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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH)
BOARD MEETING AGENDA
This meeting will be held by video conference due to the recent State of Michigan lesislature allowing public board and commissions to meet virtually.
https://zoom.us/j/99693437062
January 15, 2021
9:30AM-11:30AM

I. Roll Call (5 minutes)

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

III. Board Response to Audience Participation (5 minutes)

IV. Consent Agenda (Attachment #1) (5 minutes) **ACTION**
A. WCCMH Board Meeting Minutes and Actions-12/18/20 (Attachment #1A)
B. WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-12/14/20 (Attachment #1B)
C. WCCMH Executive Committee Meeting Minutes and Actions-12/14/20 (Attachment #1C)
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-12/14/20 (Attachment #1D)
E. WCCMH Annual Recipient Rights Report (Attachment #1E)
F. Winter 2020 CMH Quarterly Staff Newsletter (Attachment #1F)
G. WCCMH Consumer Advisory Council Minutes and Actions-12/9/20 (Attachment #1G)
H. WCCMH Consumer Advisory Council Fall 2020 Newsletter (Attachment #1H)
I. WCCMH Millage Communications Plan (Attachment #1I)
J. Juvenile Justice Diversion Update Presentation (Attachment #1J)

V. Treasurer's Report **ACTION** (10 minutes)
- Financial Status Report (Attachment #2) **N. Phelps ACTION**
- Millage Financial Status Report (Attachment #2A) **N. Phelps ACTION**
- WCCMH FY2021 Budget Amendment (Attachment #2B) **N. Phelps ACTION**

VI. Executive Director Report-**T. Cortes** (10 minutes)

VII. Millage/CARES Report-**L. Gentz/M. Tasker** (5 minutes)
- Millage Report (Attachment #3) **L. Gentz**
- CARES Program Update/Dashboard **M. Tasker** (Attachment #4)

VIII. Discussion Items
- None

IX. CMHPSM Regional Update (5 minutes)
- December 9, 2020 CMHPSM Meeting Minutes and Actions (Attachment #5)
- January 13, 2021 CMHPSM Board Meeting Update

X. New Business (40 minutes)
- WCCMH Consumer Advisory Council Quarterly Update **M. Hershberger**
- Putting It All Together Presentation **T. Cortes/M. Harding** (Attachment #6)

XI. Old Business (5 minutes)
- CCBHC Update

XII. Move to Closed Session to discuss the WCCMH Executive Director Evaluation (15 minutes)

XIII. Resume WCCMH Board Public Meeting (5 minutes)

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

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

XIV. Items for Future Discussions (5 minutes)

- Development of Reserve Capital
- Diversion Council Update
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey

XV. Adjournment of Public Meeting

Instructions to join this meeting below:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/99693437062

Or join by phone:
Dial(for higher quality, dial a number based on your current location):
US: +1 267 831 0333 or +1 312 626 6799 or +1 206 337 9723 or +1 213 338 8477

Webinar ID: 996 9343 7062

International numbers available: https://zoom.us/u/aCNr3Y2rI

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

ATTACHMENT #1
JANUARY 2021

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

JANUARY 15, 2021

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-12/18/20
B. WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-12/14/20
C. WCCMH Executive Committee Meeting Minutes and Actions-12/14/20
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-12/14/20
E. WCCMH Annual Recipient Rights Report
F. Winter 2020 CMH Quarterly Staff Newsletter
G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-12/9/20
H. WCCMH Consumer Advisory Council Fall 2020 Newsletter
I. WCCMH Millage Communications Plan
J. Juvenile Justice Diversion Update Presentation

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BOARD MEETING MINUTES *DRAFT*

Due to the recent State of Michigan legislature allowing public board and commissions to meet virtually this meeting was held remotely.

https://zoom.us/j/92930911806

December 18, 2020 9:30am

J. Martin called the meeting to order at 9:32 am.

ROLL CALL:
F. Brabec attending remotely from Pittsfield Township, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Township, Washtenaw County, MI joined at 10:08am
B. King attending remotely Ann Arbor, Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
C. Richardson attending remotely from Ann Arbor, Washtenaw County, MI
K. Scott attending remotely from Ann Arbor, Washtenaw County, MI
D. Strong attending remotely from Scio Township, Washtenaw County, MI
K. Walker attending remotely from Cadillac, Wexford County, MI

MEMBERS ABSENT: S. Antonow

STAFF PRESENT: M. Harding, N. Phelps, R. Dornbos, T. Cortes, H. Linky, M. Taylor, S. Amos O'Neal, M. Tasker, T. Florence, S. Ray

OTHERS PRESENT: L. Lutomski, M. Kauth-Karjala, P. Rabe, D. Smith, J. O'Mara, N. Franke, G. Nelson, K. Belknap, N. Heine, S. Swisher, N. Estiverne, R. Diaz, J. Osborn, M. Creekmore

I. Introductions
-

II. Audience Participation
- P. Rabe from Saline, parent of a consumer, provided public comment.
- D. Smith, parent of a consumer, provided public comment.
- J. O'Mara, parent of a consumer, provided public comment.
- M. Kauth-Karjala, parent of a consumer, provided public comment.
- N. Franke, consumer, provided public comment.
- N. Estiverne, direct care worker, provided public comment.

III. Board response to audience participation
- J. Martin thanked P. Rabe for their comments.
- J. Martin thanked D. Smith for their comments and requested their comments be sent to R. Dornbos who will share with the board.
- J. Martin thanked J. O'Mara for their comments.
- J. Martin thanked M. Kauth-Karjala for her comments and letter to the board members.
- J. Martin thanked N. Franke for their comments.
- J. Martin, A. Dusbiber, R. Jefferson, and B. King thanked N. Estiverne for their time and asked that they submit their comments in writing for the WCCMH Board to review.

J. Martin requested the Executive Committee meet and come up with a process on responding to the Audience Participation portion of the agenda.

F. Brabec left the meeting at 10:00am.

R. Jefferson joined the meeting at 10:05am.

IV. Consent Agenda Actions

- WCCMH Board Meeting Minutes and Actions-11/20/20
- WCCMH Budget-Finance Meeting Minutes and Actions-11/9/20
- WCCMH Program-Quality Committee Meeting Minutes and Actions-11/9/20
- WCCMH Executive Committee Meeting Minutes and Actions-11/20/20
- WCCMH Executive Committee Meeting Minutes and Actions-11/20/20 CLOSED SESSION
- WCCMH Millage Advisory Committee Meeting Minutes and Actions-11/9/20
- WCCMH Staffing and Provider Discussion and Presentation
- WCCMH Strategic Plan
- Public Safety and Mental Health Preservation Millage Communications Plan
- CMHPSM Diagnosis and Clinical Formulation Policy
- CMHPSM Timeliness of Service Provision and Documentation Policy
- CMHPSM Transition Planning Policy
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-10/14/20
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-11/18/20

MOTION BY A. DUSBIBER SUPPORTED BY B. KING TO APPROVE THE DECEMBER 18, 2020 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**BRABEC**	**Not present at time of this vote**
DUSBIBER	**Y**	**GRAEBNER**	**Y**
HIGMAN	**Y**	**JEFFERSON**	**Y**
KING	**Y**	**MARTIN**	**Y**
RICHARDSON	**Y**	**SCOTT**	**Y**
STRONG	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Treasurer's Report

- N. Phelps reviewed the financial status report for the month ending October 31, 2020.
- Medicaid enrollees were 35,512 at October 2020. This is 1,299 more than this time last year.
- Healthy Michigan enrollees were 19,990 at October 2020. This is 3,284 more than this time last year.
- Medicaid consumers served through October 2020 are 2,303. This is 14 more consumers served than the same period last year.
- ABA waiver consumers served through October 2020 are 119. This is 8 less consumers served than the same period last year.
- Healthy Michigan consumers served through October 2020 were 330. This is 33 less consumers served than the same period last year.
- General Fund consumers served through October 2020 are 153. This is 187 less consumers served than the same period last year.
- CLS service costs to date are $1.8 Million. The costs year to date at 21.32% less than the same period last year. This is $441,000 under budget. The temporary $2 per hour direct care worker increase is reflected in the FY21 Actuals for the month of October. The temporary increase has been extended until December 2020. There is still a significant amount of October claims that have not been processed and therefore this number will increase as the payments are made.
- Community Inpatient costs to date are $411,000. This is $36,000 under budget.

- Licensed Residential costs to date are $1.0 Million. This is $69,000 over budget. The temporary $2 per hour direct care worker increase is reflected in the FY21 Actuals for the month of October. The temporary increase has been extended until December 2020.
- Applied Behavior Analysis/Autism services costs to date are $408,000. This is $16,000 over budget.
- Internal staffing expenses continue to trend on budget.
- A significant amount of General Fund is used to supplement Medicaid deductibles for our consumers on a spend-down. The amount spent through October 2020 is $13,000.
- Medicaid and Healthy Michigan Plan revenues are collected from the PIHP based on the actual payments they collect from MDHHS.
- Financial performance by funding source:
    - o Medicaid is showing a surplus of $1.2 Million through October 2020.
    - o Healthy Michigan is showing a surplus of $76,000 through October 2020.
    - o Combined, the PIHP surplus is $1.2 Million through October 2020.
    - o State General Funds is showing a surplus of $62,000.
    - o Local Funds is showing a surplus of $7,000 through October 2020.
- WCCMH currently has no fund balance available for fiscal year 2020.
- B. King requested the staffing and provider discussion presentation (Attachment #1G) that was included in the Consent Agenda be brought to the WCCMH Full Board for review.

MOTION BY A. DUSBIBER, SUPPORTED BY K. SCOTT TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING OCTOBER 31, 2020.

ROLL CALL VOTE:

ANTONOW	**N/A**	**BRABEC**	**Not present at time of this vote**
DUSBIBER	**Y**	**GRAEBNER**	**Y**
HIGMAN	**Y**	**JEFFERSON**	**Y**
KING	**Y**	**MARTIN**	**Y**
RICHARDSON	**Y**	**SCOTT**	**Y**
STRONG	**Y**	**WALKER**	**Y**

MOTION CARRIED

VI. Millage and CCBHC Financial Status Report

- N. Phelps presented the Millage and CCBHC Financial Status Report to the board for the period ending October 31, 2020.
- This report is for 10 months of data.
- The Millage budget is trending well, and we are not anticipating any issues meeting the commitments made thus far.
- D. Strong appreciated Dr. Florence's description of the BCN program. D. Strong is concerned about funding being co-mingled and allocating staff time. N. Phelps stated that when the BCN program moves under the CARES/Millage team, it will be easier/cleaner to move funds and with any billing expansion this will relieve some of the administrative burden from the Finance staff.

MOTION BY K. SCOTT, SUPPORTED BY C. RICHARDSON TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED OCTOBER 31, 2020.

ROLL CALL VOTE:

ANTONOW	**N/A**	**BRABEC**	**Not present at time of vote**
DUSBIBER	**Y**	**GRAEBNER**	**Y**
HIGMAN	**Y**	**JEFFERSON**	**Y**
KING	**Y**	**MARTIN**	**Y**
RICHARDSON	**Y**	**SCOTT**	**Y**
STRONG	**Y**	**WALKER**	**Y**

MOTION CARRIED

VII. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
- COVID has taken up a lot of time in the department over the last several weeks.
- State level
  - Discussion on distribution of COVID vaccine.
  - Lots of advocacy on direct care worker wages across the State. There will be a vote on a supplemental no later than Monday, 12/21/20 and are hopeful that the $2 direct care worker wage will be extended for January through the end of March 2021.
  - The State is working on challenges for COVID positive psychiatric beds statewide. Pine Rest will be opening an 8-bed psychiatric portion of their business and are in the process of a 10-bed AFC type step-down setting.
  - A lot of work has been going on at the State level with the vaccine distribution for all employees in the State hospitals.
  - No CCBHC efforts at this point.
- Local
  - COVID response
    - T. Cortes shared with board on Monday that there was a substantial spread at one of our skill building contractual sites and the Drop-In center with multiple cases and dozens of exposures. This has been managed and under control. The providers have done a wonderful job at addressing these issues and their continued efforts.
  - To date, there has been 1 consumer death related to COVID.
  - CMH/consumer/direct care worker vaccines are still not clear on when these vaccines will be available. Working with Public Health and Genoa to see how quickly we can get the vaccines distributed. Also advocating strongly to get direct care workers vaccinated as soon as possible.
  - F. Brabec submitted a bill for Direct Care Workers to be paid $15/hour.
  - BLM Taskforce
    - Staff just completed a 6-hour training titled Death by a Thousand Nicks.
    - This group is looking at additional training for CMH. Continue to work with My Brother's Keeper and Sycamore Meadows to distribute CMH information when PPE supplies are delivered.
  - B. King requested an update on the furloughed employees. T. Cortes stated that there is a plan to bring back an additional 8 staff for 12 consumers for skill building onsite after the first of the year, with the hope to provide some relief for the providers.
  - Looking at other work opportunities for the furloughed staff however this group of staff are not clinically credentialed. Working with HR and labor for another 6 individuals to possibly help provide administrative support. T. Cortes will be meeting with K. DeWeese and staff on Monday to discuss.
  - C. Richardson expressed concern over some of the CMH staff not wanting to get the vaccine. She asked if staff are doing anything to help with transparency/clarity of the vaccine for staff. T. Cortes stated that there is ongoing dialogue with Public Health about some CMH staff assisting with the deployment of the vaccines.
  - K. Scott stated that MDHHS has clear national guidelines for the roll out for the vaccine to the public and this information is posted on the Public Health website.

DRAFT

VIII. Millage report

- T. Cortes presented the Millage Report to the board.
- Mini Grants
  - Applications are coming in and have now been extended to the Middle Schools as well as the High Schools.
- Youth Detention Center
  - A Mental Health Professional has been hired and efforts are continuing.
- Youth Assessment Center
  - Information coming soon to the Millage Advisory Committee by February for review.
- NAMI
  - They recently conducted a clergy summit with faith based leadership across the County. They should have information coming out in the next few weeks.
- 5 Healthy Towns Foundation
  - Determining a collaborative project with the group and should have information soon.
- Juvenile Court
  - Distributed an RFP for a co-occurring provider for the courts. Working on the application to become the provider for those efforts
- R. Jefferson mentioned that there was a student at Lincoln Consolidated Schools who committed suicide and wanted to know if CMH was involved in this. M. Tasker stated that L. Spring and other staff met with the school yesterday to provide support as well as distributing the Crisis Team phone line.

IX. CARES Program Update/Dashboard

- M. Tasker presented the CARES Program Update/Dashboard for the period of March 2019-November 2020.
- The active cases for November 2020 were 287, 34 admissions and discharges were 16.
- Referrals to CARES for November 2020 were 57.
- Emergency Contact Notes for November 2020 were 201 in face to face contacts.
- Typical length of stay is approximately 90 days.
- The majority of individuals being served are from 48197 and 48198 area zip codes.
- Majority of clients served are in the 25-29 age range.
- Most of the individuals that are being served have a funding source. 40% of the individuals served have some sort of form of Medicare.
- 750 Assessment Center
  - Clients have been using this facility since the end of June. There have been about 20 consumers come through with an average length of stay is 2 days.
  - Due to COVID that has been a much slower start.
  - Staff have requested all individuals that come to the facility have a negative COVID test.
  - The majority of the individuals have come from the hospitals.
- D. Strong asked for an additional section in the dashboard that would indicate problems/barriers staff are facing so the board can address them.
- M. Tasker stated that the CARES team serves most residents that reside in Washtenaw County however there are some students that reside in different counties but attend school in Washtenaw County.

F. Brabec re-joined the meeting at 11:00am.

X. CMHPSM Regional Update

- The minutes from November 11, 2020 were reviewed.
- C. Richardson, K. Scott, B. King provided an update from the December 9, 2020 Regional Board meeting.
- T. Cortes stated that Washtenaw CMH does not receive any Substance Use funding from the PIHP.
- C. Richardson stated that there was some evidence previously about interpersonal conflict among staff and recently things are getting better with the new leadership at the PIHP.

XI. New Business

- Putting It All Together Presentation
  - Due to time constraints this presentation will be postponed until the next board meeting.
  - K. Walker suggested a study session prior to the board meeting to discuss this presentation.

XII. Old Business
- CCBHC Update
  - T. Cortes stated there has been no communications from the State at this time.

XIII. Items for future discussion
- Development of Reserve Capital
- Diversion Council Update
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey
- Putting it all together presentation-January Mike/Trish

J. Martin wanted to thank F. Brabec for her service on the CMH Board as this is her last meeting on this board. She will be transitioning to her new duties as a State Representative in Lansing. We are looking forward to her continued efforts in the mental health field. F. Brabec wanted to thank everyone for their support and she is looking forward to the work that is ahead of her in the mental health field. T. Cortes thanked F. Brabec for her hard work and will forever be one of the most important board members with the CMH organization by being such a strong champion during some very challenging times.

J. Martin reminded the board that the Executive Director evaluation is due to R. Dornbos by Monday, December 21st. This will be discussed under closed session at the January 11, 2021 Executive Committee.

MOTION BY K. SCOTT, SUPPORTED BY R. JEFFERSON TO ADJOURN THE PUBLIC MEETING OF THE WCCMH BOARD AT 11:24 AM.

MOTION CARRIED

WCCMH Board public meeting adjourned at 11:24 am.

DRAFT

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

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

Due to the recent State of Michigan legislature allowing public meetings and commissions to meet virtually, this meeting was held remotely

https://zoom.us/j/98325707051

December 14, 2020
1:00 pm

ROLL CALL:

NAME	BUDGET-FINANCE COMMITTEE MEMBER	PROGRAM-QUALITY COMMITTEE MEMBER	ATTENDING REMOTELY FROM:
S. ANTONOW		X	Ann Arbor, Washtenaw County, MI
A. DUSBIBER	X	X	Ann Arbor, Washtenaw County, MI
N. GRAEBNER	X	X	Chelsea, Washtenaw County, MI
B. HIGMAN		X	Ann Arbor, Washtenaw County, MI
B. KING	X		Ann Arbor, Washtenaw County, MI
D. STRONG	X		Scio Township, Washtenaw County, MI
K. WALKER		X	Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: K. Scott, R. Jefferson

STAFF PRESENT: T. Cortes, N. Phelps, S. Ray, R. Dornbos, M. Harding, L. Higle, L. Gentz, T. Florence, H. Linky, M. Taylor, S. Amos O'Neal, K. Diebboll

OTHERS PRESENT: L. Lutomski, S. Lefferts, G. Dill, K. Belknap, M. Creekmore, J. Martin, K. Homan, G. Nelson

N. Graebner called the meeting to order at 1:04 pm

I. Introductions
- None

II. Audience Participation
- None

III. Board Response to Audience Participation
- None

IV. Budget-Finance Committee Meeting Minutes and Actions from 11/9/20
- Budget-Finance Committee Minutes and Actions of 11/9/20 were reviewed.

MOTION BY D. STRONG, SUPPORTED BY A. DUSBIBER TO APPROVE THE MINUTES AND ACTIONS FROM THE NOVEMBER 9, 2020 BUDGET-FINANCE COMMITTEE MEETING.

ROLL CALL VOTE:

DUSBIBER	**Y**	**GRAEBNER**	**Y**
JEFFERSON	**N/A**	**KING**	**Y**
SCOTT	**N/A**	**STRONG**	**Y**

MOTION CARRIED

V. Program-Quality Committee Meeting Minutes and Actions from 11/9/20

- Program-Quality Committee Minutes and Actions of 11/9/20 were reviewed.

MOTION BY K. WALKER, SUPPORTED BY A. DUSBIBER TO APPROVE THE MINUTES AND ACTIONS FROM THE NOVEMBER 9, 2020 PROGRAM-QUALITY COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**Y**
SCOTT	**N/A**	**WALKER**	**Y**

MOTION CARRIED

VI. Finance Status Reports

- N. Phelps reviewed the financial status report for the month ending October 31, 2020.
- Medicaid enrollees were 35,512 in October 2020. This is 1,299 more than this time last year.
- Healthy Michigan enrollees were 19,990 in October 2020. This is 3,284 more than this time last year.
- Medicaid consumers served through October 2020 are 2,303. This is 14 more consumers served than the same period last year.
- ABA waiver consumers served through October 2020 are 119. This is 8 less consumers served than the same period last year.
- General Fund consumers served through October 2020 were 330. This is 33 less consumers than the same period last year.
- Healthy Michigan consumers served through October 2020 are 330. This is 33 less consumers served than the same period last year.
- CLS service costs to date are $1.8 Million. This is $441,000 under budget. The temporary $2 per hour direct care worker increase is reflected in the FY21 Actuals for the month of October. The temporary increase has been extended until December 2020.
- Community Inpatient costs to date are $411,000. This is $36,000 under budget.
- Licensed Residential costs to date are $1.0 Million. This is $69,000 over budget. The temporary $2 per hour direct care worker increase is reflected in the FY21 Actuals for the month of October. The temporary increase has been extended until December 2020.
- Applied Behavior Analysis/Autism services costs to date are $408,000. This is $16,000 over budget.
- Internal staffing expenses continue to trend on budget.
- A significant amount of General Fund is used to supplement Medicaid deductibles for our consumers on a spend-down. The amount spent through October 2020 is $13,000.
- Financial performance by funding source:
    - Medicaid is showing a surplus of $1.2 Million through October 2020.
    - Healthy Michigan is showing a surplus of $76,000 through October 2020.
    - Combined, the PIHP surplus is $1.2 Million through October 2020.

DRAFT

- State General Funds is showing a surplus of $62,000.
- Local Funds is showing a surplus of $7,000 through October 2020.

- WCCMH has no fund balance available for fiscal year 2021.
- A budget amendment will be presented at the January meeting to account for the temporary direct care worker increase and the pass-through funding being received.
- An accrual has been incorporated in the Medicaid revenue line for just over $500,000 to account for the $2 direct care worker pass-through. A payment has been received for November and should be getting one in the next few weeks.
- K. Walker asked about the autism services and if there have been any ABA providers that are able to continue to provide the same level of services as they were before. Are they conducting telehealth or in-person? N. Phelps will bring this detail to the December Board meeting.

