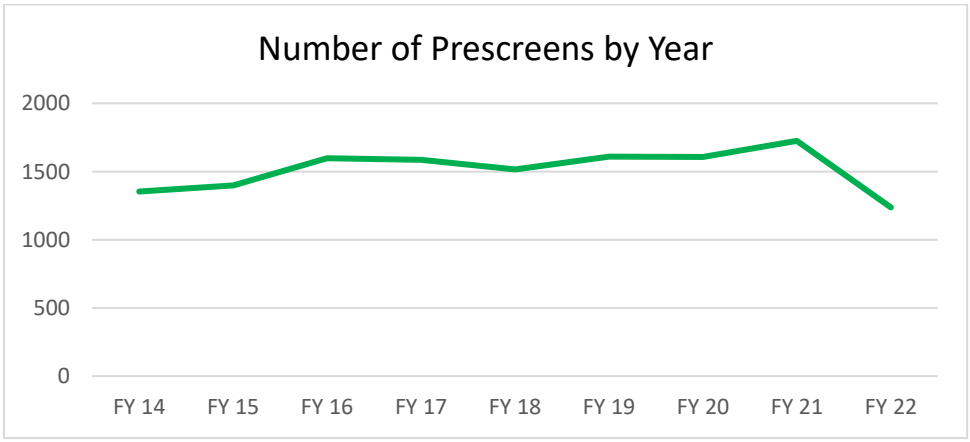
The organization's priority has been to ensure the individual is receiving their services and that we remain in contact with them. Of those enrolled, it is helpful to monitor the percentage receiving a service in the designated time period as indicated below:



	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
Home Based	100%	97%	100%	100%
Children's	80%	78%	79%	80%
IDD	88%	90%	91%	91%
Cares	77%	86%	83%	87%
MI Adult	93%	93%	93%	91%
ACT	98%	97%	96%	99%

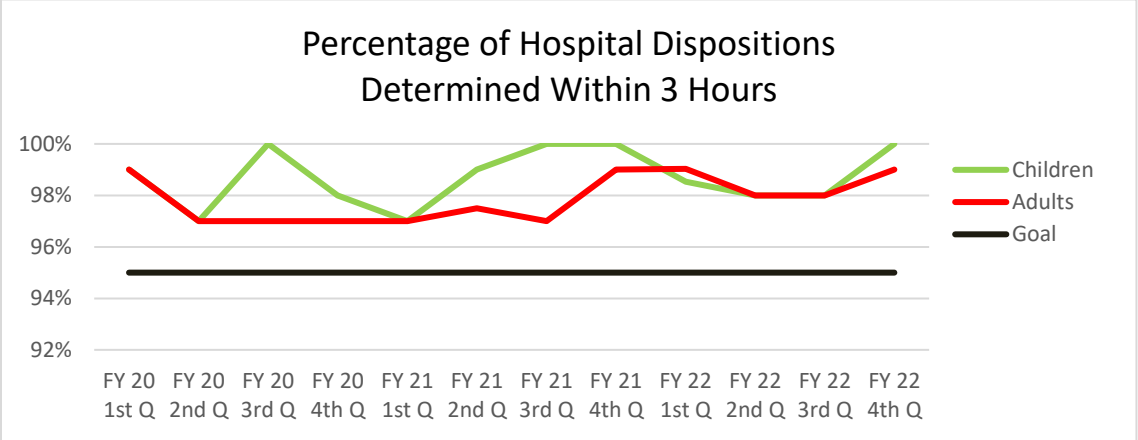
This graph displays the percentage of individuals receiving at least one service in the corresponding time period. It should be noted, engaging those enrolled in the Children's program can be quite challenging due to the complexity and competing priorities in the family's life.

Whether or not a consumer is open to our organization, they may experience a psychiatric crisis. The consumer is evaluated for the appropriate level of care during a Preadmission Screening. Below are the total number of Crisis Hospital Prescreens over a nine-year period:



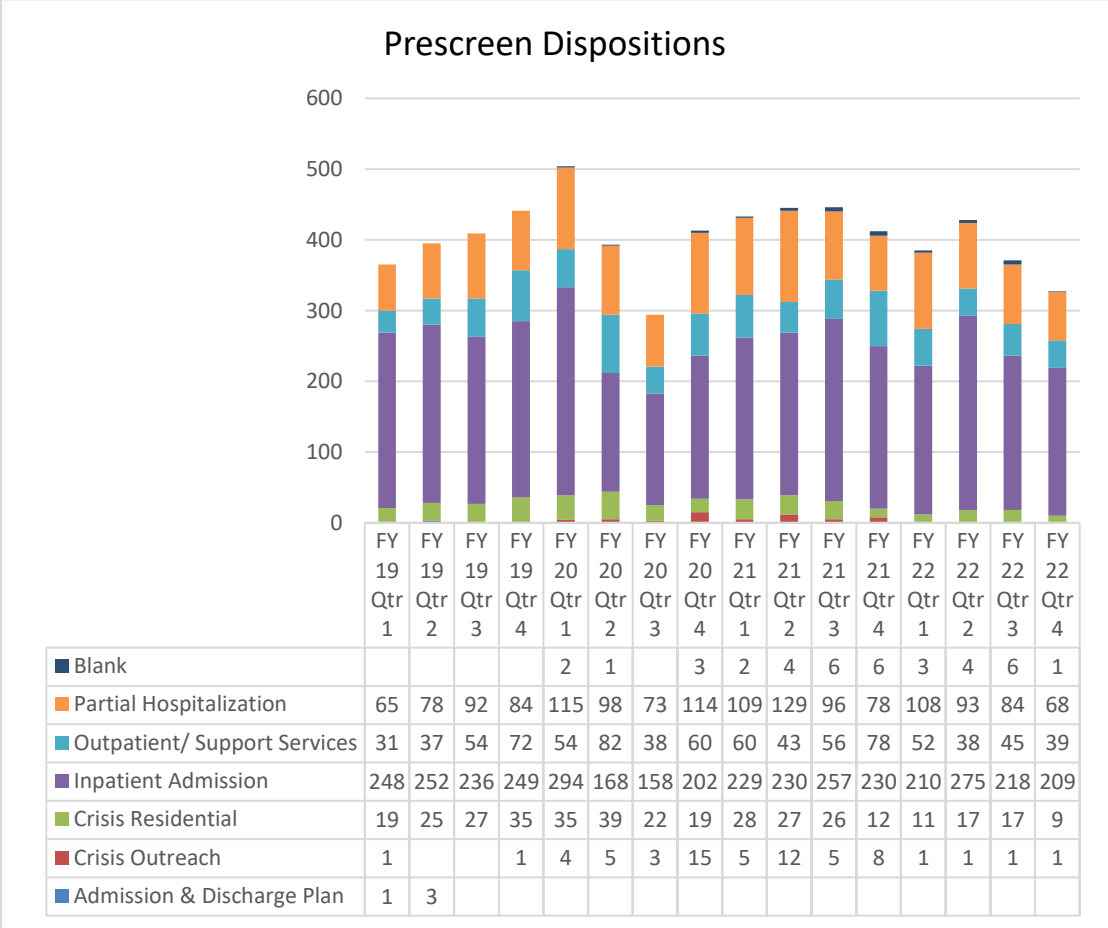
Overall, the number of Crisis prescreens increased through FY 21 and decreased to its lowest number in nine years in FY 22.

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:



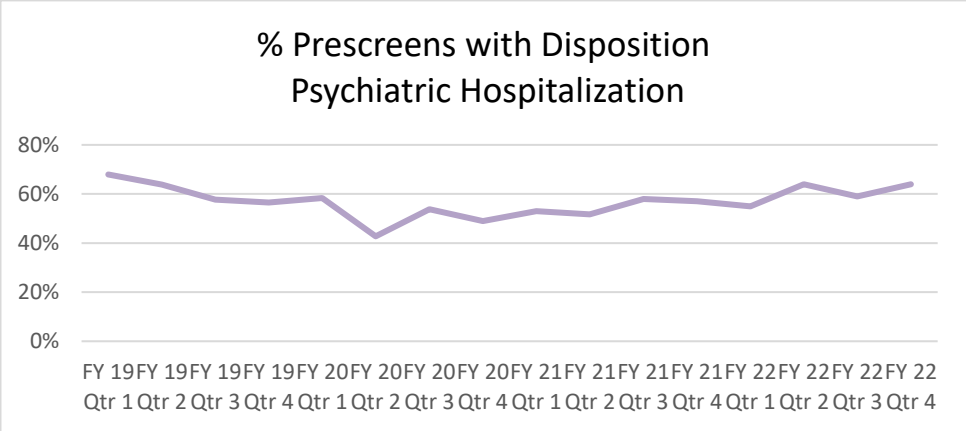
We continue to excel beyond expectations.

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.



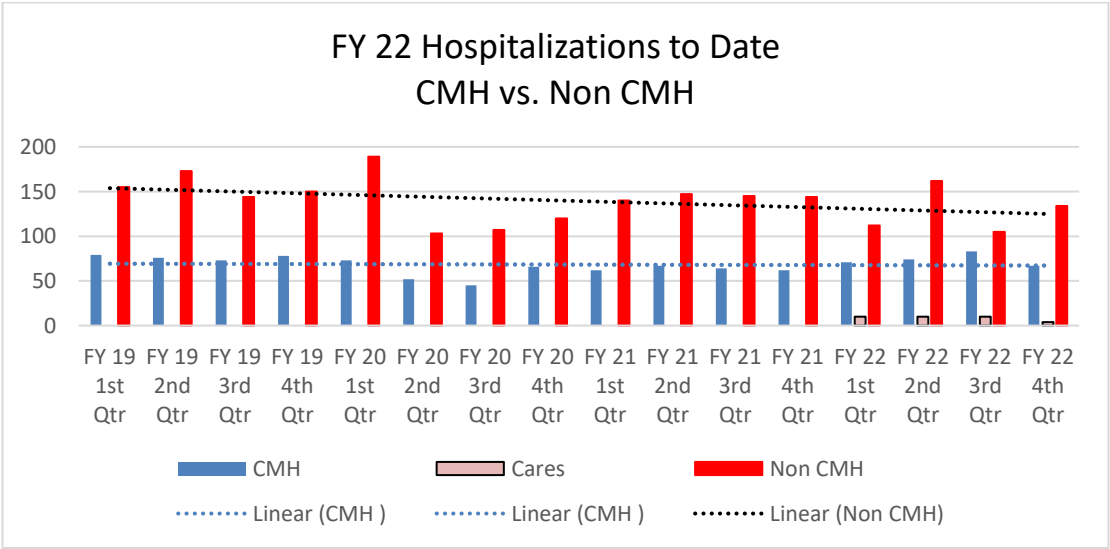
	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Blank					2	1		3	2	4	6	6	3	4	6	1
Partial Hospitalization	65	78	92	84	115	98	73	114	109	129	96	78	108	93	84	68
Outpatient/ Support Services	31	37	54	72	54	82	38	60	60	43	56	78	52	38	45	39
Inpatient Admission	248	252	236	249	294	168	158	202	229	230	257	230	210	275	218	209
Crisis Residential	19	25	27	35	35	39	22	19	28	27	26	12	11	17	17	9
Crisis Outreach	1			1	4	5	3	15	5	12	5	8	1	1	1	1
Admission & Discharge Plan	1	3														

Overall, the need for inpatient admissions remained somewhat consistent while the use of outpatient support services had a high in first quarter and then decreased. There was also a trending decrease in the use of partial hospitalization. Monitoring the percentage of prescreens that result in dispositions of psychiatric hospitalizations reveals the following:



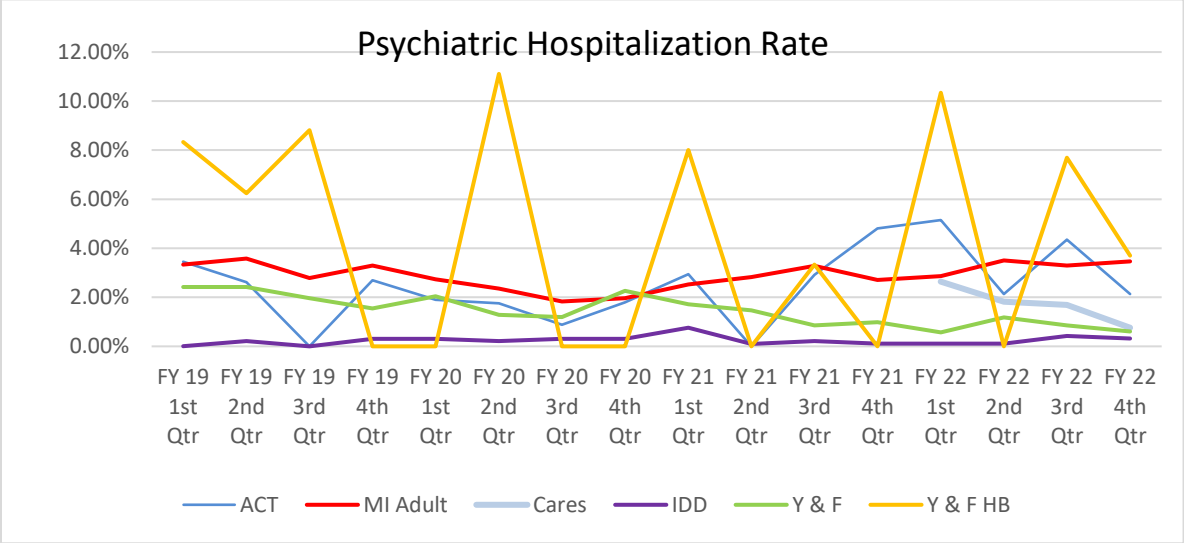
This overall increase in percentages suggests a high clinical acuity.

