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/95960744757
May 21, 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-4/16/21 (Attachment #1A)
- B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-4/12/21 (Attachment #1B)
- C. WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-3/8/21 (Attachment #1C)
- D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-4/12/21 (Attachment #1D)
- E. WCCMH Contracts and Leases (Attachment #1E)
- F. Annual Performance Improvement Year End Report (Attachment #1F)
- G. One Big Thing Overview Presentation (Attachment #1G)
- H. WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/10/21 (Attachment #1H)
- I. WCCMH Consumer Advisory Council Meeting Minutes and Actions-4/14/21 (Attachment #1I)
- J. WCCMH Board and Board Committee Roster-revised 5/14/21 (Attachment #1J)

V. Treasurer's Report **ACTION** (15 minutes)
- Financial Status Report (Attachment #2) **N. Phelps ACTION**
- Millage Financial Status Report (Attachment #2A) **N. Phelps ACTION**
- FY2021 Second Budget Amendment (Attachment #2B) **N. Phelps ACTION**

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 (10 minutes)
- Annual Board Evaluation reminder
- Annual Conflict of Interest and Code of Ethics reminder
- Board Retreat Discussion

IX. CMHPSM Regional Update (5 minutes)
- April 14, 2021 CMHPSM Meeting Minutes and Actions (Attachment #4)
- May 12, 2021 CMHPSM Board Meeting Update

X. New Business (35 minutes)
- WCCMH FY20 Financial Audit (Attachment #5A and #5B) **S. Blann-Rehmann Robson ACTION**
- Consumer Advisory Council Update **M. Hershberger**

XI. Old Business (5 minutes)
- CCBHC Update **T. Cortes**

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

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

XII. Items for Future Discussions (5 minutes)

- Development of Reserve Capital
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey
- Board Appointment Process

XIII. Adjournment of Public Meeting

Instructions to join this meeting below:

Join from a PC, Mac, iPad, iPhone, or Android device:
Please click this URL to join. https://zoom.us/j/95960744757

Or One tap mobile:
+19292056099, 95960744757# US (New York)
+12678310333, 95960744757# US (Philadelphia)

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

Webinar ID: 959 6074 4757

International numbers available: https://zoom.us/u/abizI9gcsA

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

ATTACHMENT #1
MAY 2021

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

MAY 21, 2021

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-4/16/21
B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-4/12/21
C. WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-3/8/21
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-4/12/21
E. WCCMH Contracts and Leases
F. Annual Performance Improvement Year End Report
G. One Big Thing Overview Presentation
H. WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/10/21
I. WCCMH Consumer Advisory Council Meeting Minutes and Actions-4/14/21
J. WCCMH Board and Board Committee Roster-revised 5/14/21

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

https://zoom.us/j/94157422067

April 16, 2021 9:30am

K. Walker called the meeting to order at 9:31 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 from Ann Arbor, Washtenaw County, MI A. LaBarre attending remotely from Ann Arbor, Washtenaw County, MI C. Richardson attending remotely from Ann Arbor, Washtenaw County, MI K. Scott attending remotely from Ann Arbor, Washtenaw County, MI D. Strong attending remotely from Scio Twp, Washtenaw County, MI M. Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI K. Walker attending remotely from Pittsfield, Washtenaw County, MI
MEMBERS ABSENT:	None
STAFF PRESENT:	T. Cortes, M Harding, N Phelps, R. Dornbos, S. Amos O'Neal, L. Gentz. H. Linky, L. Higle, M. Taylor, S. Lefferts, M. Tasker, K. DeWeese
OTHERS PRESENT:	L. Lutomski, K. Belknap, G. Nelson, J. Osborn, J. Martin

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-3/19/21
- WCCMH Board Closed Session Meeting Minutes and Actions-3/19/21
- WCCMH Millage Advisory Committee Meeting Minutes and Actions-3/8/21
- Executive Director Authorizations for April 2021
- Law Enforcement Assisted Diversion (LEAD) Presentation
- CMHPSM Privacy and Security of Workstations and Electronic Communication Policy
- CMHPSM Abuse and Neglect Policy
- CMHPSM Office of Recipient Rights Policy
- CMHPSM Fingerprints, Photographs, Recordings or Use of 1-Way Glass Policy
- CMHPSM Organizational Credentialing, Recredentialing and Monitoring Policy
- CMHPSM LIP Credentialing Policy
- Washtenaw County Sheriff's Office (WCSO) Millage Year in Review Presentation

MOTION BY A. DUSBIBER, SUPPORTED BY A. LABARRE TO APPROVE THE APRIL 16, 2021 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**NOT PRESENT AT TIME OF VOTE**
LABARRE	**Y**	**RICHARDSON**	**Y**
SCOTT	**Y**	**STRONG**	**Y**
UDOW-PHILLIPS	**ABSTAINED**	**WALKER**	**Y**

MOTION CARRIED

B. King joined the meeting at 9:40am.

V. Treasurer's Report

- N. Phelps reviewed the Financial Status Report (Attachment #2) for the month ending February 28, 2021.

MOTION BY D. STRONG, SUPPORTED BY A. LABARRE TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING FEBRUARY 28, 2021.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**Y**
LABARRE	**Y**	**RICHARDSON**	**Y**
SCOTT	**Y**	**STRONG**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VI. Millage and CCBHC Financial Status Report

- N. Phelps presented the Millage and CCBHC Financial Status Report (Attachment #2A) to the board for the period ending February 28, 2021.
- D. Strong requested dividing funding to internal to CMH vs initiatives with other organizations.

B. King left meeting at 9:50am.

MOTION BY B. HIGMAN, SUPPORTED BY A. LABARRE TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED FEBRUARY 28, 2021.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**NOT PRESENT AT TIME OF VOTE**
LABARRE	**Y**	**RICHARDSON**	**Y**
SCOTT	**Y**	**STRONG**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VII. FY2020 Year End Update

- N. Phelps presented the FY2020 Year End Update (Attachment #2B) to the board ending September 30, 2020.
- D. Strong suggested a high-level model to sort out one-time savings due to pandemic.
- K. Walker suggested a future board study session around the CCBHC, cost settlements, and an overall conversation on WCCMH finances.

R. Jefferson left the meeting at 10:05am due to technical difficulties
R. Jefferson joined the meeting at 10:07am.

VIII. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
  - State Level
    - A variation of the 298 discussions has started at the State level.
    - COVID is continuing right now and there is a lot of concern with the issues around individuals not willing to be vaccinated. Discussions about what impact the COVID pandemic will have on mental health.
    - State-wide there is difficulty recruiting staff for open positions.
  - Local level
    - Conducting stress debriefing session with staff.
    - Working on gathering data regarding staff vaccination.
    - A survey will be sent out to staff regarding what is going well/what is not going well/what to do in the future/what can we do to help staff.

IX. Millage report

- L. Gentz presented the Millage Report (Attachment #3) to the WCCMH Board.

X. CARES Program Update/Dashboard

- M. Tasker presented the CARES Program Update/Dashboard Report (Attachment #3A) to the WCCMH Board through March 2021.
- A revised dashboard is being reviewed at the Millage Advisory Committee and will be presented in a future meeting.
- Request to have the "no-show" data listed on the report.
- Discuss at the Program Committee how referrals are being handled.

XI. Discussion Items

- Annual Board Evaluation Reminder
  - K. Walker reminded the board to complete the Annual Board Evaluation link that was sent to all board members on 4/9/21. We would like to have these completed and returned by Monday, 4/26/21 so they can be reviewed at an upcoming Executive Committee meeting.

XII. CMHPSM Regional Update

- The CMHPSM minutes (Attachment #4) from March 10, 2021 were reviewed.
- C. Richardson, K. Scott and T. Cortes provided an update from the April 14, 2021 Regional Board meeting.

A. LaBarre left the meeting at 11:00am.

XIII. New Business

- Diversion Council Update
  - L. Gentz presented the Diversion Council Update (Attachment #5) to the board.

R. Jefferson left the meeting at 11:08am.

XIV. Old Business

- CCBHC Update
  - T. Cortes provided an update on the CCBHC.

XV. Items for future discussion

- Development of Reserve Capital at the CMHSP level.
- Employee Engagement Survey
- WCCMH Board Appointment Process
- KONA Billing Progress Update
- Bylaws Update Discussion (add Board Appointment Process to bylaws)

MOTION TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:28 AM.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH BUDGET-FINANCE COMMITTEE MEETING MINUTES *DRAFT*

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

https://zoom.us/j99694371358

April 12, 2021
2:00 pm

ROLL CALL:	N. Graebner attending remotely from Chelsea, Washtenaw County, MI R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County MI B. King attending remotely from Ann Arbor, Washtenaw County, MI D. Strong attending remotely from Scio Twp, Washtenaw County, MI M Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI
MEMBERS ABSENT:	K. Scott
STAFF PRESENT:	T. Cortes, M. Harding, N. Phelps, R. Dornbos, S. Lefferts, L. Gentz, S. Amos O'Neal, K. Hoener, M. Tasker, H. Linky, T. Florence
OTHERS PRESENT:	L. Lutomski, K. Walker, J. Martin, K. Homan, B. Higman, K. Belknap

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

I. Introductions
- N. Graebner introduced M. Udow-Phillips, who is new to the WCCMH Board and a member of the Budget-Finance Committee.

II. Audience Participation
- None

III. Board Response to Audience Participation
- None

IV. Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 3/8/21.
- The Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 3/8/21 were reviewed. (Attachment #1)

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE MINUTES AND ACTIONS FROM THE MARCH 8, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

GRAEBNER	**Y**	**SCOTT**	**N/A**
JEFFERSON	**Y**	**STRONG**	**Y**
KING	**N/A**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

V. Finance Status Reports (Attachment #2)
- N. Phelps reviewed the Financial Status Report for the month ending February 28, 2021.

B. King joined the meeting at 2:08pm

MOTION BY R. JEFFERSON, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE FINANCIAL STATUS REPORT THROUGH FEBRUARY 28, 2021 AS PRESENTED.

ROLL CALL VOTE:

GRAEBNER	**Y**	**SCOTT**	**N/A**
JEFFERSON	**Y**	**STRONG**	**Y**
KING	**Y**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

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

VII. Executive Director Authorizations
- N. Phelps reviewed the Executive Director Authorizations (Attachment #3)

MOTION BY R. JEFERSON, SUPPORTED BY B. KING TO APPROVE THE EXECUTIVE DIRECTOR AUTHORIZATIONS FOR THE MONTH OF APRIL 2021.

ROLL CALL VOTE:

GRAEBNER	**Y**	**SCOTT**	**N/A**
JEFFERSON	**Y**	**STRONG**	**Y**
KING	**Y**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

VIII. Regional Finance Update
- N. Phelps and T. Cortes presented the Regional Finance Update to the committee.
- The PIHP will be presenting a budget amendment this month that will include the direct care worker increase.

IX. Old Business
- CCBHC Update
  - o T. Cortes presented an update on the CCBHC.
  - o October 1st is the potential date for implementation of the CCBHC program.

X. New Business
- Fiscal Year 2020 Year-End Update (Attachment #4)
  - o N. Phelps presented the Fiscal Year 2020 Year-End Update to the committee.
  - o D. Strong has heard that the County will be receiving funding from the federal government and his understanding is that this is due to the impact of COVID. If this is correct, are there discussions on how to coordinate/use these dollars. BOC has been discussing this but it is

very new at this time. R Jefferson stated that there are discussions happening and should know more next week on the outcome of those discussions.

XI. Items for Future Discussions

- Integrate planning (Millage/CCBHC/CMH service provider funding)-Strategic Planning category

MOTION BY M UDOW-PHILLIPS, SUPPORTED BY R. JEFFERSON TO ADJOURN THE BUDGET-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 2:49 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

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

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

https://zoom.us/j/91553718568

March 8, 2021
1:00 pm

ROLL CALL: S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
D. Strong attending remotely from Scio Twp, Washtenaw County, MI
K. Walker attending remotely from Cadillac, Wexford County, MI

MEMBERS ABSENT: K. Scott

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

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

K. Walker called the meeting to order at 1:01 pm

I. Introductions
- None

II. Audience Participation
- None

III. Board Response to Audience Participation
- None

IV. Budget-Finance Committee Meeting Minutes and Actions from 2/8/21
- Budget-Finance Committee Minutes and Actions of 2/8/21 were reviewed.

MOTION BY D. STRONG, SUPPORTED BY B. KING TO APPROVE THE MINUTES AND ACTIONS FROM THE FEBRUARY 8, 2021 BUDGET-FINANCE COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**NOT ON BUDGET-FINANCE COMMITTEE**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**NOT ON BUDGET-FINANCE COMMITTEE**
JEFFERSON	**Y**	**KING**	**Y**
SCOTT	**N/A**	**STRONG**	**Y**

WALKER	**NOT ON BUDGET-FINANCE COMMITTEE**		

MOTION CARRIED

V. Program-Quality Committee Meeting Minutes and Actions from 1/11/21

- Program-Quality Committee Minutes and Actions of 1/11/21 were reviewed.

MOTION BY N. GRAEBNER, SUPPORTED BY A. DUSBIBER TO APPROVE THE MINUTES AND ACTIONS FROM THE JANUARY 11, 2021 PROGRAM-QUALITY COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**NOT PRESENT AT TIME OF THIS VOTE**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**Y**
JEFFERSON	**NOT ON PROGRAM-QUALITY COMMITTEE**	**KING**	**NOT ON PROGRAM-QUALITY COMMITTEE**
SCOTT	**N/A**	**STRONG**	**NOT ON PROGRAM-QUALITY COMMITTEE**
WALKER	**Y**		

MOTION CARRIED

S. Antonow jointed the meeting at 1:10 pm.

VI. Finance Status Reports

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

MOTION BY B. KING, SUPPORTED BY A. DUSBIBER TO APPROVE THE FINANCIAL STATUS REPORT THROUGH JANUARY 31, 2021 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**NOT ON BUDET-FINANCE COMMITTEE**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**NOT ON BUDET-FINANCE COMMITTEE**
JEFFERSON	**Y**	**KING**	**Y**
SCOTT	**N/A**	**STRONG**	**Y**
WALKER	**NOT ON BUDET-FINANCE COMMITTEE**		

MOTION CARRIED

VII. Contracts and Leases

- There were no contracts and leases for this month.

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

IX. Regional Finance Update
- N. Phelps and T. Cortes presented the Regional Finance Update to the committee.
- PIHP is working with the State on how to handle prior year cost settlements.
- The $2 temporary direct care worker increase could potentially be extended until 9/30/2021.

X. Old Business
- CCBHC Update
  - o T. Cortes presented the CCBHC update to the committee.

- Staffing and Provider Discussion
  - o T. Cortes gave an update on the staffing and provider network to the committee.
  - o Keep this topic on the agenda but with CCBHC there are still a lot of questions around additional revenue and what we will need to staff clinically and administratively.

XI. New Business
- MDHHS Performance Quarterly Indicators FY2020 3rd and 4th Qtrs.
  - o T. Florence and L. Higle presented the MDHHS Performance Quarterly Indicators for the 3rd and 4th quarters of FY2020.

MOTION BY A. DUSBIBER, SUPPORTED BY B. HIGMAN TO ACCEPT THE MDHHS PERFORMANCE QUARTERLY INDICATORS FY 2020 3RD AND 4TH QUARTERS REPORT.

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**HIGMAN**	**Y**
JEFFERSON	**NOT ON PROGRAM-QUALITY COMMITTEE**	**KING**	**NOT ON PROGRAM-QUALITY COMMITTEE**
SCOTT	**N/A**	**STRONG**	**NOT ON PROGRAM-QUALITY COMMITTEE**
WALKER	**Y**		

MOTION CARRIED

Request to have the full board notified on any public comments communications to close the loop on the process.

XII. Items for Future Discussions
- Diversion Council Update-Program-Quality Committee
- Bring to a future combined meeting the provider challenges with direct care staff wages and the County living wage ordinance.
- Career path for direct care workers with a goal to pay higher wage.
- Integrate the Millage, CCBHC and CMH Medicaid budgets into strategic planning.

MOTION BY B. KING, SUPPORTED BY B. HIGMAN TO ADJOURN THE BUDGET-FINANCE AND PROGRAM-QUALITY COMMITTEE COMBINED MEETING.

XIII. Meeting adjourned at 2:08 pm.

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

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

https://zoom.us/j/98483737604

April 12, 2021
4:00-5:00 pm

N. Graebner called the meeting to order at 4:00 pm.

ROLL CALL:

A. Carlisle attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
H. Heaviland attending remotely from Ann Arbor, Washtenaw County, MI
D. Jackson attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsi Twp, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
R. Rion attending remotely from Ann Arbor, Washtenaw County, MI
M. Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI

MEMBERS ABSENT: S. Antonow, A. LaBarre, G. Waddles

STAFF PRESENT: T. Cortes, N. Phelps, R. Dornbos, L. Gentz, S. Lefferts, M. Tasker, L. Gentz, T. Florence, K. Hoener

OTHERS PRESENT: L. Lutomski, J. Gardner, M. Creekmore, K. Belknap, B. Higman

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 3/8/21 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 3/8/21 were reviewed.

MOTION BY B. KING, SUPPORTED BY J. MARTIN TO APPROVE THE MINUTES AND ACTIONS FROM THE MARCH 8, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**CARLISLE**	**NOT PRESENT AT TIME OF VOTE**

GRAEBNER	**Y**	**HEAVILAND**	**NOT PRESENT AT TIME OF VOTE**
JACKSON	**Y**	**JEFFERSON**	**Y**
KING	**Y**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**ABSTAINED**
UDOW-PHILLIPS	**ABSTAINED**	**WADDLES**	**N/A**
WALKER	**Y**		

MOTION CARRIED

A. Carlisle joined the meeting at 4:03pm

V. Discussion Items

- Millage Process, Investments and Process Update (Attachment #2)
  - L. Gentz reviewed the Millage Process, Investments and Progress Update (Attachment #2) document with the committee.

- CARES Dashboard-New Design Review (Attachment #2A)
  - M. Tasker reviewed the CARES Dashboard document (Attachment #2A) for March 2021 with the committee.
  - M. Harding presented a draft of the new Dashboard for the committee to review that will be presented at future meetings.

H. Heaviland joined the meeting at 4:16pm.

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update to the committee. This report is for the Month ending February 28, 2021.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - D. Jackson presented the WCSO Millage and Financial Status Update to the committee.
  - D. Jackson will send the presentation to R. Dornbos to distribute to the committee.

VIII. New Business

- Law Enforcement Assisted Diversion (LEAD) Presentation (Attachment #4)
  - L. Gentz and D. Jackson presented the LEAD presentation to the committee.

MOTION BY B. KING, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE HIRING OF 2 FTE LEAD CASE MANAGERS IN THE AMOUNT OF AN ANNUAL COST OF $180,000.00 UTILIZING MILLAGE FUNDING.

ROLL CALL VOTE:

ANTONOW	**N/A**	**CARLISLE**	**Y**
GRAEBNER	**Y**	**HEAVILAND**	**Y**
JACKSON	**ABSTAINED**	**JEFFERSON**	**Y**

KING	**Y**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES**	**N/A**
WALKER	**Y**		

MOTION CARRIED

- Mobile Support Services Initiative (MSSI) Project Overview
  - o Due to timing issues, this agenda item will be postponed until May 10, 2021.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth needs discussion
- Updated Millage Commitments
- WCSO Financial Components

MOTION BY A. CARLISLE, SUPPORTED BY B. KING TO ADJOURN THE MILLAGE ADVISORY COMMITTEE MEETING.

X. Meeting adjourned at 5:06 pm.

ACTION REQUESTED: To approve the following contract(s):

BACKGROUND:

1. Umbrellex Behavioral Health Services: will provide emergency Licensed Residential Services (Personal Care/CLS) for applicable WCCMH I/DD clients.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Umbrellex Behavioral Health Services	Medicaid	Per Consumer Authorizations	April 1, 2021-September 30, 2021	Licensed Residential Services (Personal Care/CLS)

RECOMMENDATIONS: To approve the contract(s) listed above.

Washtenaw County Community Mental Health
Annual Year End Performance Improvement Report
Fiscal Year 20 (October 1, 2019 – September 30, 2020)

Introduction

Washtenaw County Community Mental Health (WCCMH) regularly reviews various indicators throughout the fiscal year. An annual comprehensive review and summary also occurs. Reviewing activities, status and performance indicators summarizes the past and directs the focus of the future. WCCMH also regularly reviews progress on our Five-Year Strategic Plan. This strategic plan is a foundation of improvement opportunities. Note that this report reflects the progress of CMH proper towards the strategic plan's goals developed in 2015. A separate Annual Report regarding Millage initiatives for Fiscal Year 2020 will be released at later date and are not reflected in this report. That report will be available on the CMH website upon release.

Strategic Plan and Organizational Focus FY 20

- Like FY 19, FY 20 was impacted by changes in the capitated funding model resulting in revenue changes and subsequent actions to minimize that impact. Continuing to work with the WCCMH Board, Washtenaw County's Board of Commissioners, and County Administration, WCCMH maintained a hiring freeze resulting in clinical and non-clinical administrative positions remaining vacant. This ongoing focus continued to pressure the ability to maintain high-quality services while also focusing on the Strategic Plan, during the COVID-19 pandemic. The impact on staffing positions is as follows:
  - 10 Vacant Administrative positions.
  - 48 vacated/ on hold CMH program positions (these positions do not include the 23 positions that were posted in FY 20).

- Strategic Plan Goal: Strengthen CMH capacity and consistency in delivery of core services. Achievements:
  - Due to COVID-19, operations were adjusted to safely provide and monitor services during the pandemic. The adjustments included:
    - During early months of the COVID-19 pandemic, we continued to provide services to individuals including health and wellness checks. We also adjusted to providing both telehealth and in person services while maintaining COVID-19 precautions.
    - Developed and implemented a schedule for emergency staff during the State of Emergency mandate until June 15, 2020. This ensured individuals were able to continue to receive services.
    - Navigated and created solutions that pertained to County building closures.
    - Developed and continually updated COVID-19 screening process for on-site staff members and individuals entering our physical sites for services.
    - Obtained, maintained, and monitored the supply and distribution of Personal Protection Equipment (PPE) for our staff members and providers.
    - Implemented and trained staff members on software processes to deliver telehealth services.
    - Developed and implemented rotating schedule of onsite and offsite staff members to minimize possible COVID-19 virus exposure and maximize services to individuals. This schedule required constant attention and revision as staff needs and/or requests changed.
    - Implemented, trained and monitored on the use of code procedure transaction (CPT) codes to reflect implementation of newly allowed various forms of telehealth services.

- Deployed a survey of telehealth utilization to identify future improvement opportunities.
- Increased mobile operations.
- Developed and performed remote management of operations.
- Developed and implemented a process to help manage and monitor work processes and productivity to replace normal "in person" processes.
- Monitored ongoing feedback and changes from accrediting organization (Joint Commission) while responding to new processes and demands due to the pandemic.

- Developed and launched the Black Lives Matter taskforce.
- Implemented Equity Training for all of WCCMH.
- Responded to and implemented processes to increase direct wage (by $2.00/ hour) for direct care staff as a "pass through" to provider organizations during the pandemic.

❖ Strategic Plan Goal: Pursue adequate Federal, State and Local resources for persons served by WCCMH. Achievements:
- Executive Director continued to meet with various State committees and leaders including the Community Mental Health Association of Michigan, Directors Forum, leaders from the Michigan Department of Health and Human Services (MDHHS), the Prepaid Inpatient Health Plan (PIHP) and Community Partners. Advocacy included addressing the multiple and changing needs driven by the pandemic the direct care worker crisis.
- Executive Director's advocacy and participation helped to ensure promote the $2.00/hour pass through rate increase for direct care workers.

❖ Strategic Plan Goal: Improve quality of life with a deeper integration of physical, behavioral and health/wellness services. Achievements:
- The 23 Hour Observation Center "750 Towner" opened. Due to limitations imposed by the pandemic social distancing requirements, the program operated with reduced capacity.
- WCCMH continues to serve and coordinate care for an average of 30 individuals via the State Innovative Model (SIM). Staff continue to actively participate in SIM and Washtenaw Health Initiative (WHI) meetings.

❖ Strategic Plan Objective: Develop and implement a process and service improvement plan for persons with substance use disorders, in partnership with Washtenaw Coordinating Agency. Achievements:
- The Program Administrator position overseeing this area of the plan was eliminated due to the response for FY 19 revenue challenges and has not been filled per the hiring freeze.
- Due to the pandemic, groups were suspended until we were able to deliver group therapy safely and effectively via telehealth while also meeting legal requirements for confidentiality.

❖ Strategic Plan Objective: Develop and implement a plan for enhanced services for youth. Achievements:
- Focused on developing a proposal for a Youth Assessment Center within Washtenaw County.
- Worked directly with the MDHHS to provide evidence-based practices via Telehealth.
- WCCMH has integrated Psychiatrists and Mental Health Professionals into the local Corner Health and outer County partners including Whitmore Lake, Chelsea, Dexter, and Manchester localities. Enhanced service connection and Juvenile Justice diversions by placing mental health professionals at key intercept points in Juvenile Court and the Youth Center.

- Strategic Plan Goal: Help increase access and availability of services across the community for recovery and quality of life through strategic partnerships. Achievements:
  - The State of Michigan was chosen as a Demonstration State for the federally driven Certified Community Behavioral Health Clinics (CCBHC). WCCMH was selected as an eligible CCBHC provider site.
  - The CCBHC Expansion Grant application was submitted and approved allowing an additional two years of programming. A targeted implementation date of May 2020 was identified.
  - WCCMH continued to partner with the Core Providers and Coordinating Agency to enhance a model of integrated SUD services for CCBHC service delivery.