MOTION BY B. KING, SUPPORTED BY D. STRONG TO APPROVE THE FINANCIAL STATUS REPORT THROUGH OCTOBER 31, 2020 AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**GRAEBNER**	**Y**
JEFFERSON	**N/A**	**KING**	**Y**
SCOTT	**N/A**	**STRONG**	**Y**

MOTION CARRIED

VII. Contracts and Leases
- There were no contracts and leases for this month.

VIII. Executive Director Authorizations
- There were no Executive Director Authorizations for this month.

IX. Regional Finance Update
- N. Phelps and T. Cortes presented the Regional Finance Update to the committee.
- The Direct Care worker pass-through will be incorporated in the budget amendment at the January 2021 meeting.

X. Old Business
- None

XI. New Business
- WCCMH Staffing and Provider Discussion and Presentation
  - T. Cortes, T. Florence, H. Linky and N. Phelps presented the WCCMH Staffing and Provider Presentation to the committee.
  - T. Cortes stated that the intention of this presentation is to get the Board updated on what areas of concern are with staffing and the Provider Network.
  - To inform the Board about the potential risks associated with the hiring freeze and staffing levels and the fragility of the Provider Network.
  - Identify the budgetary concerns and unknowns as it relates to the ability to respond to the potential risks.
  - Risk points for WCCMH as it pertains to staffing and the provider network
    - CMH staffing levels
      a. Hiring freeze June 2019-current (Currently there are 28 positions held and not posted/filled)

i. Increased case loads
ii. Navigating COVID
iii. Inability to recruit and retain

- Provider network is very fragile
  a. Direct care worker shortage
     i. Insufficient wages and reimbursement rates
     ii. Providers paying excessive overtime not covered in reimbursement rates
     iii. COVID related struggles, exposure, and quarantines.
- Increasing administrative requirements for WCCMH and providers

o Pressures on the Provider Network

- Direct care worker crisis
  a. Wages/staying competitive
  b. Turnover
  c. Overtime costs
  d. COVID issues/exposures/quarantines
- Increased administrative burdens
  a. Increase in regulatory compliance requirements
  b. Loss of middle management due to budgetary constraints
  c. Burden of remote working and providing asks/documentation

- The CMH budget is looking better this year than it has in a very long time. There are still potential issues that could skew the budget. At some point the Medicaid eligibles will begin to trend back down which in turn will have the revenue trending down.
- CCBHC demonstration site revenues have continued discussions. Earliest implementation date is April 2021 and latest would be October 2021. There is not much information and discussion coming forward from the State on the CCBHC due to the concern over the COVID second wave.
- Regional strategy on Internal Service Fund vs paying down prior year cost settlements
- Impact of the $2 direct care worker increase if it does not extend past December 31, 2020. May not receive notification on this extension until end of December to the first part of January.
- T. Florence stated that the clinical teams are feeling stressed across the board. High intensity teams are feeling a lot of stress. It is hard to be proactive when there are more reactive needs because of the fewer staff and the Public Health protocols. We are still really trying to meet people on their own terms and can meet face to face if requested. ACT is going to homes to provide service. Youth and Family is providing intensive service as well as the I/DD side as needed. Each time there is a move made to shift staff there seem to be additional obstacles that come up that need to be addressed.
- B. King expressed concern that if the direct care worker $2 increase extension does not pass then what is the backup plan for CMH. T. Cortes stated that the PIHP Regional Board did approve a 1-time $2 hour wage increase. The Region has discussed surveying the Provider Network for any possible solutions. F. Brabec will be starting in her recently elected position in the legislative level in January and she was given the opportunity to introduce 10 bills and 1 of these bills is for the $2 direct care worker increase. B. King asked for a plan to potentially have a larger ISF specifically for continuing the direct care worker wages if this is not continued by the state.

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- B. King expressed his gratitude for all of the work the staff are doing, and he is under the impression that we are losing a fair amount of staff due to wages. Suggestion to work with the County to discuss wage increases.
- D. Strong stated that the Leadership Team might need to think about traditional CMH as an integrated package with Millage/CCBHC and CMH. T. Cortes stated that the PI Indicators will most likely not be as compliant as in previous years due to the COVID pandemic. One of the indicators is the 95% of the individuals get an assessment within 14 days and this has been a struggle. D. Strong suggested turnover rates/time to fill data to see if there is an increase in this. D. Strong asked about an update on the study of CMH that was conducted by the County in 2019 and if this has been completed. T. Cortes stated that this study has been completed and this information can be shared at the next meeting.
- K. Walker asked about clinical based programs that have fidelity standards associated with them and if there has been work on this issue. T. Cortes stated that there is an option to hire temporary staff to cover FMLA however this has been a struggle to find candidates for this. T. Florence stated that some staff have been moved over but a lot of this has been moved to the clinical leadership with some moved to other programs to help. T. Cortes stated that this was the 2nd round of massive administrative reductions from 2015 and there has not been any new staff added to this team.
- J. Martin requested that staff prioritize action steps for the board to act on such as the direct care worker pass-through, hiring staff (how to fund this), reserves and the flexibility in this year's budget.
- D. Strong supported asking the staff to bring forward a schedule of what is needed. T. Cortes stated that this is something that can be brought forward at the next meeting.
- N. Phelps suggested bringing this to a combined meeting for discussion.
- B. King asked if Kona Medical Consulting can go back to a determined amount of time. N. Phelps stated that this is dependent on the payer schedule. Kona will start working on the items that we have already submitted and will follow up with them.
- T. Cortes wanted to acknowledge how fragile the provider network is and how they have managed during all of this is extraordinary. Staff continue to meet with the provider advisory group and there are some improvements in training reciprocity.
- Suggestion to see a different slicing of 28 position vacancies and what financial impact this would have on the organization.
- Decision to have a special combined meeting in February. R. Dornbos will send out calendar invitations to everyone.

XII. Items for Future Discussions

- Diversion Council Update
- Staffing and Provider Discussion-special combined meeting in February

MOTION BY K. WALKER, SUPPORTED BY D. STRONG TO ADJOURN THE BUDGET-FINANCE AND PROGRAM-QUALITY COMMITTEE COMBINED MEETING.

XIII. Meeting adjourned at 2:24 pm.

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WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH EXECUTIVE COMMITTEE MEETING MINUTES *DRAFT*

Due to the recent State of Michigan legislature allowing public board and commissions to meet virtually this meeting was held remotely.

https://zoom.us/j/97252720820

December 14, 2020
2:30pm

J. Martin called the meeting to order at 2:32pm.

ROLL CALL: F. Brabec attending remotely from Pittsfield Township, Washtenaw County, MI (joined meeting at 2:38pm)
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: K. Scott

STAFF PRESENT: T. Cortes, M. Harding, R. Dornbos, S. Lefferts, L. Gentz, N. Phelps, M. Taylor, H. Linky, K. Diebboll, L. Higle, S. Amos O'Neal, S. Ray

OTHERS PRESENT: L. Lutomski, G. Nelson, R. Jefferson, K. Belknap, K. Homan, M. Creekmore, B. Higman

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 11/20/20 were reviewed.

MOTION BY N. GRAEBNER, SUPPORTED BY K. WALKER TO APPROVE THE MINUTES AND ACTIONS OF THE NOVEMBER 20, 2020 WCCMH EXECUTIVE COMMITTEE MEETING.

ROLL CALL VOTE:

BRABEC	**Not present at time of this vote**	**GRAEBNER**	**Y**
KING	**Y**	**MARTIN**	**Y**
SCOTT	**N/A**	**WALKER**	**Y**

MOTION CARRIED

- Executive Committee Closed Session Minutes and Actions from 11/20/20 were reviewed.

MOTION BY B. KING, SUPPORTED BY K. WALKER TO APPROVE THE MINUTES AND ACTIONS OF THE NOVEMBER 20, 2020 WCCMH EXECUTIVE COMMITTEE CLOSED SESSION MEETING.

ROLL CALL VOTE:

BRABEC	**Not present at time of this vote**	**GRAEBNER**	**Y**
KING	**Y**	**MARTIN**	**Y**
SCOTT	**N/A**	**WALKER**	**Y**

MOTION CARRIED

IV. Discussion Items

- COVID Response
  - o T. Cortes updated the committee regarding the latest COVID response.
  - o We are seeing a significant and steady increase in positive tests in both internal WCCMH staff and provider staff and consumers.
  - o It seems that there isn't the same level of acuity in this round of COVID but still seeing increased numbers. To date there has been 1 death of a consumer but we are seeing a much larger number of outbreaks than last Spring.
  - o We are still scheduled to bring back 10 of our skills trainers to be used with particular consumers but the programming will be a lot different. Bringing 2 consumers back to Rawsonville clothes closet that are in the same home and 2 staff. Also looking at other places to bring additional staff back on a temporary and limited basis to help support the clinical teams.
  - o We learned for the majority of the skills trainers that haven't worked since March their unemployment benefits will expire at the end of December.
  - o There is a lack of clarity on where our staff are on the priority list for the vaccine. Staff are working with Public Health to give them the CMH information around our workforce and direct care workers.
  - o Genoa, our onsite pharmacy, typically handles the flu vaccine for CMH and since they are a full pharmacy. CMH staff is also working with them regarding a COVID vaccine distribution.
  - o Weekly meetings are occurring around the homeless population and we are hoping they get prioritized for the vaccine. CMH clients typically pass on in their 50's so the priority of the 65+ age group doesn't help.

F. Brabec joined the meeting at this time.

V. Old Business

- CCBHC Update
  - o T. Cortes updated the committee on the latest update from CCBHC.
  - o There have not been any updates at this time due to COVID response.
  - o Not anticipating anything until the new legislature starts in 2021.
  - o M. Harding stated that we are coming up on CCBHC-1 closeout. Applied for a no-cost extension and this has been approved.
  - o Beginning of February should close out expansion 1.

VI. New Business

- Strategic Plan
  - o M. Harding presented the Strategic Plan to the committee.
  - o This process was developed in 2016 and a lot of things have changed since then. Suggestion to have the board re-look at this document and possibly sunset this document and look at a new Strategic Planning process due to some overlaps in processes.

- Highlighted staff are ones that are no longer with CMH as the project lead and these topics are being addressed with the limited number of staff currently.
- 750 Towner is open at a limited capacity due to COVID.
- Partnership with the Sheriff's Office is stronger than in previous years. There is a great relationship between the two departments.
- M. Harding thanked the board for their support for the Strategic Plan and their dedication to continue to request reviews periodically.
- Substance Use Disorder lead staff is not with us any longer. Due to COVID the groups were not able to function until recently with the implementation of Telehealth.
- The Youth Center has expanded their mental health services and increased staffing by adding a mental health professional on staff. There is a proposal for a Youth Assessment Center in Washtenaw County to mirror the 750 Assessment Center.
- WCCMH applied for and was granted the CCBHC grant 2. H. Linky was instrumental in the application process.
- Black Lives Matter Taskforce was implemented.
- CMH Equity Training was implemented.
- Communication was enhanced by developing an annual communication plan
- J. Martin stated that document is a good tool to look back on the achievements. He appreciated the focus on this document and hard work of the staff.
- K. Walker stressed that with the reduction of administrative staffing staff are still able to stay on plan and if Washtenaw County participates in the state demonstration to possibly take advantage of the new plan moving forward.

MOTION BY B. KING, SUPPORTED BY N. GRAEBNER TO ACCEPT THE STRATEGIC PLAN AS PRESENTED.

ROLL CALL VOTE:

BRABEC	**Not present at time of this vote due to technical difficulties**	**GRAEBNER**	**Y**
KING	**Y**	**MARTIN**	**Y**
SCOTT	**N/A**	**WALKER**	**Y**

MOTION CARRIED

- Process for Executive Director Evaluation
  - The committee discussed the process for the Executive Directors evaluation under closed session and the committee agreed to do a SWOT analysis instead of the previous evaluation tool.
  - J. Martin stated that the SWOT analysis was recently sent to all WCCMH Board members, County Administration, WCCMH Leadership and the Executive Director.
  - This evaluation tool should be returned to R. Dornbos by December 21st so that it can be reviewed, and goals identified. This will be discussed at a special WCCMH Executive Committee on January 11, 2021 at 1:00pm during closed session.
  - R. Dornbos will send out a meeting notification for the January 11, 2021 meeting.
  - B. King requested metrics from the last evaluation on turnover rates, why staff are leaving, attrition rate for last year and exit interviews and what areas are affected prior to the January 11th closed session meeting for review if possible.
  - R. Dornbos will send out reminders to everyone that the Executive Director SWOT analysis be returned by 12/21/20.

VII. Items for Future Discussions

- Bylaw Changes
  - o J. Martin stated that some bylaw changes are specific to employee status of board members and a general bylaw change where board approved and not approved by BOC. This can be discussed at the next scheduled Executive Committee meeting.

- WCCMH Board Annual Evaluation-R. Dornbos will send out the previous years WCCMH Board evaluation tool to be discussed at the January Executive Committee meeting.

VIII. Adjournment of Meeting

MOTION BY K. WALKER, SUPPORTED BY B. KING TO ADJOURN THE WCCMH EXECUTIVE COMMITTEE MEETING AT 3:20PM.

MOTION CARRIED

WCCMH Executive Committee Public Meeting was adjourned at 3:20pm.

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WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*

This meeting was held by video conference due to the recent State of Michigan legislature allowing public boards and commissions to meet virtually.

https://zoom.us/j/97540577647

December 14, 2020
3:30-4:30pm

N. Graebner started the meeting at 3:32pm.

ROLL CALL:

F. Brabec attending remotely from Pittsfield Township, Washtenaw County, MI joined meeting at 3:57pm.
A. Carlisle attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Ann Arbor, Washtenaw County, MI
H. Heaviland attending remotely from Ann Arbor, Washtenaw County, MI
D. Jackson attending remotely from Ypsilanti Township, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
R. Rion attending remotely from Ann Arbor, Washtenaw County, MI joined at 3:34 due to technical difficulties
K. Walker attending remotely from Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: K. Scott, G. Waddles

STAFF PRESENT: N. Phelps, L. Gentz, R. Dornbos, S. Lefferts, M. Harding, M. Tasker, T. Cortes, L. Higle, S. Amos O'Neal, K. Diebboll

OTHERS PRESENT: L. Lutomski, J. Gardner, R. Jefferson, M. Creekmore, E. Spanier, G. Powers

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 11/9/20
- Millage Advisory Committee Minutes and Actions of 11/9/20 were reviewed.

MOTION BY K. WALKER, SUPPORTED BY A. CARLISLE TO APPROVE THE MINUTES AND ACTIONS FROM THE NOVEMBER 9, 2020 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

BRABEC	**N/A**	**CARLISLE**	**Y**
DUSBIBER	**NOT PRESENT AT**	**GRAEBNER**	**Y**

	TIME OF THIS VOTE DUE TO TECHNICAL DIFFICULTIES		
HEAVILAND	**Y**	**JACKSON**	**Y**
KING	**Y**	**MARTIN**	**Y**
RION	**Y**	**SCOTT**	**N/A**
WADDLES	**N/A**	**WALKER**	**Y**

MOTION CARRIED

V. Discussion Items

- Millage Process, Investments and Process Update
  - L. Gentz presented the Millage Process, Investments and Progress Update to the committee.
  - Housing RFP
    - Most of the individuals were not able to get their programs and services running until Summer. There is a request to extend the Annual Report to July with a 6-month review in January.
  - Youth Center/Detention Center
    - The Mental Health Professional has started, and the program is starting to see the benefits of this position. Continuing to collaborate with the Washtenaw Intermediate School District (WISD) and the courts to inform them of the position and working together.
  - Youth Assessment Center
    - A report will be brought forward to this committee on diversion along with ah proposal soon. Staff continue to meet with the partners on this.
  - Mental Health First Aid
    - The trainers have convened, and staff are helping trainers with support and possible training to begin in March.
  - Anti-stigma Campaign
    - This is in conjunction with Public Health. Staff have been hired and looking to begin activities soon.
  - Mini grants
    - Mini-grants have been offered to the high schools and have been extended to the middle schools. WISD is reviewing applications currently Primary focus on anti-stigma campaigns and creating connectiveness while promoting the CARES team.

- CARES Program Update
  - M. Tasker presented the CARES Program update and dashboard to the committee with numbers through November 2020.
  - Currently service 287 active consumers.
  - 57 new referrals for November 2020.
  - 16 discharges and admitted 34.
  - Emergency contact notes for the month were 201.
  - Typical length of stay continues to be a little over 3 months.
  - 25-29 age bracket continues to be the highest age group served.
  - 48198 and 48197 zip codes make up a majority of the open CARES cases.
  - Funding source for consumers is mostly HMP or not listed with commercial insurance being Blue Cross Blue Shield of Michigan (BCBS-M) with 2.3%.

- Updated 750 data since middle of June about 20 admissions with stays from 2-4 days.
- COVID current capacity at 750 is 3 with a full capacity of 5 clients at a time.

VI. Financial Budget Update

- N. Phelps presented the Financial Budget update to the committee.
- The Millage and CCBHC Grants budget to actuals are presented through the month of October 2020, this represents 10 months of the millage fiscal year of 2020.
- The millage budget is trending well, and we are not anticipating any issues meeting the commitments thus far.
- Grant #1 for CCBHC will be ending in December. We are anticipating an extension with the remaining dollars to spend in 6 months next year.
- Grant #2 for CCBHC is trending well.
- The millage budget projections show about $2.0 Million surplus for this year which would fall into the Millage Fund Balance. CMH needs to be aware that when the CCBHC grants cease, CMH will need to pick up the CCBHC expense in the millage budget.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage Update
  - D. Jackson presented the WCSO Update to the committee.
  - Last week WCSO will be funded by Vital Strategies to help tackle the opioid crisis and how the WCSO can do to combat the Opioid crisis.
  - WCSO has been working with LEAD and will be funding a LEAD coordinator position, a Prosecutor-elect position, and a Behavioral Health Specialist.

Felicia Brabec joined the meeting at 3:57pm.

- Communication Plan Discussion
  - E. Spanier and G. Powers from CHRT discussed the communication plan presentation.
  - E. Spanier will send the presentation from today's meeting to R. Dornbos for distribution to committee.
  - D. Jackson stressed the importance to continue to invest in this work. In the police services portion of the millage this offsets a substantial amount of police service contracts and public safety infrastructure across the County.
  - K. Walker stated his gratitude of having a member from the WCSO on the Millage Advisory Committee and suggested a joint communication from WCSO and WCCMH on what their successes are because of the millage.
  - N. Graebner suggested a flyer to be added to take out food establishments and grocery stores to communicate the millage successes.
  - The committee will review the presentation and will provide feedback at a future meeting.

VIII. New Business

- Rethink Health/5 Healthy Towns Update
  - L. Gentz presented the Rethink Health/5 Healthy Towns update to the committee.
  - The 5-Healthy Towns project began 1 year ago.
  - A grant was received to participate in this project.
  - Planning on what the project will be and what the gaps are in the region.
  - 5-Healthy Towns is composed of Chelsea, Manchester, Dexter, Stockbridge, and Grass Lake.
  - Conducted a lengthy process of what gaps are in the region. Everyone decided on mental health.

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- o Determined to focus on ensuring education and support in the community, ensure residents can access their opportunities.
- o Look at how to leverage this learning into additional millage
- o Finalized proposed project will be brought forward to the committee.
- o L. Gentz will bring artwork back to the committee at a future meeting.

IX. Items for Future Discussion

- Youth Assessment Center
- Millage Investment Plan

MOTION BY D. JACKSON, SUPPORTED BY B. KING TO ADJOURN THE MILLAGE ADVISORY COMMITTEE MEETING.

X. Meeting adjourned at 4:31 pm.

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WCCMH - Office of Recipient Rights

Quarter IV- FY 19/20

Executive Summary

ORR Program Overview:

- The Rights Office attended the Annual Recipient Rights Conference (virtually) in September 2020.
- The affiliate Rights team created a new, interactive training to replaced face to face training during the pandemic.

Report Complaint Data:

- The number of complaints received by the Rights Office in 2019/2020 was lower than the number of complaints received in fiscal year 2018/2019.