Many of our prescreens occur for individuals who are not open to our services but are in the community, do not have insurance or are underinsured and may require inpatient psychiatric hospitalization. These medically necessary situations are funded by WCCMH. Below are hospitalization data points differentiating those in the community and not open to us (NON CMH), those open to our CMH services (CMH) and Consumers assigned to the CARES program. Monitoring a trend of how many individuals experiencing a psychiatric crisis resulting in an inpatient hospitalization assists us in understanding community need. Data regarding the hospitalization trends over four fiscal years between these two categories is depicted below and also includes the CARES data in FY 22:



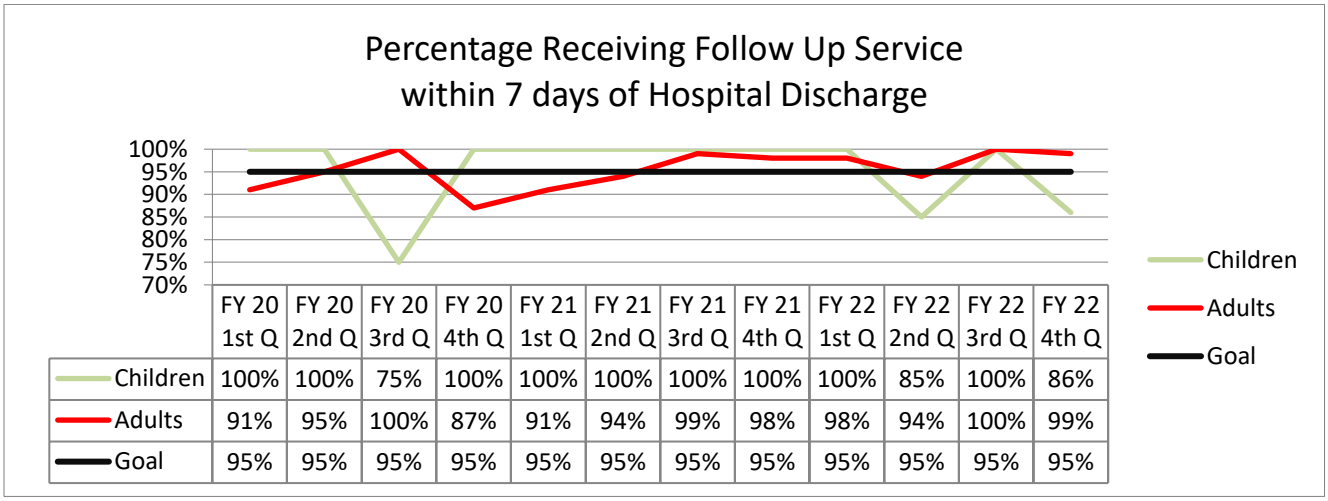
Psychiatric hospitalizations of CMH-served individuals (open CMH cases) overall seems to have a somewhat stable pattern though is influenced from low data points in the pandemic time period. Non-CMH individuals show a decrease in hospitalizations. Hospitalization data for the CARES program is now included in this graph though the baseline is still being understood.

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:



The Youth and Family Home Based program experiences significant variance due to their low numbers in the program (i.e., if one or two people are hospitalized, their percentage rate is high due to a low denominator). ACT continues to experience a higher hospitalization rate than in the past which is also consistent with the overall increased acuity that programs have been identifying. The MI Adult Team experiences a higher rate as well.

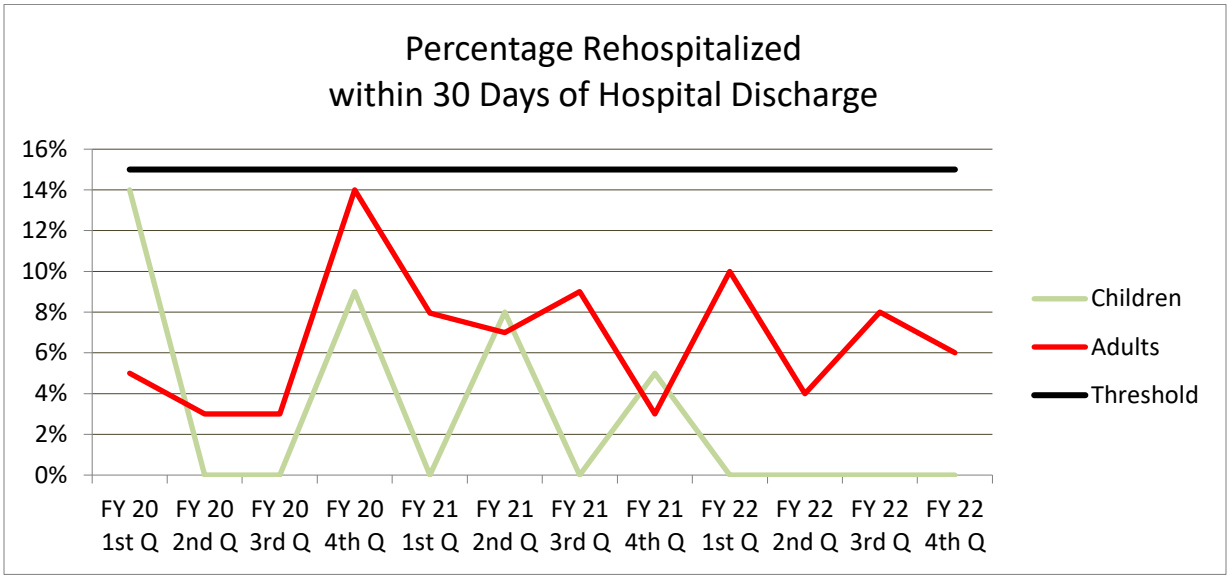
When an individual is discharged from a psychiatric hospitalization, we schedule a service within 7 days of their discharge. Below are graphs of the MDHHS Performance Indicator monitoring open WCCMH cases of children and adults who were psychiatrically hospitalized and received a face-to-face service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



	FY 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	FY 22 1st Q	FY 22 2nd Q	FY 22 3rd Q	FY 22 4th Q
Children	100%	100%	75%	100%	100%	100%	100%	100%	100%	85%	100%	86%
Adults	91%	95%	100%	87%	91%	94%	99%	98%	98%	94%	100%	99%
Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage rates for Children's services were below the goal for the second and fourth quarters due to their denominator being very low so if one case is out of compliance, this can result in not meeting the goal. Adult programs dipped a bit below the goal for the second quarter. Children's and Adult services did very well otherwise.

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.



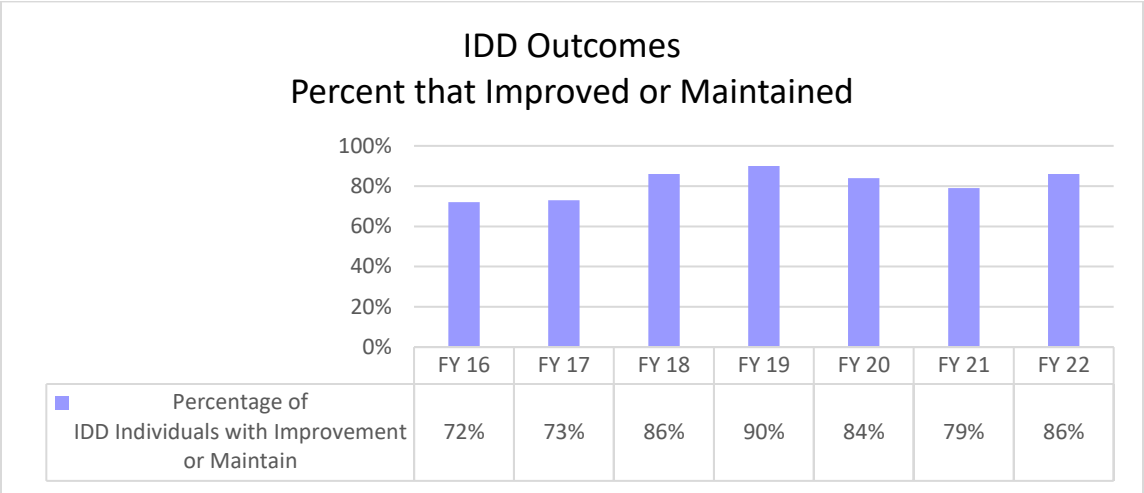
The organization continues to remain below the MDHHS threshold of 15%. Children's services did not have a repeat hospitalization within 30 days of discharge for the entire year.

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 increase in the percentage of individuals who improved or maintained their outcome values and is on par with FY 20.

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 22 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 247): **20**

Average CAFAS Youth Total Score on Initial Assessment: **99**

Average CAFAS Youth Total Score on Most Recent Assessment: **79**

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 601): **19**

Average CAFAS Youth Total Score on Initial Assessment: **97**

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

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 though inactive cases showed a higher change in FY 21.

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 same change amount was identified in FY 21.

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 22 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 27: **26**

Average PECFAS Youth Total Score on Initial Assessment: **70**

Average PECFAS Youth Total Score on Most Recent Assessment: **44**

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 74): **20**

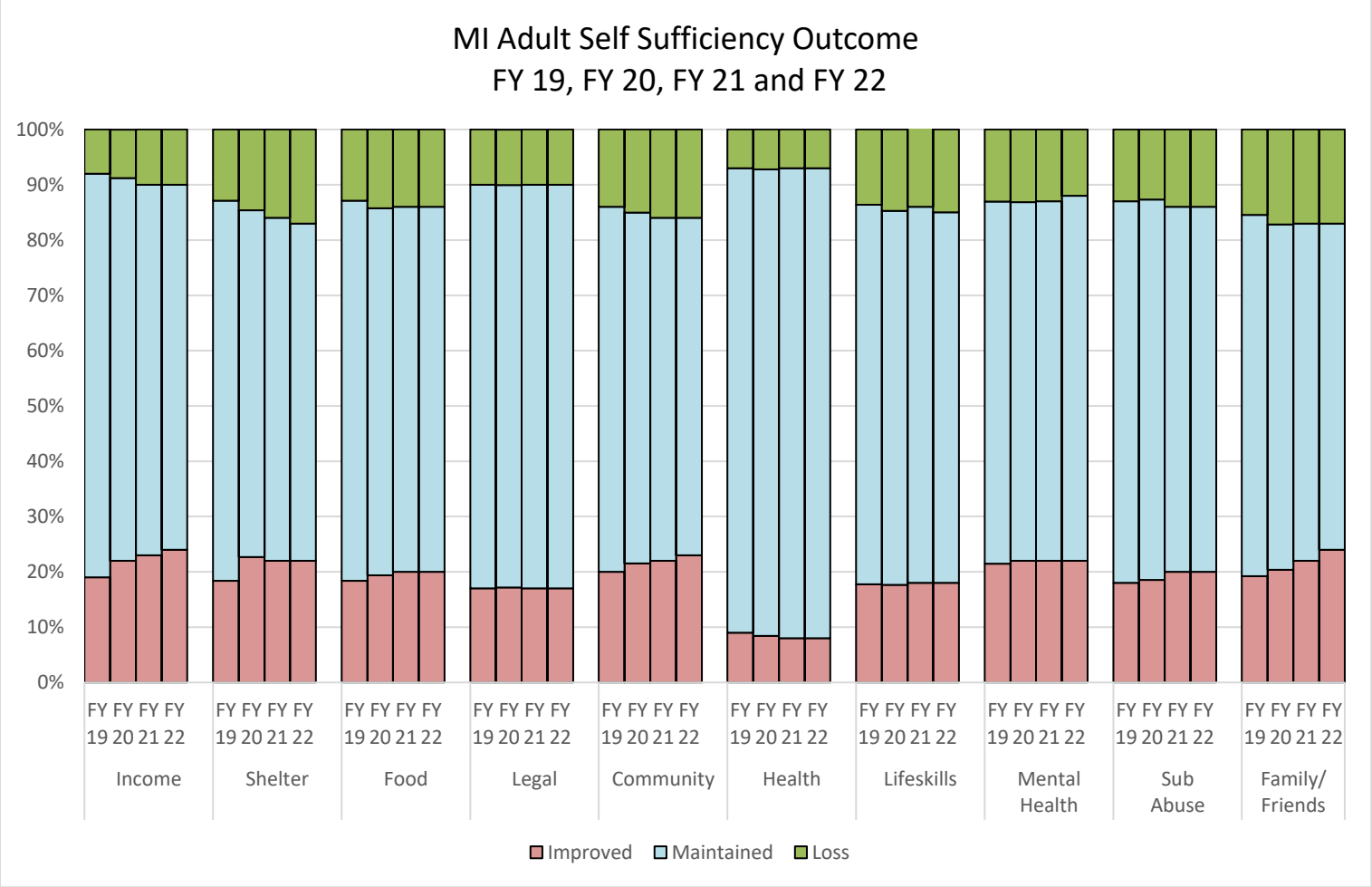
Average PECFAS Youth Total Score on Initial Assessment: **80**

Average PECFAS Youth Total Score on Most Recent Assessment: **60**

PECFAS Outcomes for FY 21 had changes between Intake and final assessment of 13 (sample size 22) and 14 (sample size 56) for inactive episodes of care and both active and inactive respectively. In FY 21, the changes were not significant. However, in FY 22, the changes for both outcomes were significant which shows very good improvement.

MI Adult 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.



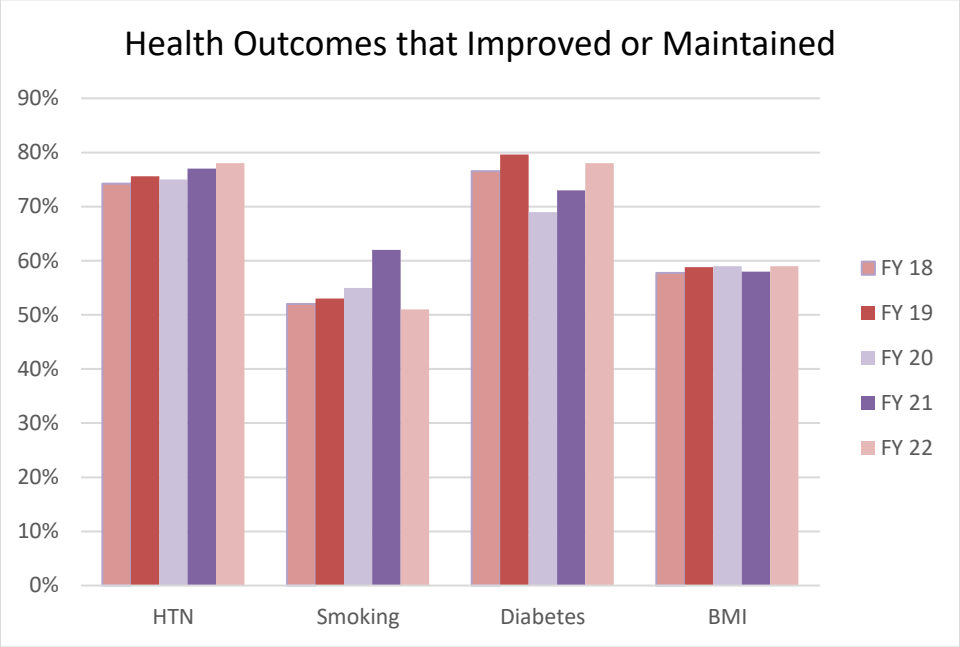
The graphs identify percentages of cases with Improvement, Maintained, and Loss of outcome status over a four-year time period. Sometimes there will be a percentage that Improved and a percentage that experienced Loss, sometimes on the same domain. This can occur because the aggregated data may reflect individuals who moved from "Maintained" and either moved to "Improved" or "Loss." Comparing results to last year, MI Adult services impacted on consumer outcomes by either improving or maintaining in nine of the ten categories (Income, Shelter, Food, Legal, Community, Health, Lifeskills, Substance Abuse and Family/Friends) while a higher percentage show more loss in their outcomes in four categories (Income, Community, and Family/ Friends). 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 as 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, Diabetes and BMI improved or maintained from FY 21. The percentage of those improving/ maintaining on their Smoking behavior is lower than FY 21.