- Strategic Plan Objective: Pursue resources to provide enhanced support for persons with co-occurring illnesses who are not currently served by CMH. Achievement:
  - Worked with the Core Providers and Coordinating Agency to develop a model of integrated SUD services for CCBHC service delivery.

- Strategic Plan Objective: Partner in a community initiative for early identification and preventions of serious mental illness. Achievements:
  - WCCMH met with Washtenaw Intermediate School District (WISD) and community partners to discuss Mental Health awareness initiatives through a "UMatter" week.
  - Youth-focused Anti-Stigma campaign was kicked off in June 2019 and continued through FY 20.
  - WCCMH provided trainings for WISD related to suicide assessment and resource/service connection.

- Strategic Plan Goal: Strengthen the quality, effectiveness, and efficiency of services through easy access to data and meaningful analysis. Achievements:
  - Continued to participate on statewide committees to further expand statewide sharing of behavioral health information.
  - WCCMH administration continues to monitor and evaluate the effectiveness of data-based reports.
  - Data-based reports are reviewed on a regular basis by the WCCMH Administration, the Mental Health Board, and staff members to assist with managing processes and identifying trends or patterns.

- Strategic Plan Objective: Expand the meaningful use of health, wellness, self-determination, and consumer satisfaction measures by the CMH team and provider network to support service excellence, well-informed consumer choice and transparency. Achievement:
  - The Performance Improvement Year End Report was presented to WCCMH Mental Health Board.
  - The Provider Dashboard was presented to the WCCMH Mental Health Board in 2nd quarter 2020.
  - The Program Committee Dashboards were presented to the Program Committee.

- Strategic Plan Goal: Build public awareness and trust, and support advocacy through clear, transparent communication and engagement. Achievements:
  - PIHP updated the Guide to Service which is distributed to all consumers at intake and available via the PIHP website.
  - Performance Improvement Year End Annual report was distributed and reviewed by the WCCMH Board.
  - Millage Annual Report published and distributed to the community.

- Communication plan completed and implemented. Achievements:
  - Social Media presence grew via Instagram and Facebook (>260 followers).
  - Virtual events included Facebook Live, Zoom and other platforms to engage with the community. Spring series implemented to engage with individuals during the Governor's "Stay Home Stay Safe" order.
  - WCCMH Millage engaged in numerous media contacts.
  - WCCMH and Consumer Advisory Council (CAC) invited members to present to the WCCMH Board quarterly on their lived experiences and engagement with the CAC.

❖ Strengthen shared learning and partnership between CMH and consumers.
- WCCMH completed the 2019 Satisfaction Survey. One question asked, "I know how to file a complaint" received a 76% response rate among our Adult MI population. Anything lower than 80% results in the need for a corrective action plan. Due to the challenges of the COVID-19 pandemic, a plan has not yet been developed.
- All other responses were above the 80% threshold.

❖ Strategic Plan Goal: Diversify revenue streams and increase flexibility of resources to support prevention, outreach, and equitable access. Achievements:
- WCCMH sought out and was awarded CCBHC 2 grant resulting in an additional $3.8M over two years.
- WCCMH continued to partner with Blue Cross Complete and Center for Healthcare, Research and Transformation (CHRT) on exploring sustainable public/private partnership.
- Maintained CCBHC 1 while implementing CCBHC 2.
- CCBHC 2 went live on May 1st, 2020.

❖ Strategic Plan Goal: Build a culture and the skills of engagement, appreciation, shared learning, and continuous improvement.
- Due to the COVID-19 pandemic, the Performance Improvement (PI) department shifted resources to help clinical teams manage and monitor clinical services during the pandemic. Reports were developed and distributed weekly and others were distributed monthly.
- Continued to monitor critical events and review deaths for possible trends and/or patterns.
- Received a thorough review of administrative and program processes by TBD Solutions which included:
  - Gathering, scheduling, and sharing requested documentation, datasets, interviews, and subsequent discussions with TBD Solutions.
  - Clarifying, responding, and assisting TBD Solutions staff as they performed their tasks.
  - Analyzed and considered TBD Solutions conclusions which included:
    - Despite a low number of administrative positions, WCCMH performs many functions very well.
    - Utilization Management processes may find areas to improve upon.

❖ Strategic Plan Goal: Develop WCCMH and the provider network into a well-integrated, effective provider entity with enhanced capacity to lead on quality, cost and innovation: Achievements:
- Shared learning through provider meetings continued to occur on a regular basis.
- Provider Advisory Meeting continued to occur on a bimonthly basis.
- Executive Director continued to provide information to the organization as it became available.

Overview of Indicator Monitoring

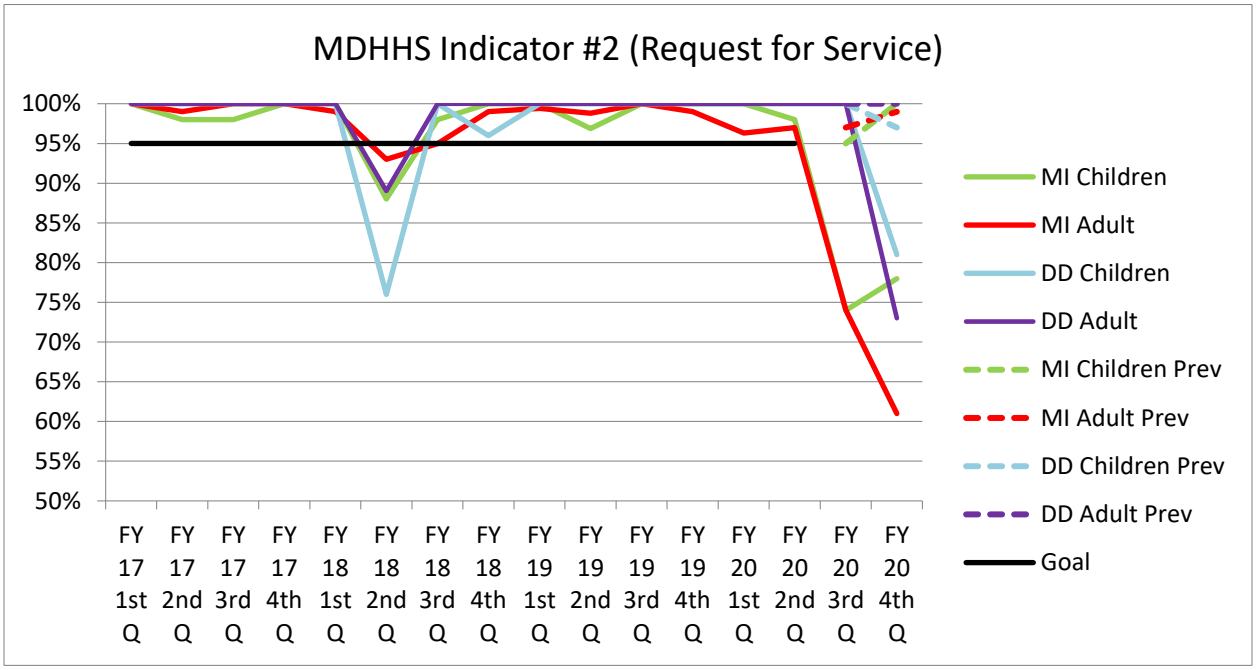
This is a final report of various measures compiled to assist stakeholders' understanding of WCCMH performance in some areas of efficiency and effectiveness. This is a summary review of our status.

Access and Services

WCCMH's Access Department responds to emergent, urgent, and routine requests for services. Routine requests result in an intake to determine eligibility. MDHHS Performance Indicators include monitoring access to services in a timely and efficient manner. Please note, for State Performance Indicators, all population naming follows the MDHHS population naming convention. MDHHS continues to identify adults who experience a developmental disability as "DD Adult" while our internal programming describes these individuals as experiencing an Intellectual and Developmental Disability (IDD).

As of April 1, 2020, the MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to ongoing service) and removed the historical goal of 95% compliance. The major change in the operational definition does not allow accounting for individual choice. Individual choice is indicated when the individual requests an appointment outside of the 14-day window, reschedules, cancels and / or does not attend an appointment. An additional change that impacts indicator #3 includes eligible individuals declining our services would still be out of compliance. Because of these changes, the number of out of compliance cases has increased statewide. MDHHS is treating the first year as baseline collection.

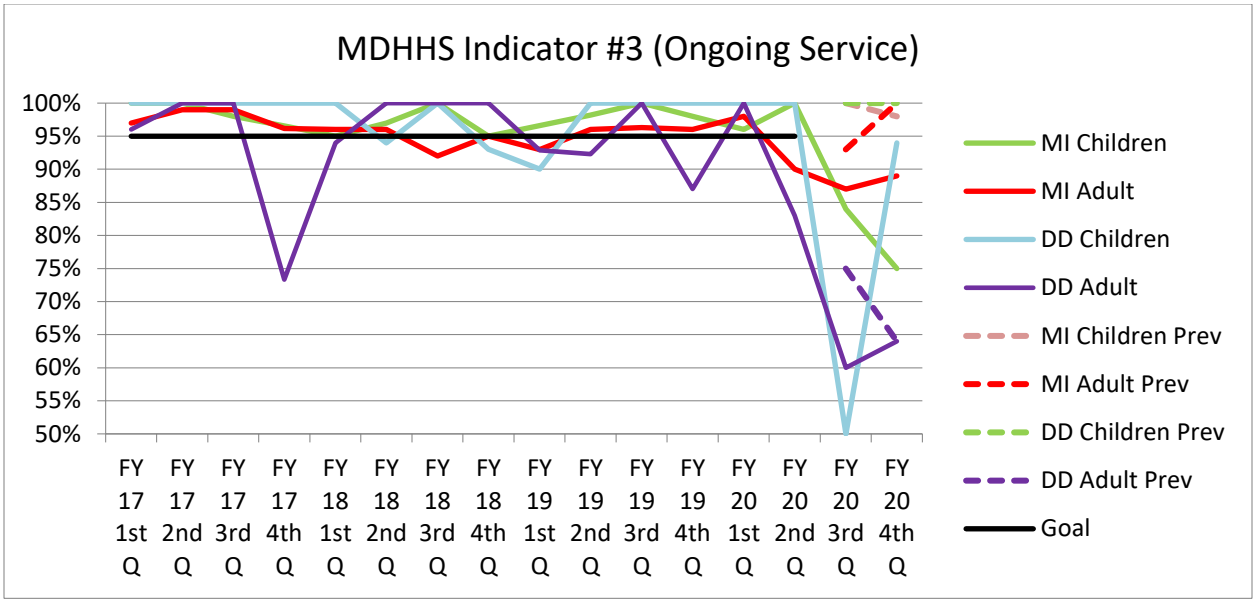
The third and fourth quarter data points are indicated on the graphs. The "dashed lines" indicate where our compliance would have been under previous definitions.



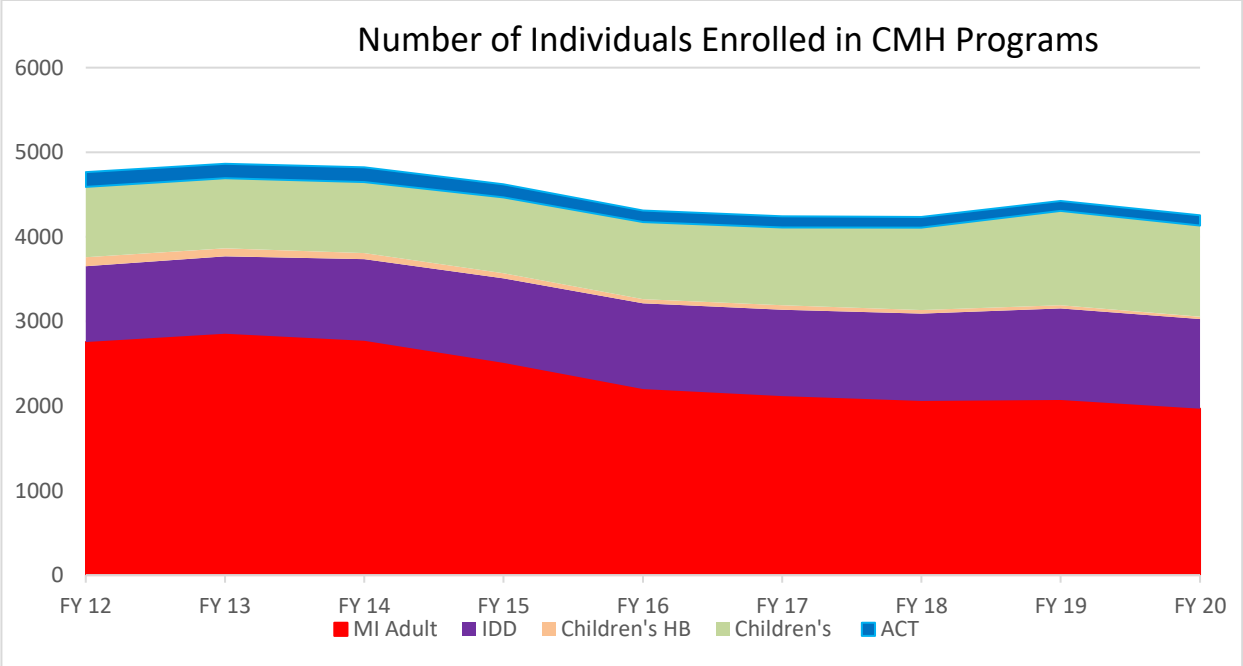
Overall, our response to request for services continues to meet expectations to offer appointments within 14 days indicating our capacity to respond to demands is sufficient. Additionally, our Access Department offers appointments as close to the request as possible hoping this will help the individual keep the appointment as a priority. However, as indicated in the third and fourth quarters, individuals seeking services often have competing priorities or other variables that prohibit them from attending appointments within 14 days. As

stated earlier, there is no MDHHS goal for quarters 3 and 4 as this is considered a statewide baseline collection period.

After the individual is found eligible to receive services, it is expected that ongoing services occur within 14 days. Again, the MDHHS operational definition changed for this indicator and does not account for individual choice when determining compliance.

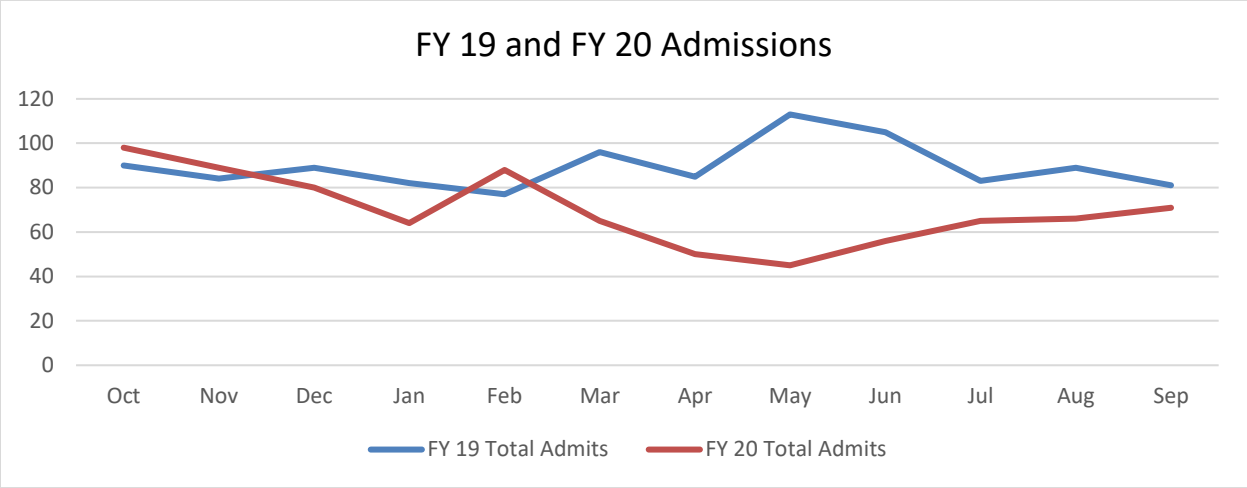


The following graph identifies the number enrolled in each of our core services by fiscal year. This helps identify the enrollment and trends/ patterns that may be occurring.



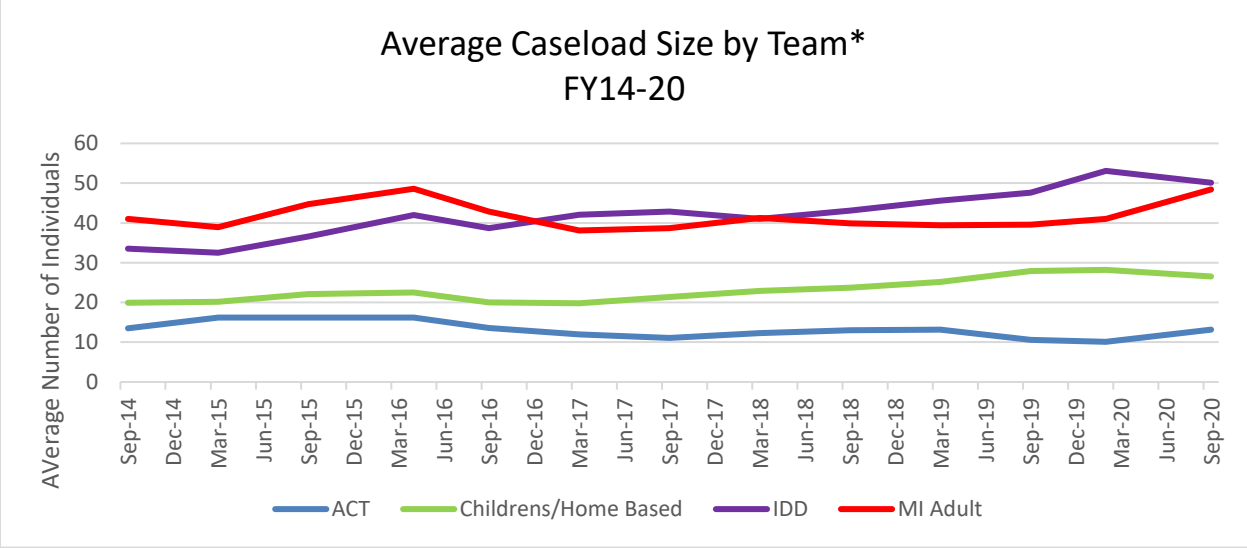
Overall cumulative enrollment has decreased since significant reduction of general funds at the State level in 2015 and has decreased in FY 20 from FY 19.

The change in enrollment numbers appear to be linked to a lower number of CMH Core Team admissions in FY 20:



The admission rate began declining in March and started to recover in June. This corresponds to the Executive Orders identifying a state of emergency from the Governor during this time period. Though our organization remained open and did admit individuals, the number of admits was much lower than in FY 19.

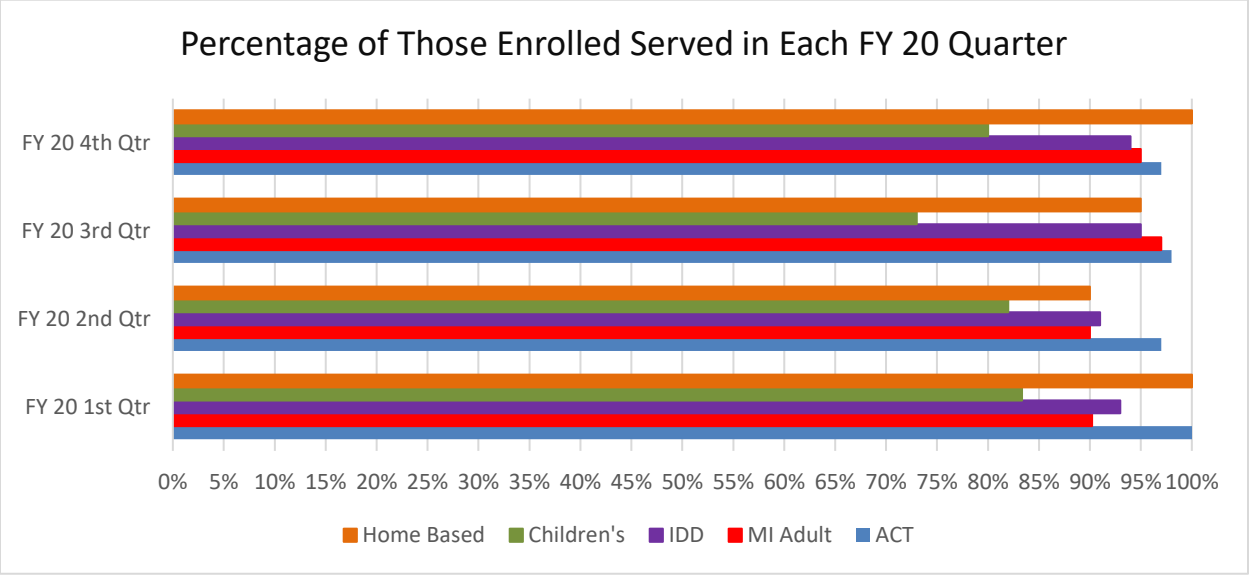
Given the hiring freeze and vacated positions, it is important to monitor caseload sizes. Caseloads vary depending on increased demand for services, turnover in staffing and most recently due to the hiring freeze which started in June 2019 (due to unexpected revenue changes which impacted the budget). Caseload sizes of primary staff members assigned to the cases are captured every month by the PI processes as part of the monthly management data sharing and review process. For this particular review, we captured caseload sizes at two points in time for every fiscal year and averaged those caseload sizes for their respective programs.



*Children's/ Home Based and Assertive Community Treatment (ACT) have much lower caseload sizes due to MDHHS and/or Medicaid mandates.

MI Adult has experienced a significant increase in caseload sizes. The IDD program has also witnessed an increase in caseload sizes with variance throughout the year.

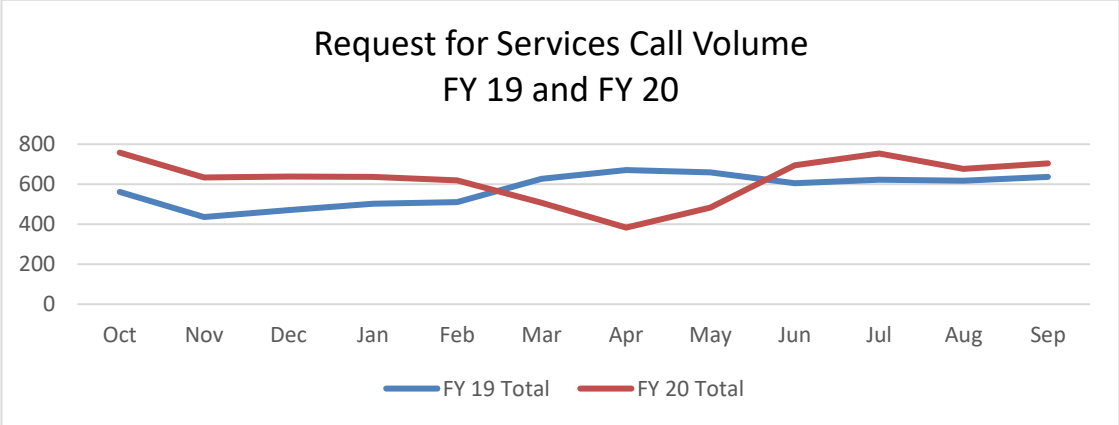
Of those enrolled, it is helpful to monitor the percentage receiving a service in the designated time period as indicated below:



This graph displays the percentage of individuals receiving at least one service in the corresponding time period.

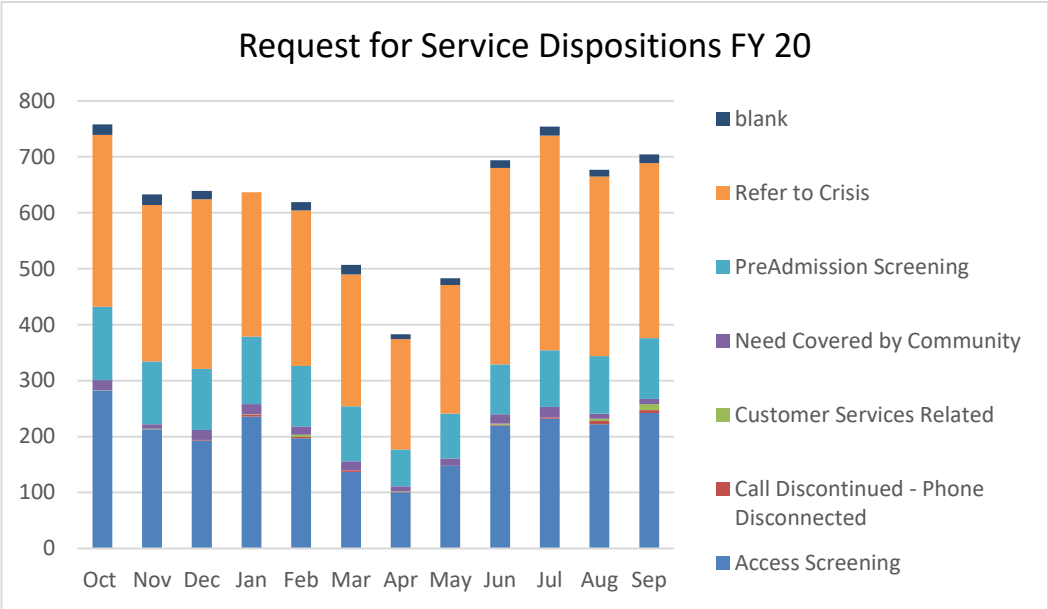
Access, Triage and Crises

As mentioned earlier, our Access Department responds to requests for services. Below is a graph depicting monthly volume of Request for Services documents in FY 20 compared to FY 19.



FY 20 request for services volume appears to be impacted by the pandemic in March, April and May and resumed to a higher volume from that point on.