Aggregate Summary

Fiscal Year	19/20	18/19	17/18	16/17
Complaints Received	142	233	246	204
Allegations Involved	206	337	375	300
Allegations Investigated	190	324	371	287
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	65	116	122	114

Percentage of allegations substantiated	34.21%	33.64%	32.88%	39.72%

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

	FY 19/20		**FY 18/19**		**FY 17/18**		**FY 16/17**	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**23**	**3**	**28**	**7**	**38**	**8**	**34**	**2**
Class III	**18**	**1**	**23**	**8**	**26**	**5**	**21**	**5**
Sexual Abuse	**2**	**0**	**1**	**0**	**3**	**0**	**3**	**0**
Neglect:								
Class I	**1**	**1**	**1**	**0**	**1**	**0**	**0**	**0**
Class II	**3**	**1**	**2**	**1**	**5**	**0**	**3**	**2**
Class III	**60**	**33**	**75**	**36**	**66**	**31**	**63**	**38**

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

FY 19/20	(Received) **Substantiated**	**FY 18/19**	(Received) **Substantiated**	**FY 17/18**	(Received) **Substantiated**	**FY 16/17**	(Received) **Substantiated**
Neglect Class III	(60) **33**	Neglect Class III	(75) **36**	Neglect Class III	(66) **31**	Neglect Class III	(63) **38**
Neglect Class III: Failure to Report	(8) **8**	Mental Health Services Suited to Condition	(70) **26**	Mental Health Services Suited to Condition	(58) **24**	Mental Health Services Suited to Condition	(41) **20**

Mental Health Services Suited to Condition	(19) **6**	Dignity and Respect	(68) **15**	Dignity and Respect	(93) **19**	Dignity and Respect	(66) **16**

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

Service location type/Code	Number of substantiations
Outpatient services (01)	0
Residential Group home – MI (02)	1
Residential Group Home – DD (03)	11
Mixed Residence (02,03)	0
Inpatient (5)	0
Day Program MI (6)	0
Day Program DD (7)	0
Workshop (Prevocational)	3
Supported Employment (08)	0
Assertive Community Treatment (09)	2
Case Management (10)	5
Psychosocial Rehabilitation	0
Partial Hospitalization (12)	0
Supported Living (13)	38
Other (14)	3
Residential MI/DD (15)	2

Annual Appeals Data for: Washtenaw County Community Mental Health

APPEALS INFORMATION (if agency has local appeals committee)

Number of Appeal Requests Received	**2**
Number of Appeals Accepted	**1**
Number Number of Appeals Upheld	**1**
Number of Appeals Sent Back for Reinvestigation	**0**
Number of Appeals Requesting External Investigation by DHHS	**0**
Number of Appeals Sent Back for Further Action	**0**
Total Number of Appeals Reviewed by the Appeals Committee	**1**

Complaint Data for: Washtenaw County Community Mental Health

Rights Office Director: Shane Ray

Reporting Period: 2019-10-01 to 9/30/2020

CMH 4425 # of Consumers Served (unduplicated count) CMH — 3 Rights Office FTEs

LPH — Number of Admissions LPH — Hours/40

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	206
Interventions	0
Investigations	190
Interventions Substantiated	0
Investigations Substantiated	65

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COMPLAINT SOURCE

Recipient	29
Staff	48
ORR	36
Guardian/Family	19
Anonymous	8
Community/General Public	2
Total Complaints Received	142

Number of Complainants (unduplicated count): 103

TIMEFRAMES OF COMPLETED INVESTIGATIONS

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	118	51	19	40	3
All others	72	25	14	27	4

Part B: Detailed Summary

1. Freedom from Abuse

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0
72221	Abuse class II - nonaccidential act	6	6	0	2	4	0
72222	Abuse class II - unreasonable force	11	11	2	3	9	0
72223	Abuse class II - emotional harm	0	0	0	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0	0	0	0
72225	Abuse class II - exploitation	6	6	1	0	7	0
7223	Abuse - class III	18	18	1	10	12	0
7224	Abuse class I - sexual abuse	2	2	0	1	2	0

2. Freedom from Neglect

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	Neglect class I	1	1	1	0	1	0
72252	Neglect class I - failure to report	0	0	0	0	0	0
72261	Neglect class II	3	3	1	1	4	0
72262	Neglect class II - failure to report	3	3	3	0	5	0
72271	Neglect class III	60	60	33	16	83	1
72272	Neglect class III - failure to report	8	8	8	0	14	0

3. Rights Protection System

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

4. Admission/Discharge/Second Opinion

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

5. Civil Rights

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

6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity & respect	5	0	0	5	0	0	3	2
7112	Receipt of general education information	0	0	0	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0	0	0	0

7. Communication & Visits

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

8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	8	0	0	8	4	6	2	0
7485	Withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	Correction of record	0	0	0	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0	0	0	0

9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	4	0	0	4	1	2	4	0
7082	Sanitary/humane environment	3	0	0	3	1	0	4	0
7086	Least restrictive setting	1	0	0	1	0	1	0	0

10. Freedom of Movement

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

11. Financial Rights

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

12. Personal Property

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	Possession and use	2	0	0	2	0	0	2	0
7282	Storage space	0	0	0	0	0	0	0	0
7283	Inspection at reasonable times	0	0	0	0	0	0	0	0
7285	Exclusions	0	0	0	0	0	0	0	0
7286	Limitations	0	0	0	0	0	0	0	0
7287	Receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	Waiver	0	0	0	0	0	0	0	0
7289	Protection	0	0	0	0	0	0	0	0

13. Suitable Services

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	Dignity and Respect	25	0	0	25	2	19	14	0
7003	Informed consent	1	0	0	1	1	1	0	0
7029	Information on family planning	0	0	0	0	0	0	0	0
7049	Treatment by spiritual means	0	0	0	0	0	0	0	0
7080	Mental health services suited to condition	19	0	0	19	6	13	21	1
7100	Physical and mental exams	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	1	0	0	1	0	1	0	0
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0	0	0	0

14. Treatment Planning

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

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

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	Prior consent	0	0	0	0	0	0	0	0
7242	Identification	0	0	0	0	0	0	0	0
7243	Objection								
7244	Release to others/return	0	0	0	0	0	0	0	0
7245	Storage/destruction	0	0	0	0	0	0	0	0
TOTALS		**190**	**0**	**0**	**190**	**65**	**77**	**193**	**4**

17. No Right Involved

Code	Category	Received
0000	No right involved	4

18. Outside Provider Jurisdiction

Code	Category	Received
0001	Outside provider jurisdiction	12

Section II: intervention & investigation substantiation data for: Washtenaw County Community Mental Health

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	MI	DD	SED	SED-W	DD-CWP	HSW
Abuse class II - unreasonable force	Residential MI	Employment Termination	Other		1	0	0	0	0	0
Mh services suited to condition	Residential MI/DD	Employment Termination			1	1	0	0	0	0
Neglect class III	Residential MI/DD	Employment Termination			1	1	0	0	0	0
Neglect class III	SIP	Employment Termination			0	1	0	0	0	0
Neglect class III	SIP	Employee left the agency, but substantiated			0	1	0	0	0	1
Neglect class III	SIP	Employee left the agency, but substantiated			0	1	0	0	0	1
Neglect class III - failure to report	SIP	Written Reprimand			0	1	0	0	0	0
Disclosure of confidential information	SIP	Written Reprimand	Training		0	1	0	0	0	0
Neglect class II - failure to report	SIP	Written Reprimand	Training		0	2	0	0	0	0
Safe environment	SIP	Employee left the agency, but substantiated			0	3	0	0	0	2
Neglect class III	SIP	Employee left the agency, but substantiated			0	3	0	0	0	2
Neglect class III	SIP	Training	Written Reprimand		0	1	0	0	0	1
Neglect class III - failure to report	SIP	Employee left the agency, but substantiated			0	5	0	0	0	1
Disclosure of confidential information	Other	Verbal Counseling			0	5	0	0	0	1
Mh services suited to condition	Workshop (prevocational)	Suspension	Verbal Counseling		0	1	0	0	0	0
Neglect class III	SIP	Suspension	Training		0	13	0	0	0	6
Neglect class III	Workshop (prevocational)	Demotion	Verbal Counseling	Training	0	1	0	0	0	1
Neglect class III	SIP	Employee left the agency, but substantiated			0	1	0	0	0	1
Neglect class III	SIP	Employee left the agency, but substantiated			0	2	0	0	0	2
Neglect class III	SIP	Employee left the agency, but substantiated			0	2	0	0	0	1
Neglect class III - failure to report	SIP	Employee left the agency, but substantiated			0	2	0	0	0	2
Neglect class III	SIP	Employee left the agency, but substantiated	Training		0	2	0	0	0	2
Neglect class III - failure to report	SIP	Written Reprimand			0	2	0	0	0	2
Neglect class III	SIP	Employment Termination			0	2	0	0	0	2
Neglect class III	SIP	Written Counseling	Training		0	3	0	0	0	1
Neglect class III	SIP	Written Reprimand	Training		0	3	0	0	0	1
Neglect class III	SIP	Employment Termination			0	2	0	0	0	2
Neglect class III	SIP	Written Reprimand	Training		0	2	0	0	0	2
Neglect class III	SIP	Training	Written Reprimand		0	2	0	0	0	2
Neglect class III	SIP	Written Reprimand	Other		1	0	0	0	0	0
Neglect class III	SIP	Written Reprimand	Other		1	0	0	0	0	0
Neglect class III	SIP	Training	Other		1	0	0	0	0	0
Neglect class III	SIP	Written Reprimand	Staff Transfer		1	0	0	0	0	0
Abuse class II - exploitation	SIP	Employment Termination	Training	Other	0	1	0	0	0	0
Neglect class III	SIP	Written Reprimand	Training	Other	0	1	0	0	0	0
Neglect class III	SIP	Employee left the agency, but substantiated			1	0	0	0	0	0
Neglect class III - failure to report	SIP	Written Reprimand			0	1	0	0	0	1
Mh services suited to condition	SIP	Verbal Reprimand	Training		0	1	0	0	0	1
Neglect class III	SIP	Written Reprimand	Training		2	0	0	0	0	0
Sanitary/humane environment	SIP	Verbal Counseling	Training		0	3	0	0	0	2
Neglect class III	Residential DD	Written Reprimand	Training		0	1	0	0	0	1
Neglect class II	Residential DD	Employee left the agency, but substantiated	Training	Policy Revision/Development	0	1	0	0	0	1
Neglect class III	Residential DD	Employee left the agency, but substantiated			0	3	0	0	0	3
Mh services suited to condition	SIP	Other			0	3	0	0	0	3
Dignity and respect	Residential DD	Written Reprimand	Training		3	0	0	0	0	0
Neglect class III - failure to report	Residential DD	Written Reprimand	Training		0	1	0	0	0	0
Neglect class III	Residential DD	Written Reprimand	Training		0	1	0	0	0	0
Neglect class III - failure to report	Residential DD	Written Reprimand	Verbal Counseling		0	1	0	0	0	1
Mh services suited to condition	Residential DD	Training			0	1	0	0	0	1
Neglect class III	Residential DD	Employment Termination			0	2	0	0	0	2
Abuse class II - unreasonable force	Residential DD	Employment Termination	Other		0	1	0	0	0	1
Dignity and respect	Residential DD	Training			0	1	0	0	0	0
Abuse class III	Workshop (prevocational)	Employee left the agency, but			1	0	0	0	0	0
Disclosure of confidential information	Other	Training			1	0	0	0	0	0
Mh services suited to condition	ACT	Training			2	0	0	0	0	0
Neglect class III	Case Management	Training	Written Reprimand	Plan of Service Revision	1	0	0	0	0	0
Neglect class II - failure to report	Case Management	Written Reprimand	Written Counseling		1	0	0	0	0	0
Informed consent	Other	Training			0	1	0	0	0	1
Neglect class III - failure to report	Case Management	Written Reprimand	Training		1	0	0	0	0	0
Neglect class II - failure to report	Case Management	Written Reprimand			0	1	0	0	0	1
Disclosure of confidential information	Case Management	Training			0	2	0	0	0	0
Neglect class III	ACT	Written Reprimand	Training		2	0	0	0	0	0
Neglect class I	SIP	Employee left the agency, but substantiated	Environmental Repair/Enhancement	Other	0	1	0	0	0	0
					0	1	0	0	0	1

	REMEDIATION TOTALS
Verbal Counseling	5
Written Counseling	2
Verbal Reprimand	1
Written Reprimand	24
Suspension	3
Demotion	1
Staff Transfer	1
Training	31
Employment Termination	9
Employee left the agency, but substantiated	15
Contract Action	0
Policy Revision/Development	1
Environmental Repair/Enhancement	1
Plan of Service Revision	1
Recipient Transfer to Another Provider/Site	0
Other	9
Pending	0
None	0

POPULATION TOTALS	
MI	22
DD	97
SED	0
SED-W	0
DD-CWP	0
HSW	58

PROVIDER TOTALS	
Out Patient	0
Residential MI	1
Residential DD	11
Residential MI & DD	0
Inpatient	0
Day Program MI	0
Day Program DD	0
Workshop (prevocationa	3
Supported Employment	0
ACT	2
Case Management	5
Psychosocial Rehabilita	0
Partial Hospitalization	0
SIP	37
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Cen	0
Respite Homes	0
Other	3

Washtenaw County Community Mental Health

SECTION II: ANNUAL TRAINING ACTIVITY

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

LIST THE NAMES OF ALL STAFF HERE	Staff Name (drop down: you have to scroll up to see the names)	MDHHS-ORR Course Number	Topic of Training Received	CEU Type (drop down)	# Hours
Leah Raehtz	Leah Raehtz	RC20-0GS1	Deceptive Analysis	I - Operations	1.50
Evan George	Leah Raehtz	RC20-01	Detecting the Truth in Face to Face Teleconferences	I - Operations	1.50
Shaun Thompson	Leah Raehtz	RC20-04	How to Make Your Rights Committee Click	I - Operations	1.50
	Leah Raehtz	RC20-05	Ethics: Decision Making and Mental Health	I - Operations	1.50
	Leah Raehtz	RC20-08	Psychotropic Medications: What Rights Officers Need to Know	I - Operations	1.50
	Leah Raehtz	RC20-10	The LPH Rights Office: Operating in a Complex Environment	I - Operations	1.50
	Leah Raehtz	RC20-12	Leadership: Not One Size Fits All	III - Leadership	1.50
	Leah Raehtz	RC20-20	Fair Hearings and the New Mediation Policy	IV -Augmented Training	1.50
	Leah Raehtz	RC20-17	The Complete Appeals Committee Process	I - Operations	1.50
	Leah Raehtz	RC20-19	Supported Decision Making	IV -Augmented Training	1.50
	Leah Raehtz	RC20-20A	Updates from the Behavioral Health and Development Disabilities Administration	I - Operations	1.50
	Leah Raehtz	RC20-21	Running a Successful Meeting: Robert's Rules	II - Legal Foundations	1.50
	Leah Raehtz	RC20-GS2	History of the Mental Health Code	IV -Augmented Training	1.50
	Evan George	RC20-0GS1	Deceptive Analysis	I - Operations	1.50
	Evan George	RC20-02	Social Work, Law Enforcement, Healthcare, Recipient Rights and Security-We Must Be in This Together	IV -Augmented Training	1.50
	Evan George	RC20-03	Guardianships and Recipient Rights	I - Operations	1.50
	Evan George	RC20-06	Implicit Bias Training	I - Operations	2.00
	Evan George	RC20-07	Children's Forensic Interviewing	I - Operations	1.50
	Evan George	RC20-10	The LPH Rights Office: Operating in a Complex Environment	I - Operations	1.50
	Evan George	RC20-11	Interviewing Skills	I - Operations	1.50
	Evan George	RC20-13	Caring for Yourself While Caring for Others	IV -Augmented Training	1.50
	Evan George	RC20-14	Legislative Update: What's Going on in Lansing	I - Operations	1.50
	Evan George	RC20-16	Dispute Resolution: An Overview of the Law, Mediation Process and Other Dispute Resolution Options	II - Legal Foundations	1.50
	Evan George	RC20-18	Interviewing Consumers with Personality Disorders	I - Operations	1.50
	Evan George	RC20-22	Overview of Tele-Health Practices and Covid-19 Guidelines	I - Operations	1.50
	Evan George	RC20-GS2	History of the Mental Health Code	IV -Augmented Training	1.50
	Shaun Thompson	RC20-0GS1	Deceptive Analysis	I - Operations	1.50
	Shaun Thompson	RC20-02	Social Work, Law Enforcement, Healthcare, Recipient Rights and Security-We Must Be in This Together	IV -Augmented Training	1.50
	Shaun Thompson	RC20-04	How to Make Your Rights Committee Click	I - Operations	1.50
	Shaun Thompson	RC20-06	Implicit Bias Training	I - Operations	2.00
	Shaun Thompson	RC20-08	Psychotropic Medications: What Rights Officers Need to Know	I - Operations	1.50
	Shaun Thompson	RC20-10	The LPH Rights Office: Operating in a Complex Environment	I - Operations	1.50
	Shaun Thompson	RC20-11	Interviewing Skills	I - Operations	1.50
	Shaun Thompson	RC20-12	Leadership: Not One Size Fits All	III - Leadership	1.50
	Shaun Thompson	RC20-14	Legislative Update: What's Going on in Lansing	I - Operations	1.50
	Shaun Thompson	RC20-16	Dispute Resolution: An Overview of the Law, Mediation Process and Other Dispute Resolution Options	II - Legal Foundations	1.50
	Shaun Thompson	RC20-18	Interviewing Consumers with Personality Disorders	I - Operations	1.50
	Shaun Thompson	RC20-21	Running a Successful Meeting: Robert's Rules	I - Operations	1.50
	Shaun Thompson	RC20-GS2	History of the Mental Health Code	IV -Augmented Training	1.50

CATEGORY TOTALS	
I - Operations	40.00
II - Legal Foundations	4.50
III - Leadership	3.00
IV - Augmented Training	0.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

Washtenaw County Community Mental Health

SECTION II: ANNUAL TRAINING ACTIVITY

Part B: Training Provided by Rights Office

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

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
		42	834	0	0			
Recipient Rights Training	3.00		484				Face-to-Face	
Recipient Rights Online Training	3.00	42	350				Computer	# estimated for contractual due to use of online training

Type of Training Totals		Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	1	0	484	0	0
Video	0	0	0	0	0
Computer	1	42	350	0	0
Paper	0	0	0	0	0
Video & Face-to-Face	0	0	0	0	0
Computer & Face-to-Face	0	0	0	0	0
Paper & Face-to-Face	0	0	0	0	0
Other (please describe)	0	0	0	0	0

These Numbers will self-fill

Washtenaw County Community Mental Health

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

Progress on Outcomes established by the office for FY 19/20. Pick from the drop-down in Outcome and indicate if goal was accomplished, was discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY20/21 goal section below.

1 **Have Program Administrator from CARES program speak at a future meeting.**

Outcome: Accomplished

2 **Have Program Administrator from ACT program speak at a future meeting.**

Outcome: Accomplished

3 **Have Program Administrator from pilot program speak at a future meeting.**

Outcome: Accomplished

4 **Continue to brainstorm on sharing recipient stories with the CMH board.**

Outcome: Accomplished

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

Outcome: Ongoing

Outcomes established by the office for FY 20/21:

1 **Invite someone from WCCMH to explain priority setting regarding recipients during the pandemic.**

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

3 **Invite someone from WCCMH to speak about WCCMH staff furloughs and what staffing changes have/will be made to WCCMH due to the pandemic.**

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

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

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

Washtenaw County Community Mental Health

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1. **The RRAC recommends that the WCCMH Board supports the 2020/2021 outcomes for the WCCMH Rights Office and continues to support and fund the WCCMH Rights Office at the level it needs to be effective.**

2.

3.

4.

5.

Washtenaw County Community Mental Health						
STAFF CEU TRAINING HOURS TOTALS						
THIS DATA WILL SELF-FILL						
Staff Name	Operations	Legal Foundations	Leadership	Augmented Training	Non-CEU	Total Training for Staff
Leah Raehtz	12.00	1.50	1.50	0.00	0.00	15.00
Evan George	14.00	1.50	0.00	0.00	0.00	15.50
Shaun Thompson	14.00	1.50	1.50	0.00	0.00	17.00

Population		
MI	Adult Mentally Ill	
DD	Devementally Disabled	
SED	Child with Serious Emotional Disturbance	
SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.	
DD-CWP	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).	
HSW	The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.	

Accomplished

Discontinued

Ongoing

7221	Abuse - Class I
72221	Abuse Class II - nonaccidential act
72222	Abuse class II - unreasonable force
72223	Abuse class II - emotional harm
72224	Abuse class II - treating as incompetent
72225	Abuse class II - exploitation
7223	Abuse - Class III
7224	Abuse Class I - Sexual Abuse
72251	Neglect - Class I
72252	Neglect - Class I - failure to report
72261	Neglect - Class II
72262	Neglect - Class II - failure to report
72271	Neglect - Class III
72272	Neglect - Class III - failure to report
7304	Ability to spend or use as desired
7487	Access by P & A to records
7760	Access to rights system
7263	Access to telephone, mail
4510	Admission process
7840	Appeal process/mediation
7130	Choice of physician/mental health professional
7041	Civil rights: discrimination, accessibility, accommodation, etc
7780	Complaint investigation process
7262	Contact with attorneys or others regarding legal matters
7486	Correction of record
7305	Delivery of money upon release
1708	Dignity and respect

7481	Disclosure of confidential information
7303	Easy access to money in account
7170	Electro convulsive therapy (ect)
7302	Facility account
7520	Failure to report (other than Abuse/Neglect)
7111	Family dignity & respect
7264	Funds for postage, stationery, telephone usage
4630	Independent clinical examination
7029	Information on family planning
7003	Informed consent
7360	Labor & compensation
7086	Least restrictive setting
7080	Mental health services suited to condition
0000	No right involved
7140	Notice of clinical status/progress
7190	Notice of medication side effects
7060	Notice/explanation of rights
4980	Objection to hospitalization (minor)
7113	Opportunity to provide information
0001	Outside provider jurisdiction
7125	Person-Centered - assessment of needs
7123	Person-Centered - requests for review
7122	Person-Centered - timely development
7124	Person-Centered- participation by individual(s) of choice
7121	Person-Centered Process
7242	Photo - identification
7243	Photo - objection
7241	Photo - prior consent
7244	Photo - release to others/return
7245	Photo - storage/destruction
7100	Physical and mental exams
7047	Presumption of competency
7501	Privileged communication
7267	Property - access to entertainment materials, information, news
7285	Property - exclusions
7283	Property - inspection at reasonable times
7286	Property - limitations
7281	Property - possession and use
7289	Property - protection
7287	Property - receipts to recipient and to designated individual
7282	Property - storage space
7288	Property - waiver
7180	Psychotropic drugs
7112	Receipt of general education information
7044	Religious practice
7400	Restraint
7441	Restrictions/limitations
7545	Retaliation/harassment

7081	Safe environment
7301	Safeguarding money
7082	Sanitary/humane environment
7284	Search/seizure
7420	Seclusion
4090	Second opinion - denial of hospitalization
7050	Second opinion - denial of services
7150	Services of mental health professional
7160	Surgery
4190	Termination of voluntary hospitalization (adult)
7049	Treatment by spiritual means
7266	Uncensored mail
7261	Visits
7045	Voting
7485	Withholding of information (includes recipient access to records)
7265	Written and posted limitations, if established

drop down on Complaint Data tab
Allegan County CMH Services
Ascension Borgess Hospital
Ascension Macomb-Oakland Hospital - Madison Heights Campus
Ascension Macomb-Oakland Hospital - Warren Campus
Ascension Providence Hospital
Ascension Providence Rochester
Ascension St John Hospital
AuSable Vally CMHA
Barry County CMHA
Bay-Arenac Behavioral Health
Beaumont Hospital - Farmington Hills
Beaumont Hospital - Royal Oak
Beaumont Hospital - Taylor
Behavioral Center of Michigan
Berrien MHA/Riverwood
Bronson Battle Creek - Field Stone Center
Bronson Lakeview Community Hospital
Caro Center
Cedar Creek Hospital
Center for Forensic Psychiatry
Centra Wellness Network
CMH & SA Services of St Joseph County
CMH for Central Michigan
CMH of Ottawa County
CMHA of Clinton Eaton Ingham Counties
Copper Country CMH Services
Detroit Wayne Integrated Health Network

DMC - Detroit Receiving Hospital
DMC - Sinai-Grace Hospital
ForestView Psychiatric Hospital
Genesee Health System
Gogebic Community Mental Health Authority
Gratiot Integrated Health Network
Harbor Oaks Hospital
Havenwyck Hospital
Hawthorn Center
HealthSource Saginaw
HealthWest
Henry Ford Allegiance Hospital
Henry Ford Kingswood Hospital
Henry Ford Macomb Hospital
Henry Ford Wyandotte Hospital
Hiawatha Behavioral Health
Hillsdale Hospital
Holland Hospital
Hurley Medical Center
Huron Behavioral Health Services
Integrated Services of Kalamazoo
Kalamazoo Psychiatric Hospital
Lapeer County CMH Services
Lenawee CMH Authority
LifeWays
Livingston County CMH Authority
Macomb County CMH Services
McLaren - Bay Region
McLaren – Flint
McLaren - Greater Lansing
McLaren - Lapeer Region
McLaren – Oakland
McLaren - Port Huron
Memorial Healthcare - Owosso
Mercy Health St Marys
Mercy Health Partners - Hackley Campus
Michigan Medicine
MidMichigan Medical Center - Alpena
MidMichigan Medical Center – Gratiot
MidMichigan Medical Center - Midland
Monroe CMH Authority
Montcalm Care Network
Munson Medical Center
network180
Newaygo County Mental Health Center
North Country CMH
Northeast Michigan CMH Authority
Northern Lakes CMH
Northpointe Behavioral Healthcare Systems

Oakland Community Health Network
Oaklawn Hospital
Pathways
Pine Rest Christian Mental Health Services
Pines Behavioral Health Services
Pontiac General Hospital
ProMedica Coldwater Regional Hospital
Promedica Monroe Regional Hospital
Saginaw County CMH Authority
Samaritan Behavioral Center
Sanilac County CMH Authority
Shiawassee Health and Wellness
Sparrow - St. Lawrence Hospital
Spectrum Health Lakeland Hospital
St Clair County CMH Authority
St Joseph Mercy Hospital
St Joseph Mercy Hospital - Chelsea
St Joseph Mercy Hospital - Oakland
St Mary Mercy Hospital - Livonia
StoneCrest Center
Summit Pointe Behavioral Health
The Right Door for Hope, Recovery and Wellness
Tuscola Behavioral Health Systems
UP Health System - Marquette
Van Buren CMH Authority (PMS)
Walter Reuther Psychiatric Hospital
War Memorial Hospital's Behavioral Health Center
Washtenaw County Community Mental Health
West Michigan CMH
Woodlands Behavioral Healthcare Network

CMH Quarterly

Washtenaw County Community Mental Health, Winter 2020

Trish's Update

Hello CMH-

I have been very touched and moved by the responses I have received following my last couple of emails to the organization. I have received messages of gratitude from many of you for sharing my personal thoughts on how all of this craziness has affected me and, in some cases, how my messages have supported the ways you are feeling about your own experiences. So, with that, I am going to take it a bit further.