Health and Mortality

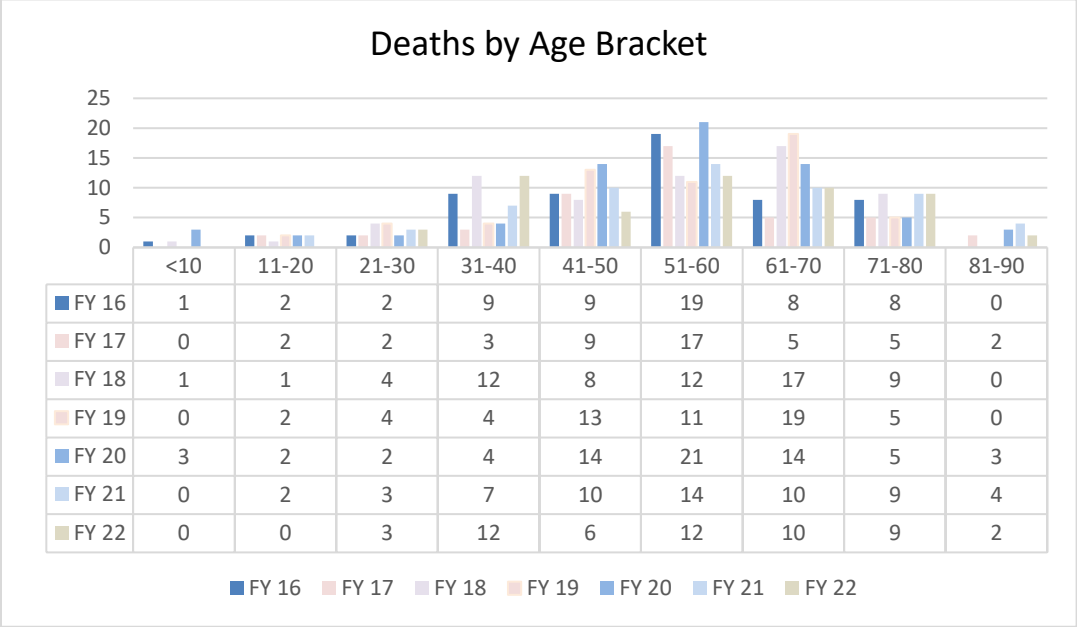
Research and industry trends identify those individuals who experience a severe mental illness tend to die much younger than their counterparts. WCCMH monitors our mortality rate, as well as the average age of the individual at the time of death. The data below are commensurate with research identified 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 18	*Age FY 18*	FY 19	*Age FY 19*	FY 20	*Age FY 20*	FY 21	*Age FY 21*	FY 22	*Age FY 22*
Aspiration Pneumonia							2	*76*	3	*66*
Cancer	8	*62*	9	*59*	7	*57*	10	*62*	3	*51*
Cardiovascular	13	*58*	14	*61*	14	*61*	6	*69*	12	*64*
Dehydration	1	*75*								
Diabetes							1	*50*		
Drug Abuse	12	*39*	6	*42*	8	*45*	2	*37*	6	*43*
Endocrine System (Diabetes)										
Environmental Hypothermia			1	*51*						
Gastrointestinal					3	*60*	1	*65*		
Hip Fracture Complications	1	*60*								
Homicide	3	*30*								
Hyponatremia									2	*43*
Inanition					2	*61*				
Infection	3	*72*	1	*61*	4 (2 - COVID19)	*53*	5 (4 - COVID 19)	*1*	4 (3 were COVID 19)	*49*
Kidney Disease	1	*61*			1	*81*				
Liver Disease	2	*62*			2	*49*	3	*1*	1	*61*
Metabolic			1	*61*						
Natural/Other	1	*38*								
Neurological	2	*33*	1	*80*	3	*50*	7	*60*	3	*69*
Respiratory	5	*66*	10	*53*	10	*51*	4	*40*	5	*60*
Suicide	2	*44*	2	*22*	6	*45*	2	*23*	2	*36*
Trauma	1	*53*	2	*63*			2	*40*	3	*50*
Unknown	10	*51*	10	*38*	8	*45*	15	*49*	10	*38*
Grand Total	**# of Deaths 65**	***Avg Age 53***	**# of Deaths 55**	***Avg Age 52***	**# of Deaths 68**	***Ave Age 53***	**# of Deaths 57**	***Avg Age 54***	**# of Deaths 54**	***Avg Age 52***

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 and it is coded as "unknown". The number of deaths tend to vary as indicated by the five-year dataset.

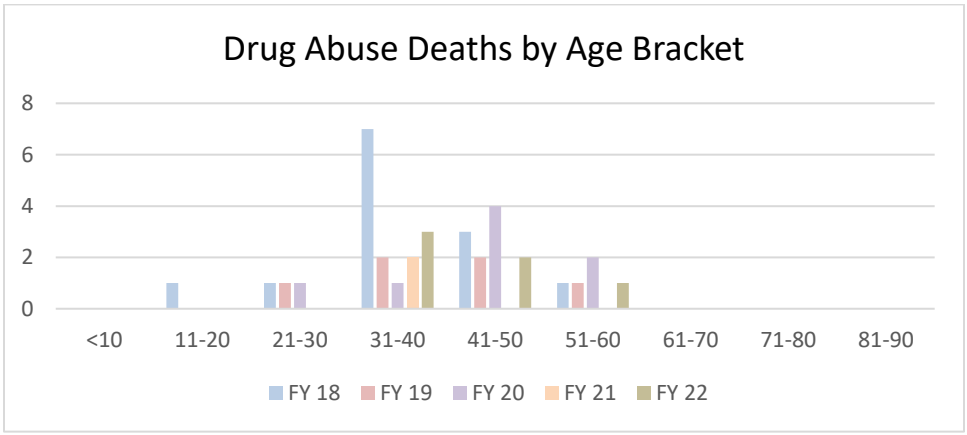
Reviewing the number of individuals who were receiving services and passed away in Fiscal Year 22 between frequency of deaths per bracketed age categories helps monitor and review baseline data and possible trends/ patterns.



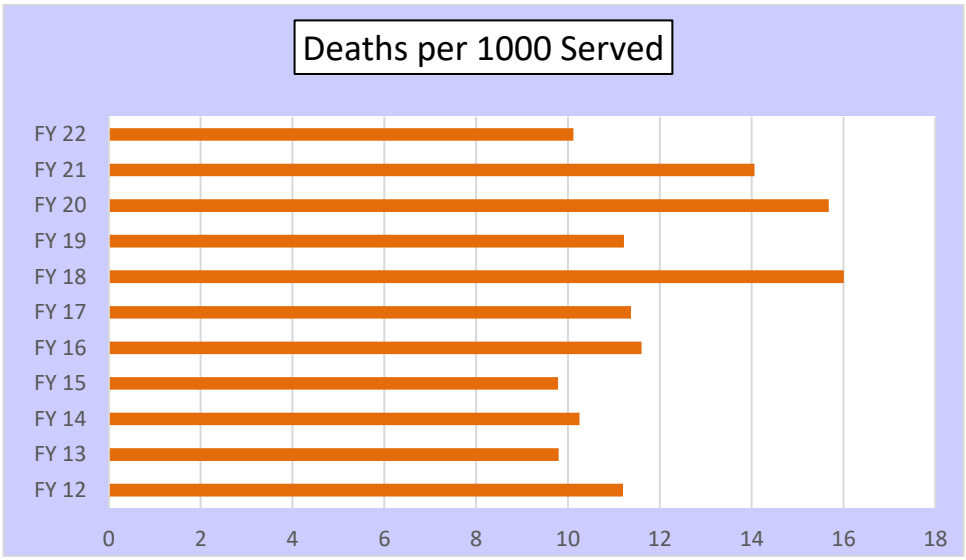
	<10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
FY 16	1	2	2	9	9	19	8	8	0
FY 17	0	2	2	3	9	17	5	5	2
FY 18	1	1	4	12	8	12	17	9	0
FY 19	0	2	4	4	13	11	19	5	0
FY 20	3	2	2	4	14	21	14	5	3
FY 21	0	2	3	7	10	14	10	9	4
FY 22	0	0	3	12	6	12	10	9	2

Not surprisingly, a higher frequency of deaths occurs in the older decades. We hope that helping individuals with their health needs will result in the frequency of deaths moving to the right on the graph, i.e., occurring in older age. While the number of deaths did increase in the 31-40 age range, the bracketed age groups 41-50, 51-60, and 61-70 are showing fewer deaths over two years in this age group while bracketed age groups 71-80 and 81-90 continue to show an increased number of individuals which may indicate a trend toward living longer.

Deaths that occurred due to accidental overdose (Drug Abuse) are overall lower than in years previous, though there was an increase in the age bracket of 31-40. These deaths from FY 22 and their bracketed age group are depicted below:

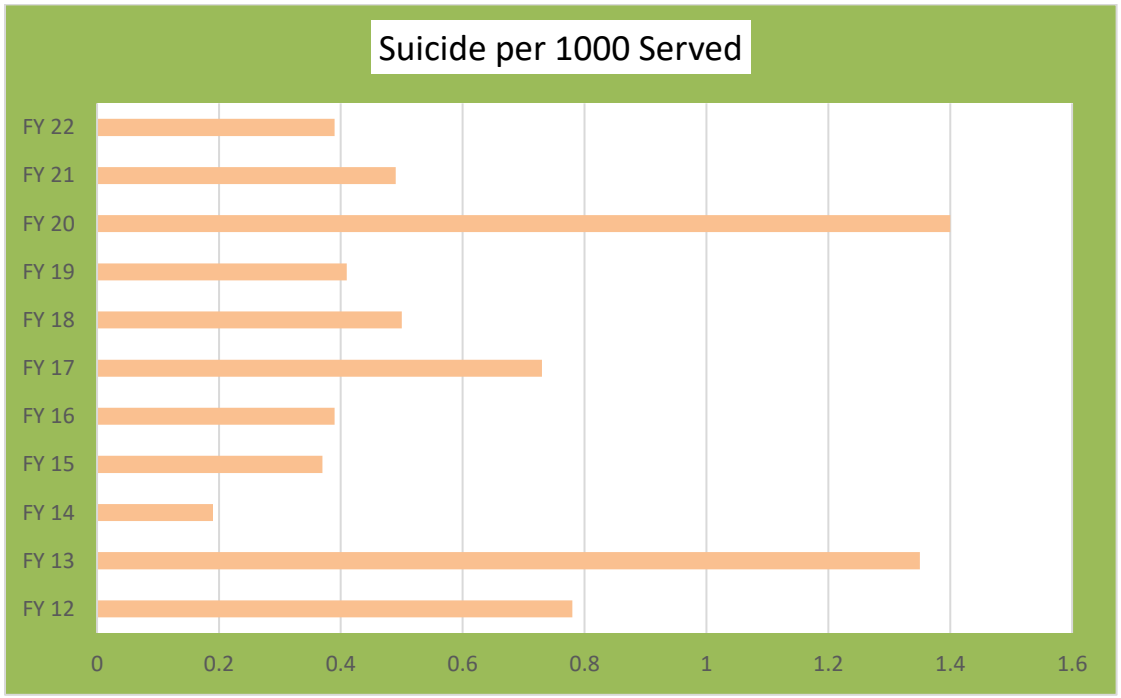


Reviewing deaths over the past eleven years has helped us identify the number of deaths compared to the number of individuals served. There is a great deal of variance with no obvious pattern identified.



The ratio of deaths / individuals served this past year is much lower than last year. This driven by both a lower number of deaths and a higher number of consumers served due to CCBHC increasing our admissions. There are no identified systemic mental health treatment factors contributing to these deaths. To the best of the organization's ability, we know of a total of nine deaths of an individual whose COVID-19 test results was positive since the onset of the pandemic.

Monitoring the ratio of suicides per 1,000 individuals served is also important. This is the data trend over the past eleven fiscal years:



The ratios for FY 22 is tied for the third lowest ratio in the evaluated time period, again this may be impacted by a higher number of consumers served. 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

The Customer Service department, working with the Region, developed a new Satisfaction Survey and implemented it to all populations with results reported accordingly. Scores less than 80% resulted in corrective action plan steps to help improve these areas.

Survey Results from Those Who Receive Services

Question	Yes	No	I don't know
I feel respected when I call or see my CMH staff	95%	3%	2%
My phone calls are returned by the next day	79%	11%	10%
I saw my CMH staff within 15 minutes of my appointment	91%	3%	4%
I decide what is important when working with my CMH staff	91%	2%	7%
I understood what my CMH staff said today	97%	1%	2%
My CMH staff helps to achieve my goals	76%	12%	12%
My CMH Staff follow up about my physical health needs	67%	22%	12%
I feel able to complain or disagree with my CMH staff	87%	10%	3%
I know how to file a complaint	72%	22%	7%
Would you like for Customer Services staff to call you?	2%	77%	20%

Areas for Program to focus on include returning phone calls by the next day, CMH staff assisting consumers to help with their goals, CMH staff following up with a consumer's physical health needs and knowing how to file a complaint.

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. Additionally, adding the CCBHC model allows us to also serve those who experience symptoms in the mild to moderate range. 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.

WCCMH - Office of Recipient Rights

Quarter II- FY 22/23

Executive Summary

ORR Program Updates:

- We continue to provide supplemental virtual drop in Question and Answer sessions for newly hired CMH staff and have also extended this to provider staff.
- We have our annual Recipient Rights Conference in September 2023. Please let us know if you are interested in attending. It will be in Crystal Mountain this year.

