



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**

<https://zoom.us/j/94157422067>

April 16, 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-3/19/21 (Attachment #1A)
 - B. WCCMH Board Closed Session Meeting Minutes and Actions-3/19/21 (Attachment #1B) **
 - C. WCCMH Millage Advisory Committee Meeting Minutes and Actions-3/8/21 (Attachment #1C)
 - D. Executive Director Authorizations (Attachment #1D)
 - E. Law Enforcement Assisted Diversion (LEAD) Presentation (Attachment #1E)
 - F. CMHPSM Privacy and Security of Workstations and Electronic Communication Policy (Attachment #1F)
 - G. CMHPSM Abuse and Neglect Policy (Attachment #1G)
 - H. CMHPSM Office of Recipient Rights Policy (Attachment #1H)
 - I. CMHPSM Fingerprints, Photographs, Recordings or Use of 1-Way Glass Policy (Attachment #1I)
 - J. CMHPSM Organizational Credentialing, Recredentialing and Monitoring Policy (Attachment #1J)
 - K. CMHPSM LIP Credentialing Policy (Attachment #1K)
 - L. Washtenaw County Sheriff's Office (WCSO) Millage Year in Review Presentation (Attachment #1L)
- V. Treasurer's Report **ACTION** (20 minutes)
 - Financial Status Report (Attachment #2) **N. Phelps ACTION**
 - Millage Financial Status Report (Attachment #2A) **N. Phelps ACTION**
 - FY2020 Year End Update (Attachment #2B) **N. Phelps**
- VI. Executive Director Report-**T. Cortes** (15 minutes)
- VII. Millage/CARES Report-**L. Gentz/M. Tasker** (10 minutes)
 - Millage Report (Attachment #3) **L. Gentz**
 - CARES Report (Attachment #3A) **M. Tasker**
- VIII. Discussion Items (5 minutes)
 - Annual Board Evaluation reminder
- IX. CMHPSM Regional Update (10 minutes)
 - March 10, 2021 CMHPSM Meeting Minutes and Actions (Attachment #4)
 - April 14, 2021 CMHPSM Board Meeting Update
- X. New Business (20 minutes)
 - Diversion Council Update (Attachment #5) **L. Gentz/G. Powers**
- XI. Old Business (10 minutes)
 - CCBHC Update (Attachment #6) **T. Cortes**
- XII. Items for Future Discussions (5 minutes)
 - Development of Reserve Capital
 - COVID-19 Related Priorities Discussion
 - Employee Engagement Survey
 - Board Appointment Process

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.

XIII. Adjournment of Public Meeting

****Attachment #1B 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/j/94364781287>

Effective March 17, 2021 the Washtenaw County Board of Commissioners has approved the continuation of all public meetings to be held virtually until December 31, 2021, per resolution #21-050.

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

APRIL 16, 2021

CONSENT AGENDA

- A. WCCMH Board Meeting Minutes and Actions-3/19/21
- B. WCCMH Board Closed Session Meeting Minutes and Actios-3/19/21 **
- C. WCCMH Millage Advisory Committee Meeting Minutes and Actions-3/8/21
- D. Executive Director Authorizations
- E. Law Enforcement Assisted Diversion (LEAD) Presentation
- F. CMHPSM Privacy and Security of Workstations and Electronic Communication Policy
- G. CMHPSM Abuse and Neglect Policy
- H. CMHPSM Office of Recipient Rights Policy
- I. CMHPSM Fingerprints, Photographs, Recordings or Use of 1-Way Glass Policy
- J. CMHPSM Organizational Credentialing, Recredentialing and Monitoring Policy
- K. CMHPSM LIP Credentialing Policy

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/94364781287>

March 19, 2021 9:30am

J. Martin called the meeting to order at 9:30 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
 R. Jefferson attending remotely from Ypsilanti Twp, 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 Twp, Washtenaw County, MI
 D. Strong attending remotely from Scio Twp, Washtenaw County, MI
 K. Walker attending remotely from Pittsfield, Washtenaw County, MI

MEMBERS ABSENT:

C. Richardson, K. Scott

STAFF PRESENT:

T. Cortes, R. Dornbos, S. Lefferts, M. Harding, N. Phelps, S. Amos O'Neal, L. Gentz, H. Linky, L. Hagle, S. Ray, R. Clark, M. Taylor

OTHERS PRESENT:

M. Resnik, F. Brabec, L. Martin, G. Dill, L. Lutomski, G. Nelson, B. Reiter, J. Osborn, K. Homan, K. Belknap, N. Franke

- I. Introductions
 - None
- II. Audience Participation
 - N. Franke mentioned persistent issues with her CLS services and that there is no current IPOS in place.
- III. Board response to audience participation
 - J. Martin thanked N. Franke for her comments and asked her to send them in writing to R. Dornbos. Staff will follow up with her on her concerns and notify the board on the outcome.
- IV. T. Cortes requested the Executive Director's Report be moved up in the agenda due to timing issues.
- V. Consent Agenda Actions
 - WCCMH Board Meeting Minutes and Actions-2/19/21
 - WCCMH Budget-Finance Committee Meeting Minutes and Actions-2/8/21
 - WCCMH Program-Quality Committee Meeting Minutes and Actions-1/11/21
 - WCCMH Millage Advisory Committee Meeting Minutes and Actions-2/8/21
 - WCCMH Consumer Advisory Council Meeting Minutes and Actions-2/10/21
 - MDHHS Performance Quarterly Indicators FY2020 3rd and 4th Qtrs.
 - Housing RFP Update Presentation
 - Anti-Stigma Campaign Update Presentation
 - WCCMH Executive Committee Meeting Minutes and Actions-1/11/21
 - WCCMH Executive Committee Closed Session Meeting Minutes and Actions-1/11/21
 - WCCMH Annual Board Calendar

MOTION BY A. LABARRE, SUPPORTED BY B. HIGMAN TO APPROVE THE MARCH 19, 2021 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Treasurer's Report

- N. Phelps reviewed the financial status report for the month ending January 31, 2021.

MOTION BY K. WALKER, SUPPORTED BY D. STRONG TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING JANUARY 31, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

VII. Millage and CCBHC Financial Status Report

- N. Phelps presented the Millage and CCBHC Financial Status Report to the board for the period ending January 31, 2021.

MOTION BY A. LABARRE, SUPPORTED BY A. DUSBIBER TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED JANUARY 31, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

VIII. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.

- o J. Martin recognition
 - F. Brabec, State Representative for the 55th District of Michigan, legislature presented a special proclamation to J. Martin for his service on the WCCMH Board from Governor Whitmer
 - T. Cortes thanked J. Martin for his dedication and years of service for WCCMH.
 - J. Martin thanked the WCCMH Board for the opportunity to serve on the board and for all of the accomplishments over the last 5 years.
 - G. Dill, Washtenaw County Administrator, thanked J. Martin for his service and for his advocacy in the community and mentioned that he is expecting a resolution from the Board of Commissioners recognizing J. Martin for his service.
 - K. Walker thanked J. Martin for his leadership, empathy, compassion and valued him as a great role model.
 - B. King thanked J. Martin for his empathy and leadership.
 - A. LaBarre thanked J. Martin for his service and acknowledged learning about WCCMH as a Board of Commissioner when it needed to be heard. He will miss his leadership and knowledge.
 - K. Scott sent a video of her gratitude to J. Martin
 - T. Cortes acknowledged that the staff at WCCMH are grateful for all his work and dedication to his service.
 - o Local level
 - T. Cortes stated that WCCMH Staff, B. Hagaman and T. Florence assisted in coordinating a vaccination clinic this past weekend to assist in pushing the remaining vaccines out this week.
- IX. Millage report
- L. Gentz presented the Millage Report (Attachment #3) to the WCCMH Board.
 - D. Strong requested categorizing of grants and what they are being used for.
- X. CARES Program Update/Dashboard
- M. Tasker presented the revised CARES Program Update/Dashboard Report (Attachment #3A) to the WCCMH Board through February 2021.
 - This revised document will be distributed.
- XI. Discussion Items
- Consumer Language Clarification Discussion
 - o B. Higman requested looking at the terminology that is used when referencing the people that we serve.
 - o J. Martin requested a prepared document be sent to R. Dornbos for distribution to the WCCMH Board.
 - o Suggestion to put this item on the Program-Committee agenda for further discussion.
- XII. CMHPSM Regional Update
- The CMHPSM minutes from February 10, 2021 were reviewed.
 - B. King and T. Cortes provided an update from the March 10, 2021 Regional Board meeting.
- XIII. New Business
- BLM Taskforce Update
 - o J. Thurman and L. Mills presented the Black Lives Matter (BLM) Taskforce Update to the Board.
 - o The Taskforce has conducted Chat and Chews with staff on various issues within the community.
 - o Continue to impact the community with work with My Brother's Keeper by providing PPE to residents.
 - o Developing a monthly book club with staff every second Monday of the month. The book currently is "White Fragility" and will be reviewed over the next couple of months.
 - o Suggestion to provide regular updates to the board on their progress.
 - o There have been requests from the City of Ypsilanti Mayor on presenting a series on Mental Health.

- o A documentary was presented recently called "Walking While Black". An encore showing is scheduled for April 21st at 3pm. Board members are welcome to attend. Request to send the information in writing for the presentations and book club to the Board.
- WCCMH Annual Board Evaluation (Attachment #5)
 - o J. Martin reviewed the draft WCCMH Annual Board Evaluation document with the WCCMH Board.
 - o R. Dornbos will distribute this document to the board after March 31, 2021 with the results being discussed at the April/May Board meeting.
- WCCMH Board Officers and WCCMH Board Committee Structure for the term of April 1, 2021 through March 31, 2022. (Attachment #6)
 - o J. Martin reviewed the document with the board
 - o Officers:
 - Chair-Kari Walker
 - Vice Chair-Suzie Antonow
 - Treasurer-Nancy Graebner
 - Secretary-Anna Dusbiber
 - o Executive Committee members
 - Kari Walker-Chair
 - S. Antonow
 - A. Dusbiber
 - Nancy Graebner
 - Bob King
 - Andy LaBarre
 - o Budget-Finance Committee
 - Nancy Graebner-Chair
 - Ricky Jefferson
 - Bob King
 - Katie Scott
 - Doug Strong
 - Marianne Udow-Phillips
 - o Program-Quality Committee
 - Suzie Antonow-Chair
 - Anna Dusbiber
 - Barb Higman
 - Ricky Jefferson
 - Katie Scott
 - Kari Walker
 - o Millage Advisory Committee members
 - Nancy Graebner-Chair
 - Suzie Antonow
 - Amanda Carlisle
 - Holly Heaviland
 - Derrick Jackson
 - Ricky Jefferson
 - Bob King
 - Andy LaBarre
 - John Martin
 - Ray Rion
 - Marianne Udow-Phillips
 - George Waddles
 - Kari Walker

- o Regional Board
 - Bob King
 - Caroline Richardson
 - Katie Scott

MOTION BY A. LABARRE, SUPPORTED BY A. DUSBIBER TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH OFFICERS AND COMMITTEES FOR THE TERM OF APRIL 1, 2021 THROUGH MARCH 31, 2022.

ROLL CALL VOTE:

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

MOTION CARRIED

Discussion on the process for how board members are considered and appointed to the WCCMH Board. This will be placed on a future Board agenda item to work on a process to submit to the Board of Commissioners for future appointments.

- WCCMH Millage Advisory Committee Members terms expiring on March 31, 2021. (Attachment #7)
 - o WCCMH Board discussed the appointments of Holly Heaviland and John Martin to the Millage Advisory Committee for a 3-term of April 1, 2021 through March 31, 2024.

MOTION BY B. KING, SUPPORTED BY S. ANTONOW TO APPOINT H. HEAVILAND AND J. MARTIN TO THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE ADVISORY COMMITTEE FOR A THREE-YEAR TERM OF APRIL 1, 2021 THROUGH MARCH 31, 2024.

ROLL CALL VOTE:

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

MOTION CARRIED

- XIV. Old Business
- CCBHC Update
 - o T. Cortes provided an update on the CCBHC.

MOTION BY A. DUSBIBER, SUPPORTED BY S. ANTONOW TO MOVE THE WCCMH BOARD INTO CLOSED SESSION TO DISCUSS THE WCCMH EXECUTIVE DIRECTOR GOALS FOR 2021.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	Y	KING	Y
LABARRE	Y	MARTIN	Y

RICHARDSON	N/A	SCOTT	N/A
STRONG	Y	WALKER	Y

MOTION CARRIED

WCCMH BOARD MOVED TO CLOSED SESSION AT 11:21AM.

RESUME WCCMH PUBLIC BOARD MEETING AT 11:33AM

- XV. Items for future discussion
- Development of Reserve Capital
 - Diversion Council Update
 - COVID-19 Related Priorities Discussion
 - Employee Engagement Survey
 - WCCMH Board membership/appointment process for BOC

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

Meeting adjourned at 11:35 AM.

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>

March 8, 2021

3:30-4:30 pm

N. Graebner started the meeting at 3:30 pm.

ROLL CALL:

A. Carlisle attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
H. Heaviland attending remotely from Ann Arbor, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
G. Waddles attending remotely from Ypsilanti, Washtenaw County, MI
K. Walker attending remotely from Cadillac Washtenaw County, MI

MEMBERS ABSENT: D. Jackson, R. Rion, K. Scott

STAFF PRESENT: T. Cortes, N. Phelps, R. Dornbos, L. Gentz, L. Hagle, S. Lefferts, M. Harding, L. Hagle

OTHERS PRESENT: L. Lutomski, M. Creekmore, G. Nelson, M. Boydston, K. Semanision, S. Ringer Cerniglia, B. Higman, R. Jefferson, J. Gardner

- I. Introductions
 - N. Graebner introduced K. Semanision and M. Boydston who will be presenting later in the meeting.
- II. Audience Participation
 - None
- III. Committee Response to Audience Participation
 - None
- IV. Millage Advisory Committee Minutes and Actions from 2/8/21
 - Millage Advisory Committee Minutes and Actions of 2/8/21 were reviewed.

MOTION BY A. DUSBIBER, SUPPORTED BY H. HEAVILAND TO APPROVE THE MINUTES AND ACTIONS FROM THE FEBRUARY 8, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	Y	DUSBIBER	Y
GRAEBNER	Y	HEAVILAND	Y
JACKSON	N/A	KING	NOT PRESENT AT TIME OF VOTE
MARTIN	Y	RION	N/A
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 (Attachment #2) document with the committee.
- CARES Dashboard
 - o M. Tasker reviewed the CARES Dashboard document (Attachment #2A) for January 2021 with the committee.

B. King joined the meeting at 3:41pm

VI. Financial Budget Update

- N. Phelps presented the Financial Budget update to the committee. This report is for the Month ending January 31, 2021.
- Preliminary close out of 2020 shows Fund Balance contributions of \$2,202,490 for a preliminary total of \$5,175,047.
- Kona Medical Consulting is a company that we contracted with to focus on credentialing master level clinicians to bill their services that are being delivered. The hope is to have staff information collected over the next couple of weeks with a goal of billing all things that we can possibly can by summertime.
- Question was raised if the Millage funds are transferrable between WCCMH and WCSO. Discussion to start a direct care workers training for basic skills, philosophy, and ethics with a possible certification through Washtenaw Community College.
- Discussion around establishing a fund balance and what would be a comfortable amount. N. Phelps will bring this back to the committee for review.
- Request to have the WCSO give a budget update on their millage funding at the next meeting.
- Request for a presentation of a forecast of spending, what is left in the plan to work on and what is planned for future.
- Request for a list of projects that were denied.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage Update
 - o No report for this month.

VIII. New Business

- Housing RFP Update Presentation
 - o M. Boydston presented the Housing RFP (Attachment #4) update to the committee.
- Anti-Stigma Campaign Update Presentation
 - o K. Semanision presented the Anti-Stigma Campaign (Attachment #5) update to the committee.
- Millage Investment Process
 - o T. Cortes and L. Gentz presented the Millage Investment Process to the committee.
 - o Discussion around future millage initiatives and what they may look like.
 - o What are some of the millage initiatives moving forward?
 - o Youth assessment center was a larger ticket item that we were planning for a millage investment, but we are now looking at different model that may require less of a millage investment.
 - o It was recommended that we look at areas of the millage plan that we have not funded yet or projects that we might be able to partially fund- i.e. ISD proposal. Lisa mentioned that the ISD is able to expand the general ed social workers in schools as part of the 31 N. funding but a larger match from the millage will be required.
 - o LEAD project will be moving forward with a funding request coming before the MAC in April.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth needs discussion
- Updated Millage Commitments
- LEAD Project Update

X. Meeting adjourned at 4:23 pm.

**Executive Director Contract Authorizations
April 2021 Finance Committee Meeting**

ACTION REQUESTED: Acceptance of the Executive Director's signature on contracts with a value of less than \$25,000

Contracts

Contractor	Amount	Term	Purpose	Approval Date
Thryve, LLC	\$4,000	11/1/2020-12/31/2020	Healing the Wounds of Racial Trauma Trainings	11/20/2020
Welle Training	\$10,000	4/1/2021-3/31/2022	Verbal De-escalation and Personal Safety in the Community Training	

Recommendation: Acceptance

LEAD

LAW ENFORCEMENT ASSISTED DIVERSION

What is LEAD

- Pre-booking diversion program
- Developed in Seattle
- Addresses low-level crimes/issues
 - Minor drug charges
 - Homelessness/loitering
 - Mental health crisis
- Allows law enforcement to redirect low-level offenders to services instead of jail or prosecution
- Facilitated by entire criminal justice system

History of LEAD

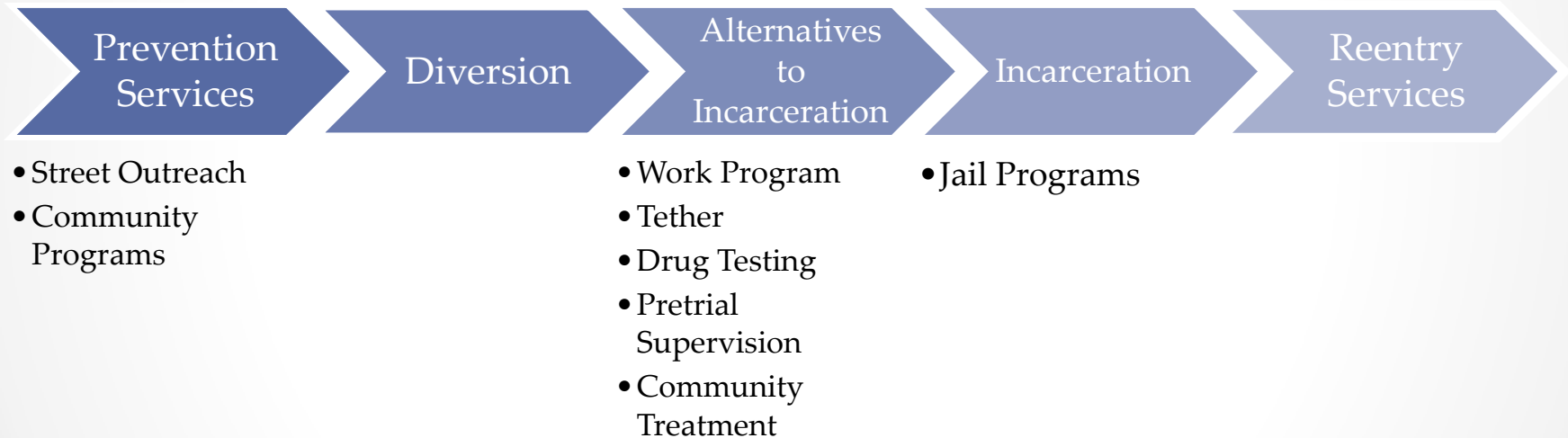
- Disproportionate minority contacts and arrests
- Numerous court cases due to this fact
- Jail overcrowding
- Inability to expand jail

“So what do we do?”

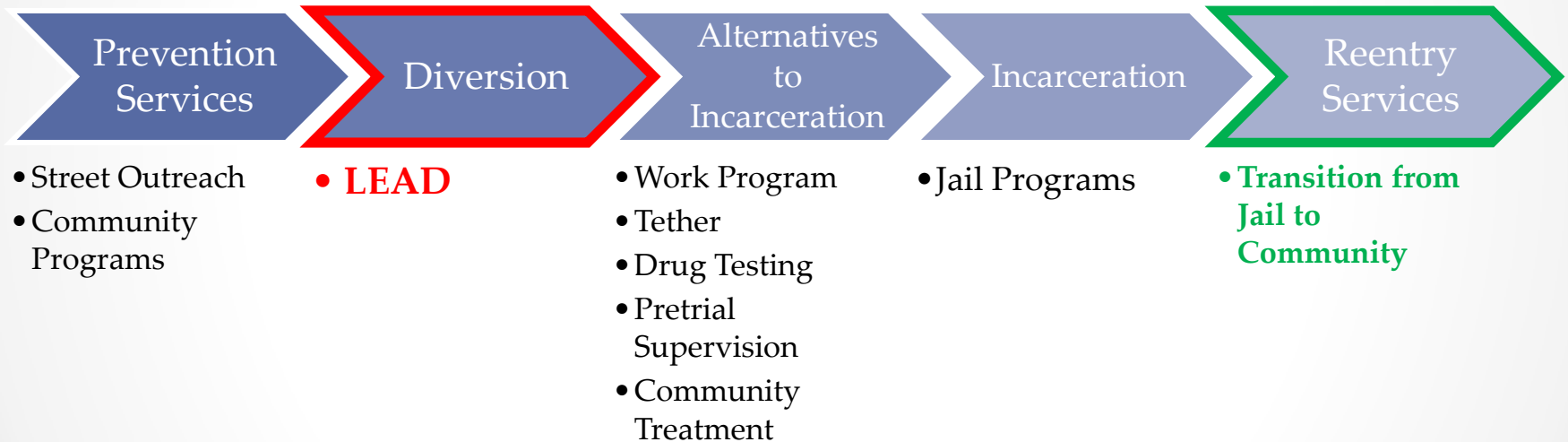
Process of LEAD

1. Arrest is made
2. Officer diverts from booking and into LEAD
3. LEAD staff provide immediate assessment and offer crisis assistance
4. Over time provide case management services
 1. Must complete intake within 30 days of referral
 2. Must sign a release in order to share information
5. Officer completes case for prosecutor
6. Held by prosecutor as long as individual is progressing

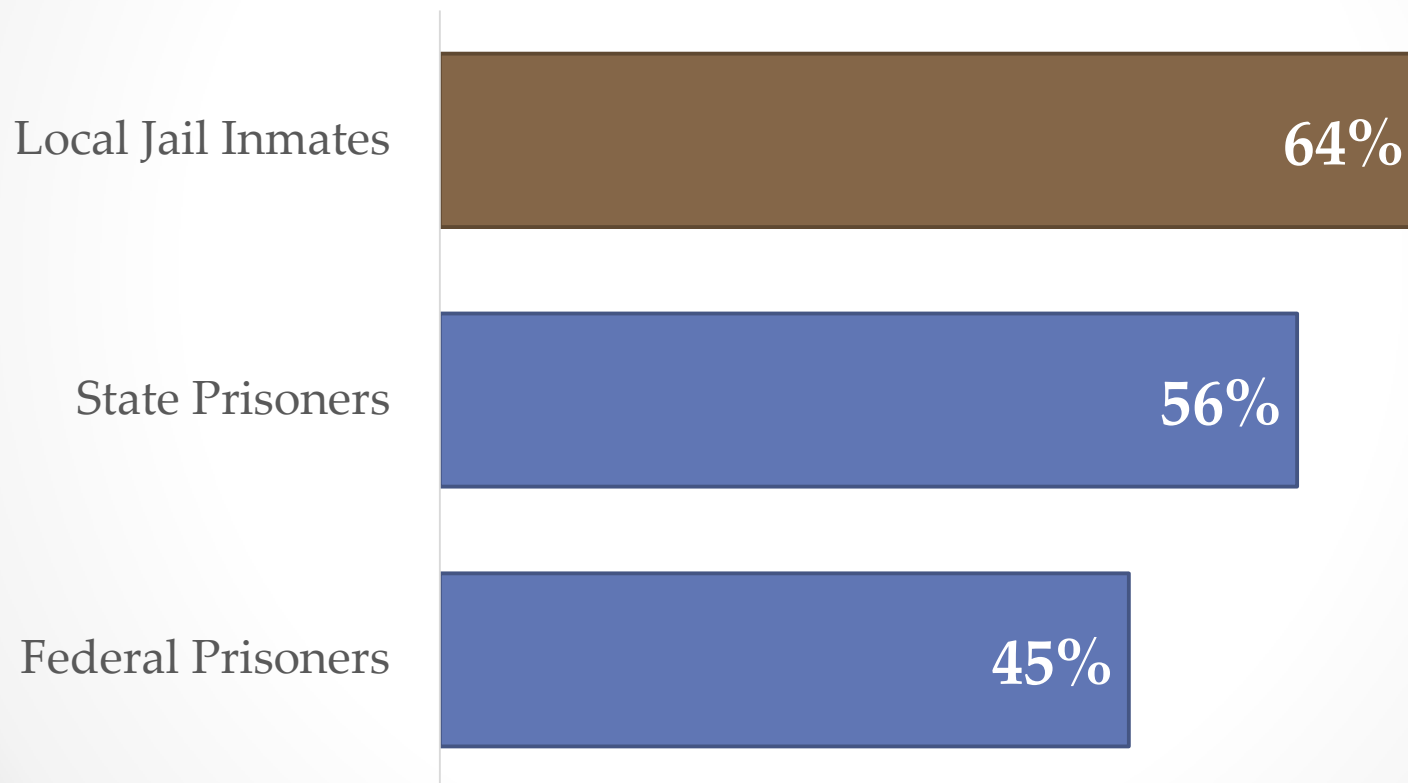
Why LEAD in Washtenaw



Why LEAD in Washtenaw

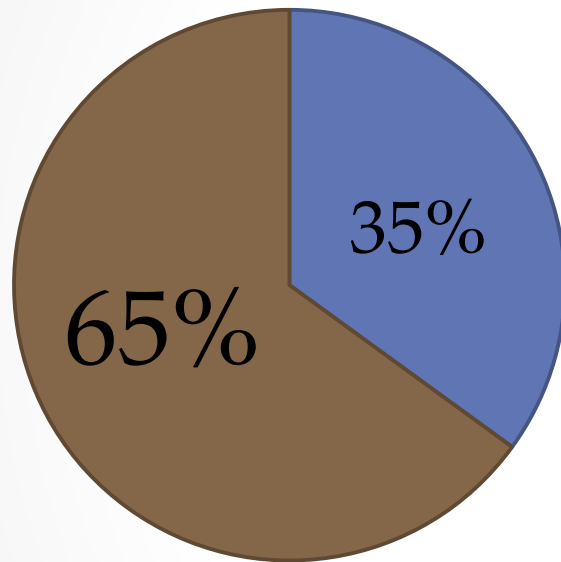


64% of local jail inmates have mental health problems



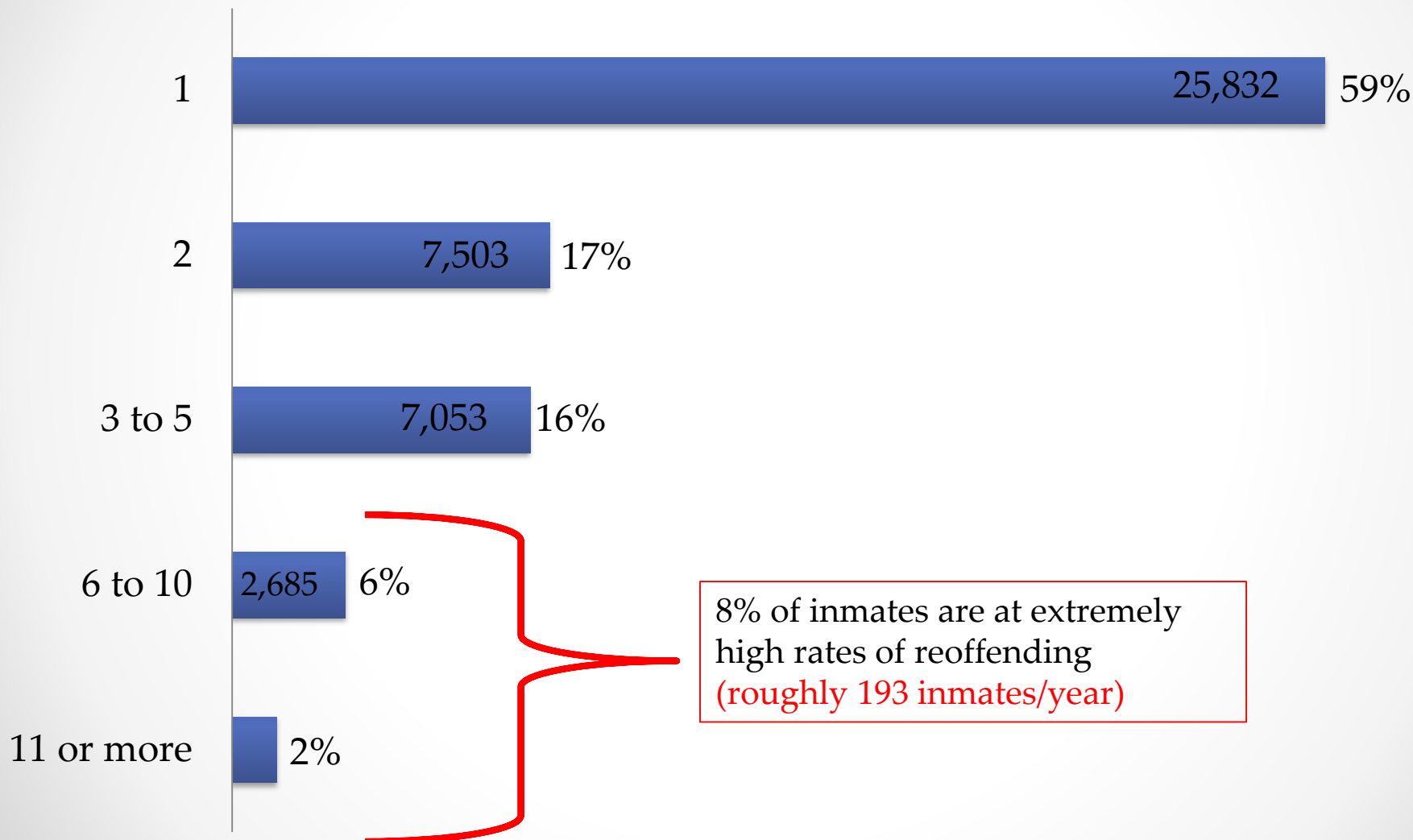


In the first quarter
of this year, **43%** of
Washtenaw County
Jail inmates were on
psychotropic
medications.