In the last newsletter, my note to the organization centered mostly on what was happening in our nation as it pertained to race and next steps for how CMH was going to begin to address systemic issues. This resulted in the formation of our CMH Black Lives Matter Taskforce (BLMT) and our recent "Death by a Thousand Nicks" training. I am well aware that this training has brought up many questions, thoughts, ideas, emotions, excitement, and discomfort among the members of our organization. The training has impacted me personally on many different fronts—as a leader, as a colleague, as a community member, a mother, and as an individual. The BLMT debriefed on what are next steps with the many issues that the training has brought to our collective minds. So, stay tuned as there is certainly more to come.

There were many moments of the training that impacted me deeply. I have been processing the micro transgressions and trauma reflected in the videos of the young black men and young children ever since. I have thought deeply about the profound impact that racism has on our imperfect society. In addition, I was extraordinarily moved by the stories and truths shared by individuals within CMH during the training. I listened to individuals who I have known for more than 20 years and learned so much about them and their experiences as it relates to this very important societal issue. I appreciate their courage, honesty, and perseverance. I thank you for sharing things that I never knew about you. It also brought further attention that there is much that I had mistakenly assumed about others. It illuminated for me that we really know much less about each other than we can ever realize.

This has brought me to share a bit more about myself for all of you. I am a first-generation American being that my parents immigrated here from Spain. My first language is Spanish as it is for my twin boys. I am the youngest of three and the only girl. My oldest brother's name is Pablo, my next brother is Alvaro and by the time I was born, my parents knew they would remain in the United States and felt that they should name me a name that was not foreign to our Spanish heritage *or* to our U.S. community. So, despite their wishes to name me Carmen (as all first-born women are named in my family), they named me Patricia. Obviously, you all know that I ultimately became Trish.

My first experience with what I now know as racism happened when I was six years old. My brother Pablo (who inherited darker skin than mine and has a clearly Hispanic name) was called a "maggot spic" by his 7th grade English teacher. Our neighbor, knowing that my barely English-speaking mother would have no idea what on earth this meant, came over to tell her what her daughter had reported. My mother was enraged. At the end of this episode, the result was that my parents removed my brother out of the public school system and enrolled Pablo at U of D Jesuit High in Detroit as they felt this was a safer and far more supportive environment for him. We continued on as a family and individuals navigating our 100% Hispanic heritage while attempting to assimilate into a U.S. community. I was able to convince my mom that perhaps she could lay off sending my favorite octopus dish in my lunch box. I will admit that it was pretty freaky next to other's PB&J!

I say all this to say the "Death by a Thousand Nicks" training should remind all of us that we are all a collection of our experiences, and we carry those things with us everywhere we go. It is the awareness of who we are and who we are working with that makes us better at our jobs. We have so much in common yet we are all very different, individualized people. And that's not bad; it's valuable and amazing. It's how we connect to each other, it's how we build communities, it's how we keep improving on what we're so good at: serving the vulnerable populations of Washtenaw County.

As difficult as it may sometimes be, it's important to have the conversations, and to listen. As an organization and as individuals, let's explore what we can do to move the needle to make this a better informed, respectful, kind community and world to live in.
There is much more work to come.

With all of that (and sorry if this was a bit heavy) I would like to thank those of you still reading. I sincerely thank all of you for the work that you do for CMH which has a critical role in our community for the people we serve. As I have mentioned in past emails, I am grateful for many things regarding our organization, most importantly our co-workers in the face of COVID-19. I hope you all the best and safest of holidays.

Always looking forward...
Trish



Hello! & Hooray!

Welcome New Hires:

- Anthony B
- Ashley H
- Ibrahim A
- Jazmine H
- Kristi H

Congratulations Transfers/Promotions:
(We shall return!!)

Our Fond Adieu: Tori N

As some of you may or may not know, Tori N, Service Coordinator for the Annex/Towner Adult MI Team is retiring on Friday, December 18th. Her last day with Washtenaw County will be Thursday, December 17th.



The Employee Activity Team asked her to tell us a little bit about her time with Washtenaw County, CMH and what her plans were for the future.

Here is what she shared...

I have too many memories for the 25 years I have been with the county.
I have many memorable stories but some of the best are from encounters I have had over the years with clients.

My greatest accomplishment is lasting to 25 years for early retirement.
I will just be down the street at PES working full time starting next week!
I was with WCCMH for my first 5 years, then at Public Health for 8-9 years and back to WCCMH after that until now.

It has been a good run, overall, for me. I will always be grateful to Washtenaw County for allowing me to grow as a person and a social worker. I have made some incredible friendships that will last me a lifetime. I came to the county pregnant with my first child and now, two kids, an MSW and a grandbaby later, I feel incredibly blessed for all that I have in my life.

Everybody stay safe, have a happy holiday season and thank you for all that you do for the clients that we serve.

Please help us in thanking Tori for her time at WCCMH and wishing her the best.

Thank you Tori for all that you have done for the CMH community. You will be missed.

Bountiful Baskets!

CMH staff led by Mackenzie T (Macie) worked hard in the months and days leading up to Thanksgiving to put together food baskets with the Ann Arbor Jaycees. Through their hard work of gathering monetary and food donations, they were able to put together 80 baskets of food, 60 of which went to individuals and families served by WCCMH.

Much gratitude for Macie, Jennifer L. and all who donated, packed, delivered, and assisted in any way in this project. We are so fortunate to have staff who stretch themselves to serve our community.









WCCMH Black Lives Matter Task Force

On May 25th, 2020, George Floyd's death at the hands of unwarranted police action led hundreds of thousands of people throughout the nation to march in solidarity and affirm that black lives matter. While the movement is broad, it essentially seeks to eradicate systemic racism through education, dialogue, solidarity and fundamental reforms.

At Washtenaw County Community Mental Health (WCCMH), there were a few staff that were personally inspired to address the racial disparities within our system and community and courageously took the charge to address them. The late, great, Martin Luther King, Jr., is known for his belief that, "A genuine leader is not a searcher for consensus, but a molder of consensus." It was this thought that inspired the birth of the WCCMH Black Lives Matter (BLM) Task Force, co-chaired by Leah Mills and Judy Thurman, two Mental Health Professionals from WCCMH Youth and Family, in hopes of making an impact towards systemic change.

The WCCMH Black Lives Matter (BLM) Task Force includes staff from WCCMH, as well as other community partners that frequently collaborate with WCCMH, such as My Brother's Keeper. Their mission is to develop strategies that reduce systemic racism within our organization, as well as create meaningful impact within our local communities. Therefore, the task force has both an internal WCCMH and external community focus.

Since first convening in August 2020, the internal work has focused on developing WCCMH staff training around structural racism and cultural sensitivity. Recently, the task force brought forth the training Death by a Thousand Nicks: Healing the Wounds of Racial Trauma. The training will teach staff how to recognize systemic oppressions, confront implicit bias and racial microaggressions, and engage in dialogue around racial healing, empowerment and equity.

The task force is also reviewing other topics for staff education, including white privilege, health and racial disparities, and cultural competency for assessing and working with clients. One of the primary goals is to create a system of trust and knowledge within WCCMH, so individuals will experience the same types of interactions throughout the entire system of care.

Much of the community work has focused on engaging the Sycamore Meadows community and creating a WCCMH presence so residents know that the organization is available to help.
For example, staff conduct Walking Wednesdays that help them connect with residents, build rapport, and begin to dialogue about their needs.

The group is also interested in addressing issues pertinent to communities of color in historically underserved areas; this includes confronting mental health stigma, trauma, and gun violence. In relation to this, the task force is working to have outreach staff trained in critical incident stress management (CISM), which helps people deal with trauma from a specific, immediate event and decreases the likelihood of experiencing post-traumatic stress.

The task force's declaration, released this past summer, included the following closing statement that we would like to share with all WCCMH staff:

"We call on EVERYONE, and especially our White colleagues, not to close your eyes and look away, knowing that to remain silent in the face of racism, is to be complicit with such acts. Being anti-racist is an active state of being and it is imperative that we work towards all that is just for ALL LIVES, as we focus on remedying the ills done to Black lives.

In solidarity (in word and action),
Leah D. M, LMSW, QIDP
Co-Chair

Judith T, LMSW, QIDP
Co-Chair

"If you are neutral in situations of injustice, you have chosen the side of the oppressor".
–Desmond Tutu"

EAT Updates

Fun Festivities 2020:
Thank you so much to the 2 teams that submitted a video for our video contest! Both teams had videos highlighting the bloopers of the virtual world that we are currently in and one had a fun way to share with each other even through a virtual format. Feel free to check out the team videos:

Health and Wellness:
https://zoom.us/rec/share/pgso2xzpuS2K5kmpR7fAHSRwKxbERgNH8FNqbD78QDxwBQFOZ5OXO3jR7lqtyxKZ.sOO8SY8_-DXw9HmI
Passcode: BaRK&49S

Utilization Management:
https://web.microsoftstream.com/video/0009a2bc-d0e1-48cf-92ec-b1de7c084e58

Thank you so much for your entries!

*Just a reminder that EAT is not funded by WCCMH

Staff Development Updates

Wrap up for 2020:





- Staff have until December 31st to complete and submit the LEP training before it goes away in Relias until next fall. Log into Relias to complete the training or check with your supervisor to ensure there are no opportunities for a team training.
- Bloodborne Infectious Disease is a annual COUNTY requirement and while we were technically due on September 30th, you still have time to complete and submit this training.
- The One-on-One (Never Officially Named) Chats with ELT members got off to a healthy start but since they were meant to be face-to-face meetings, they were put on hold temporarily. A couple were held via Teams and it remains to be seen if they will continue that way. Stay tuned for updates- - and watch for your invite!

Next Quarter's Training is Person Centered Planning (PCP) Refresher:

- Your supervisor will get materials and instructions for a team training and you will also have the option to complete this training on your own in Relias.
- Watch for details after the start of the year and follow instructions to complete your training between January 1 and March 31.

The Move to Online Training:
The work to move all training options online for the foreseeable future continues. Unfortunately Relias does not have a mechanism in place for a seamless transition so while you can access trainings that are available to you, the automatic update to your next due date does not occur. Relias is aware of the problem and working on updates on their end to resolve this, but they do not have a timeframe for when this will occur.

As a result, It is Very Important to submit completed tests or certificates from Relias when completing a training in order to get the record properly updated.

An updated cheat sheet is being prepared to help you navigate the slightly different looking pages in Relias and how to easily submit proof of your completed coursework. We thank you for your patience as we work continue to adjust to this new way of doing things.

In Case You Missed It- Fare Thee Well to the Wiki

From an email that went out to all staff in November:

After much contemplation and ongoing feedback, our CMH Wiki will close down indefinitely at 5pm on Monday, November 30, 2020.

MDHHS documents are now available in a folder on the M drive titled, "MDHHS Forms & Info" and policies are available in Relias.

A Brief History…
Work on the wiki started around 2005 and quickly grew to be the go-to resource for almost any document or point of information for many staff. For the uninitiated, this tool allowed CMH staff to add (or subtract) any information they believed any other staff could use. Over the years there's been more adding than subtracting resulting in information overload and the random run-in with out of date information.



A number of original contributors have moved on from the organization, and although it was allowed, staff were not always comfortable with deleting or updating information they did not originally post. Unfortunately, we have never had the resources for a team to regularly watch the content, and edit for accuracy on behalf of other staff. While still valuable, there have been a growing number of incidents leading to staff to find less than precise or conflicting information. It seems the Wiki has outgrown our capacity while struggling to maintain the pace of CMH changes and ultimately outlived its usefulness to staff.

We end now with a very big thank you to all the many contributors and farewell wave to all the visitors.

If you have any questions or find that you are in dire need of a document that you previously pulled from the Wiki on a regular basis, please see your PA.

Seasons Greetings

In the most unusual of times, we at the Quarterly wish you a calm, safe, and happy holiday season with all the joy you can stand... from several feet apart.





Thanks to Our Contributors!

Gregory P
Katie H
Krista D
Ralphie P
Trish C

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH CONSUMER ADVISORY COUNCIL MEETING MINUTES

December 9, 2020

MEMBERS: Pam Rathbun (chair), Jason Zurawski (secretary), Barb Higman, Alayna Manzanares, Lisa Porzondek, Melissa Vaden.
STAFF LIAISON: Merton Hershberger.
MEMBERS ABSENT: Ed Howlett.

I. **Meeting called to order at 12:47, thanks to difficulties with Zoom.**
II. **Consent Agenda.**

MOTION BY _ Alayna_ - SUPPORTED BY _Pam_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA. MOTION CARRIED

III. **RCAC:** No new news.
IV. **Newsletter** – Barb: Behavioral Health Clinic. Mert: Staying healthy in the holidays. Melissa: Substance use article. … Alayna for the Spring: Coping still. Melissa: safe plants for the holidays. The Spring Newsletter will be no earlier than March, probably.
V. **Meeting & Card signing**: We will try to round out the rest of the staff receiving cards when the weather warms.
VI. **Fresh Start**: Melissa said things are still mostly virtual while FS tries to start its own organization.
VII. **Citizens for Mental Health & Public Safety**: Monday, Barb coordinated with Marilyn Wedenoja (former professor of Social Work at EMU) to advocate for the Ann Arbor Police to be trained in de-escalation and to use the funds allocated to Mental Health and Public Safety in the spirit of the tax allocation vote, and not to shuffle the funds around to other purposes.
VIII. **Legislators**: Barb plans to contact Laura Garcia. We plan to start with state legislators in January or February meetings.
IX. **Christmas news:** We talked about new happenings in our personal lives and new developments in our lives. Lisa said she would try to reconnect to Denise Simpson who expressed interest in reconnecting with the CAC.
X. WC-CMH-CAC adjourned at 1:32 pm.

Next WC-CMH-CAC will take place the January 13, 2021 at 12:30pm via Zoom.

Consumer Advisory Council 2020 — Fall Newsletter

Recovering from Addiction
by Melissa Vaden

It was a hot summer day July 4, 2017. I remember it distinctly because I was busy getting laundry together in the bedroom to put into the wash at the old house I used to live in. There was no air conditioning, only fans and opened windows and it barely did a thing. It was then that I got a call from a number I didn't recognize but I answered anyway. I answered as usual, and the voice on the other line shook me to the bone.

It was an old 4-H friend that I used to show with from back in my old middle school and high school days. Her name was Amy, but the sound of her voice was not reassuring. We played catch up but they became bittersweet once she came to the point. Amy asked me if I had heard the news about a dear friend of ours, Mya. Another good friend that we showed with in our 4-H club. I had said no, but that I had just seen her the week before. Mya and I, with one of her friends and my boyfriend at the time, all went out on her boat on a lake near her house and enjoyed a summer day together.

Amy asked me if I knew about Mya's struggles. I told her yes, "I knew she had heroin addiction, but I had asked Mya about that on the boat, and she said she had been free from that for 6 months." Then Amy broke down and my heart sank into the depths of my soul. Amy told me that she was told by another one of our friends that Mya had died from her heroin addiction the day before.

This is why I gave up smoking cigarettes. Before I go into the next part of my story, I want you to know mine. Before I gave up cigarettes I had been addicted for around 10 years. I started smoking cigarettes on and off at the age of 16. I would get some from my older friends in high school, smoke them on lunch breaks, bring them home and smoke them in the back field of my parents property, or at a friend's house. My parents did not approve of such things so I was always hiding my addiction. Then at the age of 18, I became legal and started smoking somewhat religiously, but I was dating a boy at the time that also did not approve. So I tried hiding my addiction from him. I went to great lengths to keep my addiction a secret from him, but most times he could smell it on me, or find my packs and we would fight about it. He finally left me and my addiction took a turn for the worse, and I was smoking all the time. At its worst, I was smoking 2 packs a day!! Hanging around a bad crowd, being alone in my apartment and my lack of faith really drove me to spiral downward into my addiction.

With that call on July 4, 2017, things got real. I had tried to quit for 5 years, I had tried everything! I did the patch, the gum, cold turkey, regular vapes and rationing cigarettes. Nothing worked, until I moved and found a certain vape shop. This one gave you the option to make your own milligram of nicotine in the vape. I decided to ask for the basic standard milligrams of nicotine for a cigarette and start there. Then I vaped that for 2-3 weeks and then go down a couple milligrams. There were some weeks I held on to a certain milligram level for longer because of a stressful situation but that's ok. I gave myself the grace I needed but I never went back up. When I was vaping nothing I saw my mission as accomplished. I have been smoke free for 3 years and 6 months so far. I find that I have also been successful because I had a real reason to quit. I saw how short life can be and how quickly it can be taken away.

My friend was 27 years old when she died of a heroin overdose. Drugs, alcohol and cigarettes don't care how old or young you are. When you choose to use these things you are dancing with the devil. You'll never know when your number is going to be called, until it's too late. I didn't want addiction for my life. I wanted to make something of my friends passing. Mya & Jesus gave me that push I needed to help me better myself. I thank them every time I think about this.

When you are addicted you need to do a lot of things for yourself to be set up for success. You need purpose, information, a strategy, a back-up plan, friends/family/loved ones, and a positive environment. Along with all of those things, you need discipline within yourself to keep all of those things working. If you dream of a day of being free from any form of addiction, don't let anything get in the way of that goal. Your life depends on it, and just think about how many people in your life depend on you. Your life is a blessing, don't take it for granted. You only get one shot at getting it right.

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Questions for reflection or journaling:

What addiction would you like to be free from in the new year?
What supports do you need to find that freedom?
Who is hindering your recovery?
What will happen if you take no steps towards a healthier life?

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True Heroes

The new year presents an opportunity for a new start. Soon we will remember heroes like Martin Luther King, George Washington, and Abraham Lincoln with holidays. Each had their own contribution to this nation. In February, we will also remember those we love. Just as national heroes sacrificed for their love of the nation, true love involves sacrifice: giving up something of oneself for the good of another. While most of us may seem and feel insignificant in and of ourselves, when we love others with patience and kindness and enjoy growing wiser while helping others, we have the opportunity to have the qualities of a hero. Culture today would crown anyone with a TV show or with celebrity status if they are loud enough. But in the long run, it is those who love in simple, humble ways who are the most heroic. May all who wear masks, wash their hands, listen to good advice and check in on others be given a crown of long life. ***What actions and impact do you want to be remembered for 100 years from now?***

Q. What is the Consumer Advisory Council?

A. The Consumer Advisory Council members work as advocates to promote services, supports, communication, opportunities and legislation for all individuals recovering from mental illness and develop-mental and intellectual disabilities and emotional impairments, who are Community Mental Health (CMH) consumers. The Council also works to create an awareness of mental health issues for all people recovering from these issues. Through education & advocacy, the Council combats stigma.

B. To share your thoughts with the council, you may contact Mert Hershberger via email: HershbergerM@washtenaw.org or call: 734-796-6944.

