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/92897257270
August 12, 2024
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 6/10/24 (Attachment #1)

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

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

VII. Executive Director Authorizations (5 minutes)
- None

VIII. Regional Finance Update (5 minutes)

IX. Old Business (5 minutes)
- None

X. New Business (45 minutes)
- WCCMH Fiscal Year 2025 Annual Budget (Attachment #4) **N. Phelps ACTION**
- WCCMH FY25 Master Contract List (Attachment #5) **M. Taylor ACTION**
- Program Committee Dashboard FY24, Quarter 1 (Attachment #6) **L. Higle ACTION**
- Program Committee Dashboard FY24, Quarter 2 (Attachment #7) **L. Higle ACTION**
- Performance Improvement FY23 Report (Attachment #8) **L. Higle 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 7, 2024)

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/92897257270

Or One tap mobile:
+16465189805, 92897257270# US (New York)
+19292056099, 92897257270# US (New York)

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

Webinar ID: 928 9725 7270

International numbers available: https://zoom.us/u/ad5teCsj0J

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 10, 2024

Learning Resource Center-Michigan Room (in person)

https://zoom.us/j/99510108421 (virtual)

2:00-3:30 pm

ROLL CALL: Dusbiber attending virtually
H. Heaviland attending in person
B. Higman attending in person
M. Udow-Phillips attending in person

MEMBERS ABSENT: S. Antonow

STAFF PRESENT: R. Avedisian, N. Phelps, M. Harding, T. Cortes, T. Florence, L. Gentz, M. Taylor, L. Higle, J. Sewell, K. Dieboll, K. Snay, E. Montgomery, S. Ray, B. Hagaman

OTHERS PRESENT: M. Creekmore, K. Columbus, K. Walker; S. Petty, M. Radzik

K. Walker called the meeting to order at 2:06 pm.

I. Introductions
- S. Petty, new WCCMH Board member, was introduced to the Committee and meeting attendees

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 2/12//24 (Attachment #1)
- None

MOTION BY A. DUSBIBER SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM FEBRUARY 12, 2024, QUALITY-FINANCE COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Financial Status Report

- N. Phelps presented the Financial Status Report for the period ending April 30, 2024 (Attachment #2)

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING APRIL 30, 2024, AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update
- T. Cortes provided the regional finance update to the Committee.

IX. Old Business
- None

X. New Business
- Program Committee Dashboard FY23, Quarter 4. (Attachment #4)
  - L. Higle presented the Program Dashboard FY23 Quarter 4 for the Committee.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE PROGRAM DASHBOARD FY23 QUARTER 4 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**

HIGMAN	**Y**	**HEAVILAND**	**Y**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

- CCBHC Update
  - M. Harding provided and update on the CCBHC to the Committee.
- 2024 Budget Amendment
  - N. Phelps updated provided updates on the 2024 budget to the Committee.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE 2024 BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

XI. Items for Future Discussions
- Accounts Receivable
- CCBHC Metrics Follow-up
- Cost Per Case Comparisons

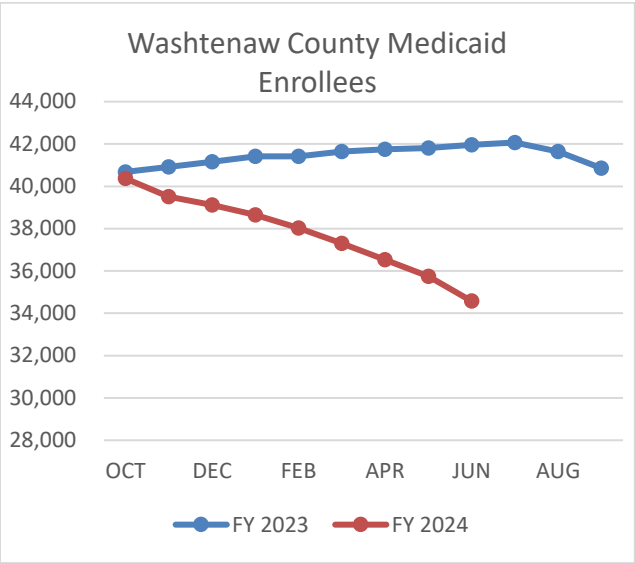
MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

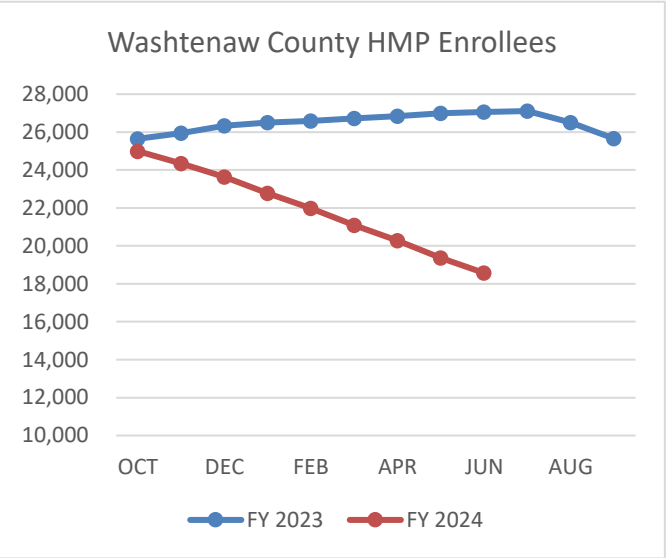
XII. Meeting adjourned at 2:59 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2024: For the period ending June 30, 2024
Prepared: August 5, 2024

1. Washtenaw County Enrollees

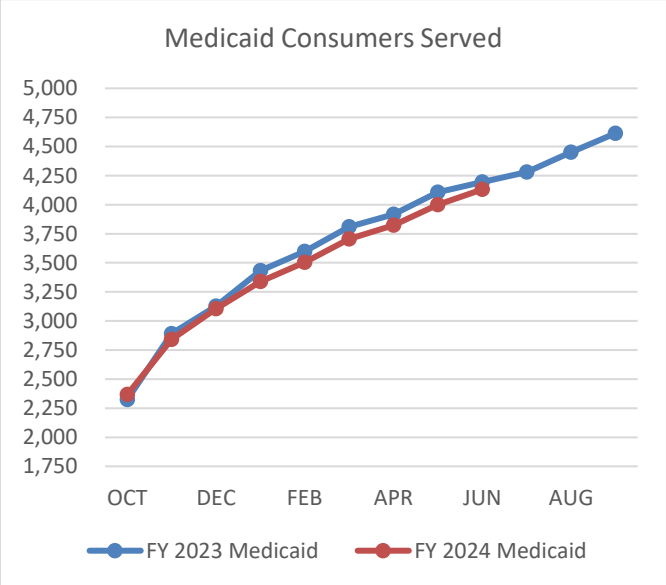
A summary of FY 2024 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

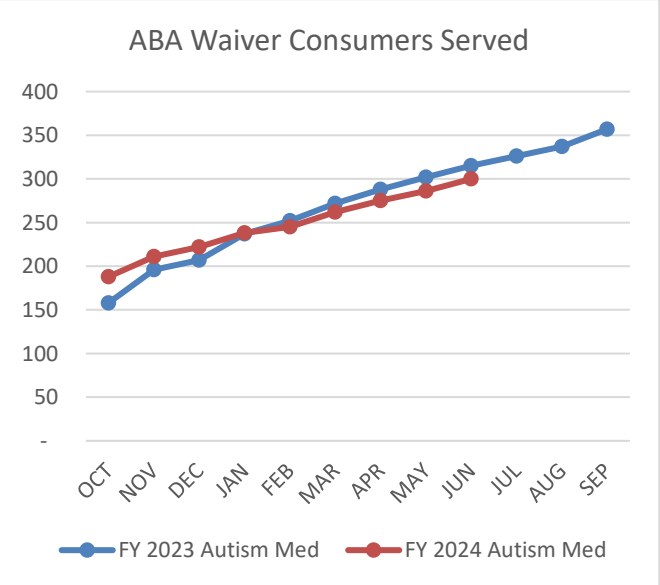




Washtenaw County Medicaid Enrollees were 34,574 in June 2024. This is a 17.61% decrease from the same time last year (7,391 less enrollees than in June 2023). Healthy Michigan enrollment in June 2024 was 18,570. This is a 31.35% decrease from the same time last year (8,481 less enrollees than in June 2023).

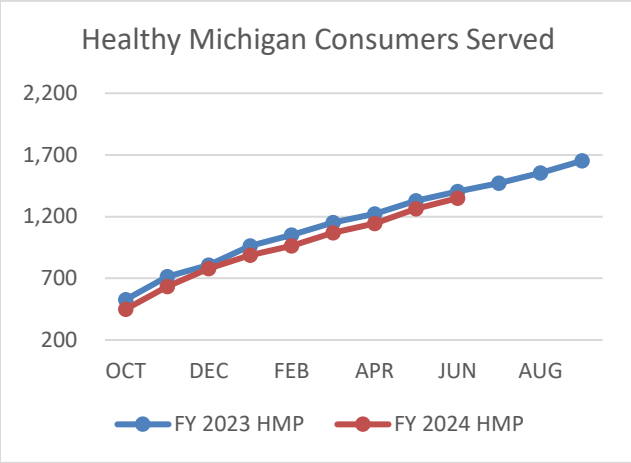
2. WCCMH Consumers Served to Date

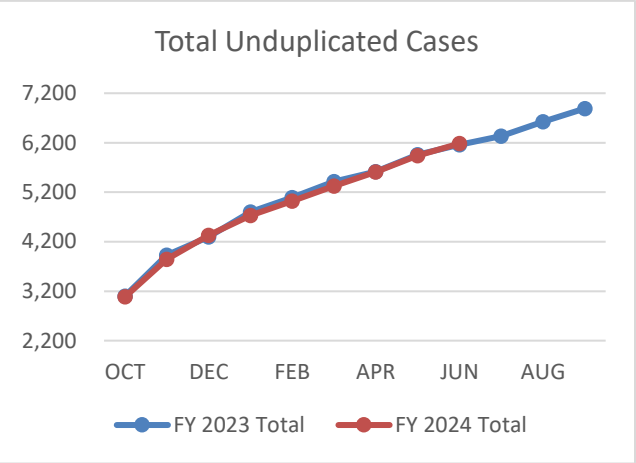




Medicaid consumers served through June 2024 are 4,131. This is 64 less consumers than the prior year (4,195 consumers were served through June 2023).

ABA Waiver consumers served through June 2024 are 300. This is 53 less consumers than prior year (315 consumers were served through June 2023).

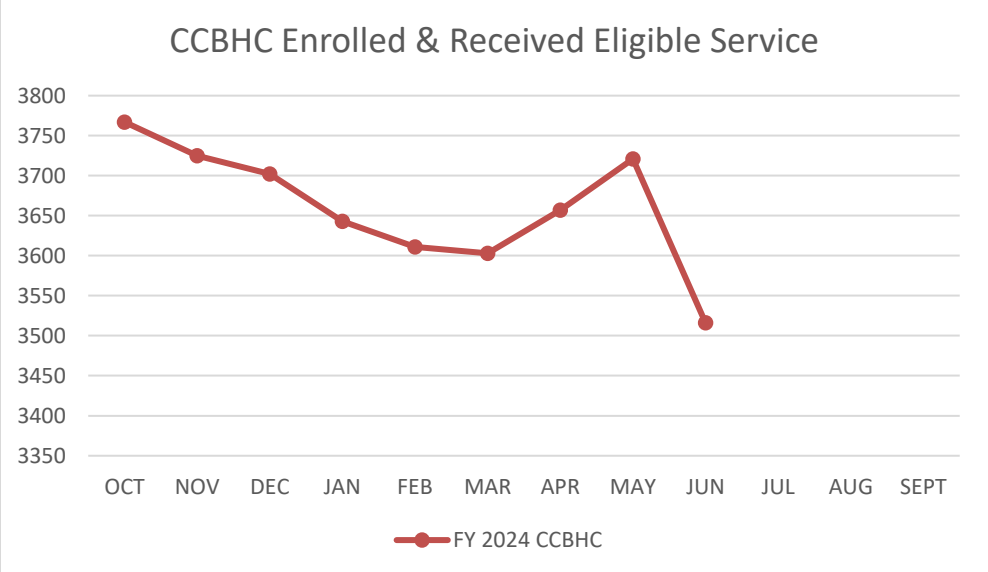




Healthy Michigan consumers served through June 2024 were 1,349. This is 54 less consumers than the same period last year.

The total unduplicated consumers served by WCCMH through June 2024 were 6,183. This is 23 more consumers than served last year.

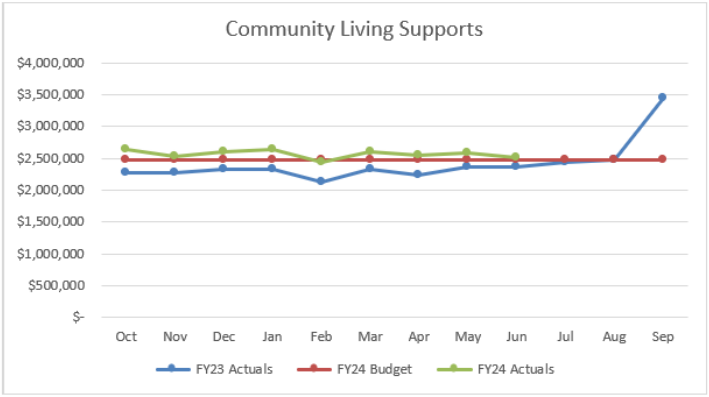
The YTD number of individuals CCBHC enrolled and received an eligible service for FY 2024 as of June was 3,516.



3. Financial Statement Highlights

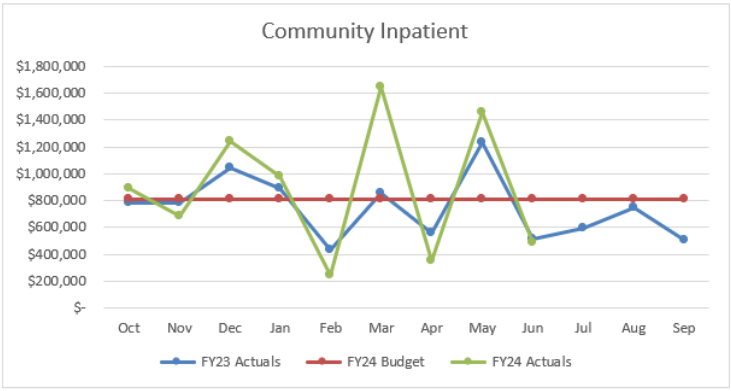
a. CLS service costs to date are estimated to be about $23 million and running just slightly over budget through the third quarter of FY 2024.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 2,277,066	2,483,333	$ 2,637,767	15.84%
Nov	2,268,391	2,483,333	2,528,276	13.65%
Dec	2,325,087	2,483,333	2,596,104	12.98%
Jan	2,322,970	2,483,333	2,634,937	13.09%
Feb	2,127,806	2,483,333	2,442,258	13.41%
Mar	2,324,287	2,483,333	2,601,049	13.15%
Apr	2,237,842	2,483,333	2,541,877	13.21%
May	2,362,630	2,483,333	2,584,821	12.72%
Jun	2,372,765	2,483,333	2,519,802	11.97%
Jul	2,444,471	2,483,333		
Aug	2,474,989	2,483,333		
Sep	3,451,817	2,483,333		



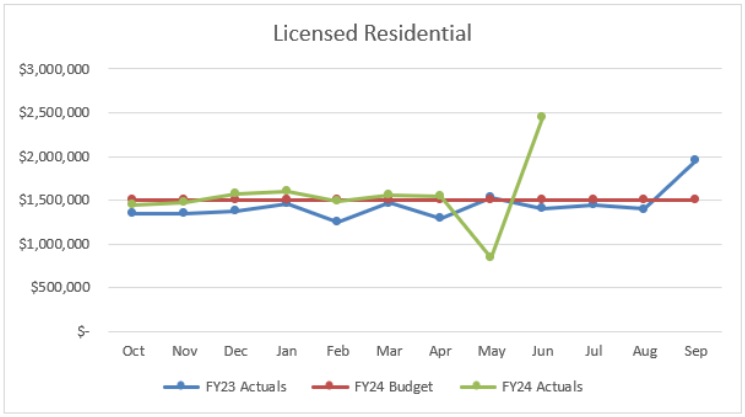
b. Community Inpatient costs to date are $7.9 Million. The costs year to date are 12.56% higher than this time last year and are about $700k over budget.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 783,838	$ 808,333	$ 888,374	13.34%
Nov	786,506	808,333	686,783	0.31%
Dec	1,046,711	808,333	1,243,366	7.70%
Jan	890,910	808,333	981,798	8.33%
Feb	428,822	808,333	244,417	2.74%
Mar	851,148	808,333	1,643,710	18.81%
Apr	558,658	808,333	349,426	12.93%
May	1,233,470	808,333	1,457,597	13.91%
Jun	511,519	808,333	486,568	12.56%
Jul	598,407	808,333		
Aug	743,351	808,333		
Sep	508,767	808,333		



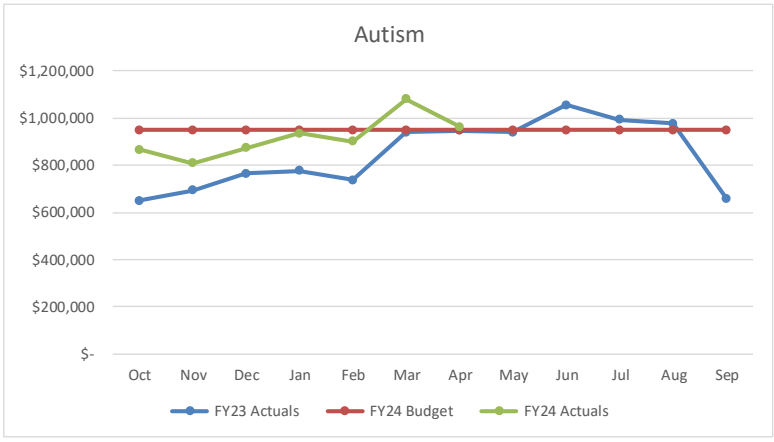
c. Licensed Residential costs to date are $13.9 Million and coming just slightly under budget. The costs year to date are about 12% more than this time last year.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 1,348,498	$ 1,500,000	$ 1,441,874	6.92%
Nov	1,351,230	1,500,000	1,476,079	8.08%
Dec	1,371,021	1,500,000	1,577,380	10.43%
Jan	1,456,672	1,500,000	1,601,609	10.30%
Feb	1,244,640	1,500,000	1,484,367	11.95%
Mar	1,466,361	1,500,000	1,553,224	10.88%
Apr	1,292,818	1,500,000	1,539,948	11.99%
May	1,529,546	1,500,000	835,708	4.06%
Jun	1,396,384	1,500,000	2,444,834	12.02%
Jul	1,451,490	1,500,000		
Aug	1,396,094	1,500,000		
Sep	1,952,399	1,500,000		



d. Applied Behavior Analysis/Autism service costs to date are $8.5 Million. The costs year to date are 14.3% more than this time last year and are coming in right on budget.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 648,805	$ 950,000	$ 867,186	33.66%
Nov	694,140	950,000	808,841	24.80%
Dec	765,065	950,000	874,088	20.97%
Jan	776,181	950,000	936,517	20.89%
Feb	737,877	950,000	900,686	21.13%
Mar	939,566	950,000	1,081,448	19.89%
Apr	948,251	950,000	963,660	16.74%
May	939,851	950,000		
Jun	1,056,440	950,000		
Jul	992,730	950,000		
Aug	977,197	950,000		
Sep	658,111	950,000		



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 $7,015,692 through June.
c. By funding source, HMP is showing a deficit of $564,473 through June.
d. Overall, the PIHP surplus is $6,422,610 through June.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $416,484. The deficit is primarily resulting from CCBHC Non-Medicaid costs as well as covering Medicaid deductibles (spenddowns) for individuals served.

6. Local Key Points

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

b. Local Funds are showing a surplus of $421,847 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

a. At the end of FY 2023, WCCMH has a fund balance of $4,126,826.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
JUN 2024 FYTD

		Total
Medicaid **		
Revenue		
B & 1115i	$	37,222,744
HSW		23,288,638
Behavioral Health Home		429,875
Child Waiver/SED Waiver		971,604
Autism		5,754,850
Prior Year Adjustments		-
Care for Caid		98,929
Total Medicaid Revenue	$	67,766,641
Total Medicaid Expense	$	59,584,068
Medicaid Surplus/(Deficit)	$	8,182,573
CCBHC PIHP Section **		
Supplemental Revenue	$	9,689,744
CCBHC Capitation	$	6,375,000
Total CCBHC Revenue	$	16,064,744
CCBHC HMP Expense		3,173,033
CCBHC Medicaid Expense		14,058,592
Total CCBHC Expense	$	17,231,625
CCBHC Surplus/(Deficit)	$	(1,166,881)
CCBHC Local Section		
GF/Local Redirect	$	(997,646)
CCBHC Non-Medicaid Expense		997,646
CCBHC Surplus/(Deficit)	$	-
Healthy Michigan **		
Revenue	$	4,616,442
Expense		5,180,915
Healthy MI Surplus/(Deficit)	$	(564,473)
General Fund		
Revenue		
CMH Operations	$	3,278,294
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		(997,646)
Funding Fr. Other Local Sources		334,466

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
JUN 2024 FYTD

		Total
Total General Fund Revenue	$	2,615,113
Total General Fund Expense	$	3,031,598
General Fund Surplus/(Deficit)	$	(416,484)
Injectable Meds		
Revenue	$	82,270
Expense		110,878
Inj. Meds. Surplus/(Deficit)	$	(28,608)
Grants And Contracts		
Revenue	$	736,974
Expense		736,512
Grants & Cont. Surplus/(Deficit)	$	462
CMHSP To CMHSP		
Revenue	$	770,900
Redirect to GF		(48,211)
Expense		722,688
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,286,682
Expense		864,835
Local Surplus/(Deficit)	$	421,847
Private Grant & All NOR		
Revenue	$	75,713
Expense		65,885
Priv. Grant & NOR Surplus/(Deficit)	$	9,828
Grand Total		
Revenue	$	93,967,266
Expense		87,529,003
Grand Total Surplus/(Deficit)	$	6,438,263

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	6,422,610
WCCMH Surplus/(Deficit)		15,653
	$	6,438,263

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending June 30, 2024

	Current Fiscal Year				
	FY 2024 Amended Budget	FY 2024 Amended Budget YTD	FY 2024 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 49,969,192	$ 37,476,894	$ 37,222,744	$ (254,150)	-0.68%
HSW	31,275,389	23,456,542	23,288,638	(167,904)	-0.72%
Children & SED Waivers	1,335,478	1,001,609	971,604	(30,005)	-3.00%
Healthy Michigan Capitation	6,155,256	4,616,442	4,616,442	-	0.00%
Autism Capitation	7,423,397	5,567,548	5,754,850	187,302	3.36%
CCBHC Medicaid/HMP	8,500,000	6,375,000	6,375,000	-	0.00%
CCBHC Supplementary	11,800,970	8,850,728	9,689,744	839,017	9.48%
Behavioral Health Home	508,521	381,391	429,875	48,484	0.00%
TOTAL PIHP Revenue	$ 116,968,203	$ 87,726,152	$ 88,348,897	$ 622,745	0.71%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 3,346,278	$ 3,278,294	$ (67,984)	-2.03%
Grants & Earned Contracts	1,987,787	1,490,840	1,415,789	(75,051)	-5.03%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,313,821	$ 597,390	$ (716,431)	-54.53%
Project Revenue	893,227	669,920	363,717	(306,203)	-45.71%
All Other	1,917,652	1,438,239	5,247,507	3,809,268	264.86%
TOTAL Operating Revenue	**$ 127,980,334**	**$ 95,985,251**	**$ 99,251,594**	**$ 3,266,344**	3.40%
Operating Expenses					
Administrative Expenses					
General Administration	$ 8,329,146	$ 6,246,860	$ 5,659,964	$ (586,896)	-9.40%
Program Administration	4,373,800	3,280,350	5,683,546	2,403,196	73.26%
Residential Services					
Community Living Supports	$ 30,800,000	$ 23,100,000	$ 23,238,626	$ 138,626	0.60%
Licensed Residential	18,610,162	13,957,622	13,955,023	(2,599)	-0.02%
Outpatient Services					
Autism Services	$ 11,400,000	$ 8,550,000	$ 8,581,957	$ 31,957	0.37%
Case Management	6,038,299	4,528,724	4,182,897	(345,827)	-7.64%
Supports Coordination	3,405,893	2,554,420	2,249,437	(304,983)	-11.94%
Skill Building	4,594,775	3,446,081	2,973,915	(472,166)	-13.70%
Supported Employment	1,812,327	1,359,245	1,335,199	(24,046)	-1.77%
Psychiatry	4,678,306	3,508,730	2,804,807	(703,923)	-20.06%
Nursing Services	2,892,534	2,169,401	1,940,691	(228,710)	-10.54%
Therapy Services	2,896,063	2,172,047	2,042,210	(129,837)	-5.98%
All Other	15,369,970	11,527,478	8,016,045	(3,511,433)	-30.46%
Other Expenses					
Community Inpatient	$ 9,700,000	$ 7,275,000	$ 7,982,039	$ 707,039	9.72%
Local Matches & Shelter	1,091,272	818,454	803,578	(14,876)	-1.82%
Grants & Earned Contracts	1,987,787	1,490,840	1,322,860	(167,980)	-11.27%
TOTAL Operating Expenses	**$ 127,980,334**	**$ 95,985,251**	**$ 92,772,794**	**$ (3,212,457)**	-3.35%
Revenue Over/(Under) Expenses	-	-	6,478,800	6,478,800	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending June 30, 2024