65% of those in our nations prisons & jails meet criteria for substance abuse and addiction diagnosis.

NUMBER OF TIMES IN JAIL



Those who need to be in jail will be.
Those who need help will get it.



Reflections

- Provides relief to neighborhoods
- Relief and hope to individuals
 - long-term addiction
 - mental health crisis
 - Housing crisis
- Harm reduction working hand-in-hand with Law Enforcement
- Changing the cycle
- We can use the power of the law to nudge people toward an outcome that is better for them and the community

What is Harm Reduction

- An approach for treatment that involves a set of **practical techniques** that are openly negotiated with clients around **what is most likely to be achieved**.
- The focus is on **reducing the negative consequences** and risky behaviors of substance use while **enhancing** an individual's **motivation for change**.

Treatment

- An approach for treatment that focuses on outreach, engagement and harm reduction.
- Co-occurring treatment focus
- Community collaboration between criminal justice system and treatment providers.

Next Steps

- LEAD Policy Workgroup Formed
 - o Currently developing operating policies and procedures
- Hire Positions
 - o 1 FTE Lead Coordinator (WCSO Position)- \$107,650 annual cost includes salary and fringe
 - o 2 PT PEER Support Specialists (WCSO Positions)- \$26,500 annual costs
 - o LEAD Prosecutor (WC Prosecutor's Office Position)- \$142,206 annual costs includes salary and fringe
 - o 2 FTE Lead Case Managers (WCCMH Positions)- \$180,000 annual cost includes salary, fringe and indirect costs. **Action needed from MAC**
 - o Public Defenders Office is also exploring bringing on 1 LEAD specific FTE.
- Go Live Date
 - o Tentatively planned for May 2021

Questions/Discussion

- ?

LEAD

LAW ENFORCEMENT ASSISTED DIVERSION

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy and Procedure
Department: Author:	Privacy and Security of Workstations and Electronic Communication
	Local Policy Number (if used)
Regional Approval Date	Implementation Date

I. PURPOSE

This policy establishes standards to ensure the confidentiality and security of protected health information (PHI) in the work environment/ an individual's workstation and when using electronic/technology-based forms of communication.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
1/15/08		
5/12/10		
8/11/14		Revised to reflect the new regional entity.
3/11/21		Reviewed and revised by EOC

III. APPLICATION

This policy applies to all staff, students, volunteers and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) that all communications about or with consumers will be conducted in ways that ensure appropriate privacy and security.

It is the policy of the CMHPSM that consumers, their legal representatives, and families shall be informed of their rights to confidentiality when using electronic/technology-based forms of communication.

V. DEFINITIONS

Cloud Storage: Use of data storage space that is hosted by an entity external to the employer.

Computer-Mediated Communication (CMC): Any communicative transaction that occurs through the use of networked electronic equipment (computers, tablets, etc...). While

the term has traditionally referred to those communications that occur via computer-mediated formats (instant messages, emails, chat rooms, etc...), it has also been applied to other forms of text-based interaction such as text messaging and social networking supported by social software. For the purposes of this policy, the definition of CMC will include activities such as texting and social networking in all its present and future forms that do not meet HIPAA/HITECH privacy and security standards. Telemedicine and videoconferencing are not considered computer-mediated communication, and therefore not prohibited from use by this policy.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

E-Mail: or email, is short for "electronic mail" and is a method of composing, sending, and receiving messages over electronic communication systems. Most e-mail systems today use the internet.

Legal Representative: For the purposes of this specific policy, a legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor consumer/recipient,
3. In the case of a deceased consumer/recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Portable Storage Device: Any device that allows the storage of data and can be physically removed from a secure location.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Text messaging: also known as "texting," refers to use of a texting application to exchange of written messages between mobile devices. While the term most often refers to messages sent using the Short Message Service (SMS), it has been extended to include messages containing image, video, and sound content (known as MMS messages). Individual messages are referred to as "text messages" or "texts."

Social Networking: an online service, platform, or site that focuses on building and reflecting of social networks or social relations among people who share interests and/or activities. A social network service essentially consists of a representation of each user (often a profile), his/her social links, and a variety of additional services. Most social network services are web based and provide means for users to interact over the internet, such as e-mail and instant messaging. Social network service usually means an individual-centered service whereas online community services are group-centered, and can also include online community services.

VI. STANDARDS

Immediately report any violations of this policy to their supervisor and the Privacy Officer or the Office of Recipient Rights

A. Work Station:

Protected health information may be stored on a workstation, and therefore the information should be secured as follows:

1. The agency shall have processes in place to back-up data to a secure storage location in the event of environmental threats, such as fire, water damage, power surges, etc.
2. Any computer equipment, including portable equipment, must require user log-in and access should be appropriate to that user's job functions.
3. All staff must ensure that protected health information at their workstation, such as computer screens, written documents, etc., is visible only to those who have a "need to know."
4. Each computer shall be programmed to generate a screen saver when the computer receives no input for a specified period.
5. Users must log off the system or lock the workstation if he or she leaves the computer terminal for any period of time.

B. Electronic Equipment Protection (computers, tablets, phones, etc.)

1. All staff shall monitor the computers' operating environment by reporting to their supervisor or other specified staff any potential threats to their work-related electronic equipment.
2. All electronic equipment plugged into an electrical power outlet shall use a surge suppresser approved by local information technology staff (IT). Workstations missing an approved surge protector will be reported to IT.
3. All persons shall take appropriate measures to protect electronic equipment from damage due to food or drink.
4. If IT has reason to suspect that security is compromised they shall issue new passwords to employees.
5. No individual may download any software without express written permission of IT. This rule is necessary to protect against the transmission of computer viruses into the facility's system.

C. Security

1. Each person shall set up a unique password that is updated at specific intervals based on local requirements. ~~Good practice is to change one's password on a regular basis.~~
2. If a person believes his/her password has been compromised, he/she ~~shall~~ will immediately change his/her password.
3. Persons logging onto the system ~~shall~~ ensure that no one observes the entry of his/her password.
4. Individuals shall not log onto the system using another's password.
5. Individuals shall not permit another to log on with his/her password, including ensuring that their password is not auto-saved on any electronic device
6. Individuals shall not enter data under another person's password

7. Individuals using the computer system shall not write down his/her password and place it at or near the terminal, such as putting his/her password on a note on the screen or under the keyboard.
8. Any electronic equipment used to perform work functions shall be password protected to prevent any non-authorized use.
9. No person may hide his or her identity as the author of the entry or represent that someone else entered the data or sent the message.
10. Individuals must not leave printers/copiers unattended when they are printing confidential consumer or other information if the printer/copier is in an area where unauthorized individuals have access to the printer.
11. No person may access any confidential consumer or other information unless he/she has a need to know. The "need to know" is the minimum information needed to do his/her job.
12. No person may disclose confidential consumer or other information unless properly authorized (see the CMHPSM Confidentiality and Access to Clinical Records Policy).

D. Cloud and Portable Storage

1. Protected health information (PHI) should be stored in a secured location, where it is password-protected, regularly backed up, and maintained by the employer.
2. No individual may store PHI on any portable or cloud-based storage mechanism without prior supervisory authorization.

E. E-mail

1. Electronic mail privacy protections shall be comparable to that which is traditionally afforded to paper mail and telephone communications, in that the use of information through email about consumers/any Protected Health Information (PHI) that is allowable in this policy is protected as private and confidential.
2. Email that is not encrypted and protected in accordance with HIPAA, HITECH, and NIST (National Institute of Standards and Technology) requirements, is not secure and the confidentiality of e-mail exchanges cannot be fully guaranteed.
3. Email communication between staff within the same domain may be used for administrative and operational purposes. Consumer identifiers should be limited to those identified in Section E. 8. ~~Therefore, e-mail shall not be used between staff/volunteers to communicate detailed confidential matters about consumers, including attachments to emails, outside the allowable scope of this policy (see E 4, 6 and 7 for more specifics).~~
4. As government entities, Community Mental Health Authorities are subject to Freedom of Information Act (FOIA) and as such the protection of email exchanges cannot be fully guaranteed. Therefore, e-mail shall not be used between staff/volunteers to communicate detailed confidential matters about consumers, including attachments to emails, outside the allowable scope of this policy (see E 5, 7 and 8 for more specifics).
5. Email communication in any form/level of detail shall not be used between staff and consumers/legal representatives; the only exception to such communication would be reasonable accommodation as defined in E. 9,10, and 11 in this policy.
6. Email communication in any form/level of detail about consumers shall not be used between staff and the community/general public for any reason.
7. Do not use any identifying information by which a 3rd party might be able to deduce the identity of the client.

8. Staff may:
 - a. use the case number
 - b. use the initials only
 - c. use both case number & initials
9. A consumer or legal representative, who has a disability that precludes all other forms of communication except e-mail, may request e-mail communication as a reasonable accommodation when face-to-face or other forms of contact are not an option. However, in no situation is e-mail to be used to replace therapeutic face-to-face contacts.
10. In situations where email is used for consumers meeting reasonable accommodation standards, electronic mail should be made a part of the clinical record. Staff will immediately delete the e-mail from inbox and trash folders. Staff should note that even after deleted from the trash, this email may still be retrieved or restored.
11. Staff shall give or mail the agency's "Electronic Statement of Understanding" to the consumer/parent/guardian for signature and inclusion in the consumer's clinical record.

F. Facsimile/Fax

1. Staff may transmit health records by facsimile when expediency is in the best interest of the consumer, when needed for continuity of consumer care, or when required by a third-party payer.
2. Staff shall limit information transmitted to that necessary to meet the requester's needs.
3. Except as authorized by law, a properly completed and signed release of information shall be obtained before sharing consumer information.
4. The cover page accompanying the facsimile transmission shall include:
 - a. a fax transmittal receipt or stamp
 - b. a confidentiality notice attached to this policy as Attachment A.
5. Protected information shall be faxed to a specific person rather than to an office number with no addressee noted.
6. Staff shall make reasonable efforts to ensure that they send the facsimile transmission to the correct destination. Staff will save frequently used numbers on the machine to prevent misdialing errors.
7. For a new consumer, the sender shall verify the fax number before sending the facsimile and verify the consumer's authority to receive confidential information. Fax machines shall be in secure areas, and the department director/designee is responsible for limiting access to them.
8. Each department is responsible for ensuring that incoming faxes are properly handled, and not left sitting on or near the machine. Faxes should be distributed to the proper consumer expeditiously while protecting confidentiality during distribution, as by enclosing the fax in an envelope as needed.
9. Staff must report any misdirected faxes to their immediate supervisor and privacy officer/Office of Recipient Rights.
10. Supervisors or Administrative Assistants shall periodically or randomly direct a check of all speed-dial numbers to ensure their currency, validity, accuracy, and authorization to receive confidential information.
11. All staff is responsible for immediately reporting violations of this policy to their Supervisor and to the privacy officer.

G. Computer-Mediated Communication (CMC)/Text Messaging/Social Networking

1. Any form of Computer-Mediated Communication CMC/text messaging is not considered secure and as such shall not be used by any staff, students, or volunteers to communicate with or about consumers. This includes communication with consumers, anyone with whom information about consumers can legally be discussed (e.g. written consent, business agreements, contractual arrangements, or legal representatives), or anyone in the general public.
2. CMC in the form of online social networking (i.e. Facebook, Twitter, MySpace, etc) is not considered secure and as such shall not be used by any staff, students, or volunteers to communicate with or about consumers. This includes communication with consumers, anyone with whom information about consumers can legally be discussed (e.g. written consent, business agreements, contractual arrangements, or legal representatives) or anyone in the general public.
3. Use of social media to provide one-way general information from a CMHSP/provider about the agency, behavioral health services, or resource information to the public is allowable. Such use of social media shall prohibit public discussion/interaction about any information related to PHI or confidentiality.
4. Whether staff, students, or volunteers can use CMC for staff-to-staff or personal use is not a component of this policy and is to be determined locally by each CMHSP/provider.
5. Any violation of the use of CMC/text messaging/social networking shall be immediately reported to a supervisor and to the privacy officer.

H. Virtual Services

1. Regional entities may provide telemedicine services to provide consumer services, as Identified through MDHHS service provisions and guidance.
2. If at anytime MDHHS or CMS prohibit the use of teleservices the CMHPSM and its regional partners will comply with that request within the appropriate timeframe provided.
3. Virtual group services allow consumers to opt not to disclose their full name for video access to other participants in group services.
4. Telemedicine platforms utilized with the CMHPSM region will utilize passwords to ensure protection of confidentiality.

VII. EXHIBITS

- A. Electronic Mail (E-mail) Statement of Understanding
- B. Fax Confidentiality Statement

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	438.100(d)
45 CFR Parts 160 & 164 (HIPPA)	X	
42 CFR Part 2 (Substance Abuse)	X	
HITECH Act of 2009	X	

Michigan Mental Health Code Act 258 of 1974	X	330.1748
The Joint Commission- Behavioral Health Standards	X	
MDCH PIHP Contract	X	
MDCH CMHSP Contract	X	
CMHSPM Confidentiality and Access to Clinical Records Policy	X	
CMHPSM Sanctions for Breaches of Security or Confidentiality Policy	X	

IX. PROCEDURES
NONE

Attachment A

CONSUMER REQUEST FOR REASONABLE ACCOMMODATIONS
ELECTRONIC MAIL (E-MAIL)
STATEMENT OF UNDERSTANDING

(INSERT ORGANIZATION NAME)
INSERT ADDRESS
Phone: (Insert Number)
Fax: (Insert Number)

I, _____, am requesting reasonable accommodation in communicating by electronic mail (e-mail) with staff at (INSERT ORGANIZATION NAME). I understand that e-mail will be used as a form of communication about my care/services, but in no situation can e-mail to be used to replace therapeutic face-to-face contacts.

In signing this request I also understand that my confidentiality cannot be assured if I choose to communicate by electronic mail (e-mail) with staff at the (INSERT ORGANIZATION NAME).

Client Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

Attachment B

The information contained in this facsimile message is legally privileged and confidential information only for the use of the individual or entity named above. If the reader of this message is not the intended consumer, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please notify us by telephone immediately. Thank you.

(INSERT ORGANIZATION NAME)

INSERT ADDRESS

Phone: (Insert Number)

Fax: (Insert Number)

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> <i>Abuse and Neglect</i>
Department: Recipient Rights Author: Shane Ray	Local Policy Number (if used)
Regional Operations Committee Approval Date	Implementation Date

I. PURPOSE

The purpose of this policy is to establish guidelines for:

1. Protecting recipients from abuse and neglect.
2. Investigating and remediating allegations of abuse and neglect.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
5/18/10	1.0	Full policy revision
4/29/13	1.1	Template updated
1/13/17	1.2	Template Updated
2/13/20	1.3	3-year review Definition Changes
3/2/21	1.4	Definition additions

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHPSM that recipients shall be protected from abuse and neglect during the provision of mental health services.

V. DEFINITIONS

Abuse Class I: A non-accidental act or provocation of another to act by an employee, contract employee or volunteer that caused or contributed to the death, serious physical harm, or sexual abuse of a recipient.

Abuse Class II: Abuse Class II is defined as any of the following:

1. A non-accidental act or provocation of another to act by an employee, contract employee or volunteer that caused or contributed to the non-serious physical harm of a recipient;
2. The use of unreasonable force on a recipient by an employee, contract employee or volunteer with or without apparent harm;
3. Any action, or provocation of another to act, by an employee, contract employee or volunteer which causes or contributes to, emotional harm to a recipient;

4. An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient;
5. Exploitation of a recipient by an employee, contract employee or volunteer.

Abuse Class III: The use of language, or other means of communication by an employee, contract employee or volunteer to degrade, threaten, or sexually harass a recipient.

Bodily Function: The usual action of any region or organ of the body.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Criminal Abuse: Assault, criminal homicide, criminal sexual conduct, vulnerable adult abuse or child abuse as defined in the Michigan Penal Code, Act 328 of Public Acts of 1931.

Degrade: Degrade is defined as any of the following:

1. To treat humiliatingly: to cause somebody a humiliating loss of status or reputation or cause somebody a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) degrade, debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or self-worth; to shame or disgrace.
2. Any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.

Examples of behavior that is degrading and must be reported as abuse include but is not limited to:

- a. Swearing at recipients
- b. Using foul language at recipients
- c. Using racial or ethnic slurs at recipients
- d. Causing or prompting others to commit the actions listed above.

Emotional Harm: Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

Exploitation: Any action by an employee, contract employee, or volunteer that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian;

2. A parent with legal custody of a minor recipient;
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative;
4. A patient advocate under a durable power of attorney or other advanced directive.

Neglect Class I: Neglect Class I is defined as either of the following:

1. Acts of commission or omission by an employee, contract employee or volunteer, which result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, procedures, written directives, or individual plan of service, and which causes, or contributes to the death or serious physical harm to or sexual abuse of a recipient; or,
2. The failure to report apparent or suspected Abuse Class I or Neglect Class I of a recipient.

Neglect Class II: Neglect Class II is defined as either of the following:

1. Acts of commission or omission by an employee, contract employee or volunteer which result from noncompliance with a standard of care required by law, rules, policies, guidelines, procedures, written directives, or individual plan of service which cause, or contribute to, non-serious physical harm, or emotional harm, to a recipient; or,
2. The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient.

Neglect Class III: Neglect Class III is defined as either of the following:

1. Acts of commission or omission by an employee, contract employee or volunteer, which result from noncompliance with a standard of care required by law, rules, policies, guidelines, procedures, written directives or individual plan of service which either placed or could have placed, a recipient at risk of physical harm or sexual abuse;
2. The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

Non-Serious Physical Harm: Physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.

Physical Management: A technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from harming himself, herself, or others.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Serious Physical Harm: Physical damage suffered by a recipient that a physician or registered nurse determine caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

Sexual Abuse: Sexual Abuse is defined as any of the following:

1. Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, being 750.520b to MCL 750.520e involving an employee, contract employee, volunteer, or agent of a provider and a recipient.
2. Any sexual contact or sexual penetration involving an employee, contract employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act, or an adult foster care facility and a recipient.
3. Any sexual contact or sexual penetration of a recipient involving an employee, contract employee, or volunteer and a recipient for whom the employee, contract employee, or volunteer provides direct services.

Sexual Contact: The intentional touching of the recipient's, employee's, contract employee's or volunteer's intimate parts (genitals, buttocks, breasts, groin, inner thigh, or rectum); or the touching of the clothing covering the immediate area of the recipient's, employee's, contract employee's or volunteer's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:

1. Revenge.
2. To inflict humiliation.
3. Out of anger.

Sexual Harassment: Any action, by any person, which can be construed as:

1. Sexual advances toward a recipient.
2. Requests for sexual favors from a recipient.
3. Conduct or communication of a sexual nature toward a recipient.

Sexual Penetration: Sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or any object into the genital or anal openings of another person's body, but emission of semen is not required.

Threaten: To tell someone that you will hurt them or cause problems if they do not do what you want.

Examples threatening behavior:

- a. Language or other means of communication that implies intentions of injury or punishment against recipient.
- b. To express a deliberate intention to deny the well-being, safety, or happiness of somebody unless the person does what is being demanded.

Unreasonable Force: Physical management or force that is applied by an employee, contract employee, or volunteer, to a recipient in one or more of the following circumstances:

1. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
2. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
3. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
4. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

VI. STANDARDS

- A. All staff members are responsible for safeguarding recipients from abuse and neglect.
- B. Any staff member who has knowledge of apparent or suspected recipient abuse or neglect shall ensure that it is immediately verbally reported to the Office of Recipient Rights and other appropriate entities as required by law and in accordance with the Michigan Mental Health Code. This includes any and all incidents that the staff, students, volunteers and/or contractual agencies have either witnessed or received reports of that constitute or may constitute abuse or neglect as defined in this policy, whether or not the staff believes the allegation to be true.
- C. Failure to report abuse and neglect shall subject the employee to administrative and disciplinary action, up to and including termination.