_____

Success takes a team. Freedom takes a community. Committed love makes a family.
Treat your neighbor well, and you will soon have plenty of friends.
Love your enemies, and you will soon have none.
Speak the truth, and others may listen. Be patient, and you will hear the truth.

Continued on next page. ...

Whence We Came – Part I By Barb Higman

Mental illness is a pandemic that has been with us for thousands of years, but even now people with mental health conditions are misunderstood and marginalized. Efforts to develop and implement effective treatments have often been harmful as in the case of insulin shock therapy used in the 1930s and lobotomies that were performed up until 1967. A psychiatrist I knew once said to me that we may well look back at the medications in use today with their troublesome side effects and wonder how we could have been so barbaric. Looking back now, it would appear that each time we push the ball up the mountainside it rolls back down, but maybe not as far. There have been positive changes over the course of time, and there have been some exciting new developments and initiatives.

In compliance with an 1830 Michigan mandate that each county have a poor house, Washtenaw County erected its Poor House in 1837 on the site now occupied by the Meri Lou Murray Recreation Center. In an 1986 article for the Ann Arbor Observer, Ann Arbor historian Grace Shackman wrote: "the poor house [which doubled as an Insane Asylum] sheltered a diverse group of unfortunates, the insane, alcoholic, indolent, senile, retarded, handicapped, injured, sick, transient, or just down on their luck."

At the time the Poor House was built, activist Dorothea Dix was advocating for the humane treatment of people with mental illness, proposing the establishment of state institutions for the mentally ill. She averred that state mental hospitals helped the community, families, and afflicted individuals by providing care and treatment regardless of the ability to pay, and that these institutions fulfilled society's moral and ethical responsibilities to persons with mental illness.* Five years after it became a state in 1837, Michigan accepted that the care of people with serious mental illness was a state responsibility, but it was not until 1853 that $20,000 was appropriated out of the general fund of the state treasury to build the first generation of state mental hospitals in Michigan.

All told there were to be 16 such complexes constructed. Ypsilanti State Hospital, designed by renowned architect Albert Kahn's architectural firm, was built in 1930 with $1.5 million in state funds allocated to alleviate overcrowding at the original four existing state hospitals at the time. The Washtenaw County Poor House in Ann Arbor had been replaced in 1917 by the County Infirmary for people who were poor and needed continual medical care.

… To be continued.

*Gerald N. Grob, From Asylum to Community, Mental Health Policy in Modern America, Princeton University Press, 302, 1991. — (Pictures by Barb Higman before Ypsi State was demolished.)





ATTACHMENT #1I
JANUARY 2021

CHRT

Public Safety and Mental Health Preservation Millage Communications.



Center for Health and Research Transformation

Millage strategic communications plan

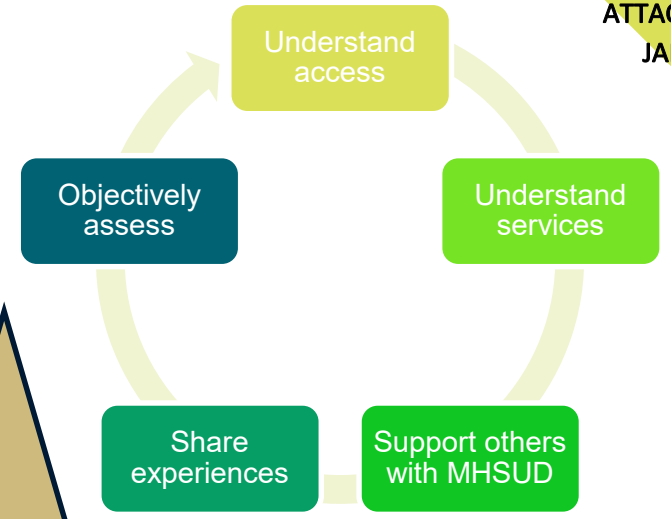
Recommendations for 2021 and beyond

CHRT

Key audiences

Deeper audience understanding
+ More tailored communications
+ More strategic planning
+ More science
+ More hyperlocal pride
+ More knitting (and purling?)
= **More effective communications**

CHRT

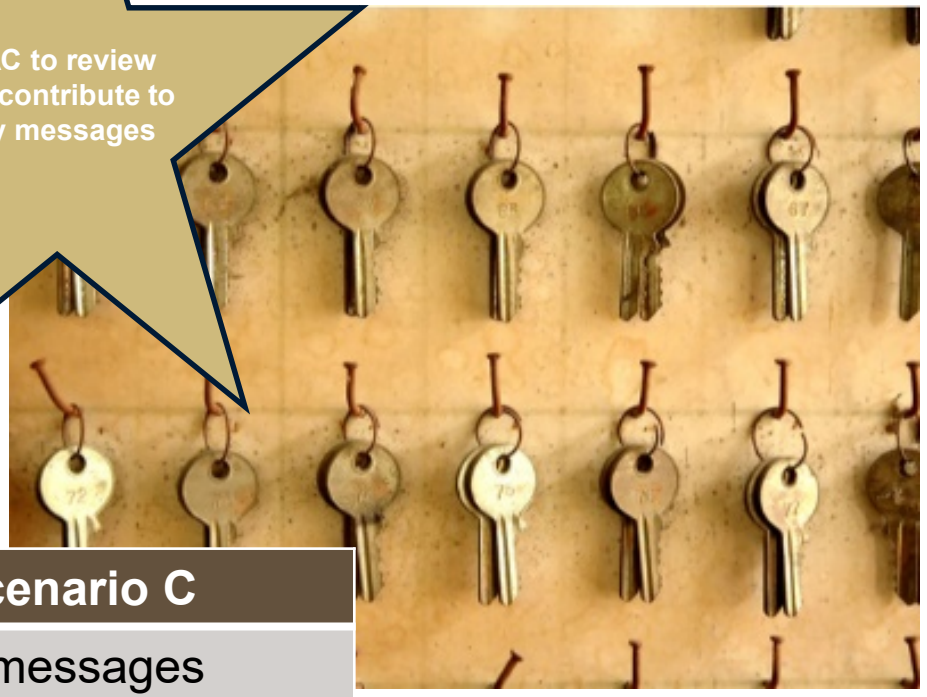


Key messages

Work with WCCMH and partners to develop a list of 12 to 24 key messages

- The millage saves taxpayer dollars by diverting residents away from the criminal justice system.
- The millage is an admirable example of police reform.
- The millage shows what adequate funding for community mental health can accomplish.
- The millage allows us to focus on preventive services.

MAC to review and contribute to key messages



	Scenario A	Scenario B	Scenario C
Messages	24 messages	12 messages	6 messages
Cost	$3,800	$1,900	$950

CHRT

With key messages in hand

1. Conduct interviews and write stories to illustrate key messages

2. Photograph interviewees and community settings, landmarks

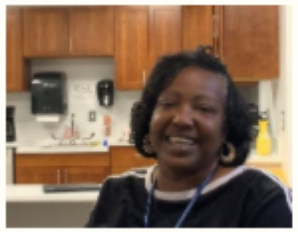
KEY MESSAGES

3. Use stories and photos to develop 12-24 text-light, design-heavy vignettes

4. Promote vignettes across the county with a special focus on interviewee community

CHRT

1. Conduct interviews, write stories to illustrate key messages



Coming soon: Washtenaw County crisis center

In an unassuming brick building just down the street from the Washtenaw County Health Department in Ypsilanti a new community resource is in the final stages of development. It's an observation and assessment center for individuals in crisis--one that community advocates have been wanting for years--and it will open for business at 750 Towner.... Read more.



Millage Q&A: Washtenaw County Commissioner Andy LaBarre

In 2017, Washtenaw County Commissioner Andy LaBarre was instrumental in the development and passage of the county's Public Safety and Mental Health Preservation Millage, which currently provides about $16 million per year. Thirty-eight percent of the millage revenue is allocated to the Washtenaw County Community.... Read more.



Millage funds rural service delivery expansion

As of July 1, the CARES team had received 250 outpatient service referrals from Ypsilanti (115), Ann Arbor (88), Saline (11), Dexter (6), Whitmore Lake (5), Chelsea (3), and Milan (3).While most of the referrals are currently coming from the county's urban areas, there continues to be unmet need in the county's rural communities, where residents may.... Read more.



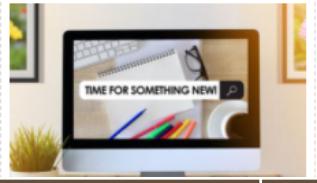
COVID-driven telehealth expansion ensures access

Washtenaw County's community mental health agency has embraced telehealth throughout the pandemic to provide ongoing care to its clients. Prior to the pandemic, WCCMH used telehealth in less than one percent of cases. By June 2020, 44 percent of the community mental health providers surveyed were using telehealth to reach and engage... **Read more.**



Millage helps mitigate the impact of COVID-19

From economic strains to a now six-month period of isolation, the COVID-19 pandemic continues to upend daily life. In Washtenaw County, "the unsurprising result," as Jaishree Drepaul-Bruder reports for Concentrate, is "an uptick in stress, anxiety, depression, and other negative implications for the mental health of residents." Trish Cortes, the executive director... **Read more.**



New website features millage background, accomplishments

Washtenaw County Community Mental Health is pleased to share a new website for information about the county's eight-year Public Safety and Mental Health Preservation Millage, which will be in effect through 2026. The millage site features: the 24/7 hotline for accessing countywide mental health and substance use support

	Scenario A	Scenario B	Scenario C
Stories	24 stories	18 stories	12 stories
Cost	$34,000	$25,500	$17,000

CHRT

2. Photograph interviewees and settings

Proposed photographers:
Will and Sheyonna Watson
Whitmore Lake



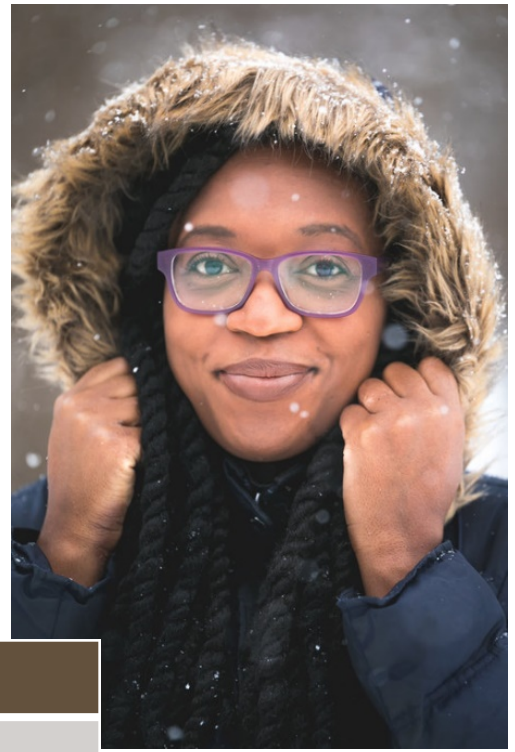








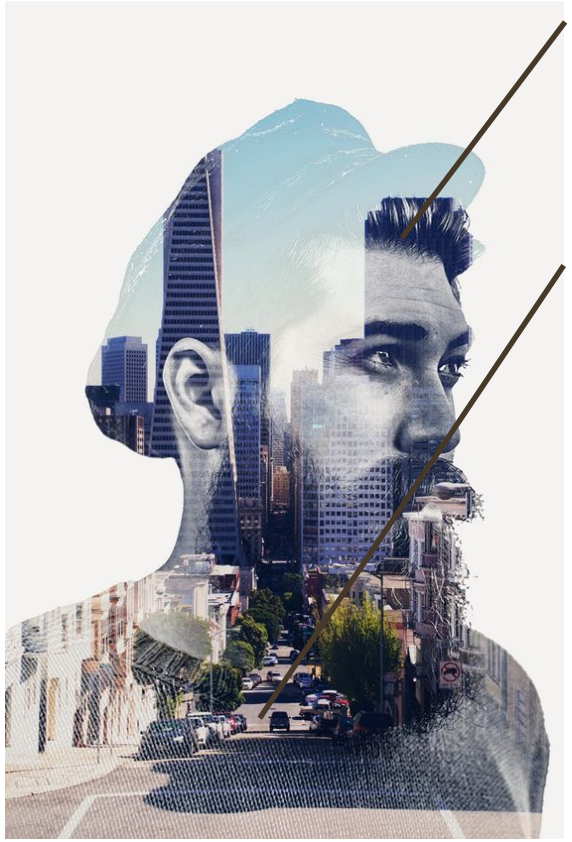




	Scenario A	Scenario B	Scenario C
Photos	48	36	24
Cost	$12,000	$9,000	$6,000

CHRT

3. Use millage stories and photos to design vignettes



Ambassador:

Peer support specialist, psychiatrist, crisis response team member, grantee, faith leader

Setting:

Clinic, church, city, country, street, river, park, community center, landmark

Common text, all vignettes:

1) Thank you, voters.
2) Brought to you by the Washtenaw County Public Safety and Mental Health Preservation Millage.
3) If you or someone you know needs help, contact us 24/7 at 734-544-3050.

Unique text, each vignette:

1) A quote or paraphrased quote from the community ambassador featured in the vignette.
2) The quote describes something the ambassador wants to thank millage voters for.

Thank you, voters.

"For peer support, trauma training, and life skills training in a safe, judgement-free setting."

Florence Roberson, SURE Moms Coordinator

	Scenario A	Scenario B	Scenario C
Vignettes	24	18	12
Cost	$27,000	$20,500	$13,750

CHRT

4. Promote vignettes through advertisements, social

Bus posters and wraps

Highway billboards

Advertisements: Concentrate Ypsilanti, Connected Magazine, Mlive, etc.

Social media posts and ads

Magnet/postcard mailing

PSAs



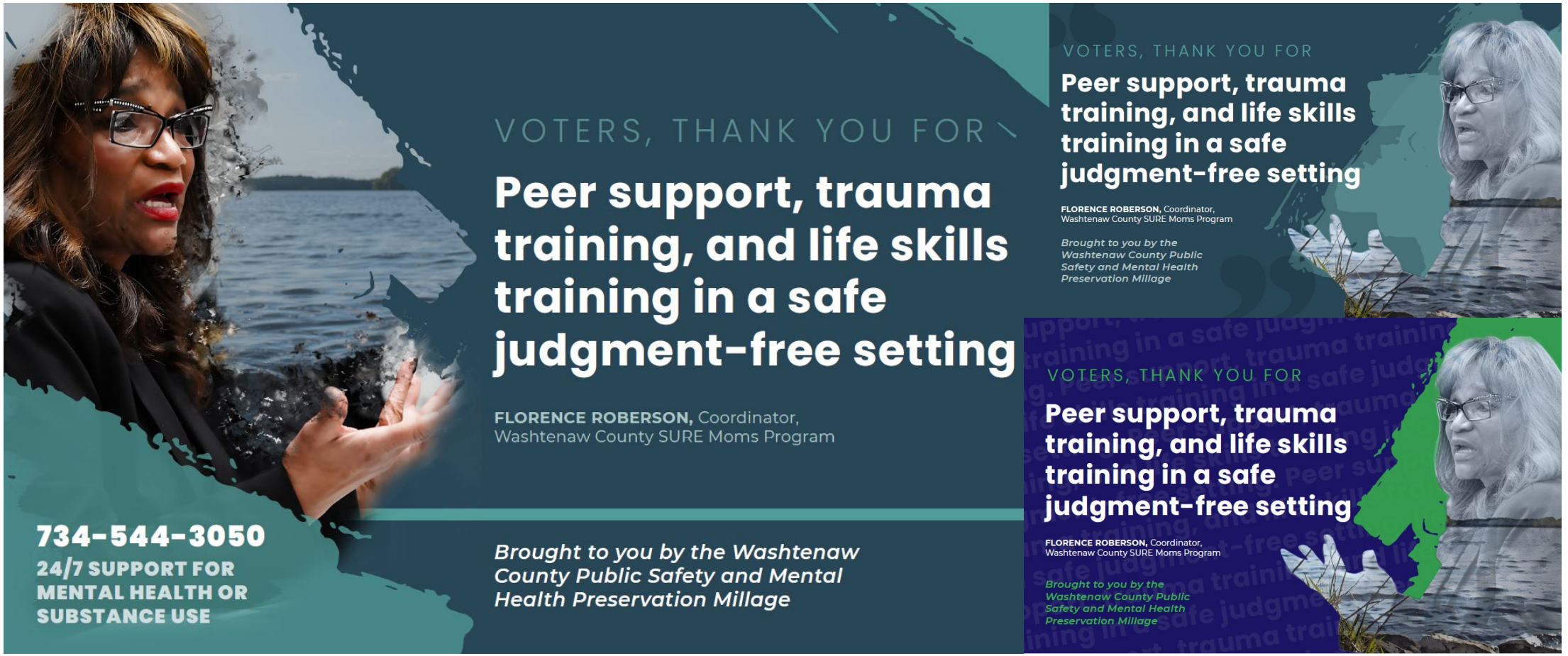


	Scenario A	Scenario B	Scenario C
Number	5 campaigns	4 campaigns	2 campaigns
Cost	$63,250	$55,000	$32,500



CHRT

Experiments



CHRT

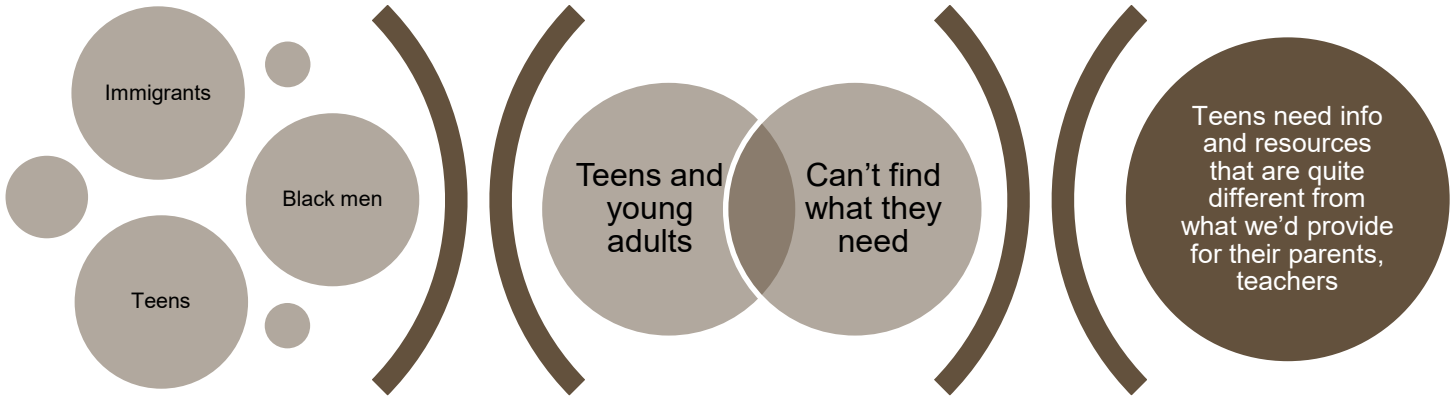
C2C outreach

1. To inform medical, behavioral, and social service agency communicators about the millage
2. To learn about and take advantage of free and low-cost messaging platforms—reaching their audiences through the platforms they're most engaged with
3. To add millage messages to existing materials for WCCMH and WCSO
4. To design, print, and distribute ready to go materials that are needed by community organizations (St. Joseph Mercy Chelsea, WISD, faith community leaders, etc.)

	Scenario A	Scenario B	Scenario C
Partners	24	12	6
Cost	$33,750	$17,500	$14,500

CHRT

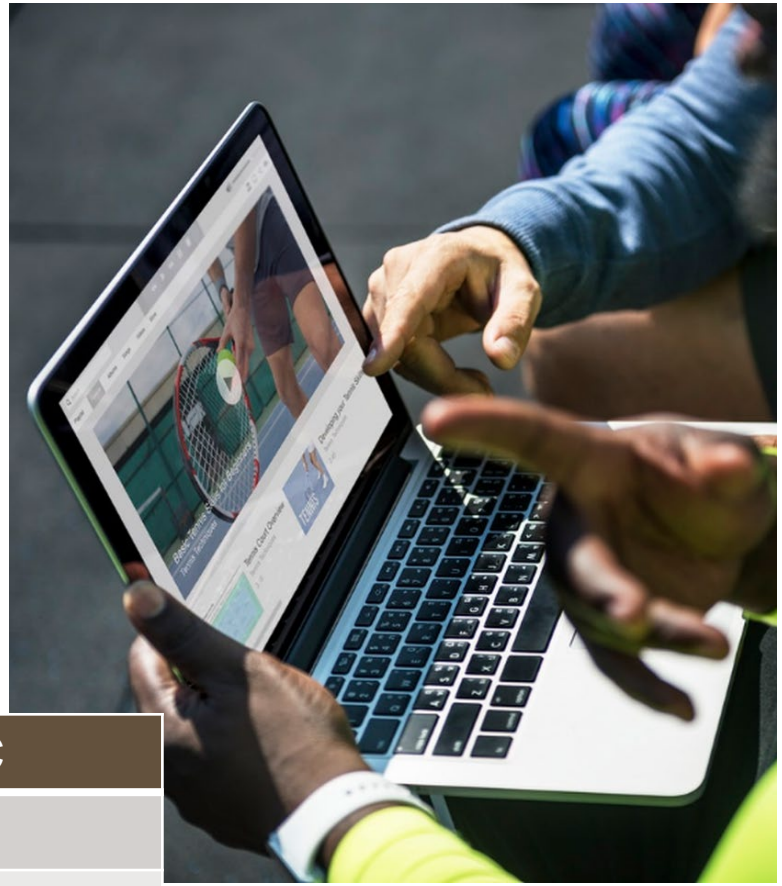
Website usability analysis



Uncover problems

Discover opportunities to improve

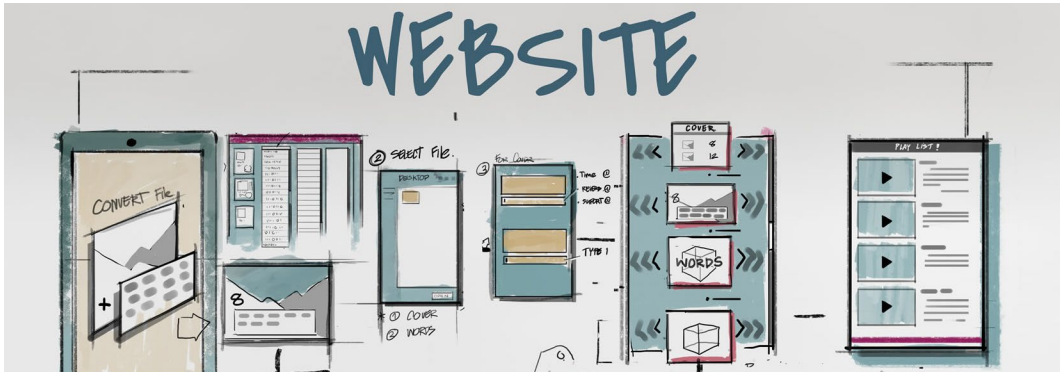
Hear about user needs, behaviors, and preferences



	Scenario A	Scenario B	Scenario C
Users	2 dozen users	1 dozen users	6 users
Cost	$18,000	$12,000	$6,000

CHRT

Website redesign



Need specific portals for teens, parents, caregivers, etc.

