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/93608048269
June 18, 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-5/21/21 (Attachment #1A)
- B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-5/10/21 (Attachment #1B)
- C. WCCMH Program-Quality Committee Meeting Minutes and Actions-5/10/21 (Attachment #1C)
- D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-5/10/21 (Attachment #1D)
- E. WCCMH Executive Committee Meeting Minutes and Actions-3/15/21 (Attachment #1E)
- F. Program Committee Dashboard FY21 Qtr. 1 (Attachment #1F)
- G. Provider Presentation (Attachment #1G)
- H. CMHPSM Financial Stability Risk Reserve Management Policy (Attachment #1H)
- I. WCCMH Consumer Advisory Council Meeting Minutes and Actions-5/12/21 (Attachment #1I)
- J. WISD/CARES Collaboration Presentation (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**

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 (25 minutes)
- Annual Board Evaluation (Attachment #4)
- Annual Conflict of Interest and Code of Ethics reminder
- Proposed Strategic Planning Timeline/Process (Attachment #5)

IX. CMHPSM Regional Update (5 minutes)
- May 12, 2021 CMHPSM Meeting Minutes and Actions (Attachment #6)
- June 9, 2021 CMHPSM Board Meeting Update

X. New Business (15 minutes)
- Recipient Rights Training (Attachment #7)

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

XII. Items for Future Discussions (5 minutes)
- Development of Reserve Capital
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey

XIII. Adjournment of Public Meeting

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.

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
JUNE 2021

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

JUNE 18, 2021

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-5/21/21
B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-5/10/21
C. WCCMH Program-Quality Committee Meeting Minutes and Actions-5/10/21
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-5/10/21
E. WCCMH Executive Committee Meeting Minutes and Actions-3/15/21
F. Program Committee Dashboard FT21 Qtr. 1
G. Provider Presentation
H. CMHPSM Financial Stability Risk Reserve Management Policy
I. WCCMH Consumer Advisory Council Meeting Minutes and Actions-5/12/21
J. WISD/CARES Collaboration Presentation

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

https://zoom.us/j/95960744757

May 21, 2021
9:30am

K. Walker called the meeting to order at 9:37 am.

ROLL CALL:

A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
A. LaBarre 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 Cadillac, Wexford County, MI

MEMBERS ABSENT: S. Antonow, N. Graebner, K. Scott, B. King, C. Richardson

STAFF PRESENT: T. Cortes, R. Dornbos, N. Phelps, M. Harding, H. Linky, L. Higle, S. Ray, L. Gentz, R. Clark, M. Taylor, S. Amos O'Neal, D. Howell, K. DeWeese, M. Tasker, M. Hershberger, T. Florence

OTHERS PRESENT: L. Lutomski, S. Blann, C. Oliver, 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-4/16/21
- WCCMH Budget-Finance Committee Meeting Minutes and Actions-4/12/21
- WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-3/8/21
- WCCMH Millage Advisory Committee Meeting Minutes and Actions-4/12/21
- Contracts and Leases
- Annual Performance Improvement Year End Report
- One Big Think Overview Presentation
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/10/21
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-4/14/21
- WCCMH Board and Board Committee Roster-revised 5/14/21

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY R. JEFERSON TO APPROVE THE MAY 21, 2021 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

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

JEFFERSON	**Y**	**KING**	**N/A**
LABARRE	**Y**	**RICHARDSON**	**N/A**
SCOTT	**N/A**	**STRONG**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Treasurer's Report

- N. Phelps reviewed the Financial Status Report (Attachment #2) for the month ending March 31, 2021.
- N. Phelps acknowledged R. Clark, WCCMH Accounting Manager and M. Taylor, WCCMH Contracts Manager and their staff for their hard work over the past year and a successful audit.
  .

MOTION BY M. UDOW-PHILLIPS, **SUPPORTED BY R. JEFFERSON TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING MARCH 31, 2021.**

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER	**N/A**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**N/A**
LABARRE	**Y**	**RICHARDSON**	**N/A**
SCOTT	**N/A**	**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 March 31, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED MARCH 31, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

VII. FY2021 Second Budget Amendment

- N. Phelps presented the FY2021 Second Budget Amendment (Attachment #2B) to the Board.

MOTION BY D. STRONG, SUPPORTED BY A. DUSBIBER TO APPROVE THE FY 2021 SECOND BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

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

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 April 2021.

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.
  - They will be discussed at the Executive Committee in June.
  - R. Dornbos will send a reminder to the ones that have not been completed.

- Annual Conflict of Interest and Code of Ethics Reminder
  - K. Walker reminded the board to complete the Code of Ethics and Conflict of Interest documents that R. Dornbos emailed on 4/13/21.

- Board Retreat Discussion
  - T. Cortes and K. Walker discussed the Board Retreat that is scheduled for Tuesday, June 29th from 1-3pm.
  - A meeting invitation has been sent to all board members for this.
  - Bob Sheehan and Al Jansen will be in attendance.

XII. CMHPSM Regional Update
- The CMHPSM minutes (Attachment #4) from April 14, 2021 were reviewed.
- T. Cortes provided an update from the May 12, 2021 Regional Board meeting.

XIII. New Business
- WCCMH FY2020 Financial Audit
  - S. Blann from Rehmann Robson presented the WCCMH FY2020 Financial Audit (Attachment #5A) and the WCCMH FY2020 Millage Operations Fund Audit (Attachment #5B) to the Board.

MOTION BY A. LABARRE SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT THE WCCMH FY2020 FINANCIAL AUDIT AND THE FY2020 WCCMH MILLAGE OPERATIONS FUND AUDIT AS PRESENTED.

ROLL CALL VOTE:

XIV.