VII. EXHIBITS

- A. Report on Recipient Abuse
- B. Report of Actual or Suspected Child Abuse or Neglect - DHS 3200

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code, Public Act 258 of 1974 as amended	X	330.1700(a), 330.1722, 330.1723, 330.1778
MDHHS Administrative Rules	X	330.7001, 330.7035
Michigan Penal Code, Act 328 of Public Acts of 1931	X	
CMHSP Provider Contract – Attachment A	X	
P.A. 519 of 1982, Adult Protective Services	X	
Child Protection Law, Public Act 238 of 1975, as amended	X	
42 C.F.R. (Code of Federal Regulations) Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule	X	
MDHHS Revised Plan for Procurement of Medicaid Specialty Prepaid Health Plans	X	

IX. PROCEDURES

WHO	DOES WHAT
All CMH or contractual agency staff, students, and volunteers	1) Upon discovery of apparent or suspected abuse or neglect, takes immediate action

	to protect, comfort and ensure treatment of the recipient as necessary. 2) Ensures that emergency medical personnel are notified immediately if necessary due to any injury. 3) If sexual abuse is suspected, ensures that the recipient is offered to be taken to a hospital for an examination, which may include a Sexual Assault Kit. 4) Immediately verbally reports apparent or suspected abuse or neglect to direct supervisor, recipient's Supports Coordinator/Client Services Manager and the legal representative, if applicable. 5) Immediately verbally reports apparent or suspected abuse or neglect to the Rights Officer. This shall occur by no later than the next business day. 6) Immediately verbally notifies the appropriate public agency as required by law regarding any apparent or suspected abuse, neglect, sexual abuse, or death of any recipient. 7) Immediately verbally notifies or ensures that immediate verbal notification is made to Protective Services in accordance with PA 238, Child Protection Law or PA 519. Immediately notifies or ensures that Licensing is notified if the incident occurred in a licensed residential setting. 8) If there is reasonable cause to suspect that criminal abuse has occurred, immediately notifies or ensures immediate verbal notification to the appropriate law enforcement agency with a written report (Report on Recipient Abuse) to follow within 72 hours. 9) Distributes the Report on Recipient Abuse as follows: a) Original copy to applicable law enforcement agency. b) Copies to:
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	i) Recipient record (with names of alleged abuser(s) and reporting person redacted). ii) Adult/Child protective services, as applicable. iii) Licensing consultant, as applicable. iv) Office of Recipient Rights 10) Recipient to recipient simple assault is not required to be reported to law enforcement. It is not required to make a report to law enforcement of alleged abuse that: a) Occurred more than one year prior to being revealed, or b) Did not occur at a CMHPSM or provider site nor was committed by an employee, contract employee, student or volunteer. 11) Provides assistance to Protective Services and/or police agency if requested. However, 42 C.F.R. (Code of Federal Regulations) Part 2 prohibits disclosure of any alcohol or drug abuse treatment information after the initial report of child abuse or neglect has been made unless there is either an appropriate court order or consent. 12) Documents on an Incident Report Form the death, serious injury, suspected abuse, neglect, or sexual abuse of a recipient. For recipients under the age of 18, attaches a copy of the Report of Actual or Suspected Child Abuse or Neglect, DHS-3200 to the Incident Report Form. Submits the Incident Report and if applicable, the DHS-3200 to the Rights Officer immediately if possible, but by no later than the next business day. Writing an Incident Report <u>does not</u> meet the requirement of making a verbal report of apparent or suspected abuse/neglect to the Rights Office.
Recipient Rights Officer	1) Upon receipt of abuse or neglect allegation: a) Determines if there is reasonable cause to suspect abuse or neglect. b) Ensures that the recipient is protected

	from further mistreatment. c) Ensures that all of the procedures have been followed as outlined in this policy. d) Informs local Director/Designee. 2) If abuse or neglect allegation involves a CMH or contractual agency staff, student, or volunteer, immediately initiates an independent investigation in compliance with CMHPSM Policy: <u>Office of Recipient Rights</u>. 3) Upon substantiated allegations of abuse or neglect: a) Requests remediation that will prevent future recurrence. b) Requests firm and fair discipline against the perpetrator of abuse/neglect in compliance with agency policy.
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Exhibit A: Report on Recipient Abuse

Report on Recipient Abuse
CONFIDENTIAL

**Community Mental Health
Partnership of Southeast Michigan**

REPORT ON RECIPIENT ABUSE
(as required by Public Act 224 of 1986)

IN THE MATTER OF:

Name of Recipient:

Person/Agency Responsible
for Recipient:

Street Address:

City, State, Zip Code:

Telephone Number:

TO:

Law Enforcement Agency:

Street Address:

City, State, Zip Code:

Telephone Number:

Follow-up to an oral report given to your agency on:

REPORT OF SUSPECTED ABUSE

Alleged abuser(s):

Please indicate cause and manner of abuse where incident occurred:

Signature/Title of Reporting Person

Date

Cc: Office of Recipient Rights
Clinical File, with alleged abuser's and reporting person's names blacked out
CMH Director/Designee
MDHHS Adult Protective Services/Child Protective Services
Office of Children and Adult Licensing (LARA) if applicable

REPORT ON RECIPIENT ABUSE – FILE IN RELEASE OF INFO SECTION

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT
Michigan Department of Health and Human Services

Was complaint phoned to MDHHS?				
☐ Yes ☐ No ▶ If yes, Log # _____ ▶ If no, contact Centralized Intake (855-444-3911) Immediately				
INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address list on page 2.				1. Date _____
2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)				
NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. Mother's name _____	_____	_____	_____	_____
4. Father's name _____	_____	_____	_____	_____
5. Child(ren)'s address (No. & Street) _____	6. City _____	7. County _____	8. Phone No. _____	
9. Name of alleged perpetrator of abuse or neglect _____		10. Relationship to child(ren) _____		
11. Person(s) the child(ren) living with when abuse/neglect occurred _____		12. Address, City & Zip Code where abuse/neglect occurred _____		
13. Describe injury or conditions and reason for suspicion of abuse or neglect _____ _____ _____				
14. Source of Complaint (Add reporter code below)				
01 Private Physician/Physician's Assistant 11 School Nurse 42 MDHHS Facility Social Worker 02 Hosp/Clinic Physician/Physician's Assistant 12 Teacher 43 DMH Facility Social Worker 03 Coroner/Medical Examiner 13 School Administrator 44 Other Public Social Worker 04 Dentist/Registered Dental Hygienist 14 School Counselor 45 Private Agency Social Worker 05 Audiologist 21 Law Enforcement 46 Court Social Worker 06 Nurse (Not School) 22 Domestic Violence Providers 47 Other Social Worker 07 Paramedic/EMT 23 Friend of the Court 48 FIS/ES Worker/Supervisor 08 Psychologist 25 Clergy 49 Social Services Specialist/Manager (CPS, FC, etc.) 09 Marriage/Family Therapist 31 Child Care Provider 56 Court Personnel 10 Licensed Counselor 41 Hospital/Clinic Social Worker				
15. Reporting person's name _____		15a. Name of reporting organization (school, hospital, etc.) _____		
15b. Address (No. & Street) _____		15c. City _____	15d. State _____	15e. Zip Code _____
16. Reporting person's name _____		16a. Name of reporting organization (school, hospital, etc.) _____		
16b. Address (No. & Street) _____		16c. City _____	16d. State _____	16e. Zip Code _____
17. Reporting person's name _____		17a. Name of reporting organization (school, hospital, etc.) _____		
17b. Address (No. & Street) _____		17c. City _____	17d. State _____	17e. Zip Code _____
18. Reporting person's name _____		18a. Name of reporting organization (school, hospital, etc.) _____		
18b. Address (No. & Street) _____		18c. City _____	18d. State _____	18e. Zip Code _____
19. Reporting person's name _____		19a. Name of reporting organization (school, hospital, etc.) _____		
19b. Address (No. & Street) _____		19c. City _____	19d. State _____	19e. Zip Code _____

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary report and conclusions of physical examination (Attach Medical Documentation)		

21. Laboratory report	22. X-Ray	
23. Other (specify)	24. History or physical signs of previous abuse/neglect ☐ YES ☐ NO	
25. Prior hospitalization or medical examination for this child		
DATES	PLACES	
26. Physician's Signature	27. Date	28. Hospital (if applicable)
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.		
AUTHORITY: P.A. 238 of 1975. COMPLETION: Mandatory. PENALTY: None.		

INSTRUCTIONS

GENERAL INFORMATION:

This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into MDHHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:
Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154

OR

email this form to MDHHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.
- 5.-7. Child(ren)'s address – Enter the address of the child(ren).
8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

MDHHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Health and Human Services. Refers to any institution or facility operated by the Department of Health and Human Services.

15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i>
Department: Recipient Rights Author: Shane Ray	<i>Office of Recipient Rights</i> Local Policy Number (if used)
Regional Operations Committee Approval Date 2021 DRAFT	Implementation Date 2021 DRAFT

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the development and function of an Office of Recipient Rights.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
5/18/10	1.0	Full policy revision
4/29/13	1.1	Template updated
3/3/14	1.2	Updated Application, Definitions, and Standard D
1/13/17	1.3	Template Updated; training requirements clarified
9/4/18	1.4	Updated per changes in required MDHHS policy standards
2/13/20	1.5	Updated per changes in required MDHHS policy standards. Updated training standards. Updated Complaint Form.
2/12/21	1.6	Updated per changes in required MDHHS policy standards.

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHPSM that an Office of Recipient Rights shall be established and maintained to protect the rights of recipients in compliance with the Mental Health Code and Department of Health and Human Services Administrative Rules. The Office shall respond to any query or complaint submitted by or on behalf of recipients of CMHPSM Programs and contract agencies.

V. DEFINITIONS

Appeals Committee: A committee appointed by the Community Mental Health (CMH) board to hear appeals of recipient rights investigations. The governing board of a licensed private psychiatric hospital/unit (LPH/U) shall designate the CMH Appeals Committee to hear appeals brought by or on behalf of a recipient of that CMH.

Appellant: The recipient, complainant, parent of a minor or guardian who appeals a recipient rights finding or a respondent's action to an appeals committee.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Complainant: An individual who files a rights complaint.

Department: For the purpose of this policy, Department shall refer to the Michigan Department of Health and Human Services, Office of Recipient Rights.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Mediation: A private, informal dispute resolution process in which an impartial, neutral individual, in a confidential setting assists parties in reaching their own settlement of issues in a dispute and has no authoritative decision-making power.

Office: For the purpose of this policy, Office shall refer to the local CMHSP Office of Recipient Rights as established under section 755 of the Mental Health Code.

Office of Recipient Rights: An office of the local CMH that is responsible for investigating, resolving and assuring remediation of apparent or suspected rights violations and assuring that mental health services are provided in a manner which respects and promotes the rights of recipients as guaranteed by Chapter 7 and 7A of the Mental Health Code, P.A. 258, as amended.

Preponderance of the evidence: A standard of proof which is met when, based upon all the available evidence, it is more likely that a right was violated than not; not as to quantity (number of witnesses), but as to quality (believability and greater weight of important facts).

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Respondent: The service provider that had responsibility at the time of an alleged rights violation for the services with respect to which a rights complaint has been filed.

VI. STANDARDS

- A. The Office will report to the local Community Mental Health (CMH) Director for coordination of work and access to resources, and to the local Recipient Rights Advisory Committee for oversight. At least semi-annual meetings will be held with the Recipient Rights Advisory Committee to review reports of rights activities. As needed, other meetings with the Recipient Rights Advisory Committee will be held to discuss issues or concerns which affect the rights of recipients of service.
- B. Funding for the Office shall be reviewed annually by the Recipient Rights Advisory Committee and shall be included in the annual operating budget approved by the local CMH Board.
- C. The Director of the Office shall have the education, training and experience to fulfill the responsibilities of the Office. Qualifications and training for the Rights Officer position shall be specified in a formal job description. The employee holding this position will be entitled to the rights and privileges afforded all exempt employees, except in the areas of employment and termination. Employment and termination of the Recipient Rights Officer will be subject to review by the Recipient Rights Advisory Committee. In the absence of a Rights Officer, rights services shall be provided by a person designated by the local CMH Director and/or the Recipient Rights Director.
- D. The Office shall be accessible at all times. Individuals who access the Office shall be ensured due process and protection from harassment or retaliation as a result of contact with or participation with the Office. Allegations of retaliation or harassment of any recipient, complainant, Office staff, or any person based on their contact or participation with the Office shall be investigated by the Office. In the event of an actual or perceived conflict of interest, the allegations shall be investigated by another CMHPSM Office at the discretion of the Office Director. The respondent shall take appropriate disciplinary action if there is evidence of retaliation or harassment.
- E. All employees, students, volunteers and contractors are required to:
 - 1. Immediately (by the next business day) verbally report to the Office all apparent or suspected violations of recipient rights, even if they did not witness it directly, do not have proof or believe it may be a rumor or "hearsay." Failure to report suspected violations of rights shall require that appropriate administrative action be taken, up to and including firm and fair disciplinary action.
 - 2. Ensure rights complaints filed by recipients or anyone on their behalf are submitted to the Office in a timely manner.
 - 3. Be oriented to Recipient Rights within 30 days of hire by using the curriculum developed by the Office titled: "Recipient Rights Day One Orientation."

Employees shall not work alone with recipients until they have completed this training.

4. Attend a recipient rights training by a Rights Officer within the CMHPSM or an approved Recipient Rights Office (another CMH Rights Office outside of the CMHPSM region, with CMHSP ORR prior written approval) within 90 days of the date of hire. The CMHSP ORR shall provide rights training for employees on a schedule determined by the CMHSP ORR. All employees are to retake the rights training, offered by an approved Recipient Rights Office, at least annually.
- F. The Office shall be protected from pressures that could interfere with the impartial, even-handed, and thorough performance of its duties. The Office shall have unimpeded access to all programs and staff employed by or under contract to the CMHPSM and to any evidence necessary to conduct a thorough investigation or fulfill its monitoring function. The Office shall ensure that appropriate remedial action is taken to resolve violations of rights and that investigations are conducted in a manner that does not violate employee rights.
- G. Recipient Rights Officers shall not have direct service responsibilities and shall receive annual training in recipient rights protection as guaranteed by the Mental Health Code and MDHHS Administrative Rules.
- H. Recipient Rights Officers, Rights Advisors, and alternate Rights Officers will attend the Department's ORR Basic Skills Training within 90 days of hire. Any providers under contract with the CMHPSM that are allowed/required to establish their own rights system will also attend all initial and ongoing/update trainings as required by the Department.
- I. Recipient Rights Officers will comply with the continuing education requirements identified in the MDHHS Contract Attachment. A minimum of 36 contact hours of continuing education or training will be obtained by Recipient Rights Officers over a three-year period subsequent to the completion of the Basic Skills Training, and in every three year period thereafter. A minimum of 12 of the 36 contact hours will be in Category I or II. Recipient Rights Officers will acquire at least 3 continuing education credits each calendar year.
- J. The Office will participate in the development and review of all policies pertinent to the rights of recipients and serve as a consultant to the Local Director in matters related to recipient rights.
- K. The Office shall conduct an independent review of all treatment plans presented to the Behavior Treatment Committee.
- L. The Office ensures that all recipients and their legal representatives are given a summary of recipient rights, as well as information regarding how to contact a Recipient Rights Officer.
- M. The Office, together with Customer Services, shall:
 1. Ensure that available resources include interpretation services; that written information is available in prevalent languages; and that such services will be free of charge to the recipient/applicant.

2. Notify recipients of, and ensure that written information is available in, alternative formats and in an appropriate manner that considers special needs.
 3. Ensure recipients are given an explanation of how to access these services or information.
 4. Address needs or barriers related to cultural sensitivity, reasonable accommodation for persons with physical disabilities, hearing and/or vision impairments, limited-English proficiency, and alternative forms of communication.
- N. The Office shall ensure that complaint forms are accessible to recipients, parents of minors, guardians, staff and others who wish to act on behalf of a recipient, when requested.
- O. Each rights complaint shall be accurately recorded upon receipt by the Office, and acknowledgment of the recording shall be sent along with a copy of the complaint to the complainant within 5 work days. Within 5 work days after the Office receives a complaint, it shall notify the complainant if it determines that no investigation of the rights complaint is warranted. The Office shall ensure that all complaints and investigative evidence are accurately recorded and securely stored.
- P. The Office shall advise the complainant that there are advocacy organizations available to assist in preparation of a written rights complaint and shall offer to refer the complainant to those organizations. In the absence of assistance from an advocacy organization, the Office shall assist in preparing a written complaint, including a statement of the allegation, the right(s) allegedly violated, and the outcome(s) desired by the complainant. The complainant shall be advised that mediation is an option at any time after the completion of the investigation if both parties agree.
- Q. The Office shall coordinate with Customer Services to ensure that during the course of daily operations, Customer Services is informed of potential grievances and the Office is informed of potential rights violations. When providing consultation to Customer Services or when triaging a call, the Office shall make the final determination whether (a) a rights complaint involves a grievance, and (b) a grievance involves a code-protected right. When the Office determines that a rights complaint involves a grievance, the complaint shall be referred to the Customer Services Department. When the Office determines that a grievance also involves a legally-protected right, procedures for a rights complaint shall be followed by the Office.
- R. If a rights complaint is made regarding the conduct of the local CMH Director, the investigation shall be conducted by another CMH Board's Office of Recipient Rights, or by the Department, as decided by the local CMH Board.
- S. Rights investigations shall be initiated immediately in cases involving abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation. All other apparent or suspected violations shall be investigated in a timely and efficient manner. All investigations shall be completed within 90 days of receiving the complaint, with written status reports to the complainant, respondent and responsible mental health agency every 30 days during the course of the investigation. Issuance of the written Report of Investigative Findings may be delayed pending completion of investigations

that involve external agencies, including law enforcement agencies and the Department of Human Services.

- T. The Office shall recommend that the respondent take disciplinary action against those who have engaged in abuse or neglect. The CMH and each service provider shall ensure that appropriate disciplinary action is taken against those who engage in abuse or neglect.
- U. All rights investigations shall be documented in written form using a Report of Investigative Findings format. The preponderance of evidence standard of proof shall be used to determine whether a right was violated. Investigations shall be conducted in a manner that will not violate employee rights, e.g., Bullard-Plawecki Employee Right to Know Act. Upon completion of the investigation, the Report of Investigative Findings shall be submitted to the local CMH Director and the respondent(s) with any applicable recommendations, and a Remedial Action Verification form to be returned to the Office specifying the remedial actions taken or planned.
- V. In response to substantiated rights violations, respondents shall take remedial action that does all of the following:
 - 1. Corrects or provides remedy to the rights violation
 - 2. Is implemented in a timely manner
 - 3. Attempts to prevent recurrence of the rights violation.
- W. After completion of the investigation and receipt of the Remedial Action Verification form, if applicable, the Office shall forward their findings to the local CMH Director. Within 10 work days of issuance of the Report of Investigative Findings, the Director shall submit a written Summary Report to the complainant, the recipient, if different than the complainant, parent of a minor recipient and guardian. Information in the Summary Report shall be provided within the constraints of the confidentiality/privileged communications sections of the Mental Health Code, and shall not violate the rights of any employee.
- X. A complainant/recipient/minor's parent/guardian shall be advised that an appeal of an investigative finding may be made in writing to the local Recipient Rights Advisory Committee, which has been designated by the Board to act as an Appeals Committee, in care of the local CMH Director, within 45 days after receipt of the Summary Report. They shall further be advised that there are advocacy agencies available to assist with filing an appeal, and that the Office can assist in making a referral. In the absence of assistance from an advocacy organization, the Office is available to assist in meeting the procedural requirements of a written appeal. They shall also be advised of the grounds for an appeal (as indicated in Z.1 below) and that mediation is an option if both parties agree.
- Y. A Summary Report which contains a plan of action shall indicate a date the action is to be completed. The CMH Director shall assure that the complainant, recipient (if different than the complainant), the recipient's legal guardian, (if any), and the Office are provided written notice that the action described in the plan has been completed. If the action taken differs from the original plan, a description of that action shall be provided. Within 45 calendar days after receipt of the Summary Report, or 45 days from the mailing of a

notice regarding the action that was taken when the Summary Report provided only a plan of action, the appellant may file a written appeal with the Appeals Committee. The only ground for appeal of a notice of action taken is that the action failed to provide adequate remedy

- Z. Within five (5) work days of receipt of the request for appeal, members of the Appeals Committee shall review the request for appeal to determine if the appellant has standing to appeal and if the appeal request meets the timeframe and grounds. This review may be conducted by the full Committee, or by a subcommittee consisting of at least two (2) members designated by the full Committee to fulfill this responsibility. The Committee or subcommittee:
1. Shall review the grounds for the appeal to determine whether it meets one of the following criteria:
 - i. The investigative findings of the rights office are not consistent with the facts, law, rules, policies or guidelines.
 - ii. The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
 - iii. An investigation was not initiated or completed on a timely basis.
 2. Shall provide written notice to the appellant that the appeal has either been accepted or denied based on the criteria set forth above. A copy of the appeal shall also be provided to the respondent, CMH Director and the Office.

AA. Within 30 days after receipt of a written appeal, the Appeals Committee shall meet in closed session and review the facts as stated in the complaint investigative documents. Any member of the Appeals Committee who has a personal or professional relationship with an individual involved in the appeal shall abstain from participating in that appeal as a member of the Committee. The Committee shall not consider additional allegations that were not part of the original complaint but shall inform appellant of his/her right to file an additional complaint with the Office. The Appeals Committee may request consultation and technical assistance from the Department.

- BB. At the meeting, the Appeals Committee shall do one of the following:
1. Uphold the investigative findings of the Office and the action taken or plan of action proposed by the respondent.
 2. Return the investigation to the Office and request that it be reopened or reinvestigated.
 3. Uphold the investigative findings but recommend that the respondent take additional or different action to remedy the violation.
 4. Recommend that the local CMH Board request an external investigation by the Department.

CC. The Appeals Committee shall document its decision in writing and within 10 work days provide copies of the decision to the respondent, appellant, recipient, minor's parent, and guardian, as well as to the local CMH Director and the Office. Documentation shall include justification for the decision made by the Committee. The Committee's decision shall include a statement of the appellant's right to appeal to the Department within 45 days from receipt of the decision, when the original grounds for the appeal were that the investigative

findings of the Office were inconsistent with the facts, or with law, rules, policies, or guidelines. An appeal to the Department may be taken only when the original grounds for appeal were that the investigative findings of the Office were inconsistent with the facts, law, rules, policies or guidelines and only after a decision on the original appeal has been made by the local Appeals Committee.

DD. If the Appeals Committee directs that the Office reopen or reinvestigate the complaint, the Office shall submit another investigative report in compliance with section 778(5) of the Code, within 45 calendar days of receipt of the written decision of the committee to the local CMH Director. The 45 calendar day time frame may be extended at the discretion of the Appeals Committee upon a showing of good cause by the Office. At no time shall the time frame exceed 90 days.

Within 10 work days of receipt of the re-investigative report, the CMH Director shall issue a new Summary Report in compliance with section 782 of the Code. The Summary Report shall be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the Office and the Appeals Committee. If the Summary Report indicates the decision in the case remains unsubstantiated, the Summary Report shall contain information regarding the appellant's right to further appeal, the time frame for the appeal and the grounds for appeal. The report shall also inform the appellant of advocacy organizations that may assist in filing the written appeal or, in the absence of an advocacy organization, offer the assistance of the Office. If the reinvestigation results in the substantiation of a previously unsubstantiated rights violation but the appellant disagrees with the adequacy of the action or plan of action proposed by the respondent, the appellant shall be advised that they may file an appeal on such grounds to the Appeals Committee.

EE. If the Appeals Committee upholds the findings of the ORR but directs that the respondent take additional or different action, that direction shall be based on the fact that appropriate remedial action has not been taken in compliance with section 780 of the Code. The Appeals Committee shall base its determination upon any or all of the following:

1. Action taken or proposed did not correct or remedy the rights violation.
2. Action taken or proposed was/will not be taken in a timely manner.
3. Action taken or proposed did not/will not prevent a future recurrence of the violation.

Within 30 calendar days of receipt of the determination from the Appeals Committee, the Respondent shall provide written notice to the Appeals Committee that the action has been taken or justification as to why it was not taken. The written notice shall also be sent to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the CMH Director if different than the respondent, and the Office. If the action taken by the respondent is determined by the Appeals Committee and/or the appellant still to be inadequate to remedy the violation, the appellant shall be informed by the Appeals Committee of his/her right to file a recipient rights complaint against the local CMH Director.

- FF. If the Appeals Committee recommends that the CMH Board request an external investigation by the Department, the CMH Board shall make the request to the Department, in writing, within 5 work days of receipt of the request from the Appeals Committee. If an appeal request is made to the Department, the Office shall ensure that the Department has access to all requested documentation. The Department will not consider additional evidence or information that was not available during the initial appeal, although it may return the matter to the local CMH Board, requesting an additional investigation.

Within 10 work days of receipt of the Report of Investigative Findings from the Department, the CMH Director shall issue a Summary Report, in compliance with section 782 of the Code. The Summary Report shall be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the Office and the Appeals Committee. The complainant, recipient if different than the complainant and the recipient's legal guardian, if any, shall be informed of the right to appeal to the Department's Appeals Committee. Notice shall include information on the grounds for appeal as stated in section 784(2), the time frame for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the Office in the absence of assistance from an advocacy organization. Not later than 45 calendar days after receipt of the Summary Report, the appellant may file a written appeal with the Department's Appeals Committee.

- GG. If the appeal concerns the timeliness of the investigation and the Appeals Committee confirms that the investigation was not initiated or completed in a timely manner, the Committee shall recommend that the CMH Director address the root cause of the lack of timeliness with the Recipient Rights Officer.

- HH. If the parties are in agreement, a mediator shall be jointly selected to facilitate a mutually acceptable settlement of the complaint. The mediator shall be an individual who has received training in mediation and who is not involved in any manner with the dispute or with the provision of services to the recipient. While the parties are engaged in mediation, all appeal and response times are suspended while the mediation process is taking place. The suspension of time periods begins on the day the parties agree to mediate and expire five days after the day the mediator provides written documentation to the parties and to the Office that mediation was not successful. If agreement is reached through the mediation process, the mediator shall prepare a report summarizing the agreement, which shall be signed by the parties. The signed agreement shall be binding on both parties. Notice that an agreement has been reached shall be sent to the Office. If the parties fail to reach agreement through the mediation process, the mediator shall document that fact in writing and provide a copy of the documentation to both parties and to the Office ten days after the end of the mediation period.

- II. The Office shall ensure that all service sites are visited at the frequency necessary to assess right protection, but at least annually.
- JJ. On a quarterly basis, the Office shall provide summary complaint data, together with a summary of remedial actions taken on substantiated complaints by

category, to the local Recipient Rights Advisory Committee. This data shall also be forwarded to the Department semiannually.

- KK. The local CMH Director shall submit to the local CMH Board and to the Department an annual report prepared by the Office on the current status of recipient rights protection and a review of the operations of the office. The report shall be submitted to the Department not later than December 30 of each year for the preceding fiscal year, and shall include, at a minimum, all of the following:
1. Summary data by category including complaints received, number of reports filed, and number of reports investigated by provider.
 2. Number of substantiated rights violations by category and provider.
 3. Remedial actions taken by category and provider.
 4. Training received by the Office.
 5. Training provided by the Office to contract providers.
 6. Desired outcomes established for the Office and progress toward these outcomes.
 7. Recommendations made to the local CMH Board.

VII. EXHIBITS

Recipient Rights Complaint Form

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1722, 330.1757, 330.1774, 330.1776, 330.1778, 330.1780, 330.1782, 330.1784, 330.1786, 330.1788
Bullard-Plawecki Right to Know Act, Public Act 397 of 1978	X	
Michigan Whistleblowers' Protection Act P.A. of 1980	X	
MDHHS Revised Plan for Procurement of Medicaid Specialty Prepaid Health Plans	X	3.1.1.1

IX. PROCEDURES

A. Complaint Resolution

WHO	DOES WHAT
Individual makes inquiry or complaint with the Office.	1) Request is referred in a timely manner to the following (in order): a) Office of Recipient Rights b) Alternate Recipient Rights staff c) Director d) Director's designee

Rights Officer/Designee	1) Determines if the person who is making the call is safe. If hazards to safety exist or are suspected, makes arrangements to ensure individual will be protected. 2) Assesses and initiates the appropriate response, e.g., formal investigation, intervention, or consultation. Ensures that all complaints are accurately recorded. 3) Within 5 work days notifies complainant that complaint has been received and will either be investigated or reason why an investigation is not warranted. Encloses a copy of the complaint. 4) Offers to assist the complainant with the complaint process. 5) Advises the complainant that there are advocacy organizations available to assist in preparation of a written rights complaint, and offers to refer the complainant to those organizations. 6) Informs complainant that mediation is an option at any time after the completion of the Investigative Report if both parties agree. 7) In the absence of assistance from an advocacy organization, assists in preparing a written complaint containing a statement of the allegation, the right allegedly violated and the outcome desired by the complainant. 8) Conducts independent investigation of the complaint. 9) If investigation is not completed within each 30 calendar day interval after receiving the complaint, submits a written Status Report to the complainant and respondent including: a) Statement of the allegation(s) b) Statement of issues involved c) Citations of relevant provisions of the Mental Health Code, rules, policies and guidelines
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	d) Investigative progress to date e) Expected date for completion of the investigation. 10) Completes the Report of Investigative Findings, including: a) Statement of the allegation(s) b) Statement of issues involved c) Citations of relevant provisions of the Mental Health Code, rules, policies and guidelines d) Investigative findings e) Conclusions f) Recommendations, if any 11) Forwards report and applicable recommendations to the respondent and CMH Director. Requests completion and return of Remedial Action Verification form by date specified to ensure that action has been taken or is planned. 12) Reviews Remedial Action Verification form to determine if remedial actions taken or proposed are appropriate and: a) Correct or provide a remedy for the rights violation(s) b) Are implemented in a timely manner c) Attempt to prevent a recurrence of the rights violation(s). 13) Files the Remedial Action Verification form in the Investigative File. 14) Submits a copy of the Report of Investigative Findings and remedial action taken or proposed the CMH Director along with names and addresses of the complainant, recipient, parent of a minor and guardian.
CMH Director	1) Within ten (10) work days after issuance of the Report of Investigative Findings, submits a Summary Report to the complainant, recipient, parent of a minor and guardian, with a copy also to the Office. The Summary Report shall include: a) Statement of the allegation(s) b) Statement of issues involved c) Citations of relevant provisions of the

	Mental Health Code, rules, policies and guidelines d) Investigative findings e) Conclusions f) Recommendations, if any g) Action taken or planned by the respondent, including specific disciplinary action taken. 2) Advises complainant, recipient, parent of minor and guardian, of: a) Right to appeal. b) Timeline for appeal (no later than 45 days after receipt of the Summary Report). c) Grounds for an appeal as follows: i) Investigative findings of the rights office are not consistent with the facts, law, rules, policies, or guidelines. ii) Action taken or plan of action proposed by the respondent does not provide an adequate remedy. iii) Investigation was not initiated or completed on a timely basis. d) Advocacy organizations available to assist with an appeal, and availability of the Office to assist. e) Mediation as an option if both parties agree.
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B. Appeals

WHO	DOES WHAT
Recipient Rights Appeals Committee	1) Within 5 work days of receiving the appeal: a) Reviews the appeal to determine if it meets the required criteria. b) If the appeal is denied, notifies appellant in writing, and provides a copy to the respondent, Local Director and the Office. c) If the appeal is accepted, notifies appellant in writing, and provides a copy of the appeal to the respondent, Local Director and the Office.

