



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 legislature allowing public board and commissions to meet virtually.

<https://zoom.us/j/94364781287>

March 19, 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-2/19/21 (Attachment #1A)
 - B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-2/8/21 (Attachment #1B)
 - C. WCCMH Program-Quality Committee Meeting Minutes and Actions-1/11/21 (Attachment #1C)
 - D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-2/8/21 (Attachment #1D)
 - E. WCCMH Consumer Advisory Council Minutes and Actions-2/10/21 (Attachment #1E)
 - F. MDHHS Performance Quarterly Indicators FY2020 3rd and 4th Qtrs. (Attachment #1F)
 - G. Housing RFP Update Presentation (Attachment #1G)
 - H. Anti-Stigma Campaign Update Presentation (Attachment #1H)
 - I. WCCMH Executive Committee Meeting Minutes and Actions-1/11/21
 - J. WCCMH Executive Committee Closed Session Meeting Minutes and Actions-1/11/21 **
 - K. WCCMH Annual Board Calendar
- V. Treasurer's Report **ACTION** (10 minutes)
 - Financial Status Report (Attachment #2) **N. Phelps ACTION**
 - Millage Financial Status Report (Attachment #2A) **N. Phelps ACTION**
- VI. Executive Director Report-**T. Cortes** (15 minutes)
- VII. Millage/CARES Report-**L. Gentz/M. Tasker** (5 minutes)
 - Millage Report (Attachment #3) **L. Gentz**
 - CARES Report (Attachment #3A) **M. Tasker**
- VIII. Discussion Items (5 minutes)
 - Consumer Language Clarification Discussion-**B. Higman**
- IX. CMHPSM Regional Update (5 minutes)
 - February 10, 2021 CMHPSM Meeting Minutes and Actions (Attachment #4)
 - March 10, 2021 CMHPSM Board Meeting Update
- X. New Business (25 minutes)
 - BLM Taskforce Update **L. Mills/J. Thurman**
 - WCCMH Annual Board Evaluation (Attachment #5)
 - WCCMH Board Officers and WCCMH Board Committee Structure for the term of April 1, 2021 through March 31, 2022 (Attachment #6) **ACTION**
 - WCCMH Millage Advisory Committee members terms expiring on March 31, 2021 (Attachment #7) **ACTION**
 - o H. Heaviland 4/1/21-3/31/24
- XI. Old Business (5 minutes)
 - CCBHC Update T. Cortes

Audience Participation Guidelines:

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



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

- XII. Move to Closed Session to discuss the WCCMH Executive Director Goals (20 minutes)
- XIII. Resume WCCMH Board Public Meeting (5 minutes)
- 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

****Attachment #1J will be distributed to WCCMH Board Members Only**

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/94364781287>

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

Webinar ID: 910 0062 4051

International numbers available: <https://zoom.us/u/acK9CVVmjq>

Audience Participation Guidelines:

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



WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

MARCH 19, 2021

CONSENT AGENDA

- A. WCCMH Board Meeting Minutes and Actions-2/19/21
- B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-2/8/21
- C. WCCMH Program-Quality Committee Meeting Minutes and Actions-1/11/21
- D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-2/8/21
- E. WCCMH Consumer Advisory Council Minutes and Actions-2/10/21
- F. MDHHS Performance Quarterly Indicators FY2020 3rd and 4th Qtrs.
- G. Housing RFP Update Presentation
- H. Anti-Stigma Campaign Update Presentation
- I. WCCMH Executive Committee Meeting Minutes and Actions-1/11/21
- J. WCCMH Executive Committee Closed Session Meeting Minutes and Actions-1/11/21 **
- K. WCCMH Annual Board Calendar

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/91000624051>

February 19, 2021 9:30am

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

ROLL CALL:

S. Antonow attending remotely from Ann Arbor, 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
 B. King attending remotely Ann Arbor, Washtenaw County, MI
 A. LaBarre attending remotely from Ann Arbor, Washtenaw County, MI
 J. Martin attending remotely from Scio, Washtenaw County, MI
 D. Strong attending remotely from Dexter Washtenaw County, MI
 K. Walker attending remotely from Pittsfield, Washtenaw County, MI

MEMBERS ABSENT:

C. Richardson, R. Jefferson, K. Scott

STAFF PRESENT:

T. Cortes, R. Dornbos, S. Lefferts, S. Amos O'Neal, N. Phelps, L. Gentz, M. Taylor, H. Linky, K. Hoener, L. Hagle, M. Tasker, T. Florence

OTHERS PRESENT:

E. Spanier, G. Nelson, L. Lutomski, K. Homan, M. Creekmore, J. Osborn, G. Powers, B. Reiter, K. Belknap, P. Yohn

- I. Introductions
- II. Audience Participation
 - G. Nelson requested that we record the WCCMH Board and the 3 committee meetings and post on the websites for public viewing as a form of transparency.
- III. Board response to audience participation
 - J. Martin stated that this will be taken under consideration and asked to have the written comments be sent to R. Dornbos to distribute to the board. Staff will follow up with him.
- IV. Consent Agenda Actions
 - WCCMH Board Meeting Minutes and Actions-1/15/21
 - WCCMH Board Meeting Minutes and Actions-1/15/21 (CLOSED SESSION)
 - WCCMH Budget-Finance Committee Meeting Minutes and Actions-1/11/21
 - WCCMH Millage Advisory Committee Meeting Minutes and Actions-1/11/21
 - WCCMH Consumer Advisory Council Meeting Minutes and Actions-1/13/21
 - WCCMH Executive Director Authorizations
 - WCCMH Balance Sheet Review Follow-Up Presentation
 - CCBHC Update Presentation
 - WISD Mental Health Trauma Proposal

D. STRONG REQUESTED REMOVING ATTACHMENT #1I FROM THE CONSENT AGENDA FOR FURTHER DISCUSSION.

MOTION BY A. DUSBIBER SUPPORTED BY S. ANTONOW TO APPROVE THE FEBRUARY 19, 2021 WCCMH BOARD CONSENT AGENDA WITH ITEMS 1A THROUGH 1H.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	KING	Y
LABARRE	Y	MARTIN	Y
RICHARDSON	N/A	SCOTT	N/A
STRONG	Y	WALKER	Y

MOTION CARRIED

Discussion on Item #11, WISD Mental Health Trauma Proposal. This document was included in the consent agenda for informational purposes only and no action was taken at the Millage Advisory Committee Meeting on February 8, 2021.

V. Treasurer's Report

- N. Phelps reviewed the financial status report for the month ending December 31, 2020.

MOTION BY A. LABARRE SUPPORTED BY B. HIGMAN TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING DECEMBER 31, 2020.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	KING	Y
LABARRE	Y	MARTIN	Y
RICHARDSON	N/A	SCOTT	N/A
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 December 31, 2020.

MOTION BY K. WALKER, SUPPORTED BY B. HIGMAN TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED DECEMBER 31, 2020.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	KING	Y
LABARRE	Y	MARTIN	Y
RICHARDSON	N/A	SCOTT	N/A
STRONG	Y	WALKER	Y

MOTION CARRIED

VII. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
 - o State level
 - Director R. Gordon has resigned his position with the department. E. Hertel has been names as his replacement.
 - The lawsuit related to children's services has been settled.

- The funding for the continuation of the \$2 increase for the Direct-Care staff. This is part of the budget process and will be tied to future budgets.
- Senator Stabenow is excited to start working with Director Hertel and A. Jansen on the CCBHC work.

o Local level

- The Direct Care Worker \$2 hour increase is continuing within the region.
- The living wage ordinance is being addressed with the County on future steps.
- CMH Leadership is working on a plan to move forward with what post COVID work will look like. Telemedicine has been going well but as an organization what will this look like in the future.
- Dr. Kalhoun will be featured during the CMH Black History month streaming to give updated information on the vaccine.
- The AFC group homes and CLS apartment settings that live and work in the home were offered the vaccine.
- The 555 Towner location has opened a pharmacy location in addition to the existing one at the 110 N. 4th Ave (Annex) location. The staff will be working together once the vaccine has been received at the pharmacy to coordinate the vaccination of our consumers.

VIII. Millage report

- L. Gentz presented the Millage Report to the Board.

IX. CARES Program Update/Dashboard

- There was no CARES Program Update/Dashboard report this month.

X. Discussion Items

- There were no discussion items this month.

XI. CMHPSM Regional Update

- The minutes from January 13, 2021 were reviewed.
- B. King provided an update from the February 10, 2021 Regional Board meeting.

XII. New Business

- Millage Communications Plan
 - o T. Cortes stated that a communication strategy was presented at the Millage Advisory Committee (MAC) recently.
 - o The MAC voted to move forward with Scenario A.
 - o Recommendation to approve the expenditure of \$282,888 to implement Scenario A.

MOTION BY A. DUSBIBER, SUPPORTED BY D. STRONG TO CONTRACT WITH CHRT TO IMPLEMENT SCENARIO A IN THE COMMUNICATION PLAN AS PRESENTED FOR THE AMOUNT OF \$282,888.00.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	KING	NOT AVAILABLE AT TIME OF VOTE
LABARRE	Y	MARTIN	Y
RICHARDSON	N/A	SCOTT	N/A
STRONG	Y	WALKER	Y

MOTION CARRIED

XIII. Old Business

- CCBHC Update

- o T. Cortes provided an update on the CCBHC.
- Review Putting It All Together proposal
 - o T. Cortes presented the report of previous discussions document on CMH Proper and Millage work.
 - o Requesting approval on Option 1 for CHRT to review what gaps were filled and what gaps are still needed in our community.
 - o Potential to combine CMH Strategic Plan and Millage Strategic Plan for discussion as a comprehensive care plan.

MOTION BY A. LABARRE, SUPPORTED BY D. STRONG TO CONTRACT WITH CHRT IN THE AMOUNT OF \$69,240.00 TO PROVIDE THE SERVICES DESCRIBED IN OPTION 1.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	KING	Y
LABARRE	Y	MARTIN	Y
RICHARDSON	N/A	SCOTT	N/A
STRONG	Y	WALKER	Y

MOTION CARRIED

- XIV. Items for future discussion
- Development of Reserve Capital
 - Diversion Council Update
 - COVID-19 Related Priorities Discussion
 - Employee Engagement Survey
 - Consumer language clarification
 - BLM Taskforce Update-L. Mills/J. Gentz
 - CCBHC Staffing Discussion-Budget-Finance and Program-Quality Combined meeting

MOTION BY B. HIGMAN, SUPPORTED BY B. KING TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:29AM.

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BUDGET-FINANCE 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/98641635197>

February 8, 2021

2:00 pm

ROLL CALL: A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
D. Strong attending remotely from Scio Twp, Washtenaw County, MI

MEMBERS ABSENT: K. Scott

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

OTHERS PRESENT: J. Martin, G. Nelson, N. Ang, L. Lutomski, T. Gavalier

N. Graebner called the meeting to order at 2:02 pm

- I. Introductions
 - None
- II. Audience Participation
 - None
- III. Board Response to Audience Participation
 - None
- IV. Budget-Finance Committee Meeting Minutes and Actions from 1/11/21

MOTION BY A. DUSBIBER SUPPORTED BY B. KING TO APPROVE THE MINUTES AND ACTIONS FROM THE JANUARY 11, 2021 BUDGET-FINANCE COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

D. Strong left the meeting due to technical difficulties at 2:06pm

D. Strong joined the meeting at 2:07pm

- V. Finance Status Reports

- N. Phelps reviewed the Financial Status Report for the month ending December 31, 2020.
- Medicaid enrollees were 35,9478 in December 2020. This is 1,714 more than this time last year.
- Healthy Michigan enrollees were 21,162 in December 2020. This is 4,300 more than this time last year.
- Medicaid consumers served through December 2020 are 2,947. This is 83 more consumers served than the same period last year.
- ABA waiver consumers served through December 2020 are 134. This is 9 less consumers served than the same period last year.
- Healthy Michigan consumers served through December 2020 are 510. This is 82 less consumers served than the same period last year.
- General Fund consumers served through December 2020 were 259. This is 287 less consumers than the same period last year.
- CLS service costs to date are \$7.2 Million. The temporary \$2 per hour direct care worker increase is included in both the FY21 budget and the FY21 Actuals. The temporary increase has been extended until December 2020.
- Community Inpatient costs to date are \$1.4 Million. This is \$72,000 under budget.
- Licensed Residential costs to date are \$3.1 Million. This is \$20,000 over budget. The temporary \$2 per hour direct care worker increase is reflected in the FY21 Budget and FY21 Actuals. The temporary increase has been extended until December 2020.
- Applied Behavior Analysis/Autism services costs to date are \$1.1 Million. This is \$62,000 under budget.
- Internal staffing expenses are trending under budget due to medical benefit savings for the first quarter and difficulty recruiting for budgeted vacant positions.
- A significant amount of General Fund is used to supplement Medicaid deductibles for our consumers on a spend-down. The amount spent through December 2020 is \$39,000.
- Financial performance by funding source:
 - o Medicaid is showing a surplus of \$2.8 Million through December 2020.
 - o Healthy Michigan is showing a surplus of \$118,000 through December 2020.
 - o Combined, the PIHP surplus is \$2.9 Million through December 2020.
 - o State General Funds is showing a surplus of \$304,000.
 - o Local Funds is showing a surplus of \$21,000 through December 2020.
- WCCMH has no fund balance available for fiscal year 2021.
- The Direct Care Worker payment increase has been extended until February 2021.
- A budget amendment will be coming forward in the next couple of months to reflect the direct care worker increase once the PIHP has made their budget amendment.
- Actively working on closing out FY2020. There are a host of changes that the state has implemented for FY2020 so the deadlines for the reports are extended until the end of March 2021.

MOTION BY R. JEFFERSON, SUPPORTED B. KING TO APPROVE THE FINANCIAL STATUS REPORT THROUGH DECEMBER 31, 2020 AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- VI. Contracts and Leases
- There were no contracts and leases for this month.
- VII. Executive Director Authorizations
- Washtenaw Office for Community and Economic Development (OCED) in the amount of \$15,000.00 for the Homeless Diversion Funds (Millage) for a term of January 1, 2021 through September 30, 2021.
 - This money is split between HAWC, Shelter and Ozone at \$5,000 each for homeless housing supports.

MOTION BY A. DUSBIBER, SUPPORTED BY R. JEFFERSON TO APPROVE THE EXECUTIVE DIRECTOR AUTHORIZATIONS FOR THE MONTH OF FEBRUARY 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

- VIII. Regional Finance Update
- N. Phelps presented the Regional Finance Update to the committee.
 - The Direct Care Worker passthrough was extended until February 2021.
 - The Region is working on closing their FY2020 books.
- IX. Old Business
- WCCMH Balance Sheet Review
 - o N. Phelps presented an update on the balance sheet review document that was presented to the committee on January 11, 2021.
 - o CMH received a letter last week from the State indicating that they were initiating the payment for the FY2018 cost settlement. There is a slight discrepancy with the amount and the PIHP is working on this. The PIHP is receiving \$7.5 Million from the State and it will be distributed once it is received.
 - o WCCMH will receive \$4.3 Million dollars from the PIHP and this will go back to the County to reimburse the General Fund from the FY2018 deficit.
- X. Staffing and Provider Discussion will be presented at the Budget-Finance and Program-Quality Combined Committee meeting in March. This will be a follow up from the December presentation.
- XI. CCBHC Preparation
- J. Martin asked for an update and what work would be involved in meeting application standards and criteria.
 - N. Phelps stated that a concept paper was received a few weeks ago with a revised version recently. WCCMH Leadership has been reviewing this document but there is not enough information to finalize this process yet as far as projections.
 - WCCMH Leadership is working with K. Walker and his organizational team to learn more about this process.

- T. Cortes stated that it looks incredibly promising, it should put WCCMH in a great position but will be a lot of work to get it going.
- She will be meeting with the authors of the concept paper along with 9 other CMH Directors tomorrow to discuss the information.

XII. New Business

- None

XIII. Items for Future Discussions

- Staffing and Provider Discussion-Budget-Finance and Program-Quality Combined Committee Meeting in March.

MOTION BY B. KING, SUPPORTED BY A. DUSBIBER TO ADJOURN THE BUDGET-FINANCE COMMITTEE MEETING.

- XIV. Meeting adjourned at 2:55 pm.**

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH PROGRAM-QUALITY 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/99888230238>

January 11, 2021

3:00 pm

ROLL CALL: S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp., Washtenaw County, MI
K. Scott attending remotely from Pittsfield Twp., Washtenaw County, MI
K. Walker attending remotely from Pittsfield Twp., Washtenaw County, MI

MEMBERS ABSENT: None

STAFF PRESENT: M. Harding, N. Phelps, R. Dornbos, S. Amos O'Neal, H. Linky, S. Lefferts,
L. Gentz, L. Raehtz, L. Hagle, K. Diebboll, S. Ray, M. Tasker

OTHERS PRESENT: L. Lutonski, J. Martin, G. Nelson

K. Walker called the meeting to order at 3:01pm.

- I. Introductions
 - T. Cortes introduced L. Raehtz from Washtenaw County Office of Recipient Rights who will be presenting the Recipient Rights Report later in the meeting.
- II. Audience Participation
 - None
- III. Board Response to Audience Participation
 - None
- IV. Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 12/14/20
 - The December 14, 2020 Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions were reviewed.