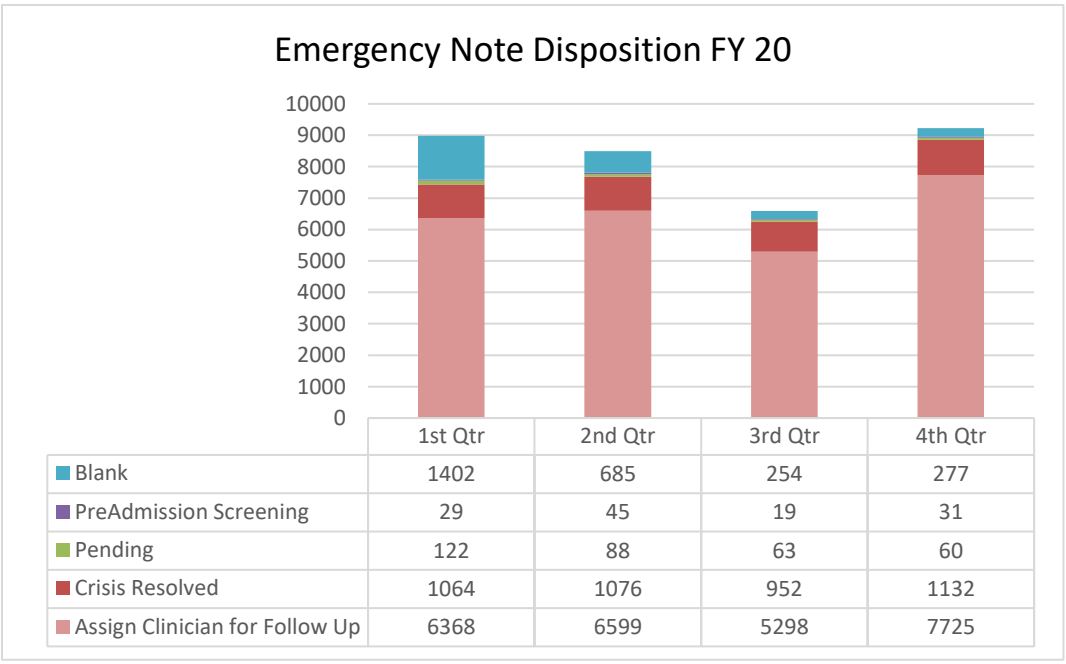
Calls are screened and those considered a request for service are routed according to individual needs and/ or requests. Emergent and Urgent requests are referred to the Crisis Team. Below is a graph identifying the number and type of telephonic requests in FY 20.



Though we remained open and available to serve individuals, the obvious decrease in request for services coincides with the Governor's Executive "shut down" orders.

Crisis Team

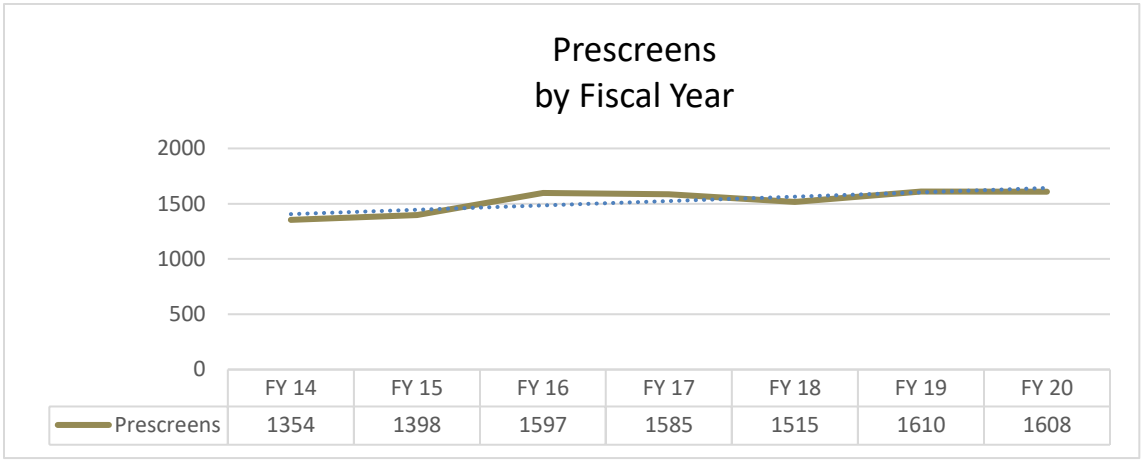
Our Crisis Team responds to emergent and urgent needs from both WCCMH recipients and the general public. Below are data points to help monitor the volume and nature of their work.



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Blank	1402	685	254	277
PreAdmission Screening	29	45	19	31
Pending	122	88	63	60
Crisis Resolved	1064	1076	952	1132
Assign Clinician for Follow Up	6368	6599	5298	7725

Again, the decrease in emergency services coincides with the Governor's Executive orders due to the pandemic.

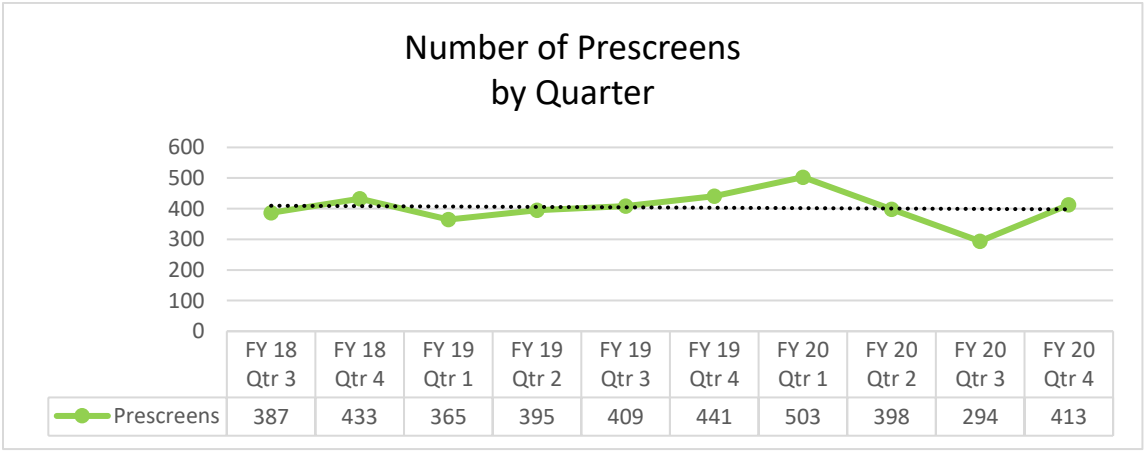
The Preadmission Screening results in either a face to face or telephonic evaluation of the individual's emergent needs. Below are the total number of Crisis Hospital Prescreens over a seven-year period:



	FY 14	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20
Prescreens	1354	1398	1597	1585	1515	1610	1608

Overall, the number of Crisis prescreens in FY 20 was consistent with FY 19 and continues to be higher than in previous years. This continues to suggest possibly higher acuity in our communities or perhaps deeper penetration by WCCMH.

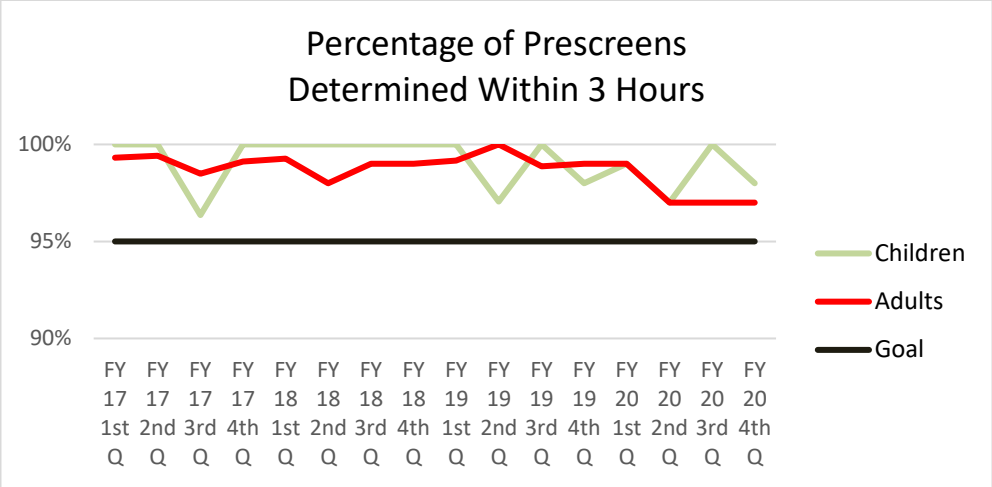
Sometimes it is helpful to monitor prescreens by quarter to see if there is a predictable pattern:



	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4
Prescreens	387	433	365	395	409	441	503	398	294	413

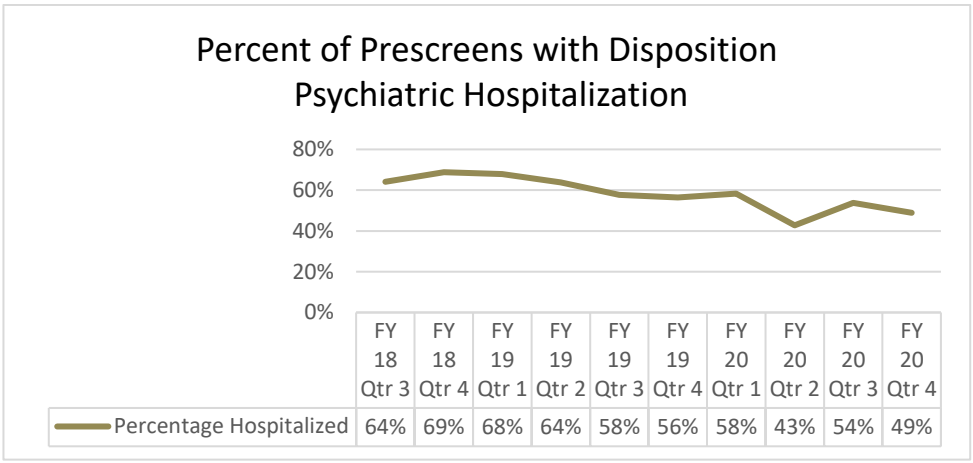
Quarter 1 had a much higher demand for services than in FY 19, Quarter 2 and 4 were consistent and Quarter 3 (April – May) had a decrease in demand.

During the hospital prescreen, the organization has three hours from the moment the individual is medically cleared to complete the disposition which includes identifying the level of service needed. Our ability to achieve higher than the expected 95% compliance is depicted below:



We continue to excel beyond this expectation.

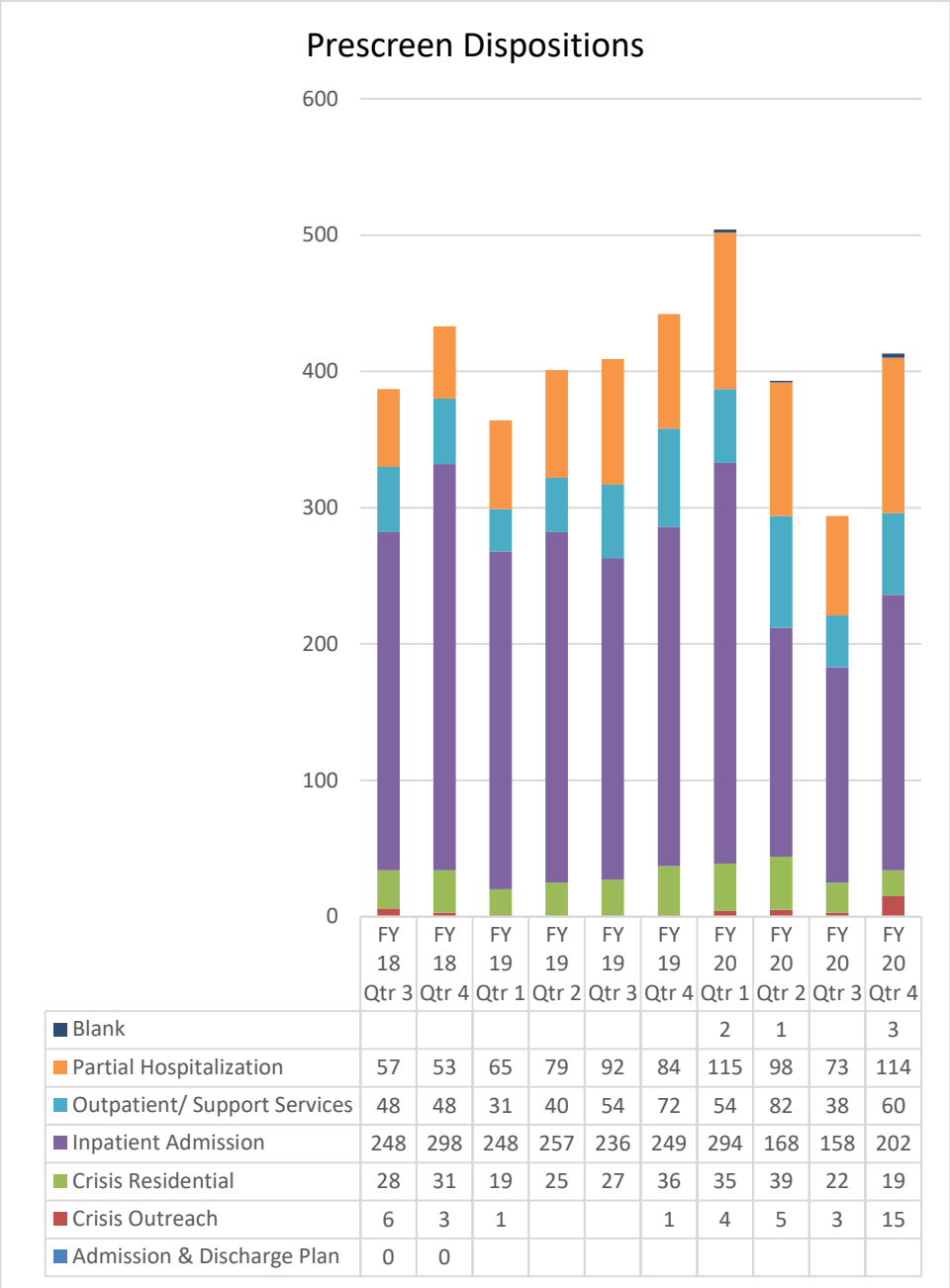
When an individual is in a psychiatric crisis, our crisis team evaluates the individual to determine their needs and assist with appropriate treatment in the medically necessary level of care. Monitoring the percentage of prescreens that result in dispositions of psychiatric hospitalizations reveals the following:



	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4
Percentage Hospitalized	64%	69%	68%	64%	58%	56%	58%	43%	54%	49%

FY 20 dispositions continued the trend of fewer psychiatric hospitalizations, most likely due to the full implementation of the millage-funded CARES program and the 750 Towner location to assist with helping individuals in a psychiatric crisis. Appropriately resolving psychiatric crises without the possible trauma of a locked inpatient hospitalization can help an individual pursue and achieve recovery in a more accelerated manner.

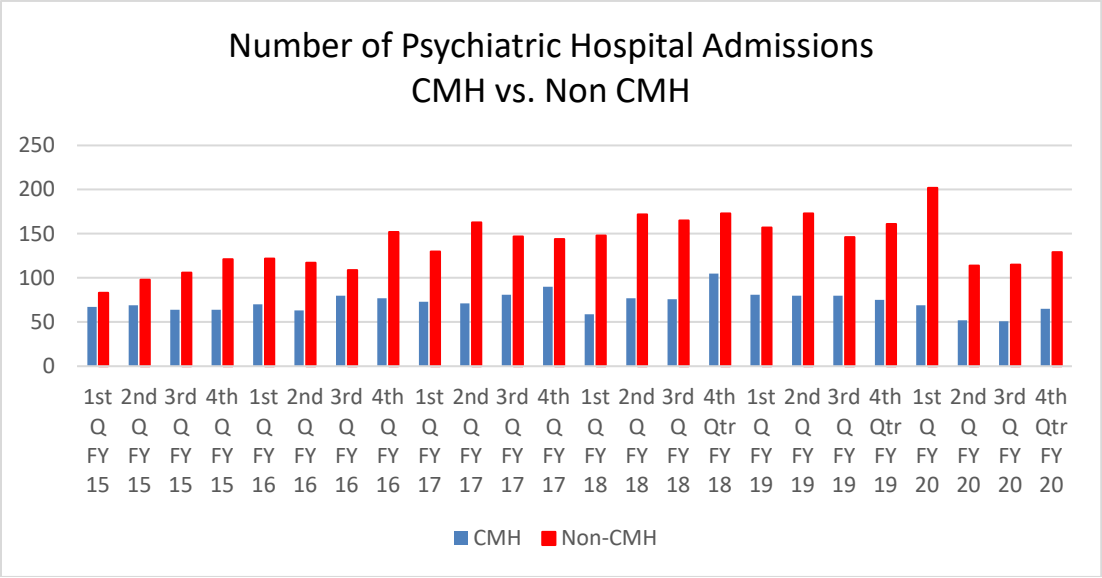
Of the Crisis Screenings, it is useful to look at all disposition categories that resulted from the screening. The following graph helps to pictorially represent these dispositions.



	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4
Blank							2	1		3
Partial Hospitalization	57	53	65	79	92	84	115	98	73	114
Outpatient/ Support Services	48	48	31	40	54	72	54	82	38	60
Inpatient Admission	248	298	248	257	236	249	294	168	158	202
Crisis Residential	28	31	19	25	27	36	35	39	22	19
Crisis Outreach	6	3	1			1	4	5	3	15
Admission & Discharge Plan	0	0								

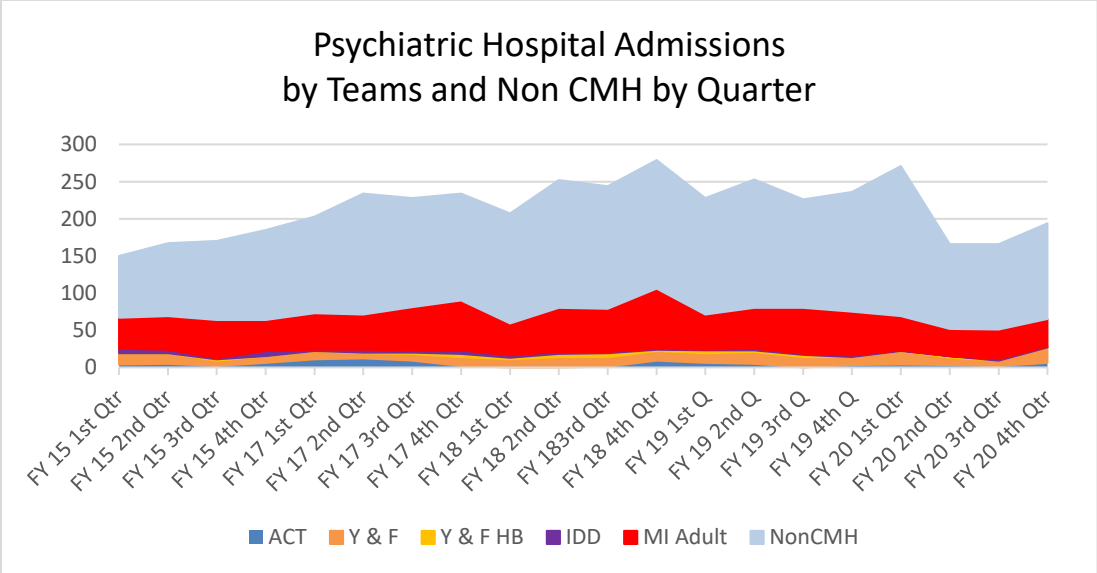
The number of third quarter prescreens follows the trend already identified that also coincided with the Governor's Executive Orders. Additionally, there is an overall higher use of Partial Hospitalization, Outpatient / Support Services and Crisis Outreach. The CARES and 750 Towner program referrals are included in the Outpatient / Support Services and Crisis Outreach dispositions.

Of those who are psychiatrically hospitalized, some are already enrolled and active in our WCCMH service system (CMH) while some are county residents who are not enrolled in our service system (Non CMH). Data regarding the hospitalization trends between these two categories is depicted below:

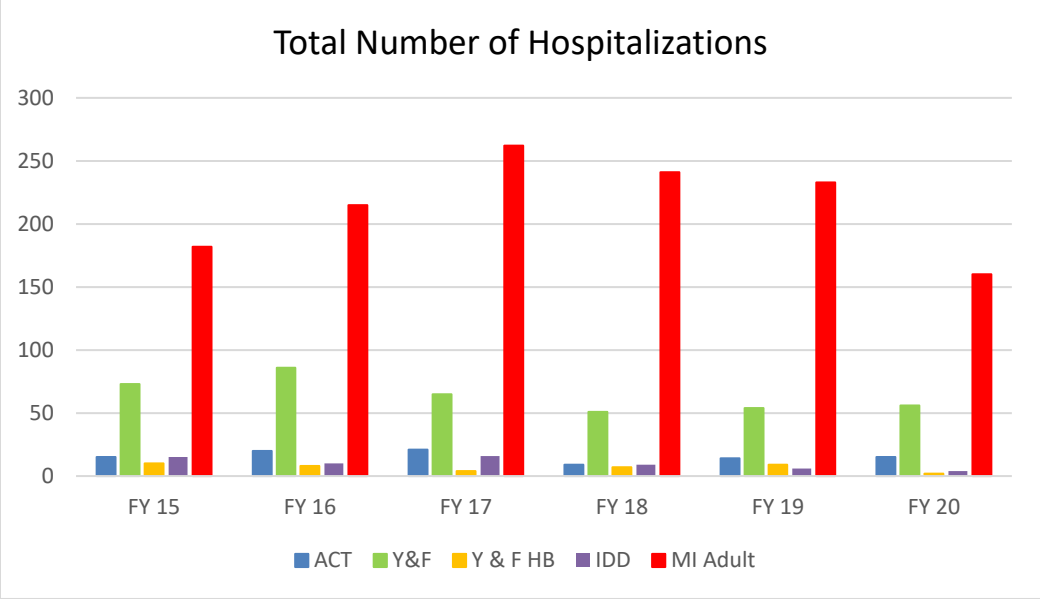


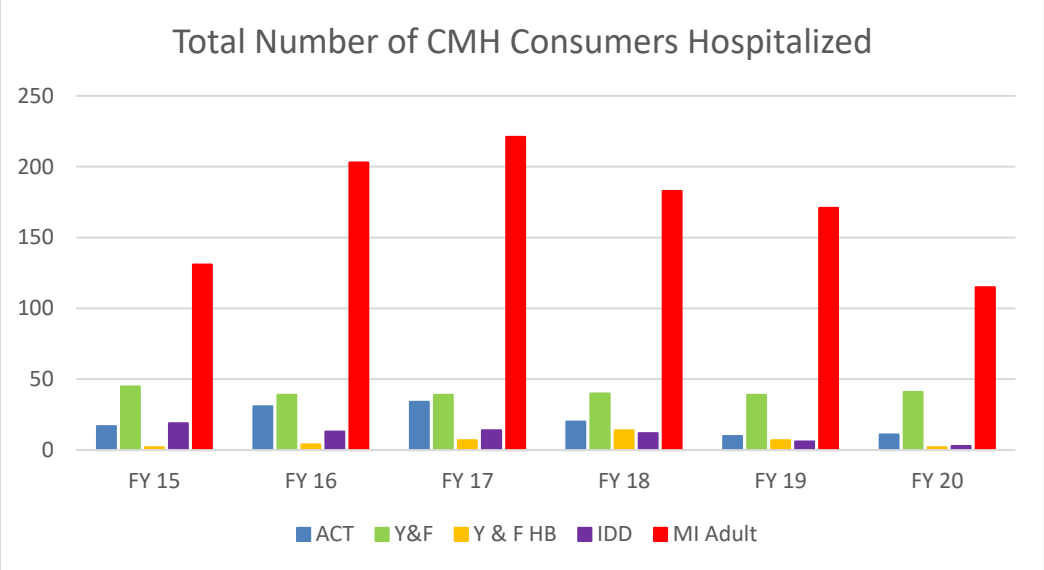
Psychiatric hospitalizations of CMH-served individuals (open cases) have decreased in FY 20. Non-CMH individuals (not open to CMH) also show a decrease in hospitalizations. This may be due to the full implementation of the millage-funded CARES program and the 750 Towner crisis center, which opened in the Spring of 2020. The CARES program also responds to crises which might also be impacting the decrease in hospitalizations for individuals open to CMH. Both measured values may also reflect the impact of the pandemic. It is important to note level of care recommendations are always the least restrictive service while addressing the medical necessity of the individual's presenting symptoms. Having less restrictive options for medically necessary services is recovery focused and less traumatic for the individuals we serve.

A stacked chart graph helps convey the cumulative number of hospital admissions.