	2) Within 30 days of receipt of a written appeal, meets to make a decision on the appeal and does one of the following: a) Upholds the findings of the Office and the action taken or plan of action proposed by respondent. b) Returns the investigation to the Office, requesting that it be reopened or reinvestigated. c) Upholds the investigative findings of the Office but recommends that the respondent take additional or different action to remedy the violation. d) Recommends that the Board request an external investigation by the Department. 3) Documents its decision in writing and within 10 days after reaching its decision, provides copies of the decision to: a) Appellant b) Respondent c) Recipient, parent of minor and legal guardian d) CMH Director e) The Office. 4) Includes a statement of appellant's right to appeal to the Department within 45 days of receipt of decision, only on the grounds that the investigative findings were inconsistent with facts, rules, policies or guidelines.
Appellant	1) Accepts decision or files appeal with the Department within 45 days.

C. Mediation

WHO	DOES WHAT
Appellant and Respondent	1) If both parties agree, utilize mediation to reach a mutually acceptable settlement regarding the investigative outcome. 2) Jointly selects an impartial party with training in mediation.

Mediator	1) Meets with complainant and respondent to resolve disagreement. 2) Prepares report summarizing agreement. 3) Signs agreement that becomes binding on both parties. 4) Notifies the Office of agreement.
Appellant	1) If parties fail to reach agreement, this is documented and copies are sent to both parties and to local Office of Recipient Rights within ten (10) days after the end of mediation process. 2) Proceeds with other available options if desired.

RECIPIENT RIGHTS COMPLAINT
Michigan Department of Health and Human Services

Complaint Number

INSTRUCTIONS: If you believe that one of your rights has been violated, you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Send this form to the rights office at the Community Mental Health (CMH) or hospital where you are receiving (or received) services at: Enter your agency address here. Keep a copy for yourself. If you send your complaint to Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR), it will be forwarded to the appropriate rights office. The MDHHS-ORR address is: Michigan Department of Health and Human Services, Office of Recipient Rights, Lewis Cass Building, 320 South Walnut Street, Lansing, MI 48933.		
Complainant's Name	Recipient's Name (if different from complainant)	
Complainant's Address	Where did it occur (name or address of hospital/agency)?	
Complainant's Telephone Number	When did the alleged violation occur (indicate date and time)?	
What right was violated?		
Describe what happened:		
What would you like to see happen in order to correct the violation?		
Complainant's Signature	Date	Name of person assisting complainant

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	Authority: PA 258 of 1974 as amended
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Original to ORR
Copy to complainant (with acknowledgement letter)
DCH-0030 (Rev. 4-17)

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> <i>Fingerprints, Photographs, Recordings, or Use of 1-Way Glass</i>
Department: Recipient Rights Author: Shane Ray	Local Policy Number (if used)
Regional Operations Committee Approval Date 2021 DRAFT	Implementation Date 2021 DRAFT

I. PURPOSE

The purpose of this policy is to establish guidelines regarding the recording, photographing, and fingerprinting of recipients, and the use of one-way glass to observe recipients.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
2/4/10	1.0	Full policy revision
3/20/13	1.1	Renamed; updated per changes to MHC
1/10/17	1.2	Updated Template
7/17/18	1.3	Exhibit: Consent Form added
2/13/20	1.4	3-year review No content changes
2/1/21	1.5	Updated per changes in required MDHHS policy standards.

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHPSM that informed consent shall be obtained prior to the recording, photographing, or observing of recipients through one-way glass. Fingerprinting of recipients is prohibited.

V. DEFINITIONS

Audio Recording: A recording of the voice alone.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Consent: Consent is defined as either of the following:

1. A written agreement signed by a recipient, unless the recipient has a designated legal representative with authority to execute consent. If the recipient has a designated legal representative, the legal representative must provide written agreement.
2. A verbal agreement of a recipient, unless the recipient has a designated legal representative with authority to execute a consent, that is witnessed and documented by an individual other than the individual providing treatment. If the recipient has a designated legal representative, the legal representative must provide verbal agreement.

Additionally, consent must include the elements of competency, comprehension, knowledge, and voluntariness.

Film: See photograph.

Fingerprint: An inked and/or digital impression of the finger used as a means of identification.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Photograph: A visual image reproduced as a photographic still, film, video or digital image on any device.

Recording: Any reproduction, audio or visual.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Video Recording: A recording of the voice and image.

Video Surveillance: Surveillance, with or without recording, in a recipient's home for the purpose of safety, security, or quality improvement.

VI. STANDARDS

- A. Recipients may be recorded, photographed, and/or observed through one-way glass only when prior written consent has been obtained, and only for the following purposes:
 1. Supervision of staff, students, or volunteers,
 2. Evaluation of the treatment process,

3. Staff development or training,
 4. Community education,
 5. Research,
 6. Personal or social purposes,
 7. To determine the identification of a recipient.
- B. The consent form must indicate all of the following:
1. The intended use of the material,
 2. The right to terminate the consent at any time,
 3. That there will be a review at least annually regarding the need to continue to retain the material.
- C. Fingerprinting and video surveillance of recipients is prohibited.
- D. Recordings or photographs of recipients taken during the provision of services, and any copies of them, shall be maintained as part of the clinical record.
- E. Photographs of a recipient may be taken for personal or social purposes and shall be maintained as the recipient's personal property. A photograph of a recipient shall not be taken or used if the recipient has objected.
- F. Recordings or photographs may not be used by any person, group or organization outside of the CMHPSM unless the following have been obtained:
1. Written consent to release information
 2. Permission of the local CMH Director or designee.
- G. If it is necessary to send photographs or recordings to an outside individual or agency for assistance in determining the identification of a recipient, the individual/agency shall be informed that such photographs or recordings must be returned, along with any copies that were made. Upon their return, the photographs or recordings, along with any copies, shall be part of the clinical record.
- H. There will be a review at least annually to determine if there is an essential need to maintain recorded or photographic material in order to achieve one of the objectives set forth in Standard A. If not, the photographs or recordings in the recipient's record, and any copies, shall be given to the recipient or destroyed.
- I. Recorded or photographic material will be returned to the recipient or destroyed upon the recipient's discharge from services.

VII. EXHIBITS

Consent For Photographing, Filming and/or Audio/Videotaping

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1724

MDHHS Administrative Rules	X	330.7003
MDHHS Revised Plan for Procurement of Medicaid Specialty Prepaid Health Plans	X	
CMHPSM Policy: <u>Consent to Treatment and Services</u>	X	

IX. PROCEDURES

WHO	DOES WHAT
Assigned clinical staff	1) Discusses need to record, photograph, or use one-way glass for observation with supervisor. 2) Reviews need to record, photograph, or use one-way glass with recipient and/or legal representative, and obtains consent.
Consenting individual	1) Consents or objects to being recorded, photographed, or viewed through one-way glass. 2) May object to being photographed for social purposes.
Client Services Manager/Supports Coordinator	1) Maintains copy of written consent in the recipient's record. 2) Affords an opportunity for recipient to object, immediately prior to the recording, photographing or observation through one-way glass. A recipient shall not be observed through one-way glass nor shall a recording or photograph be made or transmitted if the recipient indicates objection, even if prior written consent has been obtained. 3) Securely maintains original and copies of photographs or recordings in recipient's clinical record. 4) In conjunction with annual Person Centered Planning process, determines whether there is an essential need to retain photograph or recording. 5) Returns copies of recorded or

	photographic materials to recipient or destroys when: a) It is determined that there is no longer an essential need to maintain materials, or b) Consent is withdrawn, or c) Discharge of the recipient.
Director or Designee	1) Grants or denies permission before a recording/photograph may be removed from the premises and a recipient's record.

CONSENT FOR PHOTOGRAPHING, FILMING AND/OR AUDIO/VIDEOTAPING
Community Mental Health Partnership of Southeast Michigan

I, _____, Birthdate _____,

hereby authorize _____ to:

1. Photograph me _____
2. Record my voice _____
3. Record my voice and image _____

I understand that these photographs and/or recordings may be used for:

1. Personal or social purposes _____
2. Providing services _____
3. Community Education _____
4. Supervision of staff, students or volunteers _____
5. Research _____

I authorize my name to be associated with the photograph/recording: Yes _____ No _____

I understand that at least once a year there will be a review to determine whether there continues to be a need to keep the photograph, film or audio/videotape. I also understand that I may revoke my consent at any time by notifying my Case Manager/Supports Coordinator. I have no objection to the use of my picture and/or voice for the purposes described.

RECIPIENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

DATE

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i> Organizational Credentialing/Recredentialing and Monitoring
Department: Network Management	Local Policy Number (if used)
Regional Operations Committee Approval Date 4/22/2019	Implementation Date 5/6/2019

I. PURPOSE

To establish guidelines that ensure all organizational contractors who provide behavioral health and/or substance use disorder services to consumers of the Community Mental Health Partnership of Southeast Michigan (CMHPSM), meet the minimum standards as described in this policy.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
1/25/11	1	
11/30/11	2	Updated to reflect local practice, changes in delegated functions, and new policy format
8/20/2013	3	Updated to comply with requirements for OIG exclusions VII.C. Procedures removed. Procedures will be available in the Provider Manual.
6/11/2014	4	Revised to reflect the new regional entity.
8/24/2018	5	Rewrite
6/9/2020	6	Policy updates to meet EQR requirements and HSAG EQR review

III. APPLICATION

This policy applies to all organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

The CMHPSM will ensure that all organizations providing behavioral health and/or substance use disorder services to consumers in the CMHPSM continuously meet the standards set forth in this policy.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Pre-Paid Inpatient Health Plan (PIHP) for Region Six (Lenawee, Livingston, Monroe and Washtenaw Counties) for mental health, intellectual/developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Operations Committee (ROC): The ROC is comprised of the four CMHSP Executive Directors/CEO's. The Managing Director participates in an ex-officio (non-voting) capacity. The ROC in collaboration with the CMHPSM Board and Managing Director creates the vision, mission and long term plans for the CMHPSM. The ROC and the Managing Director establishes and coordinates the priorities for CMHPSM Board consideration including matters of policy, personnel and fiscal considerations including the contractual development/agreements related to delegation and/or leasing arrangements between and among the CMHPSM and each CMHSP Partner.

Pre-Paid Inpatient Health Plan (PIHP): Organizations in Michigan that manage designated geographic areas for the Medicaid mental health, developmental disabilities, and substance use disorder services outlined in the 1915(b) and 1915(c) waivers that created the CMHSP managed care model in the State.

Substance Use Disorder Oversight Policy Board (OPB): Responsibilities for this board include planning for substance use disorder prevention and treatment services, as well as providing advice and consultation to the CMHPSM Board of Directors, the ROC, and the staff of the CMHPSM and the partners.

VI. STANDARDS – The standards within this policy are organized into base categories, and more specific requirements for those categories based upon the payer-provider relationship that exists.

For all payer-provider relationships, the PIHP retains the right to approve, suspend, or terminate providers from participation in Medicaid funded services including when a provider is selected/contracts/subcontracts with a delegated entity.

A. Base Requirements by Category

The following establishes base standards or definitions related to regional organizational credentialing, re-credentialing and monitoring.

1. **CMHPSM Payer/Provider Relationships** – A number of relationships are in place to meet the needs of the CMHPSM region related to behavioral health and/or substance use disorder service provision. The following relationships exist related to this policy:
 - a) **PIHP Payer - CMHSP Relationship:** covers the credentialing, recredentialing, monitoring of a CMHSP by the PIHP as payer. The PIHP contracts with CMHSPs to provide mental health services within their respective geographic county.
 - b) **CMHSP Payer - CMHPSM Mental Health Organizational Provider Relationship:** covers the credentialing, recredentialing, monitoring relationship of a potential or current behavioral health service provider and a CMHSP as payer. (Note: this policy only applies to organizational providers, Licensed Individual Practitioners (LIPs) should follow the Credentialing and Clinical Responsibilities of LIPs policy.)
 - c) **PIHP Payer - SUD Core Provider Relationship:** covers the credentialing, re-credentialing and monitoring relationship of a potential or current SUD Core Provider and the PIHP as payer. The PIHP contracts with SUD Core Providers to provide substance use disorder services, and/or perform one or more functions as delegated by the PIHP.
 - d) **SUD Core Provider Payer - SUD Organizational Provider Relationship:** covers the credentialing, recredentialing, monitoring relationship of a potential or current substance use disorder service provider and a SUD Core Provider as payer.
 - e) **PIHP Payer - SUD Organizational Provider Relationship:** covers the credentialing, recredentialing, monitoring relationship of a potential or current substance use disorder service provider and the PIHP as payer.
 - f) **PIHP Payer - Non-Federally Funded SUD Service Providers:** covers the credentialing, recredentialing, monitoring relationship of a potential or current substance use disorder service provider and the PIHP as payer, where only non-Federal funds are utilized.

2. **Provider Procurement**
 - a) Payers this policy applies to (CMHPSM as PIHP Payer, CMHSP Payers or SUD Core Provider) will follow all federal, state and or local rules and regulations when entering in to payer/provider relationships for services funded by or through the CMHPSM.
 - b) All CMHPSM procurement requirements can be found in the CMHPSM Procurement, RFPs and Bid Review policy.

3. **Organizational Credentialing / Re-Credentialing Application**
 - a) When required by the CMHPSM Payer / Provider Relationship standards within this policy the provider will complete and submit the Organizational Credentialing application. Organizational credentialing applications can be found on the CMHPSM website.
 - (1) Mental Health Application:
<http://www.cmhpsm.org/provider-manual>
 - (2) SUD Application:
<http://www.cmhpsm.org/sudserviceprovidermanual>

4. Organizational Credentialing/Re-Credentialing File Management

A. Initial Credentialing Files

The timeframes for completion of the initial credentialing process will be no more than 90 days, for which verification or credentialing requirements is acceptable. If the timeframe is not met, the initial credentialing application will need be declined with clear reasons as to what was not complete in the response to the provider and the steps to take in re-starting the application process.

Initial credentialing applications will be considered complete once the items in the application packet are received.

An on-site review will be completed within this 90-day initial credentialing timeframe.

Verification of provider staff meeting federal and state requirements is a post initial credentialing activity and will be completed within 90 days of a completed contract.

All initial credentialing files will have the following information where applicable:

- a. The start date (receipt of a complete initial application) and the end date (when the credentialing decision is sent to the provider)
- b. The initial credentialing application.
- c. Attestation and disclosure questions.
- d. Review of any Medicare/Medicaid sanctions.
- e. License verification
- f. Screen shots of verification sources in each credentialing file
- k. Once the completed application is received, documentation that an on-site review was completed during the initial pre-contracting process when a provider is not accredited, or acceptance of an on-site review from CMS or licensing in lieu of an on-site review completed by the PIHP should that review align with the credentialing time frame and meet the PIHP's on-site review requirements.
- l. Confirmation that the results on the on-site review were considered when rendered a contracting decision
- m. Documentation in credentialing files will clarify the scope of service included in the application.
- n. Identification of whether any of the above criteria would be waived based on the payer-provider relationship identified in Standard B of this policy
- o. If the initial completed application notes the provider will have licensed staff rendering services, the PIHP/CMHSP will ensure, then prior to contracting with the provider that the provider has a

credentialing process that meets MDHHS requirements. While the initial credentialing file will have this information, the review of the provider's credentialing process will take place post completed application yet prior to contracting with the provider.

B. Recredentialing Files

The timeframe for completion of the re-credentialing process will be no more than 90 days, for which verification or credentialing requirements is acceptable. If the timeframe is not met, the re-credentialing application will need be declined with clear reasons as to what was not complete in the response to the provider and the steps to take in re-starting the application process.

All re-credentialing files will have the following information where applicable:

- g. The start date (receipt of a complete application) and the end date (when the credentialing decision is sent to the provider)
- h. The initial credentialing and all subsequent recredentialing applications,
- i. A review of member grievances and appeal for that provider during the 2 year recredentialing cycle, including if there was no activity to review.
- j. Attestation and disclosure questions.
- k. Review of any Medicare/Medicaid sanctions.
- l. License verification
- m. Evidence the provider was recredentialled within two years, any approved extensions.
- n. The initial credentialing and all subsequent recredentialing applications,
- o. Screen shots of verification sources in each credentialing file
- p. An on-site review was completed during the recredentialing process when a provider is not accredited, or acceptance of an on-site review from CMS or licensing in lieu of an on-site review completed by the PIHP should that review align with the credentialing time frame and meet the PIHP's on-site review requirements.
- q. Confirmation that the results on the on-site review were considered when rendered a re-credentialing decision
- r. Documentation in re-credentialing files will clarify the scope of service under each contract and whether licensed staff are providing services under that contract. Should licensed staff render services, the PIHP/CMHSP will ensure the provider has a credentialing process that meets the requirements under its contract with MDHHS.
- s. Identification of whether any of the above criteria would be waived based on the payer-provider relationship identified in Standard B of this policy

5. CMHPSM Regional Provider Network Statuses:

- a) Credentialed In-Network Status: An organizational provider that has an approved current credentialed status as determined by the PIHP,

CMHSP or SUD Core Provider. There is no requirement that a payer identified within this policy be mandated to enter into a contract with an organization that obtains credentialed or In-Network status. Organizations may be credentialed for future capacity or backup capacity. Contract relationships will be determined by the appropriate applicable payer.

b) Contracted In-Network Status: A credentialed organizational provider that is currently contracted with one or more of the following payers: PIHP, CMHSPs or SUD Core Providers.

c) Out of Network Contracted Status: In certain situations, the PIHP, CMHSPs or SUD Core Providers may determine it is necessary to contract with an entity that is unwilling, or unable to join the CMHPSM Provider Network. Examples include but are not limited to:

- (1) Single Case Agreements;
 - (a) Emergency Placements;
 - (b) Limited Duration Placements;
 - (c) Clinically determined placement for individual consumer with unique clinical need.
- (2) Out of Region and Network
 - (a) Specialty service not delivered within CMHPSM region for a limited number of consumers; (Providers located outside of the CMHPSM region geographically are not required to be In-Network with the CMHPSM, however these providers are encouraged to participate as CMHPSM In-Network or obtain CMHPSM credentialing status through a reciprocity relationship with another PIHP/CMHSP region.

6. Organizational Monitoring

When required by the CMHPSM Payer / Provider Relationship the payer will monitor the provider as required by the standards within this policy. Once a contract is issued to an organization, the payer will monitor to ensure that the organization maintains the contractual agreement in good standing and complies with relevant local, state, and federal requirements.

7. Medicaid Service Verification Policy

All providers delivering Medicaid funded services will follow all requirements outlined within the CMHPSM Medicaid Service Verification policy.

8. Significant Change Notification

All payers and providers must follow the timeliness standards identified within this policy related to notifying the PIHP of any incidents, planned or unplanned changes that would impact the CMHPSM Provider Network capacity, so the PIHP can notify MDHHS (spell out or define) within the seven (7) day standard.

9. Network Adequacy /Sufficiency

The PIHP and CMHSP will participate in all regional network adequacy, provider network sufficiency and provider network status activities as requested by the PIHP.

The Regional Network Management Committee will assess the Regional Provider Network on an ongoing basis.

10. Reciprocity

Payers will comply with all statewide reciprocity efforts as required by the PIHP/MDHHS service contract.

11. Debarment

All payers/providers will follow all applicable CMHPSM Debarment and Exclusion Policy requirements.

B. Variable Standards

1. Payer / Provider Relationships Specific Standards
 - a. PIHP Payer – CMHSP Relationship

1..	Payer:	CMHPSM as PIHP
	Provider:	CMHSP
2. Provider Procurement:		N/A
3. Organizational Credentialing / Re-Credentialing Application Required:		No application required, the CMHSP's MDHHS certification/re-certification status and CMHSP's National Accreditation status allow deemed status for this requirement.
4. Provider Network Status Participation:		CMHSP is required to hold an In-Network CMHPSM Network Status. PIHP may only contract with fully credentialed In-Network CMHSPs.
5. Organizational Monitoring:		CMHPSM/PIHP will monitor CMHSPs on a recurring two-year basis. Every two years the CMHSP will be monitored by the CMHPSM/PIHP through a Full CMHSP Review. A Full CMHSP Review includes a delegated function, clinical chart and CMHSP organizational responsibility review. If the CMHSP achieves a score of 95% or higher on the Full CMHSP Review, the PIHP in the following year will forego the Full CMHSP review and instead will conduct a corrective action verification and delegated function review.
6. Medicaid Service Verification:		CMHSP will follow all requirements within the CMHPSM Medicaid Service Verification Policy.
7. Provider Network Significant Change Notification:		CMHSP must immediately notify PIHP of any incidents, planned or unplanned changes that would impact the CMHSP's status within the CMHPSM region. The PIHP will notify MDHHS immediately when becoming aware of a CMHSP which becomes ineligible to participate in federal funding, or if the PIHP/CMHSP relationship is threatened for any reason.

8. Network Sufficiency	The PIHP and CMHSP will participate in all regional network adequacy, provider network sufficiency and provider network status activities as requested by the PIHP.
9. Reciprocity	N/A, the PIHP will not accept reciprocity arrangements for CMHSPs.
10. Debarment	The PIHP and CMHSP must follow all applicable CMHPSM Debarment and Exclusion Policy requirements.

b. CMHSP Payer – CMHPSM Mental Health Organizational Provider Relationship:

1.	Payer:	Regional CMHSP
	Provider:	Organizational Provider Delivering Behavioral Health Services within CMHPSM region.
2. Provider Procurement:		Each CMHSP will follow all federal, state rules and regulations, as well as all CMHPSM policy related to the procurement and contract processes with Mental Health Service Providers.
3. Organizational Credentialing / Re-Credentialing Application Required:		All organizational providers delivering behavioral health services within the region will complete and submit an organizational credentialing application at minimum once every two years to the CMHSP. New organizational providers may be required by the CMHSP to submit additional credentialing application materials or information. Organizational providers may also be required to submit verification or supplemental documentation to support the credentialing application. Organizational providers are only required to submit credentialing documentation to one CMHSP to obtain regional CMHPSM network status. CMHSPs may require supplemental or additional credentialing information.
4. Provider Network Status Participation:		CMHSPs must contract with a sufficient number of service providers to meet the demand and provide consumer choice for service provision in their local milieu. While the region's preference is to utilize fully credentialed In-Network providers, Out-of-Network providers may be utilized by CMHSPs to meet service demand when certain standards are met: CMHPSM Regional Provider Network Statuses 4a. & 4b. CMHSPs are not required to contract with every organizational provider that is regionally credentialed and considered In-Network within the CMHPSM Provider Network.

5. Organizational Monitoring:	Organizational providers that hold a current accreditation status from a nationally qualified accrediting body will be administratively monitored by the CMHSP on a biennial basis (once every two years.) Organizational providers that are contracted to one or more CMHSPs typically will receive reciprocal status from one CMHSPs review. CMHSPs may withhold the right to review each contracted organizational provider individually if it the CMHSP determines. Organizational providers that do not hold a current accreditation status from a nationally qualified accrediting body will be administratively monitored annually by the CMHSP. In addition to administrative reviews the CMHSP will monitor a sample of service sites of both accredited and non-accredited organizational providers on an ongoing basis. Organizational providers delivering service at more than one location will have at least 25% of active service sites reviewed during a site review.
6. Medicaid Service Verification:	The CMHSP and Organizational Provider will follow all requirements within the CMHPSM Medicaid Service Verification Policy.
7. Provider Network Significant Change Notification:	The CMHSP will notify the PIHP within three (3) business days of any incident or situation with a contracted provider which would induce a significant change on the regional provider network. The PIHP will notify MDHHS within four (4) business days of being notified by a CMHSP, and seven (7) business days of the original incident or situation.
8. Network Adequacy	The CMHSP and Organizational Providers will participate in all regional network adequacy, provider network sufficiency and provider network status activities as requested by the CMHPSM.
9. Reciprocity	Organizational providers will be credentialed, re-credentialed, and monitored on a reciprocal basis within the CMHPSM region. Providers typically will not be required to submit multiple applications when affiliated with multiple CMHSPs, a single credentialing determination can be made by one CMHSP and provide in-network status for the entire region. CMHSPs reserve the right to conduct additional monitoring or require additional information from providers when the CMHSP determines it necessary. CMHSPs will accept qualified statewide reciprocity arrangements related to monitoring, credentialing / re-credentialing of providers. CMHSPs reserve the right to conduct additional monitoring or require additional information from providers when the CMHSP determines it necessary.
10. Debarment	All In-Network and Out-of-Network Organizational Providers delivering mental health services must follow all applicable CMHPSM Debarment and Exclusion Policy requirements.

c. PIHP – SUD Core Provider Relationship

1.	Payer:	PIHP
	Provider:	SUD Core Providers

2. Provider Procurement:	The PIHP will follow all federal, state rules and regulations, as well as all CMHPSM policy related to the procurement and contract processes with SUD Core Providers.
3. Organizational Credentialing / Re-Credentialing Application Required:	SUD Core Providers within the region will complete and submit an organizational credentialing application at minimum once every two years to the PIHP.
4. Provider Network Status Participation:	SUD Core Providers are required to hold an In-Network CMHPSM Network Status.
5. Organizational Monitoring:	SUD Core Providers will be monitored on an annual basis by the PIHP.
6. Medicaid Service Verification:	The PIHP and SUD Core Providers will follow all requirements within the CMHPSM Medicaid Service Verification Policy.
7. Provider Network Significant Change Notification:	The SUD Core Providers will notify the PIHP within three (3) business days of any incident or situation with a contracted provider which would induce a significant change on the regional provider network. The PIHP will notify MDHHS within four (4) business days of being notified by a SUD Core Provider, and seven (7) business days of the original incident or situation.
8. Network Adequacy	The PIHP and SUD Core Providers will participate in all regional network adequacy, provider network sufficiency and provider network status activities as requested by the CMHPSM.
9. Reciprocity	N/A, the PIHP will not accept reciprocity arrangements for SUD Core Providers.
10. Debarment	The PIHP and SUD Core Providers must follow all applicable CMHPSM Debarment and Exclusion Policy requirements.

d. SUD Core Provider- SUD Organizational Provider Relationship

1.	Payer:	SUD Core Provider
	Provider:	SUD Organizational Provider
2. Provider Procurement:	Each SUD Core Provider will follow all federal, state rules and regulations, as well as all CMHPSM policy related to the procurement and contract processes with SUD Organizational Service Providers.	
3. Organizational Credentialing / Re-Credentialing Application Required:	All organizational providers delivering SUD services within the region will complete and submit an organizational credentialing application at minimum once every two years to the SUD Core Provider. New providers may be required by the SUD Core Provider to submit additional credentialing application materials or information. Providers may also be required to submit verification or supplemental documentation to support the credentialing application.	