MOTION BY A. DUSBIBER , SUPPORTED BY K. SCOTT TO APPROVE THE MINUTES AND ACTIONS FROM THE DECEMBER 14, 2020 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	NOT PRESENT AT TIME OF VOTE	HIGMAN	Y
JEFFERSON	N/A	SCOTT	Y

WALKER	Y		
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MOTION CARRIED

V. Discussion Items

- K. Walker requested a future discussion that focuses on lessons learned during COVID-19 that may be continued in post COVID-19 world.
- T. Cortes stated that tomorrow night WCCMH will be participating in a Facebook live event that is sponsored from the Miles Jeffery Roberts Foundation. Two movies are being presented titled "Screenagers Part 1 and Part 2". This is a free event that focuses on the mental health and suicide issues with teenagers. Many members of the community will be on the panel for this Facebook live event.
- T. Cortes stated that the Board of Commissioners recently appointed Andy LaBarre to the WCCMH Board to fill the vacancy from F. Brabec.

VI. Old Business

- CCBHC Update
 - o T. Cortes stated that there is no new news to report from the state level.
 - o Implementation may be as early as April or as late as October.

VII. New Business

- Annual Recipient Rights Report
 - o L. Raetz from the WCCMH Recipient Rights Department presented the Annual Recipient Rights Report to the committee.
 - o During the pandemic, the Affiliate Rights Team created a new interactive training to replace the face to face training for staff.
 - o This report includes the provider network as well as direct WCCMH staff.
 - o The Recipient Rights Advisory Committee set 6 outcomes for the 2020/2021 year.
 - o Suggestion to work on developing some metrics that are tied to improvement on the most common or highest risk rights issues in the system.

R. Jefferson joined the meeting at 3:30pm.

MOTION BY A. DUSBIBER, SUPPORTED BY B. HIGMAN TO ACCEPT THE WASHTENAW COUNTY 2020/2021 RECIPIENT RIGHTS ANNUAL REPORT WITH THE RECOMMENDATION TO WORK ON DEVELOPING SOME METRICS THAT ARE TIED TO IMPROVEMENT ON THE MOST COMMON OR HIGHEST RISK RECEIPTER RIGHTS ISSUES IN THE SYSTEM.

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	NOT PRESENT AT TIME OF VOTE	HIGMAN	Y
JEFFERSON	Y	SCOTT	Y
WALKER	Y		

MOTION CARRIED

- Juvenile Justice Diversion Updates
 - o L. Gentz presented the Juvenile Justice Diversion Update to the committee.

N. Graebner joined the meeting at 3:41pm.

VIII. Items for Future Discussions

- Diversion Council Update
- Staffing and Provider Discussion-Special Budget-Finance and Program-Quality Combined Committee Meeting in February
- Innovations/changes that have occurred as a result of the pandemic to possibly continue for future operations.

MOTION BY K. SCOTT, SUPPORTED BY N. GRAEBNER TO ADJOURN THE BUDGET-FINANCE AND PROGRAM-QUALITY COMMITTEE COMBINED MEETING.

- IX. Meeting adjourned at 3:56 pm.

**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/91509398385>

February 8, 2021

4:00pm

N. Graebner started the meeting at 4:01 pm.

ROLL CALL:

A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, 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
G. Waddles attending remotely from Ypsilanti, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: A. Carlisle, K. Scott

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

OTHERS PRESENT: S. Hierman, L. Lutomski, Ninja Ang, M. Creekmore, R. Jefferson, G. Nelson,
B. Higman

- I. Introductions
 - S. Hierman will be presenting the WIDS Trauma Proposal Discussion later in the meeting.
- II. Audience Participation
 - None
- III. Committee Response to Audience Participation
 - None
- IV. Millage Advisory Committee Minutes and Actions from 1/11/21
 - Millage Advisory Committee Minutes and Actions of 1/11/21 were reviewed.

MOTION BY B. KING, SUPPORTED BY D. JACKSON TO APPROVE THE MINUTES AND ACTIONS FROM THE JANUARY 11, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	N/A	DUSBIBER	Not present at time of vote
GRAEBNER	Y	HEAVILAND	Y

JACKSON	Y	KING	Y
MARTIN	Y	RION	Not present at time of vote
SCOTT	N/A	WADDLES	Y
WALKER	Y		

MOTION CARRIED

V. Discussion Items

- Millage Process, Investments and Process Update
 - o L. Gentz reviewed the Millage Process, Investments and Progress Update document with the committee.
 - Housing RFP
 - a. All projects are underway, and the 6-month report is delayed until March 2021 due to the pandemic.
 - WISD Mini Grants/31N
 - a. 20 school projects have been funded from the Millage with a total of \$61,804 being awarded.
 - b. Schools that applied are Ann Arbor Public, Lincoln, Dexter, Milan, Saline, Chelsea, Whitmore Lake and YCS.
 - Mental Health First Aid Education Initiatives
 - a. Staff are meeting with a group of trainers to establish needs and determine training dates for a proposed rollout of March 2021.
 - b. Working with WISD to coordinate youth and adult rollout.
 - Anti-Stigma Campaign
 - a. Campaign has relaunched and additional billboards and ads coming out soon.
 - b. Campaign materials continue to be utilized by school systems.
 - Justice Initiatives
 - a. Youth Center Mental Health Professional
 - Staff are in place and program is going well.
 - b. LEAD
 - Ongoing meetings with National Support Bureau and completing outcomes for the project.
 - Grant funding has been received to assist with some of the key positions to implement the program.
 - c. Community Response to Mental Health Crisis
 - Initial discussions have occurred, and outcomes are being developed by the Washtenaw County Sheriff's Office (WCSO) and CMH teams.
 - d. Jail MAT
 - No updates
 - Rethink Health/5 Healthy Towns
 - a. Working together with 5-Healthy Towns, Michigan Medicine and St. Joseph Hospital to start an information campaign. St. Joseph submitted a SAMHSA Grant and should be hearing back towards the end of summer 2021. The plan is to use these funds to implement training and support around mental health as well as resource connection and streamlining connections within the community.
 - NAMI
 - a. Special community education initiative with millage funding focusing on Ypsilanti and Whitmore Lake.
 - b. Staff have completed key informant interviews, 5 community conversations and continuing to connect to the faith-based community.

- c. Received grant funds to assist Rethink Health/5 Towns to coordinate faith-based leaders in the 5 towns region. The scope of this project is being determined with a meeting scheduled the 2nd week of February.
- d. Facebook Live event being planned to focus on Ypsilanti Community and in partnership with MBK.
- SUD Systems Change
 - a. Co-occurring RFP for Juvenile Court
 - i. The award was not received but are excited to collaborate with the new provider Black Family Development, Inc.
- Millage Communication Strategy
 - a. Funding Level A was approved by the Millage Advisory Committee at the February meeting.
 - b. There will be a newsletter distributed next week.

A. Dusbiber joined the meeting at 4:05pm

R. Rion joined the meeting at 4:08pm

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 December 2020, this represents 12 months of the millage fiscal year 2020.
- The millage fund balance at the close of 2019 is \$2,972,557.
- Preliminary close out of 2020 shows a fund balance contribution of \$2,202,490 for a preliminary total of \$5,175,047.
- CCBHC #1-Year 2 Grant January 2020-December 2020 YTD actuals are \$508,819 under budget.
- CCBHC #2-Year 1 Grant May 2020-December 2020 YTD actuals are \$357,593 under budget.
- N. Phelps will bring an updated document over the course of the next couple of months that will help to show a list of the commitments made thus far.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage Update
 - o D. Jackson presented the WCSO Update to the committee.
 - o The Behavioral Health Specialist position is a part time position that is currently housed in the Community Corrections Department. This staff works directly with clients that were originally with Circuit Court violations to check in with them during the bi-weekly/monthly drug testing, to help navigate the systems, connect them to resources or just to check in with them.
 - o This was originally a part-time position but with the Vital Strategies Grant this could turn into a full-time position and help to expand these services into the District Court also.

VIII. New Business

- CCBHC Update
 - o M. Harding and T. Cortes presented the CCBHC Update to the committee.
 - o A concept paper was received recently and the CMH Leadership Team is looking at this paper to better understand the next steps.
- Youth Assessment Center Update
 - o L. Gentz and T. Cortes presented the Youth Assessment Center update to the committee.
 - o Suggestion to pause on this project for now to re-assess the Juvenile Justice system needs and community needs since major system leadership changes. Millage Advisory Committee should continue to explore youth service needs in the community.

- WISD Trauma Proposal Discussion
 - o L. Gentz and S. Hierman presented the WISD Trauma Proposal to the committee. There is no action being requested for this at this time this is for draft purposes currently.
 - o There is a significant need within the community for mental health and assessment within our schools with the youth in the community.
 - o Anticipating a significant need within the schools due to the recent pandemic with youth and families in the community.
 - o Working with Ypsilanti on the train the trainer model for the trauma informed resilience training.
 - o The district Superintendents had requested a training to help to address trauma that young people are experiencing.
 - o Draft proposal includes investigating the Starr Commonwealth strategy training for all staff within 9 districts (this does not include charter school districts/private schools) to train them in the 1st 2 modules. Module 1 is free with module 2 having some expense associated with it.
 - o A concern was made that with the varying salaries within the districts that the amount of funding that is being allocated could be different than what teachers/administrators might be earning and could come across as offensive.
 - o Request for further information to clarify what the outcomes are within the school communities after completing the training with Starr Commonwealth.
 - o Request for the Millage Advisory Committee to develop a process to look at grants to community based agencies, prioritization of needs with grant making with non-Medicaid dollars.
 - o This proposal will come back to the committee to further look at youth needs within our community within the schools, supports/services, suicide prevention in regard to the services in our community and what the focus would be.
 - o This item will be added to a future meeting.
 - There will be a Housing RFP update presentation for the March Millage Advisory Committee.
 - The Anti-Stigma Campaign update presentation will be on the March Millage Advisory Committee agenda.
 - Youth Needs Discussion
 - o Due to time issues the Youth Needs Discussion was tabled until the March meeting.
- IX. Items for Future Discussions
- Millage Investment Plan
 - Updated Millage Commitments
 - Housing RFP Update presentation
 - Anti-Stigma Campaign update presentation
 - Youth needs discussion

MOTION BY G. WADDLES, SUPPORTED BY H. HEAVILAND TO ADJOURN THE MILLAGE ADVISORY COMMITTEE MEETING.

- X. Meeting adjourned at 5:05 pm.

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

February 10, 2021

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

STAFF LIAISON: Merton Hershberger.

I. **Meeting called to order at 12:45.**

II. **Consent Agenda.**

MOTION BY _ Alayna _ - SUPPORTED BY _Melissa_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA WITH CORRECTIONS. MOTION CARRIED

III. **Legislator:** Felicia Brabec will join us next month (3/10/2021).

a. Additional questions: When will people get the COVID-19 vaccine? People with Schizophrenia and Developmentally Disabled have a higher risk of dying from COVID-19. Cerebral palsy? High Blood Pressure?

IV. Updates from this Morning's Regional **CAC meeting:** Grievances & appeals. Review of processes from last year. CJWitherow will send report. Pam will mail out copies of the Customer Service Survey report for next month. Concerns about cutting general funds are best addressed to the legislature.

V. **Newsletter:** any progress or suggestions: Barb: more on the history of CMH. Ed and Melissa: COVID-coping lessons. Alayna: Legislator update following conversation with Felicia Brabec.

VI. **Fresh Start:** Melissa reports, they are still run in Partnership with CMH and still over Zoom. Lots of small advances. One large need is for a place, disgruntled members missing connection. Fresh Start Clubhouse is looking for staff to keep folks connected. Needing special features in the place: kitchen, accessibility, windows, office space, up to code, etc.

VII. **Walk-A-Mile:** Short Speech drafting – Tabled due to the time until the event.

VIII. **New Business: Celebration of Success.** Tabled till more of a word on public interactivity? Lisa offered to help with a gift of food if the celebration will be in person. Ed and Alayna suggested holding the Celebration outside and earlier in the year. Pam suggested a tent.

IX. **Personal updates.**

X. **Meeting adjourned at 1:34pm.**

Next meeting will be March 10, 2021 via Zoom at 12:30pm. Mert will try to resolve some of the kinks in the Zoom meeting that caused it to kick us off of the meeting.

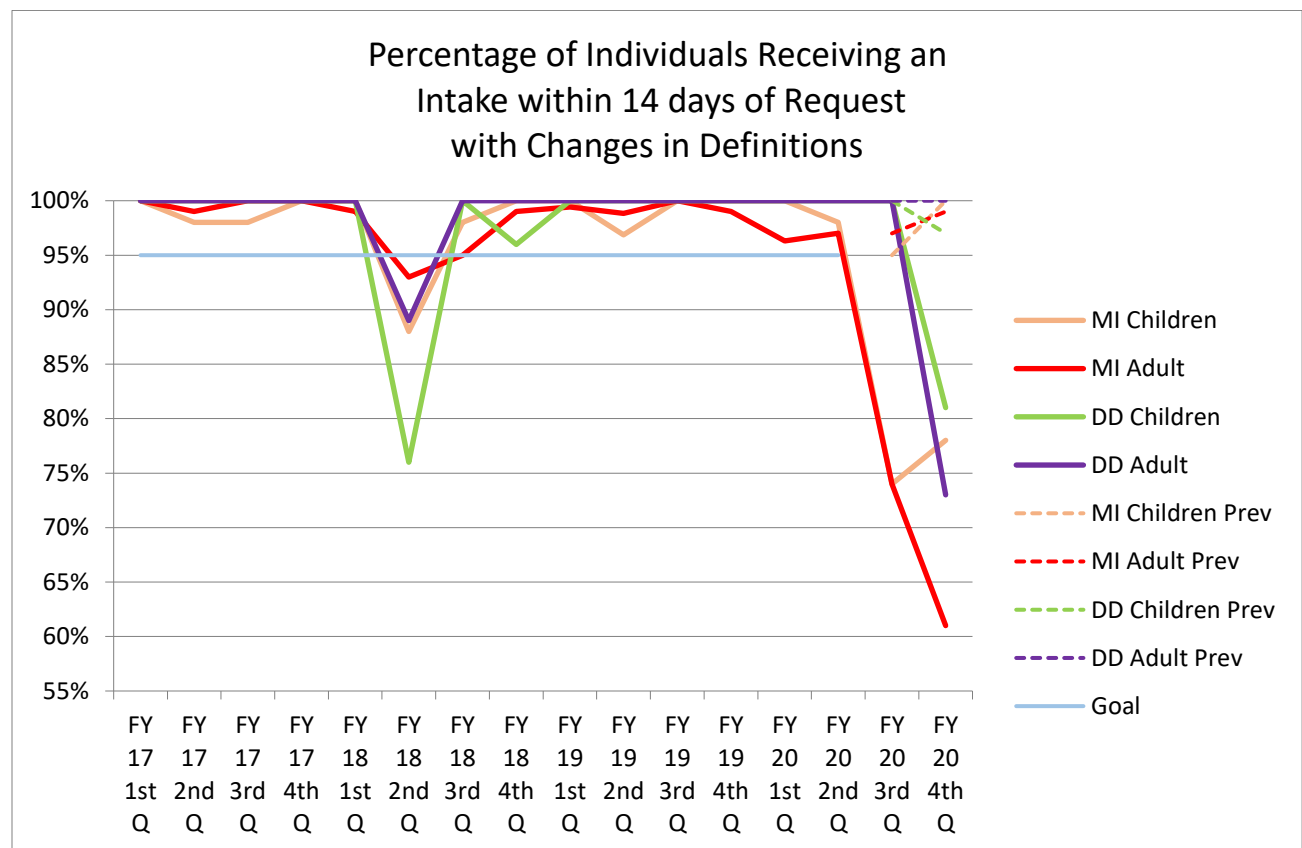
Program and Quality Board Committee
Dashboard Data FY 20 3rd and 4th Qtrs (April 2020 - Sep 2020)

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

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

Therefore, across the State, percentage numbers are significantly different. MDHHS is treating the first year as baseline collection.

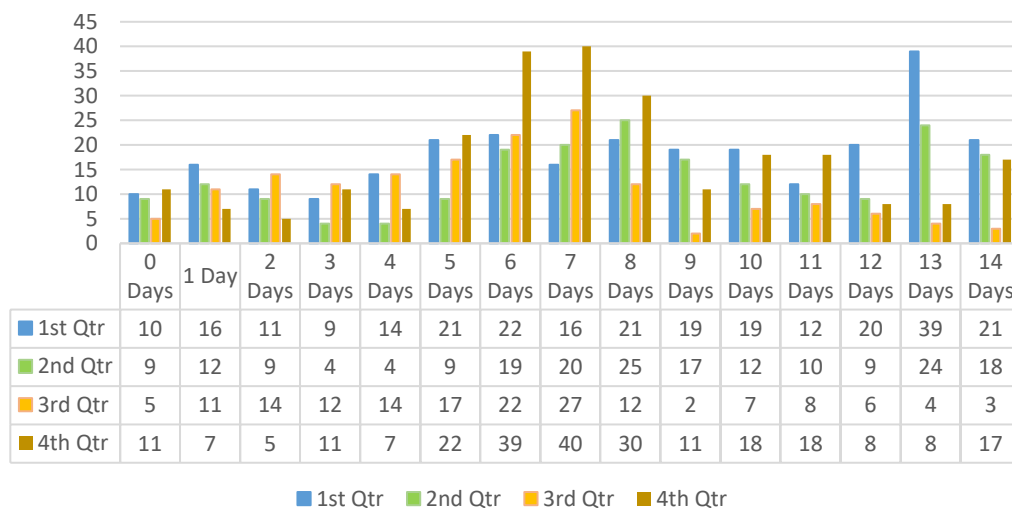
The third and fourth quarter data points are indicated on the graphs. The “dashed lines” indicate where our compliance would have been under previous definitions. The data points are detailed in the tables below the graphs.