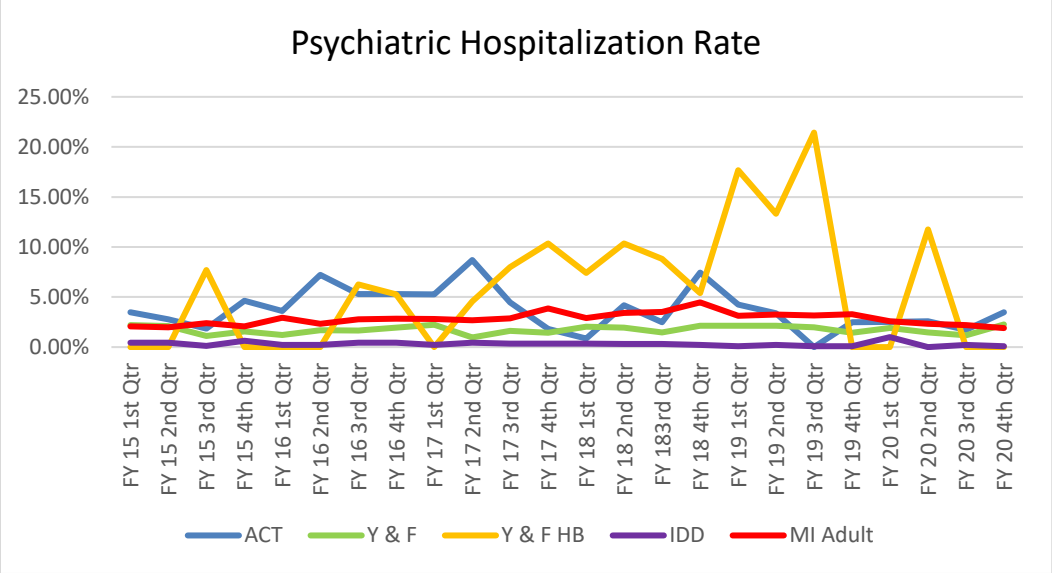
Below are two graphs. The first graph displays the total number of hospitalizations (individuals may be duplicated in these numbers if they had multiple admissions). The second graph delineates the number of enrolled individuals (individuals who are receiving CMH services through one of our core programs) who experienced a psychiatric hospitalization. These are unduplicated individuals.





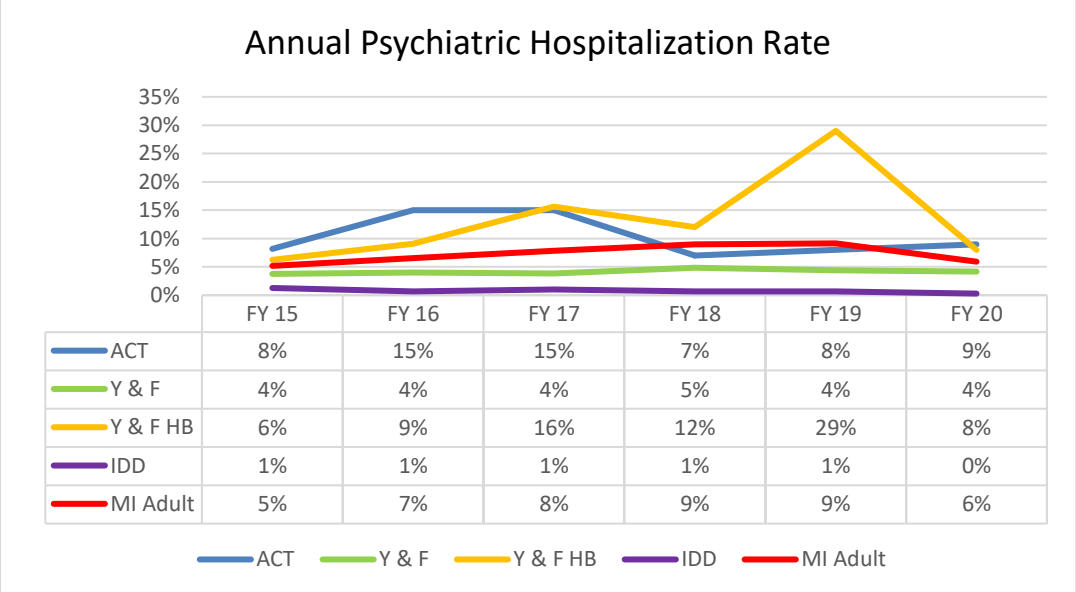
The total number of individuals psychiatrically hospitalized can be a helpful measure of outcomes and/or trends and/or patterns over the course of five years. The MI Adult team has an ongoing trend of fewer psychiatric hospitalizations. Overall, most other teams had fewer hospitalizations than in FY 19, and FY 18. It is important to note these psychiatric hospitalizations do not include Medicare funded psychiatric hospitalizations.

Considering a psychiatric hospitalization rate (number of individuals hospitalized compared to number of individuals served as an open case) can be a very useful measure to monitor as it helps identify the percentage of admissions per those served. The following graph helps depict these rates and possible trends:



The Youth and Family Home Based team had no hospitalizations except for second quarter suggesting an overall decrease in hospitalizations. The ACT team saw a decrease in hospitalization as well. The MI Adult Team experienced a steady decrease. The IDD team remained at baseline and the Youth and Family team has an overall slight decrease.

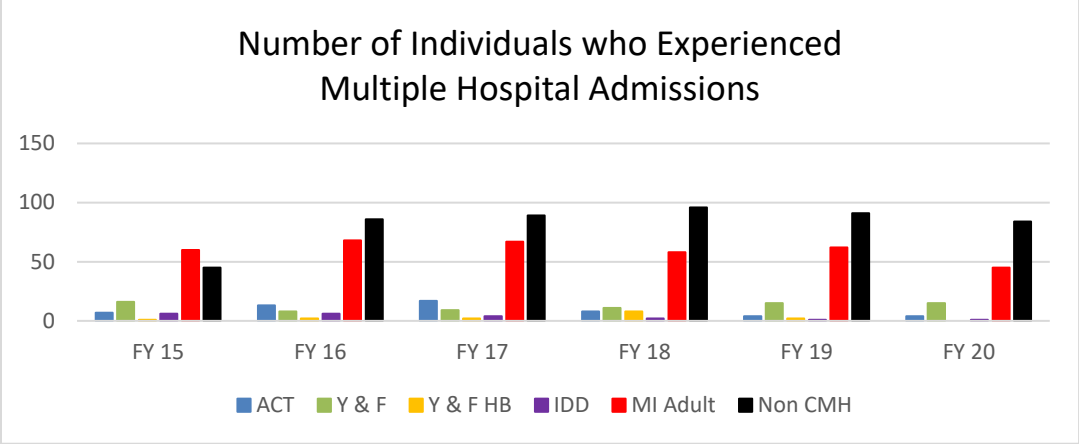
A macro view of psychiatric hospitalization trends / patterns may also be helpful.



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20
ACT	8%	15%	15%	7%	8%	9%
Y & F	4%	4%	4%	5%	4%	4%
Y & F HB	6%	9%	16%	12%	29%	8%
IDD	1%	1%	1%	1%	1%	0%
MI Adult	5%	7%	8%	9%	9%	6%

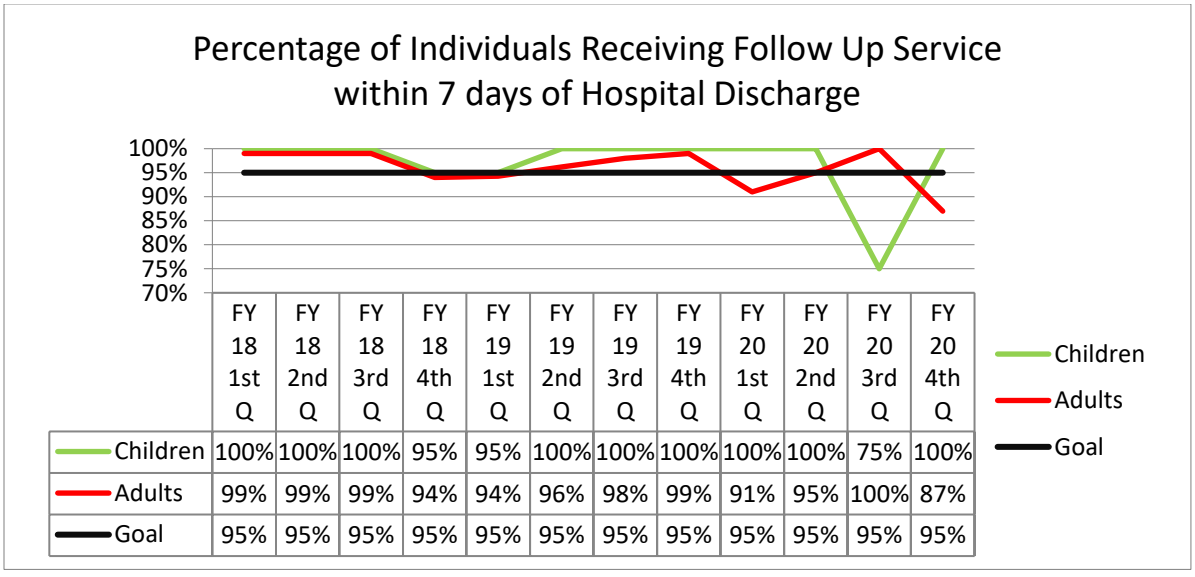
ACT experienced a great deal of variance in hospitalization rates over the years though overall shows a lower rate of hospitalizations. The Youth & Family and IDD teams are overall at baseline. The Youth & Family Home Based team experiences a great deal of variance which is easily influenced by the small number of people enrolled in the program which results in a very low denominator and therefore an easily impacted percentage rate. The MI Adult team has a decreasing trend in the percentage rate from FY 18 though is very closely equal to the FY 15 rate

Sometimes an increase in psychiatric hospital admissions is driven by individuals enrolled in services with CMH who experience multiple hospital admissions within the fiscal year due to the severity of their illness. Below is a bar chart showing how many individuals experienced more than one psychiatric hospitalization over the course of the fiscal year.



MI Adult experienced significantly fewer repeat hospitalizations in FY 20. The Youth and Family Home Based team had no repeat hospitalizations which is also less than the year before. The "Non CMH" individuals are individuals who are not open to a core team with WCCMH whose hospitalization is sponsored by WCCMH. There was the same number of repeat hospitalizations for these individuals in FY 20 as in FY 19.

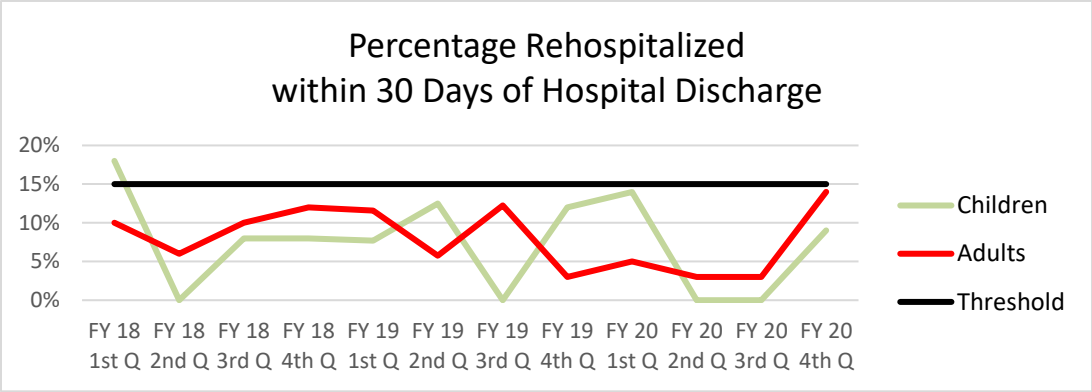
Below are graphs of the MDHHS Performance Indicator monitoring children and adults who were psychiatrically hospitalized and received a face-to-face service within 7 days of their discharge.



	FY 18 1st Q	FY 18 2nd Q	FY 18 3rd Q	FY 18 4th Q	FY 19 1st Q	FY 19 2nd Q	FY 19 3rd Q	FY 19 4th Q	FY 20 1st Q	FY 20 2nd Q	FY 20 3rd Q	FY 20 4th Q
Children	100%	100%	100%	95%	95%	100%	100%	100%	100%	100%	75%	100%
Adults	99%	99%	99%	94%	94%	96%	98%	99%	91%	95%	100%	87%
Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Both programs were challenged at various times throughout the year to meet the indicator expectations.

The following MDHHS Performance indicator helps to monitor our effectiveness of avoiding repeat hospitalization within 30 days of discharge from the hospital. This graph is comprised of adults and children who are enrolled in and receive services from WCCMH, were hospitalized and then re-hospitalized within 30 days of discharge.



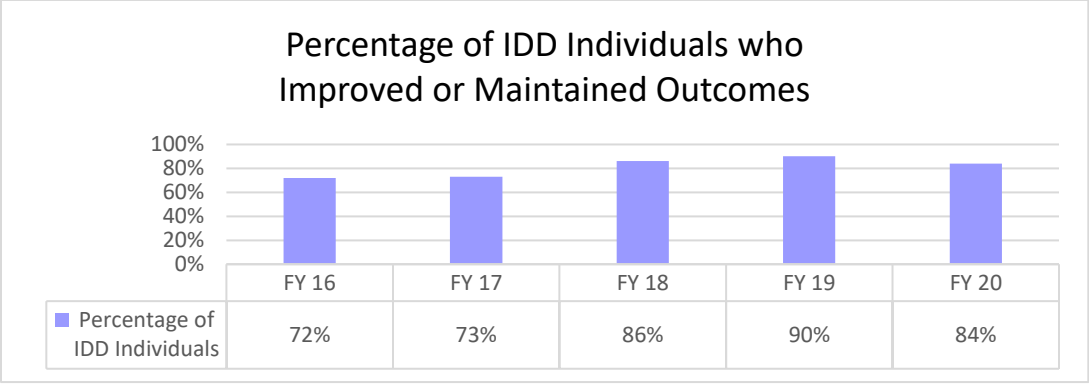
The organization continues to remain below the MDHHS threshold of 15%.

Program Outcomes

IDD Program Outcomes

Adults with an Intellectual or Developmental Disability are continually assessed with the standardized "DD Outcome" tool. The tool was developed in 2007 to quantify the status of an individual's life domains and needs. The tool was then implemented to achieve a standardized manner of collecting outcome data. The tool focuses on the individual's status and/or level of independence in factors of Self Determination (Work, Community Living, Choice & Decision Making, Relationships, Housing) and Health and Welfare (Safety, Safety Education, Health Access, and Wellness). Their status in each of these items is assigned a quantitative designation. The range of assigned number is from 1 – 5. "1" reflects extreme need while "5" reflects that specific area is addressed and in place. Based on the sum of completed items, an average for all items is determined. This tool continues to be used in a standardized manner by WCCMH.

Identifying aggregated results of maintaining status or improving are developed based on calculating differences between the average scores of the most recent assessment and the initial assessment.



IDD shows an overall outcome improvement from FY 17, 18 and 19. However, FY 20 shows an overall lower percentage of individuals increased or maintained their outcome. It is not clear if this may be due to COVID - 19 impact.

Youth and Family Program Outcomes

The Youth and Family program uses the Child, Adolescent Functional Assessment System (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS) as valid and reliable outcome measures for children who experience a serious emotional disorder. The CAFAS is used for children who are in school and are between 7 and 18 years old. The PECFAS is used for children 3 years old and under 7 years old.

The CAFAS Total Score is the sum of the impairment ratings for the 8 subscales for the youth. For each subscale, the rater selects the item(s), which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment based on the score (indicated parenthetically): Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment.

Reviewing this outcome for FY 20 indicates the program has made a significant difference in the individuals they serve. For this administrative report, CAFAS Total Scores are aggregated across youths and a comparison is made between the scores for the initial and most recent assessments. A lower score at the most recent assessment indicates a positive change. The difference in scores is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment. The findings are broken down between inactive episodes of care (closed cases) and for both inactive and active episodes of care (closed and open cases).

FY 20 Child and Adolescent Functional Assessment Scale (CAFAS)

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments (for inactive episodes of care with a sample size of 204): **28** Average CAFAS Youth Total Score on Initial Assessment: **99** Average CAFAS Youth Total Score on Most Recent Assessment: **71**

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments (for both active and inactive episodes of care with a sample size of 567): **23** Average CAFAS Youth Total Score on Initial Assessment: **100** Average CAFAS Youth Total Score on Most Recent Assessment: **77**

The finding for inactive cases identifies a significant improvement (a score greater than 20 indicates a statistically significant change) and an impressive difference between initial and most recent assessment. The significant improvement is consistent with previous year's findings however, FY 20 indicates a stronger significant difference.

The finding that includes both active and inactive cases indicate a statistically significant change in CAFAS score reflecting positive improvement for the children suggesting the program model is effective. Typically, we do not see a statistically significant change in this category because the active cases are still receiving interventions and may not have experienced a significant change yet. However, in FY 19 and FY 20, we did see statistically significant improvement in the category that includes both the open and the closed cases

The PECFAS is a "preschool" version of the CAFAS, assesses the child's functioning over relevant life domains and overall improvement. The PECFAS Total Score is based on the same subscales as the CAFAS

and also includes information from the Caregiver (Material Needs, Family / Social Support). The four levels of impairment are the same as the CAFAS.

For this administrative report, PECFAS Total Scores are aggregated across youths and a comparison is made between the scores for the initial and most recent assessments. A lower score of the most recent assessment indicates a positive change. The difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment. The findings are broken down between inactive episodes of care (closed cases) and for both inactive and active episodes of care (closed and open cases).

Preschool and Early Childhood Functional Assessment Scale (PECFAS)

Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments (for inactive episodes of care with a sample size of 24: **21**

Average PECFAS Youth Total Score on Initial Assessment: **86**

Average PECFAS Youth Total Score on Most Recent Assessment:**65**

Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments (for both active and inactive episodes of care with a sample size of 64): **14**

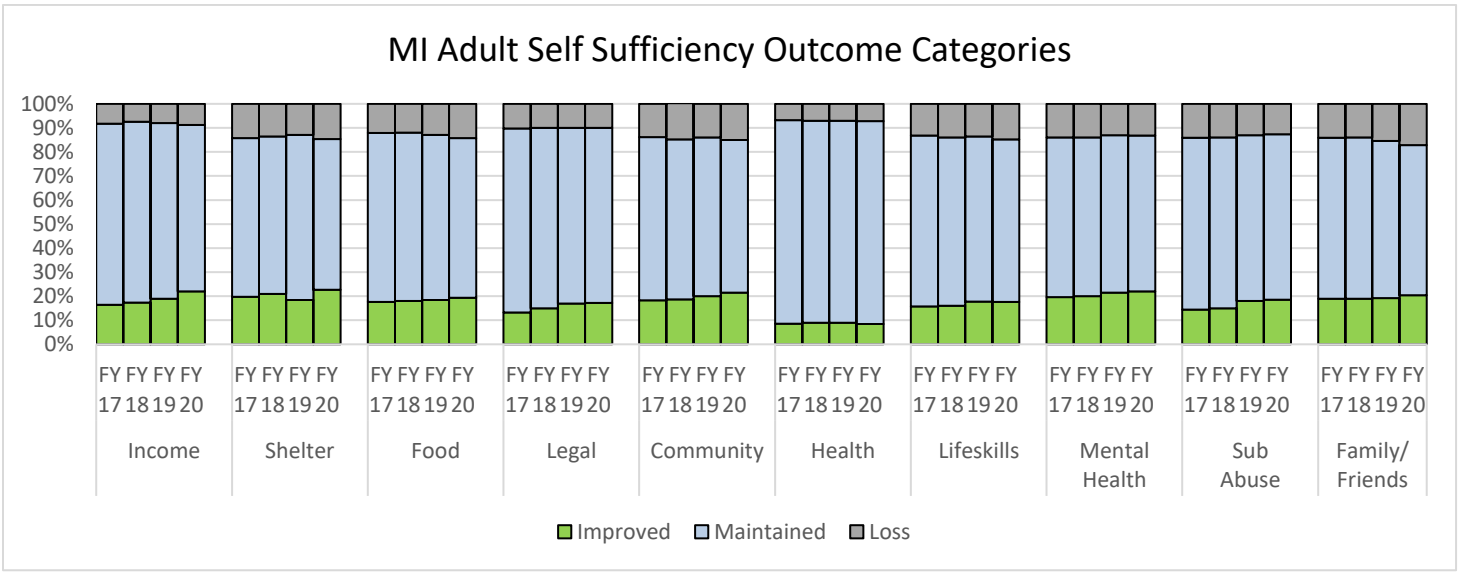
Average PECFAS Youth Total Score on Initial Assessment: **86**

Average PECFAS Youth Total Score on Most Recent Assessment: **72**

Like the findings from the CAFAS, reviewing this outcome for FY 20 indicates the program has made a significant difference in the individuals they serve for inactive (closed cases). When reviewing outcomes for both inactive and active (closed and open) cases we observe a positive impact with children and their families occurred, though it is not considered to be significant.

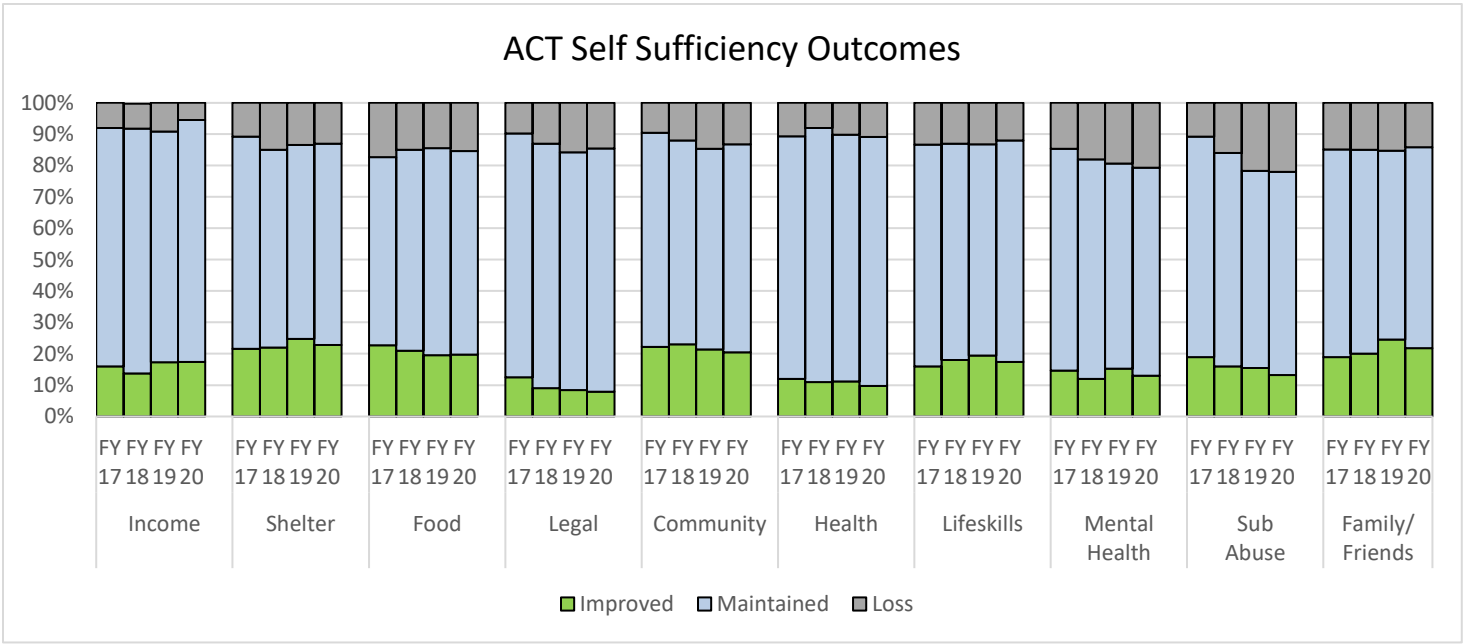
MI Adult and ACT Program Outcomes

Adults with a Mental Illness are continually assessed with the standardized outcome tool called the Self Sufficiency Matrix. The Self Sufficiency tool reviews an individual's status on 13 indicators (Income, Shelter, Education, Healthcare, Mental Health, Family / Friends, Community, Employment, Food, Legal, Life Skills, Substance Abuse and Mobility). However, for purposes of efficient display, education, employment, and mobility are not included in the graph. Values can include In Crisis, Vulnerable, Safe, Building Capacity or Empowered. Aggregated results of improving, maintaining or loss of status are developed based on calculating differences between the initial and most recent item score, categorizing for each item and each case if there was an improvement, loss or maintained and then subsequent percentages for the overall program.



The graphs identify percentages of Improvement, Maintained, and Loss over a four-year time period. Sometimes there will be a percentage that Improved and a percentage that experienced Loss, sometimes on the same domain. This can occur because the aggregated data may reflect individuals who moved from "Maintained" and either moved to "Improved" or "Loss".

MI Adult continued to improve in eight of the ten categories (Income, Shelter, Food, Legal, Community, Mental Health, Substance Abuse and Family/ Friends) while a higher percentage show a Loss in six categories (Income, Shelter, Food, Community, Life Skills and Family/Friends).



ACT did not have an improvement in outcomes in FY 20, though a higher percentage maintained their outcome status in nine areas (Income, Shelter, Legal, Community, Health, Lifeskills, Mental Health, Substance Abuse and Family Friends). Individuals receiving ACT services tend to experience more severe impairments

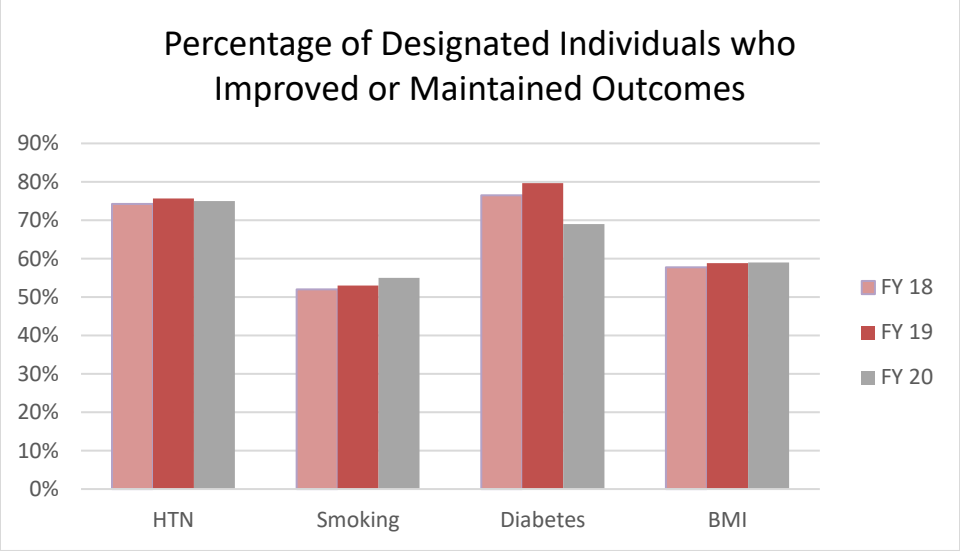
and require a higher level of care to minimize impact of these impairments. Therefore, higher outcomes of maintaining functioning is considered a good outcome.