4. Provider Network Status Participation:	SUD Core Providers must contract with a sufficient number of service providers to meet the demand and provide consumer choice for service provision in their local milieu. While the region's preference is to utilize fully credentialed In-Network providers, Out-of-Network providers may be utilized by SUD Core Providers to meet service demand when certain standards are met: CMHPSM Regional Provider Network Statuses 4a. & 4b. SUD Core Providers are not required to contract with every organizational provider that is regionally credentialed and considered In-Network within the CMHPSM SUD Provider Network.
5. Organizational Monitoring:	SUD Organizational Service Providers that hold a current accreditation status from a nationally qualified accrediting body will be administratively monitored by the SUD Core Provider on a biennial basis (once every two years.) Organizations that are contracted to one or more SUD Core Providers typically will receive reciprocal status from one SUD Core Provider's review. SUD Core Providers withhold the right to review each contracted provider organization individually if the SUD Core Provider determines.
6. Medicaid Service Verification:	The SUD Core Provider and SUD Organizational Providers will follow all requirements within the CMHPSM Medicaid Service Verification Policy.
7. Provider Network Significant Change Notification:	The SUD Core Provider will notify the PIHP within three (3) business days of any incident or situation with a contracted SUD provider which would induce a significant change on the regional provider network. The PIHP will notify MDHHS within four (4) business days of being notified by a SUD Core Provider, and within seven (7) business days of the original incident or situation.
8. Network Adequacy	The SUD Core Provider and SUD Organizational Providers will participate in all regional network adequacy, provider network sufficiency and provider network status activities as requested by the CMHPSM.
9. Reciprocity	Organizational providers will be credentialed, re-credentialed, and monitored on a reciprocal basis within the CMHPSM region. Providers typically will not be required to submit multiple applications when affiliated with multiple SUD Core Providers, a single credentialing determination can be made by one SUD Core Provider and provide in-network status for the entire region. SUD Core Providers reserve the right to conduct additional monitoring or require additional information from providers when the SUD Core Provider determines it necessary. SUD Core Providers will accept qualified statewide reciprocity arrangements related to monitoring, credentialing / re-credentialing of providers. SUD Core Providers reserve the right to conduct additional monitoring or require additional information from providers when the SUD Core Provider determines it necessary.
10. Debarment	The SUD Core Provider and all SUD Organizational Providers delivering SUD services must follow all applicable CMHPSM Debarment and Exclusion Policy requirements.

e. PIHP - SUD Organizational Provider Relationship:

1.	Payer:	PIHP
	Provider:	SUD Organizational Provider
2. Provider Procurement:	The PIHP will follow all federal, state rules and regulations, as well as all CMHPSM policy related to the procurement and contract processes with SUD Organizational Providers.	
3. Organizational Credentialing / Re-Credentialing Application Required:	SUD Organizational Providers within the region will complete and submit an organizational credentialing application at minimum once every two years to the PIHP.	
4. Provider Network Status Participation:	The PIHP must contract with a sufficient number of service providers to meet the demand and provide consumer choice for service provision in their local milieu. While the region's preference is to utilize fully credentialed In-Network providers, Out-of-Network providers may be utilized by the PIHP to meet SUD service demand when certain standards are met: CMHPSM Regional Provider Network Statuses 4a. & 4b.	
5. Organizational Monitoring:	SUD Organizational Service Providers that hold a current accreditation status from a nationally qualified accrediting body will be administratively monitored by the PIHP on a biennial basis (once every two years.)	
6. Medicaid Service Verification:	The PIHP and SUD Organizational Providers will follow all requirements within the CMHPSM Medicaid Service Verification Policy.	
7. Provider Network Significant Change Notification:	The PIHP will notify MDHHS within seven (7) business days of any incident or situation involving a SUD Organizational Provider which would induce a significant change on the regional provider network.	
8. Network Sufficiency	The SUD Organizational Providers will participate in all regional network adequacy, provider network sufficiency and provider network status activities as requested by the CMHPSM.	
9. Reciprocity	The PIHP will accept qualified statewide reciprocity arrangements related to monitoring, credentialing / re-credentialing of providers. The PIHP reserves the right to conduct additional monitoring or require additional information from providers when determined to be necessary.	
10. Debarment	All In-Network and Out-of-Network Organizational Providers delivering SUD services must follow all applicable CMHPSM Debarment and Exclusion Policy requirements.	

f. PIHP – Non-Federally Funded SUD Service Provider.

1.	Payer:	PIHP
	Provider:	Non-Federally Funded SUD Service Provider
2. Provider Procurement:	The PIHP will follow the CMHPSM PA2 Procurement for non-federally funded SUD service provider procurement to ensure the fair and efficient utilization of local and state tax dollars.	

3. Organizational Credentialing / Re-Credentialing Application Required:	N/A
4. Provider Network Status Participation:	N/A
5. Organizational Monitoring:	The PIHP will determine all necessary organizational monitoring requirements for non-federally funded SUD service providers.
6. Medicaid Service Verification:	N/A
7. Provider Network Significant Change Notification:	N/A
8. Network Sufficiency	N/A
9. Reciprocity	N/A
10. Debarment	N/A

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 and 438 et al. (Medicaid Managed Care Rules)		438.230(b)
Public Law 109-171, Deficit Reduction Act of 2005,		Title VI
Public Law 111 – 148:Patient Protection & Affordable Care Act of 2010 Public Law 111 – 152: Health Care & Education Reconciliation Act of 2010		Title I, Subtitles C and D
45 CFR Parts 160 & 164 (Health Information Portability and Accountability Act (HIPAA) and HITECH Act of 2010		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards		
Michigan Department of Health and Human Services (MDHHS) Medicaid Contract		

Michigan Department of Health and Human Services (MDHHS) General Funds Contract		
MDHHS Substance Abuse Contract		
Michigan Medicaid Provider Manual		

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	<i>Policy and Procedure</i> <i>Credentialing for Licensed Independent Providers</i>
Department: Network Management Comm. Author: M. Vergith	Local Policy Number (if used)
Regional Operations Committee Approval Date 8/26/2019	Implementation Date 9/16/2019; 8/10/20

I. PURPOSE

To outline the processes and guidelines for the Community Mental Health Partnership of Southeast Michigan (CMHPSM) partners' review of credentials, competence assessment, and delineation of duties and responsibilities for independent providers who are licensed independent providers (LIP).

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
3/2007	Original	
10/2009	1	
8/2013	2	Revisions to PIHP language and modification to persons affected by this policy. Standards revised to align with current requirements.
10/2014	3	Updated regional entity language and made some EQR-related corrections.
5/2016	4	Revision based on updated standards from The Joint Commission.
7/2019	5	Scheduled Review
6/9/2020	6	Policy updates to meet EQR requirements and HSAG EQR review

III. APPLICATION

A. Professionals Covered by This Policy, and Their Required Licensure/Certification.

This policy applies to the following licensed independent providers providing contracted professional services to the CMHPSM and CMHSPs who are not operating as part of a credentialed organizational provider.

Art Therapist: Board certified as an Art Therapist (ATR-BC) by the Art Therapy Credentials Board, Inc.

Behavior Analyst: Certified by the Behavior Analyst Certification Board. **After April 3, 2019, licensed by the State of Michigan as a Behavior Analyst under Act 368 of 1978, Part 182A.**

Dietitian: Licensed by the State of Michigan as a dietitian or nutritionist under Public Act 333 of 2006. (Prior to full implementation of the Act: registered dietitian or an individual who meets the qualifications of Registered Dietitian established by the American Dietetic Association.)

Massage Therapist: Licensed by the State of Michigan to practice as a Massage Therapist under Part 179A of Michigan Public Act 368 of 1978.

Music Therapist: Board certified as a Music Therapist (MT-BC) by the Certification Board for Music Therapists, or registered as ACMT, CMT or RMT by the National Music Therapy Registry. For Child Waiver services only MT-BC is accepted.

Nurse Practitioner: Certified by the State of Michigan as a Nurse Practitioner and licensed by the State of Michigan to practice nursing under Part 172 of Michigan Public Act 368 of 1978, as amended.

Occupational Therapist: Licensed by the State of Michigan to practice as an Occupational Therapist under Part 183 of Michigan Public Act 368 of 1978.

Physical Therapist: Licensed as a physical therapist by the State of Michigan under Part 178 of Michigan Public Act 368 of 1978, as amended.

Physician: M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration.

Physician's Assistant: Licensed by the State of Michigan to practice as a Physician's Assistant per Public Act 368 of 1978, as amended.

Professional Counselor: Licensed by the state of Michigan to practice as a professional counselor under Part 181, Public Act 368 of 1978, as amended. This includes Rehabilitation Counselors.

Psychiatrist: M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration, who is Board eligible or Board certified in psychiatry.

Psychologist: Per Part 182 of Michigan Public Act 368 of 1978, as amended: Full license by the state of Michigan to independently practice psychology; or a master's degree in psychology (or a closely related field as defined by the Michigan Consumer and Industry Services) and licensed by the State of Michigan as a limited licensed psychologist.

Recreation Therapist: Certified as a Certified Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation.

Registered Nurse: Licensed by the State of Michigan to practice nursing under Part 172 of Michigan Public Act 368 of 1978, as amended.

Social Worker: Licensed by the state of Michigan to practice as a Licensed Master's Social Worker under Michigan Public Act 61 of 2004.

Speech/Language Pathologist: Licensed by the State of Michigan to practice as a Speech-Language Pathologist under Part 176 of Michigan Public Act 368 of 1978.

B. Professionals Not Covered by this Policy. This policy applies specifically to the providers listed above. Professionals credentialed under this policy must meet the definition of providers cited above, which excludes the following:

- o Licensed Practical Nurses (LPNs),
- o Licensed Bachelor's Social Workers,
- o Individuals with a temporary or educational licensure status who have not acquired regular licensure status,
- o Registered Social Service Technicians,
- o OT Assistants,
- o PT Assistants.

In the event that regulations allow for the inclusion of these professionals, these professionals could be credentialed in accordance with this policy.

IV. DEFINITIONS

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Competence: The knowledge, skills, ability, and behaviors that a person possesses in order to perform tasks correctly and skillfully.

Credentialing (or credentials review): The process of obtaining, verifying, and assessing the qualifications of a practitioner to provide mental health or substance use disorder services based on established criteria.

Credentialing Committee: A group of behavioral healthcare providers and other staff assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing processes. These responsibilities include: the development and review of credentialing criteria; development and review of competency assessment mechanisms; review of Licensed Independent Provider(LIP) applications to verify accuracy; verification of LIP credentials; review and determination of the status of LIPs

who have problematic consumer satisfaction, consumer complaints/grievances, and/or practice patterns; and development and implementation of an appeal process for adverse credentialing decisions.

The members of the CMHPSM Credentialing Committee will be appointed by the Regional Operations Committee. Members may include representatives from a variety of professional disciplines. Individuals from professional disciplines not represented on the Committee may be asked to participate on a temporary, as-needed basis. Meetings will occur monthly or as needed.

Credentialing Criteria: The minimum qualifications expected for network providers such as: licensure, education, experience, training, current competence, malpractice/liability insurance limitations and claims history, and ability to perform clinical responsibilities.

Cultural Competence: The ability to provide services tailored to the unique needs of a particular population. This can include language competence or knowledge of and sensitivity to specific issues related to cultural or group values and norms.

Licensed Independent Provider (LIP): Any individual permitted by law and the contracting organization to provide care and services without direction or supervision, within the scope of the individual's license.

Peer Review: For the purposes of this policy, an assessment of the competence of an individual, performed by another individual of the same professional discipline, typically completed through reviewing clinical documentation and examples of the individual's work, against existing professional standards.

Primary Source Verification (PSV): The confirmation of specific credentials of a network provider applicant such as licensure, education, experience, training, etc., obtained directly from the original source from or by which the applicant received the credential.

Provider Network: The comprehensive list of LIPs who are credentialed as outlined in this policy.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

V. POLICY

The CMHPSM ensures the following:

- The provision of high quality, cost effective mental health and substance use disorder services to CMHPSM consumers.
- Consumer access to a timely, geographically convenient, and specialized array of mental health and substance use disorder treatment and support services.
- LIPs meet and/or exceed the accreditation and regulatory standards for practicing and delivering services independently.
- The decision to enter into a contractual relationship with any LIP credentialed by the CMHPSM under this policy is left to each CMHSP based on the needs of their board and community.

VI. STANDARDS

A. CMHPSM vs. CMHSP Responsibilities

For all payer-provider relationships, the PIHP retains the right to approve, suspend, or terminate providers from participation in Medicaid funded services including when a provider is selected/contracts/subcontracts with a delegated entity.

The CMHPSM will conduct the credentialing process for Licensed Independent Providers. This policy applies to professionals meeting the definitions under section III.A who enter into a contract as an individual, not as an employee of an accredited provider organization.

CMHSPs who wish to contract with a LIP will refer those providers to the CMHPSM Network/Operations Manager for credentialing, along with a verified picture identification issued by a state or federal agency (e.g. driver's license or passport).

The CMHPSM will collect, verify and evaluate the provider's credentials and communicate its decision as to whether the provider is approved and for which populations to the CMHSP. The CMHSP may then choose to enter into a contractual relationship with the provider if it is the CMHSP's desire to do so. The execution of a service contract is the responsibility of the CMHSP. It is at the discretion of each CMHSP whether or not to contract with a LIP recommended by the Credentialing Committee. Each CMHSP will follow its own board approved procedures for offering a contract to a LIP credentialed under this policy. The duties and responsibilities of the LIP provider including the services to be provided must be identified in the contract, and must conform to those services allowed under their Michigan licensure and the Medicaid Manual and Medicaid Provider Qualifications published by the State of Michigan. LIP's will be oriented to the organization, relevant policies and procedures, and to their duties and responsibilities regarding consumers, prior to delivering services.

The LIP credentialing process is implemented by the PIHP as follows:

1. CMHPSM Chief Executive Officer: Responsible for overall oversight and implementation of credentialing process;
2. CMHPSM Network Management Committee: Appoint CMHPSM Credentialing Committee chair, provide oversight to CMHPSM Credentialing Committee;
3. CMHPSM Network/Operation Manager assigned staff: receive and process credentialing requests, conduct and compile credentials verification, present completed credentialing packets to CMHPSM Credentialing Committee for review, communicate results of credentialing review and recommendations to CMHSPs and providers.

B. Initial Credentialing Process

Credentialing of all licensed independent providers (LIPs) will require primary source verification to confirm degree awarded, state licensure/certification/registration, psychiatric residency, board certification, and insurance coverage. Credentialing of all LIPs will also include a criminal background check, and a Child Abuse/Neglect Central Registry Check.

Credentialing of all licensed independent providers will include verification that the provider is not excluded from participation in federal health care programs through the Office of Inspector General's exclusions database, per MDHHS contract specifications. It will include queries from the American Medical Association and the National Practitioners Database and other resources for applicable disciplines. Any identified restrictions or sanctions of clinical responsibilities enacted by these or other behavioral health care organizations will be investigated through the primary source.

The CMHPSM shall ensure that the credentialing and re-credentialing processes do not discriminate against any healthcare professional solely on the basis of licensure, registration, or certification; or due to the fact that the individual serves high-risk populations or specializes in the treatment of conditions that require costly treatment.

Credentialing of all LIPs will include verification of current competence by obtaining a written attestation by the applicant of their ability to perform the applicable duties and responsibilities and verified by at least two written peer recommendations from professionals of the same or equivalent discipline.

Collection, verification of credentialing information, and the retention of the completed file will be conducted by staff of the CMHPSM. A completed file for each applicant will contain:

1. The start date (receipt of application) and the end date (when the credentialing/re-credentialing decision is sent to the applicant) is clearly documented
2. A standard timeframe of 90 days for which verification or credentialing/re-credentialing requirements is acceptable. If the timeframe is not met, the credentialing/re-credentialing application will need to be declined with clear reasons as to what was not complete in the response to the provider
3. The individual or committee reviewing the provider includes reviewers with the same/similar credentials of that provider, especially for files considered adverse, including the names and credentials of the committee members/individuals who completed the review with either manual signatures on the review for or copies of email confirmation with the members credentials saved in the file.
4. A completed, signed, and dated credentialing application which includes attestation of:
 - a. lack of current illegal drug use;
 - b. any history of loss of license and/or felony convictions;
 - c. any history of loss or limitations of privileges or disciplinary action;
 - d. correctness and completeness of the application;

- e. ability to perform duties and responsibilities.
- 5. Verification of identity conducted by viewing a valid picture identification issued by a state or federal agency (e.g. driver's license or passport).
- 6. Resume/curriculum vitae covering at least the last five years.
- 7. Education - verification of highest degree awarded from an accredited school.
- 8. Training – verification of residency completion and board certification (physician only).
- 9. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
- 10. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list; results of follow up on identified restrictions to clinical responsibilities/privileges; results of follow up on any disciplinary status with a regulatory board or agency; results of NPDB query for applicable disciplines.
- 11. Results of criminal background check.
- 12. Results of Child Abuse/Neglect Central Registry Check.
- 13. Minimum of two written peer recommendations of the same discipline or equivalent.
- 14. Professional liability insurance – verification of current & adequate coverage and history of professional liability claims resulting in a judgment or settlement.
- 15. Verification of Drug Enforcement Agency registration, and if applicable, controlled substance certificate. (Physicians, Physician Assistants, and Nurse Practitioners only)
- 16. Attestation and disclosure questions.
- 17. National Practitioner Data Bank (NPDB) or Healthcare Integrity and Protection Data Bank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following:
 - a. Minimum five-year history of professional liability claims resulting in a judgment or settlement.
 - b. Disciplinary status with regulatory board or agency.
 - c. Medicare/Medicaid sanctions.
 - d. Approval (or denial) of credentials by the credentialing committee or designee.
 - e. The initial credentialing and all subsequent recredentialing applications,
 - f. Information gained through PSV
 - g. Any other pertinent information used in determining whether or not the provider met the PIHP's credentialing and recredentialing standards.
 - h. Screen shots of verification sources in each credentialing file
- 18. The Background Check Resource Guide required verification of a Drug Enforcement Administration (DEA) registration for physicians be updated to ensure a DEA registration is verified for all prescribers including nurse practitioners (NPs) and physician assistants (PAs).

The CMHPSM will conduct the credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information that prevents the process from proceeding. Applicant files which remain incomplete

after 90 days will be closed with notice sent to the applicant. Completed application files will be presented to the CMHPSM Credentialing Committee for review. The CMHPSM Credentialing Committee review will occur within 90 days from receipt of a completed application.

At the request of the Executive Director of a CMHSP, and due to immediate consumer need, the above credentialing process described above may be expedited. Under the expedited process, credentialing may be temporarily approved without the Child Abuse/Neglect Central Registry Check, as long as the criminal background check is conducted; and the professional references may be taken verbally instead of in writing. These items shall be obtained and included for a full review by the Credentialing Committee during the month following the expedited process.

In some instances, the CMHPSM may decide to use and not duplicate the credentialing process of a hospital accredited by The Joint Commission. The CMHPSM will notify the hospital of its intention to use the hospital's credentialing decision as a basis for contracting with a LIP credentialed by that hospital.

Upon receipt of a completed application file from the CMHPSM, the Credentialing Committee will review the application materials to establish that the applicant's education and training, experience, licensure, competency, and ability to perform duties and responsibilities are appropriate for their professional discipline and for the populations requested. Based on this review, the CMHPSM will communicate the decision that the provider is approved or denied, and for which populations, to the CMHSP Network Managers and Executive Director(s).

C. Re-Credentialing

The credentialing of licensed independent providers in accordance with this policy must be renewed at least every two years. The CMHPSM Operations Manager/Credentialing Committee will re-credential providers at the request of the CMHSPs. The CMHPSM will not re-credential providers with whom no CMHSP intends to contract. At the end of the two year credentialing period, a LIP who no longer wishes to provide services for the CMHPSM or CMHSPs will not be re-credentialed. The CMHPSM will initiate the re-credentialing process 90 days before the expiration of the current credentialing term.

During the re-credentialing process, if a LIP is determined by the Credentialing Committee to not meet the necessary standards, a recommendation will be presented by the CMHPSM to the CMHSP to terminate its contract with the LIP. The CMHPSM will provide notification to the LIP in writing of the recommendation and reason for the recommendation along with written notification of the appeal process. The LIP file will contain the appropriate documentation supporting the decision for not re-credentialing the LIP.

For a LIP to be re-credentialed, a completed re-credentialing file for each applicant will contain updated information on all of the following:

1. An update of information obtained during the initial credentialing (see Section B of this policy).

2. Ongoing monitoring and intervention, if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which includes:
 - a. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list, results of follow up on identified restrictions to clinical responsibilities, results of NPDB query for applicable disciplines.
 - b. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
 - c. A review of member grievances and appeal for that provider during 2 year recredentialing cycle, including if there was no activity to review
 - d. A review of any Recipient Rights violations for that provider during 2 year recredentialing cycle, including if there was no activity to review
3. Verification of current competence by Peer Review, as defined in section VI above. The LIP and/or contracting CMHSP will identify cases to be reviewed. For a LIP that has not contracted with a CMHSP or in a case where consumer files are not available to be peer reviewed, two professional references will be obtained from the same or equivalent discipline.
4. Verification of current competence by CMHSP Review, to include confirmation of adherence to organization policies and procedures or contract requirements, consumer feedback or concerns, including any grievances or appeals against the LIP, any relevant performance improvement issues/feedback, and clinical performance that either exceeds or fails to meet acceptable standards, if applicable.
5. Professional liability insurance – verification of current & adequate coverage provided by the insurance carrier.
6. Verification of Drug Enforcement Agency registration and, if applicable, controlled substance certificate.

The CMHPSM will conduct the re-credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information which prevents the process from proceeding. Completed application files will be presented to the CMHPSM Credentialing Committee for review. The CMHPSM Credentialing Committee review will occur within 30 days from the date the applicant's information is verified. Based on this review, the CMHPSM will communicate the decision that the provider is approved or denied, and for which populations, to the CMHSP Network Managers and Executive Director(s).

An applicant brought forward for re-credentialing who does not have all necessary information submitted for the credentialing committee review prior to the credentialing expiration date, shall not deliver services past the expiration date. Upon completion of the application and a favorable credentialing committee recommendation, the applicant shall be allowed to deliver services.

D. Additional Responsibilities of the CMHPSM Credentialing Committee

In addition to the responsibilities identified in previous sections of this policy, the CMHPSM Credentialing Committee is charged with the following responsibilities:

1. Make recommendations to the CMHPSM Network Management Committee regarding additions, deletions, or changes to the list of professions covered by this policy.
2. Review a LIP's documented performance ~~in-between~~ between credentialing and re-credentialing time periods per the request of the CMHPSM and/or CMHSP. Make recommendations to the CMHSP ~~on~~ whether to maintain credentialing status, withdraw, or deny credentialing status. If credentialing status is withdrawn, the CMHSP shall proceed with termination of the contract. The CMHPSM will provide notification to the LIP in writing of the recommendation and reason for the recommendation along with written notification of the appeal process.
3. Develop credentialing criteria and update these criteria, as needed. Criteria will be based on The Joint Commission standards, MDHHS, federal or other state requirements, and other relevant professional standards. CMHPSM & CMHSP approval for these criteria will be obtained as necessary.
4. Establish reasonable timelines for the credentialing process.
5. Assist CMHPSM staff in creating provider applications and other forms or processes to assist in the implementation of this policy.

E. Reporting

The CMHPSM and CMHSPs shall ensure that practitioner misconduct is reported to the appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, and/or the Office of the Inspector General, etc.), if such conduct results in the termination or denial of credentialing status. Reporting procedures will be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

F. Appeal Process for Licensed Independent Providers

Licensed independent providers may appeal adverse CMHPSM credentialing decisions. LIPs will be notified of their right to appeal adverse decisions, during initial credentialing and re-credentialing processes.

Information relevant to a LIP's ability, suitability or appropriateness to fulfill CMHPSM's credentialing requirements will be considered by the CMHPSM Credentialing Committee during the initial credentialing and subsequent re-credentialing processes, and at any other time that such information comes to the attention of CMHPSM. Additional information from the LIP or from other sources, when available, will be included for consideration. Criteria to terminate or deny credentialing may include:

1. Failure to maintain appropriate insurance as required by contract;
2. Failure to maintain an active license and failure to inform the CMHPSM of any changes in licensure status, pending investigations relating to licensure or malpractice suits being filed;
3. Falsifying information on initial or renewal application;

4. Falsifying any documents submitted with the initial or renewal application;
5. Failure to abide by the terms of the contract;
6. Illegal or fraudulent billing practices;
7. Exclusion from participation in Federal health care programs;
8. Clinical performance outside acceptable standards.

The LIP may request to appeal an adverse decision regarding credentialing by contacting the CMHPSM Chief Executive Officer/designee directly within 10 business days of the date of the written notification. The appeal must be in writing and must specify the nature of the disagreement or the facts in dispute.

The CMHPSM Chief Executive Officer/ will schedule a hearing within 10 business days of the LIP's request for appeal. The CMHPSM Chief Executive Officer/designee will convene an appeal committee which may include: members of the CMHPSM Credentialing Committee; another licensed independent practitioner who has clinical responsibilities in the same discipline as the LIP requesting the hearing, clinical staff, board members, consumers, and/or others based on their relevance to the nature of the appeal.