Report Complaint Data:

Aggregate Summary

Fiscal Year	22/23	21/22	20/21	19/20
Complaints Received	85	69	61	85
Allegations Involved	115	91	80	122
Allegations Investigated	103	83	78	119
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	35	35	34	32
Percent Substantiated	33.9%	42.2%	43.6%	26.9%

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

	FY 22/23		FY 21/22		FY 20/21		FY 19/20	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**12**	**1**	**10**	**3**	**9**	**3**	**14**	**2**
Class III	**9**	**3**	**4**	**1**	**9**	**3**	**12**	**1**
Sexual Abuse	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Neglect:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**2**	**1**	**0**	**0**	**1**	**0**	**3**	**2**
Class III	**29**	**15**	**26**	**17**	**23**	**15**	**36**	**17**

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

FY 22/23	(Received) **Substantiated**	**FY 21/22**	(Received) **Substantiated**	**FY 20/21**	(Received) **Substantiated**	**FY 19/20**	(Received) **Substantiated**
Neglect Class III	(29) **15**	Neglect Class III	(26) **17**	Neglect Class III	(23) **15**	Neglect Class III	(36) **17**
Mental Health Services Suited to Condition	(16) **6**	Mental Health Services Suited to Condition	(12) **7**	Dignity and Respect	(12) **3**	Mental Health Services Suited to Condition	(14) **5**
Safe Sanitary or Humane Treatment Environment	(7) **4**	Dignity and Respect	(20) **4**	Abuse Class III	(9) **3**	Disclosure of Confidential Information	(5) **3**

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

Service location type/Code	Number of substantiations
Outpatient Services	1
Residential Group Home – MI	2
Residential Group Home – DD	8
Residential Group Home – MI & DD	3
Day Program – DD	1
Supported Employment	0
Assertive Community Treatment (ACT)	2
Case Management	0
Partial Hospitalization	0
Supported Living	18
Workshop (prevocational)	0
Other	0

ATTACHMENT #7
AUGUST 2023

COMPLAINT DATA FOR:	Washtenaw County
RIGHTS OFFICE DIRECTOR:	Katie Snay

Reporting Period: **FY23** October 1, 2022 - March 31, 2023

CMH	**# of Consumers Served (unduplicated count)**	**4748**	**Rights Office FTEs**	**4**
LPH	**Number of Licensed Beds**		**Hours/40 Spent on Rights**	

ALLEGATION TOTALS

Total Complaints Received	115
Allegations	103
Investigations	103
Investigations Substantiated	35
Interventions	0
Interventions Substantiated	0

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ALLEGATIONS BY CATEGORY

Code	Category	Received
0000	No Right Involved	7

Code	Category	Received
0001	Outside Provider Jurisdiction	5

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - Nonaccidential act	7	7	1

72222	Abuse class II - unreasonable force	2	2	0
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	3	3	0
7223	Abuse - class III	9	9	3
7224	Abuse class I - sexual abuse	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	0	0	0
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	2	2	1
72262	Neglect class II - failure to report	2	2	1
72271	Neglect class III	29	29	15
72272	Neglect class III - failure to report	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	1	1	1	0	0
7555	Retaliation/harassment toward recipients	1	1	0		

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7040	Civil rights: Discrimination, Accessibility, Accommodation, etc.	0	0	0	0	0
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated

7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	16	16	6	0	0
7082	Safe, Sanitary Humane Treatment Environment	7	7	4	0	0
7083	Least restrictive setting	0	0	0	0	0
7084	Dignity and Respect	14	14	2	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	6	6	0	0	0
7120	Individual Written Plan of Service (Person-Centered Process)	0	0	0	0	0
7130	Choice of Physician/Mental Health Professional	0	0	0	0	0
7140	Notice of Clinical Status/Progress	0	0	0	0	0
7150	Services of a Mental Health Professional (External to the Agency/Hospital)	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0	0
7180	Psychotropic drugs (AR 7158)	0	0	0	0	0
7190	Medication Side Effects	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7240	Fingerprints, Photographs, Audiorecordings, Use of One-Way Glass	1	1	1	0	0
7249	Video Surveillance	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7480	Communications-Visits	0	0	0	0	0
7481	Communications-Telephone	1	1	0	0	0
7263	Communications-Mail	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7281	Property-Possession and use	1	1	0	0	0
7286	Personal Property – Limitations	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7360	Labor and Compensation	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7440	Freedom of Movement	0	0	0	0	0
7400	Restraint	0	0	0	0	0
7420	Seclusion	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7460	Complete Record	0	0	0	0	0
7480	Disclosure of Confidential Information	1	1	0	0	0
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)	0	0	0	0	0
7490	Correction of Record	0	0	0	0	0
7500	Privileged communication	0	0	0	0	0
TOTALS		**103**	**103**	**35**	**0**	**0**

CLICK ON CELL G AND CHOOSE FROM DROP-DOWN

ENTER THE NAME OF THE LEAD RIGHTS ADVISOR (RIGHTS DIRECTOR)

ATTACHMENT #7
AUGUST 2023

Section II: Remediation data for: Washtenaw County

Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	CMH ONLY			
				SED	SED-W	DD-CWP	HSW
Abuse - class III	SIP	Employee left the agency, but substantiated					2
Neglect class II	SIP	Written Reprimand	Demotion				1
Neglect class III	SIP	Written Reprimand	Plan of Service Revision				1
Neglect class III	SIP	Written Reprimand	Suspension				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Written Reprimand	Training				
Neglect class III	Day Program DD	Written Reprimand	Training				
Dignity and Respect	Residential DD	Training					5
Neglect class III	Out Patient	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	ACT	Employee left the agency, but substantiated					
Neglect class III	Residential DD	Employee left the agency, but substantiated					1
Neglect class III	SIP	Written Reprimand	Training				
Neglect class III	SIP	Employee left the agency, but substantiated	Other				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Employee left the agency, but substantiated	Other				
Neglect class III	Residential DD	Contract Action	Training				1
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training	Other				
Safe, Sanitary Humane Treatment Environment	Residential MI	Written Counseling					
Neglect class III	SIP	Employment Termination					1
Dignity and Respect	SIP	Employment Termination					1
Neglect class III	SIP	Written Reprimand	Training				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Employee left the agency, but substantiated	Written Reprimand				
Right Protection System	SIP	Verbal Counseling	Training				
Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass	SIP	Verbal Counseling	Training				
Neglect class III	Residential DD	Written Reprimand	Suspension				
Safe, Sanitary Humane Treatment Environment	Residential DD	Training					1
Abuse class II - nonaccidential act	Residential DD	Suspension	Training				1
Neglect class II - failure to report	Residential DD	Written Reprimand	Training				1
Abuse - class III	SIP	Employment Termination					1
Neglect class III	SIP	Employment Termination					1
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Plan of Service Revision	Other				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Plan of Service Revision	Other				
Neglect class III	ACT	Pending					
Safe, Sanitary Humane Treatment Environment	Residential MI	Verbal Counseling					
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential DD	Pending					
Abuse - class III	Residential MI & DD	Employment Termination					

REMEDIATION TOTALS	
Contract Action	1
Demotion	1
Employee left the agency, but substantiated	6
Employment Termination	5
Environmental Repair/Enhancement	0
None	0
Other	5
Pending	2
Plan of Service Revision	3
Policy Revision/Development	0
Recipient Transfer to Another Provider/Site	0
Staff Transfer	0
Suspension	3
Training	14
Verbal Counseling	3
Verbal Reprimand	0
Written Counseling	1
Written Reprimand	12

PROVIDER TOTALS	
ACT	2
Case Management	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Crisis Center	0
Day Program DD	1
Day Program MI	0
Inpatient	0
Other	0
Out Patient	1
Partial Hospitalization	0
Psychosocial Rehabilitation	0
Residential DD	8
Residential MI	2
Residential MI & DD	3
Respite Homes	0
SIP	18
Supported Employment	0
Workshop (prevocational)	0

WAIVER POPULATION TOTALS	
SED	0
SED-W	0
DD-CWP	0
HSW	18

Washtenaw County Community Mental Health
WCCMH

Fiscal Year 2024
Annual Operating Budget

Pg 2 FY 2024 Budgeted Revenues and Expenditures
Pg 3 FY 2024 Administrative Budget Details
Pg 4 FY 2024 Direct Services Budget Details
Pg 5 FY 2024 Contracted Services Budget Details
Pg 6 FY 2024 Budget by Fund Source

Washtenaw County Community Mental Health
Fiscal Year 2024 Budget

	FY 2024 Proposed Budget	FY 2023 Final Budget	FY 2024 Budget Over / (Under) FY 2023 Budget	FY 2023 Projected YE	FY 2024 Budget Over / (Under) FY 2023 Projections
Revenues					
Medicaid (b) & 1115i	$ 50,222,609	$ 48,979,046	$ 1,243,563	$ 48,979,046	$ 1,243,563
Habilitation Supports Waiver	30,015,227	30,058,737	(43,510)	30,058,737	(43,510)
Children's & SED Waivers	1,335,478	1,200,000	135,478	1,200,000	135,478
Direct-Care Worker Pass-Through	-	9,263,483	(9,263,483)	9,263,483	(9,263,483)
Healthy Michigan Plan	6,155,256	6,913,368	(758,112)	6,913,368	(758,112)
Autism Medicaid	6,819,980	6,475,395	344,585	6,475,395	344,585
CCBHC Medicaid/HMP	8,500,000	-	8,500,000	-	8,500,000
CCBHC Supplementary	8,500,000	4,059,000	4,441,000	4,059,000	4,441,000
Behavioral Health Home	390,000	-	390,000	-	390,000
State General Funds	4,597,669	4,597,669	-	4,597,669	-
Funding From Washtenaw County	1,751,761	1,751,761		1,751,761	-
Grants and Earned Contracts Incl. OBRA	3,100,646	1,790,168	1,310,478	1,790,168	1,310,478
CMHPSM/Affiliate & U of M Billings	893,227	847,984	45,243	847,984	45,243
All Other	1,917,652	1,917,652	-	1,917,652	-
Total Revenues	**$ 124,199,505**	**$ 117,854,263**	**$ 6,345,242**	**$ 117,854,263**	**$ 6,345,242**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 8,329,146	$ 7,733,373	$ 595,773	$ 6,755,000	$ 1,574,146
Total Administrative Expenses	$ 8,329,146	$ 7,733,373	$ 595,773	$ 6,755,000	$ 1,574,146
Direct Services					
WCCMH Direct Services	$ 37,254,441	$ 34,765,450	$ 2,488,991	$ 33,580,000	$ 3,674,441
Total Direct Services	$ 37,254,441	$ 34,765,450	$ 2,488,991	$ 33,580,000	$ 3,674,441
Contracted Services					
WCCMH Contracted Services	$ 74,424,000	$ 72,474,000	$ 1,950,000	$ 69,250,000	$ 5,174,000
Total Contracted Services	$ 74,424,000	$ 72,474,000	$ 1,950,000	$ 69,250,000	$ 5,174,000
Other Non-Service Costs					
Medicaid Local Match	$ 411,272	$ 411,272	$ -	$ 411,272	$ -
State Facilities Local Contribution	600,000	600,000	-	900,000	(300,000)
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 1,091,272	$ 1,091,272	$ -	$ 1,391,272	$ (300,000)
Grants And Contracts	$ 3,100,646	$ 1,790,168	$ 1,310,478	$ 1,790,168	$ 1,310,478
Total Expenses	**$ 124,199,505**	**$ 117,854,263**	**$ 6,345,242**	**$ 112,766,440**	**$ 11,433,065**
Revenue Over/(Under) Expenses	0	0	0	5,087,823	$ (5,087,823)

Washtenaw County Community Mental Health
Fiscal Year 2024 Budget

WCCMH Administrative Expenses

		FY 2024 Budget	FY 2023 Final Budget	FY 2024 Budget Over / (Under) FY 2023 Budget	FY 2023 Projected YE	FY 2024 Budget Over / (Under) FY 2023 Projections
	Administration	$ 844,965	$ 764,444	$ 80,521	$ 815,000	$ 29,965
(a)(b)	Compliance	166,000	154,668	11,332	150,000	16,000
(a)	Finance	1,410,294	1,410,294	-	1,095,000	315,294
	Human Resources	278,590	185,726	92,864	150,000	128,590
(a)	Information Management	218,504	189,073	29,431	110,000	108,504
(a)	Intake/Enrollment	915,870	867,730	48,140	575,000	340,870
(a)	Member Services	287,286	243,088	44,198	235,000	52,286
(a)	Network Management	742,849	742,849	-	565,000	177,849
(a)	Quality/Performance Imp.	548,700	404,696	144,004	260,000	288,700
(b)	Recipient Rights	1,638,000	1,492,715	145,285	1,530,000	108,000
(a)	Utilization Review	1,278,089	1,278,089	-	1,270,000	8,089
	TOTAL	$ 8,329,146	$ 7,733,373	$ 595,774	$ 6,755,000	$ 1,574,146

(a) All or a portion of this administrative category is a delegated function of the PIHP.
(b) Revenue contracts exist with Affiliate Partner CMH's for the purchase of these administrative functions.

Washtenaw County Community Mental Health
Fiscal Year 2024 Budget

WCCMH Direct Service Expenses

	FY 2024 Budget	FY 2023 Final Budget	FY 2024 Budget Over / (Under) FY 2023 Budget	FY 2023 Projected YE	FY 2024 Budget Over / (Under) FY 2023 Projections
Program Support	$ 4,373,800	$ 4,150,194	$ 223,607	$ 4,850,000	$ (476,200)
ACT	1,901,270	1,728,427	172,843	1,800,000	101,270
Autism	760,000	510,000	250,000	200,000	560,000
Behavior Management	736,914	669,922	66,992	725,000	11,914
Crisis Stabilization	2,824,313	2,598,368	225,945	2,600,000	224,313
Health Home	390,000	307,418	82,582	300,000	90,000
Home Based	1,615,103	1,480,511	134,592	1,250,000	365,103
Jail Services	716,534	656,823	59,711	630,000	86,534
Jail Diversion	122,000	119,261	2,739	110,000	12,000
Nursing	2,624,013	2,509,925	114,088	2,450,000	174,013
Nursing Home Services	160,625	146,023	14,602	138,000	22,625
Outpatient	2,883,563	2,746,251	137,313	2,650,000	233,563
Peer Supports	796,848	664,040	132,808	762,000	34,848
Psychiatric Services	4,678,306	4,134,073	544,233	4,200,000	478,306
Skill Building	1,894,775	1,804,548	90,227	1,350,000	544,775
Specialty Services	315,000	282,493	32,507	380,000	(65,000)
Supported Employment	1,277,327	1,021,862	255,465	1,375,000	(97,673)
Supports Coordination	3,405,893	3,243,708	162,185	2,750,000	655,893
Targeted Case Management	5,513,230	5,250,695	262,535	4,850,000	663,230
Wraparound	264,928	240,844	24,084	210,000	54,928
TOTAL	$ 37,254,441	$ 34,265,383	$ 2,989,058	$ 33,580,000	$ 3,674,441

Washtenaw County Community Mental Health
Fiscal Year 2024 Budget

WCCMH Contracted Service Expenses

	FY 2024 Budget	FY 2023 Final Budget	FY 2024 Budget Over / (Under) FY 2023 Budget	FY 2023 Projected YE	FY 2024 Budget Over / (Under) FY 2023 Projections
Access/Assessments	$ 150,000	$ 150,000	$ -	$ 150,000	$ -
Autism Services	11,400,000	7,700,000	3,700,000	10,250,000	1,150,000
Community Inpatient	9,700,000	7,550,000	2,150,000	9,170,000	530,000
Community Living Supports	29,800,000	34,600,000	(4,800,000)	28,700,000	1,100,000
Licensed Facilities	18,000,000	16,600,000	1,400,000	16,740,000	1,260,000
Nursing	150,000	150,000	-	180,000	(30,000)
Outpatient	12,500	12,500	-	130,000	(117,500)
Peer Supports/Drop-In	346,500	346,500	-	200,000	146,500
PERS	150,000	150,000	-	150,000	-
PSR/Clubhouse	495,000	495,000	-	280,000	215,000
Respite	715,000	715,000	-	580,000	135,000
Skill Building	2,700,000	3,200,000	(500,000)	2,300,000	400,000
Specialty Services	150,000	150,000	-	150,000	-
Supported Employment	535,000	535,000	-	150,000	385,000
All Other Contracted Services	120,000	120,000	-	120,000	-
TOTAL	$ 74,424,000	$ 72,474,000	$ 1,950,000	$ 69,250,000	$ 5,174,000

Washtenaw County Community Mental Health
Fiscal Year 2024 Budget by Fund Source

		Total
Medicaid **		
Revenue		
Medicaid (b), 1115i, Waivers, Autism, CCBHC & DCW	$	105,783,294
Total Medicaid Revenue	$	105,783,294
Expense		
Service Costs	$	105,783,294
Total Medicaid Expense	$	105,783,294
Medicaid Surplus/(Deficit)	$	-
Healthy Michigan Plan **		
Revenue		
Healthy Michigan Plan	$	6,155,256
Total Healthy Michigan Revenue	$	6,155,256
Expense		
Service Costs	$	6,155,256
Total Healthy Michigan Expense	$	6,155,256
Total Healthy Michigan Surplus/(Deficit)	$	-

** Denotes PIHP Medicaid Subcontracting Agreement Funds

General Fund		
Revenue		
CMH Operations	$	4,597,669
Funding from Other Sources		-
Total General Fund Revenue	$	4,597,669
Total General Fund Expense	$	4,597,669
General Fund Surplus/(Deficit)	$	-
Grants and Contracts		
Revenue	$	5,018,298
Expense		5,018,298
Grants & Cont. Surplus/(Deficit)	$	-
Local		
Revenue	$	1,751,761
Expense		1,751,761
Local Surplus/(Deficit)	$	-
CMHSP to CMHSP		
Revenue	$	893,227
Expense		893,227
All Other Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	124,199,505
Expense		124,199,505
Grand Total Surplus/(Deficit)	$	-

Report on Compliance

Washtenaw County Community Mental Health

September 30, 2022

RPC
Roslund Prestage & Company
Certified Public Accountants

525 WEST WARWICK DRIVE, SUITE A, ALMA, MICHIGAN 48801

Washtenaw County Community Mental Health
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September 30, 2022

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RPC
Roslund Prestage & Company
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE

To the Members of the Board
Washtenaw County Community Mental Health
Ypsilanti, Michigan

Report On Compliance
We have examined Washtenaw County Community Mental Health's (the CMHSP) compliance with the compliance requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to the Medicaid Contract and General Fund (GF) Contract for the year ended September 30, 2022.