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER	**N/A**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**N/A**
LABARRE	**Y**	**RICHARDSON**	**N/A**

SCOTT	**N/A**	**STRONG**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH Consumer Advisory Council Update
  - M. Hershberger presented the WCCMH Consumer Advisory Council update to the Board.

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

XVI. Items for future discussion
- Development of Reserve Capital at the CMHSP level
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey
- WCCMH Board Appointment Process
- Strategic planning
- Serving mild-to-moderate through CCBHC-clinical partnerships as part of our planning process

MOTION BY A. LABARRE, SUPPORTED BY R. JEFFERSON TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:19 AM.

DRAFT

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH BUDGET-FINANCE COMMITTEE MEETING MINUTES *DRAFT*

https://zoom.us/j/96085366466

May 10, 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 D. Strong attending remotely from Scio Twp, Washtenaw County, MI M Udow-Phillips attending remotely from Wayne County, MI
MEMBERS ABSENT:	B. King, K. Scott
STAFF PRESENT:	N. Phelps, R. Dornbos, T. Cortes, M. Harding, H. Linky, K. Diebboll, L. Higle, L. Gentz, S. Ray, T. Florence, K. Hoener, M. Taylor, S. Amos O'Neal
OTHERS PRESENT:	L. Lutomski, K. Walker, J. Martin, K. Belknap

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

I. Introductions
- None

II. Audience Participation
- None

III. Board Response to Audience Participation
- None

IV. Budget- Committee Meeting Minutes and Actions from 4/12/21.
- The Budget-Finance Committee Meeting Minutes and Actions from 4/12/21 were reviewed. (Attachment #1)

M. Udow-Phillips joined the meeting at 2:16pm.

MOTION BY R. JEFFERSON, SUPPORTED BY D. STRONG TO APPROVE THE MINUTES AND ACTIONS FROM THE APRIL 12, 2021 BUDGET-FINANCE 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 March 31, 2021.

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE FINANCIAL STATUS REPORT THROUGH MARCH 31, 2021 AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Contracts and Leases
- The Contracts and Leases were reviewed (Attachment #3)

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VII. Regional Finance Update
- N. Phelps and T. Cortes presented the Regional Finance Update to the committee.

VIII. Old Business
- CCBHC Update
  - o T. Cortes presented an update on the CCBHC.
  - o This is a good opportunity to look at core CMH, CCBHC, Millage and a unified plan for best use for resources available to WCCMH.
  - o Internal discussions ongoing to determine effective deployment of this program. Difficulty hiring staff, shoring up administrative efforts.
  - o Request for a special meeting of the WCCMH Board, along with WCCMH leadership to redefine mission and what WCCMH will look like in the future.

IX. New Business
- Fiscal Year 2021 Second Budget Amendment (Attachment #4)
  - o N. Phelps presented Fiscal Year 2021 Second Budget Amendment to the committee.

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE FISCAL YEAR 2021 SECOND BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

GRAEBNER	**Y**	**SCOTT**	**N/A**

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

MOTION CARRIED

- Prior Year Cost Settlement Discussion
  - N. Phelps discussed potential prior year cost settlement opportunities.

X. Items for Future Discussions

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

MOTION BY R. JEFFERSON, SUPPORTED BY D. STRONG TO ADJOURN THE BUDGET-FINANCE COMMITTEE MEETING.

XI. Meeting adjourned at 2:43 pm.

DRAFT

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH PROGRAM-QUALITY COMMITTEE MEETING MINUTES *DRAFT*
https://zoom.us/j/99283662107
May 10, 2021
3:00 pm

ROLL CALL:	S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI B. Higman attending remotely from Ann Arbor, Washtenaw County, MI R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI
MEMBERS ABSENT:	K. Scott
STAFF PRESENT:	T. Cortes, N. Phelps, R. Dornbos, L. Gentz, S. Lefferts, L. Higle, H. Linky, T. Florence, M. Harding, S. Amos O'Neal, B. Hagaman, K. Diebboll, K. Hoener, M. Taylor, S. Ray, M. Tasker
OTHERS PRESENT:	L. Lutomski

S. Antonow called the meeting to order at 3:02 pm

I. Introductions
- None

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

MOTION BY K. WALKER, SUPPORTED BY B. HIGMAN TO APPROVE THE MINUTES AND ACTIONS FROM THE MARCH 8, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Discussion Items

- Strategic Planning for WCCMH Board
  - T. Cortes sent an email recently to the WCCMH Board regarding a strategic planning/Board retreat on June 29th. She has invited B. Sheehan and A. Janssen to discuss system transformation within the state. She would also like to continue the conversation on merging millage dollars, CCBHC dollars, WCCMH proper funds.

VI. Old Business

- CCBHC Update
  - T. Cortes presented the CCBHC update to the committee.
  - This is for MI and SUD diagnosis population as opposed to the expansion grant.
  - An update on CCBHC will be presented at the next Program-Quality Committee meeting.

VII. New Business

- Annual Performance Improvement Year End Report (Attachment #2)
  - L. Higle and T. Florence presented the Annual Performance Improvement Year End Report to the committee.
  - Request to have CARES data included in the Number of Individuals Enrolled in CMH Programs.

MOTION BY A. DUSBIBER, SUPPORTED BY R. JEFFERSON TO ACCEPT THE ANNUAL PERFORMANCE IMPROVEMENT YEAR END REPORT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VIII. Items for Future Discussions

- Important data points on CARES implementation impact on hospitals-return rates to hospitals and what the impact on caseloads is as well as other millage investments.
- Reviewing call data that is going to the CARES team.