The CMHPSM Chief Executive Officer/designee will preside over the hearing. The agenda will include: a restatement of the CMHPSM Credentialing Committee's adverse recommendation; an opportunity for the LIP requesting the appeal to present reasons why the adverse recommendation should be changed and to present any supporting information in oral and/or written form; and an opportunity for the appeal committee members to ask questions.

Following the hearing the CMHPSM Chief Executive Officer/designee will consult with the appeal committee members. The CMHPSM Chief Executive Officer/designee will make a final decision about the appeal and notify the LIP. A copy of all appeal documentation will be retained in the licensed independent practitioner's CMHPSM credentialing file.

VI. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
The Joint Commission: Comprehensive Accreditation Manual for Behavioral Health Care	X	Human Resources Management Chapter Leadership Chapter
CMHPSM Financial Fraud and Abuse Reporting Policy	X	
MDHHS Michigan Medicaid Provider Manual	X	

MDHHS Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes	X	
Medicaid and CHIP Managed Care Final Rule, 42 CFR Parts 431, 433, 438, et al.	X	
Michigan Department of Health and Human Services – PIHP Contract, Attachment P 7.1.1, Credentialing Policy	X	

MILLAGE INVESTMENT

Public Safety and Mental Health
Preservation Millage



Sheriff Jerry L. Clayton

Police Service Contract Model

- Cost outpacing price
- Continuing expansion of cost-price gap
- Unsustainable model

Consequences of Model

- Reallocation of funds from county departments
- Contract partners priced out of police services
- Dissolution of contract policing

Mental Health Impact

- Increase in Police Calls For Service when MH services under resourced
- MHD is criminalized instead of individuals proactively receiving MH services
- Strain on mental health and police services resources



HISTORICAL CONTEXT

UNSUSTAINABLE MODEL

	Estimates based on projections in 2017				
	2018	2019	2020	2021	2022
Direct Costs	\$144,919	\$150,298	\$155,754	\$163,227	\$167,877
Indirect Costs	\$32,978	\$33,772	\$35,095	\$37,368	\$39,132
Overhead Costs	\$7,309	\$7,241	\$7,534	\$7,791	\$7,926
BOC Adopted Cost Methodology	\$185,206	\$191,311	\$198,383	\$208,386	\$214,935
BOC Approved Contract Price	\$160,650	\$160,650	\$160,650	\$163,060	\$165,506
Total Cost for 79 PSU	\$14,631,305	\$15,687,486	\$16,267,385	\$17,087,629	\$17,624,657
Total Charged for 79/82 PSU	\$12,691,368	\$13,173,319	\$13,173,319	\$13,370,919	\$13,571,483
County Contribution to Contract Patrol	\$1,939,936	\$2,514,167	\$3,094,066	\$3,716,710	\$4,053,174
Estimated Millage Contribution	\$0	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000
<i>**Cost analysis are based on salary projections provided on 09/19/2017</i>					
<i>**Price increases as follows: 1.5% 2018; 0% 2019 & 2020, 1.5% 2021 & 2022</i>					
<i>**Analysis performed by SiRui Huang, Financial Analyst-Sheriff's Office</i>					
Major Assumptions:					
**Price 1% increase					
**Salaries in alignment with union contracts; provided by County					
**Fringes in alignment with current union agreement					
**79 PSU's					
**Operating costs: assume no change pending budget planning					
**Fleet utilizing current long term fleet projections					



Millage Overview

- Dedicated funding source for county police services & behavioral health service expansion
- Total Annual Millage Revenue: \$15,433,608
 - 38% CMH \$5,864,771
 - 38% Sheriff's Office \$5,864,771
 - Locals with Police Depts \$3,704,066

County Public Safety Portion

- For the next 8yrs, 41-49% of the 38% public safety allocation goes into the County general fund
- The remaining allocation supports:
 - Deflection/Diversion/Re-entry
 - Public Safety Sustainability



RETURN ON INVESTMENT

Community Investment

- Total Investment over life of millage: \$ 9,462,315
 - Bond Amount - \$5,400,000
 - Bond Interest - \$ 588,921
 - Project Contingency \$ 672, 546
 - CAP Increase - \$2,385,000
 - Creation of additional Dispatcher - \$415,848

Emergency Communications Center

- Nerve center for police services
- 93% of county is dispatched by Metro Dispatch
- Integration of Metro Dispatch and Emergency Management Operations
- Positioned to provide high level of service
- Finite investment

RETURN ON INVESTMENT

Deflection/Diversion (\$1,571,632)

- LEAD Coordinator
- Diversion Deputy
- Staff Training
- Assessment Center
- SURE Expansion

Alternatives to Incarceration (\$2,843,959)

- Supervision Agent
- Court Service Liaison
- Drug Testing Agent
- Administrative Assistant
- Added capacity to support increased population that would have otherwise been incarcerated

Incarceration Support (\$1,241,477)

- Corrections - Mental Health Unit
- Full-time Unit Manager
- Part-time Mental Health Specialist
- Enhanced Staff Training

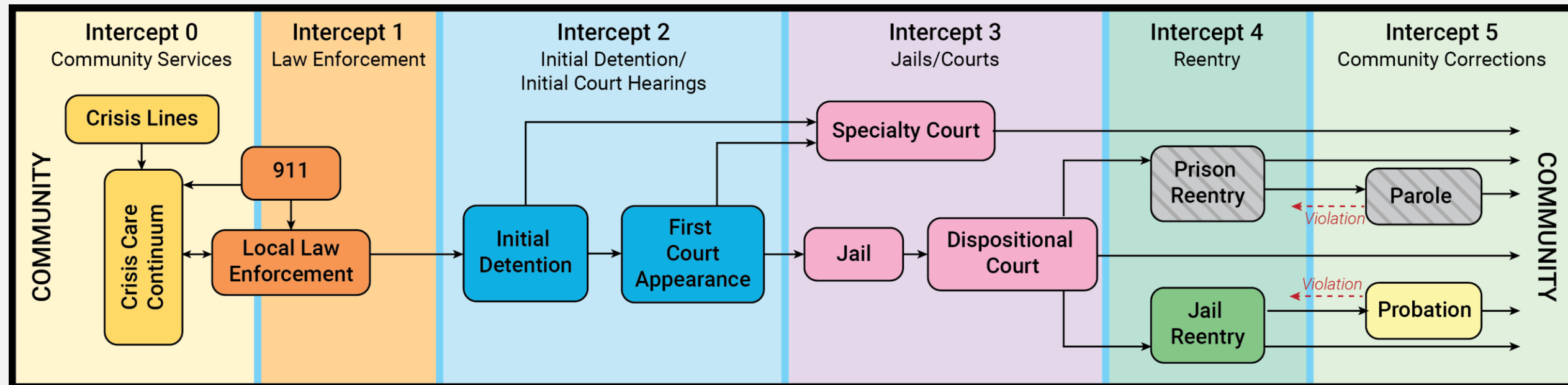
Reentry Services (\$2,016,470)

- Reentry Coordinator
- County Match to DOJ Reentry Grant
- Two Reentry Case Managers
- Enhanced Partnerships with Service Providers
- Analysis and Evaluation



RETURN ON INVESTMENT

INTERCEPT POINTS FOR DIVERSION



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ORIGINAL INTERCEPT MAP

Intercept 0 Community Services

- Programs
- Outreach Team

Intercept 1 Law Enforcement

- Cultural Shift
- Engagement focus
 - Problem based

- Training
- MIIS

Intercept 2 Initial Detention/ Initial Hearing

Intercept 3 Jails/Courts

- Enhancements
- Physical structure of jail
 - IBM

Intercept 4 Reentry

- Cultural Shift
- Reentry for all
- Model Selection
- TJC
 - NIC Evaluation

Intercept 5 Community Corrections

- Programs
- Peer2Peer
 - Anger Management
 - Electronic Monitoring
 - MRT
 - SUD services

PRE-MILLAGE EXPANSION

Intercept 0 Community Services

Enhancements

- SURE
- Outreach Team

Intercept 1 Law Enforcement

Cultural Shift

- Engagement focus
- Problem based

Training

- MIIS

Tools

- 24-7 Crisis Line

Intercept 2 Initial Detention/ Initial Hearing

Enhancements

- Pre arraignment risk assessment by CSL's

Intercept 3 Jails/Courts

Enhancements

- Physical structure
- IBM
- Direct Supervision
- Jail programming evaluation
- ITR Outreach
- MH service expansion
- MRT
- Empowering Services
- MAT program
- Naloxone kits
- Screening & Assessments

Training

- SIM

Intercept 4 Reentry

Cultural Shift

- Reentry for all

Model Selection

- TJC
- NIC Evaluation

Enhancements

- MH redesign
- Education redesign
- SUD services
- Discharge planning
- Interdisciplinary team meeting

Intercept 5 Community Corrections

Enhancements

- Peer2Peer
- Anger Management
- Vocational Cert
- Pretrial Program expansion
- Electronic Monitoring
- MRT
- SUD services

MILLAGE EXPANSION

Intercept 0 Community Services

Enhancements

- **SURE Expansion**
- Outreach Team

Intercept 1 Law Enforcement

Cultural Shift

- Engagement focus
- Problem based

Training

- MIIS
- **MIIS Expansion**

Tools

- 24-7 Crisis Line
- **LEAD**
- **Diversion Deputy**
- **Countywide CIT**
- **Assessment Center**

Intercept 2 Initial Detention/ Initial Hearing

Enhancements

- Pre arraignment risk assessment by CSL's

Intercept 3 Jails/Courts

Enhancements

- Jail programming evaluation
- ITR Outreach
- MH service expansion
- MRT
- Empowering Services
- MAT program
- Naloxone kits
- Screening & Assessments
- **MH Unit**
- **MH Unit Mgr.**
- **MH Specialist**
- **Programming Card**

Training

- SIM
- **Enhanced Staff Training**

Intercept 4 Reentry

Cultural Shift

- Reentry for all

Model Selection

- TJC
- NIC Evaluation

Enhancements

- MH redesign
- Education redesign
- SUD services
- Discharge planning
- Interdisciplinary team meeting
- **Reentry Coord.**
- **IRI Grant**
- **Case Managers**
- **Enhanced Partnerships**
- **Analysis/Eval**

Intercept 5 Community Corrections

Enhancements

- Peer2Peer
- Anger Management
- Vocational Cert
- Pretrial Program expansion
- Electronic Monitoring
- MRT
- SUD services
- **MH Specialist**
- **Supervision Agent**
- **CSL**
- **Drug Testing Agent**
- **Admin Assistant**

PLANNED USE OF MILLAGE FUNDS

	2019 Actual	2020	2021	2022	2023	2024	2025	2026
Police Services/Mental Health Millage Revenue - Full Sheriff's Allocation		\$ 6,204,126	\$ 6,297,187	\$ 6,391,645	\$ 6,487,520	\$ 6,584,833	\$ 6,683,605	\$ 6,783,859
Police Services/Mental Health Millage Revenue - 95% of full allocation (Estimated Collection Rate)	\$ 6,122,264	\$ 5,893,919	\$ 5,982,328	\$ 6,072,063	\$ 6,163,144	\$ 6,255,591	\$ 6,349,425	\$ 6,444,666
Offset to General Fund Appropriation reduction	\$ 2,500,000	\$ 2,500,000	\$ 2,500,000	\$ 2,500,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000	\$ 3,000,000
Contract Police Contribution ½ Estimated Collection Rate Revenue)	41%	42%	42%	41%	49%	48%	47%	47%
Amount Redirected to Bond Payment - Assuming \$6 million bond issuance for 8 years	\$ 711,463	\$ 850,000	\$ 850,000	\$ 850,000	\$ 850,000	\$ 850,000	\$ 850,000	\$ 850,000
Police Services/Mental Health Millage Revenue Balance - "The funds from the millage will help support the WCSO's continued efforts to provide county-wide police services with a specific focus on criminal justice system diversion". (Adopted Board	\$ 3,622,264	\$ 3,393,919	\$ 3,482,328	\$ 3,572,063	\$ 3,163,144	\$ 3,255,591	\$ 3,349,425	\$ 3,444,666
S.O. Planned Expenses Covered by Police Services/Mental Health Millage (See Summary Below)	\$ 1,789,440	\$ 3,551,382	\$ 2,446,788	\$ 2,489,726	\$ 2,510,603	\$ 2,451,391	\$ 2,168,900	\$ 2,221,675
Balance Prior To Other Agreed Expenses (Row 30)	\$ 1,832,825	\$ (157,463)	\$ 1,035,540	\$ 1,082,337	\$ 652,541	\$ 804,201	\$ 1,180,525	
Summary - S.O. Planned Expenses Covered by Police Services/Mental Health Millage								
Corrections Mental Health Services / Diversion Services	\$ 787,463	\$ 1,107,888	\$ 1,076,614	\$ 1,118,386	\$ 1,137,672	\$ 1,184,623	\$ 1,234,400	\$ 1,287,175
Diversion Services Case Management System	\$ -	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
Dispatch/EOC Move to Zeeb Road (Bond Payment)	\$ 711,463	\$ 738,763	\$ 746,063	\$ 752,131	\$ 756,088	\$ 758,713	\$ 763,950	\$ 761,750
Contingency for Zeeb Road Project	\$ 138,537	\$ 111,238	\$ 103,938	\$ 97,869	\$ 93,913	\$ 91,288	\$ 86,050	\$ 88,250
Dispatch Center Annual Maintenance		\$ 59,500	\$ 59,500	\$ 59,500	\$ 59,500	\$ 59,500	\$ 59,500	\$ 59,500
1 Full-time dispatch position (moving away from PT call-takers (per Halteman 09-17-19)		\$ 101,726	\$ 103,406	\$ 104,573	\$ 106,163			
Diversion Facility Enhancements	\$ -	\$ 1,000,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Work Program Enhancements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Axon Body Worn Cameras, In Car Video Systems, Interview Rooms	\$151,976	\$332,267	\$332,267	\$332,267	\$332,267	\$332,267	\$0	\$0
COVID-19	\$0	\$75,000	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$ 1,789,440	\$ 3,551,382	\$ 2,446,788	\$ 2,489,726	\$ 2,510,603	\$ 2,451,391	\$ 2,168,900	\$ 2,221,675
Other Expenses Being Discussed (CMH Deficit Contribution; Additional CAP)	\$ 500,000	\$ -	\$ 300,000	\$ 350,000	\$ 380,000	\$ 415,000	\$ 450,000	\$ 490,000
Balance With Other Agreed Expenses	\$ 1,332,825	\$ (157,463)	\$ 735,540	\$ 732,337	\$ 272,541	\$ 389,201	\$ 730,525	\$ 732,992

MILLAGE INVESTMENT

Public Safety and Mental Health
Preservation Millage

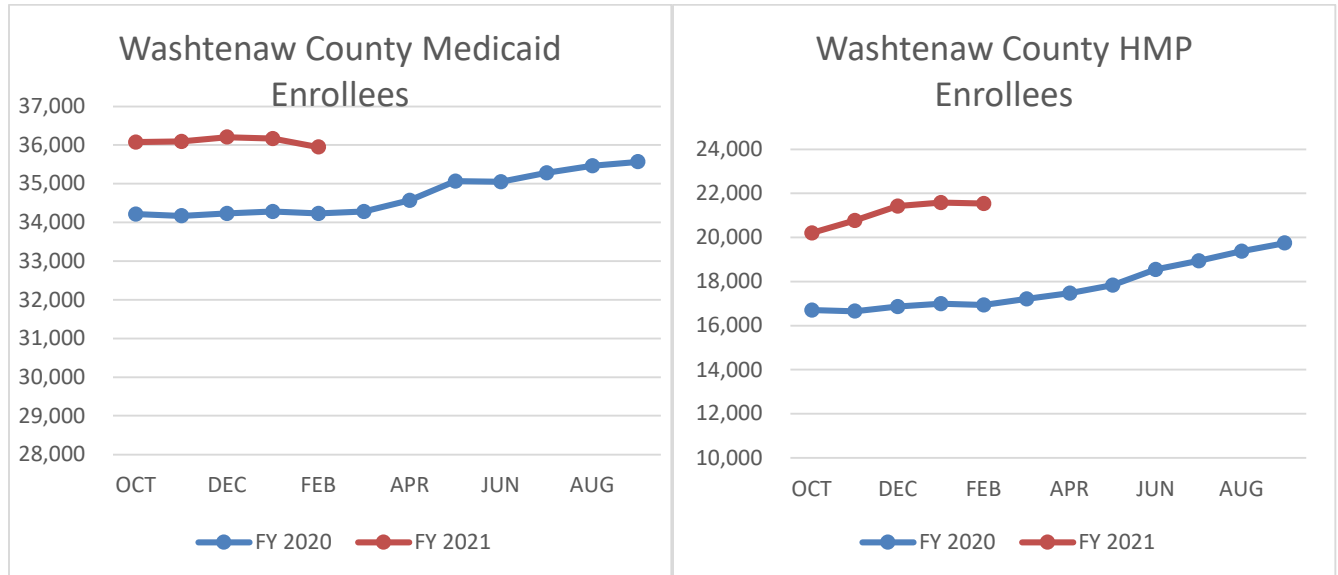


Sheriff Jerry L. Clayton

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending February 28, 2021
Prepared: April 2, 2021**

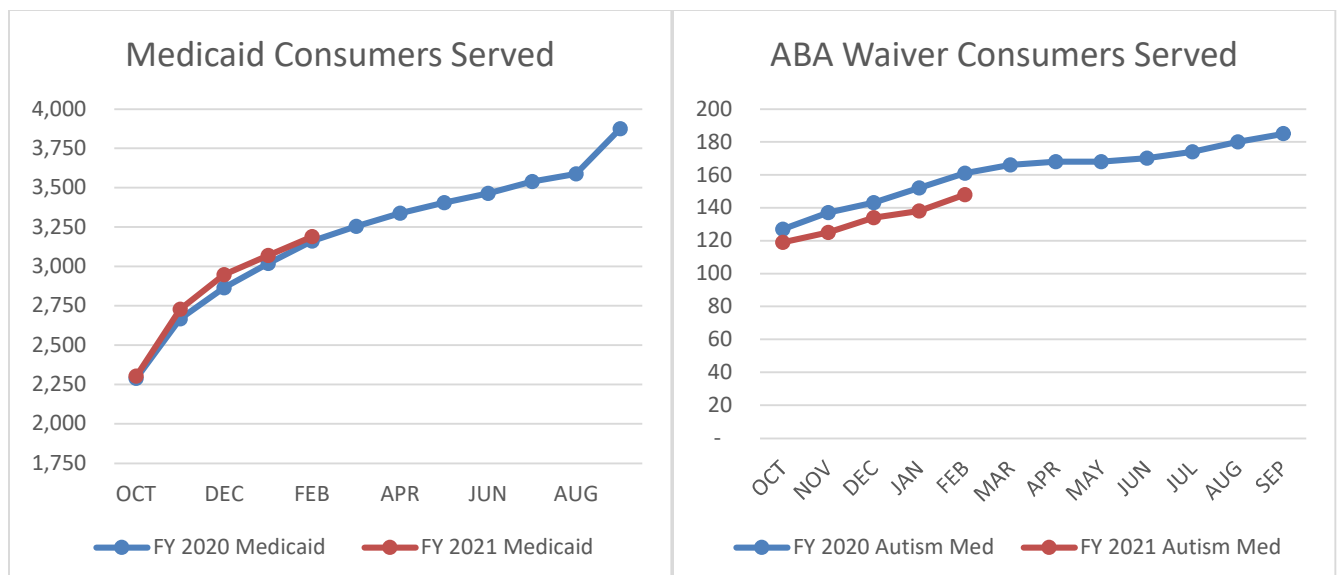
1. Washtenaw County Enrollees

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



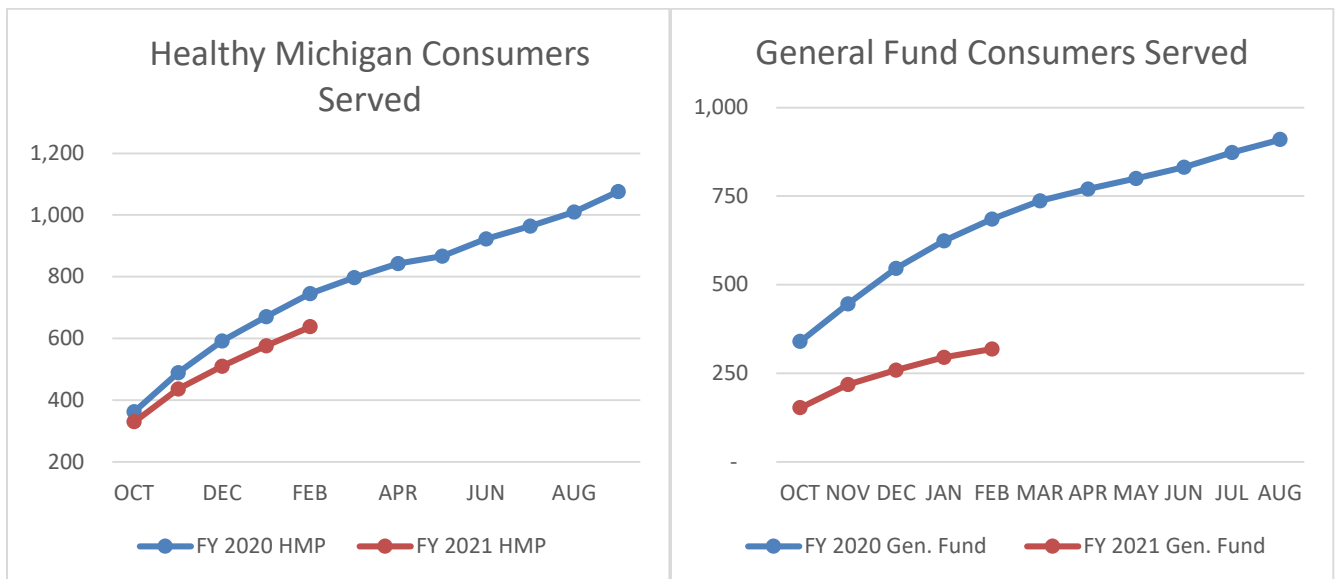
Washtenaw County Medicaid Enrollees were 35,953 in February 2021. This is a 5.01% increase from the same time last year (1,716 more enrollees than in February 2020). Healthy Michigan enrollment in February 2021 was 21,534. This is a 27.14% increase from the same time last year (4,597 more enrollees than in February).

2. WCCMH Consumers Served to Date



Medicaid consumers served through February 2021 are 3,190. This is 29 more consumers than the prior year (3,161 consumers were served through February 2020).

ABA Waiver consumers served through February 2021 are 148. This is 13 less consumers than the prior year (161 consumers were served through February 2020).



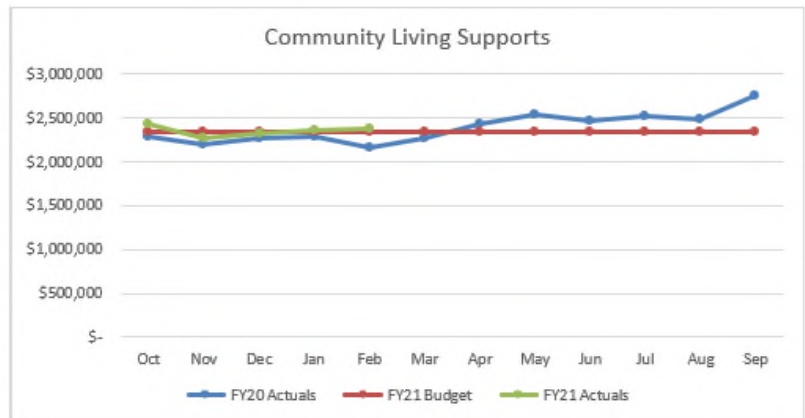
Healthy Michigan consumers served through February 2021 were 638. This is 107 less consumers than the same period last year.

General Fund consumers served through February 2021 were 319. This is 366 less consumers than the same period last year.

3. Financial Statement Highlights

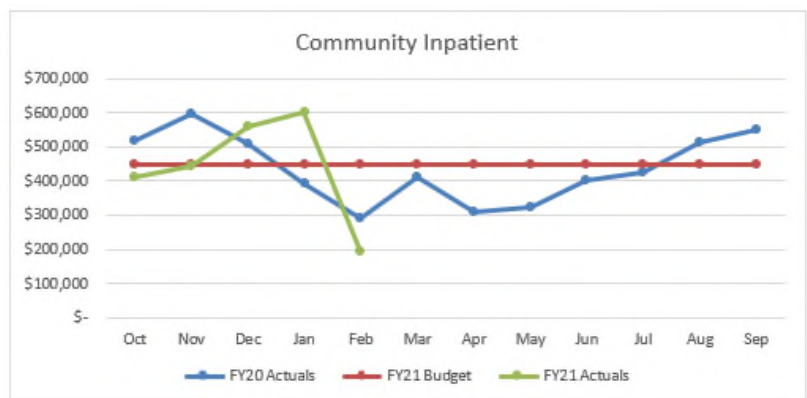
- a. CLS service costs to date are estimated to be \$11.8 Million. The costs year to date are 5% higher than this time last year, primarily due to the temporary \$2 per hour direct care worker increase is included in the FY21 Actuals. The temporary increase has been extended through September 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 2,290,691	\$ 2,335,165	\$ 2,428,809	6.03%
Nov	2,198,453	2,335,165	2,266,492	4.59%
Dec	2,269,119	2,335,165	2,325,373	3.88%
Jan	2,287,654	2,335,165	2,364,336	3.75%
Feb	2,166,793	2,335,165	2,384,172	4.96%
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	2,762,607	2,335,165		



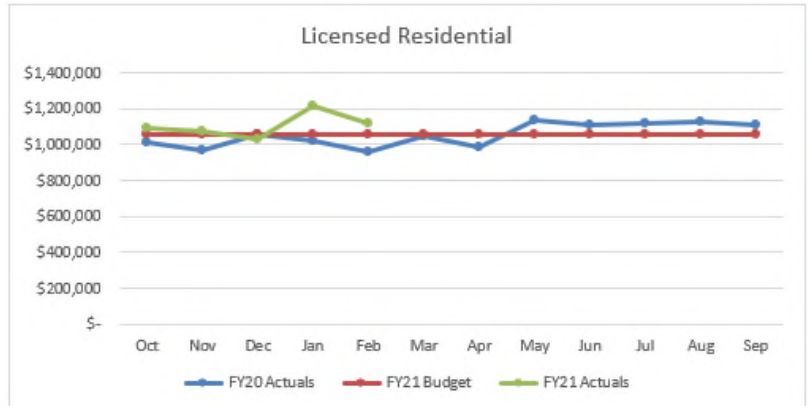
- b. Community Inpatient costs to date are \$2.2 Million. The costs year to date are 4% less than this time last year and \$26,000 under budget.