Integrated Care

WCCMH continues to maintain a strong focus of integrated care. We monitor indicators of Hypertension, Smoking, Diabetes and Body Mass Index (BMI) for improvements. These definitions are:

Hypertension: the percentage of individuals diagnosed with Hypertension who either improved or maintained their health based on their blood pressure.
Smoking: the percentage of individuals who either smoked in the past or currently smoke who either improved or maintained their health based on their smoking status.
Diabetes: the percentage of individuals who have a Diabetes diagnoses and a current laboratory value (within 12 months of the end of the fiscal year) who either improved or maintained their health as indicated by an improvement or maintained level of their A1C.
BMI: the percentage of individuals who either improved or maintained their health by a static or decrease in their BMI.

The graph below depicts the percentage of individuals who either improved or maintained on measures of health:



Diabetes has a lower percentage of individuals that improved or maintained in FY 20. A deeper review of the data revealed the denominator (comprised of individuals who had a diabetes diagnosis and an A1C lab value that was less than 12 months old) was much lower this year than in year's past and those who did have a lab value had a change that was not maintaining or improving from their initial A1C value.

Health and Mortality

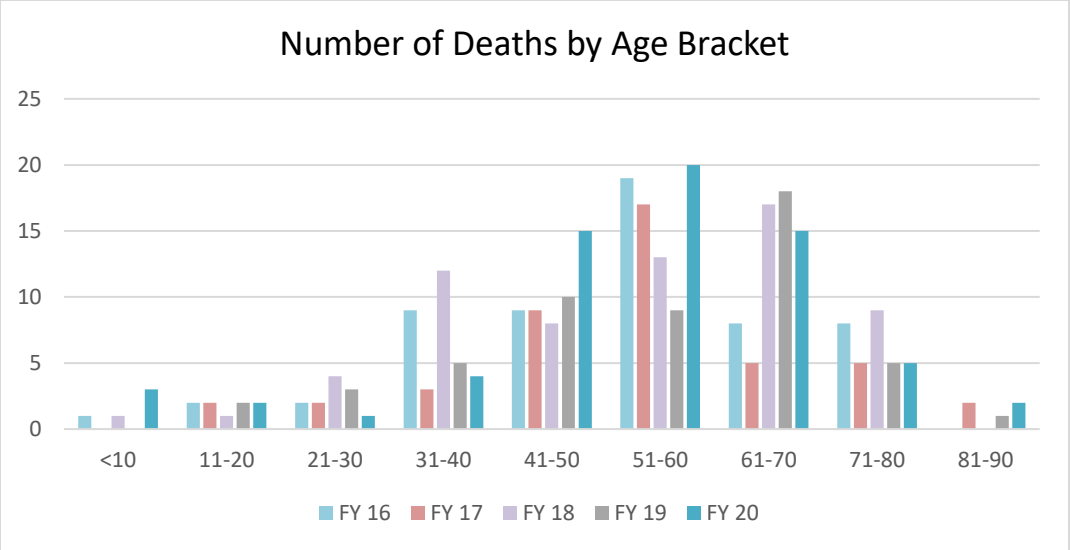
Research and industry trends identify that individuals who experience a severe mental illness tend to die much younger than their counterparts. We monitor our mortality rate, as well as the average age of the individual at the time of death. The data below are commensurate with research identified trends. For every reported individual death, WCCMH process includes reviewing the chart, obtaining the death certificate (if available) and presenting this information and the death report to the Medical Director. The Medical Director then classifies the cause of death. Below are the aggregated categories of cause of death and the average age at the time of death for each category.

Mortality

Cause of Death	**FY 16**	***Age FY 16***	**FY 17**	***Age FY 17***	**FY 18**	***Age FY 18***	**FY 19**	***Age FY 19***	**FY 20**	***Age FY 20***
Accident (Drowning)			1	26						
Cancer	10	59	10	54	8	63	9	57	7	57
Cardiovascular	16	56	8	76	13	59	14	61	14	60
Dehydration					1	76				
Drug Abuse	8	36	6	47	12	38	5	40	8	45
Environmental Hypothermia							1	51		
Gastrointestinal	1	70							3	60
Hip Fracture Complications					1	60				
Inanition									2	60
Homicide			1	33	3	30				
Infection			4	61	3	72	1	61	4	70
Kidney Disease	2	53	1	42	1	62			1	80
Liver Disease			1	57	2	63			2	49
Metabolic							1	61		
Muscular Dystrophy	1	20								
Natural/Other			3	47	1	38				
Neurological	5	56	2	47	2	34	1	81	3	50
Respiratory	6	63	4	61	5	66	10	52	10	51
Sturge Weber Syndrome	1	41								
Suicide	2	40	3	47	2	44	2	22	6	45
Trauma	1	39			1	53	2	68		
Unknown	5	44	3	51	9	52	9	52	7	44
Grand Total	**# of Deaths 58**	***Avg Age 52***	**# of Deaths 47**	***Avg Age 56***	**# of Deaths 65**	***Avg Age 53***	**# of Deaths 55**	***Avg Age 54***	**# of Deaths 67**	***Avg Age 53***

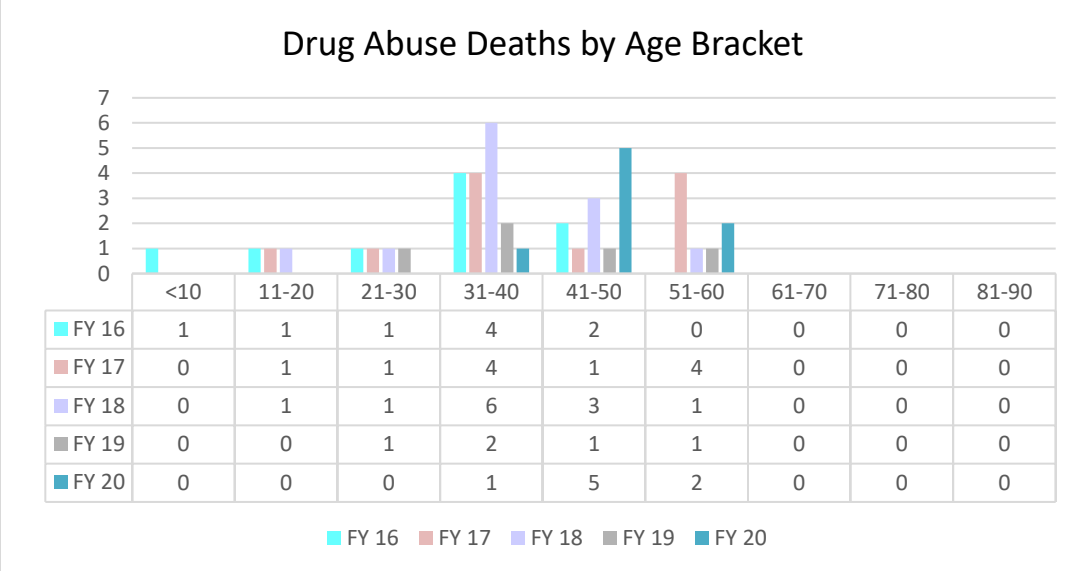
Mortality data is based on death certificates from the Washtenaw County Medical Examiner. If an individual dies out of county, we do not receive that death certificate. WCCMH has been tracking COVID-19 testing of the individuals we served. Seven hundred seventeen tests were negative (some of these tests may be duplicated individuals) and forty-four individuals tested positive for COVID-19. Two of those have passed away due to COVID-19 (categorized as "Infection").

Reviewing the relationship of the total number of CMH served individuals who had open cases and passed away in Fiscal Year 2020 between frequency of deaths per bracketed age categories helps monitor and review baseline data and possible trends/ patterns.



Not surprisingly, a higher frequency of deaths occurs in the older decades. We hope that helping individuals with their health will result in the frequency of deaths moving to the right on the graph, i.e., occurring in older age. Fiscal years 17, 18 and 19 did show a decrease in the 51-60 age group and an increase in the 61-70 age group suggesting individuals are dying at later stages in their life. FY 20 shows an increase in the 51 – 60 age group and a decrease in the 61-70 age group. Nationwide trends indicate average age of deaths were lower in 2020. Trends also indicate individuals are not pursuing medical services in person and this may result in untreated medical concerns.

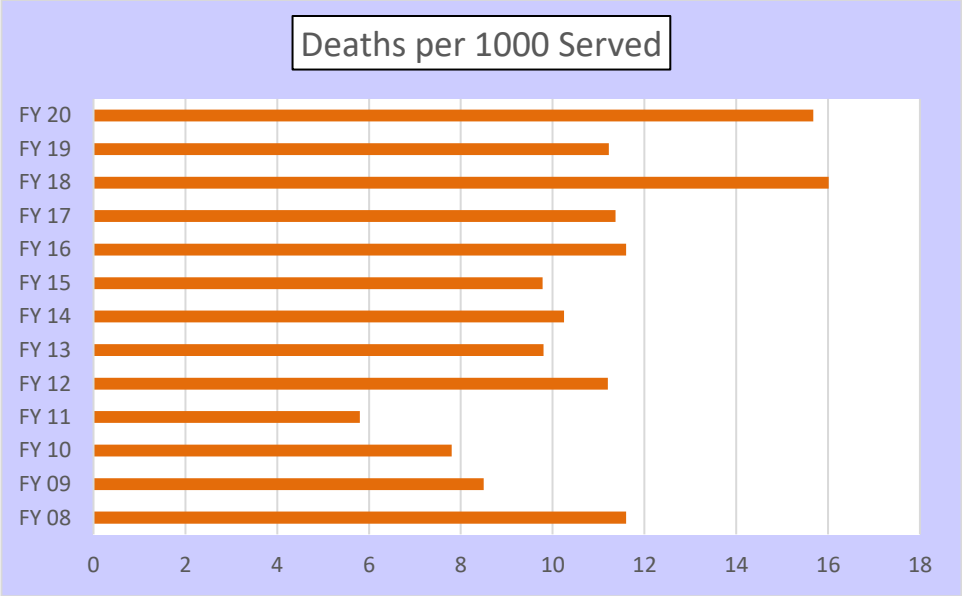
Of the deaths that occurred due to accidental overdose (Drug Abuse), it may be interesting to understand if there are age groups where this occurs more often and what those age groups are. The following graph charts this over time:



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

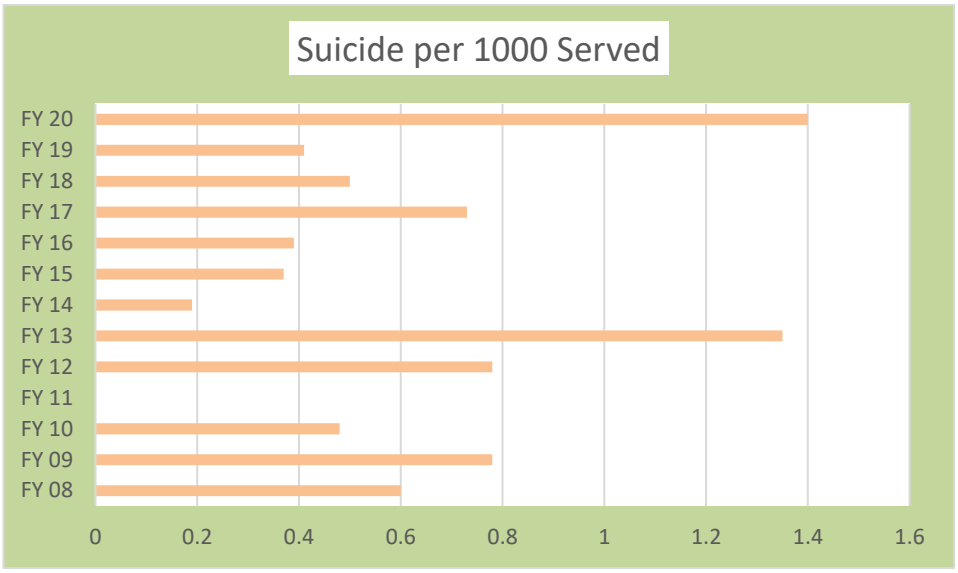
Identifying age groups that have a higher frequency of drug abuse deaths can suggest age groups to target with specific interventions. In FY 20, we see the modal value in the 41 – 50 year old age range. There has been a nationwide increase in the number of deaths due to overdose in 2020. The (Heroin) Opioid Task Force within Washtenaw County continues to review, analyze and attempt to tackle this problem.

Reviewing deaths over the past thirteen years has helped us identify the number of deaths compared to the number of individuals served. Please note, the accuracy and robustness of deaths in fiscal years 2008 – 2011 is unknown due to concerns about reporting processes in that time frame. Reporting processes are much more robust and monitored so there is credibility to the number of deaths from 2012 – 2020.



The ratio of deaths / individuals served this past year is high when compared to past years (except FY 18). There are no identified systemic mental health treatment factors contributing to these deaths. As mentioned before, the COVID-19 pandemic may have inadvertently resulted in less access or willingness to access medical interventions which may have resulted in a higher number of deaths. To the best of the organization's ability, we know of only two deaths of an individual whose COVID-19 test results was positive.

Monitoring the ratio of suicides per 1,000 individuals served is also important. Again, it is not known how robust or accurate our historical death reporting process was. That is, there may have been more historical suicides than are listed in the following chart. This is the data trend over the past thirteen fiscal years:

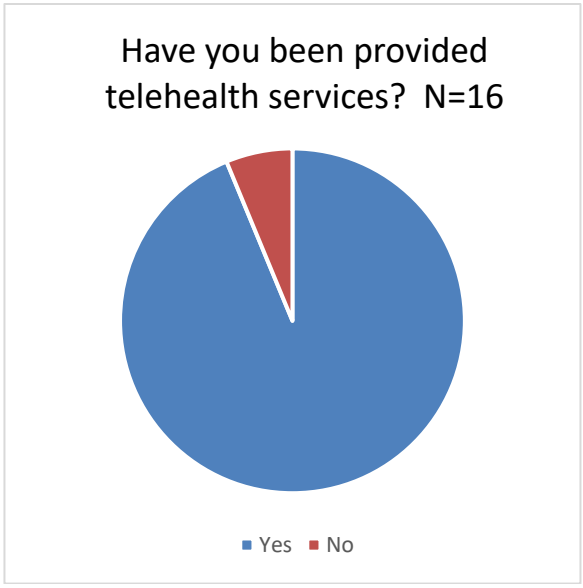


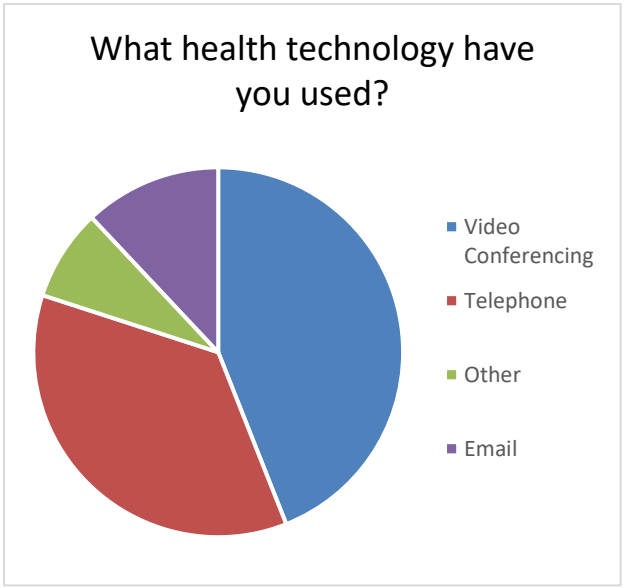
It should also be noted that all suicides are reviewed with a root cause analysis. This is a very thorough and thoughtful review process beyond the normal death review process. The ratio for FY 20 is the highest ratio. There were no practice-of-care issues in these suicides and no systemic patterns or trends identified.

Satisfaction Survey Results

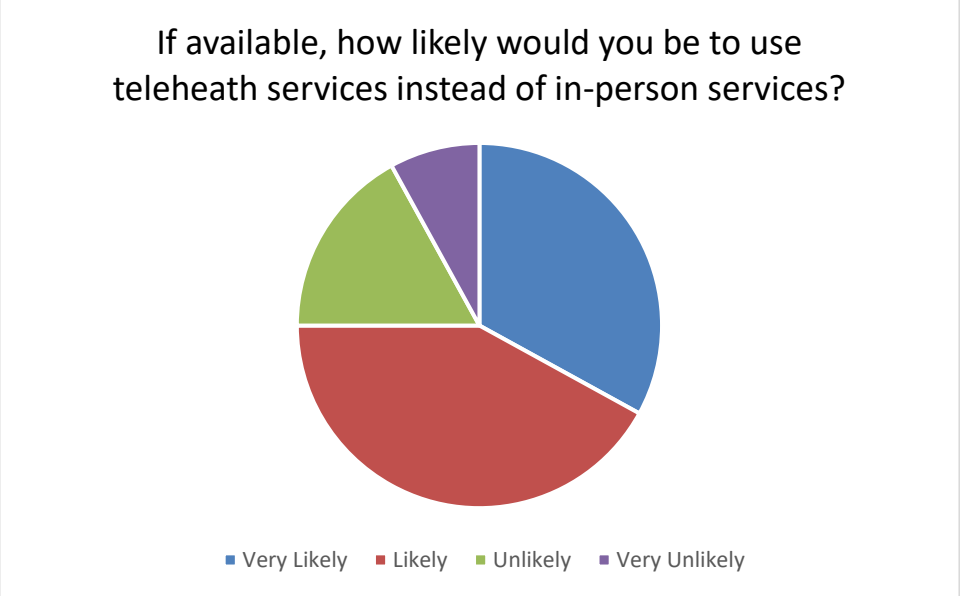
Due to the change in service delivery, the Regional Customer Service Committee did not survey all populations with the satisfaction surveys as in the past. Instead, early in the pandemic, the WCCMH participated with 19 others state wide CMHSPs Telehealth Satisfaction Survey. Surveys were distributed to both individuals served and providers. The results are below.

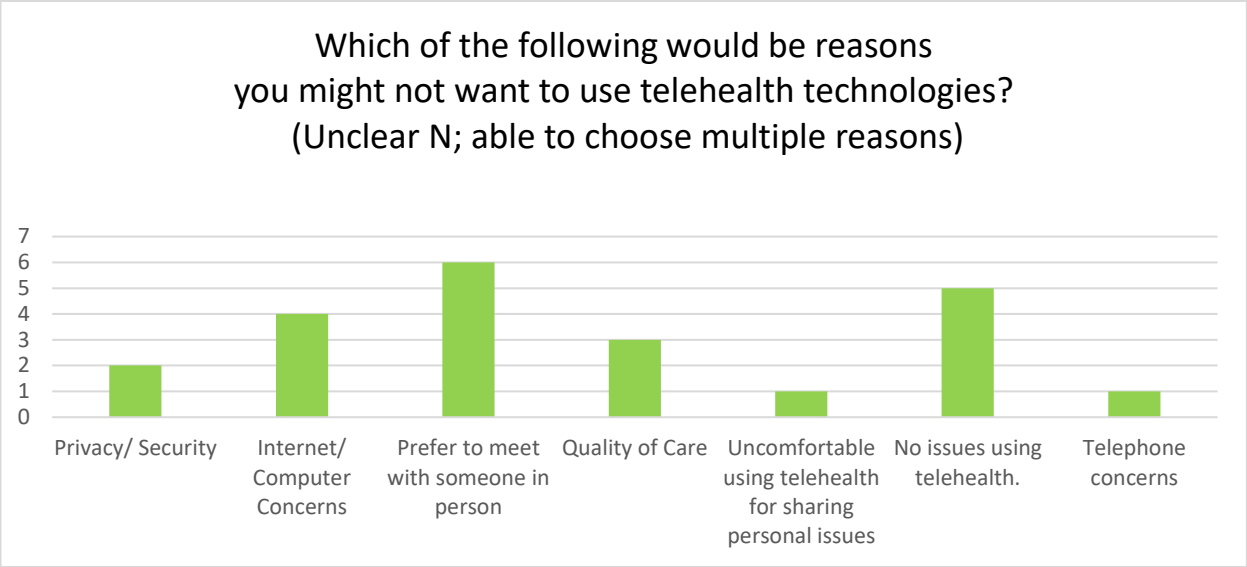
Survey Results from Those Who Receive Services

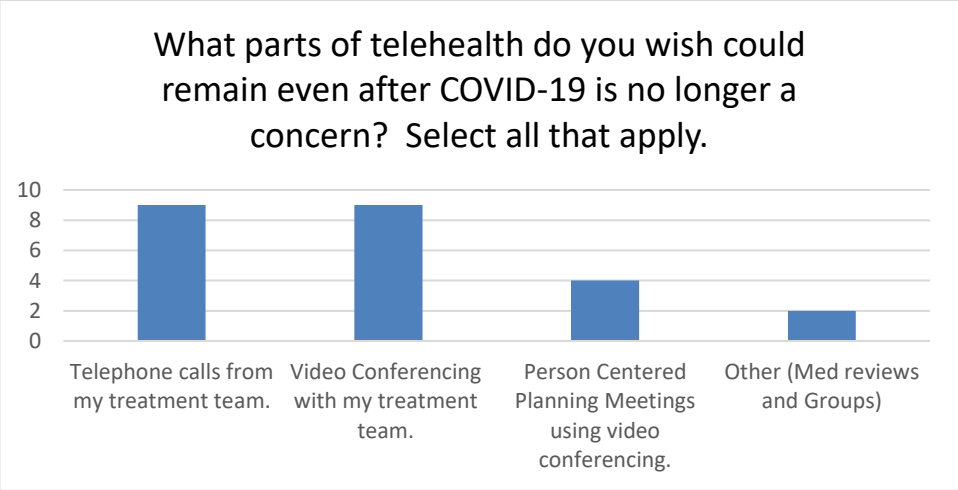




What do you like about using telehealth?
Not driving to the office.
It's simple. It's nice to not have to leave the house/office if you don't have to.
I don't like it!
It's okay for the more moderate mentally ill but it's not appropriate for those with severe mental illness like schizophrenia.
Not much, but when there are no alternatives, it is better than nothing.
Can still meet with therapist without having to go out.
I am able to get a hold of some of my clients this way and hear presentations, but not as good as face to face.
I don't have support to get to office.
Didn't need to go anywhere.
Same thing as regular therapy.
Safe during pandemic. Saves time and I don't have to worry about packing up all my other kids.
Easy and don't have to drive and if I forget it is ok.







Survey Results for Those Providing Telehealth Services

WCCMH made the decision to survey staff regarding their experience providing telehealth services. Thirty-seven individuals participated in the survey. Their responses indicated:

- 46% felt telehealth allows them to be as effective,
- 32% experience telehealth to be less effective and
- 22% reported telehealth is more effective.

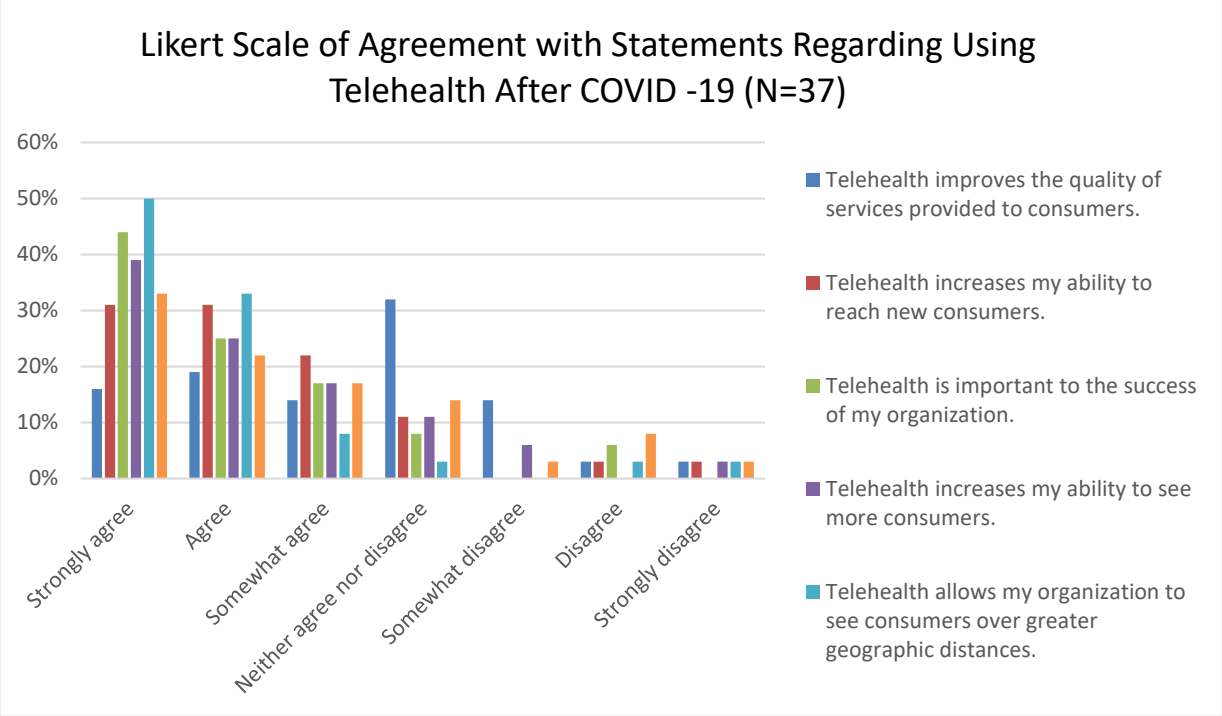
Their narrative responses to "less effective" and "more effective" are below.