MOTION BY A. DUSBIBER, SUPPORTED BY B. HIGMAN TO ADJOURN THE PROGRAM-QUALITY COMMITTEE MEETING.

IX. Meeting adjourned at 3:56 pm.

DRAFT

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

https://zoom.us/j/98829710081

May 10, 2021
4:00 pm

N. Graebner called the meeting to order at 4:02 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
R. Jefferson attending remotely from Ypsi Twp, 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
G. Waddles, Jr. attending remotely from Ypsilanti, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI

MEMBERS ABSENT: S. Antonow, D. Jackson, B. King, A. LaBarre

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

OTHERS PRESENT: B. Higman, G. Nelson

I. Introductions
- M. Tasker introduced S. Ellis who is the CARES supervisor with WCCMH.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 4/12/21 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 4/12/21 were reviewed.

MOTION BY A. CARLISLE, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE APRIL 12, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**CARLISLE**	**Y**
GRAEBNER	**Y**	**HEAVILAND**	**Y**
JACKSON	**N/A**	**JEFFERSON**	**Y**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES**	**Y**
WALKER	**Y**		

MOTION CARRIED

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 and S. Ellis reviewed the CARES Dashboard document (Attachment #2A) for April 2021 with the committee.

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update to the committee. This report is for the Month ending March 31, 2021.
- The Millage Fund Audit has been completed and this will be presented at the May 21, 2021 WCCMH Board meeting.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - There was no WCSO Millage and Financial Status Update for this month.

VIII. New Business

- One Big Thing Overview (Attachment #4)
  - L. Gentz presented the One Big Thing Overview to the Committee

- Mobile Support Services Initiative (MSSI) Project Overview
  - L. Gentz and T. Cortes presented an overview on the Mobile Support Services Initiative (MSSI) to the committee.

- Avalon Housing has officially opened their Hickory Way and 23 individuals have been housed.

- The WCCMH Board will be working with WCCMH Leadership on a Strategic Plan that encompasses all of the funding streams into 1 on June 29th from 1-3pm. A. Jansen and R. Sheehan will join this meeting to discuss a Strategic Plan for WCCMH operations.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments
- Mobile Support Services Initiative (MSSI) Project Update

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

Meeting adjourned at 5:00 pm.

DRAFT

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

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

https://zoom.us/j/98883580189

March 15, 2021
2:00pm

J. Martin called the meeting to order at 2:00pm.

ROLL CALL: N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. King attending remotely from Ann Arbor , Washtenaw County, MI
J. Martin attending remotely from Scio Township, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: K. Scott

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

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

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 1/11/21 were reviewed (Attachment #1A).

MOTION BY B. KING, SUPPORTED BY K. WALKER TO APPROVE THE MINUTES AND ACTIONS OF THE JANUARY 11, 2021 WCCMH EXECUTIVE COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

- Executive Committee Closed Session Minutes and Actions from 1/11/21 were reviewed (Attachment #1B).

MOTION BY B. KING, SUPPORTED BY N. GRAEBNER TO APPROVE THE MINUTES AND ACTIONS OF THE JANUARY 11, 2021 WCCMH EXECUTIVE CLOSED SESSION COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

IV. Discussion Items

- COVID Response
  - o T. Cortes updated the committee regarding the latest COVID response.
  - o Discussions with Public Health about WCCMH staff assisting with vaccination process.
  - o T. Florence and B. Hagaman met with the Public Health Director recently. There are about 100 doses of the vaccine that will be distributed to the CMH consumers this week.

V. Old Business

- CCBHC Update
  - o T. Cortes reported that she has not heard anything from the State regarding an update on CCBHC.

- WCCMH Board Annual Evaluation (Attachment #2)
  - o J. Martin discussed the WCCMH Board Annual Evaluation document that was included in the meeting materials.
  - o This will be included in the April Board meeting materials for the board to review.
  - o R. Dornbos will email the survey to the WCCMH Board after the April 2021 meeting.

VI. New Business

- WCCMH Annual Board Calendar (Attachment #3)
  - o J. Martin discussed the WCCMH Annual Board Calendar that was included in the meeting materials.

MOTION BY K. WALKER, SUPPORTED BY B. KING TO APPROVE THE 2021 WCCMH ANNUAL BOARD CALENDAR AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH Board Officers and WCCMH Board Committee Structure for the term of April 1, 2021 through March 31, 2022 (Attachment #4)
  - o J. Martin presented the WCCMH Board Officer and WCCMH Board Committee structure to the committee.
  - o The Executive Committee recommended the following positions/committees for the term ending March 31, 2022.

    - Officers
      1. Chair-K. Walker
      2. Vice-chair-S. Antonow
      3. Treasurer-N. Graebner
      4. Secretary-A. Dusbiber

    - Executive Committee
      1. K. Walker-Chair
      2. S. Antonow
      3. A. Dusbiber

4. N. Graebner
5. B. King
6. A. LaBarre

- Budget-Finance Committee
  1. N. Graebner-Chair
  2. R. Jefferson
  3. B. King
  4. K. Scott
  5. D. Strong
  6. M. Udow-Phillips

- Program-Quality Committee
  1. S. Antonow-Chair
  2. A. Dusbiber
  3. B. Higman
  4. R. Jefferson
  5. K. Scott
  6. K. Walker

- CMHPSM Board
  1. B. King
  2. C. Richardson
  3. K. Scott

- Millage Advisory Committee
  1. N. Graebner-Chair
  2. B. Higman
  3. R. Jefferson
  4. B. King
  5. A. LaBarre
  6. M. Udow-Phillips
  7. K. Walker
  8. A. Carlisle
  9. H. Heaviland
  10. D. Jackson
  11. J. Martin
  12. R. Rion
  13. G. Waddles, Jr.