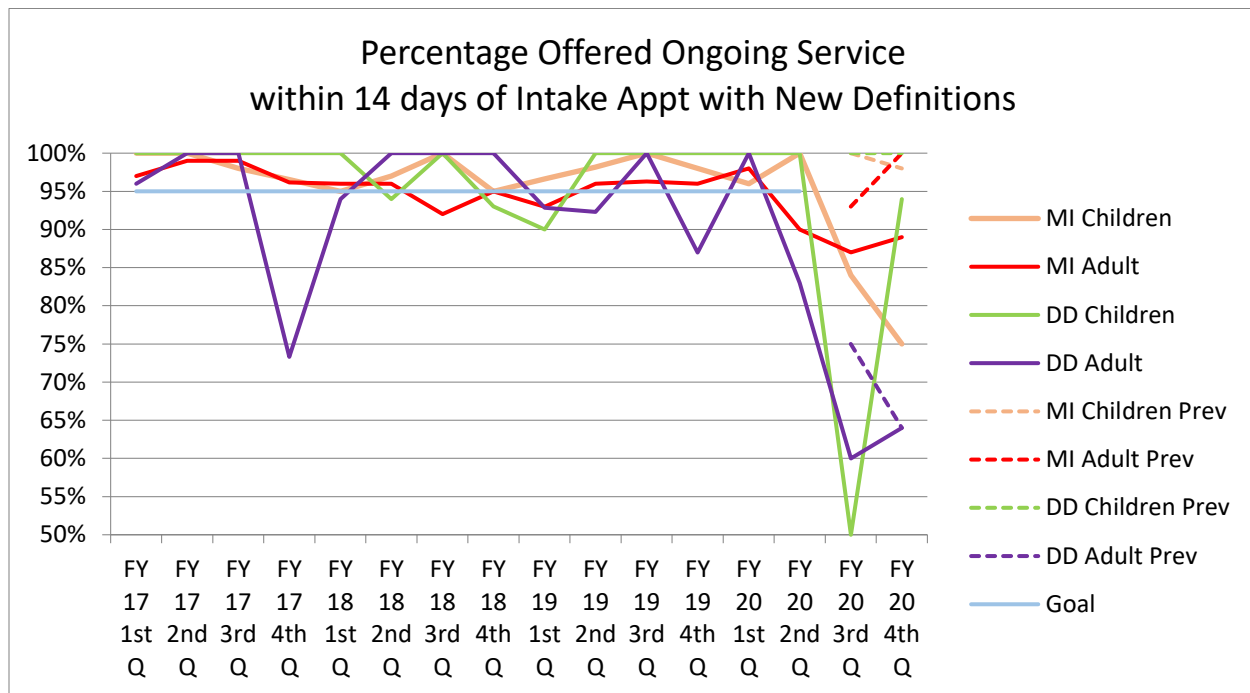


FY 20 3rd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	57	42	15	13	74%	95%
MI Adult	144	106	38	35	74%	97%
DD Child	7	7	0	0	100%	100%
DD Adult	9	9	0	0	100%	100%

FY 20 4th Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as out of Compliance	Consumer Preference (No Show, Cancelled or Requested >14 days)- was formerly removed from the denominator.	Percent Compliant by new State definition	Percent Compliant under previous definition
MI Child	90	70	20	20	78%	100%
MI Adult	181	110	71	70	61%	99%
DD Child	42	34	8	7	81%	97%
DD Adult	11	8	3	3	73%	100%

Of Consumers with Intake <=14 days,
the Number of Days to Intake from Date of Request

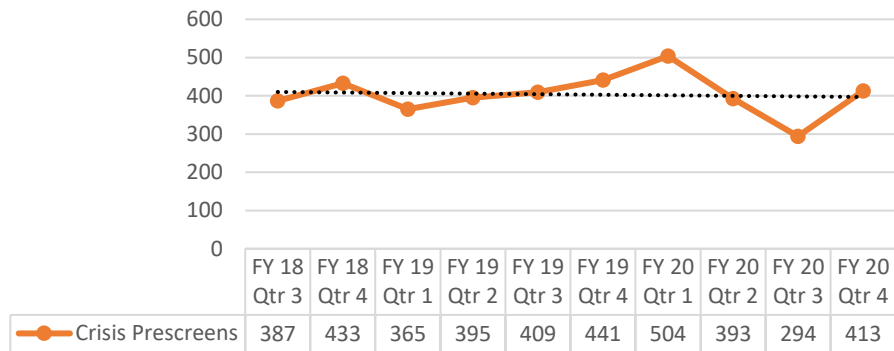




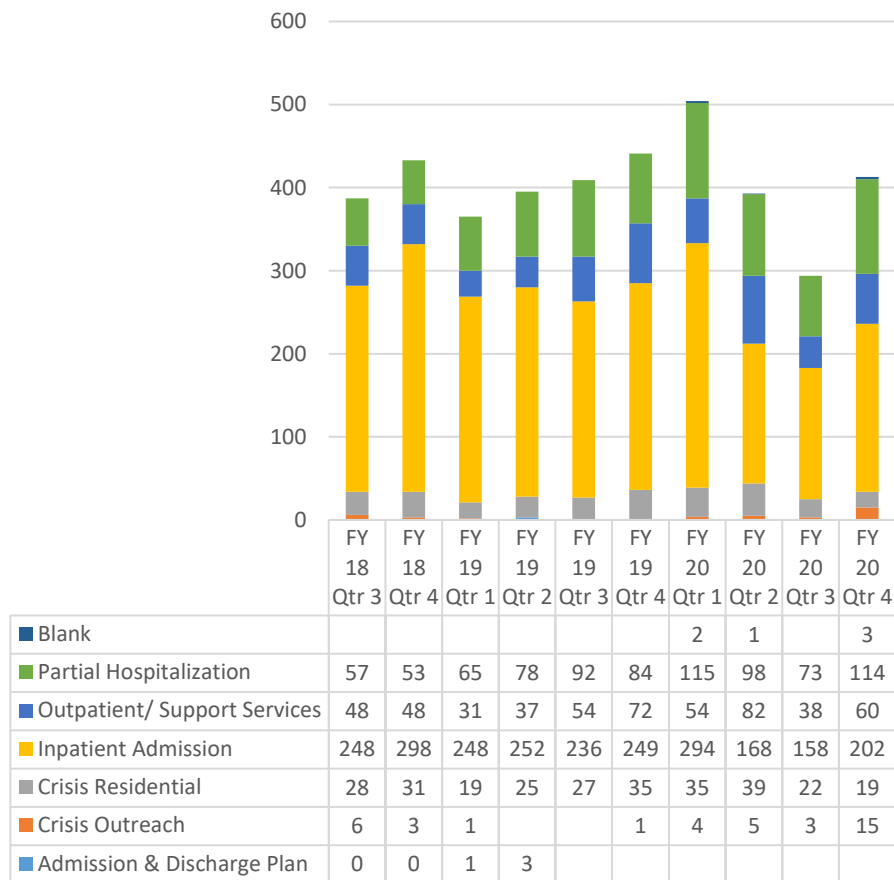
FY 20 3rd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	37	31	6	6	84%	100%
MI Adult	98	85	13	7	87%	93%
DD Child	4	2	2	2	50%	100%
DD Adult	5	3	2	1	60%	75%

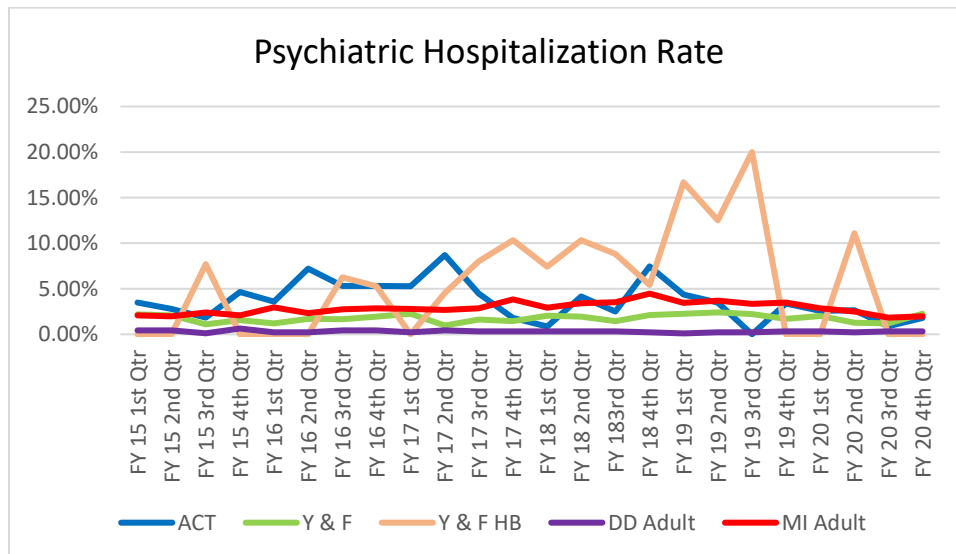
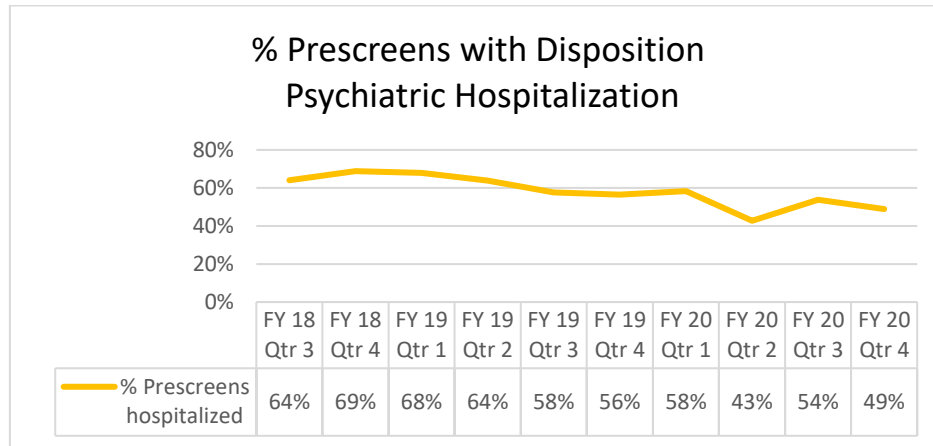
FY 20 4th Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator.	Percent Compliant by new definition	Percent Compliant in previous definition
MI Child	52	39	13	12	75%	98%
MI Adult	82	73	9	9	89%	100%
DD Child	33	31	2	2	94%	100%
DD Adult	11	7	4	0	64%	64%

Number of Crisis Prescreens

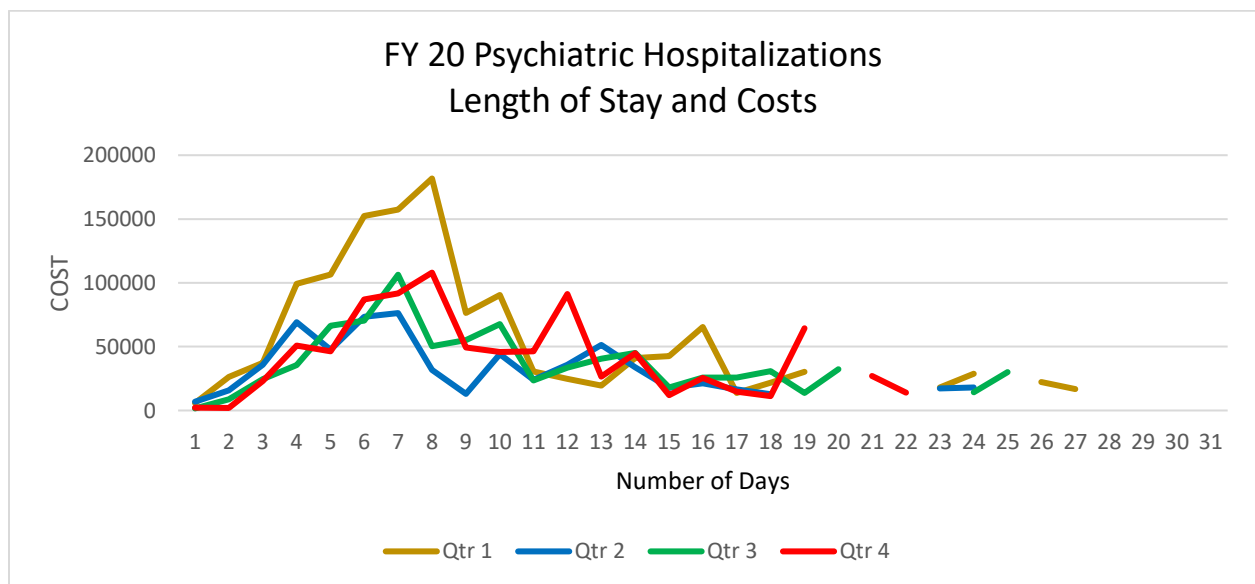
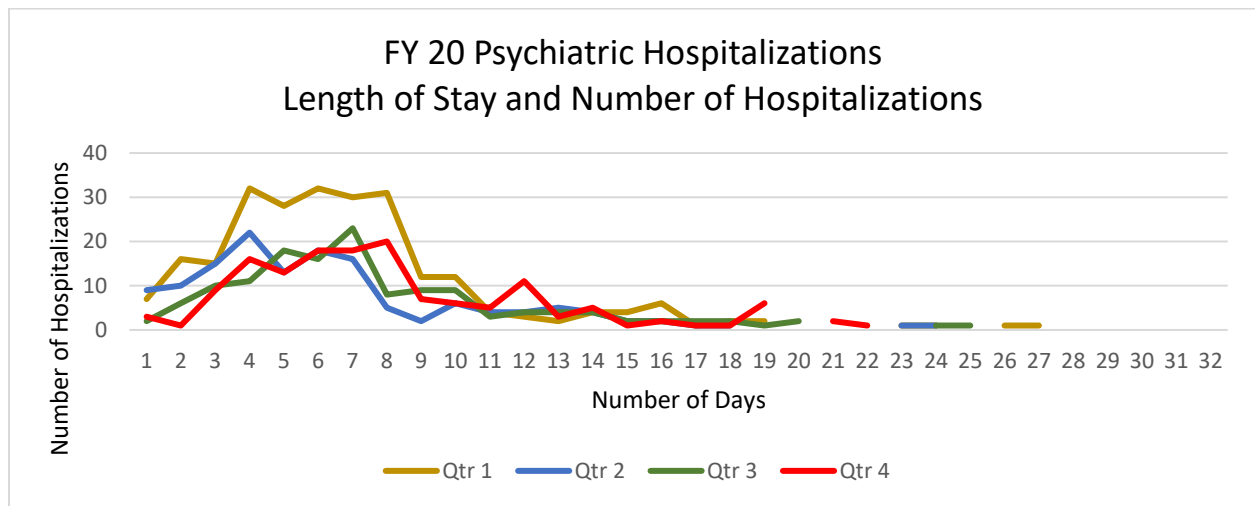
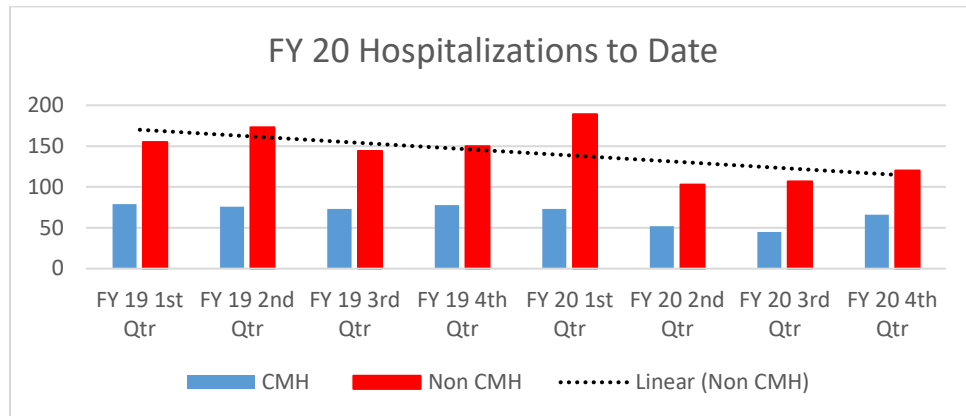