	Prior Year Comparison			
	FY 2024 YTD Actuals	FY 2023 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 37,222,744	$ 43,389,711	$ (6,166,967)	-14.21%
HSW	23,288,638	20,653,594	2,635,044	12.76%
Children & SED Waivers	971,604	918,948	52,656	5.73%
Healthy Michigan Capitation	4,616,442	5,184,458	(568,016)	-10.96%
Autism Capitation	5,754,850	4,856,546	898,304	18.50%
CCBHC Medicaid/HMP	6,375,000	-	6,375,000	0.00%
CCBHC Supplementary	9,689,744	5,754,818	3,934,926	0.00%
Behavioral Health Home	429,875	281,994	147,881	0.00%
TOTAL PIHP Revenue	$ 88,348,897	$ 81,040,069	$ 7,308,828	9.02%
MDHHS Revenue				
State General Funds	$ 3,278,294	$ 3,660,004	$ (381,710)	-10.43%
Grants & Earned Contracts	1,415,789	1,223,238	192,551	15.74%
All Other Revenue				
County Appropriation	$ 597,390	$ 419,166	$ 178,224	42.52%
Project Revenue	363,717	431,399	(67,682)	-15.69%
All Other	5,247,507	2,368,913	2,878,594	121.52%
TOTAL Operating Revenue	**$ 99,251,594**	**$ 89,142,789**	**$ 10,108,805**	11.34%
Operating Expenses				
Administrative Expenses				
General Administration	$ 5,659,964	$ 5,382,864	$ 277,100	5.15%
Program Administration	5,683,546	2,732,497	2,951,049	108.00%
Residential Services				
Community Living Supports	$ 23,238,626	$ 21,478,830	$ 1,759,796	8.19%
Licensed Residential	13,955,023	12,457,170	1,497,853	12.02%
Outpatient Services				
Autism Services	$ 8,581,957	$ 7,506,315	$ 1,075,642	14.33%
Case Management	4,182,897	3,632,879	550,018	15.14%
Supports Coordination	2,249,437	2,054,132	195,305	9.51%
Skill Building	2,973,915	2,908,894	65,021	2.24%
Supported Employment	1,335,199	1,288,084	47,115	3.66%
Psychiatry	2,804,807	3,060,779	(255,972)	-8.36%
Nursing Services	1,940,691	1,722,142	218,549	12.69%
Therapy Services	2,042,210	1,796,169	246,041	13.70%
All Other	8,016,045	7,749,161	266,884	3.44%
Other Expenses				
Community Inpatient	$ 7,982,039	$ 7,091,582	$ 890,457	12.56%
Local Matches & Shelter	803,578	917,733	(114,155)	-12.44%
Grants & Earned Contracts	1,322,860	1,168,966	153,894	13.16%
TOTAL Operating Expenses	**$ 92,772,794**	**$ 82,948,197**	**$ 9,824,597**	11.84%
Revenue Over/(Under) Expenses	6,478,800	6,194,592	284,208	

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

BACKGROUND:

1. Research Leadership Institute, LLC: provides a justice, equity, diversity, and inclusion (JEDI) focused organizational assessment aimed at providing a comprehensive evaluation of an organization's operational effectiveness, strategic alignment and overall organizational health with regard to the ways the organization uplifts social justice and social change in its practices.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Research Leadership Institute, LLC	Medicaid	$90,000	September 1, 2024-February 28, 2026	JEDI-Focused Organizational Assessment

Washtenaw County Community Mental Health
WCCMH

Fiscal Year 2025
Annual Operating Budget

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

	FY 2025 Proposed Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Revenues					
Medicaid (b) & 1115i	$ 52,224,587	$ 49,969,192	$ 2,255,395	$ 49,969,192	$ 2,255,395
Habilitation Supports Waiver	32,051,826	31,275,389	776,437	31,275,389	776,437
Children's & SED Waivers	1,335,478	1,335,478	-	1,335,478	-
Healthy Michigan Plan	6,155,256	6,155,256	-	6,155,256	-
Autism Medicaid	7,423,397	7,423,397	-	7,423,397	-
CCBHC Medicaid/HMP	8,500,000	8,500,000	-	8,500,000	-
CCBHC Supplementary	11,800,970	11,800,970	-	11,800,970	-
Behavioral Health Home	508,521	508,521	-	508,521	-
State General Funds	4,597,669	4,461,704	135,965	4,461,704	135,965
Funding From Washtenaw County	1,751,761	1,751,761		1,751,761	-
Grants and Earned Contracts Incl. OBRA	2,392,867	1,987,787	405,080	1,987,787	405,080
CMHPSM/Affiliate & U of M Billings	939,998	893,227	46,771	893,227	46,771
All Other	1,917,652	1,917,652	-	1,917,652	-
Total Revenues	**$ 131,599,982**	**$ 127,980,334**	**$ 3,619,648**	**$ 127,980,334**	**$ 3,619,648**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912
Total Administrative Expenses	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912
Direct Services					
WCCMH Direct Services	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434
Total Direct Services	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434
Contracted Services					
WCCMH Contracted Services	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638
Total Contracted Services	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638
Other Non-Service Costs					
Medicaid Local Match	$ -	$ 411,272	$ (411,272)	$ 411,272	$ -
State Facilities Local Contribution	900,000	600,000	300,000	900,000	-
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 980,000	$ 1,091,272	$ (111,272)	$ 1,391,272	$ -
Grants And Contracts	$ 2,392,867	$ 1,987,787	$ 405,080	$ 1,790,168	$ 602,699
Total Expenses	**$ 131,599,982**	**$ 127,980,334**	**$ 3,619,648**	**$ 120,985,571**	**$ 11,025,683**
Revenue Over/(Under) Expenses	0	0	0	6,994,763	$ (7,406,035)

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Administrative Expenses

		FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
	Administration	$ 844,965	$ 844,965	$ -	$ 1,050,234	$ (205,269)
(a)(b)	Compliance	166,000	166,000	-	160,000	6,000
(a)	Finance	1,410,294	1,410,294	-	1,275,000	135,294
	Human Resources	278,590	278,590	-	210,000	68,590
(a)	Information Management	218,504	218,504	-	240,000	(21,496)
(a)	Intake/Enrollment	915,870	915,870	-	860,000	55,870
(a)	Member Services	287,286	287,286	-	245,000	42,286
(a)	Network Management	742,849	742,849	-	540,000	202,849
(a)	Quality/Performance Imp.	548,700	548,700	-	405,000	143,700
(b)	Recipient Rights	1,638,000	1,638,000	-	1,560,000	78,000
(a)	Utilization Review	1,278,089	1,278,089	-	1,145,000	133,089
	TOTAL	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912

(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 2025 Budget

WCCMH Direct Service Expenses

	FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Program Support	$ 4,608,587	$ 4,608,587	$ -	$ 4,000,000	$ 608,587
ACT	2,091,397	2,091,397	-	1,750,000	341,397
Autism	420,000	760,000	(340,000)	100,000	320,000
Behavior Management	885,000	736,914	148,086	750,000	135,000
Crisis Stabilization	2,824,313	2,824,313	-	2,400,000	424,313
Health Home	390,000	390,000	-	390,000	-
Home Based	1,615,103	1,615,103	-	1,360,000	255,103
Jail Services	640,000	716,534	(76,534)	640,000	-
Jail Diversion	175,000	122,000	53,000	175,000	-
Nursing	2,675,000	2,624,013	50,988	2,300,000	375,000
Nursing Home Services	178,000	176,688	1,312	140,000	38,000
Outpatient	3,157,108	3,027,741	129,367	2,800,000	357,108
Peer Supports	990,000	956,218	33,782	930,000	60,000
Psychiatric Services	5,063,666	4,678,306	385,360	4,000,000	1,063,666
Skill Building	1,989,514	1,989,514	-	1,800,000	189,514
Specialty Services	315,000	315,000	-	285,000	30,000
Supported Employment	1,596,659	1,596,659	-	1,458,735	137,924
Supports Coordination	3,576,188	3,576,188	-	3,000,000	576,188
Targeted Case Management	6,340,214	6,340,214	-	5,560,000	780,214
Wraparound	291,421	291,421	-	210,000	81,421
TOTAL	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Contracted Service Expenses

	FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Access/Assessments	$ 150,000	$ 350,000	$ (200,000)	$ 45,000	$ 105,000
Autism Services	12,000,000	11,400,000	600,000	10,900,000	1,100,000
Community Inpatient	10,476,000	9,700,000	776,000	11,250,000	(774,000)
Community Living Supports	32,032,000	30,800,000	1,232,000	30,800,000	1,232,000
Licensed Facilities	19,355,000	18,610,162	744,838	18,610,162	744,838
Nursing	150,000	278,658	(128,658)	180,000	(30,000)
Outpatient	12,500	75,000	(62,500)	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	925,000	925,000	-	500,000	425,000
Respite	715,000	950,000	(235,000)	580,000	135,000
Skill Building	2,916,000	2,605,000	311,000	2,300,000	616,000
Specialty Services	150,000	280,000	(130,000)	150,000	-
Supported Employment	577,800	535,000	42,800	150,000	427,800
All Other Contracted Services	120,000	130,000	(10,000)	120,000	-
TOTAL	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget by Fund Source

		Total
Medicaid **		
Revenue		
Medicaid (b), 1115i, Waivers, Autism & CCBHC	$	113,844,779
Total Medicaid Revenue	$	113,844,779
Expense		
Service Costs	$	113,844,779
Total Medicaid Expense	$	113,844,779
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	$	4,310,519
Expense		4,310,519
Grants & Cont. Surplus/(Deficit)	$	-
Local		
Revenue	$	1,751,761
Expense		1,751,761
Local Surplus/(Deficit)	$	-
CMHSP to CMHSP		
Revenue	$	939,998
Expense		939,998
All Other Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	131,599,982
Expense		131,599,982
Grand Total Surplus/(Deficit)	$	-

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Service Contracts

Applied Behavioral Analysis Services	**Start Date**	**End Date**
ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Acorn Health of Michigan, LLC	10/1/2024	09/30/2025
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2024	09/30/2025
BlueMind Therapy LLC	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
Early Autism Services, LLC	10/1/2024	09/30/2025
Illuminate ABA Services, LLC	10/1/2024	09/30/2025
IvyRehab Michigan, LLC	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Magnet ABA Therapy	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
RISE Center for Autism, LLC	10/1/2024	09/30/2025
Residential Options, LLC	10/1/2024	09/30/2025
Strident Healthcare	10/1/2024	09/30/2025
Clubhouse/Drop-In Center		
Fresh Start	10/1/2024	09/30/2025
Full Circle Drop-In Center	10/1/2024	09/30/2025
Training & Treatment Innovations, Inc.	10/1/2024	09/30/2025
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2024	09/30/2025
Beaumont Behavioral Health	10/1/2024	09/30/2025
Bronson-Acadia Joint Venture dba Bronson Behavioral Health	10/01/2024	09/30/2025
Forest View Hospital	10/1/2024	09/30/2025
PHC of Michigan, LLC dba Harbor Oaks Hospital	10/1/2024	09/30/2025
Havenwyck Hospital	10/1/2024	09/30/2025
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2024	09/30/2025
Hillsdale Medical Center	10/1/2024	09/30/2025
Madison Community Hospital DBA Samaritan Behavioral Center	10/1/2024	09/30/2025
Mercy Memorial Hospital dba ProMedica Monroe Regional Hospital	10/1/2024	09/30/2025
New Oakland Family Center	10/1/2024	09/30/2025
The Regents of The University of Michigan	10/1/2024	09/30/2025
Trinity Health-Michigan	10/1/2024	09/30/2025
Community Living Supports- Unlicensed		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Community Residence Corporation	10/1/2024	09/30/2025

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

ExpertCare	10/1/2024	09/30/2025
Full Life Independence	10/1/2024	09/30/2025
His Eye Is on the Sparrow	10/1/2024	09/30/2025
Home Sweet Home Care Services	10/1/2024	09/30/2025
INI Group, Inc.	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
JYB Homecare, LLC	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Specially Made Co. LLC	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025
Crisis Residential		
Beacon Specialized Living Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Fiscal Intermediaries		
Community Living Network	10/1/2024	09/30/2025
Guardian Trac LLC	10/1/2024	09/30/2025
Licensed Residential Services		
A Touch of Grace 1596, Inc.	10/1/2024	09/30/2025
Adult Learning Systems	10/1/2024	09/30/2025
Beacon Specialized Living Services	10/1/2024	09/30/2025
Christ Centered Homes, Inc.	10/1/2024	09/30/2025
Courtyard Manor of Wixom, Inc.	10/1/2024	09/30/2025
DBT Institute of Michigan	10/1/2024	09/30/2025
Elite AFC, LLC	10/1/2024	09/30/2025
Elite AFC II, LLC	10/1/2024	09/30/2025
Flatrock Manor	10/1/2024	09/30/2025
Harbor House Ministries, Inc.	10/1/2024	09/30/2025
Heartland Center for Autism	10/1/2024	09/30/2025
Henlyn Care	10/1/2024	09/30/2025
Hope Network Behavioral Health Services	10/1/2024	09/30/2025
Hope Network West Michigan	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Moriah Inc. DBA Eisenhower Center	10/1/2024	09/30/2025
NRMI, LLC DBA NeuroRestorative	10/1/2024	09/30/2025
Oconomowoc Developmental Training Center dba Genesee Lake School	10/1/2024	09/30/2025
Pine Rest Christian Mental Health Services	10/1/2024	09/30/2025
Prader Willi Homes of Oconomowoc, LLC	10/1/2024	09/30/2025
Progressive Residential Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Renaissance House, Inc.	10/1/2024	09/30/2025
Saints, Inc.	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

St. Louis Center	10/1/2024	09/30/2025
Toepfer Home	10/1/2024	09/30/2025
Turning Leaf Behavioral Health Services	10/1/2024	09/30/2025
Umbrellex Behavioral Health Services	10/1/2024	09/30/2025
Pharmacy/Enhanced Pharmacy		
CareLinc Medical Equipment & Supply Co., LLC	10/1/2024	09/30/2025
County Pharmacy Services dba Ann Arbor Professional Pharmacy	10/1/2024	09/30/2025
Genoa Healthcare, LLC	10/1/2024	09/30/2025
Nutritional Healing of Ann Arbor	10/1/2024	09/30/2025
Private Duty Nursing		
A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Maxim Healthcare	10/1/2024	09/30/2025
Mercy Plus Healthcare Services	10/1/2024	09/30/2025
Respite/Respite Camps		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
Camp Fish Tales	10/1/2024	09/30/2025
Camp SkyWild	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Eagle Village	10/1/2024	09/30/2025
ExpertCare	10/1/2024	09/30/2025
Home Sweet Home Cares Services, LLC	10/1/2024	09/30/2025
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Just Us Club	10/1/2024	09/30/2025
JYB Homecare	10/1/2024	09/30/2025
Methodist Children's Home Society	10/1/2024	09/30/2025
St. Francis Camp on the Lake	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Skill Building Services		
CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Unique Care Connect Community Center DBA Exceptional Journeys Community Center		
	10/1/2024	09/30/2025

Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, etc.)

ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Advanced Therapeutic Solutions	10/1/2024	09/30/2025
Avalon Housing	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Psych Resolutions	10/1/2024	09/30/2025
Sharon O'Bryan	10/1/2024	09/30/2025
Therapeutic Concepts, LLC	10/1/2024	09/30/2025

Supported Employment Services

CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025
Unique Care Connect Community Center DBA Exceptional Journeys Community Center		
	10/1/2024	09/30/2025

County of Financial Responsibility (Revenue)

Macomb County CMH	10/1/2024	09/30/2025
Pathways CMH	10/1/2024	09/30/2025

*****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
Allied Waste Systems, Inc. dba Republic Waste Services of Southeast Michigan	10/1/2024	09/30/2025	$3,500
American Building Services	10/1/2024	09/30/2025	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2024	09/30/2025	$9,200
Cintas	10/1/2024	09/30/2025	Per Actual Cost
Revenue			
Alpha House	10/1/2024	09/30/2025	***
Arbor Bridge Church	10/1/2024	09/30/2025	***

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
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Barr, Anhut & Associates	10/1/2024	09/30/2025	***
Chinmaya Mission	10/1/2024	09/30/2025	***
Full Circle Community Center	10/1/2024	09/30/2025	***
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	***
Washtenaw County Facilities Management	10/1/2024	09/30/2025	***
Washtenaw County Parks and Rec	10/1/2024	09/30/2025	***
Ypsilanti Senior Center	10/1/2024	09/30/2025	***
Ypsilanti Thrift Shop	10/1/2024	09/30/2025	***

***** 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	10/1/2024	09/30/2025	Per Budget
Blue Care Network	10/1/2024	09/30/2025	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2024	09/30/2025	Per Budget
Corner Health	10/1/2024	09/30/2025	Per Actual Cost
Hope Clinic	10/1/2024	09/30/2025	Per Actual Cost
Lenawee County CMH	10/1/2024	09/30/2025	Per Actual Cost
Livingston County CMH	10/1/2024	09/30/2025	Per Actual Cost
MDHHS (GF Contract)	10/1/2024	09/30/2025	Per Budget
Michigan Rehabilitation Services	10/1/2024	09/30/2025	Per Budget
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
Packard Health	10/1/2024	09/30/2025	Per Actual Cost
Regents of the University of Michigan (ORR)	10/1/2024	09/30/2025	Per Actual Cost
Washtenaw County Children's Services	10/1/2024	09/30/2025	$330,714
Washtenaw County Sheriff's Office	10/1/2024	09/30/2025	$406,592
Washtenaw County Trial Court	10/1/2024	09/30/2025	$85,000

Medicaid/General Fund Expense Contracts	**Start Date**	**End Date**	**Budget**
Bromberg & Associates, LLC	10/1/2024	09/30/2025	$1,500
Crystal Jackson	10/1/2024	09/30/2025	$4,800
Deborah Kennard	10/1/2024	09/30/2025	$19,290
DHHS Liaison	10/1/2024	09/30/2025	$74,900
DLD Environmental Services, Inc.	10/1/2024	09/30/2025	$5,000
Dummies on the Run	10/1/2024	09/30/2025	$5,000
Human Resource Opportunities, Inc.	10/1/2024	09/30/2025	$700,000
Michigan Green Cabs Ann Arbor, LLC	10/1/2024	09/30/2025	$30,000
Michigan Rehabilitative Services	10/1/2024	09/30/2025	$10,000
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
NAMI of Washtenaw County	10/1/2024	09/30/2025	$31,000
NAPPI International USA, Inc. dba Welle	10/1/2024	09/30/2025	$5,000
Optum360 Solutions, LLC	10/1/2024	09/30/2025	Per Actual Cost

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

PCE Systems	10/1/2024	09/30/2025	$71,400
Rebecca Putek	10/1/2024	09/30/2025	$10,000
Relias Learning	10/1/2024	09/30/2025	$44,883
Regents of the University of Michigan	10/1/2024	07/31/2025	$63,791
RingCentral	10/1/2024	09/30/2025	$80,208
Roslund Prestage & Company	10/1/2024	09/30/2025	$15,680
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	$90,000
Sheryl Goldberg	10/1/2024	09/30/2025	$1,200
Toby's Instrument Shop	10/1/2024	09/30/2025	$2,000
UptoDate	10/1/2024	09/30/2025	$11,393
VelloHealth	10/1/2024	09/30/2025	$58,000
Zoom Video Communications, Inc.	10/1/2024	09/30/2025	$39,782

Millage Expense Contracts	**Start Date**	**End Date**	**Budget**
Avalon	10/1/2024	12/31/2024	$45,000
Center for Healthcare Research and Transformation	10/1/2024	12/31/2024	$80,770
NAMI of Washtenaw County	10/1/2024	12/31/2024	$56,475
National Assessment Center Association	10/1/2024	12/31/2024	$5,163
Packard Health	10/1/2024	12/31/2024	$31,250
Washtenaw County Health Department	10/1/2024	12/31/2024	$42,500
Washtenaw County Sheriff's Department	10/1/2024	12/31/2024	$17,000

Group Home Leases	**Start Date**	**End Date**	**Budget**
Bateson Court LDHA	10/1/2024	09/30/2025	$26,880
Catholic Social Services	10/1/2024	09/30/2025	$20,546
Catholic Social Services	10/1/2024	09/30/2025	$21,208
F.A. Kennedy Co.	10/1/2024	09/30/2025	$61,000
RDBZ II, LLC	10/1/2024	09/30/2025	$34,800
RDBZ II, LLC	10/1/2024	09/30/2025	$39,600
Legacy IV LDHA	10/1/2024	09/30/2025	$32,223
Legacy XII Limited Partnership	10/1/2024	09/30/2025	$35,139
Legacy X Limited Partnership	10/1/2024	09/30/2025	$34,348
4922 Munger LLC	10/1/2024	09/30/2025	$26,820
Renaissance House, Inc.	10/1/2024	09/30/2025	$25,704
Shafiq Kasham	10/1/2024	09/30/2025	$26,400
Southlawn Avenue LDHA	10/1/2024	09/30/2025	$24,480
Spectrum Community Services	10/1/2024	09/30/2025	$11,259
Pathlight Community Services	10/1/2024	09/30/2025	$29,400

Contracts in FY24 that we will no longer have in FY25:
Creating Brighter Futures
Eastern Michigan University Autism Collaborative Center
Guardian Medical Monitoring
Synod Community Services

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Board Members who need to abstain from approving the following contracts:

Alfreda Rooks: Regents of the University of Michigan
Anna Dusbiber: Community Living Network
Barbara Higman: NAMI of Washtenaw County
Marianne Udow-Phillips: Center for Healthcare Research & Transformation Regents of the University of Michigan

Program and Quality Board Committee
Dashboard Data FY 2024 (October - Dec)

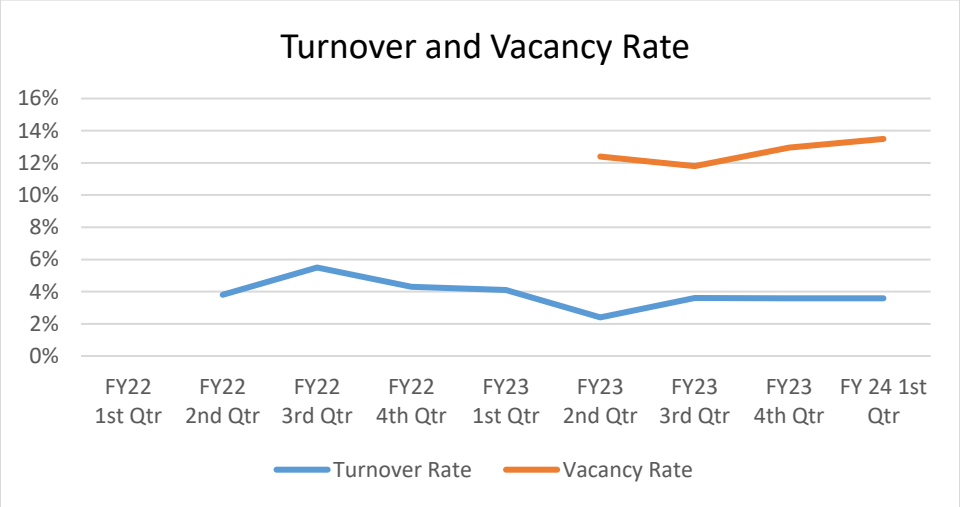
1st quarter Human Resources

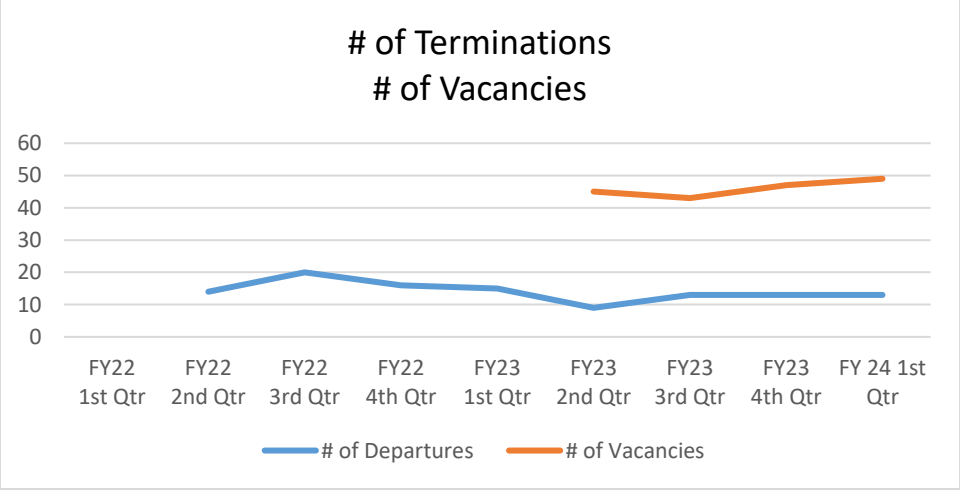
Turnover Rate:

1st Qtr – 3.58% - 13 staff resigned/retired/ or experienced an involuntary termination with 363 active positions.