MOTION BY B. KING, SUPPORTED BY K. WALKER TO APPROVE THE WCCMH BOARD OFFICERS AND THE WCCMH BOARD COMMITTEE STRUCTURE FOR THE TERM OF APRIL 1, 2021 THROUGH MARCH 31, 2022.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH Millage Advisory Committee Members terms expiring on March 31, 2021. (Attachment #5)

- o The Executive Committee discussed the WCCMH Millage Advisory Committee terms expiring on March 31, 2021.
- o The Executive Committee recommended the following individuals to serve on the Millage Advisory Committee for the April 1, 2021 through March 31, 2022 term.
  - N. Graebner-Chair
  - A. Carlisle
  - H. Heaviland
  - B. Higman
  - D. Jackson
  - R. Jefferson
  - B. King
  - A. LaBarre
  - J. Martin
  - R. Rion
  - M. Udow-Phillips
  - G. Waddles, Jr.
  - K. Walker

MOTION BY B. KING, SUPPORTED BY K. WALKER TO APPROVE THE WCCMH MILLAGE ADVISORY COMMITTEE MEMBERS FOR THE TERM OF APRIL 1, 2021 THROUGH MARCH 31, 2022.

ROLL CALL VOTE:

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

MOTION CARRIED

- Combine Budget-Finance and Program-Quality Committee meetings discussion
  - o Discussion about possibly combining Budget-Finance and Program-Quality Committees monthly instead of quarterly.
  - o Decision to leave meetings as they are currently and schedule any special combined meetings as needed.

VII. Items for Future Discussions
- Bylaw Changes

VIII. Adjournment of Meeting

MOTION BY B. KING, SUPPORTED BY N. GRAEBNER TO ADJOURN THE WCCMH EXECUTIVE COMMITTEE MEETING.

MOTION CARRIED

The WCCMH Executive Committee Meeting was adjourned at 3:01pm.

DRAFT

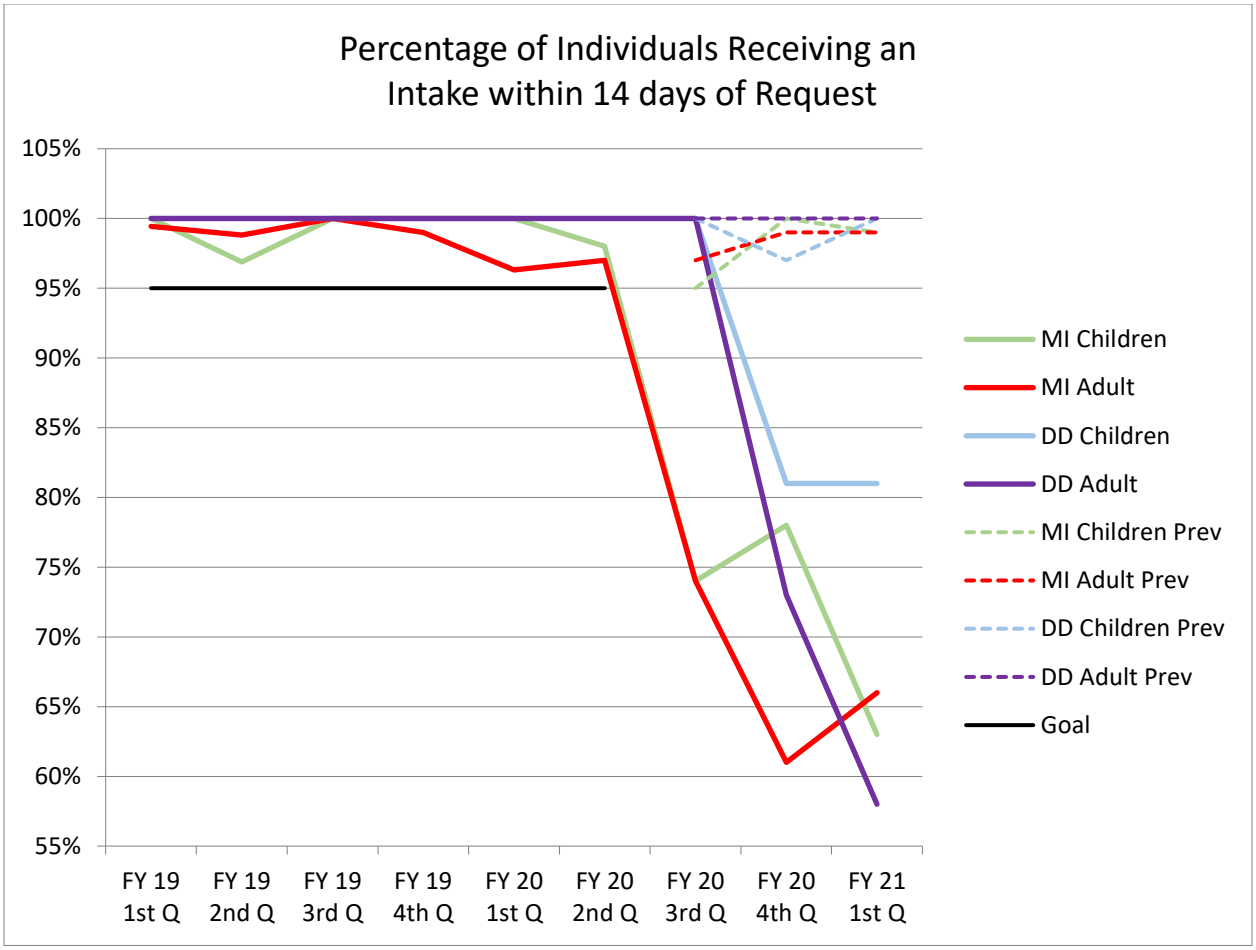
Program and Quality Board Committee
Dashboard Data FY 2021 1st Qtr (Oct 2020 - Dec 2020)