	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	194,823	-3.89%
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	550,126	447,917		



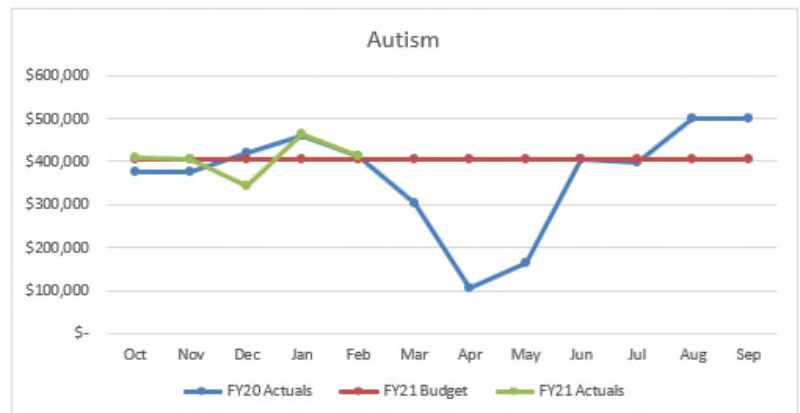
- c. Licensed Residential costs to date are \$5.5 Million. The costs year to date are 10% more than this time last year and \$233,000 over budget. This is primarily due to the temporary \$2 per hour direct care worker increase. The temporary increase has been extended through September 2021.

	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	1,118,469	10.10%
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 \$2 Million. The costs year to date are 1% less than this time last year and on 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	410,998	-0.86%
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	501,047	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.

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 \$2.7 Million through February.
- c. By funding source, HMP is showing a surplus of \$157,000 through February.
- d. Combined, the PIHP surplus is \$2.9 Million through February.

5. State General Fund Key Points

- a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of \$735,000.

6. Local Key Points

- a. The majority of Local Funding comes from Washtenaw County.
- b. Local Funds are showing a surplus of \$8,000 through February 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
 FEB 2021 FYTD

ATTACHMENT #2
APRIL 2021

	<u>Total</u>
Medicaid **	
Revenue	
B & B3	\$ 17,768,854
HSW	10,801,489
DCW	1,782,296
Child Waiver/SED Waiver	398,585
Autism	1,996,658
Prior Year Adjustments	-
Care for Caïd	-
Total Medicaid Revenue	<u>\$ 32,747,882</u>
Total Medicaid Expense	<u>\$ 30,038,946</u>
Medicaid Surplus/(Deficit)	<u><u>\$ 2,708,936</u></u>

Healthy Michigan **	
Revenue	\$ 2,405,741
Expense	2,248,285
Healthy MI Surplus/(Deficit)	<u><u>\$ 157,456</u></u>

General Fund	
Revenue	
CMH Operations	\$ 1,613,510
CMH Operations Contra	-
GF Carryforward	175,491
Categorical	-
Redirect To Injectable Meds.	(30,638)
Funding Fr. Other Local Sources	-
Total General Fund Revenue	<u>\$ 1,758,363</u>
Total General Fund Expense	<u>\$ 1,022,709</u>
General Fund Surplus/(Deficit)	<u><u>\$ 735,653</u></u>

Injectable Meds	
Revenue	\$ 30,638
Expense	30,638
Inj. Meds. Surplus/(Deficit)	<u><u>\$ -</u></u>

Grants And Contracts	
Revenue	\$ 487,871
Expense	<u>487,871</u>

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

ATTACHMENT #2
APRIL 2021

	Total
Grants & Cont. Surplus/(Deficit)	\$ -
CMHSP To CMHSP	
Revenue	\$ 241,809
Redirect to GF	-
Expense	241,809
CMHSP to CMHSP Surplus/(Deficit)	\$ -
Local	
Revenue	\$ 644,272
Expense	636,188
Local Surplus/(Deficit)	\$ 8,083
Private Grant & All NOR	
Revenue	\$ 101,520
Expense	101,520
Priv. Grant & NOR Surplus/(Deficit)	\$ (0)
Grand Total	
Revenue	\$ 38,527,670
Expense	34,917,542
Grand Total Surplus/(Deficit)	\$ 3,610,128

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	\$ 2,866,391
WCCMH Surplus/(Deficit)	743,737
	\$ 3,610,128

**Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 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	\$ 17,828,918	\$ 17,768,854	\$ (60,064)	-0.34%
HSW	24,902,700	10,376,125	10,801,489	425,364	4.10%
Children & SED Waivers	894,097	372,540	398,585	26,045	6.99%
Healthy Michigan Capitation	5,755,998	2,398,333	2,405,741	7,409	0.31%
Autism Capitation	4,657,841	1,940,767	1,996,658	55,891	2.88%
CARES Act DCW	1,679,127	699,636	1,782,296	1,082,660	154.75%
TOTAL PIHP Revenue	\$ 80,679,165	\$ 33,616,319	\$ 35,153,623	\$ 1,537,304	4.57%
MDHHS Revenue					
State General Funds	\$ 3,872,431	\$ 1,613,513	\$ 1,789,001	\$ 175,488	10.88%
Grants & Earned Contracts	1,779,812	741,588	535,153	(206,435)	-27.84%
All Other Revenue					
County Appropriation	\$ 1,748,770	\$ 728,654	\$ 372,540	\$ (356,114)	-48.87%
Project Revenue	782,545	326,060	278,941	(47,119)	-14.45%
All Other	1,917,652	799,022	792,080	(6,942)	-0.87%
TOTAL Operating Revenue	\$ 90,780,375	\$ 37,825,156	\$ 38,921,338	\$ 1,096,181	2.90%
<u>Operating Expenses</u>					
Administrative Expenses					
General Administration	\$ 5,624,552	\$ 2,343,563	\$ 2,048,036	\$ (295,527)	-12.61%
Program Administration	3,304,826	1,377,011	1,133,948	(243,063)	-17.65%
Residential Services					
Community Living Supports	\$ 28,021,975	\$ 11,675,823	\$ 11,809,643	\$ 133,820	1.15%
Licensed Residential	12,700,200	5,291,750	5,524,817	233,067	4.40%
Outpatient Services					
Autism Services	\$ 4,871,892	\$ 2,029,955	\$ 2,031,262	\$ 1,307	0.06%
Case Management	5,221,985	2,175,827	1,705,598	(470,229)	-21.61%
Supports Coordination	2,535,741	1,056,559	896,368	(160,191)	-15.16%
Skill Building	4,256,172	1,773,405	935,869	(837,536)	-47.23%
Supported Employment	1,364,871	568,696	577,212	8,516	1.50%
Psychiatry	2,770,122	1,154,218	1,065,162	(89,056)	-7.72%
Nursing Services	2,353,003	980,418	789,739	(190,679)	-19.45%
Therapy Services	1,875,621	781,509	688,253	(93,256)	-11.93%
All Other	7,441,765	3,100,735	2,753,215	(347,520)	-11.21%
Other Expenses					
Community Inpatient	\$ 5,375,000	\$ 2,239,583	\$ 2,213,354	\$ (26,229)	-1.17%
Local Matches & Shelter	1,282,838	534,516	603,581	69,065	12.92%
Grants & Earned Contracts	1,779,812	741,588	535,153	(206,435)	-27.84%
TOTAL Operating Expenses	\$ 90,780,375	\$ 37,825,156	\$ 35,311,210	\$ (2,513,946)	-6.65%
Revenue Over/(Under) Expenses	-	-	3,610,128	3,610,128	

**Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2021**

Prior Year Comparison				
	FY 2021 YTD Actuals	FY 2020 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
<u>Operating Revenue</u>				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	\$ 17,768,854	\$ 16,510,496	\$ 1,258,358	7.62%
HSW	10,801,489	10,198,901	602,588	5.91%
Children & SED Waivers	398,585	275,564	123,021	44.64%
Healthy Michigan Capitation	2,405,741	1,948,557	457,184	23.46%
Autism Capitation	1,996,658	1,896,141	100,517	5.30%
CARES Act DCW	1,782,296	-	1,782,296	
TOTAL PIHP Revenue	\$ 35,153,623	\$ 30,829,659	\$ 4,323,964	14.03%
MDHHS Revenue				
State General Funds	\$ 1,789,001	\$ 1,462,420	\$ 326,581	22.33%
Grants & Earned Contracts	535,153	627,514	(92,361)	-14.72%
All Other Revenue				
County Appropriation	\$ 372,540	\$ 363,727	\$ 8,813	2.42%
Project Revenue	278,941	262,919	16,022	6.09%
All Other	792,080	929,993	(137,913)	-14.83%
TOTAL Operating Revenue	\$ 38,921,338	\$ 34,476,232	\$ 4,445,106	12.89%
<u>Operating Expenses</u>				
Administrative Expenses				
General Administration	\$ 2,048,036	\$ 2,253,631	\$ (205,595)	-9.12%
Program Administration	1,133,948	1,093,196	40,752	3.73%
Residential Services				
Community Living Supports	\$ 11,809,643	\$ 10,911,477	\$ 898,166	8.23%
Licensed Residential	5,524,817	5,017,853	506,964	10.10%
Outpatient Services				
Autism Services	\$ 2,031,262	\$ 2,049,072	\$ (17,810)	-0.87%
Case Management	1,705,598	1,791,809	(86,211)	-4.81%
Supports Coordination	896,368	851,679	44,689	5.25%
Skill Building	935,869	2,509,976	(1,574,107)	-62.71%
Supported Employment	577,212	800,725	(223,513)	-27.91%
Psychiatry	1,065,162	1,092,611	(27,449)	-2.51%
Nursing Services	789,739	838,393	(48,654)	-5.80%
Therapy Services	688,253	702,175	(13,922)	-1.98%
All Other	2,753,215	2,670,240	82,975	3.11%
Other Expenses				
Community Inpatient	\$ 2,213,354	\$ 2,303,031	\$ (89,677)	-3.89%
Local Matches & Shelter	603,581	596,308	7,273	1.22%
Grants & Earned Contracts	535,153	595,449	(60,296)	-10.13%
TOTAL Operating Expenses	\$ 35,311,210	\$ 36,077,625	\$ (766,415)	-2.12%
Revenue Over/(Under) Expenses	3,610,128	(1,601,393)	5,211,521	

**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	\$ 31,333,092	\$ 38,921,338							
Total Expense	\$ 6,390,300	\$ 13,468,771	\$ 20,308,564	\$ 28,129,172	\$ 35,311,210							
Surplus / (Deficit)	\$ 1,365,101	\$ 1,841,473	\$ 3,272,027	\$ 3,203,920	\$ 3,610,128	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For Two Months Ending February 28, 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	\$ 1,094,231	\$ 3,445,479	\$ 2,351,248
Millage Interest Revenue	-	-	4,219	4,219
	<u>\$ 6,565,388</u>	<u>\$ 1,094,231</u>	<u>\$ 3,449,698</u>	<u>\$ 2,355,467</u>
Millage Expenses				
Salary	\$ 2,395,000	\$ 399,167	\$ 395,886	\$ (3,281)
Fringe	1,339,513	223,252	217,663	(5,589)
Contractors	1,500,000	250,000	119,121	(130,879)
Trainings	140,000	23,333	-	(23,333)
Operating Expenses	782,500	130,417	75,140	(55,277)
Fleet Charges	60,000	10,000	489	(9,511)
Client Care	78,500	13,083	4,530	(8,553)
Cost Allocation Plan	70,875	11,813	-	(11,813)
Furniture & Equipment	100,000	16,667	-	(16,667)
Depreciation Expense	10,000	1,667	-	(1,667)
Telephone	50,000	8,333	7,051	(1,282)
All Other Expenses	39,000	6,500	25	(6,475)
Total Millage Expenses	<u>\$ 6,565,388</u>	<u>\$ 1,094,231</u>	<u>\$ 819,905</u>	<u>\$ (274,326)</u>
Revenue Over/(Under) Expenses		-	2,629,793	2,629,793

*** 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

	<u>Annual Budget</u>	<u>Budget YTD</u>	<u>YTD Actual</u>	<u>YTD Actual O/(U) YTD Budget</u>
January 2021 - June 2021				
CCBHC #1 - Year 3 Grant Revenue	\$ 521,132	\$ 173,711	\$ 117,576	\$ (56,135)
CCBHC #1 - Year 3 Grant Expenses				
Salary	\$ 298,302	\$ 99,434	\$ 70,498	\$ (28,936)
Fringe	175,454	58,485	35,488	(22,997)
Trainings	-	-	-	-
Telephone	-	-	901	901
Operating Supplies	47,376	15,792	10,689	(5,103)
Client Care	-	-	-	-
Total Expenses	<u>\$ 521,132</u>	<u>\$ 173,711</u>	<u>\$ 117,576</u>	<u>\$ (56,134)</u>
Revenue Over/(Under) Expenses	-	-	-	-

January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	\$ 1,800,430	\$ 300,072	\$ 310,396	\$ 10,324
CCBHC #2 - Year 2 Grant Expenses				
Salary	\$ 975,771	\$ 162,629	\$ 177,611	\$ 14,983
Fringe	595,220	99,203	100,306	1,103
Trainings	5,343	891	-	(891)
Telephone	11,085	1,848	2,167	320
Operating Supplies	185,511	30,919	30,087	(832)
Client Care	27,500	4,583	225	(4,358)
Total Expenses	<u>\$ 1,800,430</u>	<u>\$ 300,072</u>	<u>\$ 310,396</u>	<u>\$ 10,324</u>
Revenue Over/(Under) Expenses	-	-	-	-

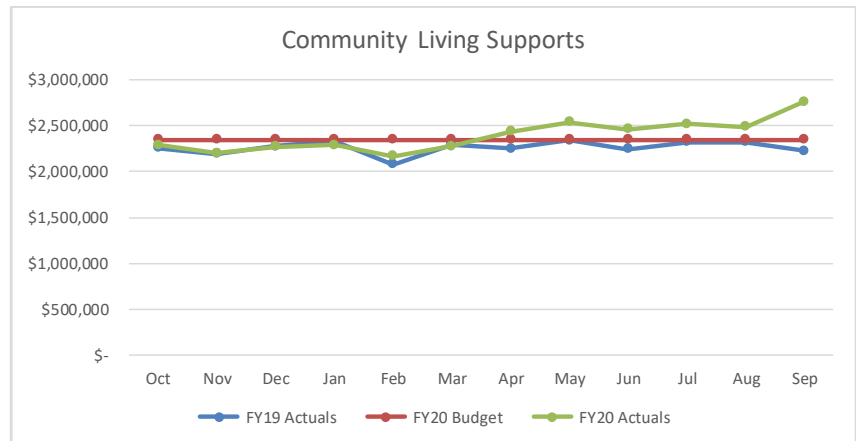
**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-END FINANCIAL STATUS
FISCAL YEAR 2020: For the period ending September 30, 2020
Prepared: April 2, 2021**

The following Financial Status Update is still considered “Preliminary” as WCCMH finalizes the FY 2020 Financial Audit and Compliance Examination. Formal WCCMH Board acceptance of this information will take place at the time of audit presentations.

1. Financial Statement Highlights

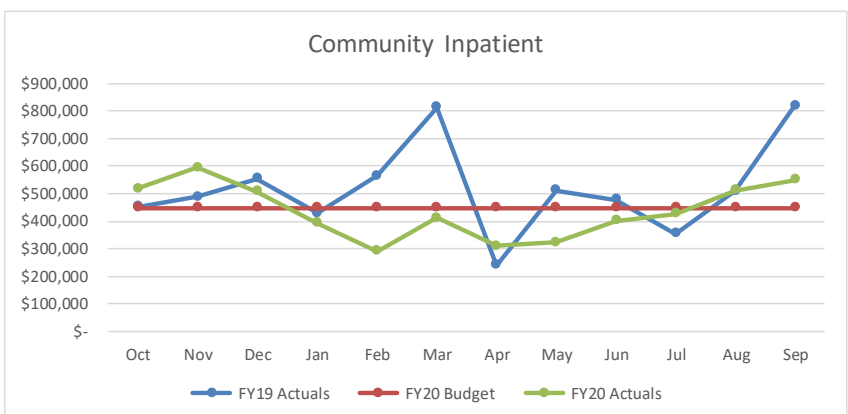
- a. Community Living Supports (CLS) service costs for FY20 totaled \$28.7M. The costs are 5.71% more than FY19. This is primarily due to the temporary \$2 per hour direct care worker increase for the period of April 2020 through September 2020. Sufficient revenue to support the increase was passed through from the PIHP. The final FY20 budget for CLS services was \$28,164,345, total final costs are \$545,454 or 2% over the final budget.

	FY19 Actuals	FY20 Budget	FY20 Actuals	YTD % Change
Oct	\$ 2,259,434	\$ 2,347,029	\$ 2,290,691	1.38%
Nov	2,193,044	2,347,029	2,198,453	0.82%
Dec	2,276,251	2,347,029	2,269,119	0.44%
Jan	2,334,593	2,347,029	2,287,654	-0.19%
Feb	2,077,540	2,347,029	2,166,793	0.64%
Mar	2,295,081	2,347,029	2,276,977	0.40%
Apr	2,249,415	2,347,029	2,436,420	1.53%
May	2,342,871	2,347,029	2,535,453	2.40%
Jun	2,247,688	2,347,029	2,462,540	3.20%
Jul	2,324,144	2,347,029	2,518,980	3.73%
Aug	2,319,692	2,347,029	2,486,795	4.05%
Sep	2,223,361	2,347,029	2,762,607	5.71%



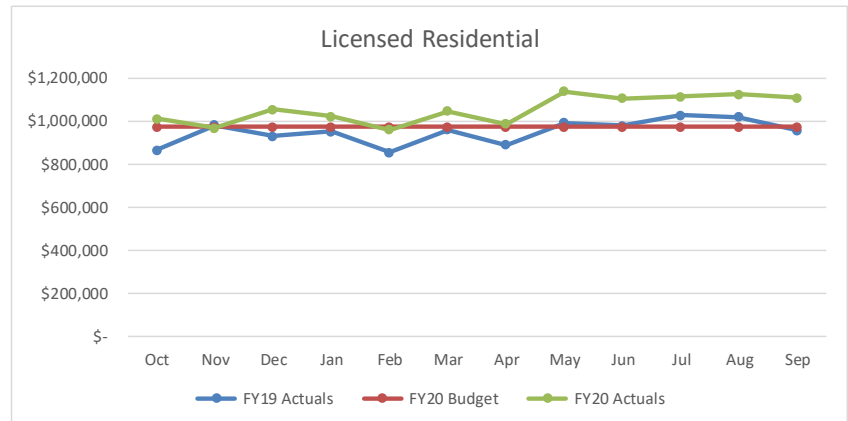
- b. Community Inpatient costs for FY20 totaled \$5,240,444. The costs are 15.7% less than FY19. The final budget for psychiatric hospitalizations in FY20 was \$5,375,000, total final costs are \$134,556 or 3% under the final budget.

	FY19 Actuals	FY20 Budget	FY20 Actuals	YTD % Change
Oct	\$ 451,590	\$ 447,917	\$ 518,019	14.71%
Nov	488,108	447,917	595,144	18.46%
Dec	553,470	447,917	506,426	8.47%
Jan	428,822	447,917	393,137	4.72%
Feb	564,957	447,917	290,304	-7.40%
Mar	813,506	447,917	411,873	-17.74%
Apr	240,358	447,917	310,948	-14.54%
May	512,537	447,917	323,671	-17.36%
Jun	477,278	447,917	402,174	-17.19%
Jul	353,629	447,917	426,500	-14.46%
Aug	509,235	447,917	512,121	-13.04%
Sep	819,262	447,917	550,126	-15.65%



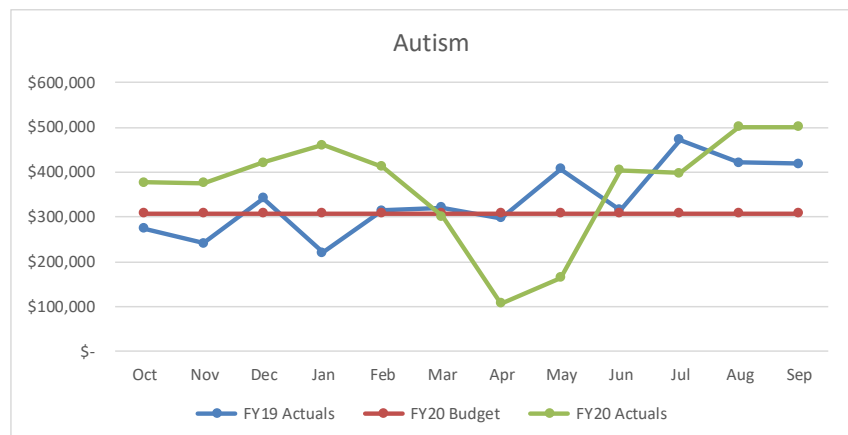
- c. Licensed Residential costs for FY20 totaled \$12.6M. The costs are 10.8% higher than FY19. This is primarily due to the temporary \$2 per hour direct care worker increase for the period of April 2020 through September 2020. Sufficient revenue to support the increase was passed through from the PIHP. The final FY20 budget for Licensed Residential services was \$11,678,550, total final costs are \$967,698 or 8% over the final budget.

	FY19 Actuals	FY20 Budget	FY20 Actuals	YTD % Change
Oct	\$ 866,002	\$ 973,213	\$ 1,011,548	16.81%
Nov	981,647	\$ 973,213	968,709	7.18%
Dec	932,083	\$ 973,213	1,055,503	9.21%
Jan	953,401	\$ 973,213	1,022,251	8.70%
Feb	856,512	\$ 973,213	959,842	9.33%
Mar	960,377	\$ 973,213	1,047,035	9.28%
Apr	889,860	\$ 973,213	987,543	9.51%
May	992,975	\$ 973,213	1,137,635	10.19%
Jun	980,570	\$ 973,213	1,106,832	10.50%
Jul	1,028,172	\$ 973,213	1,114,786	10.27%
Aug	1,020,486	\$ 973,213	1,124,986	10.27%
Sep	956,881	\$ 973,213	1,109,577	10.75%



- d. Applied Behavior Analysis/Autism service costs for FY20 totaled \$4.5M. The costs are 9.4% more than FY19. ABA services were trending to be over 20% more than the year prior, due to a decrease in utilization related to COVID-19 that amount stayed under 10%.

	FY19 Actuals	FY20 Budget	FY20 Actuals	YTD % Change
Oct	\$ 274,122	\$ 307,562	\$ 377,299	37.64%
Nov	241,620	307,562	376,345	46.13%
Dec	342,030	307,562	421,658	37.02%
Jan	220,299	307,562	461,206	51.80%
Feb	314,818	307,562	412,563	47.11%
Mar	320,639	307,562	301,850	37.20%
Apr	297,264	307,562	107,090	22.24%
May	406,989	307,562	165,001	8.49%
Jun	315,436	307,562	404,100	10.75%
Jul	472,415	307,562	397,582	6.83%
Aug	421,412	307,562	500,967	8.23%
Sep	418,884	307,562	501,047	9.41%



- e. Direct services and administrative expenses, primarily consisting of staffing costs were budgeted at a total of \$29.4M. The actual expenses incurred for FY20 totaled \$27.8M. A savings of \$1.6M due to increased attrition and COVID-19 related factors.

- f. Historically, WCCMH uses over \$1M of State General Fund to supplement Medicaid deductibles for individuals served on a spend-down. Due to COVID-19, Medicaid eligibility was made available to these individuals regardless of Medicaid deductibles, and therefore WCCMH used only \$620,000 in FY20. The costs that are normally recognized as State General Fund were then able to be recognized as an eligible Medicaid expense.

2. Summary of FY 2020 Cost Settlement with PIHP

- a. By funding source, Medicaid had a surplus of \$2.3M.
- b. By funding source, HMP had a deficit of \$39,411.
- c. Combined, an overall surplus of \$2,265,544 will be returned to the PIHP.

3. Summary of FY 2020 State General Fund

- a. State General Fund allocation for FY20 was underspent by \$300,000.
- b. WCCMH will carryforward \$175,000 for use in FY21, and \$128,000 will be returned to MDHHS per the contractual agreement.

4. Summary of FY 2020 Local Funding

- a. The majority of Local Funding comes from Washtenaw County. In FY20 this included the following appropriations:
 - i. \$1,528,080 which is the annual appropriation to meet local match requirements.
 - ii. \$2,013,517 which is the 2020 appropriation of County General Fund to meet the terms of the FY19 Deficit Elimination Plan approved by the Department of Treasury (Washtenaw County Board of Commissioners Resolution #20-092).
- b. Uses of Local Funding include:
 - i. The 10% GF Match of non-residential services which totaled \$187,000
 - ii. Local contribution – required by MDHHS which totaled \$550,608
 - iii. Local share for State Facilities (paid to MDHHS) which totaled \$668,605
 - iv. Shelter expenses and other Local needs which totaled \$105,000
- c. Local Funding at the close of FY20 shows a surplus of \$2.2M which offsets a portion of the fund balance deficit that existed at the close of FY19.

5. Fund Balance Details

- a. Fund Balance as of 9/30/2019 reflects a deficit of \$(8,054,068).
- b. Fund Balance as of 9/30/2020 reflects a deficit of \$(5,846,025).