Vacancy Rate:

1st Qtr – 13.49% - 49 vacancies with 363 active positions.



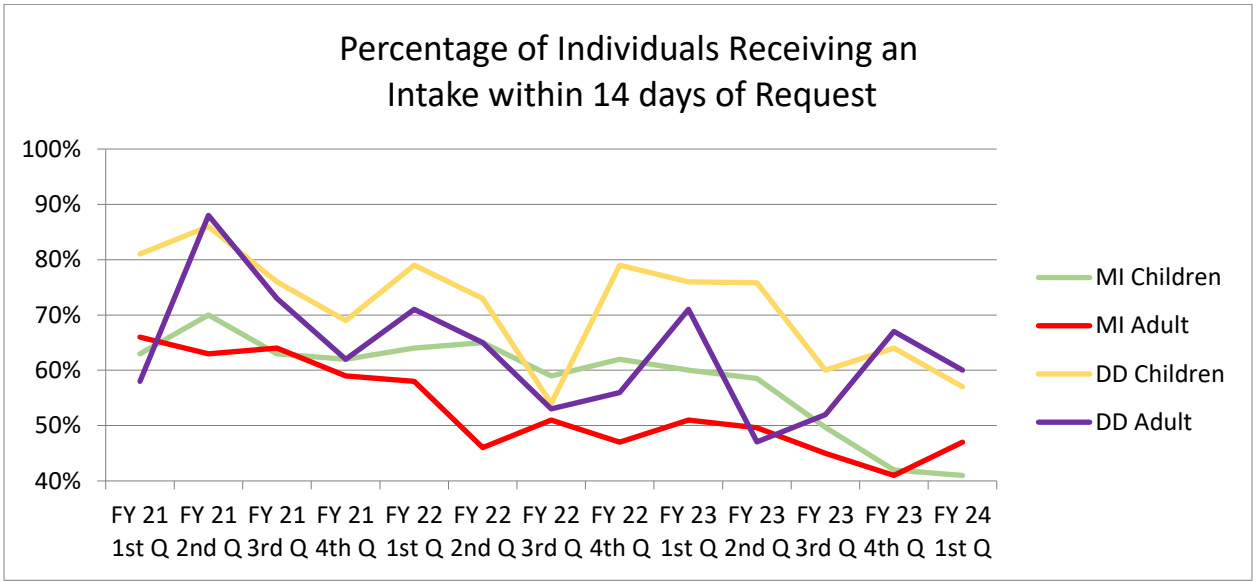


Michigan Department of Health and Human Services (MDHHS) Performance Indicators:

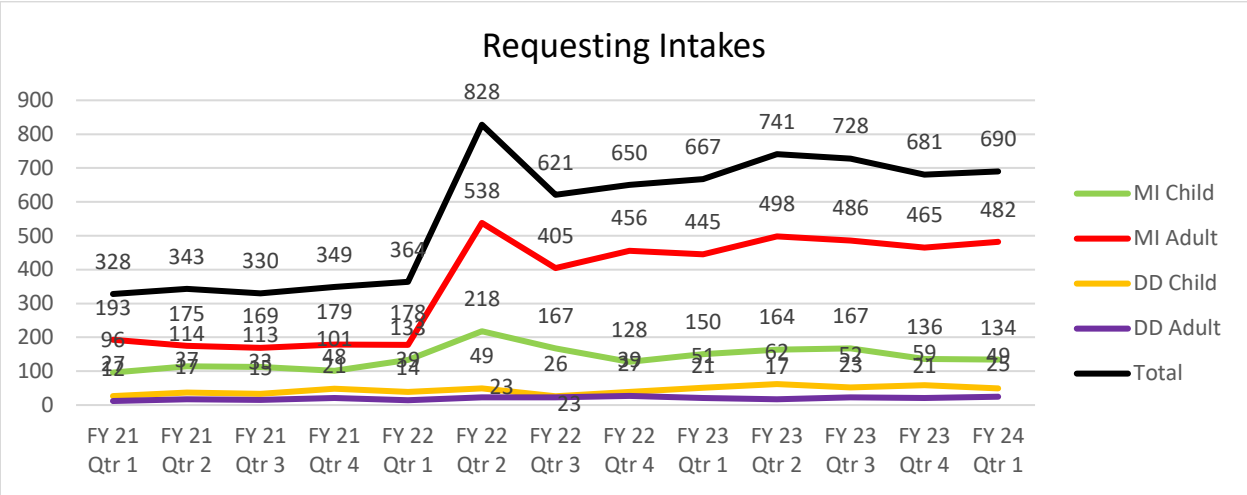
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

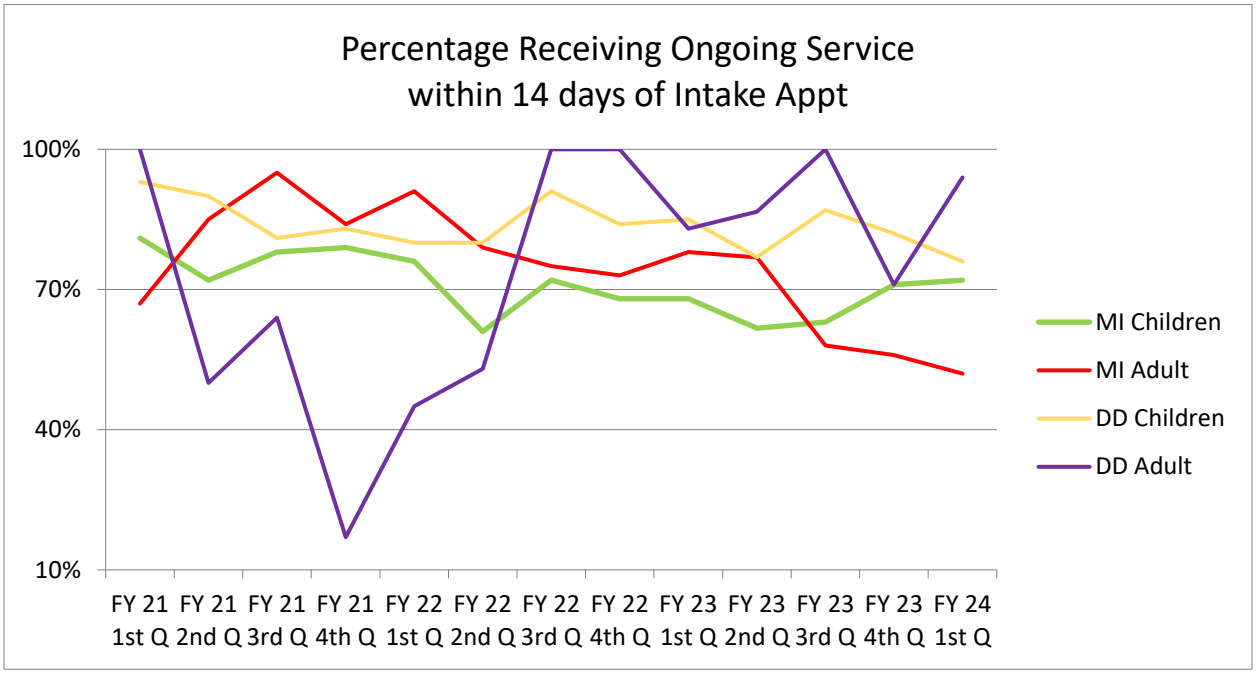
The major change in the operational definition did not allow accounting for consumer choice. Consumer choice is indicated by requesting an appointment outside of the 14-day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance".

For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



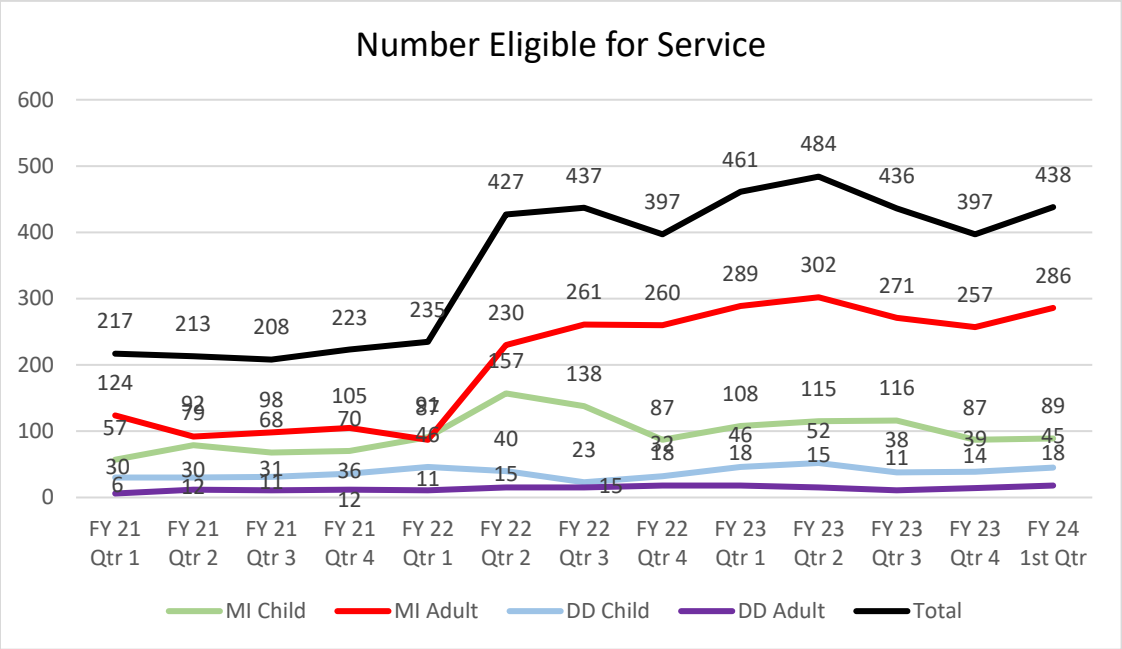
FY 24 1st Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	134	55	79	68	41%	83%
MI Adult	482	227	255	246	47%	96%
DD Child	49	28	21	18	57%	90%
DD Adult	25	15	10	10	60%	100%

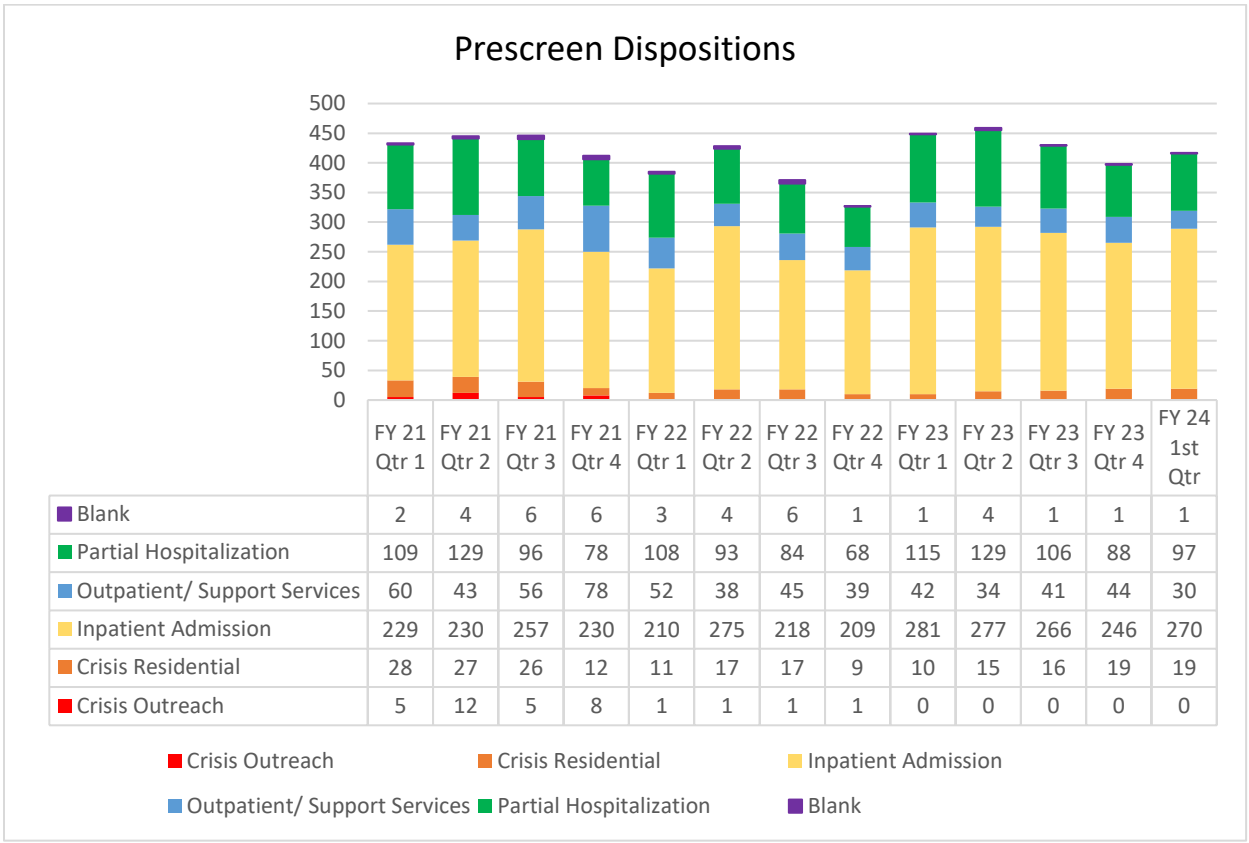




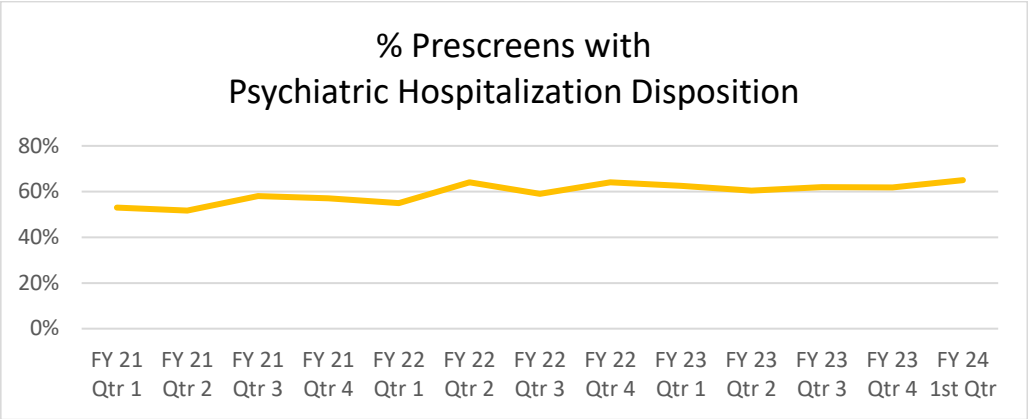
FY 24 1st Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Com-pliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	89	64	25	21	72%	94%
MI Adult	286	148	138	131*	52%	95%
DD Child	45	34	11	9	76%	94%
DD Adult	18	17	1	0	94%	94%

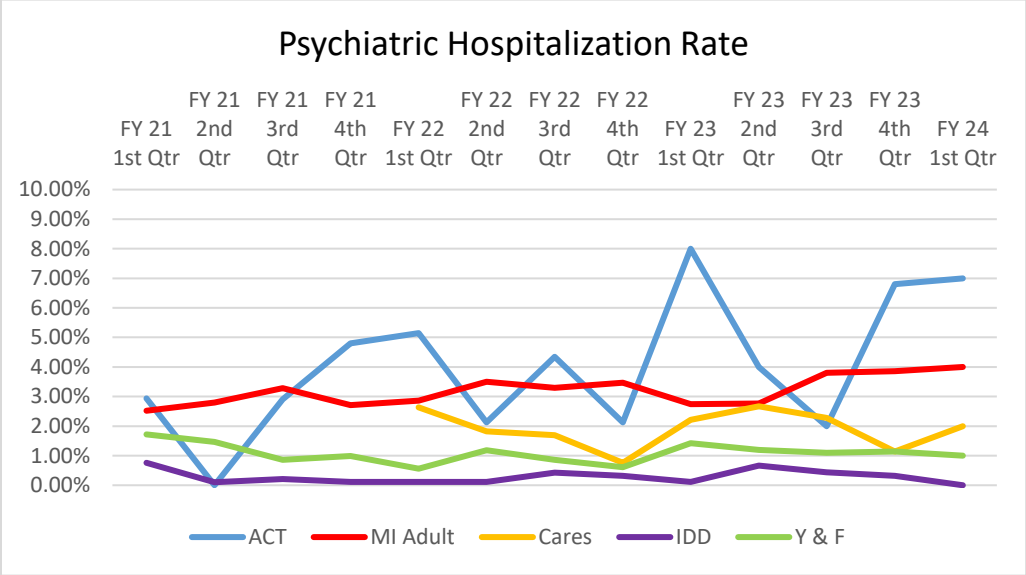
*63 (of the 131) cases attended their BPS appointment, found eligible but also given other resources in the community that they chose to pursue. These cases still count as "out of compliance".



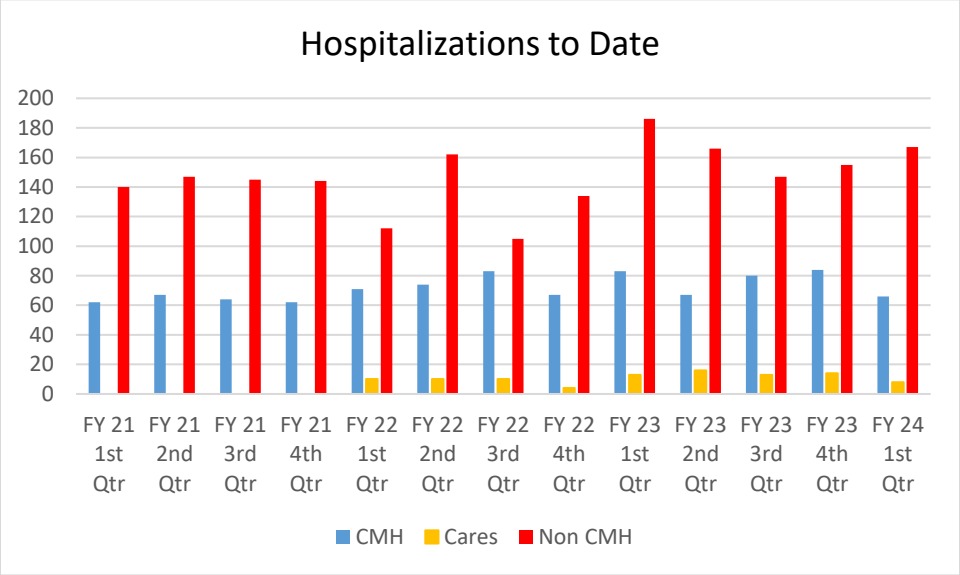


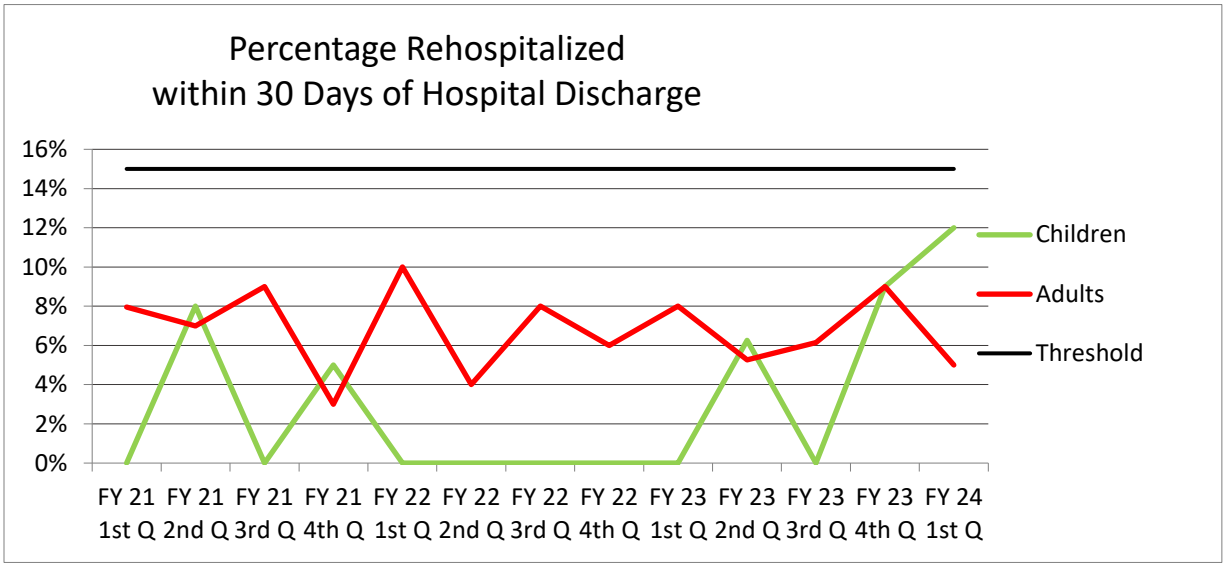
	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 1st Qtr
Blank	2	4	6	6	3	4	6	1	1	4	1	1	1
Partial Hospitalization	109	129	96	78	108	93	84	68	115	129	106	88	97
Outpatient/ Support Services	60	43	56	78	52	38	45	39	42	34	41	44	30
Inpatient Admission	229	230	257	230	210	275	218	209	281	277	266	246	270
Crisis Residential	28	27	26	12	11	17	17	9	10	15	16	19	19
Crisis Outreach	5	12	5	8	1	1	1	1	0	0	0	0	0