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

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

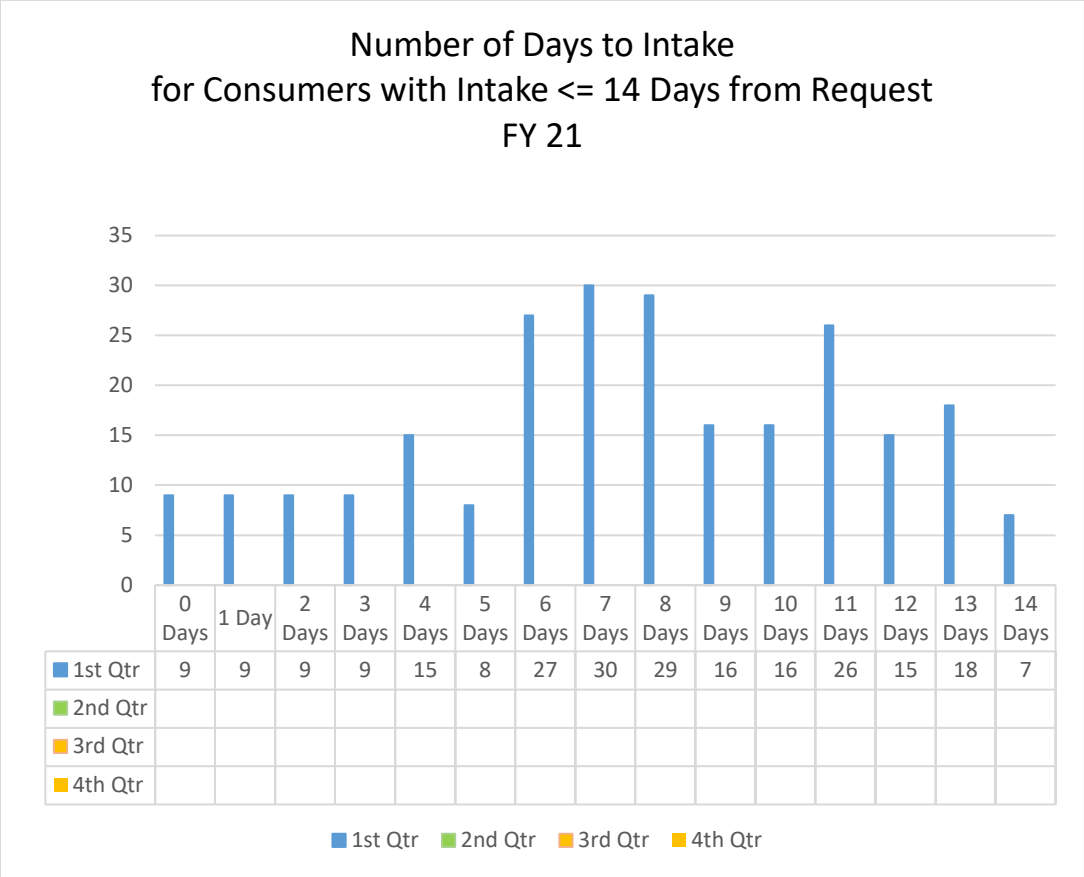
Therefore, across the State, percentage numbers are significantly different. MDHHS is treating the first year as baseline collection.

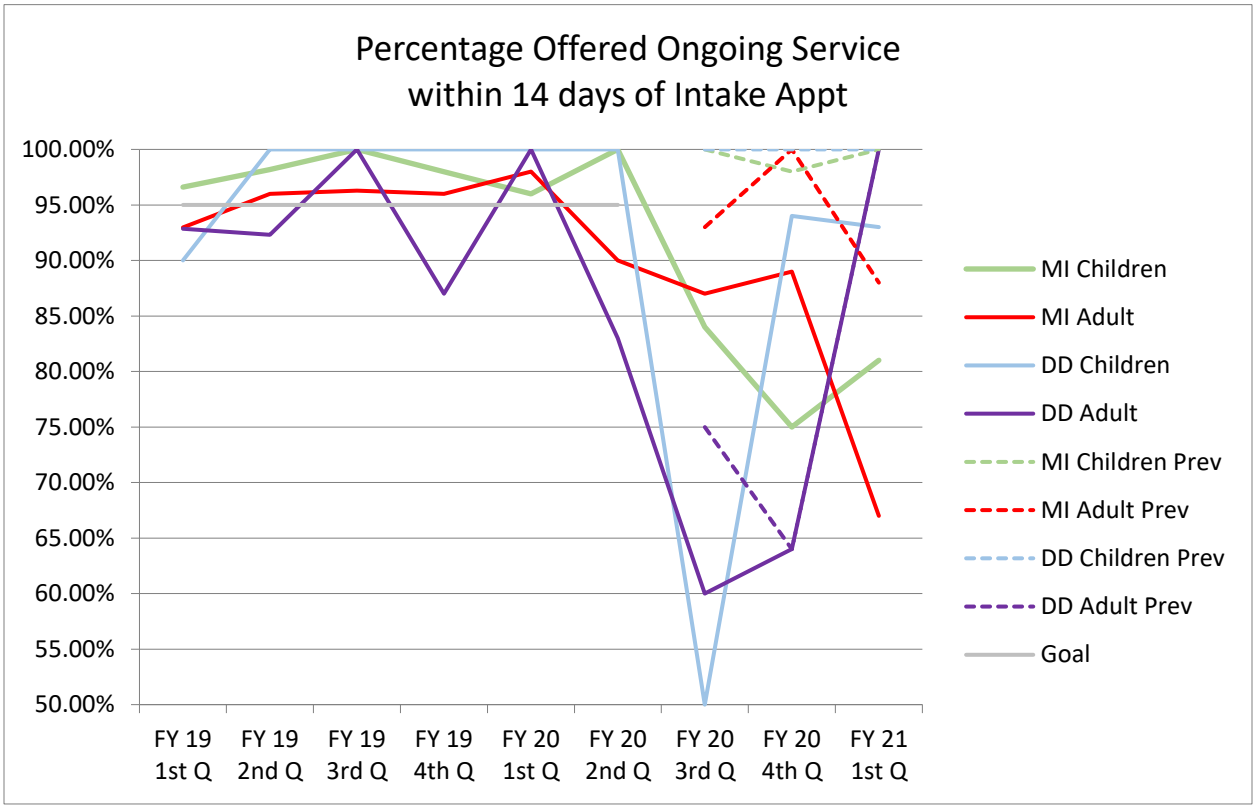
The third and fourth quarter data points are indicated on the graphs. The "dashed lines" indicate where our compliance would have been under previous definitions. The data points are detailed in the tables below the graphs.