Management's Responsibility
Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to the Medicaid Contract and GF Contract.

Independent Accountants' Responsibility
Our responsibility is to express an opinion on the CMHSP's compliance with the Medicaid Contract and GF Contract based on our examination of the compliance requirements referred to above.

Our examination of compliance was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the CMHSP complied, in all material respects, with the compliance requirements referred to above.

An examination involves performing procedures to obtain evidence about the CMHSP's compliance with the specified compliance requirements referred to above. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risk of material noncompliance, whether due to fraud or error. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the compliance requirements described in the *Compliance Examination Guidelines* issued by the Michigan Department of Health and Human Services.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. However, our examination does not provide a legal determination of the CMHSP's compliance.

Opinion on Each Program
In our opinion, the CMHSP complied, in all material respects, with the specified compliance requirements referred to above that are applicable to the Medicaid Contract and GF Contract for the year ended September 30, 2022.

Other Matters
The results of our examination procedures disclosed instances of noncompliance, which are required to be reported in accordance with Compliance Examination Guidelines, and which are described in the accompanying Schedule of Findings and Comments and Recommendations as items 2022-01 and 2022-02. Our opinion is not modified with respect to these matters.

The CMHSP's responses to the noncompliance findings identified in our examination are described in the accompanying Schedule of Findings and Comments and Recommendations. The CMHSP's responses were not subjected to the examination procedures applied in the examination of compliance and, accordingly, we express no opinion on the responses.

Purpose of this Report
This report is intended solely for the information and use of the board and management of the CMHSP and the Michigan Department of Health and Human Services, and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

Roslund, Prestage & Company, P.C.

Roslund, Prestage & Company, P.C.
Certified Public Accountants

June 27, 2023

Control deficiencies that are individually or cumulatively material weaknesses in internal control over the Medicaid Contract and General Fund Contract:

2022-01 Ability to Pay Forms

Criteria or specific requirements:
The CMHSP is required to determine the responsible party's insurance coverage and ability to pay before, or as soon as practical after, the start of services as required by MCL 330.1817. Also, the CMHSP must annually determine the insurance coverage and ability to pay of individuals who continue to receive services and of any additional responsible party as required by MCL 330.1828.

Condition:
The CMHSP is not in compliance with MCL 330.1817 and MCL 330.1828.

Examination adjustments:
None.

Context and perspective:
The CMHSP has adopted and implemented *ability to pay* policies and procedures as required. However, during our testing of their implementation of these procedures we found 32 out of 40 consumers selected did not have *ability to pay* documentation completed or the consumer had an ability to pay that was not billed.

Effect:
The CMHSP may not be billing and collecting available fees from individuals or third party payers for services provided to them.

Recommendations:
The CMHSP should review its current policies and procedures regarding ability to pay forms and make the necessary changes to ensure that forms are completed, or consumers are billed as required. Also, policies and procedures should require periodic monitoring for compliance and include adequate documentation of such monitoring.

Views of responsible officials:
Management is in agreement with our recommendation.

Planned corrective action:
Management has implemented procedures to improve the gathering of consumer information and processing time for calculating an individual's ability to pay and continues to work towards full compliance of this requirement. Changes in consumer benefit eligibility causes confusion to individuals being served and often this process takes time to troubleshoot and resolve. Staffing challenges both administratively and clinically have resulted in increased challenges to financial determination compliance. Management continues to work towards full compliance of this requirement while ensuring consumer eligibility for entitlements is being processed accurately and timely by the local MDHHS office.

Responsible party:
Nicole Phelps, CFO & Christy Diallo, Management Analyst

Anticipated completion date:
September 30, 2023

Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid Contract and General Fund Contract:

None

Known fraud affecting the Medicaid Contract and General Fund Contract:

None

ATTACHMENT #9
AUGUST 2023

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF) FINANCIAL STATUS REPORT - ALL NON MEDICAID						
CMHSP:	Washtenaw County Community Mental Health		FISCAL YEAR:	FY 21 / 22		
			SUBMISSION TYPE:	YE Final	YEAR TO DATE REPORTING	EXAMINATION ADJUSTMENTS / EXAMINED TOTALS
			SUBMISSION DATE:	2/28/2023		
				Column A	Column B	
A		MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)				
AC		CCBHC SERVICES - Summary From FSR - Certified Community Behavioral Health Clinic				
AE		OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services				
AG		HEALTH HOME SERVICES - Summary From FSR - Health Home Services				
AI		HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)				
AK		MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link				
RES		RESTRICTED FUND BALANCE ACTIVITY				
B		GENERAL FUND				
B	100	REVENUE				
B	101	CMH Operations		4,235,050		4,235,050
B	120	**Subtotal - Current Period General Fund Revenue**		4,235,050	-	4,235,050
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services		337,557		337,557
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services				-
B	123	Prior Year GF Carry Forward		193,622		193,622
B	140	**Subtotal - Other General Fund Revenue**		531,179	-	531,179
B	190	**TOTAL REVENUE**		4,766,229	-	4,766,229
B	200	**EXPENDITURE**				
B	201	100% MDHHS Matchable Services / Costs		972,679		972,679
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap		-	-	-
B	203	90% MDHHS Matchable Services / Costs - REPORTED	2,740,464			
B	204	90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS				
B	205	90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	2,740,464	2,466,418	-	2,466,418
B	290	**TOTAL EXPENDITURE**		3,439,097	-	3,439,097
B	295	**NET GENERAL FUND SURPLUS (DEFICIT)**		1,327,132	-	1,327,132
B	300	**Redirected Funds (To) From**				
B	304	(TO) Targeted Case Management - **D301**		-	-	-
B	309	(TO) Allowable GF Cost of Injectable Medications - **G301**		-	-	-
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - **I304**		-	-	-
B	310.1	(TO) PIHP to Affiliate CCBHC Medicaid Contracts - **IA304**		-	-	-
B	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - **IB304**		-	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - **IC304**		(5,175)	-	(5,175)
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID304**		-	-	-
B	310.5	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - **L304**		(421,992)	-	(421,992)
B	312	(TO) CMHSP to CMHSP Earned Contracts - **J305** (explain - section Q)		-	-	-
B	313	FROM CMHSP to CMHSP Earned Contracts - **J302**		75,721		75,721
B	314	FROM Non-MDHHS Earned Contracts - **K302**				-
B	330	**Subtotal Redirected Funds rows 301 - 314**		(351,446)	-	(351,446)
B	331	FROM Local Funds - **M302**				-
B	332	FROM Risk Corridor - **N303**				-
B	390	**Total Redirected Funds**		(351,446)	-	(351,446)
B	400	**BALANCE GENERAL FUND (cannot be < 0)**		975,686	-	975,686
OTHER GF CONTRACTUAL OBLIGATIONS						
C		CCBHC NON-MEDICAID - (PIHP Use Only)				
FEE FOR SERVICE MEDICAID						
D		TARGETED CASE MANAGEMENT - (GHS Only)				
D	190	Revenue				-
D	290	Expenditure				-
D	295	**NET TARGETED CASE MANAGEMENT (cannot be > 0)**		-	-	-
D	300	**Redirected Funds (To) From**				
D	301	FROM General Fund - **B304**				-
D	302	FROM Local Funds - **M304**				-
D	303	(TO) CMHSP to CMHSP Earned Contracts - **J304.4**		-	-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - **J303.4**				-
D	390	**Total Redirected Funds**		-	-	-
D	400	**BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)**		-	-	-
E		INTENTIONALLY LEFT BLANK				
F		INTENTIONALLY LEFT BLANK				
G		INJECTABLE MEDICATIONS				
G	190	Revenue		190,398		190,398
G	290	Expenditure		190,398		190,398
G	295	**NET INJECTABLE MEDICATIONS (cannot be > 0)**		-	-	-
G	300	**Redirected Funds (To) From**				
G	301	FROM General Fund - **B309**				-
G	302	FROM Local Funds - **M309**				-
G	390	**Total Redirected Funds**		-	-	-
G	400	**BALANCE INJECTABLE MEDICATIONS (must = 0)**		-	-	-
OTHER FUNDING						

ATTACHMENT #9
AUGUST 2023

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP:	Washtenaw County Community Mental Health	FISCAL YEAR:	FY 21 / 22		
		SUBMISSION TYPE:	YE Final	YEAR TO DATE REPORTING	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
		SUBMISSION DATE:	2/28/2023			
			Column A	Column B		

H		**MDHHS EARNED CONTRACTS**			
H	100	**REVENUE**			
H	101	Comprehensive Services for Behavioral Health	1,206,953		
H	102	Housing and Homeless Services	-		
H	103	Juvenile Justice Programs	-		
H	104	Suicide Lifeline Programs	-		
H	105	Projects for Assistance in Transition from Homelessness	180,367		
H	106	Regional Perinatal Collaborative	-		
H	107	Substance Abuse & Mental Health COVID-19 Grant Program	-		
H	108	Substance Use and Gambling Services	-		
H	150	Other MDHHS Earned Contracts (describe):	-		
H	151	Other MDHHS Earned Contracts (describe):	-		
H	190	**TOTAL REVENUE**	1,387,320		
H	200	**EXPENDITURE**			
H	201	Comprehensive Services for Behavioral Health	1,206,953		
H	202	Housing and Homeless Services	-		
H	203	Juvenile Justice Programs	-		
H	204	Suicide Lifeline Programs	-		
H	205	Projects for Assistance in Transition from Homelessness	180,367		
H	206	Regional Perinatal Collaborative	-		
H	207	Substance Abuse & Mental Health COVID-19 Grant Program	-		
H	208	Substance Use and Gambling Services	-		
H	250	Other MDHHS Earned Contracts (describe):	-		
H	251	Other MDHHS Earned Contracts (describe):	-		
H	290	**TOTAL EXPENDITURE**	1,387,320		
H	400	**BALANCE MDHHS EARNED CONTRACTS (must = 0)**	-		

I		**PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY**			
I	100	**REVENUE**			
I	101	Revenue - from PIHP Medicaid (incl Direct Care Wage)	73,138,544		73,138,544
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)	5,214,209		5,214,209
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	44,568		44,568
I	123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate			-
I	190	**TOTAL REVENUE**	78,397,321	-	78,397,321
I	201	Expenditure - Medicaid (incl Direct Care Wage)	73,183,112		
I	202	Expenditure - Healthy Michigan Plan (incl Direct Care Wage)	5,214,209		
I	203	Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)	-		
I	290	**TOTAL EXPENDITURE**	78,397,321		
I	295	**NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)**	-		
I	300	**Redirected Funds (To) From**			
I	301	(TO) CMHSP to CMHSP Earned Contracts - **J306**	-	-	-
I	302	FROM CMHSP to CMHSP Earned Contracts - **J303**			-
I	303	FROM Non-MDHHS Earned Contracts - **K303**			-
I	304	FROM General Fund - **B310**			-
I	306	FROM Local Funds - **M309.1**			-
I	390	**Total Redirected Funds**	-	-	-
I	400	**BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)**	-	-	-

IA		**PIHP to AFFILIATE CCBHC SERVICES CONTRACTS - CMHSP USE ONLY**			
IA	100	**REVENUE**			
IA	101	Revenue - Medicaid Base	13,470,254		13,470,254
IA	102	Revenue - Medicaid Supplemental	2,570,902		2,570,902
IA	103	Revenue - MI Health Link CCBHC Consumers			-
IA	104	1st & 3rd Party Collections - Medicaid			-
IA	121	Revenue - Healthy Michigan Base	2,695,584		2,695,584
IA	122	Revenue - Healthy Michigan Supplemental	844,573		844,573
IA	124	1st & 3rd Party Collections - Healthy Michigan			-
IA	190	**TOTAL REVENUE**	19,581,313	-	19,581,313
IA	200	**EXPENDITURE**			
IA	201	Expenditure - Medicaid (Including MI Health Link)	14,723,998		14,723,998
IA	202	Expenditure - Healthy Michigan	3,208,376		3,208,376
IA	290	**TOTAL EXPENDITURE**	17,932,374	-	17,932,374
IA	295	**NET PIHP to AFFILIATE CONTRACTS SURPLUS (DEFICIT)**	1,648,939	-	1,648,939
IA	300	**Redirected Funds (To) From**			
IA	301	(TO) CMHSP to CMHSP Earned Contracts - **J306.2**	-	-	-
IA	302	FROM CMHSP to CMHSP Earned Contracts - **J303.2**			-
IA	303	FROM Non-MDHHS Earned Contracts - **K303.2**			-
IA	304	FROM General Fund - **B310.1**			-
IA	305	(TO) Local Funds - **M316**	(1,648,939)	-	(1,648,939)
IA	306	FROM Local Funds - **M309.2**			-
IA	390	**Total Redirected Funds**	(1,648,939)	-	(1,648,939)
IA	400	**BALANCE PIHP to AFFILIATE CCBHC SERVICES CONTRACTS (must = 0)**	-	-	-

IB		**PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY**			
IB	190	Revenue - Medicaid Opioid Health Home Services - from PIHP			-
IB	290	Expenditure - Medicaid Opioid Health Home Services			-
IB	295	**NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)**	-	-	-
IB	300	**Redirected Funds (To) From**			
IB	304	FROM General Fund - **B310.2**			-
IB	306	FROM Local Funds - **M309.3**			-
IB	390	**Total Redirected Funds**	-	-	-
IB	400	**BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be < 0)**	-	-	-