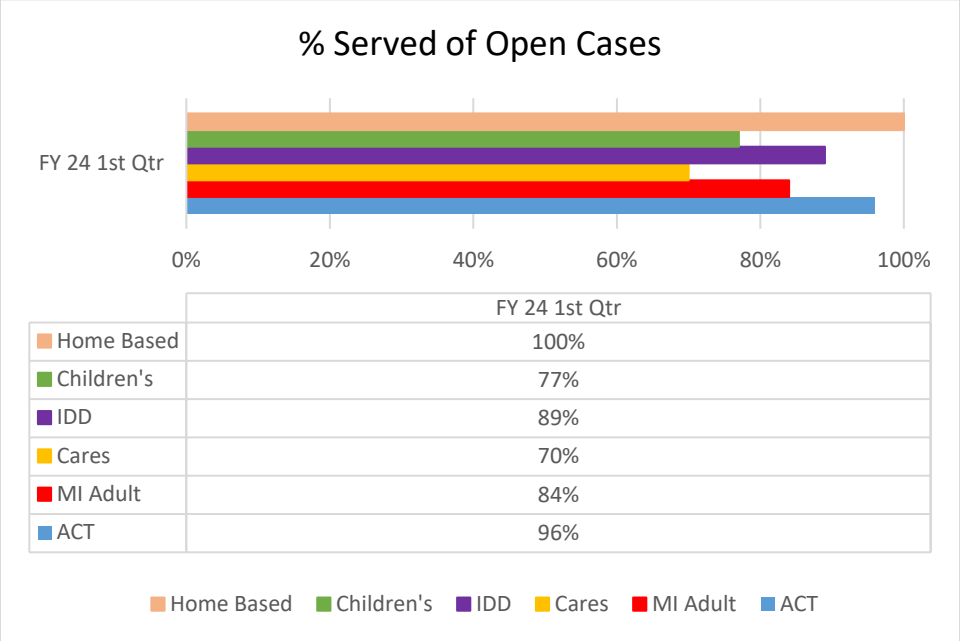


FY 24 1st Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	102	7 (2)	6.86%
MI Adult	1504	59 (7)	3.92%
Cares	434	7 (1)	1.61%
IDD	930	3	0.32%
Y & F	869	10 (1)	1.15%





FY 23 4th Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	17	2	12%
Adult	151	7	5%



	FY 24 1st Qtr
Home Based	100%
Children's	77%
IDD	89%
Cares	70%
MI Adult	84%
ACT	96%

Critical Event Data Reported Thru Qtr 1 FY 2024

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	Cares	Non Suicide Death	4
	DD Adult	Non Suicide Death	2
	MI Adult	Non Suicide Death	6
		ER due to Injury	1
Qtr 1 Total			13

Mortality Data Thru Qtr 1 FY 2024

Cause of Death	Number of Deaths FY 21	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24
Aspiration Pneumonia	2	3	4	
Cancer	10	3	8	1
Cardiovascular	6	12	10	3
Cerebrovascular disease				1
Dehydration				
Diabetes	1			
Drug Abuse	2	6	10	1
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance			1	
Gastrointestinal	1		3	1
Hip Fracture Complications				
Homicide			3	
Hyponatremia		2		
Inanition				
Infection	5 (4 - COVID 19)	4 (3 - COVID 19)		
Kidney Disease			1	
Kidney Failure				1
Liver Disease	3	1	1	
Metabolic				
Natural/Other				
Neurological	7	3	3	1
Respiratory	4	5	5	3
Suicide	2	2	6	
Trauma	2	3	2	
Unknown	15	10	8	
Grand Total	**60**	**54**	**65**	**12**

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

Program and Quality Board Committee
Dashboard Data FY 2024 (January - March)

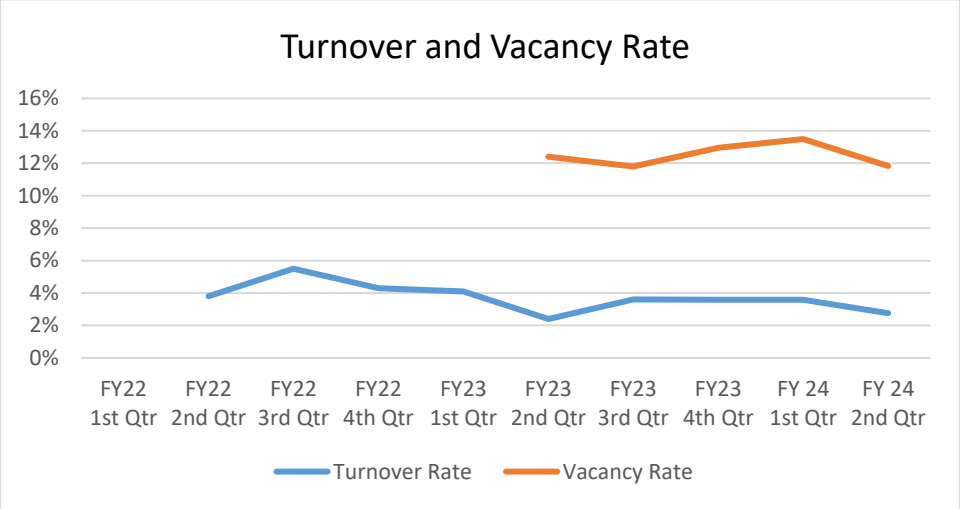
2nd quarter Human Resources

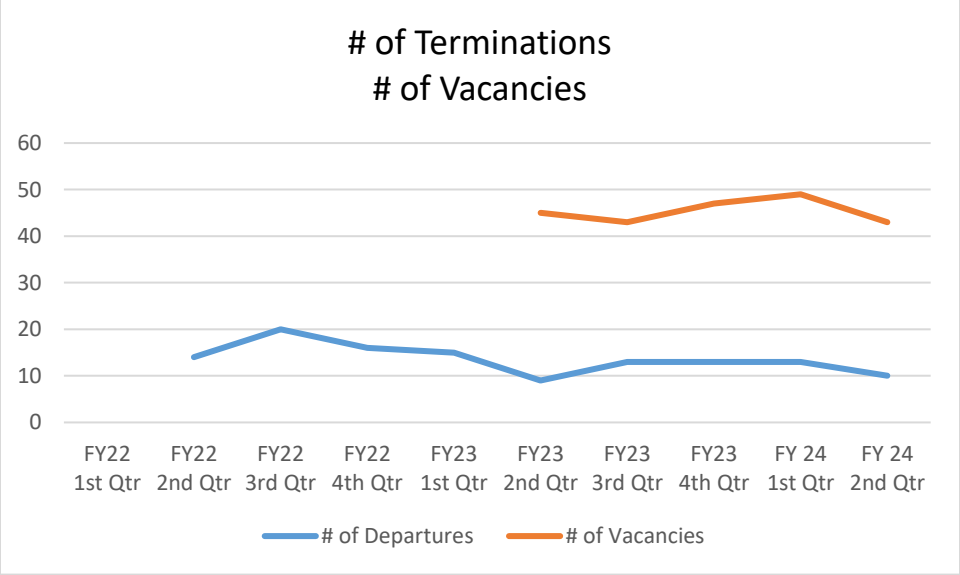
Turnover Rate:

2nd Qtr – 2.75% - 10 staff resigned/retired/ or experienced an involuntary termination with 363 active positions.

Vacancy Rate:

2nd Qtr – 11.85% - 43 vacancies with 363 active positions.





Michigan Department of Health and Human Services (MDHHS) Performance Indicators:
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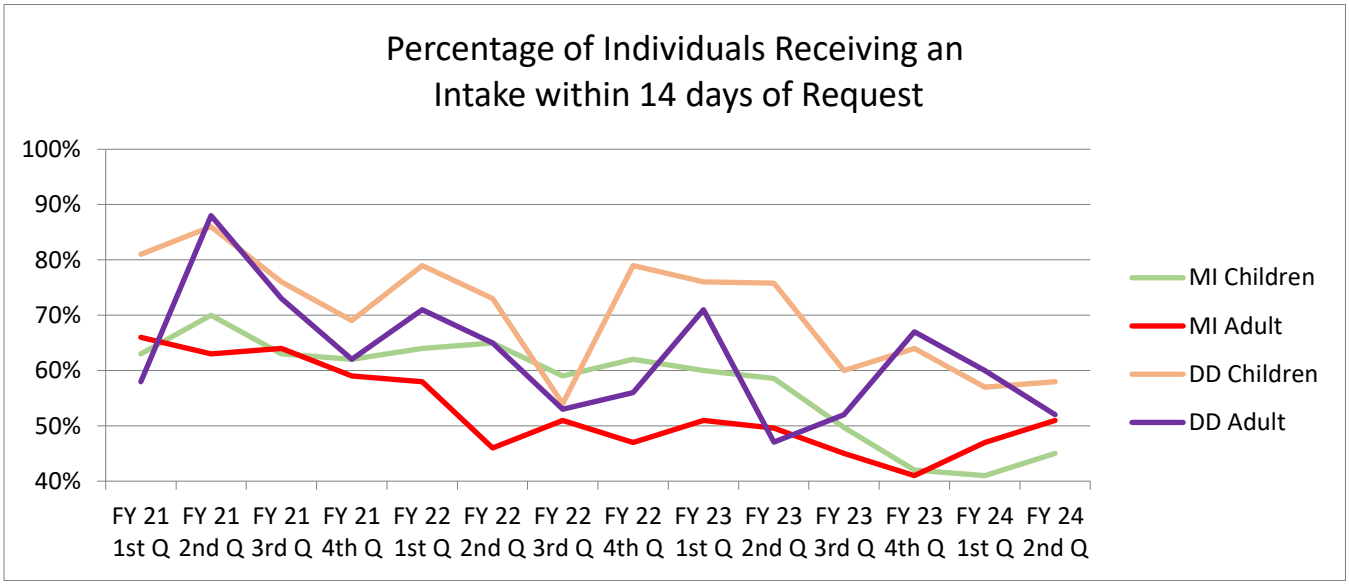
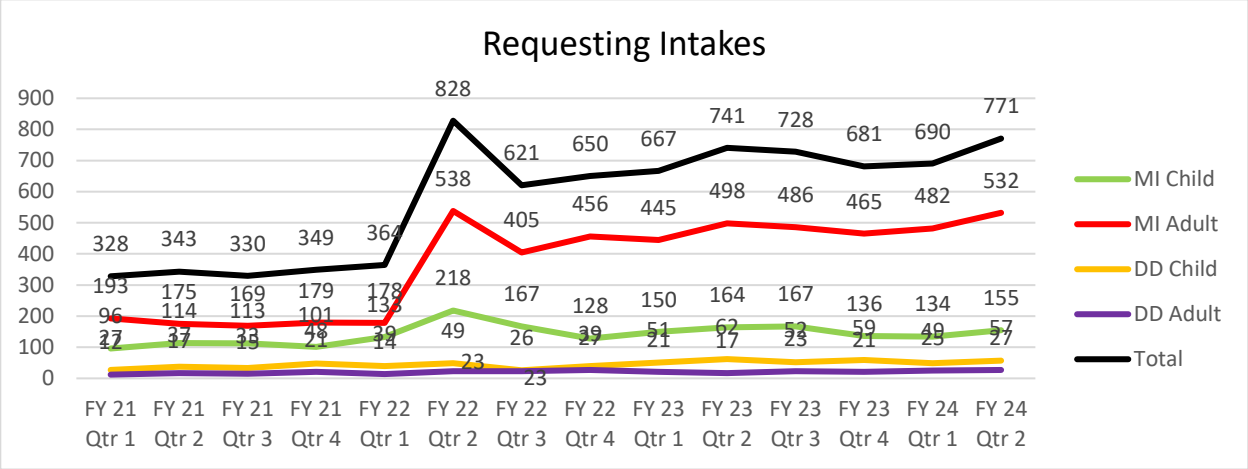
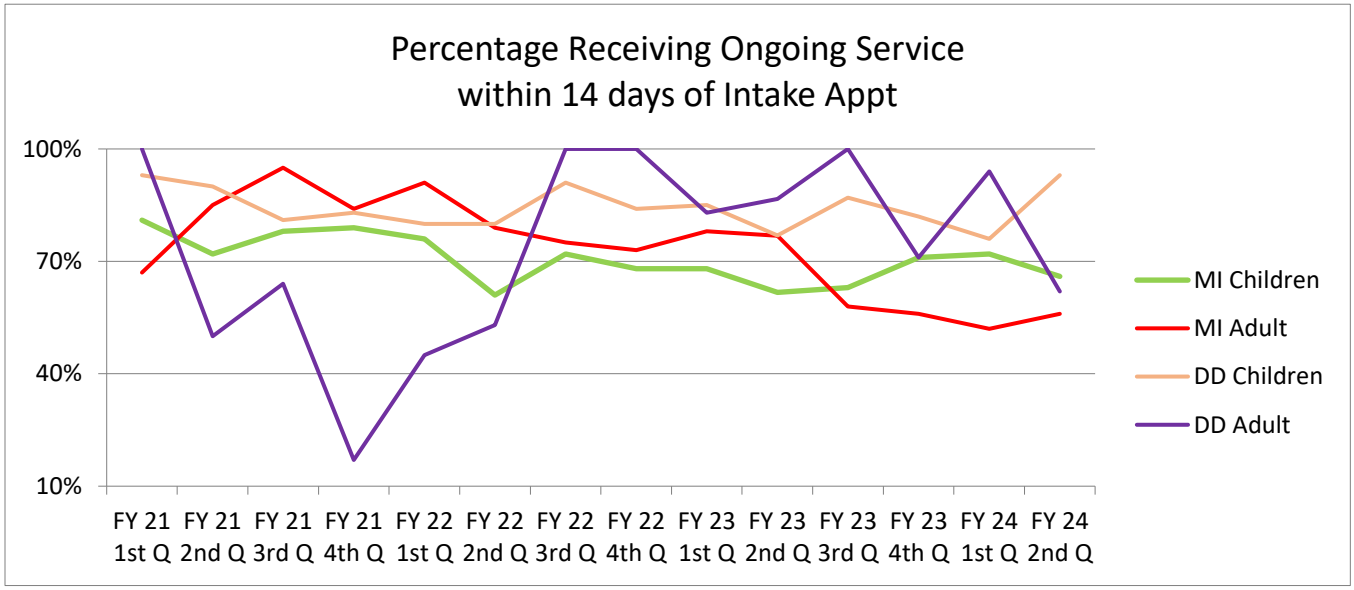
The major change in the operational definition did not allow accounting for consumer choice. Consumer choice is indicated by requesting an appointment outside of the 14-day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance".

For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



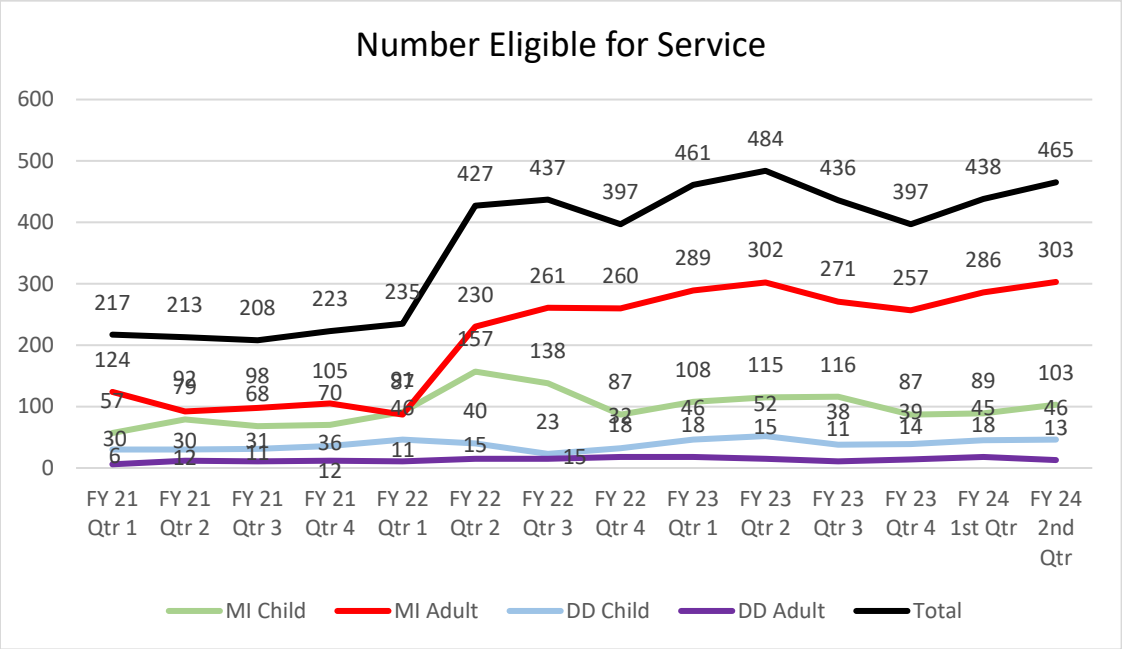
FY 24 2nd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	155	70	85	61	45%	74%
MI Adult	532	269	263	233	51%	90%
DD Child	57	33	24	21	58%	92%
DD Adult	27	14	13	12	52%	93%

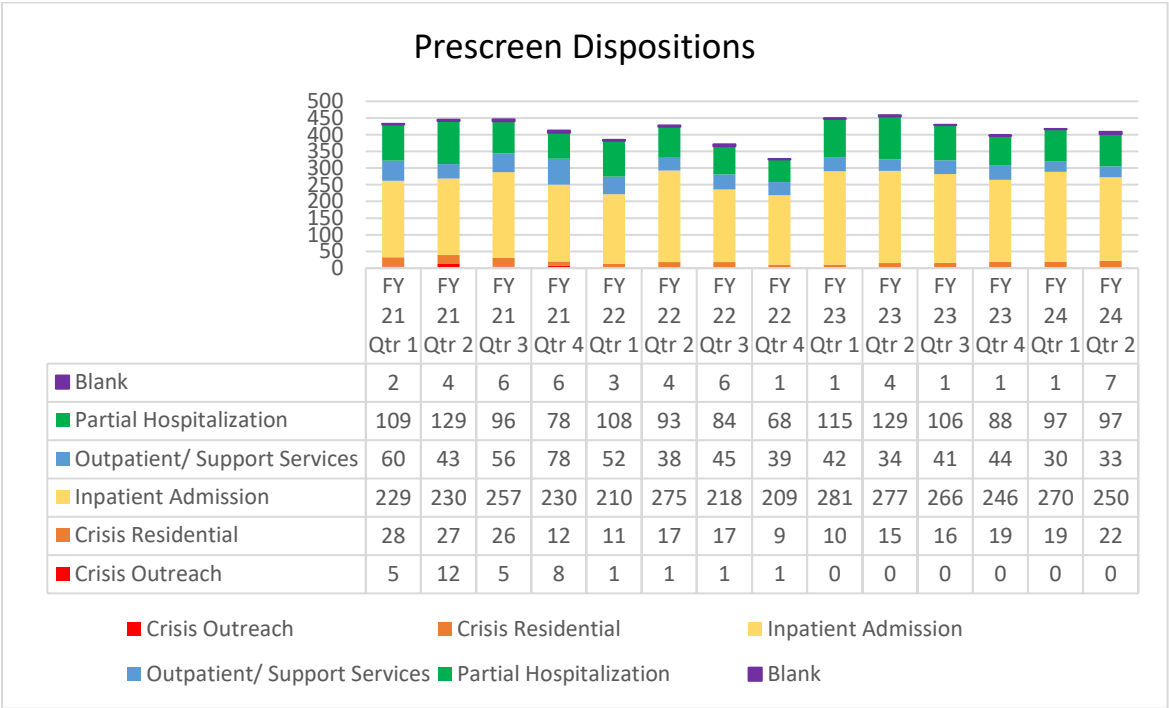




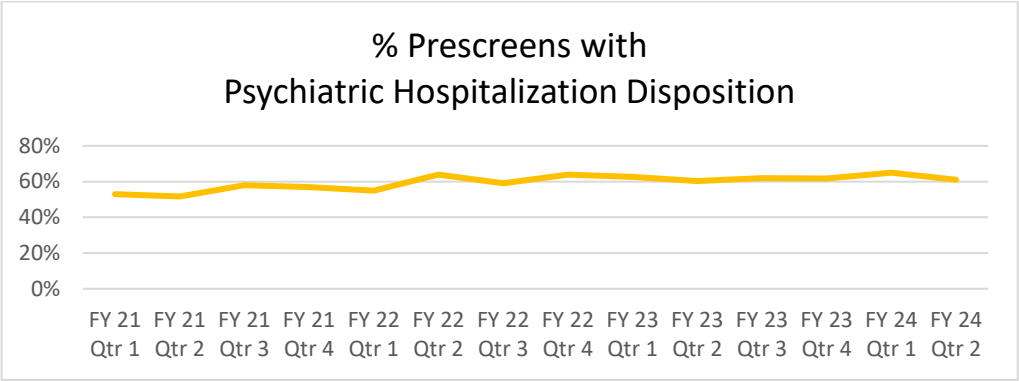
FY 24 2nd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled, Requested >14 days or chose to go elsewhere)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	103	68	35	30	66%	93%
MI Adult	303	169	134	131*	56%	98%
DD Child	46	43	3	2	93%	98%
DD Adult	13	8	5	2	62%	73%

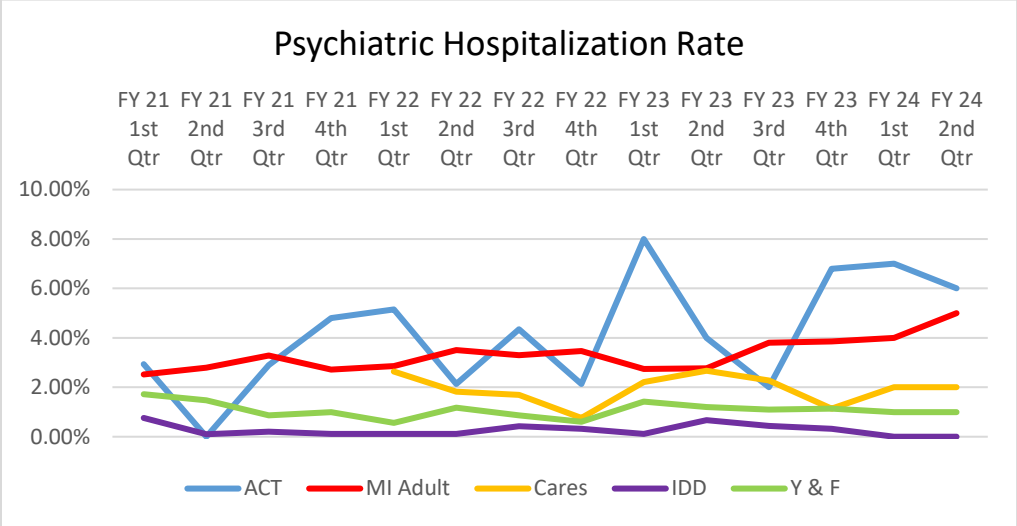
*55 of the 131 cases attended their BPS appointment, found eligible and also given other resources in the community that they chose to pursue. These cases still count as "out of compliance".