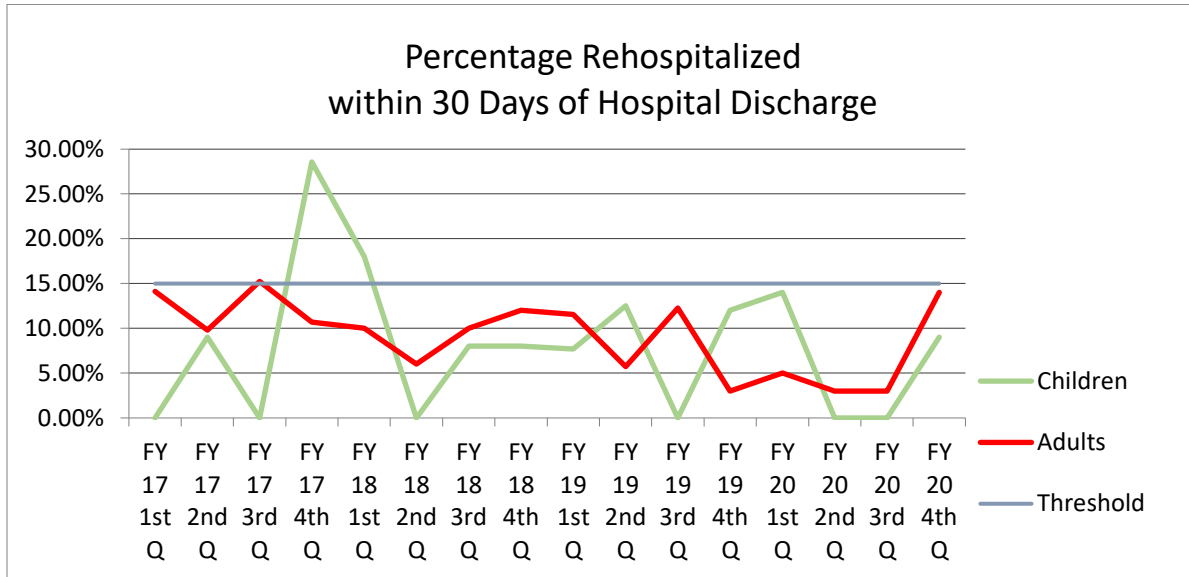
Prescreen Dispositions





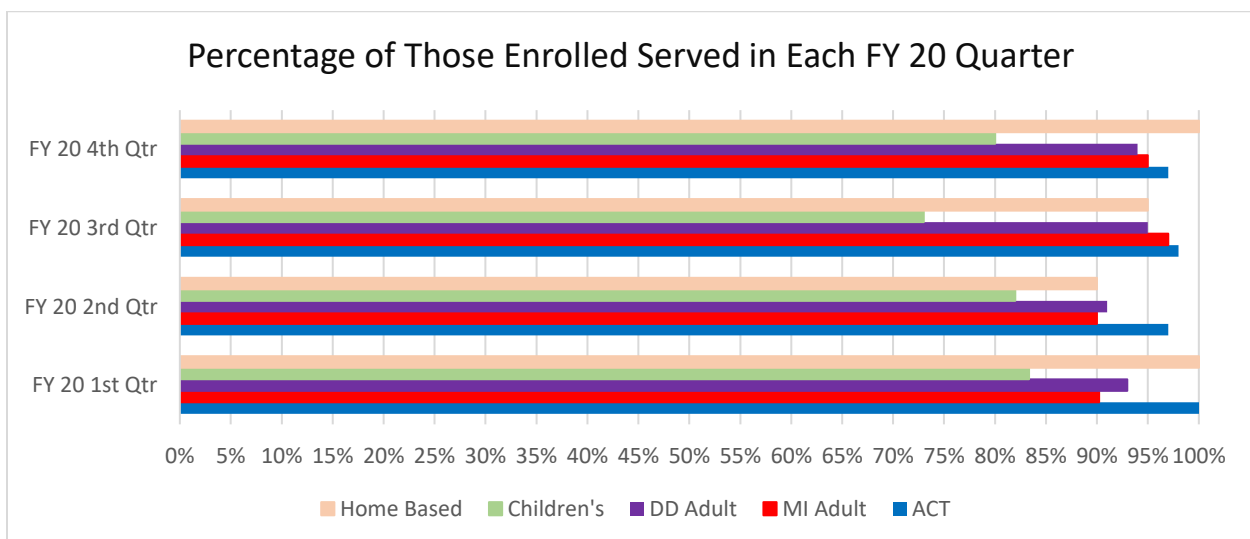
FY 20 3rd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	113	1 (0)	0.88%
MI Adult	1586	34 (5)	1.83%
IDD	958	3 (0)	0.31%
Y & F	590	7 (0)	1.19%
Y & F Home Based	20	0	0%
FY 20 4th Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	111	4 (2)	1.80%
MI Adult	1575	37 (6)	1.97%
IDD	959	4 (1)	0.31%
Y & F	660	21 (6)	2.27%
Y & F Home Based	22	0	0%





FY 20 3 rd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	10	0	0%
Adult	62	2	3%

FY 20 4 th Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	22	2	9%
Adult	74	10	14%



Critical Event Data Reported Thru Qtr 4 FY 2020

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

	Team at Event	Type	Total
FY 20 Qtr 1	Children's Services	Arrest	2
		Death	2
	IDD	Emergency Medical Treatment	0
		Non Suicide Death	5
	MI Adult	Non Suicide Death	6
		Suicide	1
	ACT	Non Suicide Death	1
		Suicide	2
Qtr 1 Total			19
FY 20 Qtr 2	IDD	Death	3
	MI Adult	Hospitalization due to injury	1
		Non Suicide Death	8
		Suicide	1
Qtr 2 Total			13
FY 20 Qtr 3 Total	Children's	Non Suicide Death	1
	IDD	Non Suicide Death	2
	ACT	Non Suicide Death	1
	MI Adult	Non Suicide Death	15
Qtr 3 Total			19
FY 20 Qtr 4 Total	Children's	Non Suicide Death	2
	IDD	Non Suicide Death	2
	ACT	Non Suicide Death	1
	MI Adult	Non Suicide Death	13
		Suicide	1
Qtr 4 Total			19

Mortality Data Thru Qtr 4 FY 2020

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

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

CMH MILLAGE 6-MONTH CHECK-IN

Agency Name: Avalon Housing
Contact Person Name: Molly Smith
Phone Number: 734-663-5858
Email Address: msmith@avalonhousing.org

Please limit your responses to 300 words or less.

1. HOW HAS COVID-19 IMPACTED YOUR CMH FUNDED PROGRAMS?

COVID-19 has delayed the completion of construction on our new development, Hickory Way Apartments, by more than six months, which has in turn has delayed lease up and the start of supportive services for many of the 35 people identified for phase I. Due to these delays, we also anticipate delays for the completion of construction and lease up for the 35 people who will be moving into phase II.

2. PLEASE DISCUSS YOUR SUCCESSES TO DATE.

Despite the many challenges these delays have presented, we have been successful in identifying all referrals through coordinated entry, have connected with current service providers for each individual and have supported efforts to get almost everyone for phase I document ready and briefed for move in so that we do not have any further delays once the units are ready to occupy.

We partnered with HouseN2Home and managed to get sponsorship to provide basic furnishings and household items for all 35 units in phase I. Volunteer teams came in at the end of December and early January and worked to personalize each unit so that individuals really are moving into a fully functional and welcoming home. Additionally, we partnered with Kiwanis Thrift Sale to secure beds and couches for units.

3. PLEASE DISCUSS YOUR (NON-COVID-19) RELATED BARRIERS TO DATE.

We fully anticipated to be ready for lease up by early January but learned upon inspection that a subcontractor installed the incorrect fire suppression system, and will need to modify the existing system to meet the standard originally intended for the building. This was unprecedented and incredibly frustrating for a variety of reasons but tenant safety and our ability to get a certificate of occupancy is dependent upon this issue being resolved and so lease up had to be further delayed.

This unexpected, extended delay has impacted housing for several individuals whose leases and/or subsidies were ending. Thankfully, we were able to advocate and negotiate month to month leases with private landlords to avoid having anyone return to homelessness. In addition, several of the

individuals slotted to move in were identified as being unsheltered and unable to access shelter or other temporary housing. We have worked diligently with partners and individuals to come up safe, temporary housing and are paying to temporarily house 11 individuals in a hotel until lease up is ready to ensure everyone has a safe and warm place to sleep.

Our services staff supported through CMH millage funding are providing intensive, on-site, outreach, case management, and behavioral support to the individuals staying in the hotel to ensure basic needs such as food, personal hygiene items are met. We are also supporting any physical and behavioral health coordination needs. We are on-site everyday at the hotel providing services and adapting our model to meet the intense level of need for an extended period of time in the hotel setting. This is challenging and requires a lot of effort and coordination.

We have also started our program evaluation with the individuals who have temporarily moved into the hotel which allows us to start gathering baseline data for those individuals who have established a service relationship with Avalon, in an effort to maintain fidelity to evaluation.

4. PLEASE DISCUSS YOUR SPENDING TO DATE.

From June-September of 2020, CMH millage funding supported staffing efforts through the hiring process of our two new Hickory Way Support Coordinators and two additional Support Coordinators for our Adult Services team. From November-December 2020 funding solely supported staffing efforts for our two Support Coordinators at Hickory Way. In total, these funds have provided supportive services for more than 70 individuals living within Avalon as well as those preparing to move in to Hickory Way. To date, a total of \$112,075 has been expended.

CMH MILLAGE 6-MONTH CHECK-IN

Agency Name: The Family Empowerment Program

Contact Person Name: Marquan Jackson

Phone Number: 810-423-7632

Email Address: mjacks55@emich.edu

Please limit your responses to 300 words or less.

1. HOW HAS COVID-19 IMPACTED YOUR CMH FUNDED PROGRAMS?

COVID-19 has presented several challenges as it relates to programming the main being resident engagement. COVID-19 has made it difficult to provide some of the supportive services intended for residents (i.e Housekeeping assistance, family home visiting).

2. PLEASE DISCUSS YOUR SUCCESSES TO DATE.

FEP has begun to work with the Corporation for Supportive Housing in effort to become a certified PSH provider. FEP has also hired a full-time PSH coordinator to support the 22 PSH units at New Parkridge. FEP staff have completed the HMIS training and FEP is now recognized as a Provider in HMIS. Lastly, FEP is now actively engaged in the CHP and COC space for the first time since its inception.

3. PLEASE DISCUSS YOUR (NON-COVID-19) RELATED BARRIERS TO DATE.

One of the barriers to date has been staffing. Although we currently have a PSH coordinator, last summer after 2 months of employment the first hire for the role resigned. Replacing and onboarding staff in the middle of a pandemic when most people prefer to work from home provided its own challenges. Also, in November the property manager for New Parkridge transitioned leaving the property without a manager. Recognizing the importance of Property Management and their role in the work we are completing with CSH; advancing the credentialing process absent a property manager has been challenging. In efforts to level- set and for all parties involved to be a part of the implementation we have halted the process and will resume once a full-time property manager is in place.

4. PLEASE DISCUSS YOUR SPENDING TO DATE.

The first draw was used to secure the support and technical support of Corporation for Supportive Housing,



MARCH 2021

**Extension to Consultation Agreement
For Ypsilanti Housing Commission
Family Empowerment Program**

This agreement is effective May 1, 2020

Between

Ypsilanti Housing Commission Family Empowerment Program
601 Armstrong Drive
Ypsilanti, MI 48197

And

CSH ("Consultant")
61 Broadway, Suite 2300
New York, NY 10006

The parties agree to the following:

1. Extension of Term: The Consulting Agreement, dated May 1, 2020 shall have a new end date of May 31, 2021.
2. Services:
 - a. CSH will provide consulting services and technical assistance to the Ypsilanti Housing Commission Family Empowerment Program (YHC FEP) to become Quality SH Certification ready in accordance with the agreed upon Consultant's Scope of Work in Exhibit A of this Agreement.
 - b. CSH will review the YHC FEP Quality Certification Self-Assessment and design a training program to advance the organization's capacity and protocols to implement a quality PSH program.
3. Terms and Termination:
 - a. This agreement is for technical assistance and training to help YHC FEP assess their current operations, to plan for quality improvement and to work toward readiness to apply for Quality Supportive Housing Certification.
 - b. This agreement does not guarantee program Certification. Certification is determined i) after a period of implementation of quality SH protocols, ii) submission of the Certification application, supporting documentation, tenant outcomes, and iii) following desk review and an in person site visit by CSH to determine if the program scores 70% or higher in EACH of the five scoring categories. This contract does not include Certification Review.
 - c. This agreement shall terminate upon completion of tasks and not later than 5/31/2021.
4. Payment: This contract is valued at \$13,000. CSH will fully bill for this contract by December 31, 2020 for work completed, and for ongoing scope of work agreed in the current and amended scope of work. The Agency will submit payment within 30 days of receiving the invoice from CSH.
5. Primary Contacts for Project Management:
 - a. CSH: Jane Bilger, jane.bilger@csh.org, 312-332-6690x2820 or 312-758-7318 (cell)
 - b. YHC FEP: Marquan Jackson, Director FEP, mjacks55@emich.edu

Signatures

Katrina Van Valkenburgh,
Managing Director, CSH Central Region

Marquan Jackson
Director, Family Empowerment Program

CMH MILLAGE 6-MONTH CHECK-IN

Agency Name: Ozone House Inc.

Contact Person Name: Gabbi Wassilak

Phone Number: 7346622265

Email Address: gwassilak@ozonehouse.org

Please limit your responses to 300 words or less.

1. HOW HAS COVID-19 IMPACTED YOUR CMH FUNDED PROGRAMS?

COVID-19 has impacted our Homeless to Housed program in several ways. While most have limited the work of the program, the addition of two beds during COVID through CMH funding has greatly benefitted our Transitional Living Program as demand for the program has risen and youth are required to have separate rooms for health safety reasons. Limiting factors of the pandemic have included the inability for our Homeless to Housed Case Manager, Alex Alaniz, to meet in-person with clients, SOS Family Services and the Delonis Center. Part of the role's intention was to have the case manager on site at SOS and Delonis for a few days a week to provide in-person support; this aspect of the role has shifted to a virtual platform. Due to COVID, the Delonis Center has been extremely busy. While Alex has made contact and the partnership is established, she will continue to expand and grow the relationship to increase the number of client referrals. From the client interaction perspective, because staff are unable to meet with young people in person, the relationship building process takes longer; building rapport and trust are challenging in a virtual environment. Additionally, if there are no openings or youth do not qualify for programs offered by Ozone House, a challenge has been finding other housing resources for clients. There are more than 4,000 people on the waitlist for section 8 and affordable housing. If unable to get housing resources for clients due to long waitlists, Alex works with young people on safety planning.

2. PLEASE DISCUSS YOUR SUCCESSES TO DATE.

Since the beginning of the program in September 2020, the Transitional Living Program (TLP) has increased its capacity by two beds, the homeless to housed case manager, Alex Alaniz, was hired in October and began serving clients in December, and Alex is regularly meeting with SOS and the Delonis Center as partners. Since the addition of two beds to the TLP in September, all beds have been full and 12 youth have been served with 83% increasing their life skills. Currently, Alex is working with four clients from SOS and has worked with two Delonis Center Clients with the intention to grow this case load. Regular meetings between SOS, the Delonis Center, and Ozone House have occurred, discussing the overall function of the partnerships and to talk about individual clients. In January 2021, Alex attended an SOS staff meeting and is currently working with them to establish a parenting group for young people. To develop this parenting group, a focus group will be held on February 16th with

participants from SOS, Ozone House, and the Corner Health Center to determine what kind of parenting group is desired. The partnership with SOS family services has been extremely beneficial especially for parenting young people as Ozone House and SOS provide dual case management services; Ozone House provides case management that focuses on life skills such as budgeting, maintaining a household, chores, food prepping, and more. During the first six months of programming a client success has been that a young person was able to find housing. Ozone House has provided donated food, furniture, and case management, working with the young person to better understand tenant rights, relationship with landlords, and paying rent on time. Overall, since Alex started working with clients in December, 11 youth have been screened and 10 youth linked to services.

3. PLEASE DISCUSS YOUR (NON-COVID-19) RELATED BARRIERS TO DATE.

Most barriers experienced by this program have been due to COVID. However, a barrier that would probably exist despite COVID have been client communication due to access to technology.

4. PLEASE DISCUSS YOUR SPENDING TO DATE.

The following details the program's spending to date. Of note, the Homeless Case Manager began charging time to the grant on 09/30 and the Clinical Operations Manager expense is a combination of the Associate Director, Pam Cornell-Allen, and the new Clinical Operations Manager, Kissimmee Reeves during the hiring and transition of Kissimmee into the role. Client assistance has gone toward providing household necessities.

Position Title	Year 1 Budget	YTD Actual Expenses	Funds Remaining
Homeless Case Manager	\$46,800.00	\$ 11,557.40	\$ 35,242.60
Full Time Youth Specialist	\$38,475.00	\$13,232.35	\$25,242.65
Part Time Youth Specialist	\$36,175.00	\$ 2,286.56	\$33,888.44
Residential Coordinator	\$46,000.00	\$3,343.16	\$42,656.84
Clinical Operations Manager	\$63,350.00	\$3,011.33	\$60,338.67
Administrative Costs	\$32,565.00	\$2,328.76	\$30,236.24

Other/Client Assistance	\$2,400.00	\$244.22	\$2,155.78
Total	\$265,765.00	\$36,003.78	\$229,761.22

CMH MILLAGE 6-MONTH CHECK-IN

Agency Name: Shelter Association of Washtenaw County

Contact Person Name: Kate D'Alessio

Phone Number: 734-662-2829 x 225

Email Address: dalessiok@washtenaw.org

Please limit your responses to 300 words or less.