IC		**PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY**			
IC	190	Revenue - Medicaid Health Home Services - from PIHP	63,643		63,643
IC	290	Expenditure - Medicaid Health Home Services	68,818		68,818
IC	295	**NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)**	(5,175)	-	(5,175)
IC	300	**Redirected Funds (To) From**			

ATTACHMENT #9
AUGUST 2023

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF) FINANCIAL STATUS REPORT - ALL NON MEDICAID						
CMHSP:		Washtenaw County Community Mental Health	FISCAL YEAR:	FY 21 / 22		
			SUBMISSION TYPE:	YE Final	YEAR TO DATE REPORTING	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
			SUBMISSION DATE:	2/28/2023			
				Column A	Column B		
IC	304	FROM General Fund - **B310.3**			5,175		5,175
IC	306	FROM Local Funds - **M309.4**					-
IC	390	**Total Redirected Funds**			5,175	-	5,175
IC	400	**BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be < 0)**			-	-	-
ID		**PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY**					
ID	100	**REVENUE**					
ID	101	Revenue - MI Health Link - from PIHP					-
ID	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate					-
ID	190	**TOTAL REVENUE**			-	-	-
ID	200	**EXPENDITURE**					
ID	201	Expenditure					-
ID	290	**TOTAL EXPENDITURE**			-	-	-
ID	295	**NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)**			-	-	-
ID	300	**Redirected Funds (To) From**					
ID	301	(TO) CMHSP to CMHSP Earned Contracts - **J306.3**			-	-	-
ID	302	FROM CMHSP to CMHSP Earned Contracts - **J303.3**					-
ID	303	FROM Non-MDHHS Earned Contracts - K303.3					-
ID	304	FROM General Fund - **B310.4**					-
ID	306	FROM Local Funds - **M309.5**					-
ID	390	**Total Redirected Funds**			-	-	-
ID	400	**BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)**			-	-	-
J		**CMHSP to CMHSP EARNED CONTRACTS**					
J	190	Revenue			871,569		871,569
J	290	Expenditure			795,848		795,848
J	295	**NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)**			75,721	-	75,721
J	300	**Redirected Funds (To) From**					
J	302	(TO) General Fund - **B313**			(75,721)	-	(75,721)
J	303	(TO) PIHP to Affiliate Medicaid Services Contracts - **I302**			-	-	-
J	303.2	(TO) PIHP to Affiliate CCBHC Medicaid Contracts - **IA302**			-	-	-
J	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID302**			-	-	-
J	303.4	(TO) Targeted Case Management - **D304**			-	-	-
J	303.5	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - **L302**			-	-	-
J	304.4	FROM Targeted Case Management - **D303**					-
J	305	FROM General Fund - **B312**					-
J	306	FROM PIHP to Affiliate Medicaid Services Contracts - **I301**					-
J	306.2	FROM PIHP to Affiliate CCBHC Medicaid Contracts - **IA301**					-
J	306.3	FROM PIHP to MI Health Link Services Contracts - **ID301**					-
J	306.4	FROM PIHP to Affiliate CCBHC Non-Medicaid Contracts - **L301**					-
J	307	FROM Local Funds - **M310**					-
J	390	**Total Redirected Funds**			(75,721)	-	(75,721)
J	400	**BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)**			-	-	-
K		**NON-MDHHS EARNED CONTRACTS**					
K	190	Revenue			165,134		165,134
K	290	Expenditure			165,134		165,134
K	295	**NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)**			-	-	-
K	300	**Redirected Funds (To) From**					
K	302	(TO) General Fund - **B314**			-	-	-
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - **I303**			-	-	-
K	303.2	(TO) PIHP to Affiliate CCBHC Medicaid Contracts - **IA303**			-	-	-
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID303**			-	-	-
K	303.4	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - **L303**			-	-	-
K	304	(TO) Local Funds - **M315**			-	-	-
K	305	FROM Local Funds - **M311**					-
K	390	**Total Redirected Funds**			-	-	-
K	400	**BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)**			-	-	-
L		**PIHP to Affiliate CCBHC Non-Medicaid Contracts - CMHSP USE ONLY**					
L	100	**REVENUE**					
L	101	Revenue			616,064		616,064
L	102	1st & 3rd Party Collections (Not in Section 226a Funds)					-
L	190	**TOTAL REVENUE**			616,064	-	616,064
L	200	**EXPENDITURE**					
L	201	Expenditure			1,038,056		1,038,056
L	290	**TOTAL EXPENDITURE**			1,038,056	-	1,038,056
L	295	**NET SURPLUS (DEFICIT)**			(421,992)	-	(421,992)
L	300	**Redirected Funds (To) From**					
L	301	(TO) CMHSP to CMHSP Earned Contracts - **J306.4**			-	-	-
L	302	FROM CMHSP to CMHSP Earned Contracts - **J303.5**			-		-
L	303	FROM Non-MDHHS Earned Contracts - **K303.4**			-		-
L	304	FROM General Fund - **B310.5**			421,992		421,992
L	305	(TO) Local Funds - **M316.1**			-	-	-
L	306	FROM Local Funds - **M309.6**					-
L	390	**Total Redirected Funds**			421,992	-	421,992
L	400	**BALANCE PIHP to Affiliate CCBHC Non-Medicaid Contracts (must = 0)**			-	-	-

ATTACHMENT #9
AUGUST 2023

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP:	Washtenaw County Community Mental Health		FISCAL YEAR:	FY 21 / 22		
			SUBMISSION TYPE:	YE Final	YEAR TO DATE REPORTING	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
			SUBMISSION DATE:	2/28/2023			
				Column A	Column B		
M		**LOCAL FUNDS**					
M	100	**REVENUE**					
M	101	County Appropriation for Mental Health			3,543,654		3,543,654
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds					-
M	103	Section 226 (a) Funds			88,765	-	88,765
M	105	Medicaid Fee for Service Adjuster Payments					-
M	106	Local Grants					-
M	107	Interest					-
M	109	SED Partner					-
M	110	All Other Local Funding			44,955		44,955
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding					-
M	190	**TOTAL REVENUE**			3,677,374	-	3,677,374
M	200	**EXPENDITURE**					
M	201	GF 10% Local Match			274,046	-	274,046
M	202	Local match cap amount					
		Examination Adjustment Local match cap amount					
		Examined Total Local match cap amount	$ -				
M	203	GF Local Match Capped per MHC 330.1308			-	-	-
M	204	Local Cost for State Provided Services			411,272	524,401	935,673
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)			935,673	(524,401)	411,272
M	207	Local Match to Grants and MDHHS Earned Contracts					-
M	209	Local Only Expenditures			21,051		21,051
M	290	**TOTAL EXPENDITURE**			1,642,042	-	1,642,042
M	295	**NET LOCAL FUNDS SURPLUS (DEFICIT)**			2,035,332	-	2,035,332
M	300	**Redirected Funds (To) From**					
M	302	(TO) General Fund - **B331**			-	-	-
M	304	(TO) Targeted Case Management - **D302**			-	-	-
M	309	(TO) Injectable Medications - **G302**			-	-	-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - **I306**			-	-	-
M	309.2	(TO) PIHP to Affiliate CCBHC Medicaid Service Contracts - **IA306**			-	-	-
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - **IB306**			-	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - **IC306**			-	-	-
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID306**			-	-	-
M	309.6	(TO) PIHP to Affiliate CCBHC Non-Medicaid Contracts - **L306**			-	-	-
M	310	(TO) CMHSP to CMHSP Earned Contracts - **J307**			-	-	-
M	311	(TO) Non-MDHHS Earned Contracts - **K305**			-	-	-
M	313	(TO) Activity Not Otherwise Reported - **O302**			-	-	-
M	315	FROM Non-MDHHS Earned Contracts - **K304**			-		-
M	316	FROM PIHP to Affiliate CCBHC Medicaid Services Contracts - **IA305**			1,648,939		1,648,939
M	316.1	FROM PIHP to Affiliate CCBHC Non-Medicaid Contracts - **L305**			-		-
M	390	**Total Redirected Funds**			1,648,939	-	1,648,939
M	400	**BALANCE LOCAL FUNDS**			3,684,271	-	3,684,271

N		**RISK CORRIDOR**			
N	100	**REVENUE**			
N	101	Stop/Loss Insurance			-
N	190	**TOTAL REVENUE**	-	-	-
N	300	**Redirected Funds (To) From**			
N	303	(TO) General Fund - **B332**	-	-	-
N	390	**Total Redirected Funds**	-	-	-
N	400	**BALANCE RISK CORRIDOR (must = 0)**	-	-	-

O		**ACTIVITY NOT OTHERWISE REPORTED**			
O	100	**REVENUE**			
O	101	Other Revenue (describe): Yost St. Rent	18,631		18,631
O	102	Other Revenue (describe): Private Grants	163,899		163,899
O	103	Other Revenue (describe):			-
O	190	**TOTAL REVENUE**	182,530	-	182,530
O	200	**EXPENDITURE**			
O	201	Other Expenditure (describe): Private Grants	163,899		163,899
O	202	Other Expenditure (describe):			-
O	203	Other Expenditure (describe):			-
O	290	**TOTAL EXPENDITURE**	163,899	-	163,899
O	295	**NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)**	18,631	-	18,631
O	300	**Redirected Funds (To) From**			
O	302	FROM Local Funds - **M313**			-
O	390	**Total Redirected Funds**	-	-	-
O	400	**BALANCE ACTIVITY NOT OTHERWISE REPORTED**	18,631	-	18,631

P		**GRAND TOTALS**			
P	190	**GRAND TOTAL REVENUE**	109,898,895	-	109,898,895
P	290	**GRAND TOTAL EXPENDITURE**	105,220,307	-	105,220,307
P	390	**GRAND TOTAL REDIRECTED FUNDS (must = 0)**	-	-	-
P	400	**NET INCREASE (DECREASE)**	4,678,588	-	4,678,588

Q		**REMARKS**
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q		On the FSR that was submitted to MDHHS, Row M204 Local Cost for State Provided Services was transposed with Row 205 Local Contribution to State Medicaid Match. An examination adjustment was made to correct this: - Row M204 was increased from $411,272 to $935,673; a difference of $524,401 - Row M205 was decreased from $935,673 to $411,272; a difference of $(524,401)

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL

CMHSP:	Washtenaw County Community Mental Health		FISCAL YEAR:	FY 21 / 22		
		SUBMISSION TYPE:	YE Final			YEAR TO DATE REPORTING
		SUBMISSION DATE:	2/28/2023			

H	Grant Program Code	Grant Program Title	Project Code	Project Title	Column A REVENUE	Column B EXPENDITURES	Column C CCBHC EXPENDITURES	Column D BALANCE	
H	**MDHHS EARNED CONTRACTS**								
H	CBH	Comprehensive Services for Behavioral Health	ABHS	Asian Behavioral Health Services				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BC / BWC	Benefits Coaches / Benefits to Work Coaches				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BCDP	Branch County Diversion Project				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHC	Behavioral Health Consultant				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHH	Behavioral Health Home				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHSNA	Behavioral Health Services for Native Americans				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHSVV	Behavioral Health Services for Vietnam Veterans				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CLUB	Clubhouse Engagement				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CRIM	Criminal Justice	134,450	134,450		-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CRMGT	Care Management				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CSC	Child System of Care				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**					-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**					-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**					-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	FIT	Fit Together				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	HBHS	Hispanic Behavioral Health Services				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	IECMHC	Infant and Early Childhood Mental Health Consultation				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	IHC	Integrated Healthcare				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	**CSSE	Intensive Crisis Stabilization Service(s) Expansion				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	JIHC	Justice Involved Health Coach				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHAJJ	Mental Health Access and Juvenile Justice Diversion				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHJJSE	Mental Health and Juvenile Justice Screening Expansion				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHJJSP	Mental Health Juvenile Justice Screening Project				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHTC	58th District Mental Health Court Expansion				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MICHT	Michigan Healthy Transitions				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	NCC	Enhanced Nutrition Care Coordination and Medical Culinary Ed Prgms				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	NTPH	Navigators for Transition from Psychiatric Hospitals				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	OBRA	Pre-Admission Screening Annual Resident Reviews	1,072,503	1,072,503		-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PACC	Promoting Access and Continuity of Care				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PCPCP	Psychiatric Consultation to Primary Care Practices				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PDTOB	Peer Driven Tobacco Cessation				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PHC	Peer(s) as Health Coach(es)				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PIPBHC	Promoting Integration of Primary and Behavioral Health Care				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PMTO*					-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RCVC	Recovery Conference				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RPTS	Regional PMTO Training Support				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RT	Rural Transportation				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RTTSE	Infant and Early Childhood Mental Health Consultation.				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SCCHB	Saginaw Community Care HUB				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SCLCA	988 Suicide and Crisis Lifeline SAMHSA Cooperative Agreement				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SFEP	First Episode Psychosis				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SPTTA	Statewide PMTO Training and TA				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TBRS	Technology-Based Recovery Support				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TCR	Transportation to Crisis Residential				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TCSCCT	Tri-County Strong Crisis Counseling & Training				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TFCCT	Trauma Focused CBT Coordination & Training				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TFCO	Treatment Foster Care Oregon				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TIC / TISC	Trauma Informed Care / System of Care				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TPC	Tuscola Peer Center				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	VET*					-	Must = 0
H	**SUBTOTAL Comprehensive Services for Behavioral Health**				1,206,953	1,206,953	-	-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	CCR	Children's Crisis Residential				-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	CMHCSS	Children's Mental Health COVID Supplemental Services				-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	EOPSA	Early Onset Psychosis Set-Aside				-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	MHCM*	Mental Health COVID Mitigation and Testing				-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	MHCSS	Mental Health COVID Supplemental Services				-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	NMOS	CCBHC Non-Medicaid Operations Support				-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	WFSS	ACT and Dual ACT/IDDT Financial Incentive				-	Must = 0
H	**SUBTOTAL COVID-19 Comprehensive Services for Behavioral Health**				-	-	-	-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	ADM	ARPA Administration				-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	PREV	ARPA Prevention				-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	PREVII	Prevention II COVID				-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	SUDADII	Substance Use Disorder Administration COVID				-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	TRMTA	ARPA Treatment and Access				-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	TRMTII	Treatment COVID				-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	WSSII	Women's Specialty Services COVID				-	Must = 0
H	**SUBTOTAL COVID-19 Substance Use and Gambling Services**				-	-	-	-	Must = 0
H	EBSJJ	Evidence Based Services for Youth in the Juvenile Justice System	EBSJJ	Evidence Based Services for Youth in the Juvenile Justice System				-	Must = 0
H	**SUBTOTAL Evidence Based Services for Youth in the Juvenile Justice System**				-	-	-	-	Must = 0
H	HHS	Housing and Homeless Services	PSH	Permanent Supportive Housing Dedicated Plus				-	Must = 0
H	HHS	Housing and Homeless Services	RRP	Consolidated Rapid Re-Housing				-	Must = 0
H	HHS	Housing and Homeless Services	SH	Permanent Supportive Housing Statewide Leasing				-	Must = 0
H	HHS	Housing and Homeless Services	SPC*	Permanent Supportive Housing				-	Must = 0
H	**SUBTOTAL Housing and Homeless Services**				-	-	-	-	Must = 0
H	JURT	Juvenile Urgent Response Teams	JURT	Juvenile Urgent Response Teams				-	Must = 0
H	**SUBTOTAL Juvenile Urgent Response Teams**				-	-	-	-	Must = 0
H	MCSHR	Midland County Supportive Housing Resource	MCSHR	Midland County Supportive Housing Resource				-	Must = 0
H	**SUBTOTAL Midland County Supportive Housing Resource**				-	-	-	-	Must = 0
H	PATH	Projects for Assistance in Transition from Homelessness	PATH	Projects for Assistance in Transition from Homelessness	180,367	180,367		-	Must = 0
H	**SUBTOTAL Projects for Assistance in Transition from Homelessness**				180,367	180,367	-	-	Must = 0
H	RPC	Regional Perinatal Collaborative	RPC	Regional Perinatal Collaborative				-	Must = 0
H	**SUBTOTAL Regional Perinatal Collaborative**				-	-	-	-	Must = 0
H	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program				-	Must = 0
H	**SUBTOTAL Substance Abuse & Mental Health COVID-19 Grant Program**				-	-	-	-	Must = 0
H	SLCBG	Suicide Lifeline Capacity Building Grant	SLCBG	Suicide Lifeline Capacity Building Grant				-	Must = 0
H	**SUBTOTAL Suicide Lifeline Capacity Building Grant**				-	-	-	-	Must = 0