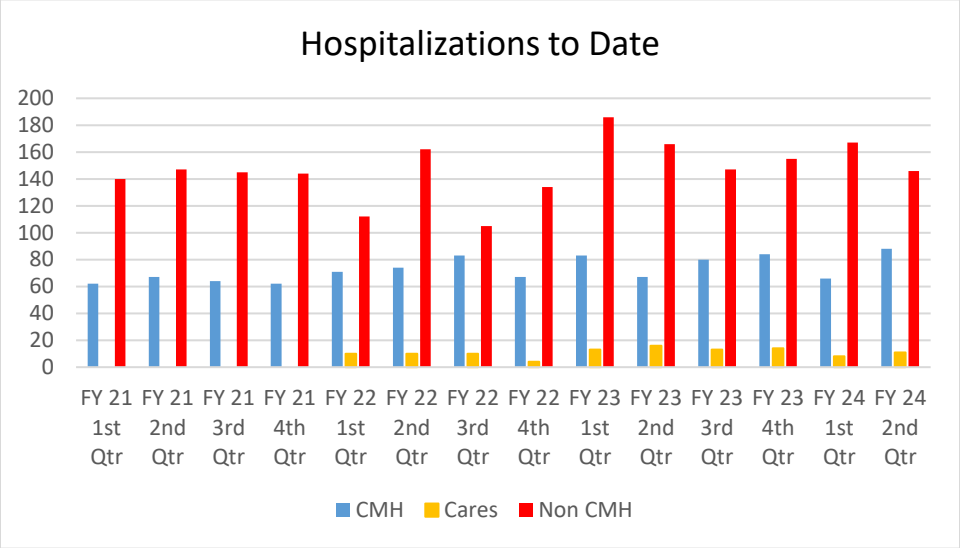


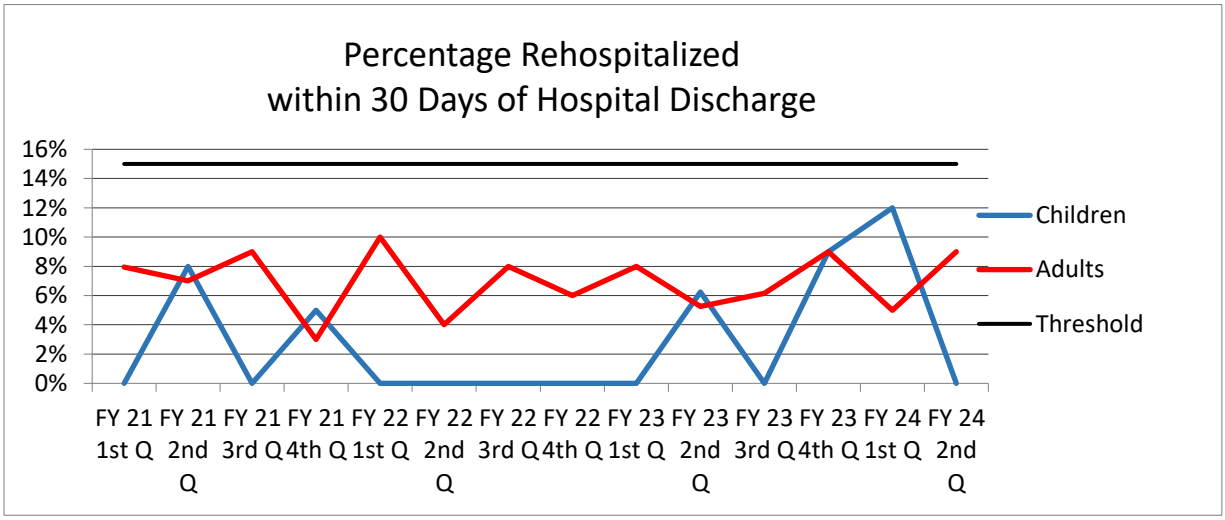
	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2
Blank	2	4	6	6	3	4	6	1	1	4	1	1	1	7
Partial Hospitalization	109	129	96	78	108	93	84	68	115	129	106	88	97	97
Outpatient/ Support Services	60	43	56	78	52	38	45	39	42	34	41	44	30	33
Inpatient Admission	229	230	257	230	210	275	218	209	281	277	266	246	270	250
Crisis Residential	28	27	26	12	11	17	17	9	10	15	16	19	19	22
Crisis Outreach	5	12	5	8	1	1	1	1	0	0	0	0	0	0



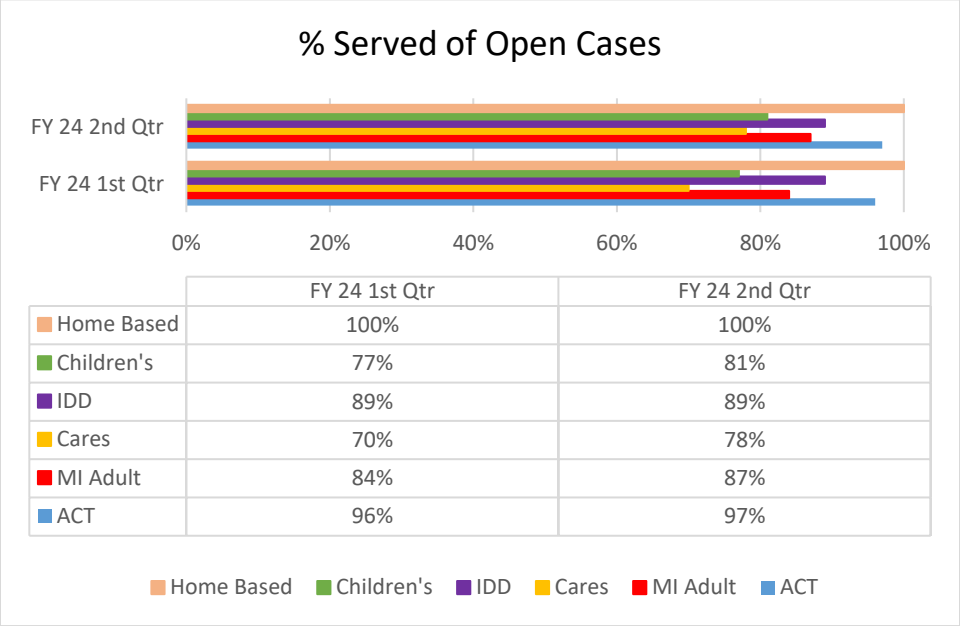


FY 24 2nd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	105	6	5.71%
MI Adult	1486	69 (10)	4.64%
Cares	484	11 (3)	2.27%
IDD	937	3 (1)	0.32%
Y & F	918	8 (1)	0.87%





FY 24 2nd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	16	0	0%
Adult	138	12	9%



	FY 24 1st Qtr	FY 24 2nd Qtr
Home Based	100%	100%
Children's	77%	81%
IDD	89%	89%
Cares	70%	78%
MI Adult	84%	87%
ACT	96%	97%

Critical Event Data Reported Thru Qtr 2 FY 2024

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	Cares	Non Suicide Death	4
	IDD	Non Suicide Death	2
	MI Adult	Non Suicide Death	6
		ER due to Injury	1
Qtr 1 Total			13
Qtr 2	ACT	Non Suicide Death	1
	Children's	Non Suicide Death	1
	IDD	Non Suicide Death	7
	CARES	Non-Suicide Death	1
	MI Adult	Non Suicide Death	8
Qtr 2 Total			18

Mortality Data Thru Qtr 2 FY 2024

Cause of Death	Number of Deaths FY 21	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24
Aspiration Pneumonia	2	3	4	1
Cancer	10	3	8	2
Cardiovascular	6	12	10	9
Dehydration				
Diabetes	1			
Drug Abuse	2	6	10	3
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance			1	
Gastrointestinal	1		3	2
Hip Fracture Complications				
Homicide			3	
Hyponatremia		2		
Inanition				
Infection	5 (4 - COVID 19)	4 (3 - COVID 19)		1
Kidney Disease			1	1
Liver Disease	3	1	1	1
Metabolic				
Natural/Other				
Neurological	7	3	3	4
Respiratory	4	5	5	4
Suicide	2	2	6	1
Trauma	2	3	2	1
Unknown	15	10	8	1
Grand Total	**60**	**54**	**65**	**31**

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

Washtenaw County Community Mental Health (WCCMH)
Annual Year End Performance Improvement Report
Fiscal Year 23 (October 1, 2022 – September 30, 2023)

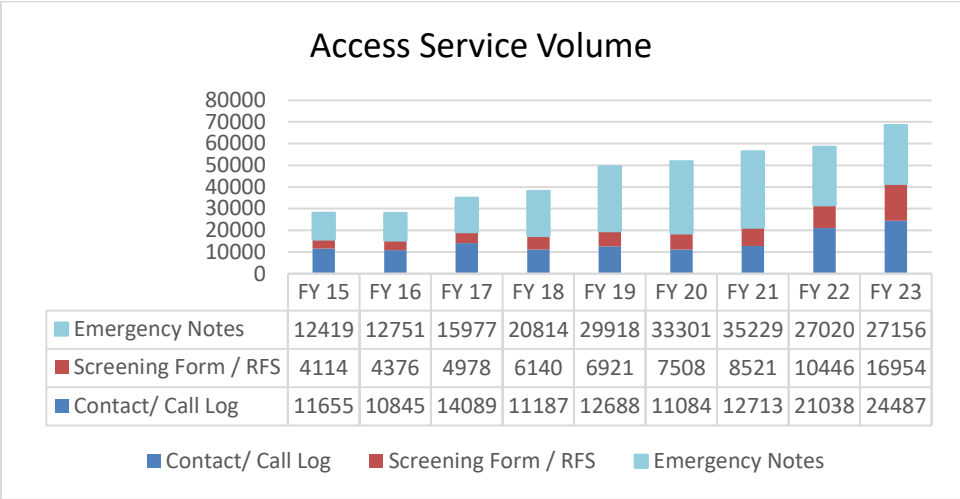
FY 23 Organizational Foci

- WCCMH continued to actively participate in the Certified Community Behavioral Health Clinic (CCBHC) programming as part of the Michigan demonstration, 100% of qualified individuals were enrolled in 2023.
- WCCMH created a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities.
- Successfully implemented the State of Michigan Behavioral Health Home. One hundred and thirty nine individuals were enrolled in 2023.
- 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.
- WCCMH Administration continued to work 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 worked with Youth Assessment Steering Committee to make recommendations to impact greater diversion efforts for youth and the Juvenile Justice System.
- Continued implementation of the Black Lives Matter (BLM) Task Force with seven events and over 170 participants during 2023.
- Assessing Suicide Risk - The organization began preparation for 2024 implementation of the Zero Suicide Evidence Based Practice (EBP).
- 2023 was the fifth 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://www.washtenaw-mentalhealthmillage-impact.org/

This concludes a narrative overview of various activities conducted during FY 23. 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 23.

Access, Triage and Crises

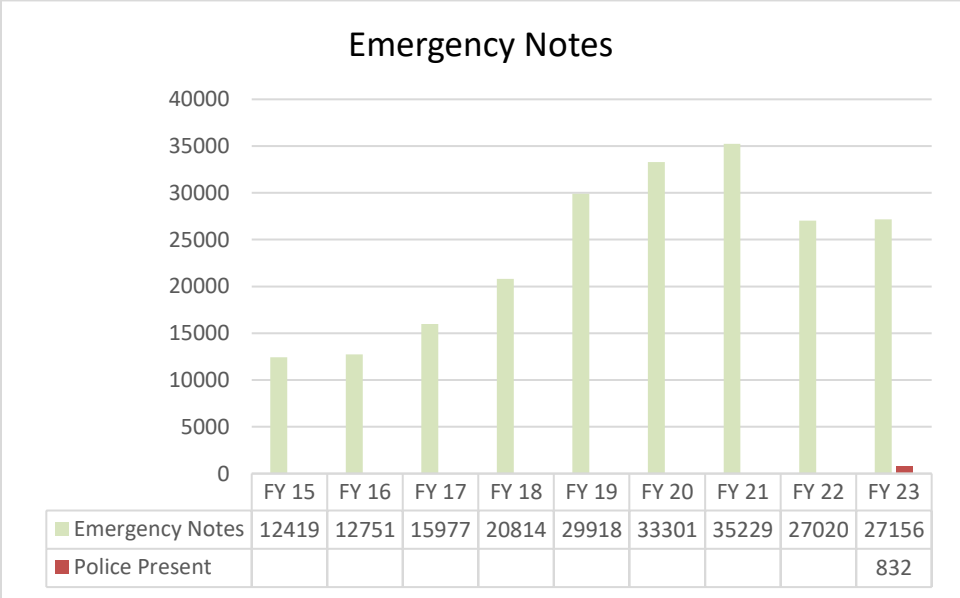
Our indicator monitoring begins with a focus on access to our services. Typically, the process starts with a phone call. The phone call may result in a Call Log or Request for Services (RFS). If the phone call is considered urgent, the call will be routed to the Crisis Team which results in an Emergency Note. Below is a graph of Access Services from FY 15 – FY 23.



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
Emergency Notes	12419	12751	15977	20814	29918	33301	35229	27020	27156
Screening Form / RFS	4114	4376	4978	6140	6921	7508	8521	10446	16954
Contact/ Call Log	11655	10845	14089	11187	12688	11084	12713	21038	24487

Monitoring the total number of services over eight fiscal years continues to reveal a steady increase in services. Overall Access services continue to increase. This overall increase is most likely a result of Millage funded expansions of services, increased collaborations with various law enforcement departments, marketing, and the ongoing Certified Community Behavioral Health Clinics (CCBHC) services. It is clear we have increased our ability to identify and respond to the needs in the community.

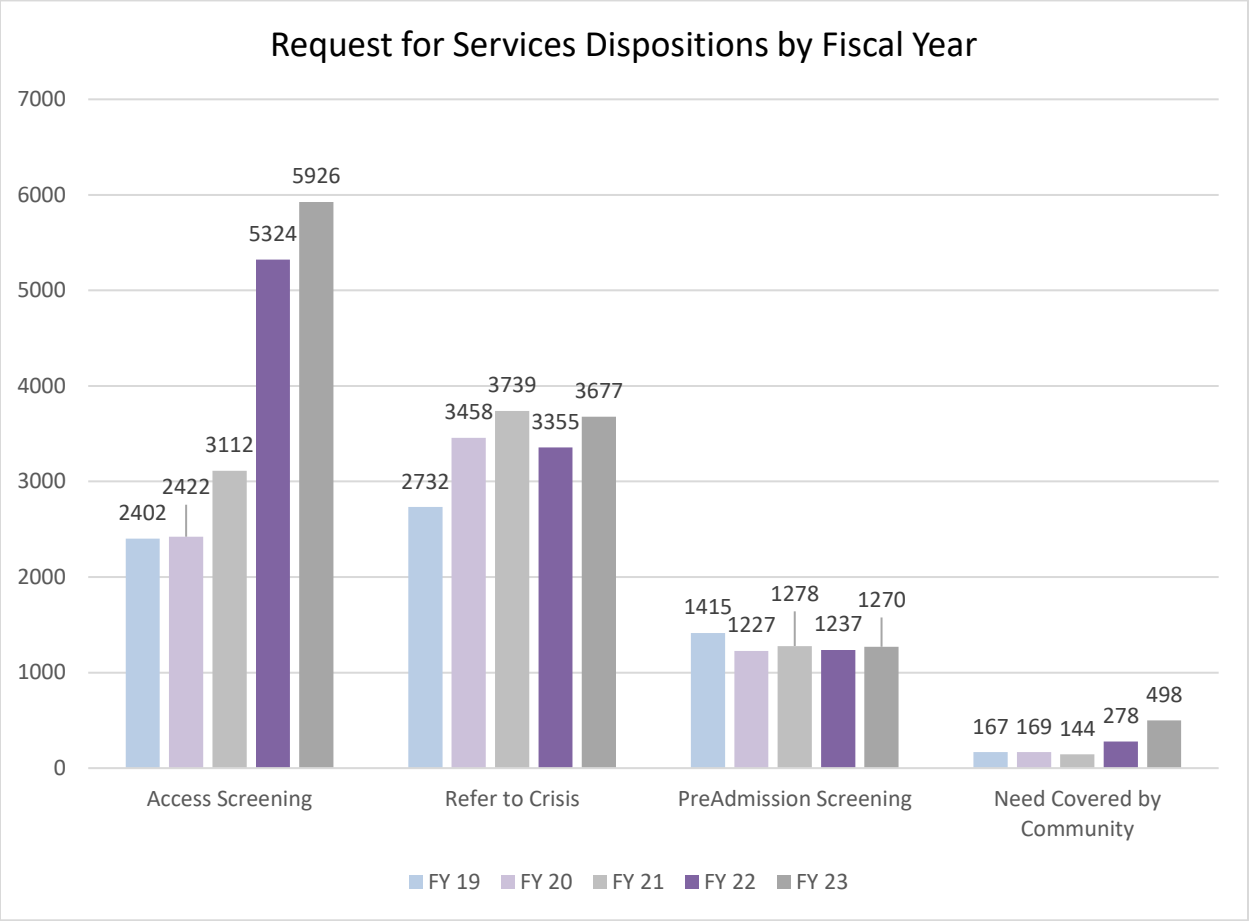
Continuing to monitor the flow of a request for service, individuals who contact us for services and present with an urgent situation are referred to the Crisis Team which then results in an emergency note. The emergency note will also occur when a Prescreen is needed. Monitoring the volume of emergency notes by fiscal year reveals lower emergency notes FY 22 and 23 compared to the three years previous. In FY 23 we also started capturing if police were present during the service. That detail is displayed below. The "police present" emergency notes is a subset of the overall emergency notes for FY 23.



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
Emergency Notes	12419	12751	15977	20814	29918	33301	35229	27020	27156
Police Present									832

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 23 RFS disposition data that pertain to a service request.



A summary of the data is as follows:

- Over the past three 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.
- For the first three years we saw an overall increase in referrals to our Crisis Team but then a decrease in referrals in the FY 22 and an increase again in FY 23.
- Conversely, we see a minimal change in the number of calls that resulted in a preadmission screening and this is somewhat stable in the past four years.
- In FY 22 we saw a strong increase in requests where the need was covered by the community and in FY 23 we saw an even larger community response. This may be a result of the Millage impact.

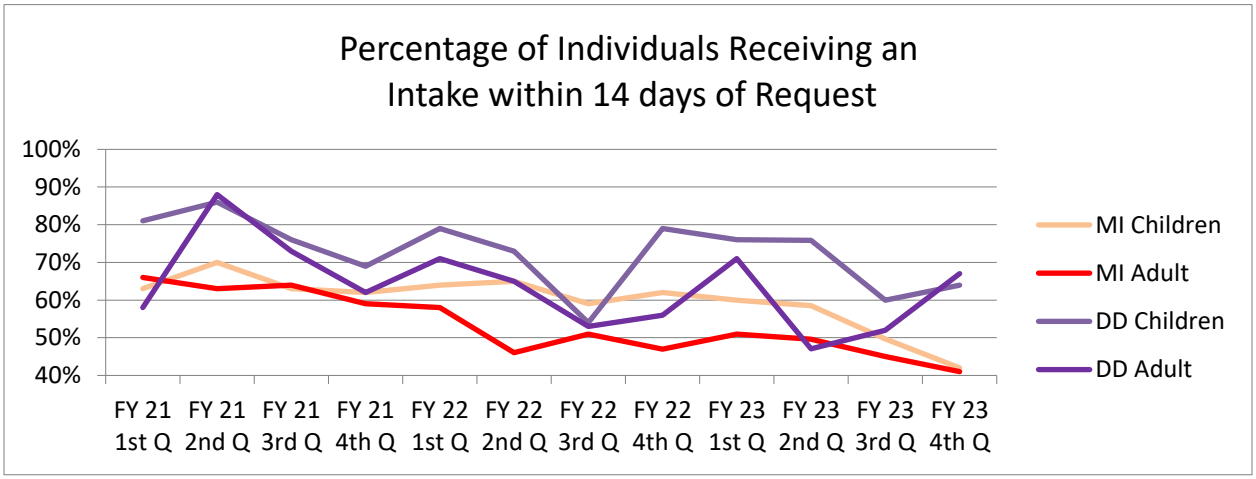
These data points suggest the Millage funded services (CARES) and CCBHC may be resulting in:

- 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).

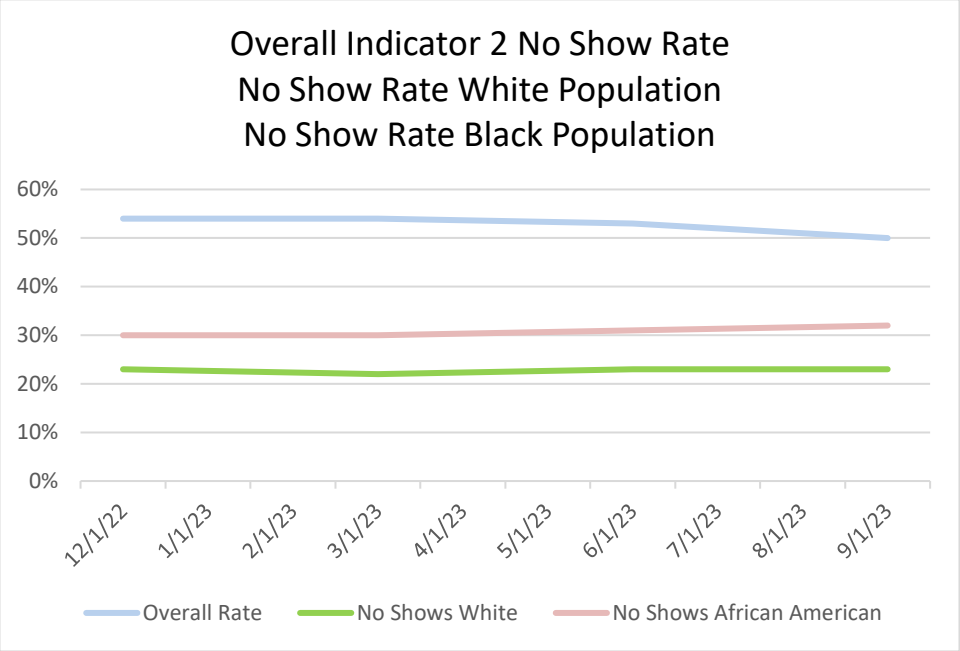
RFS dispositions, resulting in "Access Screening" leads to the Access department determining if the individual would benefit from an eligibility assessment which results in the scheduling of a Biopsychosocial (BPS) appointment. (Please note, callers seeking substance use services may be routed to other organizations in the County.) 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 performance on the indicator per the new definition. (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)).



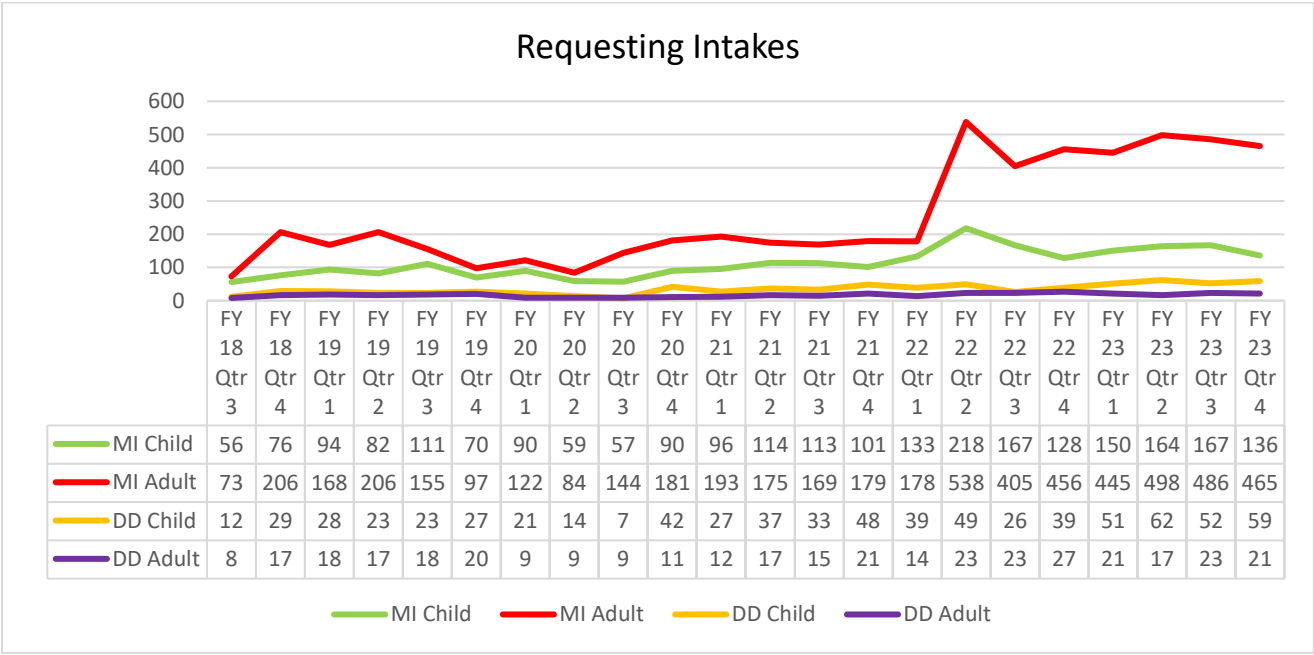
The Performance Improvement Department and Program Administrators evaluate each case out of compliance to identify trends and / or patterns and identify possible systemic improvements. This arduous focus continually identifies the individual's preference has a significant impact on the intake occurring 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.

MDHHS has also mandated a Quality Assurance Performance Improvement Project to focus on reducing racial disparities specific to No-Shows for the Initial BioPsychoSocial Assessment (BPS) in Individuals accessing CMH services. Previous years were considered baseline years with the project expecting an impact beginning January 2023. The graph below shows no show rates by each population (white and black) based on rolling year data from the Prepaid Inpatient Health Plan (PIHP).