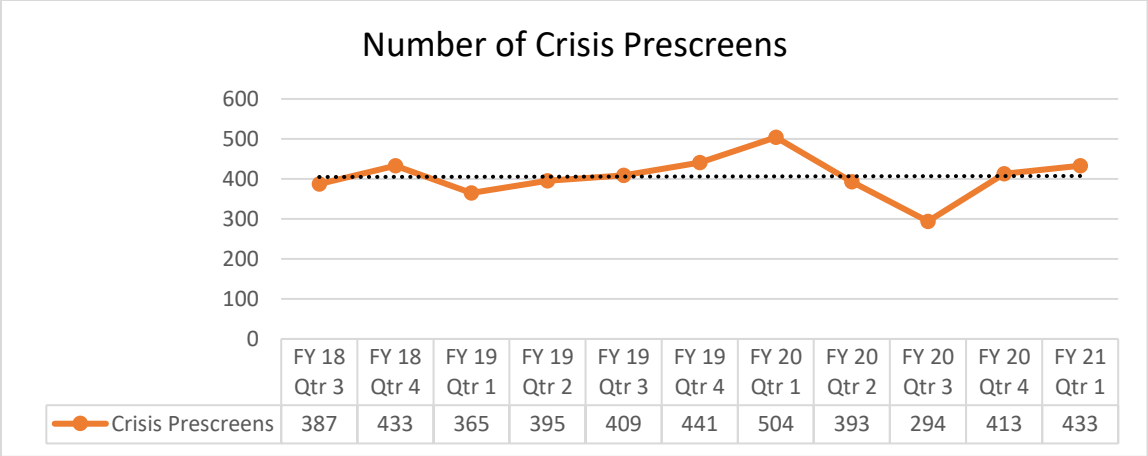
FY 21 1st Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	96	60	36	35	62.5%	99%
MI Adult	193	127	66	64	66%	99%
DD Child	27	22	5	5	81%	100%
DD Adult	12	7	5	5	58%	100%

The total # of new persons requesting service for 3rd Q FY 20 (Indicator #3) was 98, 4th Qtr was 82 and 1st Qtr FY 21 was 193.