ATTACHMENT #9

AUGUST 2023

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)

FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL

CMHSP:	Washtenaw County Community Mental Health		FISCAL YEAR:	FY 21 / 22		
		SUBMISSION TYPE:	YE Final			YEAR TO DATE REPORTING
		SUBMISSION DATE:	2/28/2023			

H	MDHHS EARNED CONTRACTS				Column A	Column B	Column C	Column D	
H	Grant Program Code	Grant Program Title	Project Code	Project Title	REVENUE	EXPENDITURES	CCBHC EXPENDITURES	BALANCE	
H	SUGS	Substance Use and Gambling Services	GRT	Gambling Residential Treatment				-	Must = 0
H	SUGS	Substance Use and Gambling Services	MGDPP	Michigan Gambling Disorder Prevention Project				-	Must = 0
H	SUGS	Substance Use and Gambling Services	MYTIEP	Michigan Youth Treatment Improvement & Enhancement PIHP				-	Must = 0
H	SUGS	Substance Use and Gambling Services	PPWP	Pregnant and Postpartum Women-Pilot				-	Must = 0
H	SUGS	Substance Use and Gambling Services	PREV	Prevention				-	Must = 0
H	SUGS	Substance Use and Gambling Services	SDA	State Disability Assistance				-	Must = 0
H	SUGS	Substance Use and Gambling Services	SORII	State Opioid Response II				-	Must = 0
H	SUGS	Substance Use and Gambling Services	SUDADM	Substance Use Disorder - Administration (ADM)				-	Must = 0
H	SUGS	Substance Use and Gambling Services	SUDTII	Substance Use Disorder Services - Tobacco II				-	Must = 0
H	SUGS	Substance Use and Gambling Services	TRMT	Treatment and Access Management				-	Must = 0
H	SUGS	Substance Use and Gambling Services	WSS	Substance Use Disorder Services - Womens' Specialty Services				-	Must = 0
H	**SUBTOTAL Substance Use and Gambling Services**				-	-	-	-	Must = 0
H		Other MDHHS Earned Contracts (describe):						-	Must = 0
H		Other MDHHS Earned Contracts (describe):						-	Must = 0
H	**SUBTOTAL Other MDHHS Earned Contracts**				-	-	-	-	Must = 0
H	**BALANCE MDHHS EARNED CONTRACTS (must = 0)**				1,387,320	1,387,320	-	-	Must = 0

Q		REMARKS
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q		
Q		
Q		
Q		
Q		
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Q		

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID DIRECT CARE WAGE - SUPPLEMENTAL

CMHSP:	Washtenaw County Community Mental Health	FISCAL YEAR:	FY 21 / 22	
		SUBMISSION TYPE:	YE Final	YEAR TO DATE
		SUBMISSION DATE:	2/28/2023	REPORTING
			Column A	**Column B**

			Fiscal period	
I			**10/1/21-9/30/22**	**Total**
I		**PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY**		
I	201	Expenditure - Medicaid	66,132,231	66,132,231
I	201	Expenditure - Medicaid Direct Care Wage	7,050,881	7,050,881
I	201	**SUBTOTAL Medicaid Expenditures (incl Direct Care Wage)**	73,183,112	73,183,112
I	202	Expenditure - Healthy Michigan Plan	5,109,375	5,109,375
I	202	Expenditure - Healthy Michigan Plan Direct Care Wage	104,834	104,834
I	202	**SUBTOTAL Healthy Michigan Plan Expenditures (incl Direct Care Wage)**	5,214,209	5,214,209
I	203	Expenditure - MI Health Link		-
I	203	Expenditure - MI Health Link Direct Care Wage		-
I	203	**SUBTOTAL MI Health Link Expenditures (incl Direct Care Wage)**	-	-
I	290	**TOTAL EXPENDITURE**	78,397,321	78,397,321

		REMARKS	
		Remarks may be added about any entry or activity on the report for which additional information may be useful.	
		Total Medicaid Direct Care Wage (Medicaid DCW - I. 201 + MI Health Link DCW - I. 203)	7,050,881

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT

AUGUST 2023

CMHSP: Washtenaw County Community Mental Health
FISCAL YEAR: FY 21 / 22
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2023

1.	General Fund Services - Available Resources	Funding Resources
a.	CMH Operations (FSR B 101)	4,235,050
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	$ 4,235,050
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	337,557
f.	Prior Year GF Carry-Forward (FSR B 123)	193,622
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	75,721
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	$ 606,900
k.	Local 10% Associated to 90/10 Services (FSR M 201)	274,046
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	$ 274,046
n.	Total General Fund Services - Resources	$ 5,115,996

3.	Summary of Resources / Expenditures	Amount
a.	Total General Fund Services - Resources	5,115,996
b.	Total General Fund Services - Expenditures	4,140,310
c.	Sub-Total General Fund Services Surplus (Deficit)	$ 975,686
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	$ 975,686

4.	Disposition:	Amount
a.	**Surplus**	
b.	Transfer to Fund Balance - GF Carry-Forward Earned	(211,753)
c.	Lapse to MDHHS - Contract Settlement	(763,933)
d.	Total Disposition - Surplus	$ (975,686)
e.	**Deficit**	
f.	Redirected from Local (FSR B 331)	-
g.	Redirected from risk corridor (FSR B 332)	-
h.	Total Disposition - Deficit	$ -

5.	Cash Settlement: (Due MDHHS) / Due CMHSP	Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	(763,933)
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	$ (763,933)

2.	General Fund Services - Expenditures	90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		972,679
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	2,740,464	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	2,740,464
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		$ 3,713,143
h.	Intentionally left blank		
i.	Intentionally left blank		
j.	Intentionally left blank		
k.	Intentionally left blank		
l.	Intentionally left blank		
m.	Intentionally left blank		
n.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o.	Intentionally left blank		
p.	Intentionally left blank		
q.	GF Supplement for Injectable Medications (FSR B 309)		-
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	GF Supplement for PIHP to Affiliate CCBHC Medicaid Contracts (FSR B 310.1)		-
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		5,175
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for PIHP to Affiliate CCBHC Non-Medicaid Contracts (FSR B 310.5)		421,992
x.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
y.	Sub-Total General Fund Services Supplement - Expenditures		$ 427,167
z.	Total General Fund Services - Expenditures		$ 4,140,310

6.	General Fund MDHHS Commitment	
a.	MDHHS / CMHSP Contract Funded Expenditures	3,259,364
b.	Earned General Fund Carry-Forward	211,753
c.	Total MDHHS General Fund Commitment	$ 3,471,117

7. Report Certification

	Cash Settlement	Carry Forward
Examined	$ (763,933)	$ 211,753
Original	-763933	211753
Increase (Decrease)	$ -	$ -

Comments:

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT SETTLEMENT WORKSHEET

AUGUST 2023

CMHSP: Washtenaw County Community Mental Health
FISCAL YEAR: FY 21 / 22
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2023

1. General Fund (Formula and Categorical Funding)		Contract Authorization	Cash Received: Through 9/30	Cash Received: After 9/30 Prior to Settlement	Cash Received: Total	Amount Due CMHSP / (MDHHS) Cash Settlement
a.	CMH Operations	4,235,050	4,235,050		4,235,050	-
b.	Intentionally left blank				-	-
c.	Total Current FY GF Authorization / Cash Received / Cash Settlement	$ 4,235,050	$ 4,235,050	$ -	$ 4,235,050	$ -

2. Current Year - General Fund Carry-Forward - Maximum		Contract Authorization	Maximum C/F
a.	CMH Operations	4,235,050	
b.	Total Current Year Maximum Carry-Forward	$ 4,235,050	$ 211,753

3. Prior Year - General Fund Carry-Forward		FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a.	Prior Year GF Carry-Forward Earned	193,622	
b.	Prior Year GF Carry-Forward (FSR B 123)	193,622	
c.	Balance of Prior Year General Fund Carry-Forward	$ -	

4. Categorical - Categories		Authorization	Expenditures	Lapse	Cost Above Authorizations
a.	Other Funding - Please explain			-	-
b.	Other Funding - Please explain			-	-
c.	Other Funding - Please explain			-	-
d.	Totals	$ -	$ -	$ -	$ -

5. Narrative: Both CRCS and Contract Settlement Worksheet

SPECIAL FUND ACCOUNT
For Recipient Fees and Third-Party Reimbursement
As Added to Mental Health Code per PA 423, 1980

CMHSP: Washtenaw County Community Mental Health
FISCAL YEAR: FY 21 / 22
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2023

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level		EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. County Funding - 1979/1980	$ 583,301		$ 583,301
2. County Funding - Current Fiscal Year	$ 1,528,080		$ 1,528,080

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections
Year to Date by Service Category and Source

Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total	EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. Inpatient Services				$ -		$ -
2. Residential Services				$ -		$ -
3. Community Living Services				$ -		$ -
4. Outpatient Services	$ 5,647	$ 83,118		$ 88,765		$ 88,765
5. Total	$ 5,647	$ 83,118	$ -	$ 88,765	$ -	$ 88,765

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections Quarterly Summary		EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
1. First Quarter	$ 21,422		$ 21,422
2. Second Quarter	$ 17,246		$ 17,246
3. Third Quarter	$ 19,574		$ 19,574
4. Fourth Quarter	$ 30,523		$ 30,523
5. Total	$ 88,765	$ -	$ 88,765

Explanation of Accrual and Examination Adjustments

section 7.2.4 Special Fund Account of the CMHSP contract

Washtenaw County Community Mental Health
Explanation of Examination Adjustments
September 30, 2022

Section M Transposition

On the FSR that was submitted to MDHHS, Row M204 Local Cost for State Provided Services was transposed with Row 205 Local Contribution to State Medicaid Match. An examination adjustment was made to correct this:

- Row M204 was increased from $411,272 to $935,673; a difference of $524,401
- Row M205 was decreased from $935,673 to $411,272; a difference of $(524,401).

During our compliance audit, we may have become aware of matters that are opportunities for strengthening internal controls, improving compliance and increasing operating efficiency. These comments and recommendations are expected to have an impact greater than $25,000, but not individually or cumulatively be material weaknesses in internal control over the Medicaid Contract and General Fund Contract. Furthermore, we consider these matters to be immaterial deficiencies, not findings. The following comments and recommendations are in regard to those matters.

2022-02 FSR Examination Adjustments

Criteria or specific requirements:
The CMHSP shall provide the financial reports to MDHHS as listed in the General Fund Contract. Forms and instructions are posted to the MDHHS website. (Contract Attachment C6.5.1.1)

Condition:
The CMHSP submitted financial reports that were not in compliance with FSR instructions referenced in Attachment C6.5.1.1 to the General Fund Contract.

Examination adjustments:
Examination adjustments were made to sections of the FSR. See detailed descriptions of these examination adjustments in the Explanation of Examination Adjustments section of this report.

Context and perspective:
Management was aware of the rules regarding reporting of revenues and expenditures on the *Financial Status Report - All Non Medicaid*.

Effect:
See detailed descriptions of these examination adjustments in the Explanation of Examination Adjustments section of this report.

Recommendations:
The CMHSP should review its current policies and procedures regarding the preparation and review of the Financial Status Report to assure that all amounts are reported in compliance with the reporting instructions. Specifically, a review of the final draft should be performed by a knowledgeable person who is independent from the original preparation of the report(s).

Views of responsible officials:
Management is in agreement with our recommendation.

Planned corrective action:
Management will continue to work towards full compliance with this requirement. Management's review of the draft final report does include a two person review. Management will implement the use of a check-list to compare lines used in the previous year to current year to mitigate mistakes.

Responsible party:
Nicole Phelps, CFO & Ronisa Clark, Accounting Manager

Anticipated completion date:
September 30, 2023

RPC
Roslund Prestage & Company
CERTIFIED PUBLIC ACCOUNTANTS

Communication with Those Charged with Governance at the Conclusion of the Audit

To the Members of the Board
Washtenaw County Community Mental Health
Ypsilanti, Michigan

We have examined Washtenaw County Community Mental Health's (the CMHSP) compliance with the compliance requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to the Medicaid Contract and General Fund Contract for the year ended September 30, 2022. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you during planning. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Compliance Practices
Management is responsible for the selection and use of appropriate accounting and compliance policies. We noted no compliance matters entered into by the CMHSP during the year for which there is a lack of authoritative guidance or consensus.

Accounting estimates are prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the compliance requirements, particularly those that may have an impact on the Financial Status Report (FSR). The most sensitive estimates relating to the compliance requirements were as follows:

> Management uses estimates when preparing the CMHSP's cost allocation workbook. The cost allocation workbook is used to spread shared costs across the programs and funding sources that benefit from these shared costs. Examples of allocation methodologies used to spread shared costs that use estimates may include full-time equivalent (FTE), square footage of space used, percentage of total salaries and wages, etc. These allocation methodologies should follow the guidance provided by MDHHS and 2 CFR 200 Subpart E.

Difficulties Encountered in Performing the Audit
We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements
Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. If any of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, they would be reported on Schedule of Findings as shown above. If any of the misstatements detected as a result of audit procedures were expected to have an impact greater than $25,000, but were not material, either individually or in the aggregate, they would be reported on Comments and Recommendations as shown above.

Disagreements with Management
For purposes of this letter, a disagreement with management is an accounting, reporting, compliance, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the CMHSP's compliance with the compliance requirements described in the *Compliance Examination Guidelines*. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations
We have requested certain representations from management that are included in the management representation letter.

Management Consultations with Other Independent Accountants
In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves the CMHSP's compliance with the compliance requirements or a determination of the type of auditor's opinion that may be expressed, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues
We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the CMHSP's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters
The CMHSP's responses to the noncompliance findings identified in our examination are described in the accompanying Schedule of Findings and Comments and Recommendations. The CMHSP's responses were not subjected to the examination procedures applied in the examination of compliance and, accordingly, we express no opinion on the responses.