All quarters continued to show significant disparity. WCCMH accessed members of the Black Lives Matter (BLM) taskforce to review and revise our triage phone guide in hopes of establishing a warmer and trusted connection with black callers seeking services. We continue to focus on data and interventions.

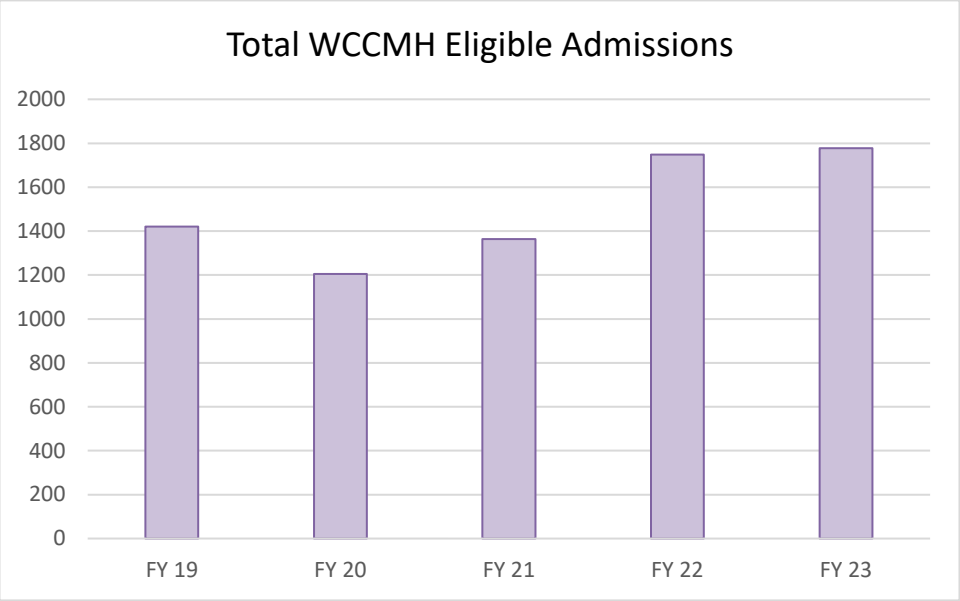
With the implementation of CCBHC and the integration of CARES datasets, we experienced a significant increase of requests for intakes which continues to be present.



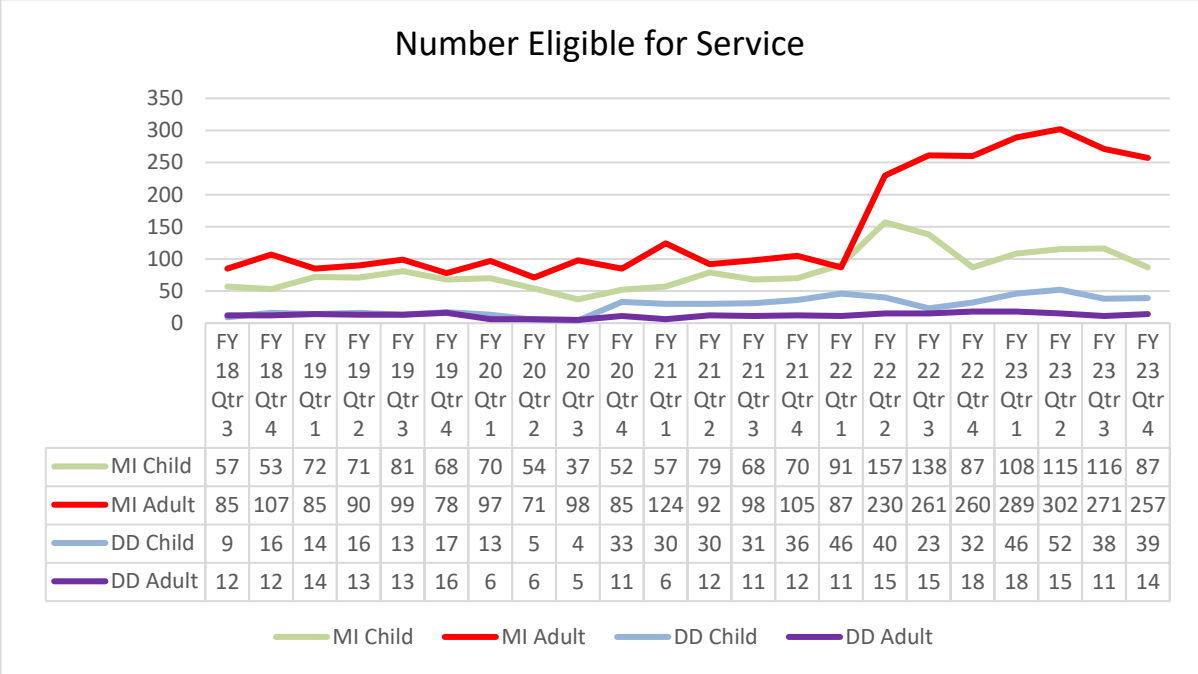
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4
MI Child	56	76	94	82	111	70	90	59	57	90	96	114	113	101	133	218	167	128	150	164	167	136
MI Adult	73	206	168	206	155	97	122	84	144	181	193	175	169	179	178	538	405	456	445	498	486	465
DD Child	12	29	28	23	23	27	21	14	7	42	27	37	33	48	39	49	26	39	51	62	52	59
DD Adult	8	17	18	17	18	20	9	9	9	11	12	17	15	21	14	23	23	27	21	17	23	21

The increase in requests for Adults who experience mental health complications continues to be remarkable. Children with mental health complications seeking services 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 a strength for the community.

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 and remains consistent with data from FY 22.

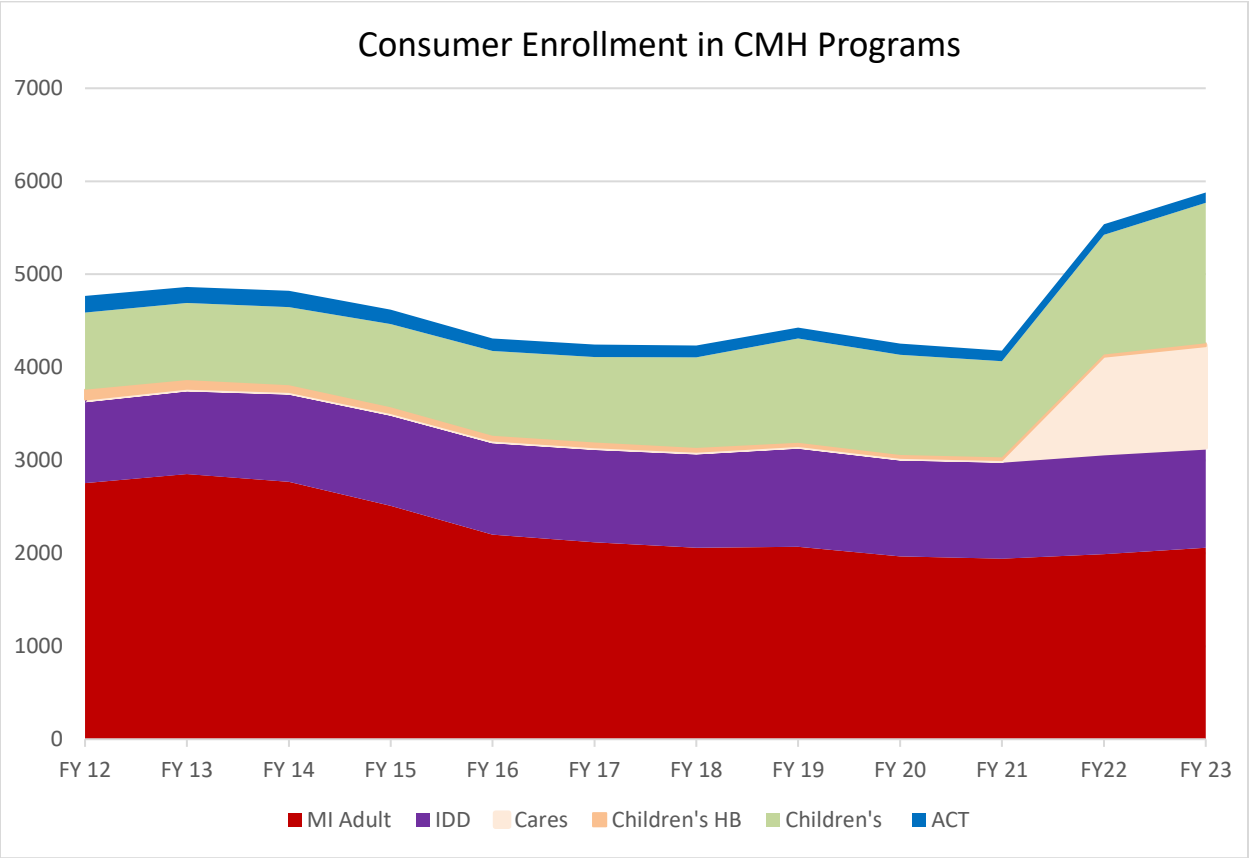


The FY 22 and 23 admissioms are significantly higher than in years past. Those eligible for services are then admitted into one of our programs. Tracking these admissions into WCCMH core teams reveals the following graph:



	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	FY 23 Qtr 3	FY 23 Qtr 4
MI Child	57	53	72	71	81	68	70	54	37	52	57	79	68	70	91	157	138	87	108	115	116	87
MI Adult	85	107	85	90	99	78	97	71	98	85	124	92	98	105	87	230	261	260	289	302	271	257
DD Child	9	16	14	16	13	17	13	5	4	33	30	30	31	36	46	40	23	32	46	52	38	39
DD Adult	12	12	14	13	13	16	6	6	5	11	6	12	11	12	11	15	15	18	18	15	11	14

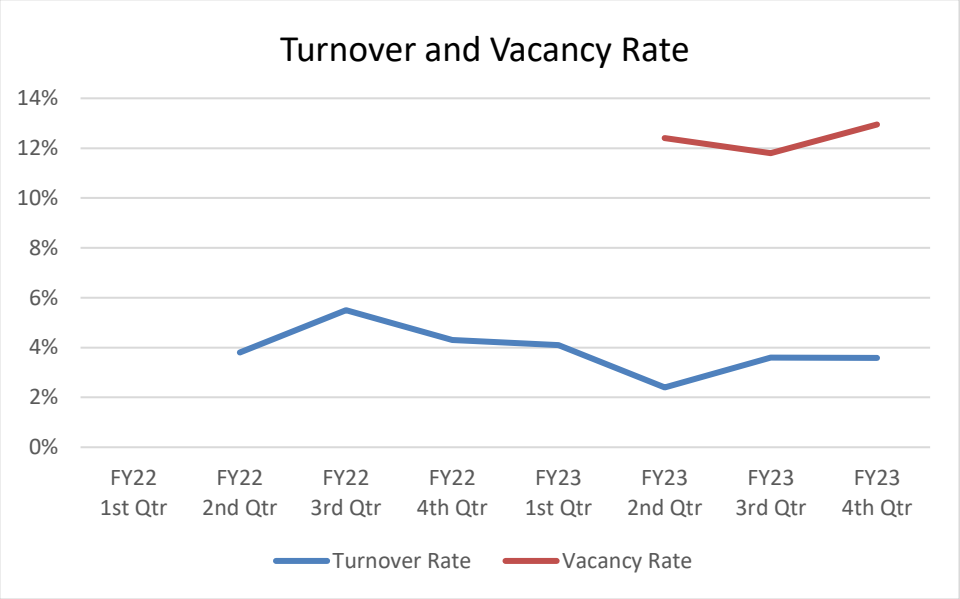
Not surprisingly, with intakes increasing for adults and children who experience mental health symptoms, the number of consumers eligible for program is increasing as well. The following graph identifies the cumulative enrollment for the organization delineated by each of the WCCMH core programs by fiscal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

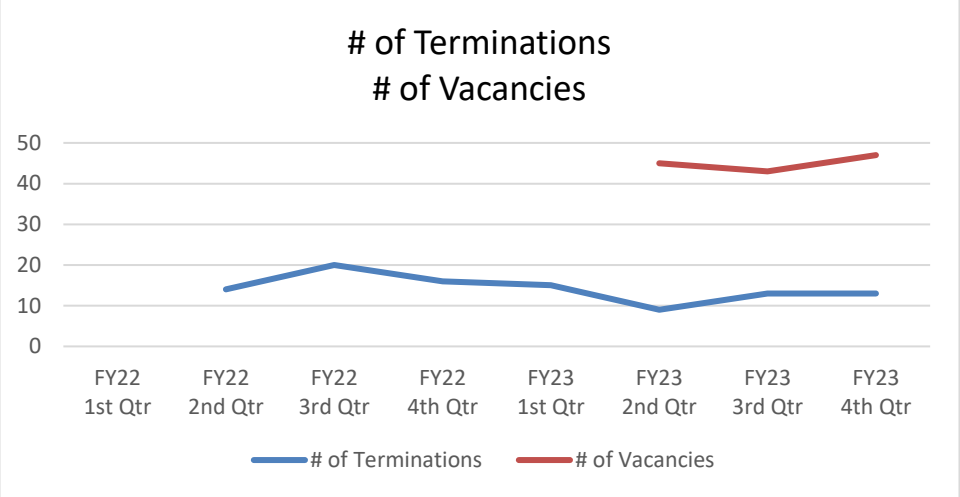


Cumulative enrollment shows overall increase in admission to WCCMH services which is impacted by the implementation of CCBHC and integration of the CARES dataset.

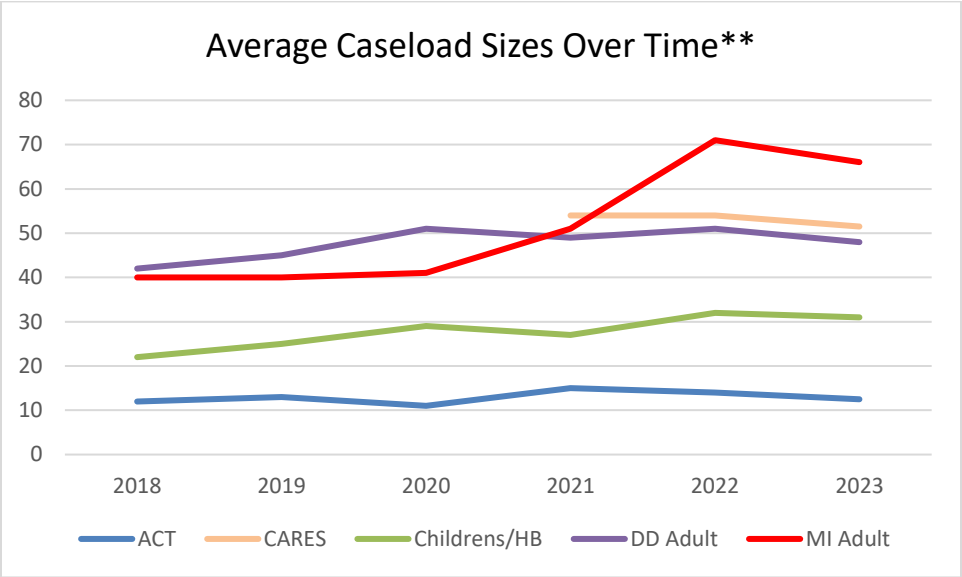
While experiencing higher enrollment, we also have continued to try to impact on our employee turnover rate. We continue to monitor our turnover rate defined as the the number of terminations (voluntary, retiring and involuntary) divided by the average number of active positions during the quarter. In the second quarter of FY 23 we began tracking our vacancy rate as well (number of vacancies divided by the number of active positions each quarter). The rates for each quarter were:

FY 23 Quarter	Average Number of Active Position	Number of Employment Termination	Turnover Rate	Number of Vacancies	Vacancy Rate
1st	362	15	4.1%		
2nd	362	9	2.5%	45	12.43%
3rd	363	13	3.6%	48	13.22%
4th	363	13	3.6%	47	12.95%





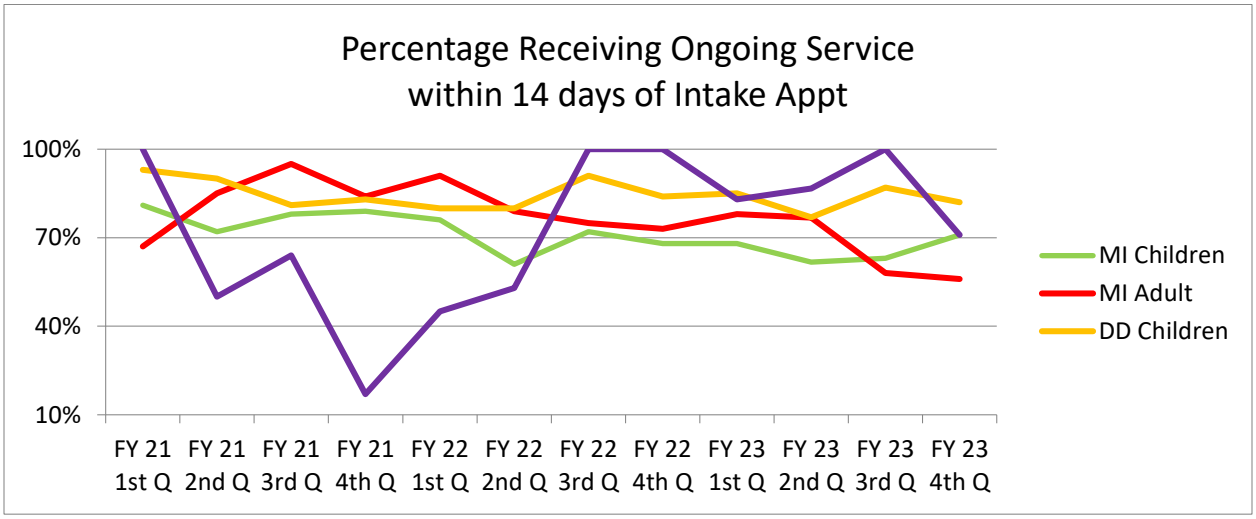
Higher enrollment amidst ongoing turnover impacted caseload sizes. As individuals are found eligible for service, their case is opened, assigned to a program and then assigned to a caseload. The graphic below displays the average caseloads. The trending increase of caseload sizes began in FY 19 (due 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). However, overall average caseload sizes did decrease in FY 23 compared to FY 22 but are still considered high.



*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

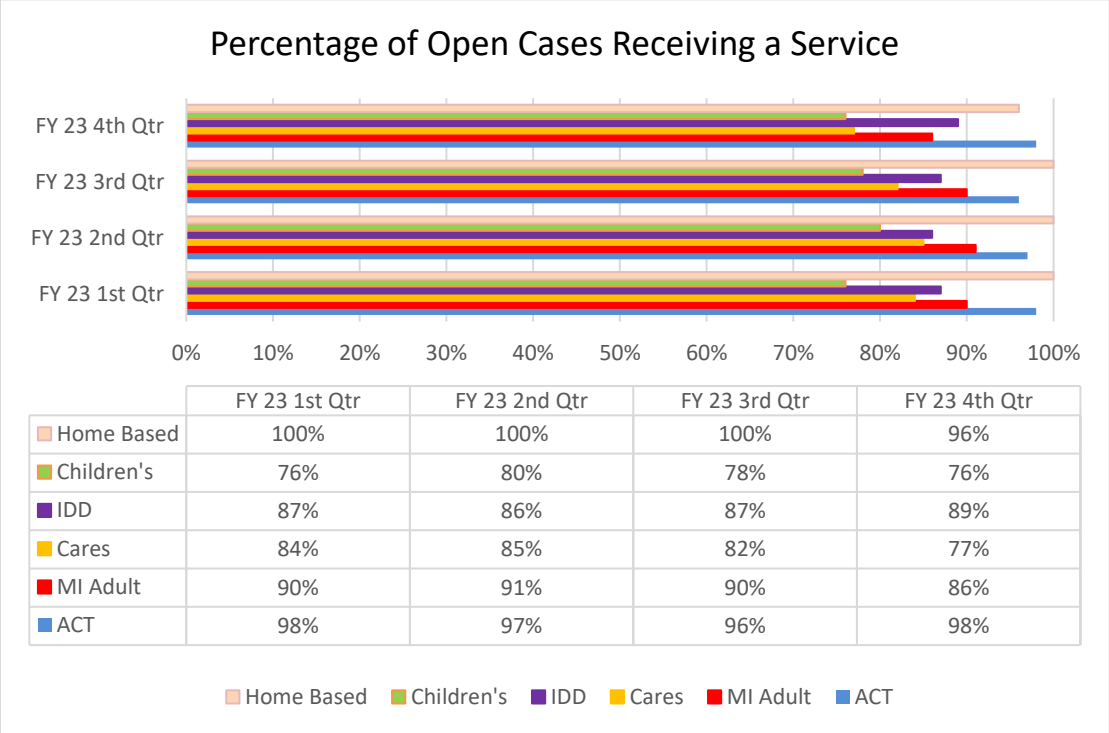
Hopefully, average caseload sizes were the highest in FY 22 and in FY 23 we saw a decrease (though we continue to focus on achieving lower caseload sizes). These caseload sizes along with competitive salaries in other organizations then impact our turnover rate. Children's programs have also experienced increased caseload sizes which hit their highest marks in FY 22, remained relatively stable in FY 23 and are 30% higher than before the hiring freeze. IDD also experienced an overall increase in caseload sizes but are almost where they were before the hiring freeze. ACT caseload sizes experienced variance but are at 2019 levels now. 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, no show, found eligible but chose to pursue services elsewhere). The new compliance rate is much lower than prior to the definition change.



The DD Adult performance visually displays the greatest variance due to a low denominator which is then sensitive to numerator changes. MI Adult and MI Children's percentages are greatly impacted by the consumer's choice of not showing for their appointment or scheduling outside of the 14 days.

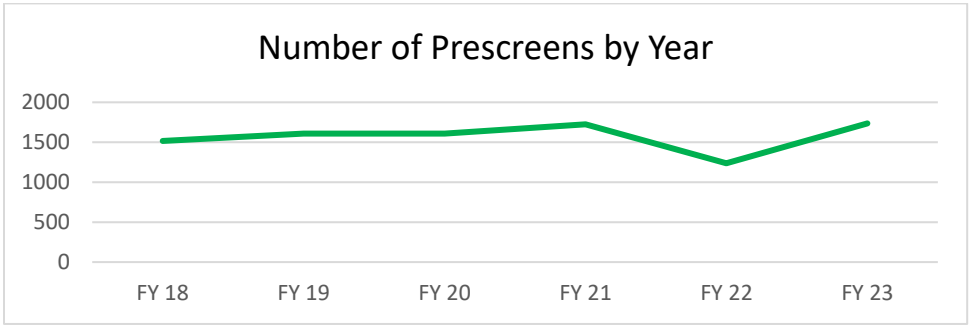
The organization's priority has been to ensure the individual is receiving their services and that we remain in contact with them. Of those enrolled, it is helpful to monitor the percentage receiving a service in the designated time period as indicated below:



	FY 23 1st Qtr	FY 23 2nd Qtr	FY 23 3rd Qtr	FY 23 4th Qtr
Home Based	100%	100%	100%	96%
Children's	76%	80%	78%	76%
IDD	87%	86%	87%	89%
Cares	84%	85%	82%	77%
MI Adult	90%	91%	90%	86%
ACT	98%	97%	96%	98%

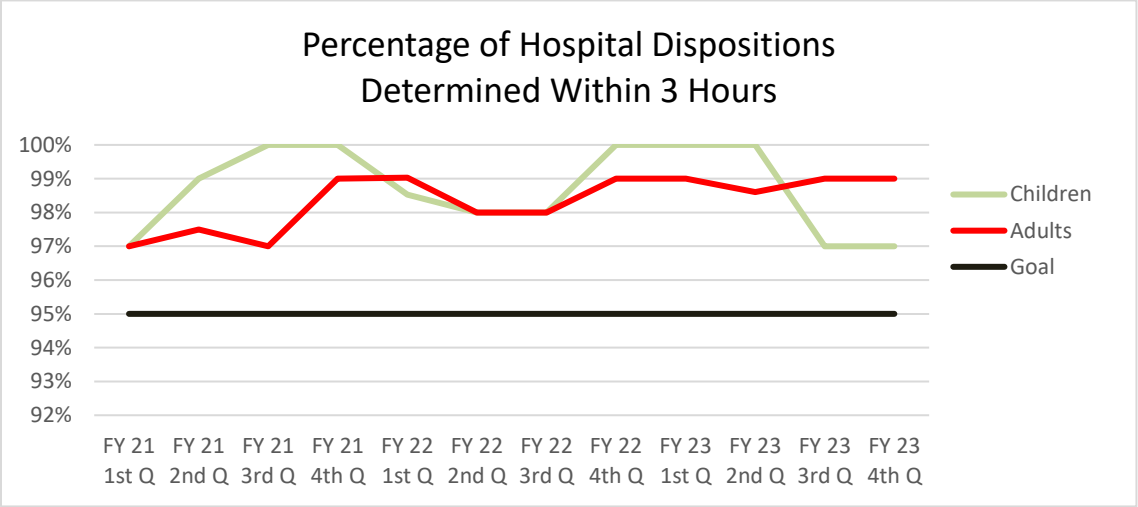
This graph displays the percentage of individuals receiving at least one service in the corresponding time period. It should be noted, engaging those enrolled in the Children's program can be quite challenging due to the complexity and competing priorities in the family's life.