1. HOW HAS COVID-19 IMPACTED YOUR CMH FUNDED PROGRAMS?

The Shelter Association had planned to start the Housing Crisis Stabilization (HCS) program in March 2020. The COVID-19 pandemic interrupted planning with CMH and other community partners to start program implementation. SAWC continued to make efforts to initiate program planning, but in April of 2020, the Washtenaw County Public Health Department limited the occupancy of our Residential program by 60%. Four to six beds on the 3rd and 4th floor of the Delonis Center were expected to be reserved for the Housing Crisis Stabilization program. In addition to limited occupancy, administration responding to the crisis of persons needing shelter the SAWC also experienced staff and management shortages and turnover from April to November 2020.

2. PLEASE DISCUSS YOUR SUCCESSES TO DATE.

Unfortunately, SAWC does not yet have much success with program implementation. However, there are plans to meet with CMH planning partners in March with the anticipation of accepting the first HCS clients in April 2021. SAWC has restructured the leadership team in hopes to offer the case management and staff with more support and supervision. In addition, SAWC has recently hired three additional temporary support managers to provide hands on support for the team and structure to overcome staff burnout and the rapid changing demands of the pandemic.

Additionally, SAWC is working to have the majority of staff and clients vaccinated for COVID-19. Our hope is with the majority of the population vaccinated, that programs can resume to full occupancy. If SAWC is still operating at 60% occupancy in the Residential program in April 2021, SAWC is still committing to reserving at least four residential beds for the HCS program.

Please see included, revised HCS program timeline that outlines the planned activities to implement the program.

3. PLEASE DISCUSS YOUR (NON-COVID-19) RELATED BARRIERS TO DATE.

SAWC's delay in program implementation is the result of COVID-19. Without the affects of the pandemic, the HCS program would be approaching it's first anniversary year. The Shelter Association sees the need to reserve beds for persons needing stabilization after experiencing a behavioral health

crisis. Clients that are in need of care coordination for behavioral health are currently staying at the Delonis Center winter shelter, however, these clients are not receiving immediate residential shelter and are not having behavioral health coordination that the HCS program offers. Overall, the HCS program will likely support individuals in adhering to prescribed medication regimen, promote connection to networks and healthy outlets, provide a safe place to rest and prioritize well being and stabilization, along with working with a shelter case manager to locate permanent housing.

4. PLEASE DISCUSS YOUR SPENDING TO DATE.

Currently, there is no spending to date for these Millage funds. Please see revised timeline for program implementation.



Washtenaw County's Youth Mental Health Anti-Stigma Campaign

Funded by the Washtenaw County Public Safety and Mental Health Preservation Millage

What is #WishYouKnew?

In the spring of 2019, the Washtenaw County Health Department and Washtenaw County Community Mental Health teamed up to design a campaign to address community concerns around youth mental health and stigma reduction.

Driven by community conversations, this campaign aims to spark honest and supportive conversations about mental health between youth and adults.

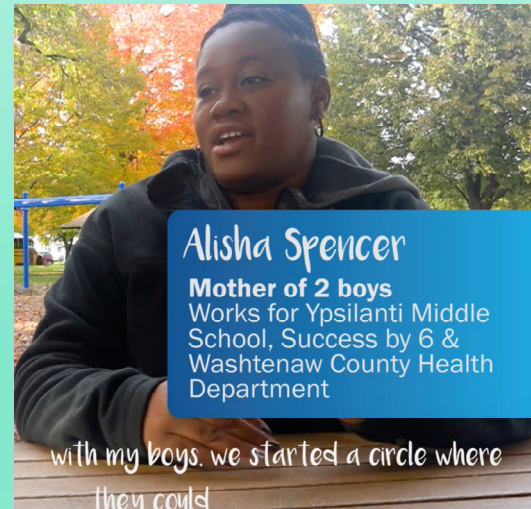
And to spread hope that if we can share our truth with trusted people in our life, we can begin to heal.

Campaign Elements

Artwork



Informational Materials



People or places if things aren't okay:

Name _____
Contact info or notes _____

Name _____
Contact info or notes _____

Name _____
Contact info or notes _____

If worried about immediate safety, call 734-544-3050 for the mobile crisis team, text HELLO to 741741 or call 911. Find more resources at www.washtenaw.org/wishyouknew.

#wishyouknew
washtenaw

be a listening ear:
supporting someone who's struggling

@wishyouknewwashtenaw
Supported by the Washtenaw County Public Safety and Mental Health Preservation Millage



Video Storytelling

Campaign Promotion

What we've heard so far . . .

I wish parents knew that
mental health is real

Why I can't talk to mom.

How hard it is to access mental
health care on public assistance

My community is hurting.

I want to have a conversation.
Don't talk at me or down to
me, talk WITH me.

It's hard to be the person
who has it together all
the time.

I'm not "bad".

Campaign Progress

You can find #WishYouKnew on . . .

- **Television and Streaming Services**
- **Music Streaming Services**
- **Social Media**
- **In the Community**



Spotify



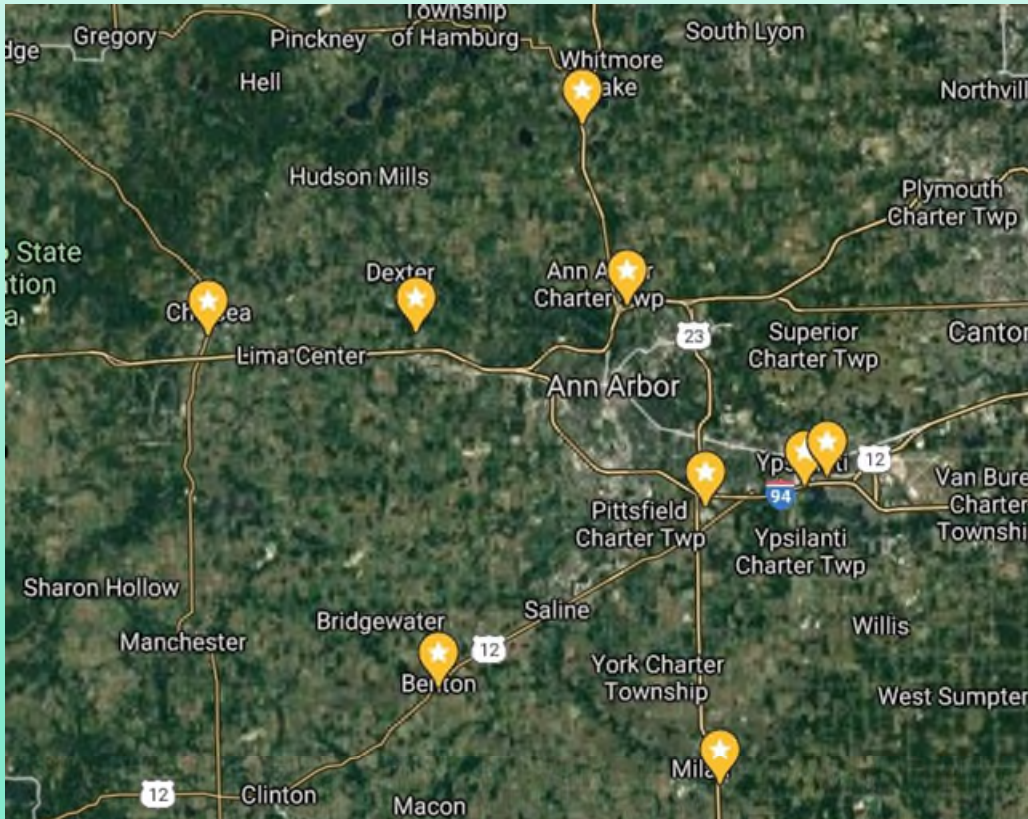
- 30 second audio spot with visual seen to the left and a button linked to the Wish You Knew website
- **January 7th – February 7th**
 - Reached 35,695 unique listeners in Washtenaw County
 - About ten people per day visited the Wish You Knew website from this placement
- New placement anticipated in early March

Comcast – Television and Streaming



- February 1st – May 30th
- Estimated reach of 57,200 streaming spots and 3,376 television spots
- We've already heard buzz!
Several community members have shared information about #WishYouKnew and the CARES team after seeing this advertisement.

Billboards



- 8-week run from March 1st to April 25th
- 10 billboards across the county
- Estimated reach of 900,000

Billboards



Billboards



Billboards



Informational Materials

COVID-Conscious Resource List

Informational Items

#wishyouknew
washtenaw

local resources
for when 10 deep breaths won't fix it

Have any mental health questions or needs? Call 734-544-3050 for the Washtenaw County CARES team
If you feel suicidal, call National Suicide Prevention Lifeline 1-800-273-TALK (8255) or text HOME to 741741
If you're in immediate danger, call 911

Organization	Programs	Contact	Ages Served
*Catholic Social Services of Washtenaw County	Adult individual & group counseling, family programs	734-926-0155	18+
Corner Health Center	Counseling, psychiatry, stress management, LGBTQ+ support, bullying support, eating disorders	734-484-3600	12-25 & their children
*Dawn Farm	Outpatient, residential, detox, transitional housing	734-669-8265	13+
**EMU Counseling Clinic	Counseling & therapy for EMU students and community members	734-487-4410	5+
**EMU Psychology Clinic	Psychological & testing services for Ypsilanti & surrounding region	734-487-4987	all ages
Home of New Vision	24/7 Engagement Center, recovery services, recovery housing	734-975-1602	14+
**Jewish Family Services of Washtenaw County	Help line, mental health education, support groups	734-769-0209	18+
**National Alliance on Mental Illness (NAMI)	Peer-led support groups, educational programs, advocacy	734-994-6611	14+
*Ozone House	Crisis line, counseling, shelter, residential programs, LGBTQ+ support, community center	24/7 text and phone line: 734-662-2222 Drop-in center: 734-485-2222	10-20
Psychology Today Therapist Finder	Search local therapists by insurance accepted, issues, age, gender, language & more	psychologytoday.com/therapists	all ages
*Regional Alliance for Healthy Schools (RAHS)	Counseling in Ypsilanti and Ann Arbor school-based health centers	734-998-2163	5-21
*SafeHouse Center	Support for those impacted by domestic violence or sexual assault	24/7 phone line: 734-995-5444	14+ & their children
*St. Joseph Mercy Ann Arbor Hospital	Psychiatry, substance abuse disorder services, partial-hospitalization	Inpatient: 734-712-2762 Outpatient: 734-786-2301	Inpatient: 12+ Outpatient: all ages
*St. Joseph Mercy Chelsea Hospital	Outpatient therapy & psychiatric services, adult inpatient services	734-593-5251	Inpatient: 15+ Outpatient: all ages
*Michigan Medicine Hospital	Adult & child inpatient programs, emergency evaluation services	Inpatient: 734-936-4950 Emergency: 734-936-5900	all ages
**U-M Center for the Child and Family	Mental health services for children, adolescents, and families	734-764-9466	under 18
*U-M Depression Center	Therapy, psychiatry services, support groups	734-936-4400	all ages
Washtenaw County Community Mental Health (CMH)	24-hour crisis services & mobile crisis team, assistance navigating mental health care services	24/7 phone line: 734-544-3050	all ages

* offers virtual services **virtual services only, in-person services temporarily suspended

#wishyouknew is supported by the Washtenaw County Mental Health and Public Safety Preservation Millage

finding extra support

next steps could be ...

Connect with trusted adults (family, friends, coaches, mentors, religious leaders, etc.) to put more supports in place.

Call your primary care doctor and ask about a behavioral health visit.

Call the Washtenaw County CARES line 24/7 with ANY mental health question at 734-544-3050.

Find local resources for counseling and support at
www.washtenaw.org/wishyouknew

#wishyouknew

you're not weak.

@wishyouknewwashtenaw
need support? 734-544-3050
Funded by the Washtenaw County Public Safety and Mental Health Preservation Millage

#wishyouknew

it gets better.

@wishyouknewwashtenaw
need support? 734-544-3050
Funded by the Washtenaw County Public Safety and Mental Health Preservation Millage

Social Media

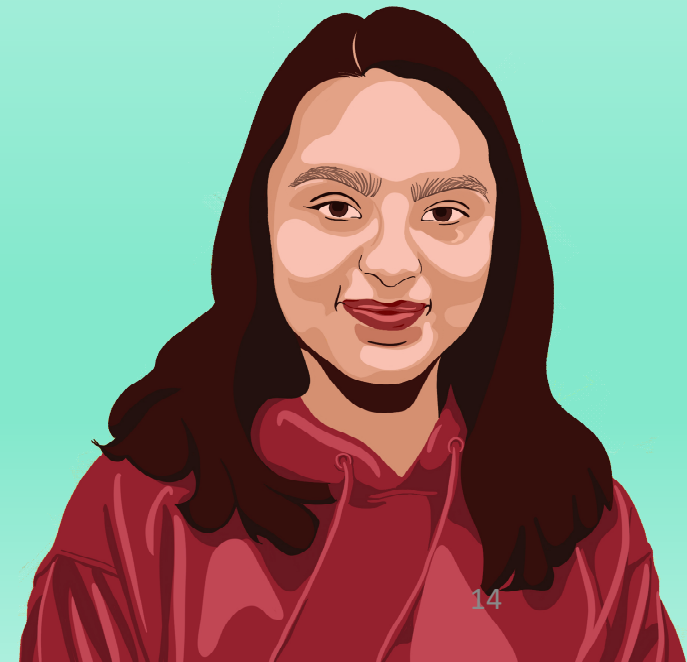


#wishyouknew

wash tenaw

ATTACHMENT #1H
MARCH 2021

Moving Forward



Tutorials

Ensuring that community members feel comfortable accessing mental health resources is integral to stigma reduction.

With this in mind, the #wishyouknew team is in the process of creating approachable primers focused on what the seeking support looks like.

Hi! This is the CARES team,
how can we help you?

Hi, I think my friend is
struggling and I don't know
how to help.

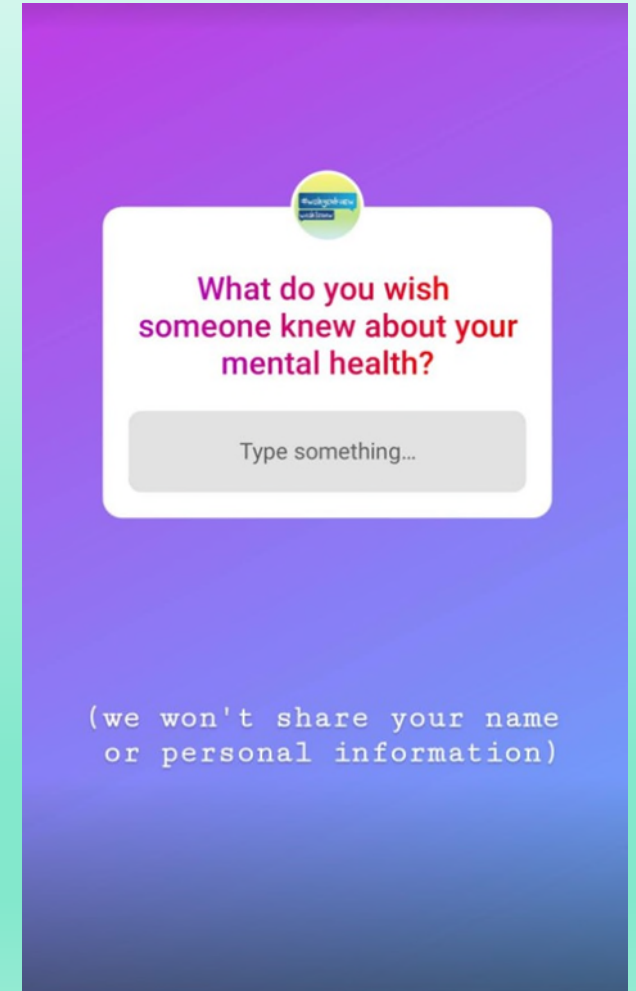
That's okay! Let's talk
through it. Which behaviors
are concerning to you?

Well, they've been really
quiet lately and . . .

Interactive Content

Mental Health Pro Q&A sessions

- Hosted via Instagram
- Answering mental health questions gathered through Instagram, ListServ, and other channels
- Community partner involvement
 - For featured professional recommendations
 - For potential cross posting
 - For larger platform



The image shows a screenshot of an Instagram story with a purple-to-blue gradient background. At the top center is a circular profile picture of a person with short blonde hair. Below the profile picture, the text "What do you wish someone knew about your mental health?" is displayed in a pink, sans-serif font. Underneath this text is a light gray rectangular input field with the placeholder text "Type something...". At the bottom of the story, the text "(we won't share your name or personal information)" is written in a small, white, monospaced font.

Community Feedback

Community input is central to ensuring that #WishYouKnew is useful, fair, and accessible. We are seeking input through surveys, focus groups, and reach data analysis.

#wishyouknew - Your input matters!

* Required

Which mental health stigma concerns do you feel are underrepresented in the #wishyouknew materials that you've seen so far? *

Your answer

Which methods of outreach make you feel most engaged? *

- ☐ Social media
- ☐ Information about community resources
- ☐ Distribution materials like pocket cards and stickers
- ☐ Moderated discussions on mental health in the community
- ☐ Other: _____

Thank you!

Questions, concerns, or input?

Feel free to reach out to Kara Semanision
by . . .