WCCMH Response to Telehealth Survey Regarding Effectiveness	
If less effective, why?	If more effective, why?
No support staff.	*Able to complete more in a shorter period of time.*
Build rapport, trust kinesthetic, EMDR	*Telehealth has removed many barriers for consumers who have health issues, mobility issues, transportation issues, and scheduling issues. I have found using a virtual therapy platform has reduced the amount of missed appointments overall.*
Hard to do therapy with children over the phone.	*Less distractions than when performed in an agency setting.*
MEND often doesn't work (or staff don't know how to use it)	*I can deliver MORE case management services to more clients than ever before.*
Miss the interaction with the patient face to face and being able to assess them in that way.	*Families with transportations issues are not limited. Also able to do more sessions because it feels more efficient.*
It affects therapeutic rapport.	*Folks who would not be able to come into the office can be engaged easier.*
No ability to physically assess someone (AIMS exam, etc.) and limited ability to evaluate non-verbal cues.	*Have even been able to provide needed services to families that have transportation issues.*
Lose the value of face to face.	*I am able to see more clients as the show rate is higher with telehealth.*
Requires lot of up-front work, once set-up and rolling could be good.	
Live face to face is more personal. Also, internet issues are problematic.	
Difficult for Psychiatric Evaluations, getting to know someone psychiatrically.	
Unable to complete effective types of therapy via telehealth. At times it is useful but other times not.	

What issues, if any, have you experienced in using telehealth technology? Select all that apply.	
Service availability/ connectivity	22
Consumer engagement	16
Privacy / Security Concerns	5
Other	6

What aspects of telehealth do you wish would remain after COVID-19 is no longer a concern (select all that apply).	
Video Conferencing (Zoom, Teams, etc.)	35
Telephone	31
Email	13
Other	10
Written in: Social media platforms, MEND, Texting	

Have your "no show rates" or missed appointments…	
…..been less frequent	66%
…..remained the same	28%
…..been more frequent	6%



What are the positive things about working remotely? (Similar responses were categorized.)	Number of Comments
Higher efficiency	16
Less distractions and interruptions	16
No commute	14
Protection from germs and therefore improvement on health	14
Flexible	13
Calmer environment to work in	9
Clients with transportation issues find it easier to receive the service	4
Lower stress	4
Better for environment	2
Clients prefer	1
Privacy	1
Sleep in	1
Weather not an impact on service delivery	1
"No pants"	1
Better impact on no show rates	1
Feel safer when speaking with agitated clients	1
Beneficial to see patients environment while they're on Zoom	1
Less workplace drama	1
Minimizes unnecessary meetings	1
Childcare not as much of an issue	1

What are the negative reasons about working remotely? (Similar responses are categorized.)	Number of comments
Loss of collaboration with others	11
Loss of in person service impacts rapport	7
Technology Issues (accessing M drive, server crashes, needing immediate assistance, etc.)	6
Difficult to maintain boundaries between work and home	5
Remote working is lonely and isolating	4
Consumers do not have adequate resources	4
Home Office not set up	3
Meeting the needs of your children while working	3
Low observation / interpretation/ assessment of client	3
Difficult to focus	3
Difficult to maintain privacy	2
Not know pulse of "office" and assisting as needed	2
Negative impact on Play Therapy/ other therapy	2
Cannot conduct Abnormal Involuntary Movement Scale (AIMS)	2
Distractions	2
Mend is very difficult	2
Logging tasks is redundant and lowers efficiency	1
No access to passwords	1
Managing anxiety around change	1
Need supplies at home	1
No paper forms on hand	1
No Support Staff	1
Signatures on paperwork are difficult to obtain	1
Cannot gather labs from consumers	1
Coordinating injections	1
No childcare	1
Nothing	1

Summary

The industry of Community Mental Health services is a complex, demanding and high-risk environment seeking to service individuals who experience poverty, disabilities and severe symptoms that impact on functioning. CMH Organizations must manage this complexity while also improving lives and families as an important component of community responsibility. The organization continues to make systemic improvements. We continue to seek out ways to strengthen our organization in a manner that will help to improve the lives of those we are honored to serve.

One Big Thing

Lisa Gentz, LMSW

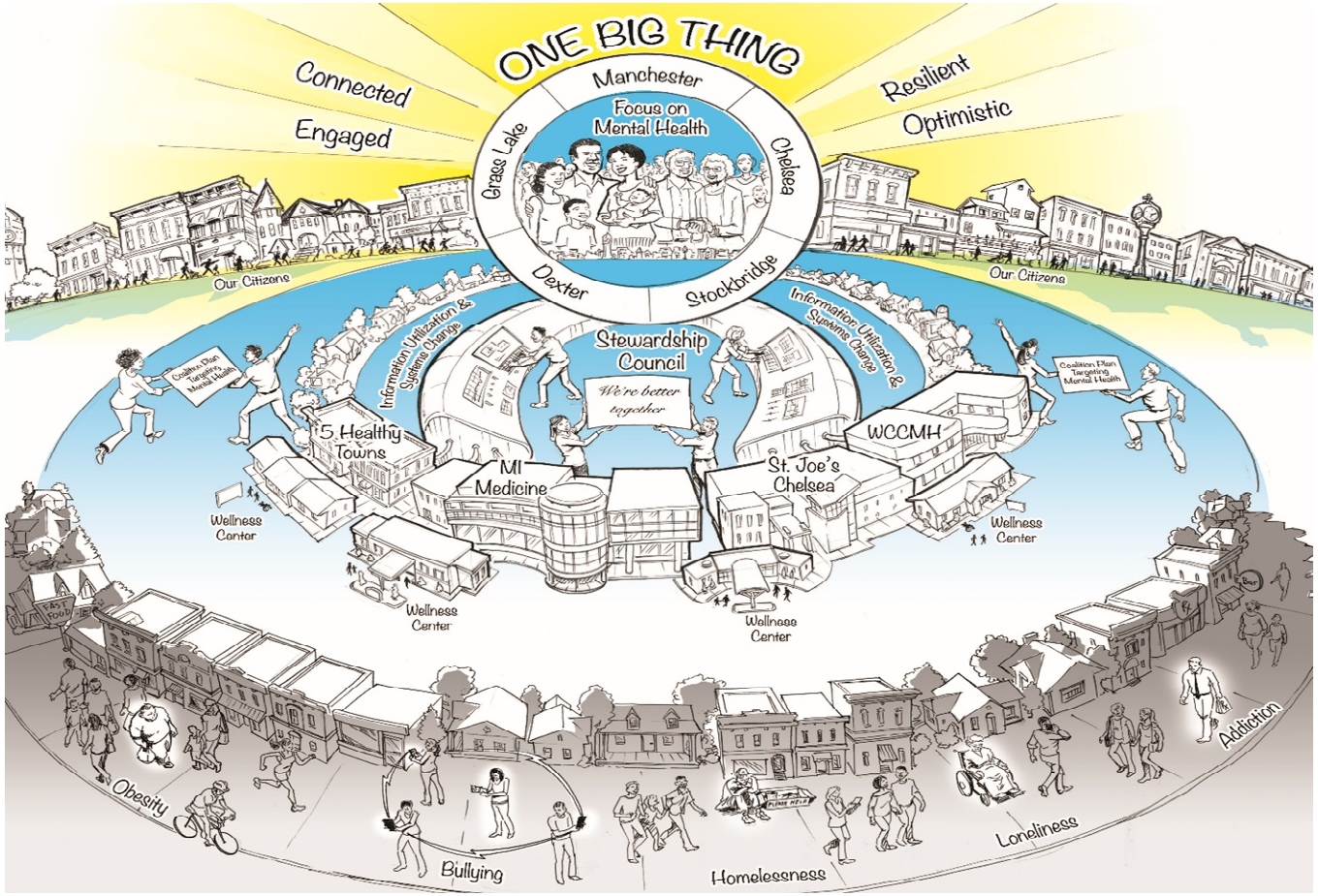
May 10th, 2021

Background

5 Towns Foundation- Chelsea, Dexter, Manchester, Stockbridge and Grass Lake

As the result of numerous critical mental health incidents for youth in the 5 towns region.

The Foundation partnered with Rethink Health: A Ripple initiative.



Focus On Mental Health

ReThink Health: A Ripple Initiative

ReThink Health
A RIPPEL INITIATIVE

- *An organization that works with national and regional stewards to discover what it takes to design and execute transformative change and produce better health and well-being for all*
- Supported Foundation with forming our Stewardship Council: Michigan Medicine, St. Joseph Mercy Chelsea, 5 Towns Foundation and WCCMH
- Together in 2019 Stewardship Council embarked on guided learning and transformative change
- focused on vital conditions and community well-being to maximize regional health and wellness

Vital Conditions and Urgent Needs:
Definitions of Wellbeing

Vital Conditions

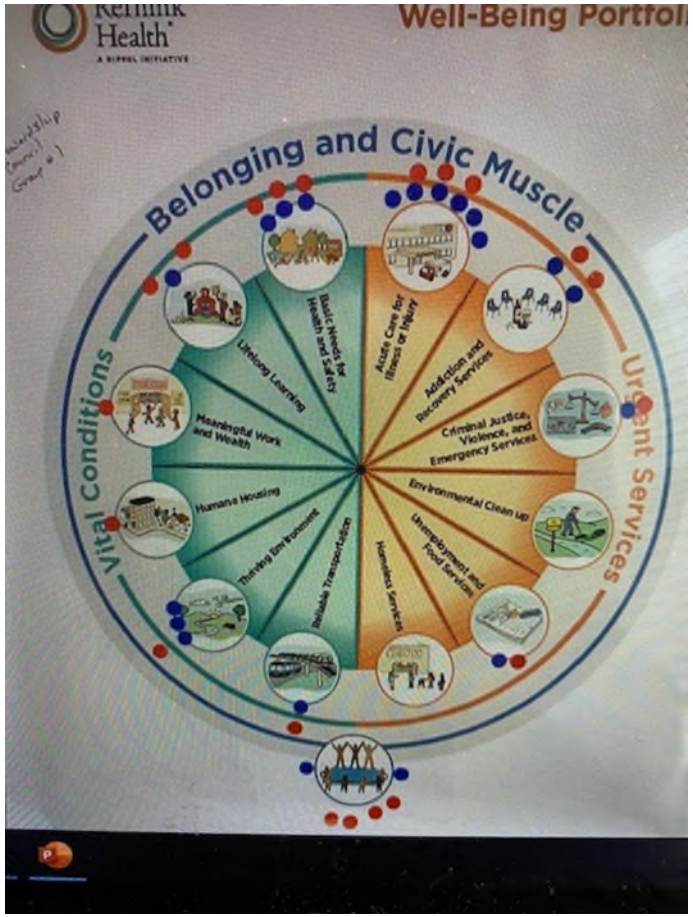
- Basic Needs for Health and Safety
- Lifelong Learning
- Meaningful Work and Wealth
- Humane Housing
- Stable Natural Environment
- Reliable Transportation
- Efforts to Strengthen Belonging and Civic Muscle

Urgent Needs

- Acute Care for Illness/Injury
- Addiction and Recovery Services
- Criminal Justice/Violence/Emergency
- Homeless Services
- Environmental Cleanup
- Unemployment and Food Assistance

Regional Community Scan

Regional Portfolio Design



Well-Being Portfolio Results

Bringing Learning into Action

- Case Reviews
- Gaps Analysis
- Simple Rules of Working Together
- Stewardship Consensus Building on Possible Projects

Steps Toward Reinvestment

SAMSHA Mental Health and Training Project:

- Training community members
- recognizing mental health signs and symptoms
- Youth anti-stigma campaign
- Coordinated referrals between community and providers

Intergenerational Project: bringing youth and isolated seniors together

- Prevention focused
- Wellness Centers as hubs to connect to vital conditions

One Big Connection

- Regional website focused on vital conditions connections

Questions

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

March 10, 2021

Members Present: Pam Rathbun (president), Jason Zurawski (secretary), Alayna Manzanares, Ed Howlett, Melissa Vaden, Barb Higman
Staff Liaison: Mert Hershberger
Members Absent: Lisa Porzondek

I. Meeting began at 12:41.
II. Consent Agenda.

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

III. **Legislator:** Felicia Brabec had to reschedule due to date confusion and committee meetings. We rescheduled for 4/14/2021.
   a. Barb suggested having staffers join us and composing a letter to address issues of concern.
   b. Additional questions: When will people get the COVID-19 vaccine? People with Schizophrenia and the Developmentally Disabled have a higher risk of dying from COVID-19. Cerebral palsy? High Blood Pressure? Food stamp and living wage questions?
   c. Barb will keep reaching out to Jeff Irwin and Yousef Rabhi about meeting.
   d. Barb and Melissa will draft an email to the legislators. Issues of legislative importance as well as our resilience and a statement of confidence.

IV. **Newsletter:** any progress? Barb: Working on it. Ed and Melissa: Working on it. Ed suggested a rotating column of people writing on what helps with individual's mental health. Alayna: Recruiting new members?

V. Celebration of Success: Need to act on this if we are going to move it to earlier in the year to hold it outside? Location at Ellsworth? Tent rental? Time to set up tent? Outside? (Wednesday Evening (just not 2nd Wednesday of the month? (NOT Thursday) … We would need adequate seating. 2nd Date in case of rain. August, July, September.

VI. Fresh Start: Same as last month. Going through a study about smokers trying to quit. Melissa and Mert will help us get more information.

VII. **Walk-A-Mile:** September 29, 2021. https://cmham.org/education-events/walk-a-mile-rally/

VIII. New business:
   a. Speaker's Bureau: We spoke in 3 classes at the end of February and were invited back in April, likely on either a Thursday or Friday. Melissa might be interested if she is available. Mert will pass her name along to Alex Mitrovich.
   b. Zoom housekeeping: We will try to start a little more on time and a little earlier next month. It will be consistently be the same link for Zoom until we meet in person again … hopefully this year. We'll try to get all started 10 minutes early to be on time.

IX. Personal updates:

X. **Meeting adjourned.** Alayna moved to adjourn at 1:43pm.

Next meeting will be April 14, 2021 via Zoom at 12:30pm. (Log in by 12:20pm.)
Pam, Alayna, Lisa, Barb will represent us at the Regional CAC meeting at 10am on April 14, 2021 via Zoom. Melissa will be the alternative voting representative in case one of the other four is unable to come. Mert will send out the link to all five who are all welcome to participate.

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

April 14, 2021

Members Present on the Call: Pam Rathbun (president), Jason Zurawski (secretary), Barb Higman, Ed Howlett, Alayna Manzanares, Lisa Porzondek, Melissa Vaden.
Staff Liaison: Mert Hershberger

I. Meeting called to order at: _12:31_.

II. Consent Agenda.

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

III. **Legislator:**

a. Felicia Brabec … Barb: "She has put us on her calendar for May 12th."
b. Additional questions: When will people get the COVID-19 vaccine? People with Schizophrenia and the Developmentally Disabled have a higher risk of dying from COVID-19. Cerebral palsy? High Blood Pressure? Food stamp and living wage questions?
c. Yousef Rabhi could likely join sometime.
d. Email to legislators drafted with concerns mentioned by Barb, with help from Melissa and others.
e. Yousef Rabhi and Felicia Brabec both do coffee hours for meeting constituents.

IV. RCAC-Report: Barb: we covered the cultural competency and the Appeals info and customer services. She noted the role of person-first language. Pam emphasized the importance of these trainings and the Guide to Services. Melissa appreciated advocacy for self and others and giving information to avoid the appeals process as much as possible. Mert will send the information out to all WC-CMH-CAC members in the future. Jason would like to see what it is like and participate. https://www.washtenaw.org/DocumentCenter/View/9835/CMHPSM-Guide-to-Services-upd-01-18?bidId=

V. **Newsletter:** Barb will work on a continuation of the series on Mental Health Services for Washtenaw County. **Alayna's contribution:** Spring 2021

"The consumer CMH advisory council is looking for new members. If you are interested in advocacy and giving back, try our council. We plan and are involved in events like the celebration of success and walk- a-mile. We also generate this newsletter several times a year, with legislative news, both local and state, sharing our stories, views, and creativeness. We also keep connected to other organizations and groups such as the Speaker's Bureau, Fresh Start Clubhouse and NAMI Washtenaw County.

And several times a year we meet with the councils of other neighboring counties to confer and brainstorm venues to enrich our communities. Come share your input into the lives and benefits of others and make a difference to the future."

Mert: this will likely find some form of inclusion into the report we submit to the CMH-Board … and be published in the local Ann Arbor News/MLive news. Any other news we should share with the annual report?

VI. Celebration of Success: Not likely in person. We are aiming for another virtual event. Let's think now of who we can nominate and recognize to make the presentation and posted video more

interesting and encouraging for those who are survivors and thrivers this year. Mert will send out updated forms from Sally Amos-O'Neal. The consensus was that we would like the recognition to scroll slower and to be read out by a person and be audio recorded along with the screenshot for the visually impaired or for those who need help understanding the words or for oral-preferred learners.

VII. **Fresh Start**: No building yet. Seeking to build the board and continuing to hold walks periodically in local parks. Slowly making progress.

VIII. **Walk-A-Mile:** September 29, 2021. Lisa would like to speak briefly for the Walk-A-Mile video. https://cmham.org/education-events/walk-a-mile-rally/.

IX. **New business:**

a. **Speaker's Bureau:** We will probably have to wait until the fall to resume the speaker's bureau. One appointment this week was cancelled, it may be rescheduled for later. There will be another speaking appointment for a few at UM in May. Speakers already are chosen. Melissa would like to be active with this. Ed's involvement with the Speaker's Bureau has been a great way to give back.

b. **Volunteer opportunities:** Huron Valley Humane Society, Ypsilanti Meals on Wheels, Hope Clinic, Red Cross, Food Gatherers (and affiliated food banks), Big Brother-Big Sister, churches (especially those with food banks), Hospice, the Delonis Center, Salvation Army, The VA and other hospitals, nursing homes (or sitting with residents could even be a job).

c. **NAMI Walks:** Barb will send out information on NAMI Walks – on Belle Isle (this space will be updated Thursday.)

d. **Language:** Barb emphasized the importance of watching our language to keep it person-first language. Some folks preferred the word consumer. Person-first language emphasizes the personhood of those receiving services ahead of their condition.

X. **Personal updates: …**

XI. **Meeting adjourned at _1:30_ motion by _Alayna_.**

Next meeting will be May 12, 2021 via Zoom at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

2021 WCCMH Board and Board Committees/Officers
4/1/21-3/31/22

	term expires	Executive (meets quarterly)	Budget-Finance (meets monthly)	Program-Quality (meets monthly)	CMHPSM (meets monthly)	Officers
Suzie Antonow	3/31/2023	X		X		Board Vice-Chair/Program-Quality Committee Chair
Anna Dusbiber	3/31/2024	X		X		Board Secretary
Nancy Graebner	3/31/2024	X	X			Board Treasurer/Budget-Finance & Millage Advisory Committee Chair
Barbara Higman	3/31/2023			X		
Ricky Jefferson	3/31/2023		X	X		
Bob King	3/31/2022	X	X		X	
Andy LaBarre	3/31/2022	X				
Caroline Richardson	3/31/2022				X	
Katie Scott	3/31/2022		X	X	X	
Douglas Strong	3/31/2023		X			
Marianne Udow-Phillips	3/31/2024		X			
Kari Walker	3/31/2024	X		X		Board Chair/Executive Committee Chair

total CMH Board members assigned to Committees		6	6	6	3
# members required for committee-per Bylaws		6 (4 officers, 2 additional board members and immediate past board chair) (Executive Director is an ex-officio member)	4 (Treasurer and not less than 3 other Board members)	4 (Vice Chair and not less than 3 other board members)	3 (per PIHP)
Quorum for committees		4/6	4/6	4/6	

Quorum for Board is 7/12

2021 WCCMH Board and Board Committees/Officers
4/1/21-3/31/22

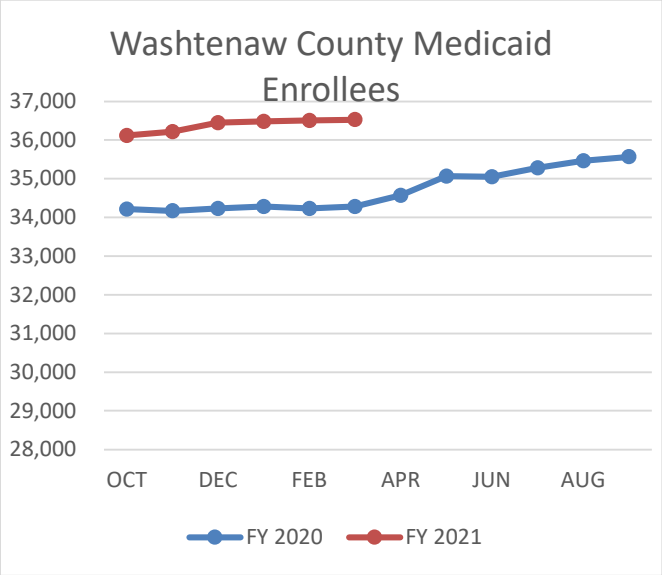
Millage Advisory Committee (MAC) (meets monthly)		
Nancy Graebner-Chair	3/31/2024	WCCMH Board (St. Joseph Mercy Hospital)
Barb Higman	3/31/2023	WCCMH Board (Primary Consumer)
Ricky Jefferson	3/31/2023	WCCMH Board (Board of Commissioners)
Bob King	3/31/2022	WCCMH Board (Member at Large)
Andy LaBarre	3/31/2022	WCCMH Board (Board of Commissioners)
Marianne Udow-Phillips	3/31/2024	WCCMH Board (Community Member)
Kari Walker	3/31/2024	WCCMH Board (Secondary Consumer)
Amanda Carlisle	3/31/2022	Washtenaw Housing Alliance
Holly Heaviland	3/31/2024	Washtenaw Intermediate School District
Derrick Jackson	3/31/2023	Washtenaw County Sheriff's Office
John Martin	3/31/2024	Community Member
Ray Rion	3/31/2023	Packard Health
George Waddles	3/31/2022	Community Member

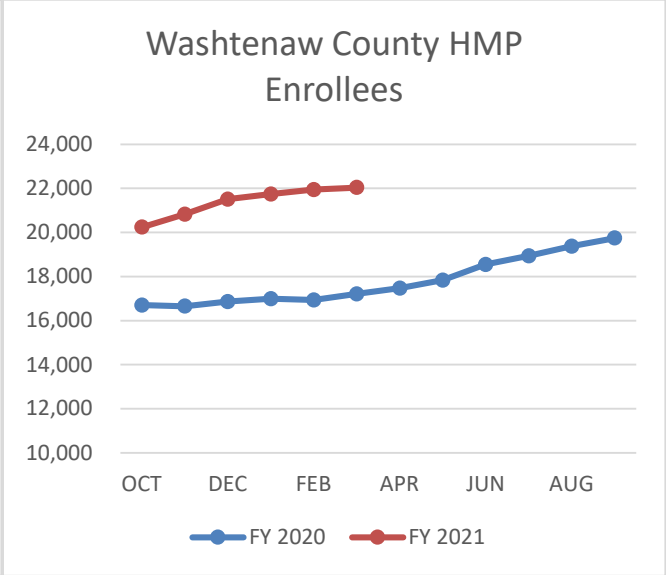
Quorum for Millage Advisory Committee		7/13

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending March 31, 2021
Prepared: May 3, 2021

1. Washtenaw County Enrollees

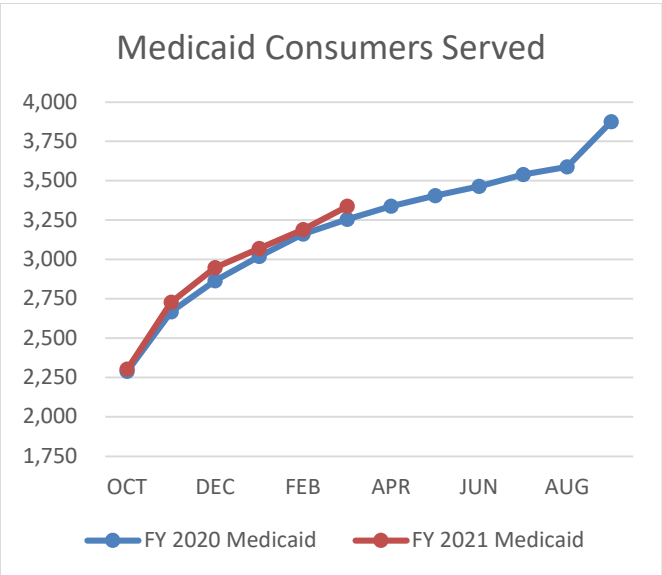
A summary of FY 2021 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

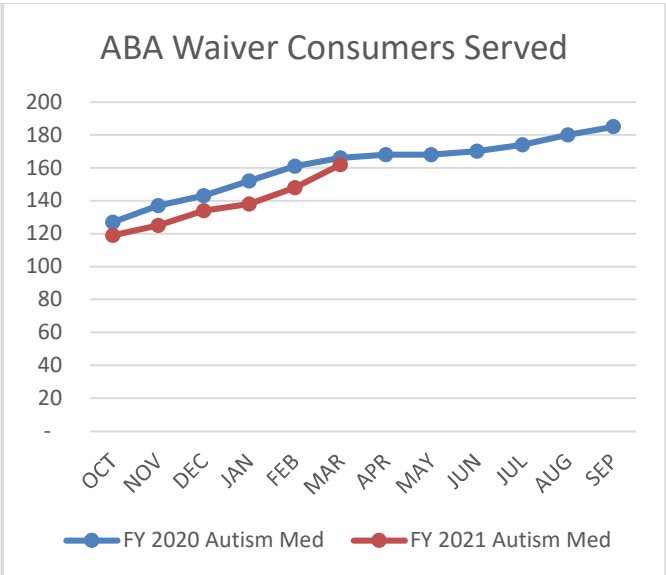




Washtenaw County Medicaid Enrollees were 36,531 in March 2021. This is a 6.56% increase from the same time last year (2,248 more enrollees than in March 2020). Healthy Michigan enrollment in March 2021 was 22,042. This is a 28.08% increase from the same time last year (4,832 more enrollees than in March).