Takes too much time to find a) services and b) costs

Some content very relevant to residents, but difficult to find

Deliverables

- Work with staff to identify resources and develop site infrastructure
- Draft all text and work with staff to edit and improve it
- Use county content management system to implement changes
- Add visuals throughout site that pair with text
- Launch site and write a story about new features
- Continue to maintain and improve site after launch
- Monitor site metrics and report quarterly—both before, during, and after redesign

	Scenario A	Scenario B	Scenario C
Timeline	Oct 1, 2021	April 15, 2022	Maintain and improve existing site
Cost	$22,500	$22,500 over two years	$6,000

CHRT

Facilitate meetings with local organizations

- To discuss what we've learned from and achieved through the millage
- To gather feedback on plans for a youth assessment center, juvenile justice system improvements, etc.

Meet with existing community partners: WCHD health equity work

Buenos Vecinos	MacArthur Boulevard	West Willow
Southside Ypsilanti	Sycamore Meadows	Whitmore Lake



	Scenario A	Scenario B	Scenario C
Meetings	6 meetings	4 meetings	2 meetings
Cost	$20,000	$15,000	$8,500

CHRT

Video to feature millage collaboration

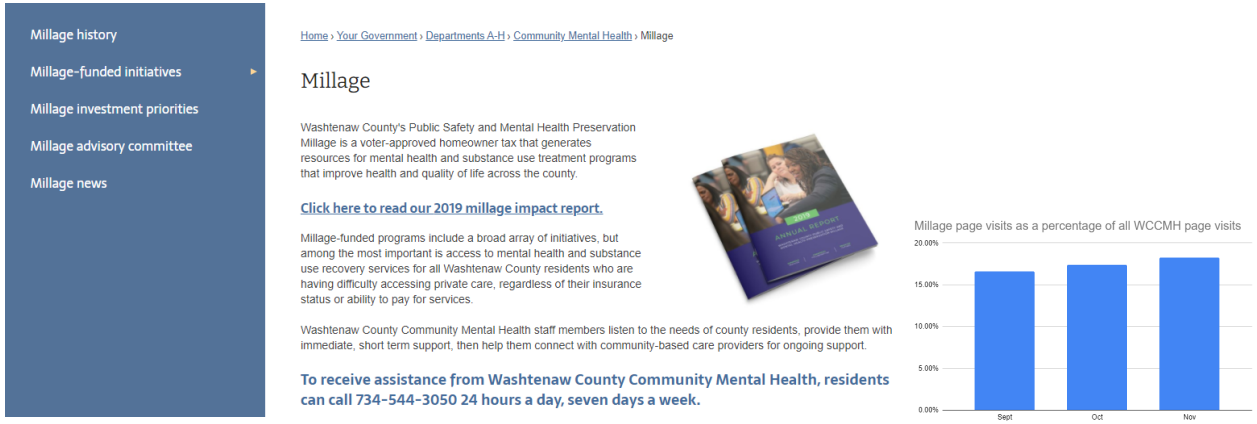


	Scenario A	Scenario B	Scenario C
Minutes	5-10 minutes	3-5 minutes	No video
Cost	$20,000	$10,000	--

CHRT

Continue to

- Add news stories to the millage microsite
- Produce and distribute e-newsletters
- Produce three press releases annually
- Produce annual impact report





WEMU 89.1

	Scenario A	Scenario B	Scenario C
Impact report	2,500 copies	1,250 copies	500 copies
Cost	$17,500	$15,000	$13,500

mLIVE

concentrate

THE SUN TIMES NEWS

CHRT

Scenarios

	Scenario A	Scenario B	Scenario C	2020 cost
Staff allocation	~1.25 FTE	~.75 FTE	~.5 FTE	.25 FTE
Adv & external costs	$144,903	$104,324	$62,227	~$5,000
Total	$282,888	$200,958	$123,817	~$38,000

CHRT

About CHRT

MISSION: To inspire and enable evidence-informed policies and practices that improve the health of people and communities.

PROJECTS



PROJECTS | 11.16.2020

Innovative financing models for addressing the social determinants of health with a special focus on supportive housing



PROJECTS | 09.03.2020

Addressing critical issues facing Prepaid Inpatient Health Plans and Community Mental Health Service Participants



PROJECTS | 07.02.2020

Evaluating an integrated health care intervention at pediatric practices in Wayne County

PUBLICATIONS



PUBLICATIONS | 11.10.2020

Michigan health care and mental health care providers need more training, support to serve the state's aging veterans



PUBLICATIONS | 09.16.2020

Designing integrated behavioral health services for Medicaid enrollees, background and case studies



PUBLICATIONS | 04.30.2020

Michiganders continue to report difficulty accessing mental health care, forgoing needed care.

GOAL 1

Be, and be known as, a source for evidence-based, non-partisan information on key health policy issues and trends

GOAL 2

Help community-based health collaborations improve population health and magnify their impact

GOAL 3

Build the evidence base for local and state programs that can be replicated and scaled to improve health and social welfare

ATTACHMENT #1J
JANUARY 2021

Washtenaw County Community Mental Health (WCCMH)

Public Safety and Mental Health Preservation Millage

Update on Millage-Related Initiatives for Justice-Involved Youth

Lisa Gentz, LMSW

Background

- **Data told us we need better systems collaboration for youth:**
  - From 2015-2017, the % of youth residents known to CMH increased from 6% to 28%.
  - These youth also had a higher readmission rate (66% compared to 44%).
  - There were notably higher rates of black youth in the youth center known and admitted to CMH.
- **No clear lead convener of juvenile justice related initiatives, leadership**
- **While all systems were performing notable work, there was an awareness that collaboration was not always occurring and needed to be improved**

Planning and Implementation
Millage Investment #2: Youth Services

- Youth Critical Intervention Mapping and Action Planning Workshop (Spring 2019)
  - Hosted by Policy Research Associates / National Center for Youth Opportunity and Justice
  - Opportunity for cross-systems collaboration: included dozens of Washtenaw County stakeholders from education, courts, youth center, jail, behavioral health
  - Developed report outlining current resources, gaps, and priorities for change

Planning and Implementation
Millage Investment #2: Youth Services

Post-workshop: convened working group of key stakeholders to continue work, strategy

- Youth Systems Alignment group (works under Diversion Council)
  - Monthly meetings
  - Developed document outlining “current state” of county’s juvenile justice system, compared to an ideal state – assesses gaps, priorities

Expand Services

Millage Investment #5: Expand prevention services for youth

CMH positions within other agencies, fostering collaboration

- **Juvenile Court**
  - Intensive CM position, funded by juvenile court
- **Youth Center**
  - Mental Health Professional (MHP) position, funded by youth center
- **WISD**
  - 31-N position - general education social worker for key districts (YCS, Lincoln, Saline, Milan)
  - WISD is hiring additional positions

Work in progress

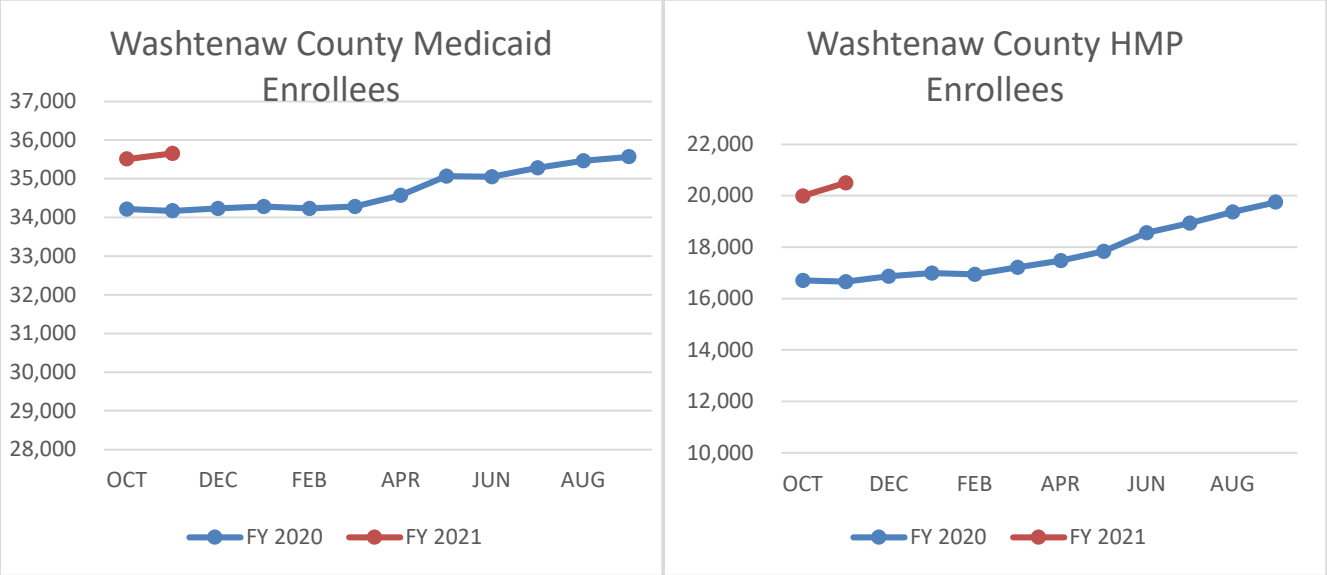
- Continuing to work through “current state” document
  - Significant recent changes in sector leadership, new initiatives occurring
- Youth assessment center
  - Planning strategy for 2021

Questions?

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending November 30, 2020
Prepared: January 4, 2021

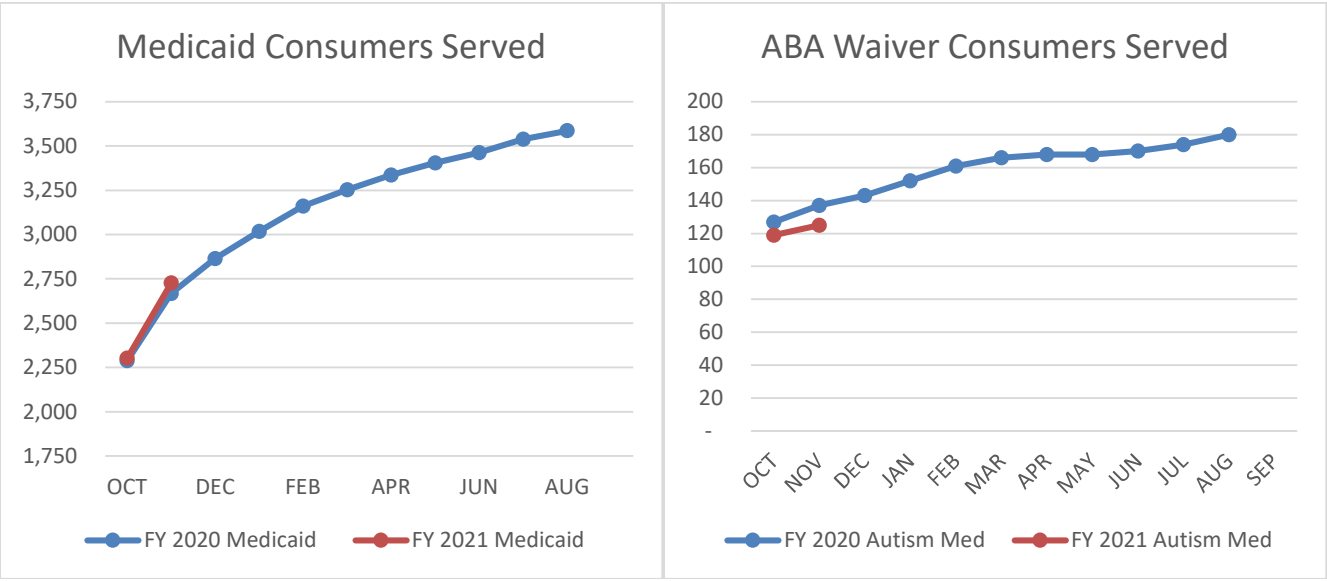
1. Washtenaw County Enrollees

A summary of FY 2020 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



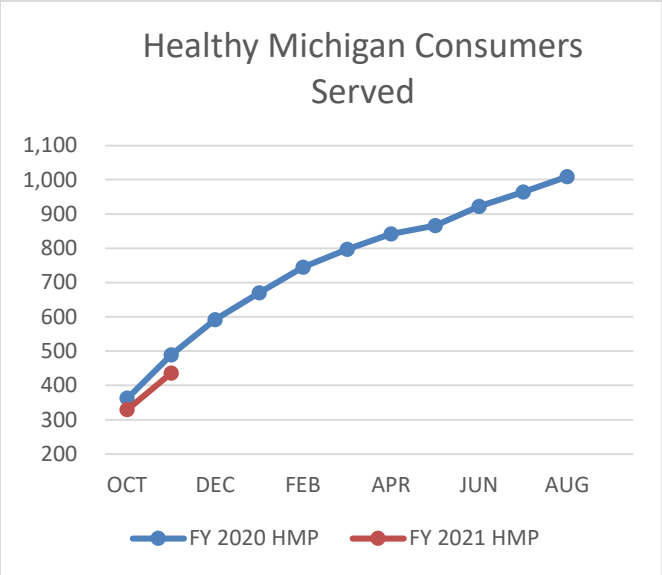
Washtenaw County Medicaid Enrollees were 35,657 in November 2020. This is a 4.35% increase from the same time last year (1,485 more enrollees than in November 2019). Healthy Michigan enrollment in November 2020 was 20,506. This is a 23.09% increase from the same time last year (3,846 more enrollees than in November 2019).

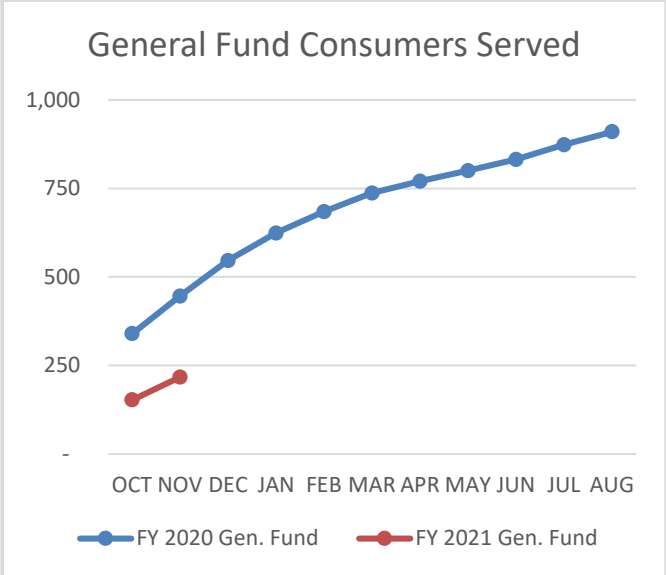
2. WCCMH Consumers Served to Date



Medicaid consumers served through November 2020 are 2,727. This is 60 more consumers than the prior year (2,667 consumers were served through November 2019).

ABA Waiver consumers served through November 2020 are 125. This is 12 less consumers than the prior year (137 consumers were served through November 2019).





Healthy Michigan consumers served through November 2020 were 436. This is 53 less consumers than the same period last year.

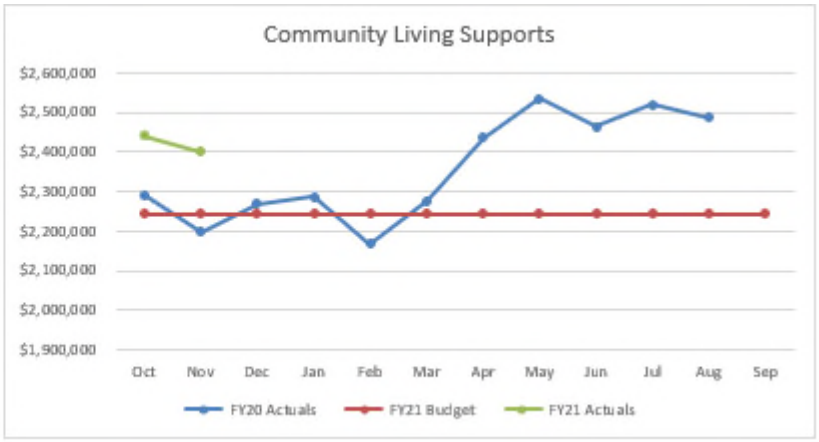
General Fund consumers served through November 2020 were 218. This is 228 less consumers than the same period last year.

3. Financial Statement Highlights

a. CLS service costs to date are $4.8 Million. The costs year to date are 16.86% higher than November 2019. This is $350,000 over budget. The temporary $2 per hour direct care worker increase is reflected in the FY21 Actuals for the month of November. The temporary increase has been extended until December 2020.

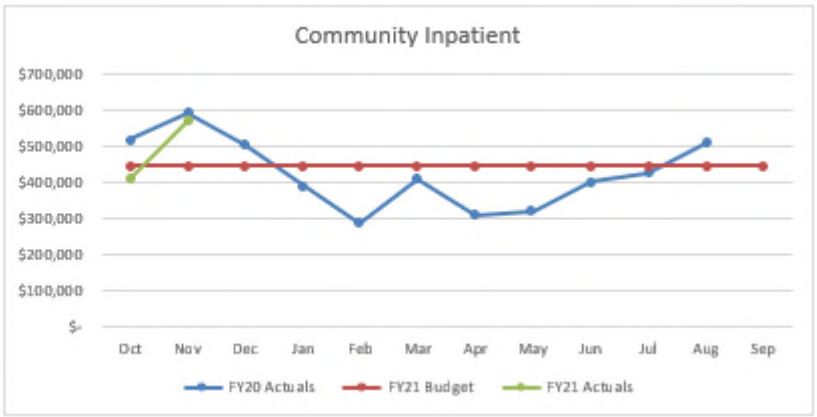
The CLS graph below represents the FY21 Budget, FY20 Actuals and FY21 Actuals which include a substantial accrual to account for CLS claims not yet processed and paid for the months of October and November.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 2,290,691	$2,244,000	$2,440,597	6.54%
Nov	2,198,453	2,244,000	2,400,000	7.83%
Dec	2,269,119	2,244,000		
Jan	2,287,654	2,244,000		
Feb	2,166,793	2,244,000		
Mar	2,276,977	2,244,000		
Apr	2,436,420	2,244,000		
May	2,535,453	2,244,000		
Jun	2,462,540	2,244,000		
Jul	2,518,980	2,244,000		
Aug	2,486,795	2,244,000		
Sep		2,244,000		



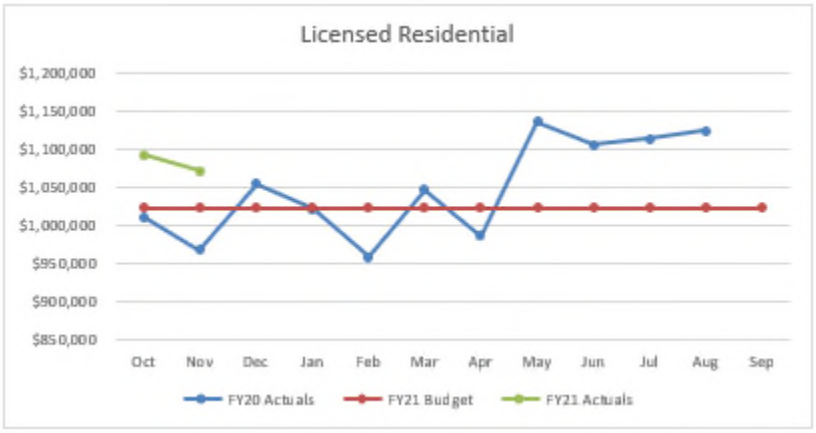
b. Community Inpatient costs to date are $983,000. The costs year to date are 11.6% less than last year as of November 2019. This is $87,000 over the budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 518,019	$ 447,917	$ 411,150	-20.63%
Nov	595,144	447,917	572,178	-11.66%
Dec	506,426	447,917		
Jan	393,137	447,917		
Feb	290,304	447,917		
Mar	411,873	447,917		
Apr	310,948	447,917		
May	323,671	447,917		
Jun	402,174	447,917		
Jul	426,500	447,917		
Aug	512,121	447,917		
Sep		447,917		



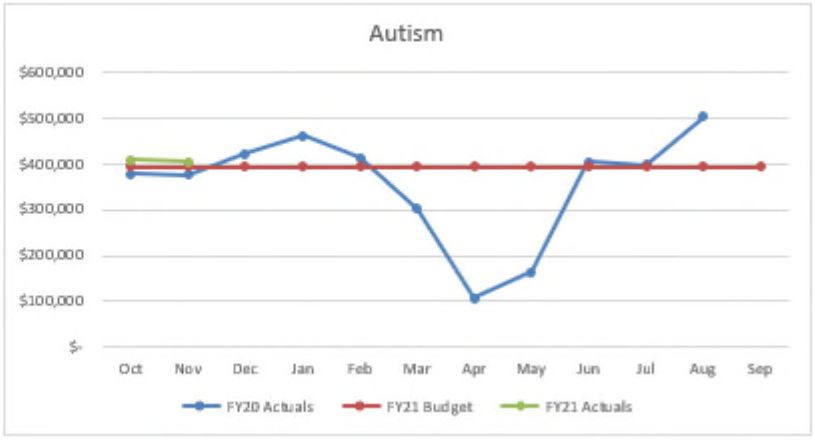
c. Licensed Residential costs to date are $2.1 Million. The costs year to date are 9.4% more than last year as of November 2019. This is $111,000 over the budget. The temporary $2 per hour direct care worker increase is reflected in the FY21 Actuals for the month of November. The temporary increase has been extended until December 2020.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 1,011,548	$ 1,023,758	$ 1,093,095	8.06%
Nov	968,709	1,023,758	1,073,263	9.40%
Dec	1,055,503	1,023,758		
Jan	1,022,251	1,023,758		
Feb	959,842	1,023,758		
Mar	1,047,035	1,023,758		
Apr	987,543	1,023,758		
May	1,137,635	1,023,758		
Jun	1,106,832	1,023,758		
Jul	1,114,786	1,023,758		
Aug	1,124,986	1,023,758		
Sep		1,023,758		



d. Applied Behavior Analysis/Autism service costs to date are $812,000. The costs year to date are 7.85% more than last year as of November 2019. This is $29,000 over the budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 377,299	$ 391,820	$ 408,109	8.17%
Nov	376,345	391,820	404,662	7.85%
Dec	421,658	391,820		
Jan	461,206	391,820		
Feb	412,563	391,820		
Mar	301,850	391,820		
Apr	107,090	391,820		
May	165,001	391,820		
Jun	404,100	391,820		
Jul	397,582	391,820		
Aug	500,967	391,820		
Sep		391,820		



e. Internal staffing expenses continue to trend on budget.

f. A significant amount of General Fund is used to supplement Medicaid deductibles for our consumers on a spend-down. The amount spent through November 2020 is $23,000.