- Email: semanisionk@washtenaw.org
- Phone: (313) 348-3855
- Instagram: @wishyouknewwashtenaw



#wishyouknew



washtenaw

MARCH 2021

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/97614451838>

January 11, 2021

1:00pm

J. Martin called the meeting to order at 1:03 pm.

ROLL CALL:

N. Graebner attending remotely from Chelsea, Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
K. Scott attending remotely from Pittsfield Township, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: B. King

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

OTHERS PRESENT: R. Jefferson, K. Belknap, L. Lutomski

I. Introductions

- None

II. Audience Participation

- None

III. Executive Committee Minutes and Actions

- Executive Committee Minutes and Actions from 12/14/20 were reviewed.

MOTION BY K. WALKER, SUPPORTED BY K. SCOTT TO APPROVE THE MINUTES AND ACTIONS OF THE DECEMBER 14, 2020 WCCMH EXECUTIVE COMMITTEE MEETING.

ROLL CALL VOTE:

GRAEBNER	Y	KING	N/A
MARTIN	Y	SCOTT	Y
WALKER	Y		

MOTION CARRIED

IV. Discussion Items

• COVID Response

- o T. Cortes updated the committee regarding the latest COVID response.
- o COVID vaccines have been offered to the WCCMH staff with some staff already receiving them.
- o There is a little bit of concern from Washtenaw County Public Health due to the number of residents in the 1B group that have been announced by the State to receive the vaccine compared to vaccines available.
- o Adult Foster Care staff and consumers are receiving vaccines in Washtenaw County now.

V. Old Business

- CCBHC Update
 - o T. Cortes updated the committee on the latest update from CCBHC.
 - o There are not any updates from the State regarding demonstration sites at this time.
 - o M. Harding stated that they have successfully transferred CCBHC1 clients over to CCBHC2. By next month all should be using all CCBHC2.

VI. New Business

- WCCMH Board Annual Evaluation
 - o The WCCMH Board Annual Evaluation draft document from last year was discussed.
 - o The evaluation tool was originally presented to the committee in March however due to the onset of COVID this was put to the side.
 - o Suggestion to add something on the evaluation tool to include virtual meetings and to continue with virtual meetings for future meetings as an option.
 - o This evaluation tool will be updated with the suggestions and will be emailed to the committee.
 - o This will be brought forward on the agenda for April.
- WCCMH Board's Role Regarding Response to Public Comment Discussion
 - o J. Martin and T. Cortes provided an update on the Board's response to public comment.
 - o J. Martin, T. Cortes, S. Ray and S. Amos O'Neal met with Corporate Counsel regarding a process.
 - o Staff would respond in writing cc'ing the WCCMH Board Chair with the response to the public comments that are submitted in writing. The Board Chair would then announce at the next meeting that the comments were responded to so that this can be reflected in the minutes.
 - o Committee members stated that it is very helpful to have public comments submitted in writing.

Move to Closed Session to discuss WCCMH Executive Director evaluation

MOTION BY K. WALKER SUPPORTED BY K. SCOTT TO MOVE THE WCCMH EXECUTIVE COMMITTEE INTO CLOSED SESSION TO DISCUSS THE WCCMH EXECUTIVE DIRECTOR EVALUATION.

The WCCMH Executive Committee meeting moved to closed session at 1:25PM.

The WCCMH Executive Committee Public meeting resumed at 1:48pm

VII. Items for Future Discussions

- Bylaw Changes which includes the wording around employee status for board status and approval for bylaw document that has not been approved by the BOC.

VIII. Adjournment of Meeting

MOTION BY K. WALKER, SUPPORTED BY K. SCOTT TO ADJOURN THE WCCMH EXECUTIVE COMMITTEE MEETING AT 1:49 PM.

MOTION CARRIED

The WCCMH Executive Committee Public Meeting was adjourned at 1:49 pm.



Washtenaw County Community Mental Health (WCCMH) Board 2021 Annual Calendar

DRAFT

<u>January</u> - Annual Recipient Rights Reports due to Program-Quality Committee - Consumer Advisory Council quarterly update to WCCMH Board - BOC review CMH Board applications (new entry) - WCCMH Board will identify which Millage Advisory Committee members have terms set to expire/renew	<u>February</u> - BOC will appoint new/re-appointed board members and notify WCCMH Executive Director or designee - Identify WCCMH Board Officers effective April 1st - Program Committee Dashboard due to Program-Quality Committee (Quarter 4)
<u>March</u> - WCCMH will swear in new/re-appointed WCCMH Board (terms effective April 1st) - Annual WCCMH Board meeting (election of Officers and assign committee membership) terms effective April 1st - WCCMH will swear in new/re-appointed Millage Advisory Committee members (terms effective April 1st) - Executive Committee begin working on WCCMH Board Evaluation process/form	<u>April</u> - Annual Conflict of Interest statement from Board members - Annual Recipient Rights Training for all board members - Annual WCCMH board evaluation - Consumer Advisory Council quarterly update to WCCMH Board - Annual Performance Improvement Year End Report due to Program Committee then to Full Board on the Consent Agenda
<u>May</u> - Annual Finance Audit Report due to WCCMH Board - Program Committee Dashboard due to Program – Quality Committee (Quarter 1)	<u>June</u> Board Development (training/education)
<u>July</u> - Draft Budget to WCCMH Board - Consumer Advisory Council quarterly update to WCCMH Board - Semi-Annual Recipient Rights Reports due to Program-Quality Committee	<u>August</u> - Final Budget Approval due to WCCMH Board - Program Committee Dashboard due to Program-Quality Committee (Quarter 2)
<u>September</u> - Begin working on WCCMH Executive Director Evaluation - Budget Review to Washtenaw County BOC - End of fiscal year - Executive Committee review Annual Board calendar then to Board on the consent agenda	<u>October</u> - WCCMH Board will review next year's meeting schedule - Begin new fiscal year - Finalize WCCMH Executive Director Evaluation - Consumer Advisory Council quarterly update to WCCMH Board - WCCMH will identify expiring board member terms (moved from November)
<u>November</u> - Program Committee Dashboard due to Program-Quality Committee (Quarter 3) - Staff schedule annual Board and Board Committee meetings on member's calendars. - WCCMH will Identify new/reappointed board members (terms expiring) and submit to BOC moved from December	<u>December</u> BOC will post for expiring WCCMH Board terms moved from January

BOC=Board of Commissioners

MDHHS=Michigan Department of Health and Human Services

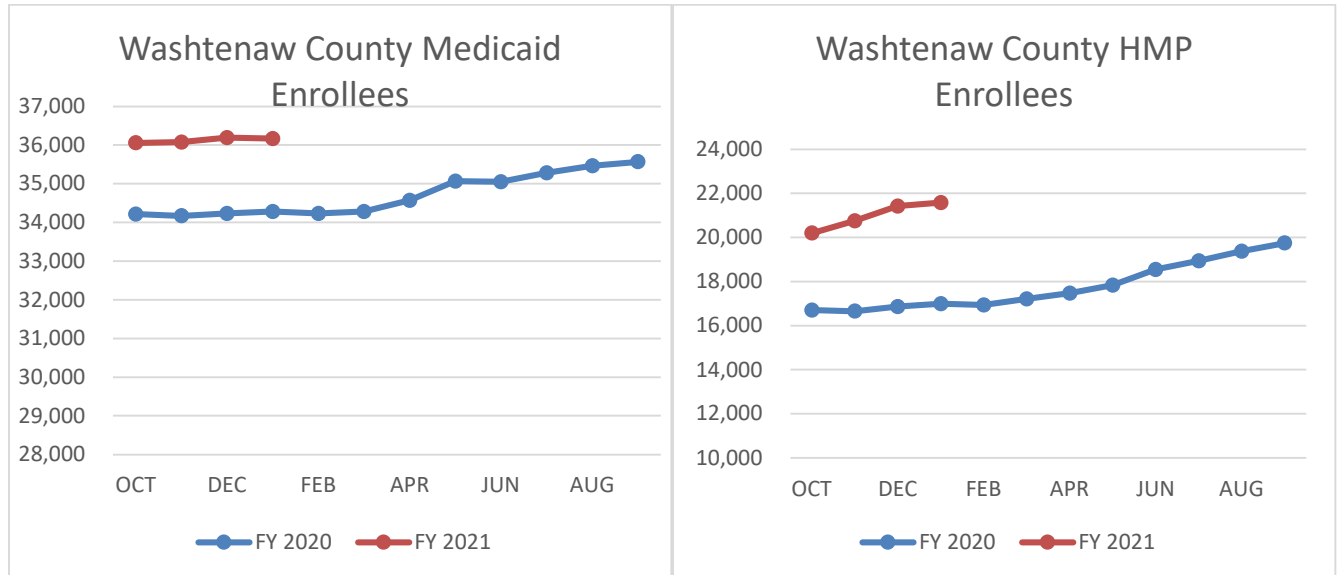
CMHAM=Community Mental Health Association of Michigan

Revised 3/9/21 rld

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending January 31, 2021
Prepared: February 28, 2021**

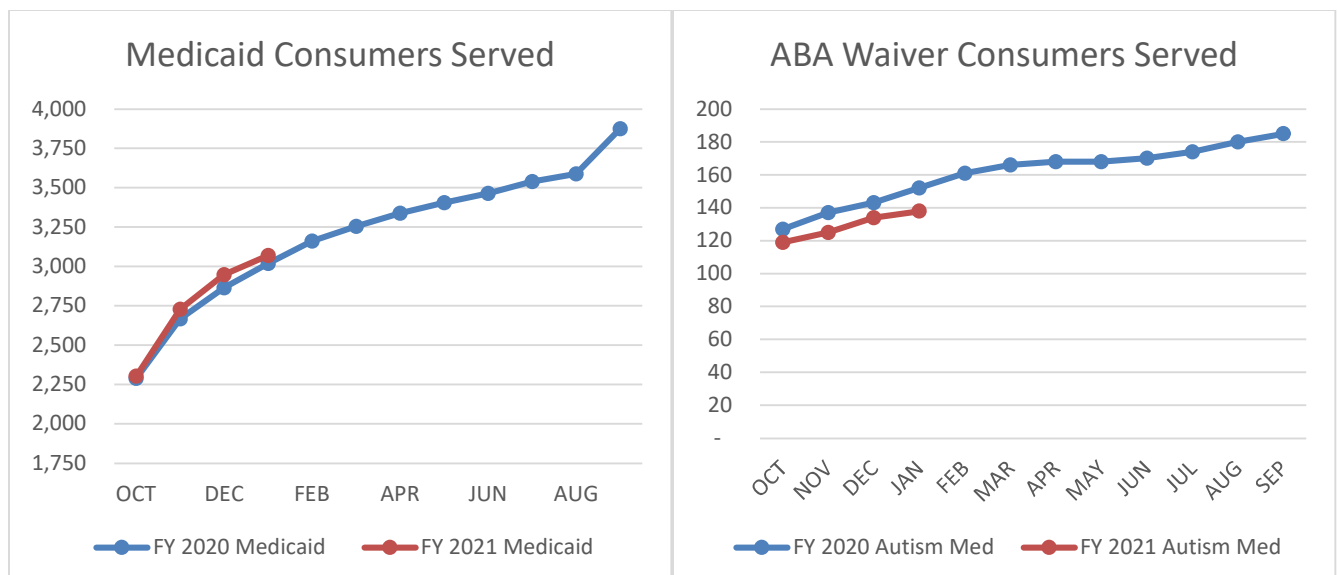
1. Washtenaw County Enrollees

A summary of FY 2021 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



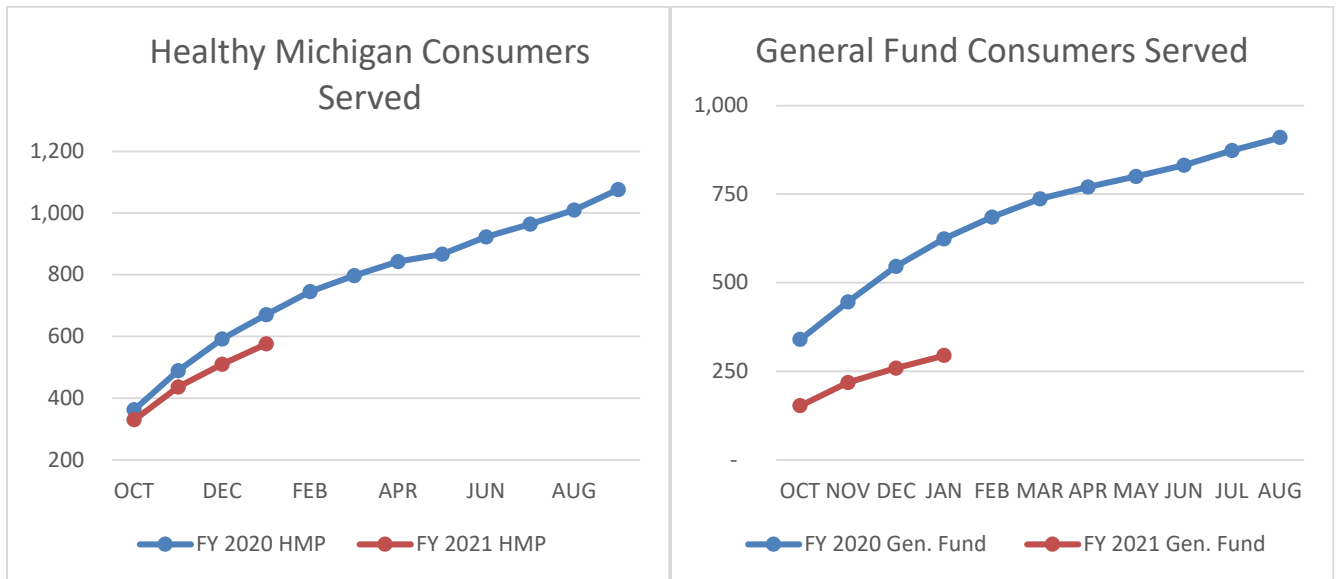
Washtenaw County Medicaid Enrollees were 36,168 in January 2021. This is a 5.50% increase from the same time last year (1,884 more enrollees than in January 2020). Healthy Michigan enrollment in January 2021 was 21,588. This is a 27.01% increase from the same time last year (4,591 more enrollees than in January).

2. WCCMH Consumers Served to Date



Medicaid consumers served through January 2021 are 3,070. This is 52 more consumers than the prior year (3,018 consumers were served through January 2020).

ABA Waiver consumers served through January 2021 are 138. This is 14 less consumers than the prior year (152 consumers were served through January 2020).



Healthy Michigan consumers served through January 2021 were 576. This is 94 less consumers than the same period last year.

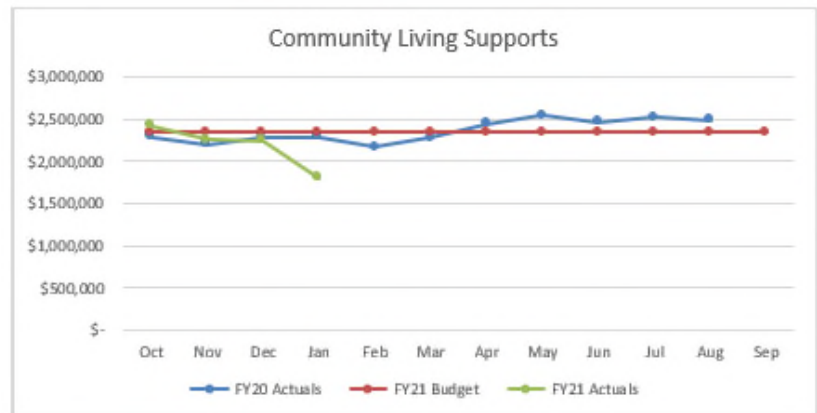
General Fund consumers served through January 2021 were 295. This is 329 less consumers than the same period last year.

3. Financial Statement Highlights

- a. CLS service costs to date are estimated to be \$9.2 Million. The temporary \$2 per hour direct care worker increase is included in both the FY21 Budget and FY21 Actuals below. The temporary increase has been extended through January 2021.