Restriction on Use
This information is intended solely for the information and use of the Board and management of the CMHSP and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

Roslund, Prestage & Company, P.C.

Roslund, Prestage & Company, P.C.
Certified Public Accountants

Service Contracts

Applied Behavioral Analysis Services	**Start Date**	**End Date**
ABA Insight	10/1/2023	09/30/2024
ABA Pathways, LLC	10/1/2023	09/30/2024
Advanced Therapeutic Concepts	10/1/2023	09/30/2024
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2023	09/30/2024
BlueMind Therapy LLC	10/1/2023	09/30/2024
Centria Healthcare	10/1/2023	09/30/2024
Creating Brighter Futures	10/1/2023	09/30/2024
Early Autism Services, LLC	10/1/2023	09/30/2024
EMU Autism Collaborative Center	10/1/2023	09/30/2024
Illuminate ABA Services, LLC	10/1/2023	09/30/2024
IvyRehab Michigan, LLC	10/1/2023	09/30/2024
Judson Center	10/1/2023	09/30/2024
Metropolitan Speech, Sensory & ABA Centers	10/1/2023	09/30/2024
Michigan Learning Community, LLC	10/1/2023	09/30/2024
Residential Options, LLC	10/1/2023	09/30/2024
Strident Healthcare	10/1/2023	09/30/2024
Clubhouse/Drop-In Center		
Fresh Start	10/1/2023	09/30/2024
Full Circle Drop-In Center	10/1/2023	09/30/2024
Training & Treatment Innovations, Inc.	10/1/2023	09/30/2024
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2023	09/30/2024
Beaumont Behavioral Health	10/1/2023	09/30/2024
Forest View Hospital	10/1/2023	09/30/2024
Harbor Oaks	10/1/2023	09/30/2024
Havenwyck Hospital	10/1/2023	09/30/2024
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2023	09/30/2024
Hillsdale Medical Center	10/1/2023	09/30/2024
Madison Community Hospital dba Samaritan Behavioral Center	10/1/2023	09/30/2024
Mercy Memorial Hospital	10/1/2023	09/30/2024
New Oakland Family Center	10/1/2023	09/30/2024
Pontiac General	10/1/2023	09/30/2024
The Regents of The University of Michigan	10/1/2023	09/30/2024
Trinity Health-Michigan	10/1/2023	09/30/2024
Community Living Supports- Unlicensed		
CABB Community Supports, LLC	10/1/2023	09/30/2024
CHS Group, LLC	10/1/2023	09/30/2024
Community Residence Corporation	10/1/2023	09/30/2024
ExpertCare	10/1/2023	09/30/2024
Full Life Independence	10/1/2023	09/30/2024
His Eye Is on the Sparrow	10/1/2023	09/30/2024

Home Sweet Home Care Services	10/1/2023	09/30/2024
INI Group, Inc.	10/1/2023	09/30/2024
JOAK American Homes	10/1/2023	09/30/2024
JYB Homecare, LLC	10/1/2023	09/30/2024
Michigan Agency with Choice	10/1/2023	09/30/2024
Renaissance Community Homes, Inc.	10/1/2023	09/30/2024
Southeastern Michigan Nannies DBA Jovie of Ann Arbor	10/1/2023	09/30/2024
Specially Made Co. LLC	10/1/2023	09/30/2024
Spectrum Community Services	10/1/2023	09/30/2024
Synod Community Services	10/1/2023	09/30/2024

Crisis Residential

Beacon Specialized Living Services	10/1/2023	09/30/2024
Synod Community Services	10/1/2023	09/30/2024

Fiscal Intermediaries

Community Living Network	10/1/2023	09/30/2024
Guardian Trac LLC	10/1/2023	09/30/2024

Licensed Residential Services

Adult Learning Systems	10/1/2023	09/30/2024
Beacon Specialized Living Services	10/1/2023	09/30/2024
CBI Rehabilitation Services, Inc.	10/1/2023	09/30/2024
Christ Centered Homes, Inc.	10/1/2023	09/30/2024
Courtyard Manor of Wixom, Inc.	10/1/2023	09/30/2024
Elite AFC, LLC	10/1/2023	09/30/2024
Elite AFC II, LLC	10/1/2023	09/30/2024
Flatrock Manor	10/1/2023	09/30/2024
Henlyn Care	10/1/2023	09/30/2024
Heartland Autism Center	10/1/2023	09/30/2024
Hope Network Behavioral Health Services	10/1/2023	09/30/2024
Hope Network West Michigan	10/1/2023	09/30/2024
JOAK American Homes	10/1/2023	09/30/2024
Jodes Foster Family Home	10/1/2023	09/30/2024
Moriah Inc. DBA Eisenhower Center	10/1/2023	09/30/2024
NRMI, LLC DBA NeuroRestorative	10/1/2023	09/30/2024
PAL's Place	10/1/2023	09/30/2024
Prader Willi Homes of Oconomowoc, LLC	10/1/2023	09/30/2024
Progressive Residential Services	10/1/2023	09/30/2024
Renaissance Community Homes, Inc.	10/1/2023	09/30/2024
Renaissance House, Inc.	10/1/2023	09/30/2024
Saints, Inc.	10/1/2023	09/30/2024
Spectrum Community Services	10/1/2023	09/30/2024
St. Louis Center	10/1/2023	09/30/2024
Synod Community Services	10/1/2023	09/30/2024
Toepfer Home	10/1/2023	09/30/2024

Turning Leaf Behavioral Health Services	10/1/2023	09/30/2024
Umbrellex Behavioral Health Services	10/1/2023	09/30/2024
Pharmacy/Enhanced Pharmacy		
CareLinc Medical Equipment & Supply Co., LLC	10/1/2023	09/30/2024
Genoa Healthcare, LLC	10/1/2023	09/30/2024
Nutritional Healing of Ann Arbor	10/1/2023	09/30/2024
Pharmacy Solutions	10/1/2023	09/30/2024
Private Duty Nursing		
A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2023	09/30/2024
Centria Healthcare	10/1/2023	09/30/2024
HealthCall of Detroit	10/1/2023	09/30/2024
Maxim Healthcare	10/1/2023	09/30/2024
Mercy Plus Healthcare Services	10/1/2023	09/30/2024
Respite/Respite Camps		
CABB Community Supports, LLC	10/1/2023	09/30/2024
Camp Fish Tales	10/1/2023	09/30/2024
CHS Group, LLC	10/1/2023	09/30/2024
Eagle Village	10/1/2023	09/30/2024
ExpertCare	10/1/2023	09/30/2024
Home Sweet Home Cares Services, LLC	10/1/2023	09/30/2024
Howell Nature Center	10/1/2023	09/30/2024
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2023	09/30/2024
Just Us Club	10/1/2023	09/30/2024
JYB Homecare	10/1/2023	09/30/2024
Methodist Children's Home Society	10/1/2023	09/30/2024
Michigan Agency with Choice, LLC	10/1/2023	09/30/2024
St. Francis Camp on the Lake	10/1/2023	09/30/2024
St. Louis Center	10/1/2023	09/30/2024
Skill Building Services		
CHS Group, LLC	10/1/2023	09/30/2024
Community Works Opportunities	10/1/2023	09/30/2024
Just Us Club	10/1/2023	09/30/2024
Life Enrichment Academy	10/1/2023	09/30/2024
Services to Enhance Potential (STEP)	10/1/2023	09/30/2024
Skills and Abilities Education	10/1/2023	09/30/2024
Work Skills Corporation	10/1/2023	09/30/2024
Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, etc.)		
ABA Insight	10/1/2023	09/30/2024
ABA Pathways, LLC	10/1/2023	09/30/2024
Advanced Therapeutic Solutions	10/1/2023	09/30/2024
Avalon Housing	10/1/2023	09/30/2024

Creating Brighter Futures	10/1/2023	09/30/2024
EMU Autism Collaborative Center	10/1/2023	09/30/2024
Guardian Medical Monitoring	10/1/2023	09/30/2024
HealthCall of Detroit	10/1/2023	09/30/2024
Metropolitan Speech, Sensory & ABA Centers	10/1/2023	09/30/2024
Psych Resolutions	10/1/2023	09/30/2024
Sharon O'Bryan	10/1/2023	09/30/2024
Therapeutic Concepts, LLC	10/1/2023	09/30/2024
Supported Employment Services		
CHS Group, LLC	10/1/2023	09/30/2024
Community Works Opportunities	10/1/2023	09/30/2024
Life Enrichment Academy	10/1/2023	09/30/2024
Services to Enhance Potential (STEP)	10/1/2023	09/30/2024
Skills and Abilities Education	10/1/2023	09/30/2024
Work Skills Corporation	10/1/2023	09/30/2024
County of Financial Responsibility (Revenue)		
Macomb County CMH	10/1/2023	09/30/2024
Pathways CMH	10/1/2023	09/30/2024
Saginaw CMH	10/1/2023	09/30/2024

*****The contracts listed above have no budget associated with them because they are contingent upon consumer utilization.**

WCCMH Vocational Contracts

Expense	**Start Date**	**End Date**	**Budget**
American Building Services	10/1/2023	09/30/2024	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2023	09/30/2024	$9,200
Republic Waste	10/1/2023	09/30/2024	$3,500
Vertex System	10/1/2023	09/30/2024	$2,600
Revenue			
Arbor Bridge Church	10/1/2023	09/30/2024	***
Barr, Anhut & Associates	10/1/2023	09/30/2024	***
Chinmaya Mission	10/1/2023	09/30/2024	***
Full Circle Community Center	10/1/2023	09/30/2024	***
Shelter Association of Washtenaw County	10/1/2023	09/30/2024	***
Washtenaw County Facilities Management	10/1/2023	09/30/2024	***
Washtenaw County Parks and Rec	10/1/2023	09/30/2024	***
Ypsilanti Senior Center	10/1/2023	09/30/2024	***
Ypsilanti Thrift Shop	10/1/2023	09/30/2024	***

***** The revenue is contingent upon the frequency of services provided by consumer vocational groups.**

Administrative Contracts

Revenue Contracts	Start Date	End Date	Budget
15th District Court	10/1/2023	09/30/2024	Per Budget
Blue Care Network	10/1/2023	09/30/2024	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2023	09/30/2024	Per Budget
Corner Health	10/1/2023	09/30/2024	Per Actual Cost
Hope Clinic	10/1/2023	09/30/2024	Per Actual Cost
Lenawee County CMH	10/1/2023	09/30/2024	Per Actual Cost
Livingston County CMH	10/1/2023	09/30/2024	Per Actual Cost
MDHHS (GF Contract)	10/1/2023	09/30/2024	Per Budget
Michigan Rehabilitation Services	10/1/2023	09/30/2024	Per Budget
Monroe County CMH	10/1/2023	09/30/2024	Per Actual Cost
Packard Health	10/1/2023	09/30/2024	Per Actual Cost
Regents of the University of Michigan (ORR)	10/1/2023	09/30/2024	Per Actual Cost
Washtenaw County Children's Services	10/1/2023	09/30/2024	$330,714
Washtenaw County Sheriff's Office	10/1/2023	09/30/2024	$302,217
Washtenaw County Trial Court	10/1/2023	09/30/2024	$100,000

Medicaid/General Fund Expense Contracts	Start Date	End Date	Budget
Bromberg & Associates, LLC	10/1/2023	09/30/2024	$1,500
Crystal Jackson	10/1/2023	09/30/2024	$4,800
DHHS Liaison	10/1/2023	09/30/2024	$74,150
Drug and Laboratory Disposal	10/1/2023	09/30/2024	$5,000
Dummies on the Run	10/1/2023	09/30/2024	$5,000
Griffin Pest Solutions	10/1/2023	09/30/2024	$5,000
Human Resource Opportunities, Inc.	10/1/2023	09/30/2024	$700,000
Michigan Green Cabs Ann Arbor, LLC	10/1/2023	09/30/2024	$30,000
Michigan Rehabilitative Services	10/1/2023	09/30/2024	$10,000
Monroe County CMH	10/1/2023	09/30/2024	Per Actual Cost
NAMI of Washtenaw County	10/1/2023	09/30/2024	$31,000
PCE Systems	10/1/2023	09/30/2024	$12,000
Relias Learning	10/1/2023	09/30/2024	$44,883
Regents of the University of Michigan	10/1/2023	09/30/2024	$59,933
Roslund Prestage & Company	10/1/2023	09/30/2024	$14,420
Shelter Association of Washtenaw County	10/1/2023	09/30/2024	$90,000
Toby's Instrument Shop	10/1/2023	09/30/2024	$2,000
UptoDate	10/1/2023	09/30/2024	$11,393
Washtenaw County Sheriff's Office	10/1/2023	09/30/2024	$17,000
Zoom Video Communications, Inc.	10/1/2023	09/30/2024	$39,782

Millage Expense Contracts	Start Date	End Date	Budget
Avalon	10/1/2023	09/30/2024	$180,000
Center for Healthcare Research and Transformation	10/1/2023	09/30/2024	$313,860

Full Circle Community Center	10/1/2023	09/30/2024	$25,000
NAMI	10/1/2023	09/30/2024	$225,900
National Assessment Center Association	10/1/2023	09/30/2024	$20,650
PCE Systems	10/1/2023	09/30/2024	$117,600
Student Advocacy Center	10/1/2023	09/30/2024	$193,643
Washtenaw County Prosecutor's Office	10/1/2023	09/30/2024	$143,114

Group Home Leases	**Start Date**	**End Date**	**Budget**
Bateson Court LDHA	10/1/2023	09/30/2024	$26,880
Catholic Social Services	10/1/2023	09/30/2024	$20,342
Catholic Social Services	10/1/2023	09/30/2024	$20,998
F.A. Kennedy Co.	10/1/2023	09/30/2024	$61,000
RDBZ II, LLC	10/1/2023	09/30/2024	$34,800
RDBZ II, LLC	10/1/2023	09/30/2024	$38,400
Legacy IV LDHA	10/1/2023	09/30/2024	$32,223
Legacy XII Limited Partnership	10/1/2023	09/30/2024	$35,139
Legacy X Limited Partnership	10/1/2023	09/30/2024	$34,348
4922 Munger LLC	10/1/2023	09/30/2024	$26,820
Renaissance House, Inc.	10/1/2023	09/30/2024	$25,704
Shafiq Kasham	10/1/2023	09/30/2024	$26,400
Southlawn Avenue LDHA	10/1/2023	09/30/2024	$24,480
Spectrum Community Services	10/1/2023	09/30/2024	$11,259
Synod Community Services	10/1/2023	09/30/2024	$29,400

Contracts in FY23 that we will no longer have in FY24:

ACE Hardware
A.M. Services, INC
D.J.'s Landscaping
Michigan State University Community Music School
Mobility Transportation Services, Inc.
Rose Hill Center, Inc.
Source America
Tender Hearts, Inc.
Underground Printing
Vintage Specialized Services, LLC dba Creekside West Residential
Vital Records Control
Y-PCS Group, Inc.