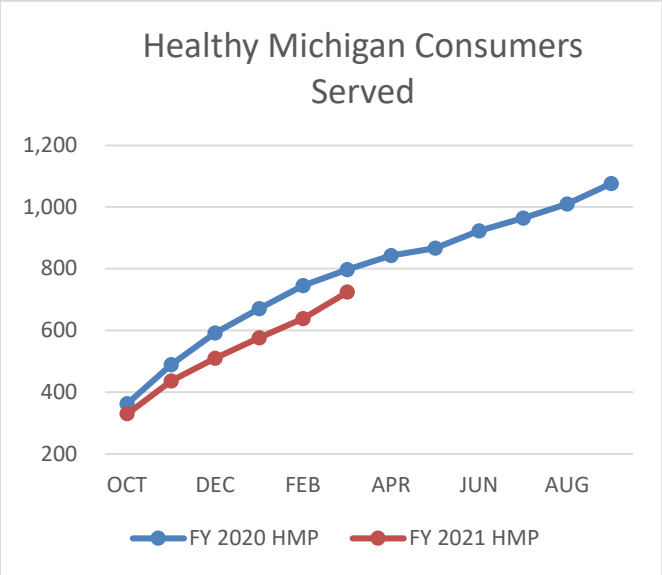
2. WCCMH Consumers Served to Date

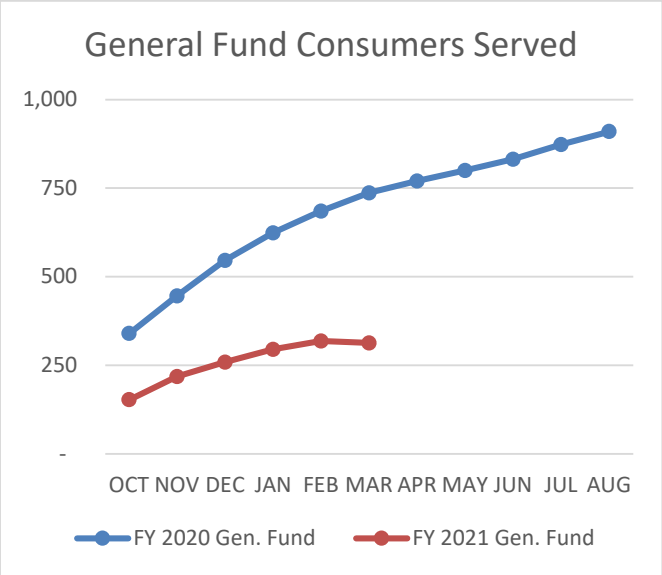




Medicaid consumers served through March 2021 are 3,337. This is 83 more consumers than the prior year (3,254 consumers were served through March 2020).

ABA Waiver consumers served through March 2021 are 162. This is 4 less consumers than the prior year (166 consumers were served through March 2020).





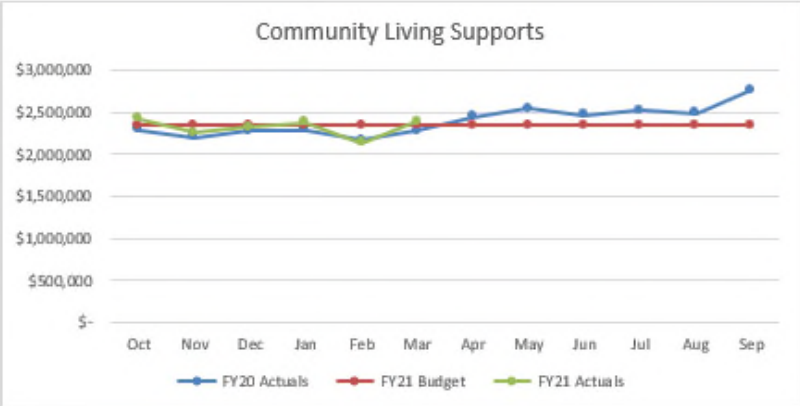
Healthy Michigan consumers served through March 2021 were 724. This is 73 less consumers than the same period last year.

General Fund consumers served through March 2021 were 313. This is 424 less consumers than the same period last year.

3. Financial Statement Highlights

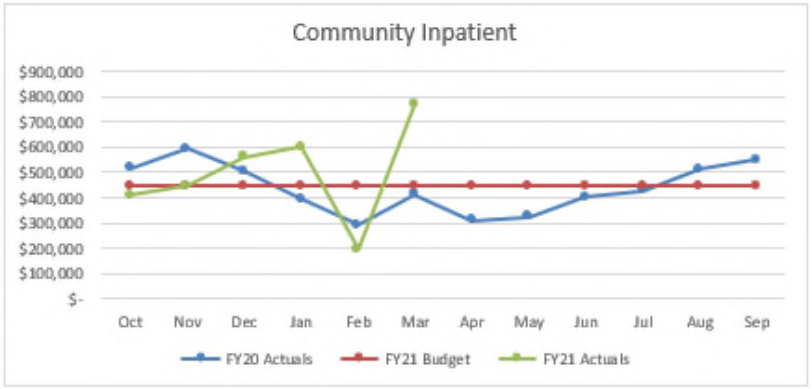
a. CLS service costs to date are estimated to be $14.2 Million. The costs year to date are 2.9% higher than this time last year, primarily due to the temporary $2 per hour direct care worker increase is included in the FY21 Actuals. The temporary increase has been extended through September 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 2,290,691	$ 2,335,165	$ 2,419,999	5.64%
Nov	2,198,453	2,335,165	2,256,847	4.18%
Dec	2,269,119	2,335,165	2,321,698	3.56%
Jan	2,287,654	2,335,165	2,368,838	3.55%
Feb	2,166,793	2,335,165	2,130,637	2.54%
Mar	2,276,977	2,335,165	2,380,519	2.88%
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		



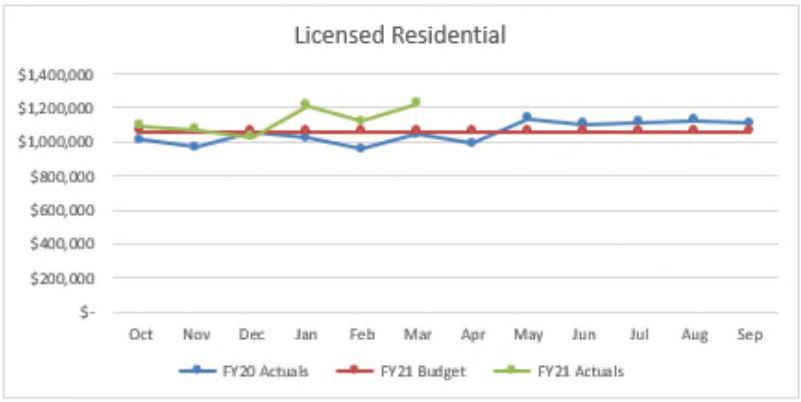
b. Community Inpatient costs to date are $2.9 Million. The costs year to date are 9.8% more than this time last year and $293,000 over budget.

	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	767,313	9.79%
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		



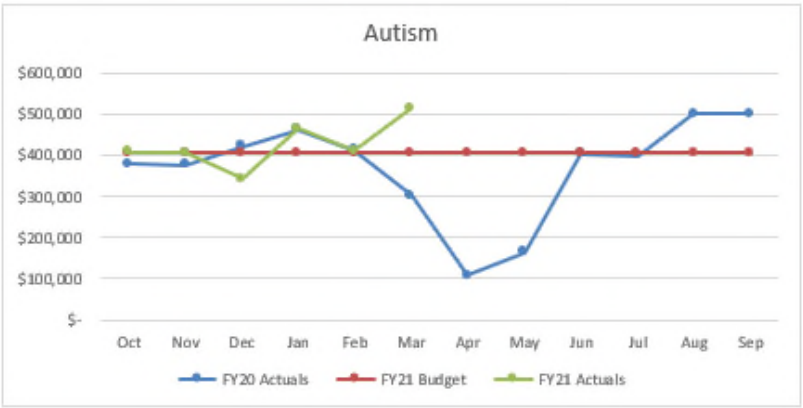
c. Licensed Residential costs to date are $6.7 Million. The costs year to date are 11.3% more than this time last year and $400,000 over budget. This is primarily due to the temporary $2 per hour direct care worker increase. The temporary increase has been extended through September 2021.

	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	1,225,127	11.30%
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 $2.5 Million. The costs year to date are 8.2% more than this time last year and $108,000 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	$ 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	512,641	8.21%
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 $3.6 Million through March.
c. By funding source, HMP is showing a deficit of $310,000 through March.
d. Combined, the PIHP surplus is $3.3 Million through March.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $994,000.

6. Local Key Points

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

b. Local Funds are showing a surplus of $16,000 through March 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
MAR 2021 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	21,334,637
HSW		12,840,386
DCW		3,165,225
Child Waiver/SED Waiver		464,849
Autism		2,384,811
Prior Year Adjustments		-
Care for Caid		-
Total Medicaid Revenue	$	40,189,909
Total Medicaid Expense	$	36,518,372
Medicaid Surplus/(Deficit)	$	3,671,536
Healthy Michigan **		
Revenue	$	2,885,408
Expense		3,196,019
Healthy MI Surplus/(Deficit)	$	(310,611)
General Fund		
Revenue		
CMH Operations	$	1,936,213
CMH Operations Contra		-
GF Carryforward		175,491
Categorical		-
Redirect To Injectable Meds.		(52,808)
Funding Fr. Other Local Sources		-
Total General Fund Revenue	$	2,058,896
Total General Fund Expense	$	1,064,342
General Fund Surplus/(Deficit)	$	994,554
Injectable Meds		
Revenue	$	52,808
Expense		52,808
Inj. Meds. Surplus/(Deficit)	$	-
Grants And Contracts		
Revenue	$	606,085
Expense		606,085

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

		Total
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	297,195
Redirect to GF		-
Expense		297,195
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	773,126
Expense		756,983
Local Surplus/(Deficit)	$	16,143
Private Grant & All NOR		
Revenue	$	117,746
Expense		117,746
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	47,115,196
Expense		42,743,574
Grand Total Surplus/(Deficit)	$	4,371,622

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	3,360,925
WCCMH Surplus/(Deficit)		1,010,697
	$	4,371,622

Washtenaw County Community Mental Health
Budget to Actuals
For Six Months Ending March 31, 2021

	Current Fiscal Year				
	FY 2021 Amended Budget	FY 2021 Amended Budget YTD	FY 2021 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 42,789,402	$ 21,394,701	$ 21,334,637	$ (60,064)	-0.28%
HSW	24,902,700	12,451,350	12,840,386	389,036	3.12%
Children & SED Waivers	894,097	447,049	464,849	17,801	3.98%
Healthy Michigan Capitation	5,755,998	2,877,999	2,885,408	7,409	0.26%
Autism Capitation	4,657,841	2,328,921	2,384,811	55,891	2.40%
CARES Act DCW	1,679,127	839,564	3,165,225	2,325,662	277.01%
TOTAL PIHP Revenue	$ 80,679,165	$ 40,339,583	$ 43,075,316	$ 2,735,734	6.78%
MDHHS Revenue					
State General Funds	$ 3,872,431	$ 1,936,216	$ 2,111,704	$ 175,489	9.06%
Grants & Earned Contracts	1,779,812	889,906	656,966	(232,940)	-26.18%
All Other Revenue					
County Appropriation	$ 1,748,770	$ 874,385	$ 447,048	$ (427,337)	-48.87%
Project Revenue	782,545	391,273	334,479	(56,794)	-14.52%
All Other	1,917,652	958,826	972,846	14,020	1.46%
TOTAL Operating Revenue	**$ 90,780,375**	**$ 45,390,188**	**$ 47,598,359**	**$ 2,208,172**	4.86%
Operating Expenses					
Administrative Expenses					
General Administration	$ 5,624,552	$ 2,812,276	$ 2,454,350	$ (357,926)	-12.73%
Program Administration	3,304,826	1,652,413	1,379,062	(273,351)	-16.54%
Residential Services					
Community Living Supports	$ 28,021,975	$ 14,010,988	$ 14,190,162	$ 179,175	1.28%
Licensed Residential	12,700,200	6,350,100	6,749,943	399,843	6.30%
Outpatient Services					
Autism Services	$ 4,871,892	$ 2,435,946	$ 2,543,903	$ 107,957	4.43%
Case Management	5,221,985	2,610,993	2,094,781	(516,212)	-19.77%
Supports Coordination	2,535,741	1,267,871	1,106,045	(161,826)	-12.76%
Skill Building	4,256,172	2,128,086	1,173,959	(954,127)	-44.83%
Supported Employment	1,364,871	682,436	688,508	6,073	0.89%
Psychiatry	2,770,122	1,385,061	1,318,944	(66,117)	-4.77%
Nursing Services	2,353,003	1,176,502	969,096	(207,406)	-17.63%
Therapy Services	1,875,621	937,811	843,905	(93,906)	-10.01%
All Other	7,441,765	3,720,883	3,342,729	(378,154)	-10.16%
Other Expenses					
Community Inpatient	$ 5,375,000	$ 2,687,500	$ 2,980,666	$ 293,166	10.91%
Local Matches & Shelter	1,282,838	641,419	733,717	92,298	14.39%
Grants & Earned Contracts	1,779,812	889,906	656,966	(232,940)	-26.18%
TOTAL Operating Expenses	**$ 90,780,375**	**$ 45,390,188**	**$ 43,226,736**	**$ (2,163,452)**	-4.77%
Revenue Over/(Under) Expenses	-	-	4,371,623	4,371,623	

Washtenaw County Community Mental Health
Budget to Actuals
For Six Months Ending March 31, 2021

	Prior Year Comparison			
	FY 2021 YTD Actuals	FY 2020 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 21,334,637	$ 20,240,314	$ 1,094,323	5.41%
HSW	12,840,386	12,419,917	420,469	3.39%
Children & SED Waivers	464,849	405,667	59,182	14.59%
Healthy Michigan Capitation	2,885,408	2,392,122	493,286	20.62%
Autism Capitation	2,384,811	2,363,703	21,108	0.89%
CARES Act DCW	3,165,225	-	3,165,225	
TOTAL PIHP Revenue	$ 43,075,316	$ 37,821,723	$ 5,253,593	13.89%
MDHHS Revenue				
State General Funds	$ 2,111,704	$ 1,754,904	$ 356,800	20.33%
Grants & Earned Contracts	656,966	746,782	(89,816)	-12.03%
All Other Revenue				
County Appropriation	$ 447,048	$ 451,764	$ (4,716)	-1.04%
Project Revenue	334,479	252,589	81,890	32.42%
All Other	972,846	1,149,208	(176,362)	-15.35%
TOTAL Operating Revenue	**$ 47,598,359**	**$ 42,176,970**	**$ 5,421,389**	12.85%
Operating Expenses				
Administrative Expenses				
General Administration	$ 2,454,350	$ 2,673,305	$ (218,955)	-8.19%
Program Administration	1,379,062	1,489,348	(110,286)	-7.40%
Residential Services				
Community Living Supports	$ 14,190,162	$ 13,612,416	$ 577,746	4.24%
Licensed Residential	6,749,943	6,064,888	685,055	11.30%
Outpatient Services				
Autism Services	$ 2,543,903	$ 2,350,922	$ 192,981	8.21%
Case Management	2,094,781	2,165,028	(70,247)	-3.24%
Supports Coordination	1,106,045	1,016,735	89,310	8.78%
Skill Building	1,173,959	2,941,102	(1,767,143)	-60.08%
Supported Employment	688,508	926,010	(237,502)	-25.65%
Psychiatry	1,318,944	1,296,105	22,839	1.76%
Nursing Services	969,096	1,014,235	(45,139)	-4.45%
Therapy Services	843,905	842,902	1,003	0.12%
All Other	3,342,729	3,173,777	168,952	5.32%
Other Expenses				
Community Inpatient	$ 2,980,666	$ 2,714,904	$ 265,762	9.79%
Local Matches & Shelter	733,717	643,444	90,273	14.03%
Grants & Earned Contracts	656,966	713,515	(56,549)	-7.93%
TOTAL Operating Expenses	**$ 43,226,736**	**$ 43,638,636**	**$ (411,900)**	-0.94%
Revenue Over/(Under) Expenses	4,371,623	(1,461,666)	5,833,289	

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

Prior Year FY 2020	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
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	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 7,755,401	$ 15,310,244	$ 23,580,591	$ 31,333,092	$ 38,921,338	$ 47,115,196						
Total Expense	$ 6,390,300	$ 13,468,771	$ 20,308,564	$ 28,129,172	$ 35,311,210	$ 42,743,574						
Surplus / (Deficit)	$ 1,365,101	$ 1,841,473	$ 3,272,027	$ 3,203,920	$ 3,610,128	$ 4,371,622	$ -	$ -	$ -	$ -	$ -	$ -

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For Three Months Ending March 31, 2021

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 1,641,347	$ 5,205,884	$ 3,564,537
Millage Interest Revenue	-	-	6,198	6,198
	$ 6,565,388	$ 1,641,347	$ 5,212,082	$ 3,570,735
Millage Expenses				
Salary	$ 2,395,000	$ 598,750	$ 555,942	$ (42,809)
Fringe	1,339,513	334,878	306,957	(27,921)
Contractors	1,500,000	375,000	79,073	(295,927)
Trainings	140,000	35,000	100	(34,900)
Operating Expenses	782,500	195,625	113,087	(82,538)
Fleet Charges	60,000	15,000	1,615	(13,385)
Client Care	78,500	19,625	13,899	(5,726)
Cost Allocation Plan	70,875	17,719	70,177	52,459
Furniture & Equipment	100,000	25,000	-	(25,000)
Depreciation Expense	10,000	2,500	-	(2,500)
Telephone	50,000	12,500	8,841	(3,659)
All Other Expenses	39,000	9,750	518	(9,232)
Total Millage Expenses	$ 6,565,388	$ 1,641,347	$ 1,150,208	$ (491,139)
Revenue Over/(Under) Expenses		-	4,061,873	4,061,873

-

*** Millage Fund Balance at the close of 2020 is $5,056,178

CCBHC Grants

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
January 2021 - June 2021				
CCBHC #1 - Year 3 Grant Revenue	$ 521,132	$ 260,566	$ 198,806	$ (61,760)
CCBHC #1 - Year 3 Grant Expenses				
Salary	$ 298,302	$ 149,151	$ 118,117	$ (31,034)
Fringe	175,454	87,727	61,715	(26,012)
Trainings	-	-	-	-
Telephone	-	-	901	901
Operating Supplies	47,376	23,688	18,073	(5,615)
Client Care	-	-	-	-
Total Expenses	$ 521,132	$ 260,566	$ 198,806	$ (61,760)
Revenue Over/(Under) Expenses	-	-	-	-
January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	$ 1,800,430	$ 450,108	$ 447,420	$ (2,688)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 975,771	$ 243,943	$ 255,676	$ 11,733
Fringe	595,220	148,805	145,672	(3,133)
Trainings	5,343	1,336	-	(1,336)
Telephone	11,085	2,771	3,232	461
Operating Supplies	185,511	46,378	42,544	(3,834)
Client Care	27,500	6,875	296	(6,579)
Total Expenses	$ 1,800,430	$ 450,108	$ 447,420	$ (2,688)
Revenue Over/(Under) Expenses	-	-	-	-

Washtenaw County Community Mental Health
Fiscal Year 2021
Second Budget Amendment
WCCMH Finance Committee - 5/10/2021

	FY 2021 Original Budget	FY 2021 First Budget Revision	FY 2021 Proposed Second Budget Revision	Second Revision Over/(Under) Original Budget
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 42,789,402	$ 42,789,402	$ 42,678,933	$ (110,469)
HSW	24,902,700	24,902,700	24,674,716	(227,984)
Children & SED Waivers	894,097	894,097	894,097	-
Healthy Michigan Capitation	5,755,998	5,755,998	5,875,998	120,000
Autism Capitation	4,657,841	4,657,841	4,657,841	-
CARES Act DCW	-	1,679,127	7,297,312	7,297,312
TOTAL PIHP Revenue	$ 79,000,038	$ 80,679,165	$ 86,078,897	$ 7,078,859
MDHHS Revenue				
State General Funds	$ 3,872,431	$ 3,872,431	$ 4,047,922	$ 175,491
Grants & Earned Contracts	1,779,812	1,779,812	1,779,812	-
All Other Revenue				
County Appropriation	$ 1,748,770	$ 1,748,770	$ 1,748,770	$ -
Project Revenue	782,545	782,545	782,545	-
All Other	1,917,652	1,917,652	1,917,652	-
TOTAL Operating Revenue	**$ 89,101,248**	**$ 90,780,375**	**$ 96,355,598**	**$ 7,254,350**
Operating Expenses				
Administrative Expenses				
General Administration	$ 5,624,552	$ 5,624,552	$ 5,624,552	$ -
Program Administration	3,304,826	3,304,826	3,304,826	-
Residential Services				
Community Living Supports	$ 26,928,000	$ 28,021,975	$ 31,307,490	$ 4,379,490
Licensed Residential	12,285,100	12,700,200	14,580,900	2,295,800
Outpatient Services				
Autism Services	$ 4,701,840	$ 4,871,892	$ 5,280,900	$ 579,060
Case Management	5,221,985	5,221,985	5,221,985	-
Supports Coordination	2,535,741	2,535,741	2,535,741	-
Skill Building	4,256,172	4,256,172	4,256,172	-
Supported Employment	1,364,871	1,364,871	1,364,871	-
Psychiatry	2,770,122	2,770,122	2,770,122	-
Nursing Services	2,353,003	2,353,003	2,353,003	-
Therapy Services	1,875,621	1,875,621	1,875,621	-
All Other	7,441,765	7,441,765	7,441,765	-
Other Expenses				
Community Inpatient	$ 5,375,000	$ 5,375,000	$ 5,375,000	$ -
Local Matches & Shelter	1,282,838	1,282,838	1,282,838	-
Grants & Earned Contracts	1,779,812	1,779,812	1,779,812	-
TOTAL Operating Expenses	**$ 89,101,248**	**$ 90,780,375**	**$ 96,355,598**	**$ 7,254,350**
Revenue Over/(Under) Expenses	-	-	-	-

Millage Process, Investments and Process Update- May 2021

Plan and Integrate:

LEAD- CSM positions are posted and interviews have started for the Project Manager through WCSO.

Youth Assessment Center- Planning committee still meeting, and a new model is being explored. **No Updates**

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. **No updates**

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

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. **No updates**

Expand Services:

CARES/Crisis/750- See M. Tasker Report

Housing RFP- SAWC and CMH meetings have commenced to begin collaborative work on the crisis housing project.

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 ISD and CARES team met to address school-based needs, referrals to CARES team and specific engagement with Whitmore Lake and Milan districts. **No Updates**

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. **No updates**

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. **No updates**

Corner Health Psychiatry Expansion- CMH increased psychiatry time at Corner Health from 1 full day to 2 full days per week has been implemented.

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- Trainings are underway and going well.

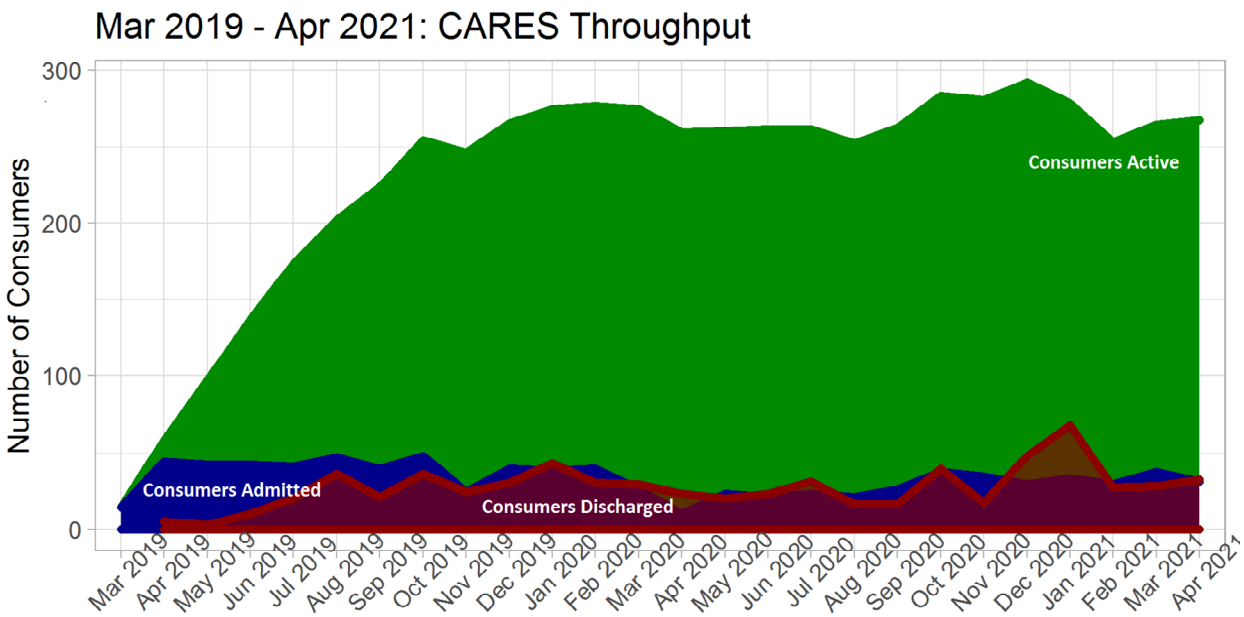
Millage Communication Strategy- Identifying key messages for millage communications with our partners at CHRT. Looking to begin with housing support or 750 key messages first**. No Updates**

Washtenaw County Community Mental Health – CARES Report March 2021

Last Updated: 05/01/2021

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 the number of active consumers is currently stable and matching pre-Covid-19 levels.