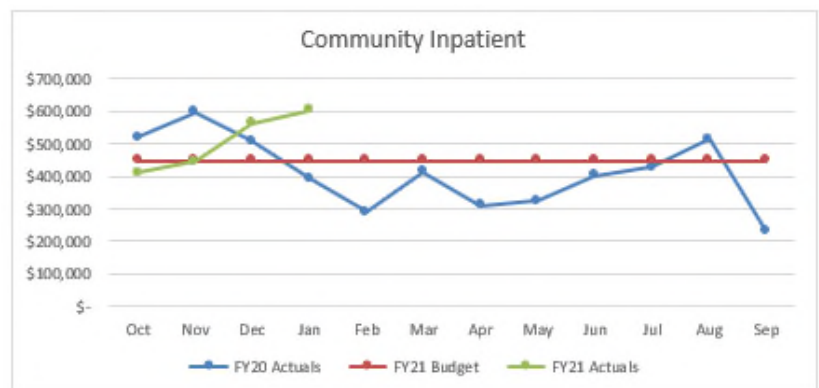
The CLS graph below represents the FY21 Actuals, which is the amount of actual claims processed and paid at the date this report was prepared.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 2,290,691	\$ 2,335,165	\$ 2,422,559	5.76%
Nov	2,198,453	2,335,165	2,257,343	4.25%
Dec	2,269,119	2,335,165	2,244,576	2.46%
Jan	2,287,654	2,335,165	1,805,498	-3.49%
Feb	2,166,793	2,335,165		
Mar	2,276,977	2,335,165		
Apr	2,436,420	2,335,165		
May	2,535,453	2,335,165		
Jun	2,462,540	2,335,165		
Jul	2,518,980	2,335,165		
Aug	2,486,795	2,335,165		
Sep		2,335,165		



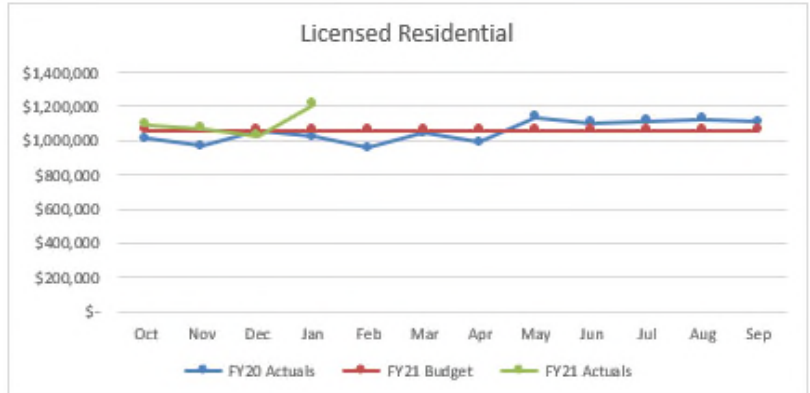
- b. Community Inpatient costs to date are \$2.0 Million. The costs year to date are .29% more than last year as of January 2021. This is \$226,000 over the budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 518,019	\$ 447,917	\$ 411,150	-20.63%
Nov	595,144	447,917	444,907	-23.10%
Dec	506,426	447,917	560,543	-12.53%
Jan	393,137	447,917	601,931	0.29%
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	231,717	447,917		



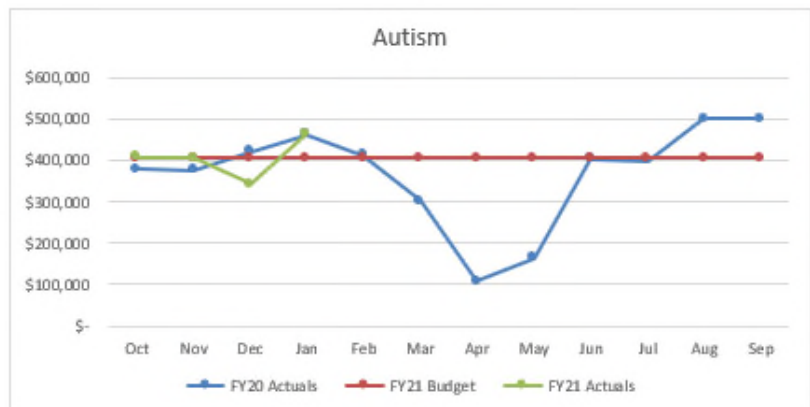
- c. Licensed Residential costs to date are \$4.4 Million. The costs year to date are 8.58% more than last year as of January 2021. This is \$172,000 over the budget. The temporary \$2 per hour direct care worker increase is reflected in the FY21 Budget and FY21 Actuals below. The temporary increase has been extended through January 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 1,011,548	\$ 1,058,350	\$ 1,093,095	8.06%
Nov	968,709	1,058,350	1,073,263	9.40%
Dec	1,055,503	1,058,350	1,028,927	5.25%
Jan	1,022,251	1,058,350	1,211,062	8.58%
Feb	959,842	1,058,350		
Mar	1,047,035	1,058,350		
Apr	987,543	1,058,350		
May	1,137,635	1,058,350		
Jun	1,106,832	1,058,350		
Jul	1,114,786	1,058,350		
Aug	1,124,986	1,058,350		
Sep	1,109,577	1,058,350		



- d. Applied Behavior Analysis/Autism service costs to date are \$1.6 Million. The costs year to date are 1% less than last year as of January 2021. This is \$3,000 less the budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 377,299	\$ 405,991	\$ 408,109	8.17%
Nov	376,345	405,991	404,662	7.85%
Dec	421,658	405,991	342,956	-1.67%
Jan	461,206	405,991	464,654	-0.99%
Feb	412,563	405,991		
Mar	301,850	405,991		
Apr	107,090	405,991		
May	165,001	405,991		
Jun	404,100	405,991		
Jul	397,582	405,991		
Aug	500,967	405,991		
Sep	500,694	405,991		



- e. Internal staffing expenses are trending under budget due to medical benefit savings for the first quarter and difficulty recruiting for budgeted vacant positions.
- f. A significant amount of General Fund is used to supplement Medicaid deductibles for our consumers on a spend-down. The amount spent through January 2021 is \$33,000.

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 \$2.9 Million through January.
- c. By funding source, HMP is showing a deficit of \$28,000 through January.
- d. Combined, the PIHP surplus is \$2.9 Million through January.

5. State General Fund Key Points

- a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of \$275,000.

6. Local Key Points

- a. The majority of Local Funding comes from Washtenaw County.
- b. Local Funds are showing a surplus of \$12,000 through January 2021.
- c. Uses of Local Funding include:
 - i. The 10% GF Match of non-residential services
 - ii. Local contribution – required by MDHHS
 - iii. Local share for State Facilities
 - iv. Shelter expenses and other Local needs

7. Fund Balance

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

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

ATTACHMENT #2
 MARCH 2021

	<u>Total</u>
Medicaid **	
<u>Revenue</u>	
B & B3	\$ 14,203,070.20
HSW	8,242,670.76
DCW	2,332,296.01
Child Waiver/SED Waiver	309,620.96
Autism	1,608,504.50
Prior Year Adjustments	-
Care for Caïd	-
Total Medicaid Revenue	<u>\$ 26,696,162.43</u>
Total Medicaid Expense	\$ 23,737,579.17
Medicaid Surplus/(Deficit)	<u><u>\$ 2,958,583.26</u></u>

Healthy Michigan **	
Revenue	\$ 1,926,074.74
Expense	1,954,965.98
Healthy MI Surplus/(Deficit)	<u><u>\$ (28,891.24)</u></u>

General Fund	
<u>Revenue</u>	
CMH Operations	\$ 1,290,808.00
CMH Operations Contra	-
GF Carryforward	-
Categorical	-
Redirect To Injectable Meds.	(30,638.24)
Funding Fr. Other Local Sources	(2,373.32)
Total General Fund Revenue	<u>\$ 1,257,796.44</u>
Total General Fund Expense	\$ 982,721.30
General Fund Surplus/(Deficit)	<u><u>\$ 275,075.13</u></u>

Injectable Meds	
Revenue	\$ 30,638.24
Expense	30,638.24
Inj. Meds. Surplus/(Deficit)	<u><u>\$ -</u></u>

Grants And Contracts	
Revenue	\$ 385,613.50
Expense	<u>385,613.50</u>

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

ATTACHMENT #2
 MARCH 2021

	Total
Grants & Cont. Surplus/(Deficit)	\$ -

CMHSP To CMHSP

Revenue	\$ 143,615.63
Redirect to GF	2,373.32
Expense	145,988.95
CMHSP to CMHSP Surplus/(Deficit)	\$ -

Local

Revenue	\$ 513,902.93
Expense	501,481.58
Local Surplus/(Deficit)	\$ 12,421.35

Private Grant & All NOR

Revenue	\$ 73,348.51
Expense	86,616.86
Priv. Grant & NOR Surplus/(Deficit)	\$ (13,268.35)

Grand Total

Revenue	\$ 31,056,318.00
Expense	27,852,397.85
Grand Total Surplus/(Deficit)	\$ 3,203,920.15

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	\$ 2,929,692.02
WCCMH Surplus/(Deficit)	\$ 274,228.13
	\$ 3,203,920.15

**Washtenaw County Community Mental Health
Budget to Actuals
For Four Months Ending January 31, 2021**

Current Fiscal Year					
	FY 2021 Amended Budget	FY 2021 Amended Budget YTD	FY 2021 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
<u>Operating Revenue</u>					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	\$ 42,789,402	\$ 14,263,134	\$ 14,203,070	\$ (60,064)	-0.42%
HSW	24,902,700	8,300,900	8,242,671	(58,229)	-0.70%
Children & SED Waivers	894,097	298,032	309,621	11,589	3.89%
Healthy Michigan Capitation	5,755,998	1,918,666	1,926,075	7,409	0.39%
Autism Capitation	4,657,841	1,552,614	1,608,505	55,891	3.60%
CARES Act DCW	1,679,127	559,709	2,332,296	1,772,587	316.70%
TOTAL PIHP Revenue	\$ 80,679,165	\$ 26,893,055	\$ 28,622,237	\$ 1,729,182	6.43%
MDHHS Revenue					
State General Funds	\$ 3,872,431	\$ 1,290,810	\$ 1,290,808	\$ (2)	0.00%
Grants & Earned Contracts	1,779,812	593,271	427,092	(166,178)	-28.01%
All Other Revenue					
County Appropriation	\$ 1,748,770	\$ 582,923	\$ 298,032	\$ (284,891)	-48.87%
Project Revenue	782,545	260,848	158,947	(101,901)	-39.07%
All Other	1,917,652	639,217	535,975	(103,242)	-16.15%
TOTAL Operating Revenue	\$ 90,780,375	\$ 30,260,125	\$ 31,333,092	\$ 1,072,967	3.55%
<u>Operating Expenses</u>					
Administrative Expenses					
General Administration	\$ 5,624,552	\$ 1,874,851	\$ 1,661,845	\$ (213,006)	-11.36%
Program Administration	3,304,826	1,101,609	896,871	(204,738)	-18.59%
Residential Services					
Community Living Supports	\$ 28,021,975	\$ 9,340,658	\$ 9,222,694	\$ (117,965)	-1.26%
Licensed Residential	12,700,200	4,233,400	4,406,347	172,947	4.09%
Outpatient Services					
Autism Services	\$ 4,871,892	\$ 1,623,964	\$ 1,620,264	\$ (3,700)	-0.23%
Case Management	5,221,985	1,740,662	1,366,107	(374,555)	-21.52%
Supports Coordination	2,535,741	845,247	709,392	(135,855)	-16.07%
Skill Building	4,256,172	1,418,724	681,348	(737,376)	-51.97%
Supported Employment	1,364,871	454,957	454,902	(55)	-0.01%
Psychiatry	2,770,122	923,374	840,234	(83,140)	-9.00%
Nursing Services	2,353,003	784,334	631,354	(152,981)	-19.50%
Therapy Services	1,875,621	625,207	547,298	(77,909)	-12.46%
All Other	7,441,765	2,480,588	2,165,441	(315,147)	-12.70%
Other Expenses					
Community Inpatient	\$ 5,375,000	\$ 1,791,667	\$ 2,018,531	\$ 226,864	12.66%
Local Matches & Shelter	1,282,838	427,613	466,185	38,573	9.02%
Grants & Earned Contracts	1,779,812	593,271	440,361	(152,910)	-25.77%
TOTAL Operating Expenses	\$ 90,780,375	\$ 30,260,125	\$ 28,129,172	\$ (2,130,953)	-7.04%
Revenue Over/(Under) Expenses	-	-	3,203,920	3,203,920	

Washtenaw County Community Mental Health
Budget to Actuals
For Four Months Ending January 31, 2021

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:				
Medicaid (b) & 1115i	\$ 14,203,070	\$ 13,270,550	\$ 932,520	7.03%
HSW	8,242,671	8,181,433	61,238	0.75%
Children & SED Waivers	309,621	212,247	97,374	45.88%
Healthy Michigan Capitation	1,926,075	1,546,802	379,273	24.52%
Autism Capitation	1,608,505	1,529,789	78,716	5.15%
CARES Act DCW	2,332,296	-	2,332,296	
TOTAL PIHP Revenue	\$ 28,622,237	\$ 24,740,821	\$ 3,881,416	15.69%
MDHHS Revenue				
State General Funds	\$ 1,290,808	\$ 1,169,937	\$ 120,871	10.33%
Grants & Earned Contracts	427,092	505,708	(78,616)	-15.55%
All Other Revenue				
County Appropriation	\$ 298,032	\$ 341,103	\$ (43,071)	-12.63%
Project Revenue	158,947	211,655	(52,708)	-24.90%
All Other	535,975	695,694	(159,719)	-22.96%
TOTAL Operating Revenue	\$ 31,333,092	\$ 27,664,918	\$ 3,668,174	13.26%
Operating Expenses				
Administrative Expenses				
General Administration	\$ 1,661,845	\$ 1,874,812	\$ (212,967)	-11.36%
Program Administration	896,871	914,102	(17,231)	-1.89%
Residential Services				
Community Living Supports	\$ 9,222,694	\$ 8,627,188	\$ 595,506	6.90%
Licensed Residential	4,406,347	4,058,011	348,336	8.58%
Outpatient Services				
Autism Services	\$ 1,620,264	\$ 1,636,509	\$ (16,245)	-0.99%
Case Management	1,366,107	1,463,790	(97,683)	-6.67%
Supports Coordination	709,392	698,953	10,439	1.49%
Skill Building	681,348	2,074,950	(1,393,602)	-67.16%
Supported Employment	454,902	647,963	(193,061)	-29.80%
Psychiatry	840,234	876,734	(36,500)	-4.16%
Nursing Services	631,354	686,256	(54,902)	-8.00%
Therapy Services	547,298	571,795	(24,497)	-4.28%
All Other	2,165,441	2,159,466	5,975	0.28%
Other Expenses				
Community Inpatient	\$ 2,018,531	\$ 2,012,726	\$ 5,805	0.29%
Local Matches & Shelter	466,185	418,104	48,081	11.50%
Grants & Earned Contracts	440,361	482,726	(42,365)	-8.78%
TOTAL Operating Expenses	\$ 28,129,172	\$ 29,204,085	\$ (1,074,913)	-3.68%
Revenue Over/(Under) Expenses	3,203,920	(1,539,166)	4,743,086	

**ATTACHMENT #2
MARCH 2021**

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

Prior Year FY 2020	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>
Total Revenue	\$ 6,420,879	\$ 12,762,586	\$ 19,557,248	\$ 27,034,137	\$ 33,790,813	\$ 41,347,119	\$ 48,354,984	\$ 55,979,589	\$ 64,750,232	\$ 72,489,244	\$ 80,554,716	
Total Expense	\$ 7,061,564	\$ 13,824,563	\$ 21,701,361	\$ 28,573,303	\$ 35,391,004	\$ 42,808,785	\$ 49,403,569	\$ 56,153,455	\$ 63,224,817	\$ 70,893,620	\$ 77,864,354	
Surplus / (Deficit)	\$ (640,685)	\$ (1,061,977)	\$ (2,144,113)	\$ (1,539,166)	\$ (1,600,191)	\$ (1,461,666)	\$ (1,048,585)	\$ (173,866)	\$ 1,525,415	\$ 1,595,624	\$ 2,690,362	\$ -
Current Year FY 2021	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>
Total Revenue	\$ 7,755,401	\$ 15,310,244	\$ 23,580,591	\$ 31,056,318								
Total Expense	\$ 6,390,300	\$ 13,468,771	\$ 20,308,564	\$ 27,852,398								
Surplus / (Deficit)	\$ 1,365,101	\$ 1,841,473	\$ 3,272,027	\$ 3,203,920	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For the One Month Ending January 31, 2021

Millage Budget

	<u>Annual Budget</u>	<u>Budget YTD</u>	<u>YTD Actual</u>	<u>YTD Actual O/(U) YTD Budget</u>
Millage Revenue				
Millage	\$ 6,565,388	\$ 547,116	\$ 487,406	\$ (59,710)
Millage Interest Revenue	-	-	-	-
	<u>\$ 6,565,388</u>	<u>\$ 547,116</u>	<u>\$ 487,406</u>	<u>\$ (59,710)</u>
Millage Expenses				
Salary	\$ 2,395,000	\$ 199,583	\$ 237,041	\$ 37,458
Fringe	1,339,513	111,626	129,364	17,738
Contractors	1,500,000	125,000	44,067	(80,933)
Trainings	140,000	11,667	-	(11,667)
Operating Expenses	782,500	65,208	42,424	(22,784)
Fleet Charges	60,000	5,000	199	(4,801)
Client Care	78,500	6,542	3,446	(3,095)
Cost Allocation Plan	70,875	5,906	-	(5,906)
Furniture & Equipment	100,000	8,333	-	(8,333)
Depreciation Expense	10,000	833	-	(833)
Telephone	50,000	4,167	3,884	(283)
All Other Expenses	39,000	3,250	-	(3,250)
Total Millage Expenses	<u>\$ 6,565,388</u>	<u>\$ 547,116</u>	<u>\$ 460,426</u>	<u>\$ (86,690)</u>
Revenue Over/(Under) Expenses		-	26,980	26,980

*** Millage Fund Balance at the close of 2019 is \$2,972,557

*** Preliminary close out of 2020 shows a Fund Balance contribution of \$2,202,490 for a preliminary total of \$5,175,047

CCBHC Grants

No CCBHC Grant Financials are available for January as the Finance Team had an unexpected staff leave of absence. We anticipate the February report to be available and up to date.