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 prescreen. Below are the total number of prescreens over a six year period and the percentage that result in a disposition identifying the need for an inpatient hospitalization.



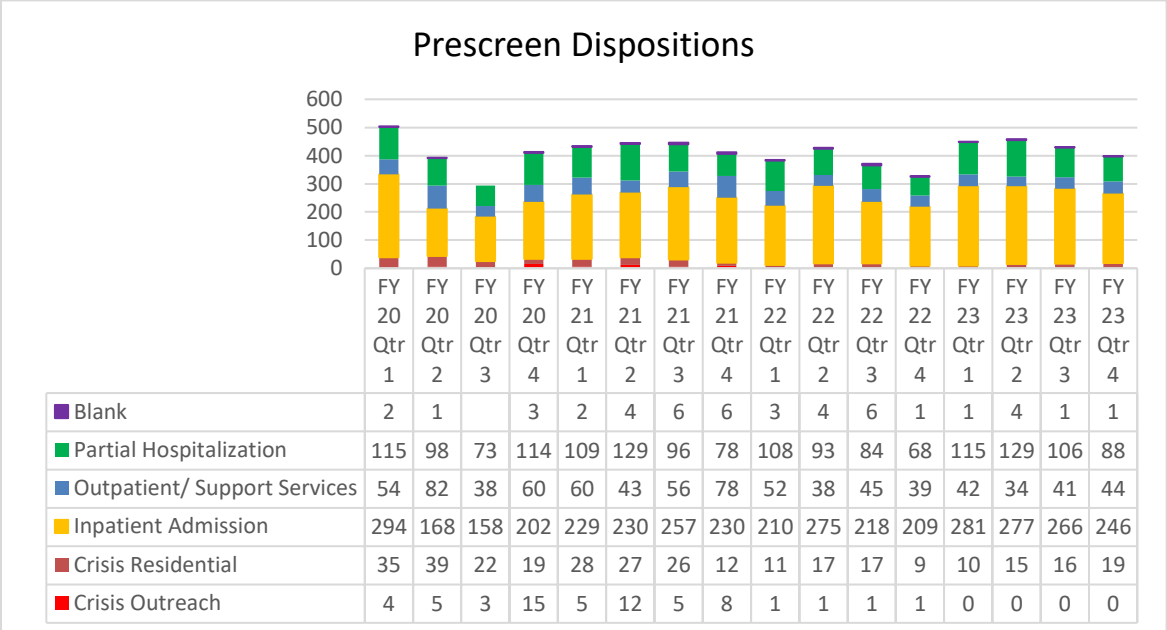
Overall, the number of prescreens increased through FY 21 and decreased to its lowest number in nine years in FY 22 and then returned to a point similar to the number in FY 21.

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. Please note, this does not indicate the amount of time a consumer waits for an available bed once the disposition is identified.

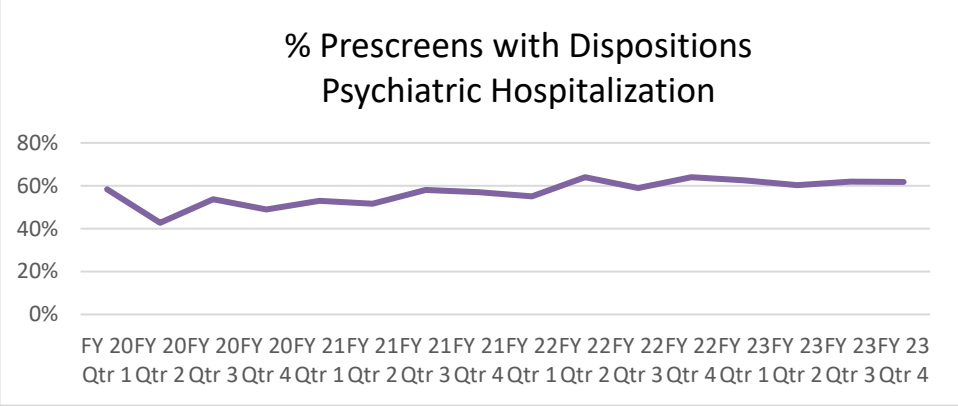
Of the Crisis Prescreens, it is useful to look at all disposition categories that resulted from the screening. The following graph helps to pictorially represent these dispositions.



	FY 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 23 Qtr 3	FY 23 Qtr 4
Blank	2	1		3	2	4	6	6	3	4	6	1	1	4	1	1
Partial Hospitalization	115	98	73	114	109	129	96	78	108	93	84	68	115	129	106	88
Outpatient/ Support Services	54	82	38	60	60	43	56	78	52	38	45	39	42	34	41	44
Inpatient Admission	294	168	158	202	229	230	257	230	210	275	218	209	281	277	266	246
Crisis Residential	35	39	22	19	28	27	26	12	11	17	17	9	10	15	16	19
Crisis Outreach	4	5	3	15	5	12	5	8	1	1	1	1	0	0	0	0

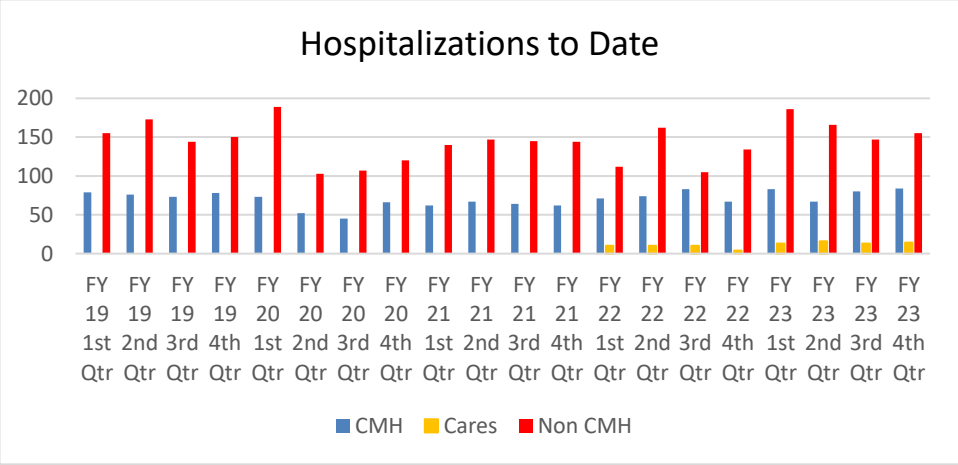
Partial hospitalizations were higher in FY 23 than FY22 as were hospitalizations however, this is not surprising given the number of prescreens increased.

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



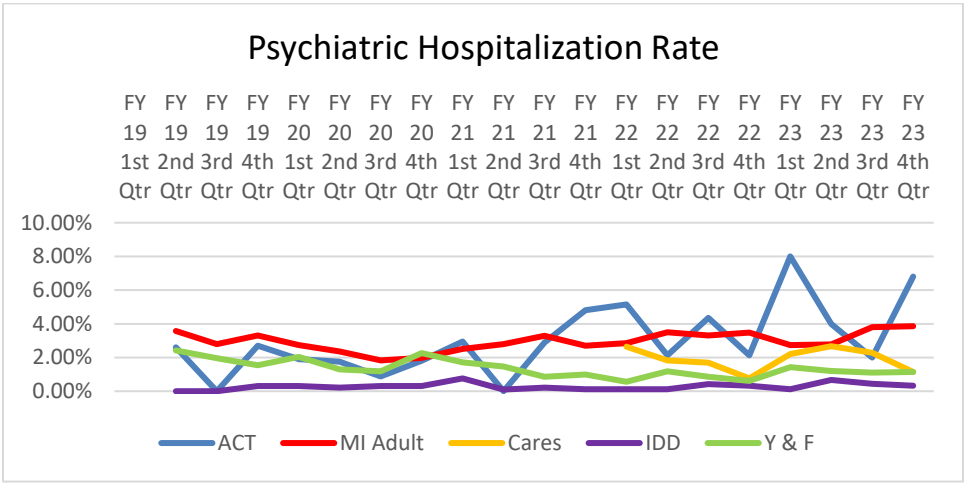
This percentage of psychiatric hospitalizations dispositions remains steady.

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 (typically mild to moderate/ CCBHC cases). 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 five fiscal years between these two categories is depicted below and also includes the CARES data beginning in FY 22:



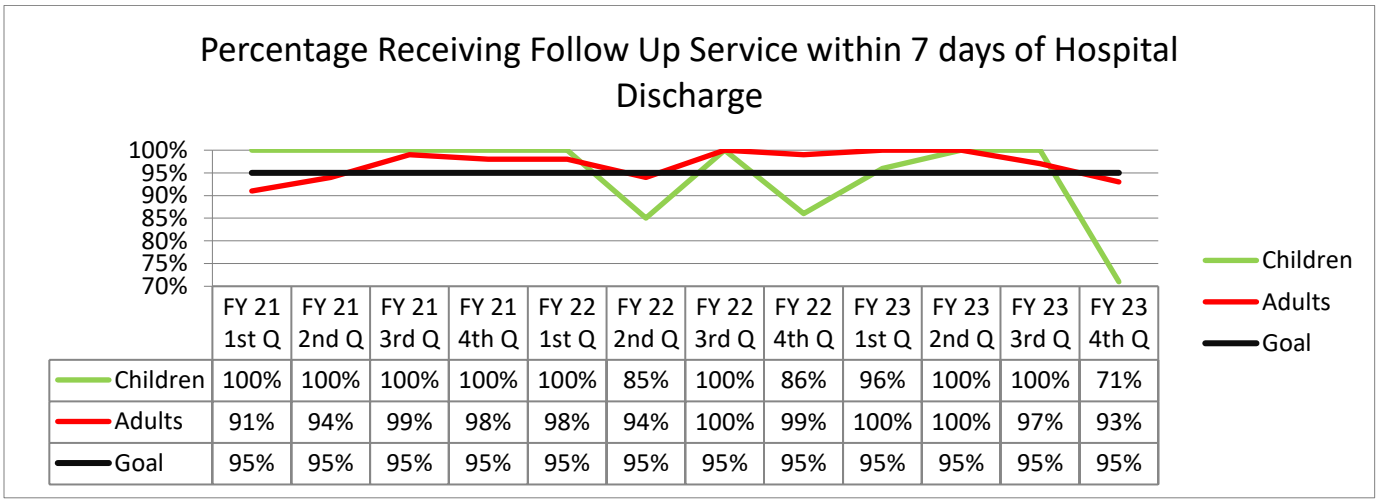
Psychiatric hospitalizations of CMH-served individuals (open CMH cases) overall seems to have a somewhat stable pattern though is influenced from low data points in the pandemic time period. Non-CMH individuals show a decrease in hospitalizations from FY 23 quarter 1. Hospitalization data for the CARES program is now included in this graph though the baseline is still being developed.

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 ACT program has a much lower denominator than the other programs so displays much more variance. The MI Adult Team had a variance between just under 3% and just under 4% for FY 23. Youth and Family has remained pretty steady as well. The CARES team ranged from 1 – 3%.

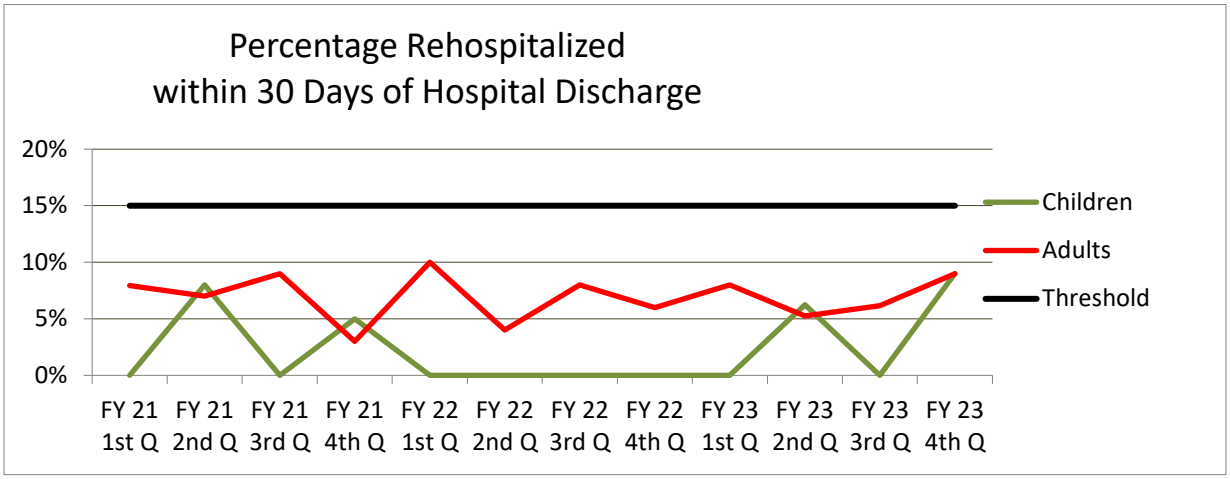
When an individual is discharged from a psychiatric hospitalization, we schedule a service within 7 days of their discharge. Below are graphs of the MDHHS Performance Indicator monitoring open WCCMH cases of children and adults who were psychiatrically hospitalized and received a face-to-face service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



	FY 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 3rd Q	FY 23 4th Q
Children	100%	100%	100%	100%	100%	85%	100%	86%	96%	100%	100%	71%
Adults	91%	94%	99%	98%	98%	94%	100%	99%	100%	100%	97%	93%
Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage rates for Children's services was below the goal for the fourth quarters due to their denominator being very low. When one case is out of compliance, this can result in not meeting the goal and strongly impacting the overall percentage. Adult programs dipped a bit below the goal for the fourth quarter. During FY 23, MDHHS ended the public health emergency recognition of phone calls counting as services. This is primarily the reason cases in FY23 are out of compliance. That is, individuals and/or their families did receive phone calls to check on them but the phone call does not meet the "face to face" service requirement. 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.



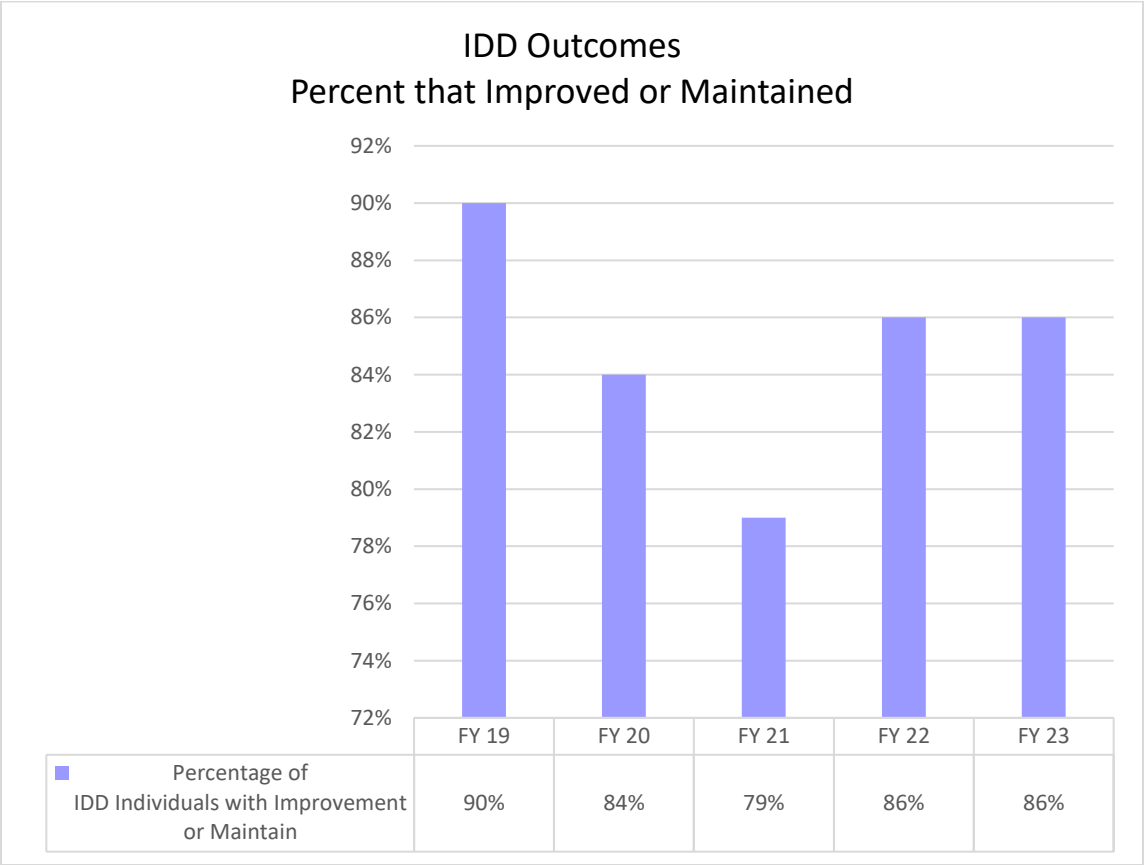
The organization continues to remain below the MDHHS threshold of 15%.

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. This data is based on 958 cases.



FY 23 outcomes are commensurate with FY 22 outcomes.

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 23 indicates the program has made a significant difference to 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 in 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 23 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 186): **20**

Average CAFAS Youth Total Score on Initial Assessment: **87**
Average CAFAS Youth Total Score on Most Recent Assessment: **67**

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 569): **21**

Average CAFAS Youth Total Score on Initial Assessment: **88**
Average CAFAS Youth Total Score on Most Recent Assessment: **67**

The findings for both measures indicate a significant improvement in outcomes. Inactive episodes of care in FY 22 also showed a significant improvement. This is a continued and impressive trend for the program.

The finding that includes both active and inactive cases typically indicated a change just below what is considered statistically significant (20) though still reflected 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. This change amount was identified in FY 21 and FY 22. To have a significant change in this indicator for FY 23 is impressive.

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 includes information from the Caregiver (Material Needs, Family/Social Support). The four levels of impairment are the same as 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 in 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 23 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 13: **13**

Average PECFAS Youth Total Score on Initial Assessment: **76**
Average PECFAS Youth Total Score on Most Recent Assessment: **63**

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 49): **15**

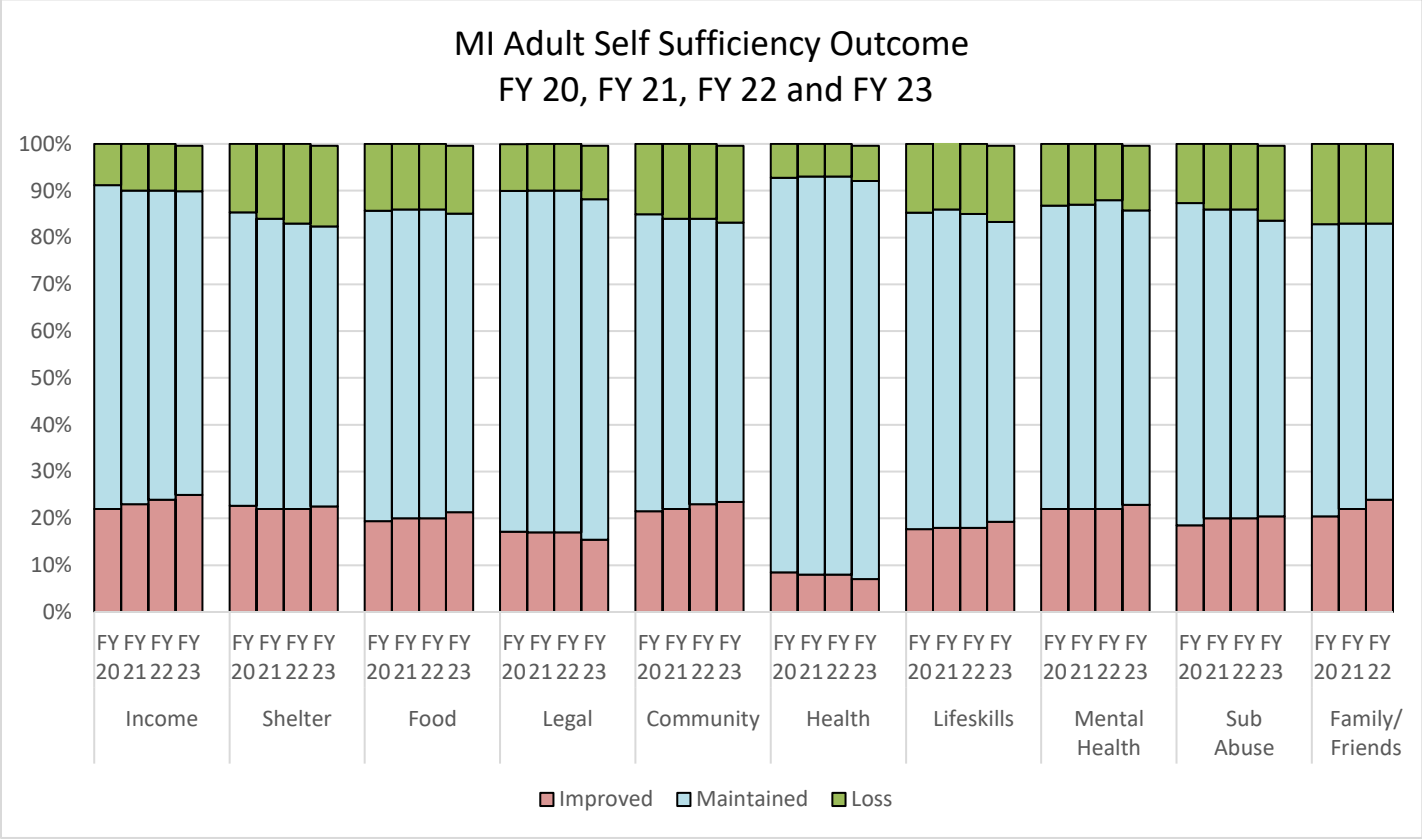
Average PECFAS Youth Total Score on Initial Assessment: **75**
Average PECFAS Youth Total Score on Most Recent Assessment: **60**

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 showed very good improvement. FY 23 reveals outcomes more in line with what was reported in FY 21.

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. This data is based on 1,271 cases.