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	68
Feb-21	253	29	27
Mar-21	302	37	28
Apr-21	313	31	32

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	48
Mar-21	72
Apr-21	71

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	3
Mar 2021	2021	03	172	100	5
Apr 2021	2021	04	255	124	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	622	453
Male	553	409
Other (Specify)	1	0
Transgender	1	0
Total	**1177**	**862**

Race

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

Race	**# CARES cases**	**Percent**
White	493	57.2%
Black or African American	250	29.0%
Other race	53	6.1%
	37	4.3%
Asian	18	2.1%
Refused to Provide	8	0.9%

Native Hawaiian or other Pacific	2	0.2%
American Indian (non-Alaskan)	1	0.1%
Total	**862**	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 approaching the two year mark at this time, but it is good to keep in mind that we should consider July 2021 the two 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	93.5
Mean	140.6
Min	1
Max	702

City/Zip Code for Open Cases

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

City	**# CARES cases**	**Percent**
YPSILANTI	424	49.2%
Ann Arbor	305	35.4%
Saline	26	3.0%
MILAN	16	1.9%
Whitmore Lake	12	1.4%
Chelsea	11	1.3%
Dexter	11	1.3%
Manchester	7	0.8%
	6	0.7%
Belleville	5	0.6%
Willis	5	0.6%
Northville	4	0.5%

Pinckney	3	0.3%
Detroit	3	0.3%
Gregory	3	0.3%
Grass Lake	2	0.2%
Canton	2	0.2%
Wayne	2	0.2%
White Lake	1	0.1%
Michigan Center	1	0.1%
Redford	1	0.1%
Romulus	1	0.1%
Seattle	1	0.1%
Superior Township	1	0.1%
Taylor	1	0.1%
Van Buren Twp	1	0.1%
Dundee	1	0.1%
Inkster	1	0.1%
Britton	1	0.1%
Beaverton	1	0.1%
Clarkston	1	0.1%
Clinton	1	0.1%
Clinton Twp	1	0.1%
Total	**862**	**100%**

Zip Code	**# CARES cases**	**Percent**
48197	217	25.2%
48198	206	23.9%
48103	103	11.9%
48104	74	8.6%
48108	70	8.1%
48105	47	5.5%
48176	25	2.9%
48160	16	1.9%
	14	1.6%

48189	12	1.4%
48118	11	1.3%
48130	11	1.3%
48158	7	0.8%
48107	6	0.7%
48111	6	0.7%
48191	5	0.6%
48169	3	0.3%
48167	3	0.3%
48137	3	0.3%
48184	2	0.2%
48188	2	0.2%
49240	2	0.2%
49254	1	0.1%
98118	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%
49236	1	0.1%
48141	1	0.1%
48168	1	0.1%
48131	1	0.1%
48036	1	0.1%
48109	1	0.1%
48106	1	0.1%
Total	**862**	**100%**

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	# CARES Adm Cases
-no age listed-	1
0-16	29
17-19	41
20-24	112
25-29	121
30-34	110
35-39	97
40-44	78
45-49	60
50-54	74
55-59	62
60-64	34
65-69	25
70+	18
Total	**862**

Funding Sources for Consumers

Funding Sources	Medicare	# CARES cases	Percent
-not listed-	N	363	42.1%
-not listed-	Y	28	3.2%
HMP	N	274	31.8%
Medicaid	N	163	18.9%
Medicaid	Y	26	3.0%
S/D	N	3	0.3%
S/D	Y	5	0.6%
	Total	**862**	**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%.

Private INS	# CARES cases	Percent
BLUE CROSS BLUE SHIELD OF MI,	22	2.6%
HUMANA CHOICE PPO MEDICARE PLAN,	5	0.6%
BLUE CARE NETWORK OF MICHIGAN,	4	0.5%
PRIORITY HEALTH MEDICARE,	3	0.3%
United Healthcare Community Plan,	3	0.3%

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 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%
WELLCARE HEALTH PLANS,	1	0.1%
Total	**52**	**6%**

Count by Type of Service		
Type of Service	**# CARES cases**	**%**
Mood disorders	714	82.8%
Personality Disorders	99	11.5%
Psychosis	110	12.8%
SED	80	9.3%
SUD	294	34.1%
Total duplicate count	**1297**	

#7 CARES Services Detail by CPT - w 0 units		
Service Category	**# SAL Documents**	**# Cases**

Targeted Case Management	12109	945
Med Reviews	2068	403
Peer Services	1669	206
RN Services	1105	347
Intake Assessments	854	714
Psych Evals	669	565
Wellness Note	330	184
Injections	285	41
Nursing Assessments	27	26
S0316	12	7
Therapy Group Notes	3	2
99212	1	1
J2426	1	1
S9470	1	1
Total	**19134**	

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
April 14, 2021
***Meeting held electronically via Zoom**

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

Members Absent: Gary McIntosh, Katie Scott

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

Others Present: Laurie Lutomski, Kathy Homan

I. Call to Order
Meeting called to order at 6:02 p.m. by Board Chair S. Slaton.

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

III. Consideration to Adopt the Agenda as Presented
Motion by R. Tillotson, supported by B. King, to approve the agenda as amended
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott
- Old Business item c. CEO Evaluation Committee Updated tabled until the May 2021 Regional Board meeting.

IV. Consideration to Approve the Minutes of the March 10, 2021 Regular Meeting and Waive the Reading Thereof
Motion by B. King, supported by M. Welch Marahar, to approve the minutes of the March 10, 2021 regular meeting and waive the reading thereof
Motion carried
Voice vote, no nays

V. Audience Participation
None

VI. Old Business

a. April Finance Report – FY21 as of February 28th
- M. Berg presented.

i. FY2020 Closeout Update
- J. Colaianne provided a status update.

ii. FY2018 Deficit Update
- J. Colaianne provided an update on the deficit repayment.
- The expectation is to pay down the FY18 deficit; the plan has been submitted to the state. The PIHP is awaiting approval.

b. Previous Year CEO Goals Review
- J. Colaianne and board reviewed previous year's goals and status.

c. CEO Evaluation Committee Update
- Tabled until next month.

VII. New Business

a. Board Action - CMHPSM FY2021 Budget Amendment
Motion by B. King, supported by C. Richardson, to approve the proposed FY2021 Budget Amendment #2 with allocations as presented
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott

b. Board Action – Contracts Approval
Motion by B. King, supported by G. Adams, to approve the CEO to execute the contracts/amendments as presented
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott, Tillotson*
*Tillotson was not present for this vote.

c. Board Action - OPB Bylaws Review
Motion by B. King, supported by C. Richardson, to approve the CMHPSM Oversight Policy Board Bylaws revisions
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber*, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott, Tillotson**
*Garber experienced technical issue, voted via email submitted to S. Weary.
**Tillotson was not present for this vote.

d. Board Action - Quality Lead SIS Assessor Tier Placement
Motion by M. Welch Marahar, supported by B. King, to approve the re-classification of one CMHPSM Supports Intensity Scale (SIS) Assessor position (Tier 1) to a Quality Lead SIS Assessor (Tier 2a)
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber*, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott, Tillotson**
*Garber experienced technical issue, voted via email submitted to S. Weary.
**Tillotson was not present for this vote.

e. Board Action – Board Governance Manual, Bylaws and Policies Review
Motion by S. Fortney to have board representation for the committee that reviews/revises bylaws in the future
- Motion not seconded; motion failed.

Motion by M. Welch Marahar, supported by J. Ackley, to approve the Board documents listed below
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber*, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott, Tillotson**
*Garber experienced technical issue, voted via email submitted to S. Weary.
**Tillotson was not present for this vote.
  - Board Governance Manual
  - CMHPSM Bylaws
  - CMHPSM CEO Authority – Employee Position, Control and Compensation
  - CMHPSM CEO General Scope of Authority
  - Conflict of Interest Policy
  - Investing
  - Procurement

f. Board Action – Financial Stability and Risk Reserve Management Board Governance Policy Revisions
Motion by B. King, supported by M. Welch Marahar, to table the vote on the recommended revisions to the Financial Stability and Risk Reserve Management board governance policy until the May Regional Board meeting
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber*, King, Libstorff, Welch Marahar, Richardson, Slaton, Tillotson
No:
Absent: McIntosh, Scott, Tillotson**
*Garber experienced technical issue, voted via email submitted to S. Weary.
**Tillotson was not present for this vote.

VIII. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board (OPB)
- J. Colaianne provided an overview of the most recent OPB meeting.

b. CEO Report to the Board
- A couple of Michigan senators have released a written proposal that revisits the issue from 298. There is no bill yet. J. Colaianne will forward the document to the board.
- B. King also requested key points for the board so that the board can write to legislators in support of the current system. J. Colaianne will share 2 documents with the board that contain the relevant information.
- The region's lawsuit against the state is still pending.

IX. Adjournment

Motion by C. Richardson, supported by M. Welch Marahar, to adjourn the meeting
Motion carried

- Meeting adjourned at 7:45 p.m.

_____
Judy Ackley, CMHPSM Board Secretary

ATTACHMENT #5A
MAY 2021

Washtenaw County Community Mental Health Fund

Year Ended September 30, 2020

Financial Statements

Rehmann

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WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

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INDEPENDENT AUDITORS' REPORT

April 28, 2021

To the Washtenaw County Board
of Commissioners
Ann Arbor, Michigan

Report on the Financial Statements

We have audited the accompanying financial statements of the ***Washtenaw County Community Mental Health Fund*** **(WCCMH)**, *a special revenue fund of Washtenaw County, Michigan,* as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise WCCMH's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Independent Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on auditor judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Washtenaw County Community Mental Health Fund, a special revenue fund of Washtenaw County, Michigan, as of September 30, 2020, and the changes in its financial position and the budgetary comparison of the special revenue fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Reporting Entity

As discussed in Note 1, the financial statements present only the Washtenaw County Community Mental Health Fund and do not purport to, and do not, present fairly the financial position of Washtenaw County as of September 30, 2020, and the changes in its financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Information

Our audit was conducted for the purpose of forming an opinion on the basic financial statements that collectively comprise the Washtenaw County Community Mental Health Fund's basic financial statements. The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated April 28, 2021, on our consideration of WCCMH's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering WCCMH's internal control over financial reporting and compliance.

Rehmann Lohan LLC

FINANCIAL STATEMENTS

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Balance Sheet

September 30, 2020

Assets	
Cash and pooled investments	$ 1,720,082
Receivables, net	1,236,789
Due from other governments:	
Community Mental Health Partnership of Southeast Michigan	13,230,098
Michigan Department of Health and Human Services	339,805
Total assets	$ 16,526,774
Liabilities	
Accounts payable	4,235,540
Accrued payroll	2,287,747
Due to other governments:	
Community Mental Health Partnership of Southeast Michigan	2,442,939
Michigan Department of Health and Human Services	668,606
Unearned revenue	12,737,967
Total liabilities	22,372,799
Fund balance	
Unassigned (deficit)	(5,846,025)
Total liabilities and fund balance	$ 16,526,774

The accompanying notes are an integral part of these financial statements.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Statement of Revenues, Expenditures and Changes in Fund Balance

Budget and Actual
For the Year Ended September 30, 2020

	Original Budget	Final Budget	Actual	Actual Over (Under) Final Budget
Revenues				
Intergovernmental	$ 81,302,179	$ 84,433,314	$ 82,701,827	$ (1,731,487)
Charges for services	810,000	810,000	101,338	(708,662)
Other revenue and reimbursements	1,235,190	1,235,190	1,702,642	467,452
Total revenues	83,347,369	86,478,504	84,505,807	(1,972,697)
Expenditures				
Health:				
Administration	5,489,857	5,489,857	5,153,617	(336,240)
Access and crisis services	1,918,567	1,918,567	1,214,371	(704,196)
Comprehensive supports and services	33,132,008	32,995,204	33,969,163	973,959
Residential and supported living	36,464,400	36,464,400	41,338,730	4,874,330
Inpatient services	5,887,890	9,051,397	5,909,050	(3,142,347)
Grants and contracts	2,147,919	2,147,919	1,484,195	(663,724)
Total expenditures	85,040,641	88,067,344	89,069,126	1,001,782
Revenues under expenditures	(1,693,272)	(1,588,840)	(4,563,319)	(2,974,479)
Other financing sources (uses)				
Transfers from Washtenaw County	1,693,272	1,693,272	6,875,794	5,182,522
Transfers to Washtenaw County	-	(104,432)	(104,432)	-
Total other financing sources (uses)	1,693,272	1,588,840	6,771,362	5,182,522
Net change in fund balance	-	-	2,208,043	2,208,043
Fund balance (deficit), beginning of year	(8,054,068)	(8,054,068)	(8,054,068)	-
Fund balance (deficit), end of year	$ (8,054,068)	$ (8,054,068)	$ (5,846,025)	$ 2,208,043

The accompanying notes are an integral part of these financial statements.

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NOTES TO FINANCIAL STATEMENTS

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Notes To Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements represent the financial condition and the results of operations of a special revenue fund of Washtenaw County, Michigan (the "County") and are an integral part of that reporting entity. The Washtenaw County Community Mental Health fund (WCCMH) is not a legal entity and, therefore, is not a component unit of Washtenaw County or any other reporting entity, as defined by the Governmental Accounting Standards Board (GASB).

The WCCMH fund is used to account for the provision of services to individuals with mental illnesses, developmental disabilities and substance abuse disorders under contracts with the Michigan Department of Health and Human Services (MDHHS) and the Community Mental Health Partnership of Southeast Michigan (CMHPSM, the regional administrator of federal Medicaid funds).

Under these managed specialty supports and services contracts, the WCCMH fund receives monthly capitation payments based on the number of eligible participants, regardless of services actually performed. In addition, the MDHHS makes fee-for-service payments to the WCCMH fund for certain covered services. The WCCMH fund receives funding for Medicaid eligible consumers through CMHPSM.

Basis of Accounting

The County uses a special revenue fund (i.e., a separate accounting entity with a self-balancing set of accounts, using the modified-accrual basis of accounting) to report the financial position and the results of its community mental health operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain governmental functions and activities.

Receivables

Receivables consist primarily of fees and other such charges for services to first or third party payors, and are shown net of an allowance for uncollectible accounts, in the amount of $917,999, based on an estimate of collectability by management.

Interfund Transfers

During the course of operations, numerous transactions occur between WCCMH and the County for goods provided, services rendered or the transfer of County appropriations. These receivables and payables are classified as interfund transfers on the statement of revenues, expenditures and changes in fund balance.

Contracts with Other Governments

The WCCMH fund has several account balances that relate to the County's contracts with MDHHS and CMHPSM. The amounts reported as "Due from MDHHS" and "Due from CMHPSM" represent receivables from those agencies for services provided under the respective contracts for the year ended September 30, 2020. "Due to MDHHS" and "Due to CMHPSM" are amounts due to those entities as a result of year end financial reporting and cost settlements.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Notes To Financial Statements

Budgetary Accounting

The WCCMH fund is under formal budgetary control and follows the County's annual budget process in establishing the budgetary data presented in the financial statements. The annual fiscal budget is adopted on a basis consistent with generally accepted accounting principles and the requirements of MDHHS. The legal level of budgetary control (i.e., the level at which expenditures may not legally exceed appropriations) is the function level for the County's special revenue funds.

Concentration

The WCCMH fund derives substantially all of its revenue from contracts with the State of Michigan and/or regional PIHP (prepaid inpatient health plan), which is the CMHPSM. Accordingly, discontinuation of these contracts could adversely affect the fund's operating results.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the reporting period. Actual results could differ from those estimates.

2. EXCESS OF EXPENDITURES OVER APPROPRIATIONS

State statutes provide that a local unit shall not incur expenditures in excess of the amount appropriated. The legal level of budgetary control is at the functional level.

Excess of expenditures over appropriations are as follows:

	Final Budget	Actual	Excess
Health	$ 88,067,344	$ 89,069,126	$ 1,001,782

This excess was funded by current year appropriations from the County.

3. CASH

The WCCMH fund, along with the various other funds and component units of the County, participates in the County's pooled cash management accounts. Information regarding this cash management pool is presented in the County's comprehensive annual financial report.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Notes To Financial Statements

4. FUND BALANCE DEFICIT

The WCCMH fund has a fund balance deficit of $5,846,025 at September 30, 2020, substantially due to unearned revenue of approximately $12.7 million related to the State of Michigan's Medicaid shared risk program, for which final cost settlement has not yet occurred.

5. CORONAVIRUS (COVID-19)

In March 2020, the World Health Organization declared the novel coronavirus outbreak (COVID-19) to be a global pandemic. The extent of the ultimate impact of the pandemic on the government's operational and financial performance will depend on various developments, including the duration and spread of the outbreak and its impact on employees, vendors, and taxpayers, all of which cannot be reasonably predicted at this time. In addition, it may place additional demands on the government for providing emergency services to its citizens. While management reasonably expects the COVID-19 outbreak to negatively impact the government's financial position, changes in financial position, and, where applicable, the timing and amounts of cash flows, the related financial consequences and duration are highly uncertain.

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SUPPLEMENTARY INFORMATION

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FUND

Schedule of Mental Health Service Program Expenditures

For the Year Ended September 30, 2020

	Administration	Access and Crisis Services	Comprehensive Supports and Services	Residential and Supported Living
Expenditures				
Personnel services	$ 4,444,705	$ 1,095,147	$ 20,920,957	$ -
Supplies	105,046	7,048	124,292	-
Other services and charges	446,127	1,788	8,626,774	41,338,730
Inpatient services - community	-	-	-	-
Inpatient services - local	-	-	-	-
Internal service charges	157,739	110,388	4,297,140	-
Total expenditures	$ 5,153,617	$ 1,214,371	$ 33,969,163	$ 41,338,730

Inpatient Services	Grants and Contracts	Total
$ -	$ 1,221,479	$ 27,682,288
-	4,488	240,874
-	232,654	50,646,073
5,240,444	-	5,240,444
668,606	-	668,606
-	25,574	4,590,841
$ 5,909,050	$ 1,484,195	$ 89,069,126

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INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

April 28, 2021

To the Washtenaw County Board
of Commissioners
Ann Arbor, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the ***Washtenaw County Community Mental Health Fund*** (WCCMH), *a special revenue fund of Washtenaw County, Michigan,* as of and for the year ended September 30, 2020, and the related notes to the financial statements, which collectively comprise WCCMH's basic financial statements as listed in the table of contents, and have issued our report thereon dated April 28, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered WCCMH's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of WCCMH's internal control. Accordingly, we do not express an opinion on the effectiveness of WCCMH's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether WCCMH's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of WCCMH's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

ATTACHMENT #5B
MAY 2021

Washtenaw County Mental Health Millage Operations Fund

Year Ended December 31, 2020

Financial Statements

Rehmann

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WASHTENAW COUNTY MENTAL HEALTH MILLAGE OPERATIONS FUND

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INDEPENDENT AUDITORS' REPORT

April 28, 2021

To the Washtenaw County Board
of Commissioners
Ann Arbor, Michigan

Report on the Financial Statements

We have audited the accompanying financial statements of the ***Washtenaw County Mental Health Millage Operations Fund*** **(**WCMHMO**),** *a special revenue fund of Washtenaw County, Michigan,* as of and for the year ended December 31, 2020, and the relates notes to the financial statements, which collectively comprise WCMHMO's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Independent Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on auditor judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Washtenaw County Mental Health Millage Operations Fund, a special revenue fund of Washtenaw County, Michigan, as of December 31, 2020, and the changes in its financial position and the budgetary comparison of the special revenue fund for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Reporting Entity

As discussed in Note 1, the financial statements present only the Washtenaw County Mental Health Millage Operations Fund and do not purport to, and do not, present fairly the financial position of Washtenaw County as of December 31, 2020, and the changes in its financial position for the year then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated April 28, 2021, on our consideration of WCMHMO's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering WCMHMO's internal control over financial reporting and compliance.

Rehmann Lohan LLC

FINANCIAL STATEMENTS

WASHTENAW COUNTY MENTAL HEALTH MILLAGE OPERATIONS FUND

Balance Sheet

December 31, 2020

Assets		
Cash and investments	$	4,276,587
Due from other governments		779,591
Total assets	$	5,056,178
Fund balance		
Restricted	$	5,056,178

The accompanying notes are an integral part of these financial statements.

WASHTENAW COUNTY MENTAL HEALTH MILLAGE OPERATIONS FUND

Statement of Revenues, Expenditures and Changes in Fund Balance

Budget and Actual
For the Year Ended December 31, 2020

	Original Budget	Final Budget	Actual	Actual Over (Under) Final Budget
Revenues				
Property taxes	$ -	$ 6,519,513	$ 6,443,674	$ (75,839)
Intergovernmental	-	3,434,967	2,580,489	(854,478)
Investment income	-	-	148,571	148,571
Total revenues	-	9,954,480	9,172,734	(781,746)
Expenditures				
Health	-	9,954,480	7,089,113	(2,865,367)
Net change in fund balance	-	-	2,083,621	2,083,621
Fund balance, beginning of year	2,972,557	2,972,557	2,972,557	-
Fund balance, end of year	$ 2,972,557	$ 2,972,557	$ 5,056,178	$ 2,083,621

The accompanying notes are an integral part of these financial statements.

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NOTES TO FINANCIAL STATEMENTS

WASHTENAW COUNTY MENTAL HEALTH MILLAGE OPERATIONS FUND

Notes To Financial Statements

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements represent the financial condition and the results of operations of a special revenue fund of Washtenaw County, Michigan (the "County") and are an integral part of that reporting entity. The Washtenaw County Mental Health Millage Operations fund (WCMHMO) is not a legal entity and, therefore, is not a component unit of Washtenaw County or any other reporting entity, as defined by the Governmental Accounting Standards Board (GASB).

The WCMHMO fund is used to account for the provision of services to individuals under contracts with the Michigan Department of Health and Human Services (MDHHS) and the mental health millage.

Basis of Accounting

The County uses a special revenue fund (i.e., a separate accounting entity with a self-balancing set of accounts, using the modified-accrual basis of accounting) to report the financial position and the results of its mental health millage operations. Fund accounting is designed to demonstrate legal compliance and to aid financial management by segregating transactions related to certain governmental functions and activities.

Receivables

Receivables consist primarily of due from other governments related to the Certified Community Behavioral Health Clinic Expansion Grant.

Budgetary Accounting

The WCMHMO fund is under formal budgetary control and follows the County's annual budget process in establishing the budgetary data presented in the financial statements. The annual fiscal budget is adopted on a basis consistent with generally accepted accounting principles and the requirements of MDHHS. The legal level of budgetary control (i.e., the level at which expenditures may not legally exceed appropriations) is the function level for the County's special revenue funds.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenditures during the reporting period. Actual results could differ from those estimates.

WASHTENAW COUNTY MENTAL HEALTH MILLAGE OPERATIONS FUND

Notes To Financial Statements

Fund Balances

Governmental funds report nonspendable fund balance for amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually require to be maintained intact. Restricted fund balance is reported when externally imposed constraints are placed on the use of the resources by grantors, contributors, or laws or regulations of other governments. Committed fund balance is reported for amounts that can be used for specific purposes pursuant to constraints imposed by formal action of the government's highest level of decision making authority, the Board of Commissioners. A formal resolution of the Board of Commissioners is required to establish, modify or rescind a fund balance commitment. Assigned fund balance is reported for amounts that are constrained by the government's intent to be used for specific purposes, but are neither restricted nor committed. Assignments, if any, will be authorized by the Board of Commissioners; however, no such authorizations have yet been made. Unassigned fund balance is the residual classification used for a general fund.

When the County incurs an expenditure for purposes for which various fund balance classifications can be used, it is the County's policy to use restricted fund balance first, then committed, assigned, and finally unassigned fund balance, if any.

2. CASH AND INVESTMENTS

The WCMHMO fund, along with the various other funds and component units of the County, participates in the County's pooled cash management accounts. Information regarding this cash management pool is presented in the County's comprehensive annual financial report.

3. CORONAVIRUS (COVID-19)

In March 2020, the World Health Organization declared the novel coronavirus outbreak (COVID-19) to be a global pandemic. The extent of the ultimate impact of the pandemic on the government's operational and financial performance will depend on various developments, including the duration and spread of the outbreak and its impact on employees, vendors, and taxpayers, all of which cannot be reasonably predicted at this time. In addition, it may place additional demands on the government for providing emergency services to its citizens. While management reasonably expects the COVID-19 outbreak to negatively impact the government's financial position, changes in financial position, and, where applicable, the timing and amounts of cash flows, the related financial consequences and duration are highly uncertain.

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Rehmann

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

April 28, 2021

To the Washtenaw County Board
of Commissioners
Ann Arbor, Michigan

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the ***Washtenaw County Mental Health Millage Operations Fund*** (WCMHMO), *a special revenue fund of Washtenaw County, Michigan,* as of December 31, 2020, and the related notes to the financial statements, which collectively comprise WCMHMO's basic financial statements as listed in the table of contents, and have issued our report thereon dated April 28, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered WCMHMO's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of WCMHMO's internal control. Accordingly, we do not express an opinion on the effectiveness of WCMHMO's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether WCMHMO's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards* .

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of WCMHMO's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.