Washtenaw County Community Mental Health
Budget to Actuals
For Fiscal Year Ending September 30, 2020

Fiscal Year 2020 (Pre Cost-Settlement Entries) #					
	FY 2020 Final Budget	FY 2020 Actuals	Actuals Over/(Under) Budget	% O(U)	
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	\$ 42,904,212	\$ 43,315,156	\$ 410,944	0.96%	
HSW	25,096,119	25,502,910	406,791	1.62%	
Children & SED Waivers	901,040	983,275	82,235	9.13%	
Healthy Michigan Capitation	5,479,681	5,231,663	(248,018)	-4.53%	
Autism Capitation	4,694,019	4,985,102	291,083	6.20%	
TOTAL PIHP Revenue	\$ 79,075,071	\$ 80,018,106	\$ 943,035	1.19%	
MDHHS Revenue					
State General Funds	\$ 3,624,228	\$ 3,624,228	\$ -	0.00%	
Grants & Earned Contracts	1,779,812	1,635,196	(144,616)	-8.84%	
All Other Revenue					
County Appropriation	\$ 1,693,272	\$ 3,706,789	\$ 2,013,517	54.32%	
Project Revenue	750,116	495,395	(254,721)	-33.96%	
All Other	1,249,277	1,307,395	58,118	4.65%	
TOTAL Operating Revenue	\$ 88,171,776	\$ 90,787,109	\$ 2,615,333	2.88%	
Operating Expenses					
Administrative Expenses					
General Administration	\$ 5,489,857	\$ 4,808,677	\$ (681,180)	-12.41%	
Program Administration	2,896,268	3,021,617	125,349	4.33%	
Residential Services					
Community Living Supports	\$ 28,164,345	\$ 28,709,799	\$ 545,454	1.94%	
Licensed Residential	11,678,550	12,646,248	967,698	8.29%	
Outpatient Services					
Autism Services	\$ 3,690,747	\$ 4,426,709	\$ 735,962	19.94%	
Case Management	4,621,969	4,303,224	(318,745)	-6.90%	
Supports Coordination	2,208,032	1,990,086	(217,946)	-9.87%	
Skill Building	5,855,059	4,128,387	(1,726,672)	-29.49%	
Supported Employment	1,657,086	1,459,531	(197,555)	-11.92%	
Psychiatry	2,269,493	2,415,262	145,769	6.42%	
Nursing Services	2,162,554	2,062,510	(100,044)	-4.63%	
Therapy Services	1,625,282	1,666,763	41,481	2.55%	
All Other	7,414,884	6,059,450	(1,355,434)	-18.28%	
Other Expenses					
Community Inpatient	\$ 5,375,000	\$ 5,240,444	\$ (134,556)	-2.50%	
Local Matches & Shelter	1,282,838	1,453,464	170,626	13.30%	
Grants & Earned Contracts	1,779,812	1,617,880	(161,932)	-9.10%	
TOTAL Operating Expenses	\$ 88,171,776	\$ 86,010,051	\$ (2,161,725)	-2.51%	
Revenue Over/(Under) Expenses	-	4,777,058	4,777,058		

Washtenaw County Community Mental Health
Budget to Actuals
For Fiscal Year Ending September 30, 2020

Fiscal Year 2020 (Post Cost-Settlement Entries)					
	FY 2020 Final Budget	FY 2020 Actuals	Actuals Over/(Under) Budget	% O(U)	
<u>Operating Revenue</u>					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	\$ 42,904,212	\$ 41,010,201	\$ (1,894,011)		-4.41%
HSW	25,096,119	25,502,910	406,791		1.62%
Children & SED Waivers	901,040	983,275	82,235		9.13%
Healthy Michigan Capitation	5,479,681	5,271,074	(208,607)		-3.81%
Autism Capitation	4,694,019	4,985,102	291,083		6.20%
TOTAL PIHP Revenue	<u>\$ 79,075,071</u>	<u>\$ 77,752,562</u>	<u>\$ (1,322,509)</u>		-1.67%
MDHHS Revenue					
State General Funds	\$ 3,624,228	\$ 3,320,758	\$ (303,470)		-8.37%
Grants & Earned Contracts	1,779,812	1,635,196	(144,616)		-8.13%
All Other Revenue					
County Appropriation	\$ 1,693,272	\$ 3,706,789	\$ 2,013,517		118.91%
Project Revenue	750,116	495,392	(254,724)		-33.96%
All Other	1,249,277	1,307,395	58,118		4.65%
TOTAL Operating Revenue	<u><u>\$ 88,171,776</u></u>	<u><u>\$ 88,218,092</u></u>	<u><u>\$ 46,316</u></u>		0.05%
<u>Operating Expenses</u>					
Administrative Expenses					
General Administration	\$ 5,489,857	\$ 4,808,677	\$ (681,180)		-12.41%
Program Administration	2,896,268	3,021,617	125,349		4.33%
Residential Services					
Community Living Supports	\$ 28,164,345	\$ 28,709,799	\$ 545,454		1.94%
Licensed Residential	11,678,550	12,646,248	967,698		8.29%
Outpatient Services					
Autism Services	\$ 3,690,747	\$ 4,426,709	\$ 735,962		19.94%
Case Management	4,621,969	4,303,224	(318,745)		-6.90%
Supports Coordination	2,208,032	1,990,086	(217,946)		-9.87%
Skill Building	5,855,059	4,128,387	(1,726,672)		-29.49%
Supported Employment	1,657,086	1,459,531	(197,555)		-11.92%
Psychiatry	2,269,493	2,415,262	145,769		6.42%
Nursing Services	2,162,554	2,062,510	(100,044)		-4.63%
Therapy Services	1,625,282	1,666,763	41,481		2.55%
All Other	7,414,884	6,059,450	(1,355,434)		-18.28%
Other Expenses					
Community Inpatient	\$ 5,375,000	\$ 5,240,444	\$ (134,556)		-2.50%
Local Matches & Shelter	1,282,838	1,453,464	170,626		13.30%
Grants & Earned Contracts	1,779,812	1,617,880	(161,932)		-9.10%
TOTAL Operating Expenses	<u><u>\$ 88,171,776</u></u>	<u><u>\$ 86,010,051</u></u>	<u><u>\$ (2,161,725)</u></u>		-2.45%
Revenue Over/(Under) Expenses	-	2,208,041	2,208,041		

Millage Process, Investments and Process Update- April 2021

Plan and Integrate:

LEAD- Presentation and update provided during the MAC meeting.

Youth Assessment Center- Planning committee is still meeting, and a new model is being explored.

Community Response to MH Crisis- Focus groups are being conducted by WCSO with key stakeholders. Ultimate outcomes are being edited and focus group feedback is being incorporated.

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. **No updates**

5 Healthy Towns Intergenerational Populations Project- 5 Healthy Towns Organization and WCCMH seek to utilize the principals learned through the Rethink Health work to implement a region wide intergenerational populations project to address senior isolation and youth mental health needs. With the Wellness Centers acting as the hubs, the project hopes to bring together senior service groups, youth, libraries, arts, recreation and other sectors to enhance services area wide and offer intergenerational programming with a particular focus on relieving multi-generational isolation.

Expand Services:

CARES/Crisis/750- See M. Tasker Report

Housing RFP- **No updates**

31 N/ WISD Mini Grants- No updates on mini grants. 2 additional general education social workers have been added to the 31 N. project and they are strategically placed to address needs in Whitmore Lake and Milan. The WISD and CARES team met to address school-based needs, referrals to CARES team and specific engagement with Whitmore Lake and Milan districts.

Youth Center MHP- Position in place and going well. Psychiatry supports will be reduced in the Youth Center to 4 hours per week and moved to Ozone to support community-based justice involved youth.

Justice Involved Youth Psychiatry Access- Meetings scheduled with Ozone and CMH to implement 4 hours of Psychiatry time to support community-based justice involved youth.

Corner Health Psychiatry Expansion- CMH will increase psychiatry time at Corner Health from 1 full day to 2 full days per week.

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

Communicate and Evaluate:

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. **No updates**

Anti-Stigma Campaign- No updates

MHFA Education initiatives- Receiving requests from interested entities wanting to support trainings, met with trainers to continue to coordinate and planning.

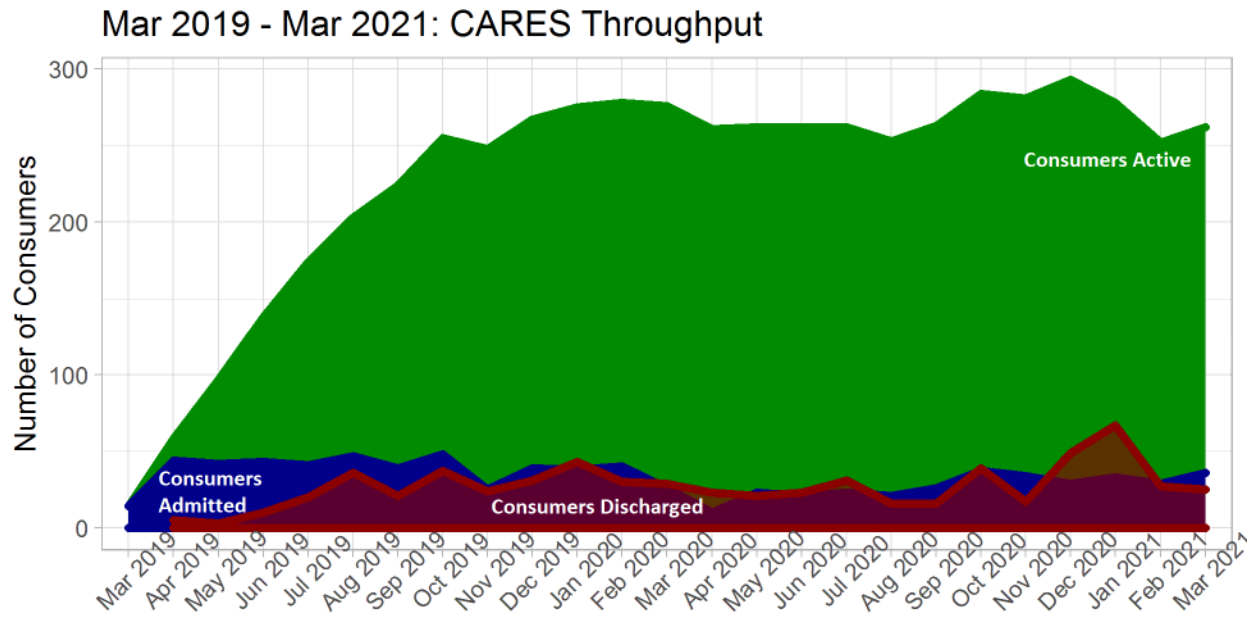
Millage Communication Strategy- Identifying key messages for millage communications with our partners at CHRT. Looking to begin with housing support or 750 key messages first.

Washtenaw County Community Mental Health – CARES Report March 2021

Last Updated: 04/01/2021

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 in the last 12 months.



Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19	14	14	
Apr-19	59	45	5
May-19	98	42	3
Jun-19	139	43	10
Jul-19	176	42	20
Aug-19	205	47	36
Sep-19	226	39	21
Oct-19	257	48	38
Nov-19	249	25	24
Dec-19	268	39	31
Jan-20	276	38	43
Feb-20	278	40	30
Mar-20	276	26	29
Apr-20	261	10	23

May-20	262	23	21
Jun-20	262	21	23
Jul-20	262	23	31
Aug-20	253	21	16
Sep-20	263	26	16
Oct-20	284	37	39
Nov-20	281	34	17
Dec-20	293	29	49
Jan-21	278	33	67
Feb-21	252	29	27
Mar-21	302	36	25

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	52
Feb-21	46
Mar-21	67

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	158	79	4
Feb 2021	2021	02	107	65	2
Mar 2021	2021	03	172	100	4

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	607	441
Male	530	389
Other (Specify)	1	0
Transgender	1	0
Total	1139	830

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	470	56.6%
Black or African American	243	29.3%
Other race	52	6.3%
	37	4.5%
Asian	17	2.0%
Refused to Provide	8	1.0%
Native Hawaiian or other Pacific	2	0.2%
American Indian (non-Alaskan)	1	0.1%
Total	830	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	93
Mean	139.1
Min	1
Max	666

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># CARES cases</u>	<u>Percent</u>
YPSILANTI	413	49.8%
Ann Arbor	288	34.7%
Saline	25	3.0%
MILAN	17	2.0%
Dexter	11	1.3%
Chelsea	11	1.3%
Whitmore Lake	11	1.3%
Manchester	7	0.8%
	7	0.8%
Willis	5	0.6%
Belleville	4	0.5%
Northville	4	0.5%
Pinckney	3	0.4%
Gregory	3	0.4%
Detroit	3	0.4%
Grass Lake	2	0.2%
Wayne	2	0.2%

White Lake	1	0.1%
Michigan Center	1	0.1%
Seattle	1	0.1%
Superior Township	1	0.1%
Van Buren Twp	1	0.1%
Clarkston	1	0.1%
Clinton	1	0.1%
Britton	1	0.1%
Canton	1	0.1%
Beaverton	1	0.1%
Inkster	1	0.1%
Dundee	1	0.1%
Redford	1	0.1%
Romulus	1	0.1%
Total	830	100%

<u>Zip Code</u>	<u># CARES cases</u>	<u>Percent</u>
48197	211	25.4%
48198	201	24.2%
48103	100	12.0%
48104	70	8.4%
48108	64	7.7%
48105	43	5.2%
48176	24	2.9%
48160	17	2.0%
	14	1.7%
48118	11	1.3%
48130	11	1.3%
48189	11	1.3%
48158	7	0.8%
48107	6	0.7%
48111	5	0.6%
48191	5	0.6%
48169	3	0.4%

48167	3	0.4%
48137	3	0.4%
48184	2	0.2%
49240	2	0.2%
49254	1	0.1%
98118	1	0.1%
48188	1	0.1%
48174	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%
48240	1	0.1%
49236	1	0.1%
48141	1	0.1%
48131	1	0.1%
48168	1	0.1%
48109	1	0.1%
48106	1	0.1%
Total	830	100%

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	# CARES Adm Cases
-no age listed-	1
0-16	28
17-19	41
20-24	109
25-29	114
30-34	109
35-39	91
40-44	74
45-49	59

50-54	71
55-59	60
60-64	31
65-69	24
70+	18
Total	830

Funding Sources for Consumers

Funding Sources	Medicare	# CARES cases	Percent
-not listed-	N	339	40.8%
-not listed-	Y	26	3.1%
HMP	N	269	32.4%
Medicaid	N	161	19.4%
Medicaid	Y	24	2.9%
S/D	N	5	0.6%
S/D	Y	6	0.7%
	Total	830	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,	21	2.5%
HUMANA CHOICE PPO MEDICARE PLAN,	5	0.6%
BLUE CARE NETWORK OF MICHIGAN,	4	0.5%
PRIORITY HEALTH MEDICARE,	3	0.4%
United Healthcare Community Plan,	3	0.4%
BLUE CARE NETWORK (PO 68710),	2	0.2%
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%

MENTAL HEALTH COURT,	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	51	6%

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN REGULAR BOARD MEETING MINUTES

March 10, 2021

***Meeting held electronically via Zoom**



Members Present: Judy Ackley (Ann Arbor, MI), Greg Adams (Adrian, MI),
(physical location) Susan Fortney (Petersburg, 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)

Members Absent: Roxanne Garber, Charles Londo, Gary McIntosh, Katie Scott, Ralph Tillotson

Staff Present: Kathryn Szewczuk, Stephannie Weary, James Colaianne, CJ
Witherow, Matt Berg, Nicole Adelman, Lisa Jennings, Connie Conklin,
Dana Darrow

Others Present: Laurie Lutomski, Kathy Homan, Mary Serio

- I. Call to Order
Meeting called to order at 6:05 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 B. King, supported by S. Fortney, to approve the agenda

Motion carried

Voice vote, no nays

- IV. Consideration to Approve the Minutes of the February 10, 2021 Regular Meeting and Waive the Reading Thereof

Motion by B. King, supported by J. Ackley, to approve the minutes of the February 10, 2021 regular meeting and waive the reading thereof

Motion carried

Voice vote, no nays

- V. Audience Participation
None

- VI. Old Business
 - a. March Finance Report – FY21 as of January 31st
 - M. Berg presented.

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.

- G. Adams requested a breakout of eligibles per county. M. Berg agreed to bring this information to the next Regional Board meeting.

b. Board Action – FY20 QAPIP Evaluation

- CJ Witherow presented an executive summary.

Motion by B. King, supported by G. Adams, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY20

Motion carried

Vote

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

No:

Absent: Garber, Londo, McIntosh, Scott, Tillotson

c. Board Action – Conflict of Interest Waiver Review

- J. Colaianne presented.
- 12 of the 13 board members have an arrangement that should be noted (serving as both a regional board member and a CMHSP board member).
- M. Welch Marahar has a separate form indicating her employment with the MDHHS department.
- M. Cochran is the OPB chair and is also the chair of the Monroe County SUD Coalition. He always abstains from any vote related to funding for the Coalition.

Motion by B. King, supported by M Welch Marahar, to approve a resolution acknowledging and/or waiving potential conflicts of interest as disclosed by CMHPSM Regional Board members, Oversight Policy Board members and CMHPSM employees that were required to attest to any such arrangements

Motion carried

Vote

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

No:

Absent: Garber, Londo, McIntosh, Scott, Tillotson

d. CEO Evaluation Committee Update

- S. Weary will send a reminder to those board members who haven't responded yet.
- J. Colaianne will meet with the committee later this month to review responses.

VII. New Business

a. Board Action – Contracts Approval

Motion by J. Ackley, supported by C. Richardson, to approve the CEO to execute the contracts/amendments as presented

Motion carried

Vote

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

No:

Absent: Garber, Londo, McIntosh, Scott, Tillotson

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.

- b. Board Action – Provider Premium Pay Regional Extension
- This action no longer needed because state has approved the \$2.25/hr provider premium pay.

Motion by S. Libstorff, supported by M. Welch Marahar, to ignore this proposal and move on to the next proposal

Motion carried

Vote

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

No:

Absent: Garber, Londo, McIntosh, Scott, Tillotson

- c. Board Action – Provider Premium Pay Pass Through
- Motion by B. King, supported by J. Ackley, to approve the proposal to increase CMHSP funding allocations to include a \$2.25/hour premium pay plus employer expenses funding for premium pay eligible services delivered from March 1, 2021 through September 30, 2021 if legislation funding this provider premium pay pass through becomes law**

Motion carried

Vote

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

No:

Absent: Garber, Londo, McIntosh, Scott, Tillotson

VIII. Reports to the CMHPSM Board

- a. Report from the SUD Oversight Policy Board (OPB)
- No update, OPB didn't meet in February.
- b. CEO Report to the Board
- The CMHPSM office is still in limited capacity status, estimated to last until April 30. May-July 50% capacity is estimated.
 - Applications for the open SIS Assessor position are currently being accepted.

IX. Adjournment

Motion by S. Fortney, supported by M. Welch Marahar, to adjourn the meeting

Motion carried

Meeting adjourned at 7:04 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 Public Safety and Mental Health Preservation Millage

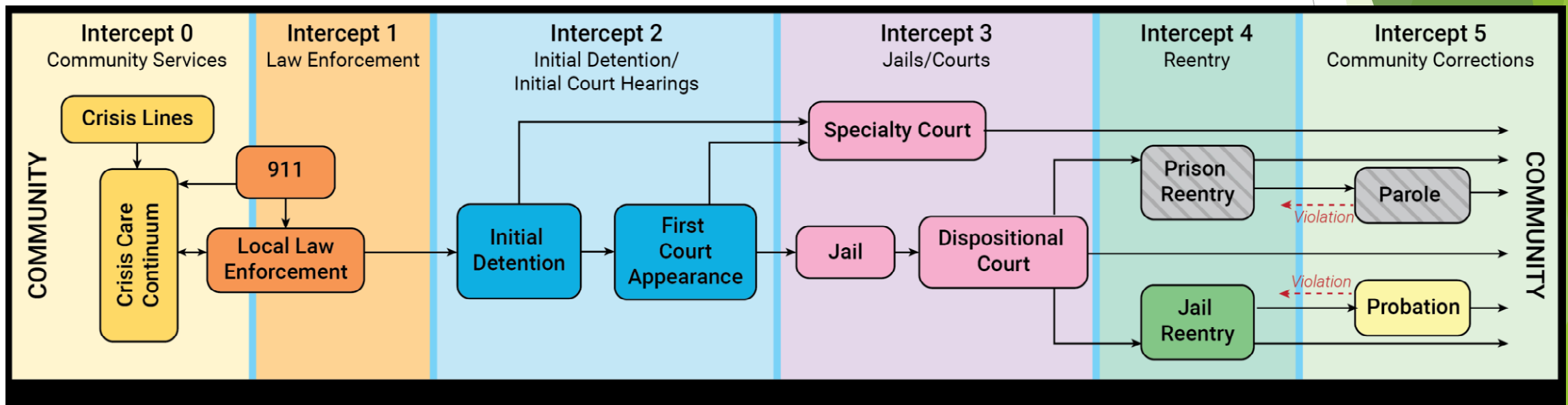
Behavioral Health & Justice System Diversion Updates

April 16th, 2021

Lisa Gentz, LMSW

Sequential Intercept Model (SIM)

Details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.



Diversion Council

Policy & Training Subcommittee

Goal: to ensure policy opportunities are identified and training materials are in place to operationalize the council's plans

- ▶ **Surveyed Washtenaw County judges and probation officers**
- ▶ Key findings:
 - ▶ Many court clients have primary MH/SUD needs; judges report high concern
 - ▶ Courts appear to have different levels of MH/SUD training and knowledge
 - ▶ There are multiple MH/SUD service gaps in our county (capacity, array of service options, ease of referral)
 - ▶ Clients often have personal barriers (social needs, ability to follow through)
 - ▶ Judges would benefit from more services and comprehensive information

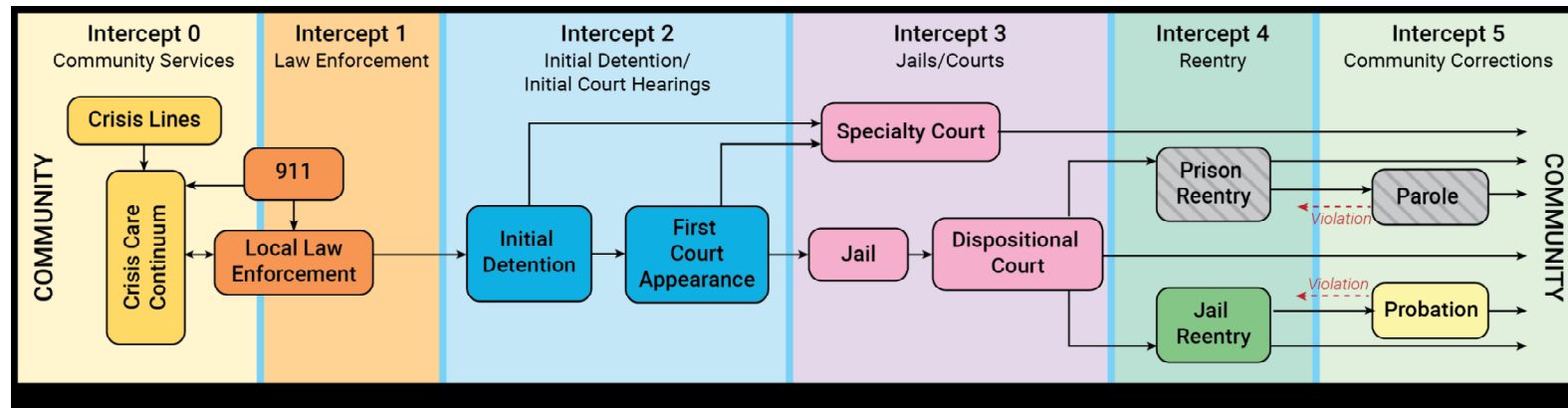


Diversion Council

Policy & Training Subcommittee

Based on survey results, the subcommittee is

- ▶ Developing a behavioral health training for courts
- ▶ Recognizing the need for a diversion systems training, however, systems changes must take place first for its success
- ▶ We must have coordinated response within our system at Intercept 2 (initial detention / initial court hearings)



Diversion Council

Policy & Training Subcommittee

Identified needs

- ▶ Better coordination, timely communication, data sharing between those working with clients at pre-trial and community services
- ▶ Methods for courts to keep track of, refer to, and access community resources
- ▶ New legislative statutes create new opportunities and challenges
 - ▶ Shortened (or no) mandatory probation = less time to engage clients and connect to resources
 - ▶ Socioeconomic status = inequities (those with resources can more easily avoid sentencing)



Diversion Council

Policy & Training Subcommittee

Potential strategies

- ▶ Looking into boundary spanners and client advocates - key individuals who help remove barriers and get people engaged and connected to services
- ▶ Engaging with public defender's office and prosecuting attorney
 - ▶ They see client needs from the charges, understand the specific court a client is in, and what they need to be successful
 - ▶ PD office could be trained to have expertise of CMH / CMHPSM networks



Youth Systems Alignment

Membership

- ▶ WCCMH, Children's Services, Juvenile Court, WISD, Ozone House, MDHHS, Racial Equity Office, Prosecuting Attorney

Current work

- ▶ Exploring co-location of assessment center within the youth center
 - ▶ Law enforcement may bring youth in for assessment, rather than immediate lodging
- ▶ CMH providing MHP inside youth center - providing assessments, coordinating aftercare
- ▶ Dr. Mobilio providing child psych time outside youth center and JJ system - Ozone House and Corner Health



Diversion-related community projects

Upcoming projects and developments

- ▶ LEADD - Law Enforcement Assisted Diversion & Deflection
 - ▶ Pilot beginning this summer
- ▶ WCSO and CMH - alternatives to police response
- ▶ Ann Arbor City Council - 4/5/21 resolution
 - ▶ Directs city administrator to establish an unarmed team to respond to public safety calls



Questions?

ATTACHMENT #5
APRIL 2021



https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_105734---,00.html

Certified Community Behavioral Health Clinics (CCBHC) Demonstration Program

Demonstration Overview

In 2016, MDHHS applied to CMS to become a CCBHC Demonstration state under Section 223 of the federal Protecting Access to Medicare Act of 2014 (PAMA). That request was approved on August 5, 2020, when the federal CARES Act of 2020 authorized two additional states—Michigan and Kentucky—to join the demonstration. As a result, MDHHS was approved for a two-year demonstration with an anticipated implementation start date of October 1, 2021. The two-year period begins upon implementation. CMS requires a state to implement the demonstration in at least two sites - one rural and one urban. Moreover, per CMS, only the 14 prospective CCBHC Demonstration Sites named in Michigan's 2016 application are eligible to participate in the state's demonstration. These sites include 11 Community Mental Health Services Programs (CMHSPs) and 3 non-profit behavioral health entities, together serving 18 Michigan counties. MDHHS will ultimately select CCBHC Demonstration Sites in accordance with federal requirements, including the attainment of state based CCBHC certification, and available funding.

The CMS CCBHC Demonstration requires states and their certified sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder diagnosis. Moreover, the demonstration requires and emphasizes 24/7/365 crisis response services (e.g., mobile crisis services). Other critical elements include but are not limited to: strong accountability in terms of financial and quality metric reporting; formal coordination with primary and other care settings to provide intensive care management and transitions; linkage to social services, criminal justice/law enforcement, and educational systems; and an emphasis on providing services to veterans and active-duty service members. To account for these requirements, the state must create a PPS reimbursement structure that finances CCBHC services at an enhanced payment rate to properly cover costs and offer greater financial predictability and viability. The PPS is integral to sustaining expanded services, investments in the technological and social determinants of care, and serving all eligible Michiganders regardless of insurance or ability to pay.

CMS CCBHC Demonstration Versus SAMHSA CCBHC Expansion Grants

To mitigate potential confusion, there are two federal programs that contain the "CCBHC" name - the CMS CCBHC Demonstration and the SAMHSA CCBHC Expansion Grant. These are two disparate opportunities as outlined below:

The *CMS CCBHC Demonstration* is operationalized by the State and uses a Prospective Payment System (PPS) rate for qualifying encounters provided to Medicaid beneficiaries. Prospective CMS CCBHC Demonstration Sites are limited to the 14 entities included in Michigan's 2016 application to CMS.

Moreover, the State is responsible for overseeing the demonstration program, including clinic certification, payment, and compliance with federal reporting requirements.

The *SAMHSA CCBHC Expansion Grants*, however, are funded directly to local clinics with self-attestation that they meet baseline CCBHC criteria - the State does not have any direct role in these grants. Michigan has 24 SAMHSA CCBHC Expansion Grantees, some of which were also named in Michigan's 2016 application to CMS.

Next Steps

The Department will provide additional information as decisions are made.