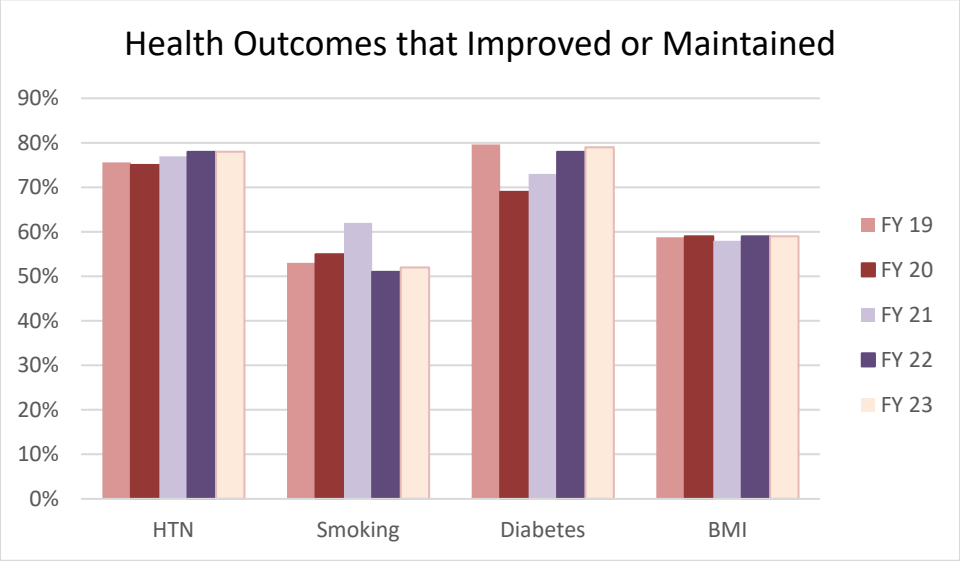
The graphs identify percentages of cases with Improvement, Maintained, and Loss of outcome status over a four-year time period. Sometimes there will be a percentage that Improved and a percentage that experienced Loss, sometimes on the same domain. This can occur because the aggregated data may reflect 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 eight of the ten categories (Shelter, Food, Legal, Community, Health, Life Skills, Mental Health and Substance Abuse) while a higher percentage show more loss in their outcomes in five categories (Income, Mental Health, Life Skills, Food 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 diagnosis 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 22. The percentage of those improving/ maintaining on their Smoking behavior is lower than FY 21 though a bit higher than FY 22.

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

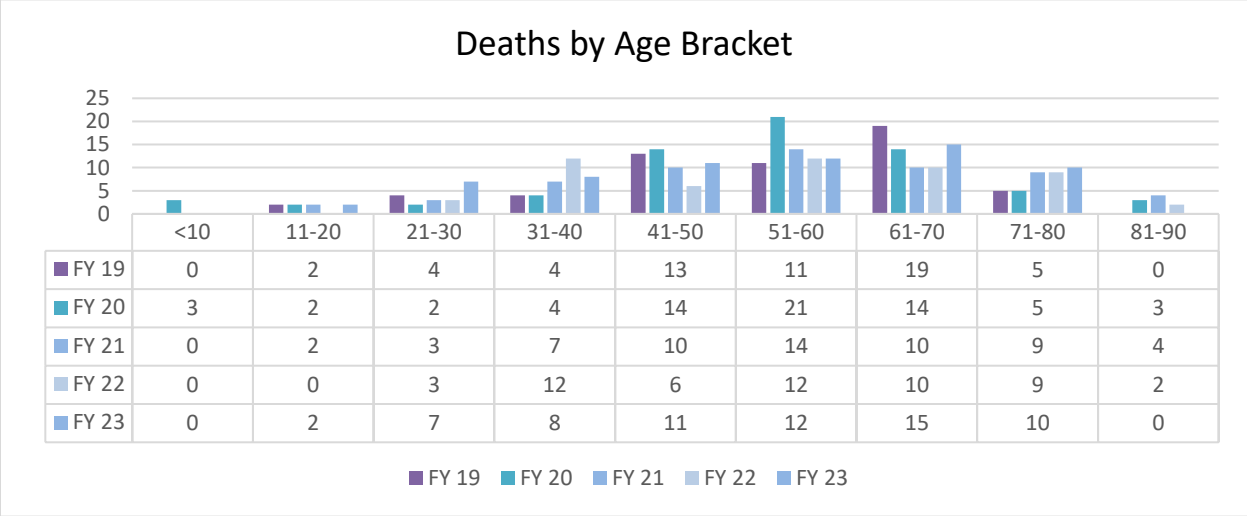
every reported individual death, WCCMH process includes reviewing the chart, obtaining the death certificate (if available) and presenting this information and the death report to the Medical Director. The Medical Director then classifies the cause of death. Below are the aggregated categories of cause of death and the average age at the time of death for each category.

Mortality

Cause of Death	**FY 19**	***Age FY 19***	**FY 20**	***Age FY 20***	**FY 21**	***Age FY 21***	**FY 22**	***Age FY 22***	**FY 23**	***Age FY 23***
Aspiration Pneumonia					2	*76*	3	*66*	4	*68*
Cancer	9	*59*	7	*57*	10	*62*	3	*51*	8	*65*
Cardiovascular	14	*61*	14	*61*	6	*69*	12	*64*	10	*67*
Dehydration										
Diabetes					1	*50*				
Drug Abuse	6	*42*	8	*45*	2	*37*	6	*43*	10	*48*
Endocrine System (Diabetes)										
Environmental Hypothermia	1	*51*								
Fluid Electrolyte Disturbance									1	*49*
Gastrointestinal			3	*60*	1	*65*			3	*42*
Hip Fracture Complications										
Homicide									3	*36*
Hyponatremia							2	*43*		
Inanition			2	*61*						
Infection	1	*61*	4 (2 - COVID 19)	*53*	5 (4 - COVID 19)	*49*	4 (3 - COVID 19)	*49*		
Kidney Disease			1	*81*					1	*54*
Liver Disease			2	*42*	3	*62*	1	*61*	1	*39*
Metabolic	1	*61*								
Natural/Other										
Neurological	1	*80*	3	*50*	7	*60*	3	*69*	3	*55*
Respiratory	10	*53*	10	*51*	4	*40*	5	*60*	5	*44*
Suicide	2	*22*	6	*45*	2	*23*	2	*36*	6	*32*
Trauma	2	*63*			2	*40*	3	*50*	2	*73*
Unknown	10	*38*	8	*45*	15	*49*	10	*38*	8	*44*
Grand Total	**# of Deaths 57**	***Avg Age 52***	**# of Deaths 68**	***Avg Age 53***	**# of Deaths 60**	**Avg Age 54**	**# of Deaths 54**	***Ave Age 52***	**# of Deaths 65**	***Ave 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.

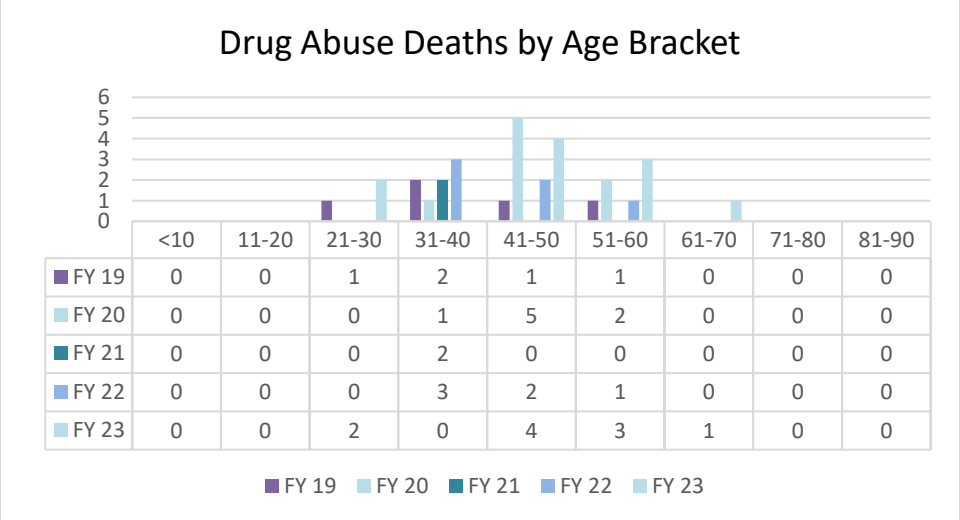
Reviewing the number of individuals who were receiving services and passed away in FY 23 between frequency of deaths per bracketed age categories helps monitor and review baseline data and possible trends/ patterns.



	<10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
FY 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
FY 23	0	2	7	8	11	12	15	10	0

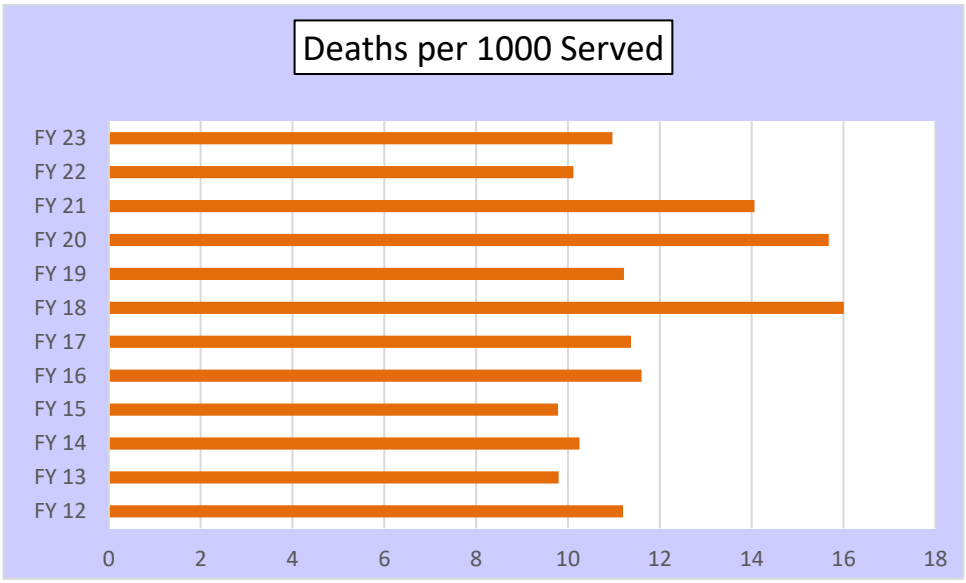
Not surprisingly, a higher frequency of deaths occurs in the older decades. We hope that helping individuals with their health needs will result in the frequency of deaths moving to the right on the graph, i.e., occurring in older age. While the number of deaths did increase in the 41-50 and 61-70 age range, the bracketed age groups 71-80 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 23 and their bracketed age group are depicted below:



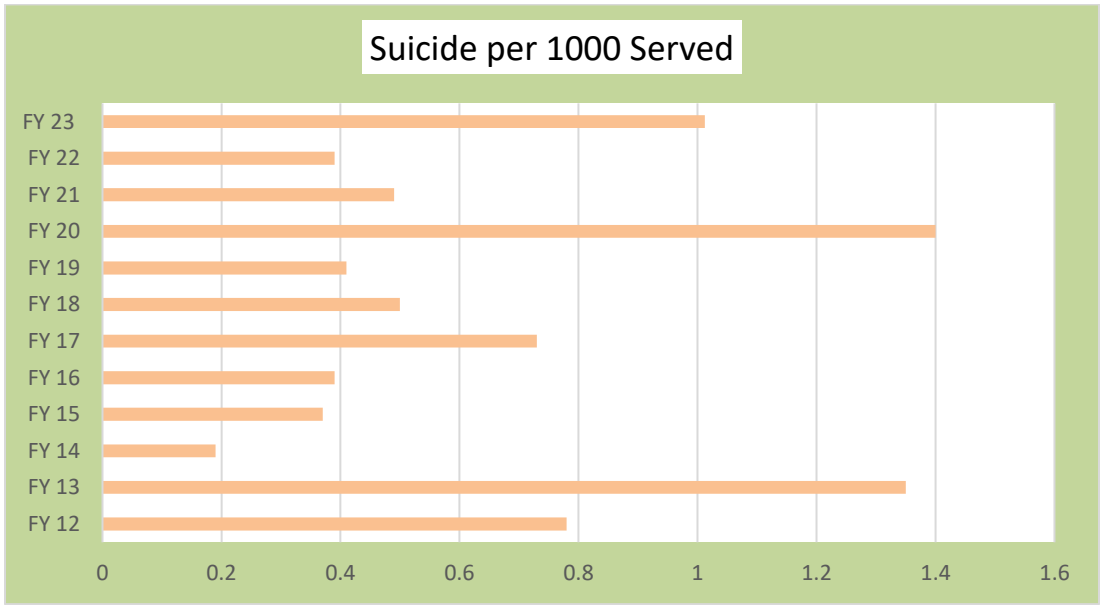
	<10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
FY 19	0	0	1	2	1	1	0	0	0
FY 20	0	0	0	1	5	2	0	0	0
FY 21	0	0	0	2	0	0	0	0	0
FY 22	0	0	0	3	2	1	0	0	0
FY 23	0	0	2	0	4	3	1	0	0

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 a bit higher than last year. There are no identified systemic mental health treatment factors contributing to these deaths.

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



The ratio for FY 23 is the third highest ratio in the evaluated time period. All suicides are reviewed with a root cause analysis. This is a very thorough and thoughtful review process beyond the normal death review process.

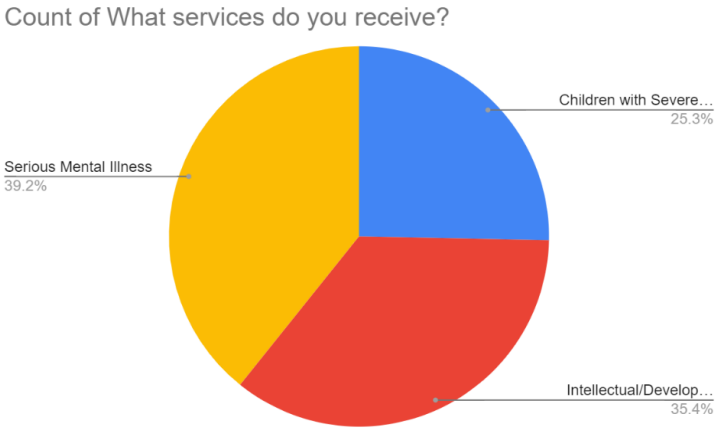
ATTACHMENT #8
AUGUST 2024

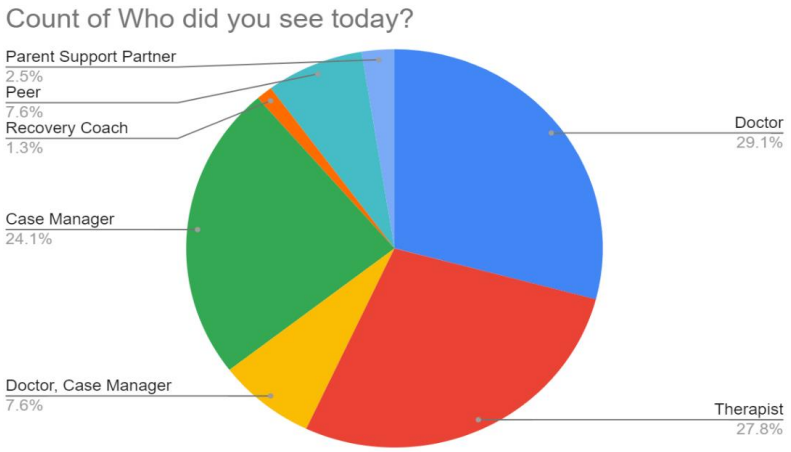
Satisfaction Survey Results

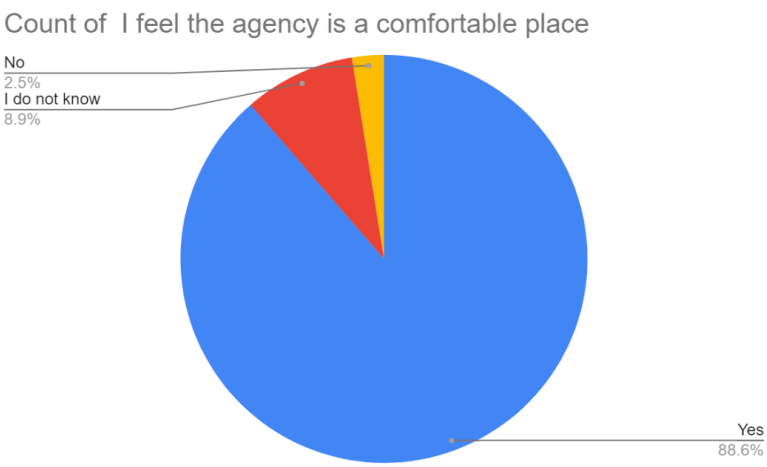
The Customer Service department, working with the Region, developed a new Satisfaction Survey and implemented it to all populations with results reported accordingly. Scores less than 80% resulted in corrective action plan steps to help improve these areas.

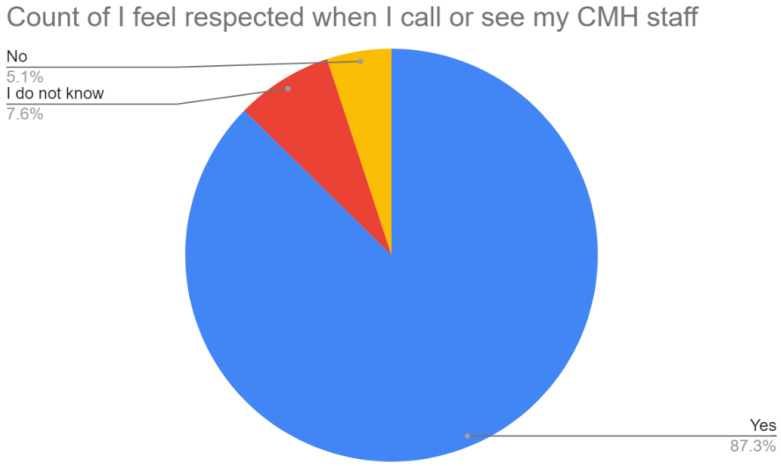
N=79

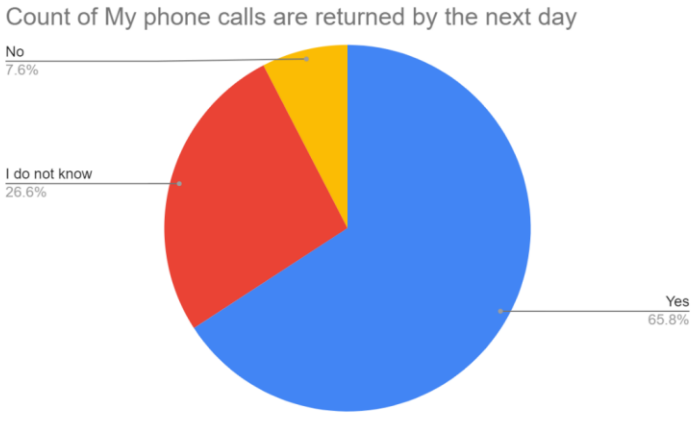
Survey Results from Those Who Receive Services

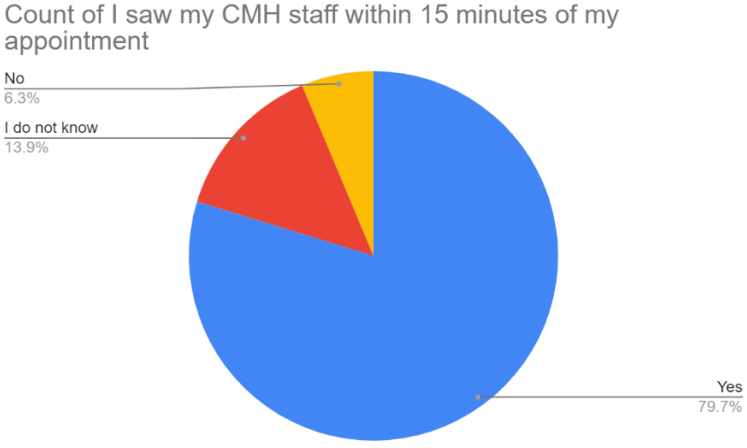


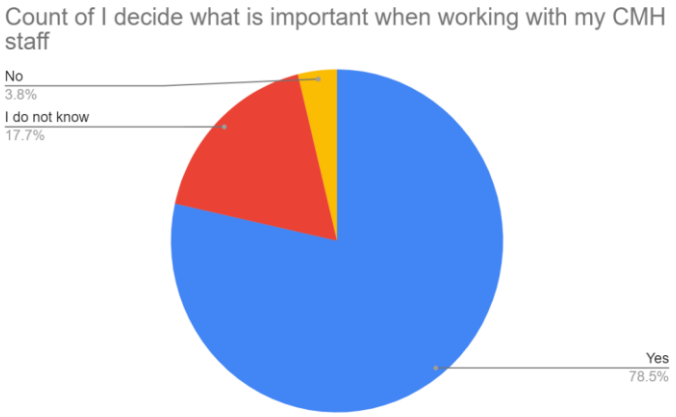


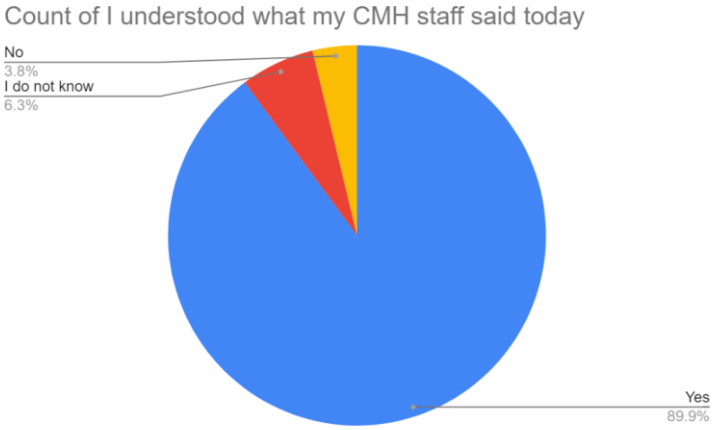


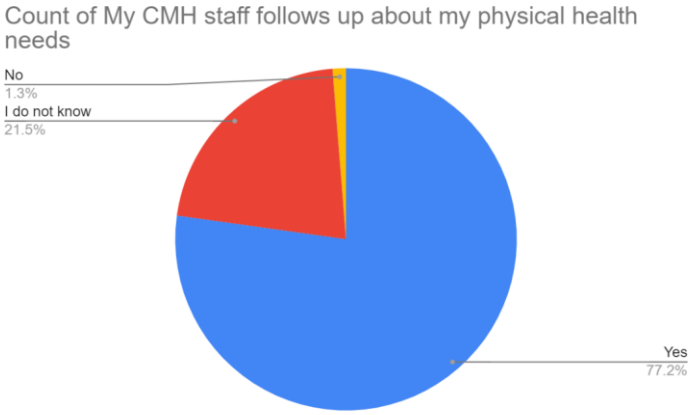


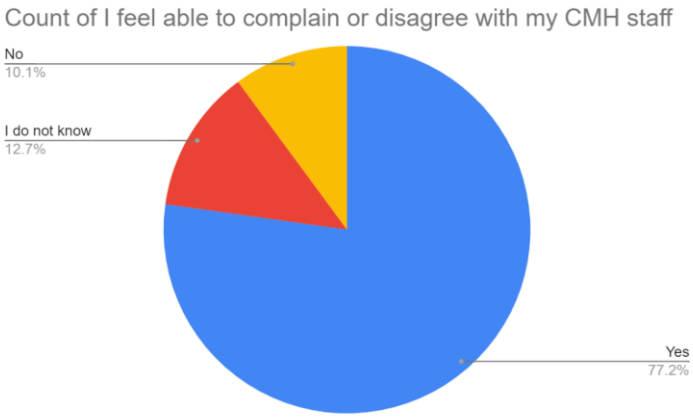


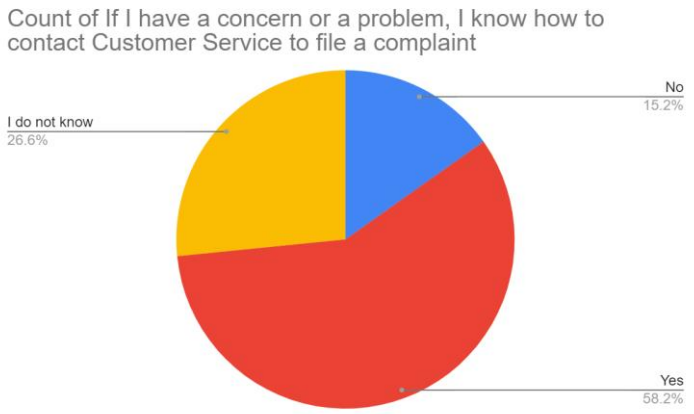












Areas for Program to focus on include returning phone calls by the next day (same as in 2022), saw my CMH staff within 15 minutes of the scheduled time, I decided what is important when working with my CMH staff, CMH staff helps to achieve my goals (same as 2022), CMH staff follows up about my physical health (same as

2022), feeling able to complain or disagree with CMH staff, knowing how to contact Customer Service or file a complaint (same as 2022).

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.