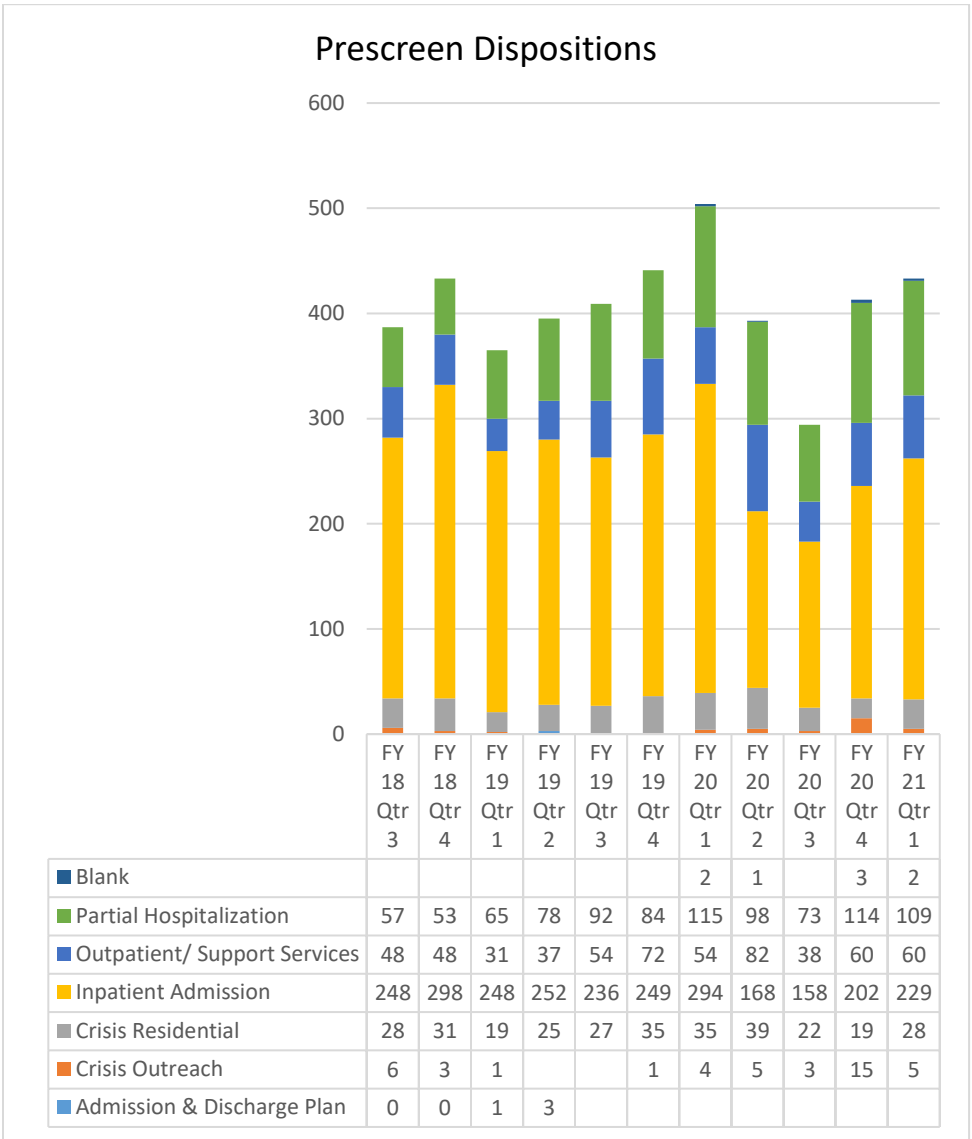




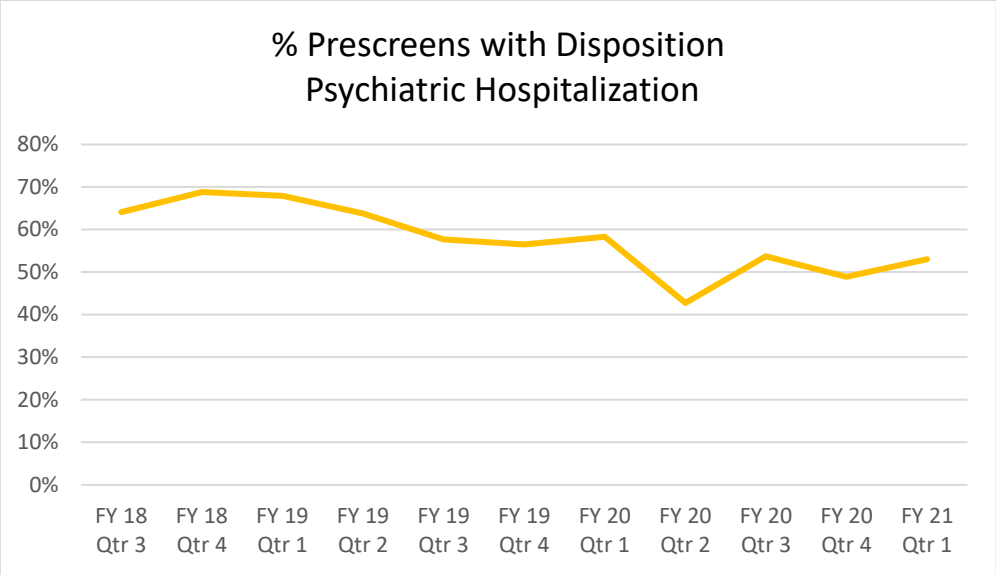
FY 21 1st Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	57	46	11	11	81%	100%
MI Adult	124	100	24	15	67%	88%
DD Child	30	28	2	2	93%	100%
DD Adult	6	6	0	0	100%	100%

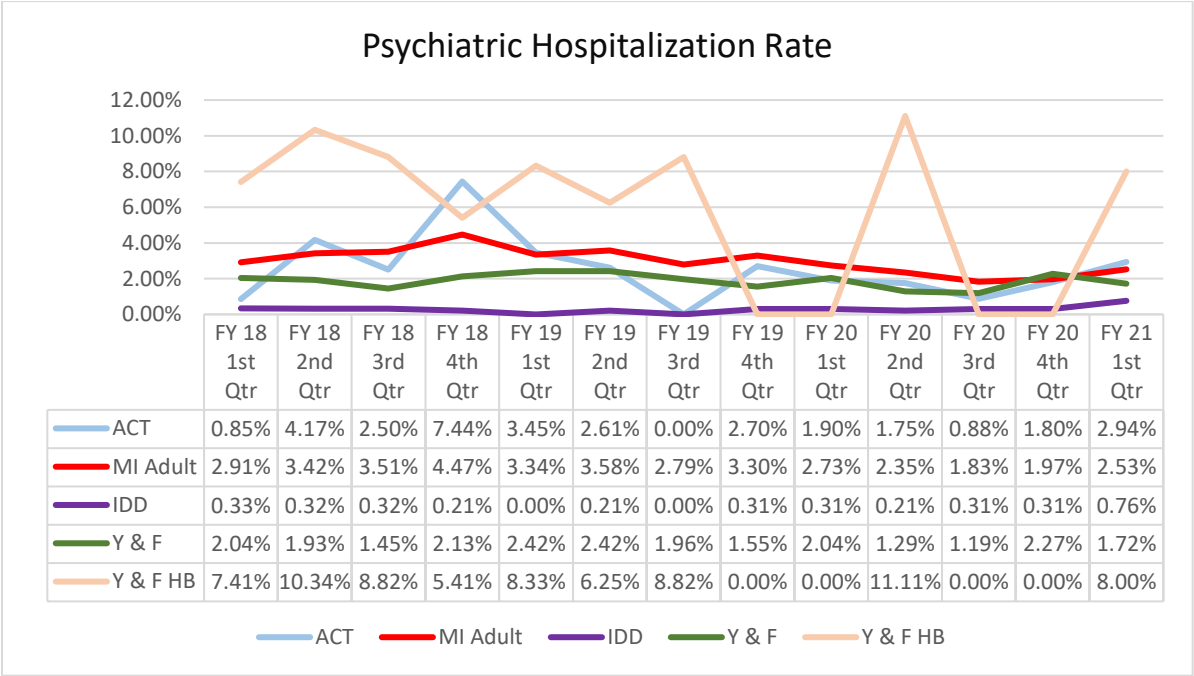


	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1
Crisis Prescreens	387	433	365	395	409	441	504	393	294	413	433