4. PIHP Revenue Key Points

a. Medicaid and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid is showing a surplus of $1.7 Million through November.
c. By funding source, HMP is showing a surplus of $52,000 through November.
d. Combined, the PIHP surplus is $1.7 Million through November.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $35,000.

6. Local Key Points

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

b. Local Funds are showing a surplus of $18,000 through November 2020.

c. Uses of Local Funding include:

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

7. Fund Balance

WCCMH currently has no fund balance available for fiscal year 2021.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
NOV 2020 FYTD

	Total
Medicaid **	
Revenue	
B & B3	$ 8,231,567.00
HSW	4,038,963.44
Child Waiver/SED Waiver	147,761.48
Autism	776,306.80
Prior Year Adjustments	-
Care for Caid	-
Total Medicaid Revenue	$ 13,194,598.72
Total Medicaid Expense	$ 11,458,924.08
Medicaid Surplus/(Deficit)	$ 1,735,674.64
Healthy Michigan **	
Revenue	$ 959,333.00
Expense	906,554.10
Healthy MI Surplus/(Deficit)	$ 52,778.90
General Fund	
Revenue	
CMH Operations	$ 645,405.00
CMH Operations Contra	-
GF Carryforward	-
Categorical	-
Redirect To Injectable Meds.	(9,598.07)
Funding Fr. Other Local Sources	(1,114.10)
Total General Fund Revenue	$ 634,692.83
Total General Fund Expense	$ 599,402.01
General Fund Surplus/(Deficit)	$ 35,290.82
Injectable Meds	
Revenue	$ 9,598.07
Expense	9,598.07
Inj. Meds. Surplus/(Deficit)	$ -
Grants And Contracts	
Revenue	$ 169,061.81
Expense	169,061.82
Grants & Cont. Surplus/(Deficit)	$ -

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
NOV 2020 FYTD

		Total
CMHSP To CMHSP		
Revenue	$	44,996.28
Redirect to GF		1,114.10
Expense		46,110.38
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	256,194.31
Expense		237,351.76
Local Surplus/(Deficit)	$	18,842.55
Private Grant & All NOR		
Revenue	$	28,459.73
Expense		28,459.73
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	15,310,243.89
Expense		13,468,771.09
Grand Total Surplus/(Deficit)	$	1,841,472.79

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	1,788,453.54
WCCMH Surplus/(Deficit)	$	54,133.37
	$	1,842,586.90

Washtenaw County Community Mental Health
Budget to Actuals
For Two Months Ending November 30, 2020

	Current Fiscal Year				
	FY 2021 Budget	FY 2021 Budget YTD	FY 2021 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
State Plan/B3	$ 42,789,402	$ 7,131,567	$ 8,231,567	$ 1,100,000	15.42%
HSW	24,902,700	4,150,450	4,038,963	(111,487)	-2.69%
Children & SED Waivers	894,097	149,016	147,761	(1,255)	-0.84%
Healthy Michigan Capitation	5,755,998	959,333	959,333	-	0.00%
Autism Capitation	4,657,841	776,307	776,307	0	0.00%
TOTAL PIHP Revenue	$ 79,000,038	$ 13,166,673	$ 14,153,931	$ 987,258	7.50%
MDHHS Revenue					
State General Funds	$ 3,872,431	$ 645,405	$ 645,405	$ (0)	0.00%
Grants & Earned Contracts	1,779,812	296,635	169,062	(127,573)	-43.01%
All Other Revenue					
County Appropriation	$ 1,748,770	$ 291,462	$ 291,462	$ 0	0.00%
Project Revenue	782,545	130,424	90,024	(40,400)	-30.98%
All Other	1,917,652	319,609	723,855	404,246	126.48%
TOTAL Operating Revenue	**$ 89,101,248**	**$ 14,850,208**	**$ 16,073,739**	**$ 1,223,531**	8.24%
Operating Expenses					
Administrative Expenses					
General Administration	$ 5,624,552	$ 937,425	$ 765,899	$ (171,526)	-18.30%
Program Administration	3,304,826	550,804	509,257	(41,547)	-7.54%
Residential Services					
Community Living Supports	$ 26,928,000	$ 4,488,000	$ 4,840,597	$ 352,597	7.86%
Licensed Residential	12,285,100	2,047,517	2,166,328	118,811	5.80%
Outpatient Services					
Autism Services	$ 4,701,840	$ 783,640	$ 812,771	$ 29,131	3.72%
Case Management	5,221,985	870,331	761,259	(109,072)	-12.53%
Supports Coordination	2,535,741	422,624	352,903	(69,721)	-16.50%
Skill Building	4,256,172	709,362	338,321	(371,041)	-52.31%
Supported Employment	1,364,871	227,479	216,767	(10,712)	-4.71%
Psychiatry	2,770,122	461,687	412,533	(49,154)	-10.65%
Nursing Services	2,353,003	392,167	312,277	(79,890)	-20.37%
Therapy Services	1,875,621	312,604	286,164	(26,440)	-8.46%
All Other	7,441,765	1,240,294	1,094,906	(145,388)	-11.72%
Other Expenses					
Community Inpatient	$ 5,375,000	$ 895,833	$ 983,328	$ 87,495	9.77%
Local Matches & Shelter	1,282,838	213,806	208,780	(5,026)	-2.35%
Grants & Earned Contracts	1,779,812	296,635	169,062	(127,573)	-43.01%
TOTAL Operating Expenses	**$ 89,101,248**	**$ 14,850,208**	**$ 14,231,152**	**$ (619,056)**	-4.17%
Revenue Over/(Under) Expenses	-	-	1,842,587	1,842,587	

Washtenaw County Community Mental Health
Budget to Actuals
For Two Months Ending November 30, 2020

	Prior Year Comparison			
	FY 2021 YTD Actuals	FY 2020 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
State Plan/B3	$ 8,231,567	$ 6,657,225	$ 1,574,342	23.65%
HSW	4,038,963	3,459,128	579,835	16.76%
Children & SED Waivers	147,761	-	147,761	
Healthy Michigan Capitation	959,333	757,017	202,316	26.73%
Autism Capitation	776,307	762,662	13,645	1.79%
TOTAL PIHP Revenue	$ 14,153,931	$ 11,636,032	$ 2,517,899	21.64%
MDHHS Revenue				
State General Funds	$ 645,405	$ 584,969	$ 60,436	10.33%
Grants & Earned Contracts	169,062	246,775	(77,713)	-31.49%
All Other Revenue				
County Appropriation	$ 291,462	$ 166,348	$ 125,114	75.21%
Project Revenue	90,024	104,293	(14,269)	-13.68%
All Other	723,855	351,484	372,371	105.94%
TOTAL Operating Revenue	**$ 16,073,739**	**$ 13,089,901**	**$ 2,983,838**	22.79%
Operating Expenses				
Administrative Expenses				
General Administration	$ 765,899	$ 914,704	$ (148,805)	-16.27%
Program Administration	509,257	415,185	94,072	22.66%
Residential Services				
Community Living Supports	$ 4,840,597	$ 4,142,227	$ 698,370	16.86%
Licensed Residential	2,166,328	1,980,257	186,071	9.40%
Outpatient Services				
Autism Services	$ 812,771	$ 753,644	$ 59,127	7.85%
Case Management	761,259	712,239	49,020	6.88%
Supports Coordination	352,903	341,903	11,000	3.22%
Skill Building	338,321	1,003,702	(665,381)	-66.29%
Supported Employment	216,767	311,149	(94,382)	-30.33%
Psychiatry	412,533	399,549	12,984	3.25%
Nursing Services	312,277	327,612	(15,335)	-4.68%
Therapy Services	286,164	275,788	10,376	3.76%
All Other	1,094,906	1,035,408	59,498	5.75%
Other Expenses				
Community Inpatient	$ 983,328	$ 1,113,163	$ (129,835)	-11.66%
Local Matches & Shelter	208,780	195,767	13,013	6.65%
Grants & Earned Contracts	169,062	229,579	(60,517)	-26.36%
TOTAL Operating Expenses	**$ 14,231,152**	**$ 14,151,878**	**$ 79,275**	0.56%
Revenue Over/(Under) Expenses	1,842,587	(1,061,977)	2,904,563	

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For the Eleven Months Ending November 30, 2020

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,519,513	$ 5,976,220	$ 6,425,600	$ 449,379
Millage Interest Revenue	-	-	58,788	58,788
	$ 6,519,513	$ 5,976,220	$ 6,484,388	$ 508,167
Millage Expenses				
Salary	$ 2,395,000	$ 2,195,417	$ 1,886,436	$ (308,981)
Fringe	1,339,513	1,227,887	953,339	(274,548)
Contractors	1,500,000	1,375,000	704,501	(670,499)
Trainings	140,000	128,333	231	(128,102)
Operating Expenses	782,500	717,292	325,519	(391,773)
Fleet Charges	60,000	55,000	2,995	(52,005)
Client Care	78,500	71,958	29,617	(42,341)
Cost Allocation Plan	25,000	22,917	-	(22,917)
Furniture & Equipment	100,000	91,667	-	(91,667)
Depreciation Expense	10,000	9,167	-	(9,167)
Telephone	50,000	45,833	12,744	(33,089)
All Other Expenses	39,000	35,750	5,574	(30,176)
Total Millage Expenses	$ 6,519,513	$ 5,976,220	$ 3,920,956	$ (2,055,264)
Revenue Over/(Under) Expenses		-	2,563,431	2,563,431

CCBHC Grants

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
January 2020 - December 2020				
CCBHC #1 - Year 2 Grant Revenue	$ 2,154,158	$ 1,974,645	$ 1,478,820	$ (495,825)
CCBHC #1 - Year 2 Grant Expenses				
Salary	$ 1,065,417	$ 976,632	$ 881,096	$ (95,536)
Fringe	742,991	681,075	527,348	(153,727)
Trainings	35,986	32,987	-	(32,987)
Telephone	12,429	11,393	12,514	1,121
Operating Supplies	245,335	224,890	143,935	(80,955)
Client Care	52,000	47,667	918	(46,749)
Total Expenses	$ 2,154,158	$ 1,974,645	$ 1,565,812	$ (408,833)
Revenue Over/(Under) Expenses		-	-	-
May 2020 - December 2020				
CCBHC #2 - Year 1 Grant Revenue	$ 1,280,809	$ 1,120,708	$ 718,921	$ (401,787)
CCBHC #2 - Year 1 Grant Expenses				
Salary	$ 693,551	$ 606,857	$ 499,813	$ (107,044)
Fringe	423,066	370,183	256,681	(113,502)
Trainings	3,876	3,392	-	(3,392)
Telephone	7,987	6,989	3,597	(3,392)
Operating Supplies	132,329	115,788	65,356	(50,431)
Client Care	20,000	17,500	-	(17,500)
Total Expenses	$ 1,280,809	$ 1,120,708	$ 825,448	$ (295,260)
Revenue Over/(Under) Expenses		-	-	-

The Millage and CCBHC Grants budget to actuals are presented through the month of November, this represents 11 months of the fiscal year. The millage budget is trending well and we are not anticipating any issues meeting the commitments made thus far.

Washtenaw County Community Mental Health
Fiscal Year 2021
Budget Amendment
WCCMH Finance Committee - 1/11/2021

	FY 2021 Original Budget	FY 2021 Amended Budget	Amended Over/(Under) Original Budget
Operating Revenue			
PIHP Revenue			
Medicaid Capitation:			
Medicaid (b) & 1115i	$ 42,789,402	$ 42,789,402	$ -
HSW	24,902,700	24,902,700	-
Children & SED Waivers	894,097	894,097	-
Healthy Michigan Capitation	5,755,998	5,755,998	-
Autism Capitation	4,657,841	4,657,841	-
CARES Act DCW	-	1,679,127	1,679,127
TOTAL PIHP Revenue	$ 79,000,038	$ 80,679,165	$ 1,679,127
MDHHS Revenue			
State General Funds	$ 3,872,431	$ 3,872,431	$ -
Grants & Earned Contracts	1,779,812	1,779,812	-
All Other Revenue			
County Appropriation	$ 1,748,770	$ 1,748,770	$ -
Project Revenue	782,545	782,545	-
All Other	1,917,652	1,917,652	-
TOTAL Operating Revenue -	**$ 89,101,248**	**$ 90,780,375**	**$ 1,679,127**
Operating Expenses			
Administrative Expenses			
General Administration	$ 5,624,552	$ 5,624,552	$ -
Program Administration	3,304,826	3,304,826	-
Residential Services			
Community Living Supports	$ 26,928,000	$ 28,021,975	$ 1,093,975
Licensed Residential	12,285,100	12,700,200	415,100
Outpatient Services			
Autism Services	$ 4,701,840	$ 4,871,892	$ 170,052
Case Management	5,221,985	5,221,985	-
Supports Coordination	2,535,741	2,535,741	-
Skill Building	4,256,172	4,256,172	-
Supported Employment	1,364,871	1,364,871	-
Psychiatry	2,770,122	2,770,122	-
Nursing Services	2,353,003	2,353,003	-
Therapy Services	1,875,621	1,875,621	-
All Other	7,441,765	7,441,765	-
Other Expenses			
Community Inpatient	$ 5,375,000	$ 5,375,000	$ -
Local Matches & Shelter	1,282,838	1,282,838	-
Grants & Earned Contracts	1,779,812	1,779,812	-
TOTAL Operating Expenses	**$ 89,101,248**	**$ 90,780,375**	**$ 1,679,127**
Revenue Over/(Under) Expenses	-	-	-

Millage Process, Investments and Process Update- January 2021

Housing RFP- All projects are underway. 6-month report should be coming in February 2021.

WISD Mini Grants/31 N- Applications have been received from interested schools. Looking to fund targeted sign campaign in Lincoln schools, Mental Health assessments and support at Pioneer, etc. Not as many applications as last year but that was to be expected with COVID.

MHFA Education initiatives- Meeting with the group of trainers to establish needs and determine training dates for a proposed rollout of March 2021.

Anti-Stigma Campaign- Efforts stalled due to COVID and Public Health staffing. Staff have been hired and we are currently meeting to discuss next steps and future iterations of the campaign.

Justice initiatives:

Youth Assessment Center- Reviewing Ozone draft proposal with stake holders to receive feedback and adjustments will be made incorporating the feedback before final draft comes for funding request.

Youth Center MHP- Position is filled and up and running.

LEAD- Continuing to meet with National Support Bureau and completing outcomes for the project.

Community Response to MH crisis- Initial discussions have occurred and ultimate outcomes are being developed my WCSO/CMH team

Jail MAT- Implementation date January 18, 2021.

Rethink Health/5 Healthy Towns- Project continues. Stewardship council meets in February to discuss potential project of community wide information dissemination campaign and service connection.

NAMI- Continuing special community education initiative with millage funding focusing on Ypsilanti and Whitmore Lake. Continuing to connect to faith-based communities and tentative plan to assist with Rethink Health/5 Healthy Towns work to coordinate faith based leaders in the 5 towns region to provide information, resources, tools and signature programs.

SUD Systems Change-

Co-occurring RFP for Juvenile Court- Completed waiting for results

Millage Communication Strategy- CHRT outlined proposal. Funding request and final decision on communication strategy level going for MAC approval.

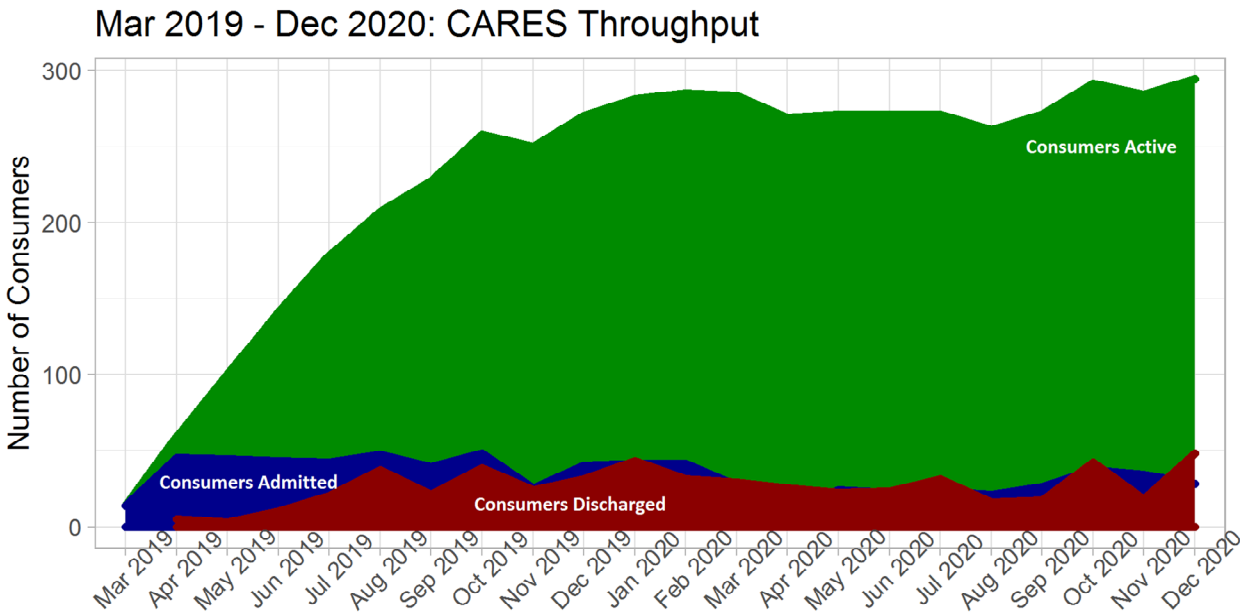
CARES/Crisis/750- See CARES Program Update/Dashboard Report (Attachment #3)

Washtenaw County Community Mental Health – CARES Report November 2020

Last Updated: 11/30/2020

CARES THROUGHPUT

Cares Throughput is about consumers entering, leaving, and remaining active in the program. The Covid-19 shutdown for 90 days (March to June) dampened admitted consumers and this in turn has reduced the number of consumers active each month. It appears that day-to-day operations (from a client's perspective and WCCMH's perspective) may have stabilized at the end of calendar year 2020.



Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19	14	14	
Apr-19	59	45	5
May-19	100	44	3
Jun-19	141	43	10
Jul-19	178	42	20
Aug-19	207	47	37
Sep-19	227	39	21
Oct-19	258	48	38
Nov-19	250	25	24
Dec-19	270	40	31
Jan-20	281	41	43
Feb-20	285	41	31
Mar-20	283	27	29

Apr-20	269	11	25
May-20	271	24	22
Jun-20	271	22	23
Jul-20	271	23	31
Aug-20	261	21	16
Sep-20	271	26	17
Oct-20	291	37	42
Nov-20	284	34	18
Dec-20	294	28	48

Referrals to CARES by Month

Also known as automatic enrollment in CARES

Note that when there are less automatic enrollment/referrals this generally leads to a decrease in the number of current (or active) CARES Admissions.

Referral Month	# New CARES Referrals
Mar-19	37
Apr-19	77
May-19	80
Jun-19	62
Jul-19	58
Aug-19	70
Sep-19	67
Oct-19	71
Nov-19	67
Dec-19	62
Jan-20	77
Feb-20	59
Mar-20	40
Apr-20	21
May-20	39
Jun-20	44
Jul-20	40
Aug-20	33
Sep-20	45
Oct-20	72
Nov-20	61
Dec-20	46

Emergency Contact Notes by Month

Note that there were less Emergency Contact Notes across the board for WCCMH clients and the WCCMH-CARES clients during the government shutdown. As the shutdown is over, it seems like Emergency Contact Notes are on the rise again and becoming more stable.