Millage Process, Investments and Process Update- March 2021

Housing RFP- OCED providing a report during the meeting.

WISD Mini Grants/31 N- 20 school projects have been funded with a total of \$61,904.08 being awarded (14 high schools and 6 middle schools). Schools all across the county- Ann Arbor public, Lincoln, Dexter, Milan, Saline, Chelsea, Whitmore Lake, and YCS all applied. Projects range from yard sign campaign to mental health screening support and coping skills enhancements.

MHFA Education initiatives- YMHFA has their first training rolling out this month. Continuing to co-planning with WISD to coordinate youth and adult rollout.

Anti-Stigma Campaign- Public Health providing report during the meeting.

Justice initiatives:

Youth Center MHP- Position in place and going well- **no updates**

LEAD- Continuing to meet with National Support Bureau and completing outcomes for the project. Grant funding received to assist with some of the key positions to implement the program and establishing an implementation date.

Community Response to MH crisis- Initial discussions have occurred and ultimate outcomes are being developed my WCSO/CMH team- **no updates**

Jail MAT- Implementation date January 18, 2021- **no updates**

Rethink Health/5 Healthy Towns- SJM Chelsea applied for a SAMSHA grant to provide 5 towns region wide community education and coordinated referral process to address mental health needs in the region. We will utilize this project as our collaborative initiative to address the gaps that were identified by the Rethink Health gaps analysis.

NAMI- Continuing special community education initiative with millage funding focusing on Ypsilanti and Whitmore Lake. They have completed key informant interviews, 5 community conversations and continuing to connect to the faith-based community. They also received grant funds to assist Rethink Health/5 towns to coordinate faith-based leaders in the 5 towns region. NAMI has connected with key stakeholders in the region to begin engagement for the 5 towns project. Facebook live event being planned focusing on the Ypsilanti Community and in partnership with MBK.

Millage Communication Strategy- Identifying key messages for millage communications with our partners at CHRT.

CARES/Crisis/750- See M. Tasker Report

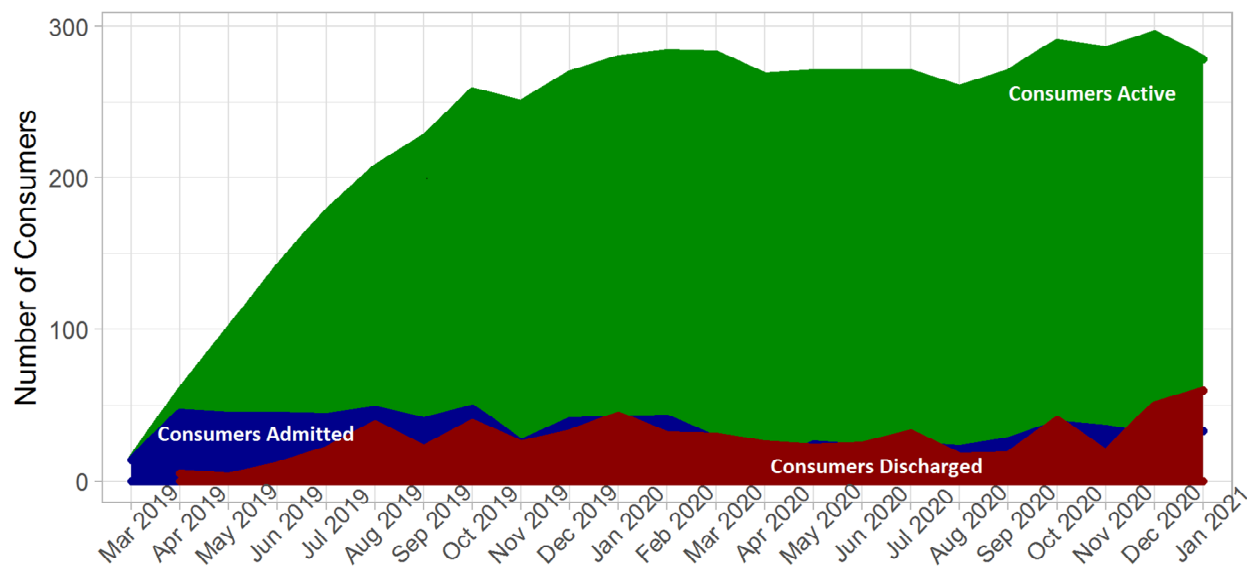
Washtenaw County Community Mental Health – CARES Report January 2021

Last Updated: 02/01/2021

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 for roughly 6 months. It appears that day-to-day operations stabilized at the end of calendar year 2020.

Mar 2019 - Jan 2021: CARES Throughput



Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19	14	14	
Apr-19	59	45	5
May-19	99	43	3
Jun-19	140	43	10
Jul-19	177	42	20
Aug-19	206	47	37
Sep-19	226	39	21
Oct-19	257	48	38
Nov-19	249	25	24
Dec-19	268	39	31
Jan-20	278	40	43
Feb-20	282	41	30
Mar-20	281	27	29
Apr-20	267	11	24

May-20	269	24	22
Jun-20	269	22	23
Jul-20	269	23	31
Aug-20	259	21	16
Sep-20	269	26	17
Oct-20	289	37	40
Nov-20	284	34	18
Dec-20	295	29	50
Jan-21	278	33	60

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	48
Jan-21	50

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	7
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	3
Dec 2020	2020	12	104	55	5
Jan 2021	2021	01	155	79	3

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	569	405
Male	503	363
Other (Specify)	1	0
Transgender	1	0
Total	1074	767

Race

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

<u>Race</u>	<u># CARES Cases</u>	<u>Percent</u>
White	436	56.8%
Black or African American	219	28.6%
Other race	49	6.4%
	35	4.6%
Asian	17	2.2%
Refused to Provide	8	1.0%
Native Hawaiian or other Pacific	2	0.3%
American Indian (non-Alaskan)	1	0.1%
Total	767	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	90
Mean	133.6
Min	1
Max	638

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.

<u>City</u>	<u># Open CARES cases</u>	<u>%</u>
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%
-not listed-	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%

**ATTACHMENT #3A
MARCH 2021**

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%

<u>Zip Code</u>	<u># CARES cases</u>	<u>Percent</u>
48197	194	25.3%
48198	187	24.4%
48103	89	11.6%
48104	66	8.6%
48108	62	8.1%
48105	40	5.2%
48176	22	2.9%
48160	15	2.0%
-not listed-	14	1.8%
48189	12	1.6%
48118	11	1.4%
48130	8	1.0%
48158	6	0.8%
48107	6	0.8%
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	767	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	37
20-24	95
25-29	108
30-34	101
35-39	87
40-44	64
45-49	55
50-54	66
55-59	58
60-64	30
65-69	22
70+	17
Total	767

Funding Sources for Consumers

Funding Sources	Medicare	# CARES cases	Percent
-not listed-	N	305	39.8%

-not listed-	Y	24	3.1%
HMP	N	254	33.1%
Medicaid	N	147	19.2%
Medicaid	Y	24	3.1%
S/D	N	7	0.9%
S/D	Y	6	0.8%
	Total	767	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%.

<u>Private INS</u>	<u># CARES cases</u>	<u>Percent</u>
BLUE CROSS BLUE SHIELD OF MI,	19	2.5%
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%
United Healthcare Community Plan,	3	0.4%
BLUE CARE NETWORK (PO 68710),	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	49	6%

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES**

February 10, 2021

***Meeting held electronically via Zoom software**



Members Present: Judy Ackley (Palmyra, MI), Greg Adams (Adrian, MI), Susan Fortney (Petersburg, MI), Roxanne Garber (Brighton Township, MI), Bob King (Ann Arbor, MI), Sandra Libstorff (Monroe, MI), Molly Welch Marahar (Ann Arbor, MI), Caroline Richardson (Ann Arbor, MI), Sharon Slaton (Brighton Township, MI), Ralph Tillotson (Adrian, MI)

(physical location)

Members Absent: Charles Londo, Gary McIntosh, Katie Scott

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, CJ Witherow, Matt Berg, Nicole Adelman, Michelle Sucharski, Victor Absil, Dana Darrow, Lisa Jennings

Others Present: Laurie Lutomski, Kathy Homan

- I. Call to Order
Meeting called to order at 6:01 p.m. by Board Chair S. Slaton.
- II. Roll Call
 - An electronic quorum of members present was confirmed.
- 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 January 13, 2021 Regular Meeting and Waive the Reading Thereof

Motion by J. Ackley, supported by S. Fortney, to approve the minutes of the January 13, 2021 regular meeting and waive the reading thereof

Motion carried

Voice vote, no nays

- V. Audience Participation
None
- VI. Old Business
 - a. February Finance Report – FY21 as of December 31st

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

- M. Berg presented. Discussion followed.
- b. CEO Evaluation Committee Update
 - B. King advised that the 3 committee members (B. King, G. Adams, C. Londo) recommend using a SWOT analysis, a process that has been used successfully for reviewing Washtenaw CCMH's executive director.
 - All board members and J. Colaianne would complete the SWOT analysis.
 - J. Colaianne will forward the results of his previous interim review for board members to consider during the SWOT analysis.
 - Board members should return their completed SWOT analysis to S. Weary within the next 2 weeks, which will be forwarded to the CEO Evaluation Committee.
 - The Board will receive results in advance of discussion at the April Regional Board meeting.

VII. New Business

- a. Board Information – CMHPSM Compliance Plan Executive Summary
 - V. Absil presented the FY21 Compliance Plan executive summary.
- b. Board Information – Employee Engagement Survey Summary
 - J. Colaianne presented a summary of the recent employee engagement survey, along with the previous survey's results.
 - The Employee Engagement Committee and organization will once again focus on the lower 5 scoring questions from recent survey as targets for improvement.
- c. Board Action – Jason Newberry 5-Year Anniversary Recognition
 - J. Colaianne shared an overview of Jason's contributions to the region.
Motion by S. Fortney, supported by B. King, to approve the CMHPSM Board Chair to a sign formal proclamation acknowledging the five years of service by Jason Newberry to the PIHP region as a CMHPSM employee
Motion carried
 Voice vote, no nays
- d. Board Action - CMHPSM Salary Scale Adjustment Proposal
 - Original Motion:
Motion by B. King, supported by M. Welch Marahar, to approve the proposed 6% cost of living adjustment to be implemented over a three-year period to be included in future budgets as indicated
 - Friendly Amendment:
Motion by C. Richardson, supported by G. Adams, to amend the above motion to be for 2% for the first year only, and for subsequent cost of living adjustments to be revisited for consideration in the future
Motion carried
 - Vote
 Yes: Ackley, Adams, King, Libstorff, Welch Marahar, Richardson, Slaton
 No: Fortney, Tillotson
 Absent: Garber*, Londo, McIntosh, Scott
 *Garber was not present for this vote.
 - Final Motion

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Motion by B. King, supported by M. Welch Marahar, to approve a 2% cost of living adjustment for the first year only, and for subsequent cost of living adjustments to be revisited for consideration in the future

Motion carried

Vote

Yes: Ackley, Adams, King, Welch Marahar, Richardson, Slaton

No: Fortney, Libstorff, Tillotson

Absent: Garber*, Londo, McIntosh, Scott

*Garber was not present for this vote.

- e. Board Action – Provider Premium Pay Extension

Motion by B. King, supported by J. Ackley, to approve a one-month extension of \$2/hour provider premium pay for services delivered for the month after MDHHS funding expires, currently funding from MDHHS for provider premium pay is set to expire on February 28, 2021

Motion carried

Vote

Yes: Ackley, Adams, Fortney, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson

No:

Absent: Garber*, Londo, McIntosh, Scott

*Garber was not present for this vote.

VIII. Reports to the CMHPSM Board

- a. Report from the SUD Oversight Policy Board (OPB)

- J. Colaianne provided an overview of discussion at the most recent OPB meeting, including PA2 funding cuts.

- b. CEO Report to the Board

- J. Colaianne provided updates for PIHP, regional and state activities.

IX. Adjournment

Motion by G. Adams, supported by B. King, to adjourn the meeting

Motion carried

Voice vote, no nays.

- Meeting adjourned at 7:52 p.m.

Judy Ackley, CMHPSM Board Secretary

CMHPSM Mission Statement

Through effective partnerships, the CMHPSM shall ensure and support the provision of quality integrated care that focuses on improving the health and wellness of people living in our region.

Washtenaw County Community Mental Health Board Evaluation 2020

* Required

1. Board member name: *

SECTION 1: WHOLE BOARD ASSESSMENT

2. All board members participate in an annual orientation which includes; board training, Code of Ethics, Conflict of Interest and Recipient Rights. *

Mark only one oval.

☐ Yes

☐ No

3. Comments

4. Board meetings are conducted in an efficient and effective manner *

Mark only one oval.

☐ Yes

☐ No

5. Comments

6. There are a wide variety of perspectives and representatives on the Board. *

Mark only one oval.

☐ Yes

☐ No

7. Comments

8. The Board discusses and understands the budget prior to approving it. *

Mark only one oval.

☐ Yes

☐ No

9. Comments

10. The monthly Board packet provides the Board members with the information they need in order to make informed decisions at the Board meeting. *

Mark only one oval.

☐ Yes

☐ No

11. Comments

12. The Board evaluates the CEO annually, provides a copy of the evaluation which includes performance recommendations. *

Mark only one oval.

☐ Yes

☐ No

13. Comments

14. The Board room is comfortable and an appropriate venue for the monthly Board meetings. *

Mark only one oval.

☐ Yes

☐ No

15. Comments

SECTION II: BOARD MEMBER SELF-ASSESSMENT

16. I understand the legal requirements and rules under which the Board operates *

Mark only one oval.

☐ Yes

☐ No

17. Comments

18. I agree with and understand the Agency's Mission Statement, Vision Statement and Values. *

Mark only one oval.

☐ Yes

☐ No

19. Comments

20. I attend a majority of the Board and Committee meetings. *

Mark only one oval.

☐ Yes

☐ No

21. Comments

22. I am prepared for the Board meeting by reviewing the information provided in the Board packet and Committee packet in advance. *

Mark only one oval.

☐ Yes

☐ No

23. Comments

24. I would be better prepared if the Agency could provide: *

25. I have a good working relationship with other Board members. *

Mark only one oval.

☐ Yes

☐ No

26. Comments

27. I feel comfortable asking questions in a Board/Committee meeting. *

Mark only one oval.

☐ Yes

☐ No

28. Comments

29. I would like to see presentations at the Board meetings on the following topics to expand my understanding and knowledge of the Agency: *

30. What information would you like included in the Director's Report that isn't there presently?

31. I know I can ask questions or for additional training on any board related subject when I feel I need it. *

Mark only one oval.

☐ Yes

☐ No

32. Comments

33. Because of COVID-19 we went to virtual board meetings during the 2020 Board year. I was able to make the virtual meeting format work for me? *

Mark only one oval.

☐ Yes

☐ No

34. Comments

35. If during 2021 we return in in-person meetings, I would like to maintain the virtual meeting opportunity. *

Mark only one oval.

☐ Yes

☐ No

36. Comments

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2021 WCCMH Board and Board Committees (term of 4/1/21-3/31/22)-DRAFT

Baord member/ term expiring	Executive		Budget-Finance		Program-Quality		Regional		Millage Advisory (MAC)		Suggested Officers/ Committee Chairs
	Current	Suggested	Current	Suggested	Current	Suggested	Current	Suggested	Current	Suggested	
Suzie Antonow (3/31/2023)					X						
Anna Dusbiber (3/31/2024)			X		X				X		
Nancy Graebner (3/31/2024)	X		X		X				X		
Barb Higman (3/31/23)					X						
Ricky Jefferson (3/31/23)			X		X						
Bob King (3/31/22)	X		X				X		X		
Andy LaBarre (3/31/22)											
Caroline Richardson (3/31/22)							X				
Katie Scott (3/31/22)	X		X		X		X		X		
Doug Strong (3/31/23)			X								
Marianne Udow-Phillips (3/31/24)											
Kari Walker (3/31/24)	X				X				X		

total current assigned to Committees	6 (2 vacancies from Martin and Brabec)		6		7		3		7 (2 vacancies from Martin and Brabec)	
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# board members required for committee-per Bylaws	6 (4 officers, 2 additional board members and immediate past board chair (as long as the individual remains a member of the Board) (Executive Director is an ex-officio member)	4 (Treasurer and not less than 3 other Board members) 2/3 majority	4 (Vice Chair and not less than 3 other board members)2/3 majority	3 (per PIHP)	Can include non-board members. Majority of membership consists of members of the WCCMH Board.
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Quorum for committees **this will be updated once the committee membership has been determined	2/3 Majority of Commtee members	2/3 Majority of Commtee members	2/3 Majority of Commtee members	2/3 Majority of Commtee members
Quorum for Board is 7 out of 12				

2021 WCCMH Board and Board Committees (term of 4/1/21-3/31/22)-DRAFT

Non CMH Board members on Millage Advisory Committee	term expires
Amanda Carlisle	3/31/2022
Holly Heaviland	3/31/2024
Derrick Jackson	3/31/2023
Ray Rion	3/31/2023
George Waddles	3/31/2022



WCCMH Millage Advisory Committee Members Appointments
for April 1, 2021 through March 31, 2024

Name	Term	MAC Committee Representation
Holly Heaviland	4/1/21-3/31/24	Community Representative