ER_Note_Month	Yr	Mon	Num_ER_Notes	num_CRCT_cases	num_Cares_cases
Mar-18	2018	3	1	1	0
Apr-18	2018	4	100	76	2
May-18	2018	5	97	82	1
Jun-18	2018	6	124	100	1
Jul-18	2018	7	123	90	5
Aug-18	2018	8	118	96	3
Sep-18	2018	9	147	101	3
Oct-18	2018	10	183	102	3
Nov-18	2018	11	182	83	3
Dec-18	2018	12	205	102	1
Jan-19	2019	1	173	86	5
Feb-19	2019	2	200	106	8
Mar-19	2019	3	253	125	14
Apr 2019	2019	4	229	133	9
May 2019	2019	5	237	130	9
Jun 2019	2019	6	245	130	22
Jul 2019	2019	7	229	126	22
Aug 2019	2019	8	210	128	21
Sep 2019	2019	9	245	131	5
Oct 2019	2019	10	305	157	15
Nov 2019	2019	11	242	131	9
Dec 2019	2019	12	268	138	15
Jan 2020	2020	1	230	130	15
Feb 2020	2020	2	223	134	5
Mar 2020	2020	3	121	82	5
Apr 2020	2020	4	57	51	6
May 2020	2020	5	66	55	3
Jun 2020	2020	6	168	94	6
Jul 2020	2020	7	312	110	10
Aug 2020	2020	8	206	98	7
Sep 2020	2020	9	248	95	3
Oct 2020	2020	10	227	88	5
Nov 2020	2020	11	209	87	2

Dec 2020	2020	12	103	54	2

Gender

The data here should be considered as a work in progress since this data was not collected initially due to a number of factors. Most significantly, this data covers all clients subjected to the 'automatic referral' system which means that we are lacking information for many of these cases.

Gender	**# Cases Referred**	**# Active at least 1 Day 3/1/19 – present Cases**
Female	548	390
Male	485	343
Other (Specify)	1	0
Transgender	1	0
Total	**1035**	**733**

Race

This data is collected from everyone during the initial screening and referral process.

Race	**# CARES Cases**	**Percent**
White	419	57.2%
Black or African American	208	28.4%
Other race	46	6.3%
	33	4.5%
Asian	16	2.2%
Refused to Provide	8	1.1%
Native Hawaiian or other Pacific	2	0.3%
American Indian (non-Alaskan)	1	0.1%
Total	733	100.0%

Typical Length of Stay for Cases that Already Closed

We expect the mean and median to continue to grow as time continues and to fully stabilize after CARES has been fully functioning for two years. We are around the one year mark at this time, but it is good to keep in mind that we should consider July 2020 the one year mark since enrolling all of the clients that we previously could not serve was a 3 month process; see throughput chart or graph for a better understanding.

	Days
Median	82
Mean	126.0
Min	1
Max	613

City/Zip Code for Open Cases

The cases here are open by automatic referral and not necessarily fully admitted which is why these numbers are greater than the throughput numbers which requires an initial Assessment and Plan.

City	# Open CARES cases	%
YPSILANTI	364	49.7%
Ann Arbor	256	34.9%
Saline	22	3.0%
MILAN	14	1.9%
Whitmore Lake	12	1.6%
Chelsea	11	1.5%
Dexter	8	1.1%
	7	1.0%
Manchester	5	0.7%
Willis	5	0.7%
Pinckney	3	0.4%
Gregory	3	0.4%
Detroit	3	0.4%
Belleville	3	0.4%

Grass Lake	2	0.3%
Northville	2	0.3%
Michigan Center	1	0.1%
Inkster	1	0.1%
Britton	1	0.1%
Canton	1	0.1%
Beaverton	1	0.1%
Clarkston	1	0.1%
Clinton	1	0.1%
Redford	1	0.1%
Romulus	1	0.1%
Seattle	1	0.1%
Van Buren Twp	1	0.1%
Wayne	1	0.1%
White Lake	1	0.1%
Total	**733**	**100%**

Zip Code	**# Open CARES cases**	**%**
48197	183	25.0%
48198	179	24.4%
48103	86	11.7%
48104	61	8.3%
48108	61	8.3%
48105	38	5.2%
48176	21	2.9%
48160	14	1.9%
	13	1.8%
48189	12	1.6%
48118	11	1.5%
48130	8	1.1%
48107	6	0.8%
48158	5	0.7%
48191	5	0.7%
48111	4	0.5%

48137	3	0.4%
48169	3	0.4%
49240	2	0.3%
48167	2	0.3%
48141	1	0.1%
48109	1	0.1%
48106	1	0.1%
49254	1	0.1%
98118	1	0.1%
48174	1	0.1%
48184	1	0.1%
48188	1	0.1%
48224	1	0.1%
48238	1	0.1%
48240	1	0.1%
48348	1	0.1%
48386	1	0.1%
48612	1	0.1%
49229	1	0.1%
49236	1	0.1%
Total	**733**	**100%**

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	**# CARES Adm Cases**
-no age listed-	1
0-16	26
17-19	33
20-24	89
25-29	107
30-34	95
35-39	83

40-44	58
45-49	57
50-54	61
55-59	56
60-64	29
65-69	21
70+	17
Total	**733**

Funding Sources for Consumers

Funding Sources	Medicare	# CARES cases	Percentage
-not listed-	N	290	39.6%
-not listed-	Y	22	3.0%
HMP	N	244	33.3%
Medicaid	N	140	19.1%
Medicaid	Y	23	3.1%
S/D	N	8	1.1%
S/D	Y	6	0.8%
	Total	**733**	**100%**

Commercial Insurance

This provides a glimpse of other insurance types that clients have in CARES, but only captures those individuals whose insurance information was entered into the EHR. Going forward, the goal is for all insurance types to be captured at 100%.

#7 Private Insurance		
Private INS	**# CARES cases**	**%**
BLUE CROSS BLUE SHIELD OF MI,	17	2.3%
HUMANA CHOICE PPO MEDICARE PLAN,	4	0.5%
BLUE CARE NETWORK OF MICHIGAN,	3	0.4%
MENTAL HEALTH COURT,	3	0.4%
PRIORITY HEALTH MEDICARE,	3	0.4%
BLUE CARE NETWORK (PO 68710),	2	0.3%
United Healthcare Community Plan,	2	0.3%
AETNA US HEALTHCARE,	1	0.1%

Blue Care Network Advantage,	1	0.1%
BLUE CARE NETWORK OF MICHIGAN, BLUE CARE NETWORK PILOT,	1	0.1%
CIGNA MEDICAL,	1	0.1%
MEDICARE PLUS BLUE OF MI,	1	0.1%
MERIDIAN CARE ESSENTIAL-MEDICARE,	1	0.1%
MERIDIAN CARE EXTRA HMO SNP,	1	0.1%
MERIDIAN HEALTH PLAN, INC.,	1	0.1%
MOLINA MARKETPLACE MI,	1	0.1%
STATE FARM MEDICARE SUPPLEMENT INS,	1	0.1%
TriCare East Region Claims,	1	0.1%
United Healthcare,	1	0.1%
Total	**46**	**6%**

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
December 9, 2020
***Meeting held electronically via Zoom**

Members Present: Judy Ackley, Greg Adams, Susan Fortney, Roxanne Garber, Bob King, Sandra Libstorff, Charles Londo, Welch Marahar, Caroline Richardson, Katie Scott, Sharon Slaton, Ralph Tillotson

Members Absent: Gary McIntosh

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, Connie Conklin, CJ Witherow, Matt Berg, Nicole Adelman, Michelle Sucharski, Jessica Sahutoglu

Others Present: Laurie Lutomski, Kathy Homan, Ricky Jefferson

I. Call to Order
Meeting called to order at 6:01p.m. by Board Chair S. Slaton.

II. Roll Call
- An electronic quorum of members present was confirmed.

Present
Ackley (Cabo San Lucas, Mexico), Adams (Adrian, MI), Fortney (Petersburg, MI), Garber (Brighton, MI), King (Ann Arbor, MI), Libstorff (Monroe, MI), Londo (Dundee, MI), Welch Marahar (Ann Arbor, MI), Richardson (Ann Arbor, MI), Scott (Pittsfield Township, MI), Slaton (Brighton Township, MI), Tillotson (Adrian, MI)
Absent
McIntosh

III. Consideration to Adopt the Agenda as Presented

Motion by R. Tillotson, supported by B. King, to approve the agenda
Motion carried
Voice vote, no nays

IV. Consideration to Approve the Minutes of the November 11, 2020 Regular Meeting and Waive the Reading Thereof

Motion by S. Fortney, supported by J. Ackley, to approve the minutes of the November 11, 2020 regular meeting and waive the reading thereof
Motion carried
Voice votes, no nays

V. Audience Participation

- CMHPSM employee J. Sahutoglu spoke about the improvements she has seen within the organization.

VI. Old Business

a. September Finance Report – FY20 as of October 31st
   - M. Berg presented. Discussion followed.

VII. New Business

a. Budget Revision #1 Board Action Request
   Motion by M. Welch Marahar, supported by K. Scott, to approve Budget Revision #1
   Motion carried
   Vote
   Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Londo, Welch Marahar, Richardson, Scott, Slaton
   No:
   Absent*: Garber, McIntosh, Tillotson
   *Garber and Tillotson were present at the meeting, but their votes were not heard/received.

b. Contracts Approval Board Action Request
   Motion by M. Welch Marahar, supported by G. Adams, to authorize the CEO to execute the contracts/amendments as presented
   Motion carried
   Vote
   Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Londo, Richardson, Scott, Slaton
   No:
   Abstain: Welch Marahar
   Absent*: Garber, McIntosh, Tillotson
   *Garber and Tillotson were present at the meeting, but their votes were not heard/received.

   - Board requested to see more detail in future contract amendment board action requests.

c. Conflict of Interest Board Governance Policy Board Action Request

➢ Original motion:
   Motion by S. Fortney, supported by G. Adams, to approve the attached Regional Board Conflict of Interest Governance Policy

   - J. Colaianne noted that the existing Conflict of Interest Policy is an internal Operations policy that will be revoked, as it should have been a Board Governance policy. The presented policy will replace it.
   - S. Fortney expressed concern that the Regional Board has been under the jurisdiction of a policy it did not approve, and would like the existing policy to be revoked before passing the new Regional Board Conflict of Interest Governance Policy

➢ Friendly amendment:

Motion by S. Fortney, supported by G. Adams, to include the revocation of the existing Conflict of Interest Operations policy in the motion to adopt the Regional Board Conflict of Interest Governance Policy
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Londo, Welch Marahar, Richardson, Scott, Slaton, Tillotson
No:
Absent*: Garber, McIntosh
*Garber was present at the meeting, but her vote was not heard/received.

- Final motion:
  Motion by S. Fortney, supported by G. Adams, to approve the attached Regional Board Conflict of Interest Governance Policy and to revoke the existing Conflict of Interest Operations policy
  Motion carried
  Vote
  Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Londo, Welch Marahar, Richardson, Scott, Slaton, Tillotson
  No:
  Absent*: Garber, McIntosh
  *Garber was present at the meeting, but her vote was not heard/received.

d. FY18 Deficit Update Board Information
   - J. Colaianne presented.
   - The state requested some clarifications, which were submitted this afternoon.

e. FY21 Risk Management Strategy Board Information
   - J. Colaianne presented.

VIII. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board (OPB)
   - The majority of the most recent meeting was spent on programmatic cuts due to the reduction in block grant funding.

b. CEO Report to the Board
   - Staff continues to work remotely.
   - The Substance Use Services Coordinator position has been filled. The position was changed from a Prevention Coordinator position to .5 Prevention and .5 General SUD work.

c. Strategic Metric #10 & 11 Background
   - J. Colaianne provided an overview of the 2 strategic metrics.
   - M. Sucharski presented on the activities of the Employee Engagement Committee.

IX. Adjournment

DRAFT

Motion by M Welch Marahar, supported by G. Adams, to adjourn the meeting
Motion carried
Voice vote, no nays

- Meeting adjourned at 7:44 p.m.

_____
Judy Ackley, CMHPSM Board Secretary

DRAFT

ATTACHMENT #6
JANUARY 2021

Washtenaw County Community Mental Health (WCCMH)

"Putting It All Together"

12/18/20

How did we get where we are today?

2016 **CMH Proper** Strategic Planning Process

Stakeholder engagement:

- To support informed strategic planning, extensive outreach was conducted to the stakeholder groups
- The surveys, group interviews and work sessions focused on:
  - CMH strengths
  - CMH areas for improvement
  - Community wide gaps/unmet needs
- 375 total persons were engaged; 135 were external to the CMH team
- Commissioned CHRT to do a community gaps assessment of the defunding of the Mental Health system

MISSION

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

VISION

All residents can secure supports to pursue recovery, improve quality of life, and reach their full potential.

VALUES

Excellence **Growth** **Well-being**

Inclusion **Community** **Accountability**

2016 - 2022 Four Strategic Goal Areas

Serve with Excellence

CMH serves in alignment with the principles of self-determination, with a focus on health, well-being and integrated care, and a commitment to data-informed continuous improvement.

Engage, Educate and Empower the Community

The Washtenaw County community understands the needs of and resources for persons with mental illness, serious emotional disorders and intellectual and developmental disabilities. The successes and challenges in ensuring a good quality of life for these persons are known in the broader community.

Secure and Steward Resources

CMH secures and manages resources effectively to meet the quality of life and recovery needs of the people we serve. CMH works closely with partners and the broader Washtenaw County community to pursue and secure alternative funding streams to support prevention strategies, equity and access across the community.

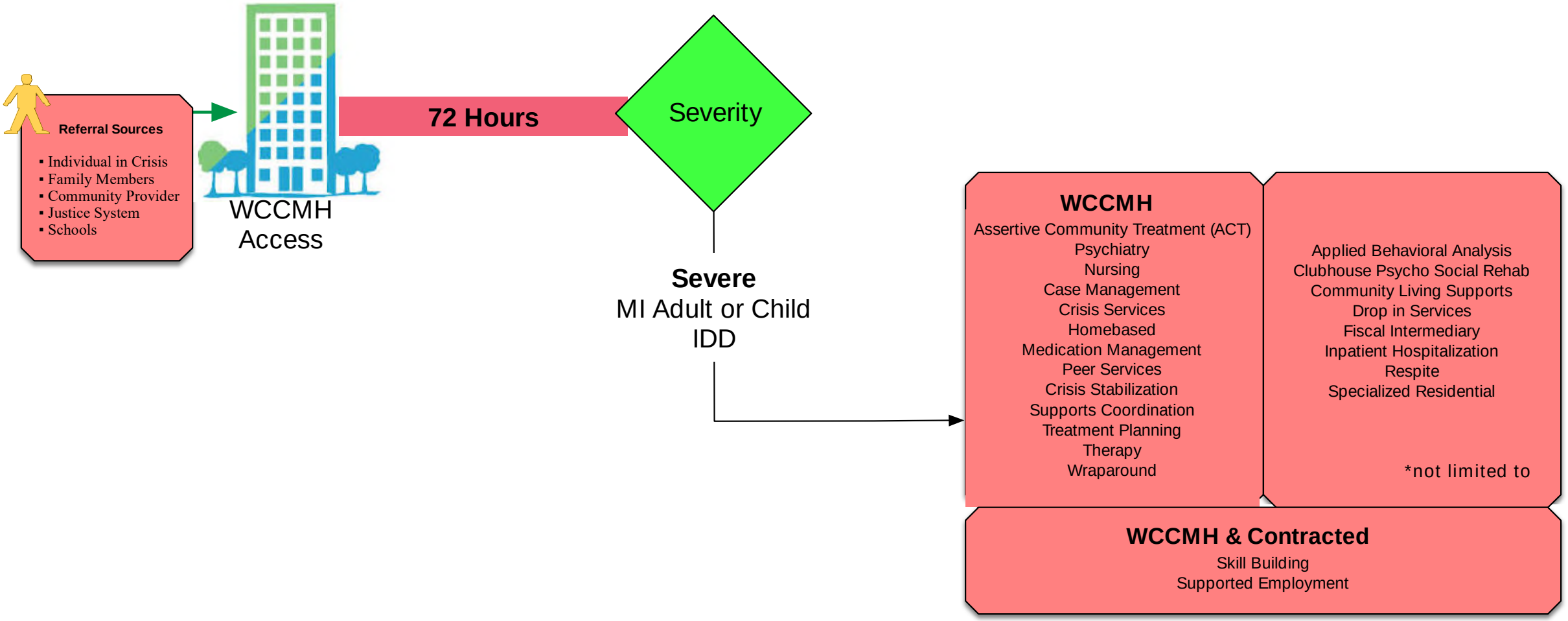
Learn and Grow

CMH builds and uses the knowledge, skills, and commitment of the CMH staff, provider network partners and volunteers to meet the needs of the community we serve. CMH staff and the provider network are supported, valued, and empowered to serve. Opportunities for learning are well known and well developed.

2016 **CMH Proper** Strategic Planning Implementation

- Imbedded across the organization
- Work plans for all staff contain component of the strategic plan
- Monthly meetings with department heads to provide feedback and progress updates
- CMH Board reviews progress

2016 CMH Service Delivery



Washtenaw County Mental Health and Substance Use Service Gaps Assessment

July 2006

- **Provider-Supply Issues Causing Delayed Receipt of Appropriate Services**
  - Extended Wait Times in Psychiatric Emergency Departments
  - Delays Receiving Mental Health Services for Certain Subpopulations
  - Delayed Discharges from Inpatient Settings
- **Gaps Associated with Funding/Reimbursement**
  - Community Providers are Challenged Managing Higher Acuity Patients
  - Lack of Reimbursement for Case Management Services
- **Mislabeling of Students with Mental Health Needs**

WASHTENAW HEALTH INITIATIVE

Mental Health and Substance Use Work Group

Millage November 2017

The millage resolution identified these four categories of services:

- **Crisis-** Offer immediate mental health and substance use disorder crisis assessment, referral, treatment and support diversion from jail, emergency departments, and inpatient stays. Enhance support services post crisis engagement.
- **Stabilization-** Provide services that stabilize and support recovery and enhance quality of life for adults and youth regardless of insurance status. Reach out to individuals who experience obstacles in securing supportive services: lack of resources, homelessness, distrust, and stigma.
- **Jail Services-** Enhance mental health and substance use disorder assessment and treatment in the jail. Support diversion options and offer expanded education and support to first responders.
- **Prevention-** Support mental health awareness, prevention, and early intervention programming in partnerships with families, schools, faith communities, libraries, law enforcement, and health care providers.

CMHAC Process and Approach to Recommendations

CMHAC had 6 working sessions between February 23 and May 29, 2018. The CMHAC process involved the following:

- Developed a vision of success, guiding principles/success factors and risk factors in accomplishing their charge;
- Reviewed analyses of gaps and needs within the mental health and substance use disorder system of care, based on sources developed between 2015-2018;
- Reviewed written resources, and participated in learning sessions regarding the healthcare environment, effective planning and service approaches, and local and national health disparities in access and services, among others;
- Participated in interviews and a survey to help develop draft recommendations.

Community Input and CMH Approval

- 5 community conversations
- Received counsel from many collaboratives across the community
- Total attendance for all these conversations exceeded 200 persons

CMH Board approved on August 17, 2018 after full discussion at May, June and July meetings.

What does success look like?

A comprehensive, integrated system of care

Outcomes of a comprehensive, integrated system of care

- Ease finding information on needed services
- Services are accessible, based on need, not insurance
- Services are community based, culturally aware and competent
- Outreach to those who face obstacles to securing services
- Early identification of needs and intervention
- Early and enough support for youth and families

Outcomes of a comprehensive, integrated system of care

- Helpful crisis options: non-jail, non-ER, MH/SUD assessment, immediate support, post crisis services
- Enough capacity to deliver services
- Enhanced support for co-occurring illnesses
- Reliable supportive services to maintain housing
- Services are cost effective

Outcomes of a comprehensive, integrated system of care

- Increased awareness of mental health issues
- Less stigma for mental health/SUD illnesses
- Decrease in suicides
- Less demand on jails, courts, ERs, shelter
- Fewer people experiencing an acute crisis
- Choices for treatment approach and provider

CMHAC Primary Strategies

- Use the millage resources to serve all regardless of insurance status.
- Leverage the millage planning and limited resources to secure other sources of funding for more impact: Third Party Payers, HUD, SAMHSA, foundations, etc.
- Use investments to serve the entire county, within and beyond the urban centers.
- Target additional millage resources to serve persons, families, and areas with high levels of disparity and risk:
  - Youth
  - Persons with moderate to severe mental health and co-occurring illnesses/disabilities who are uninsured or underinsured
  - Zip Codes which are underserved/high levels risk & disparity or both - 48197, 48198, 48189
  - Persons with very low economic and/or social resources
- Build on current demonstrated capacity and expertise in the community, optimizing community partnerships, especially with other sources of funding.
- Invest in community based prevention work and services, as well as traditional services and supports.
- Reserve some millage resources for needs and opportunities that are uncovered during planning processes and initial expansion of services.


Plan and Integrate
Expand Services
Evaluate and Communicate

2020 WCCMH Service Delivery

CARES

Ongoing:
- Case Management
- Psychiatry
- Medication Management
- Nursing Services
- Psychotherapy
- Peers

Coordination

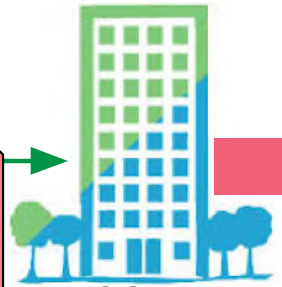
Community Partners*

- Packard
- Corner Health
- St. Joseph Chelsea
- Ypsilanti Family Practice
- Law Enforcement
- HVA
- Shelter Association
- Ozone House
- Avalon
- Juvenile Justice System
- WISD/ School Districts

*not limited to

Mild to Moderate
MI Adult or Child

Referral Sources
- Individual in Crisis
- Family Members
- Community Provider
- Justice System
- Schools



WCCMH Access

72 Hours



23.5 Hour Observation
- Case Management
- Psychiatry
- Medication Management
- Nursing Services
- Psychotherapy
- Peers

Severity

Stabilization

Severe
MI Adult or Child
IDD

WCCMH
- Assertive Community Treatment (ACT)
- Psychiatry
- Nursing
- Case Management
- Crisis Services
- Homebased
- Medication Management
- Peer Services
- Crisis Stabilization
- Supports Coordination
- Treatment Planning
- Therapy
- Wraparound

Contracted *
- Applied Behavioral Analysis
- Clubhouse Psycho Social Rehab
- Community Living Supports
- Drop in Services
- Fiscal Intermediary
- Inpatient Hospitalization
- Respite
- Specialized Residential

*not limited to

WCCMH & Contracted
- Skill Building
- Supported Employment

Funding Color Key

- CMH Proper
- CCBHC
- Millage
- Millage & CCBHC

Where do we go now?