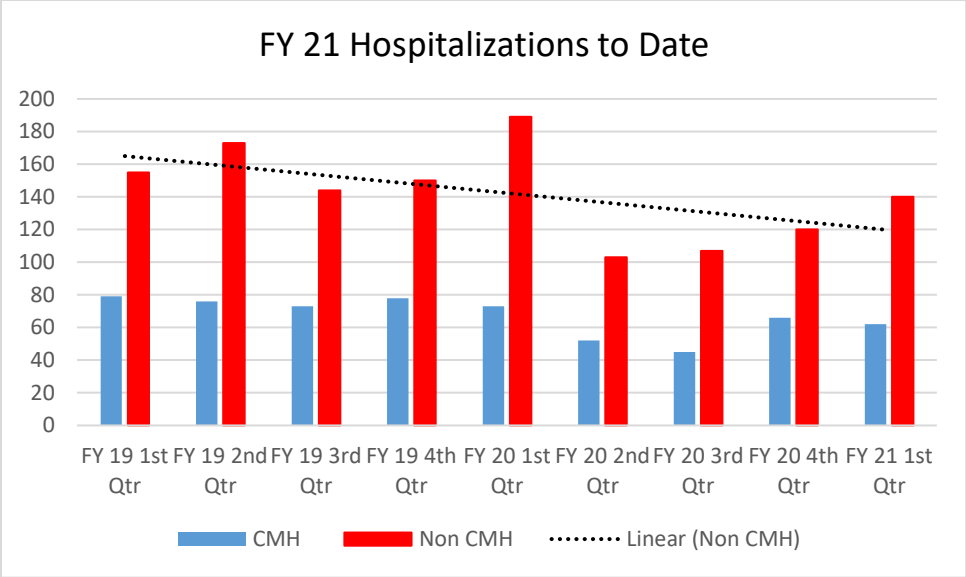
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1
Blank							2	1		3	2
Partial Hospitalization	57	53	65	78	92	84	115	98	73	114	109
Outpatient/ Support Services	48	48	31	37	54	72	54	82	38	60	60
Inpatient Admission	248	298	248	252	236	249	294	168	158	202	229
Crisis Residential	28	31	19	25	27	35	35	39	22	19	28
Crisis Outreach	6	3	1			1	4	5	3	15	5
Admission & Discharge Plan	0	0	1	3							

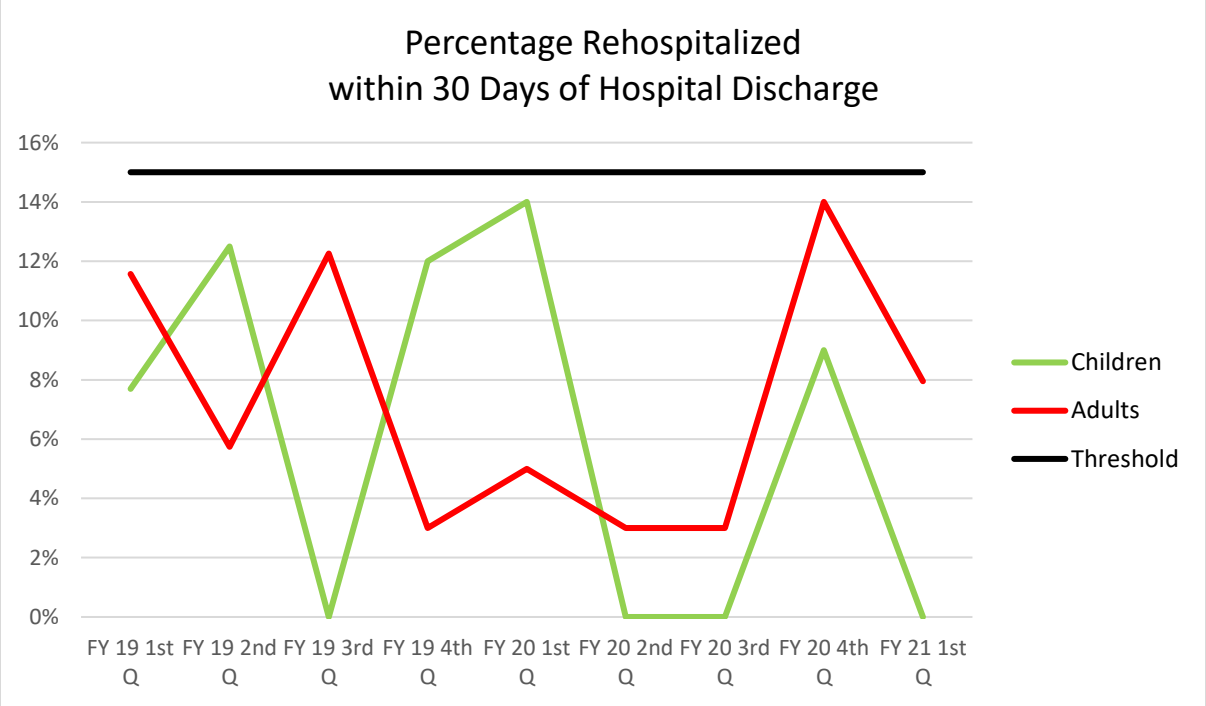




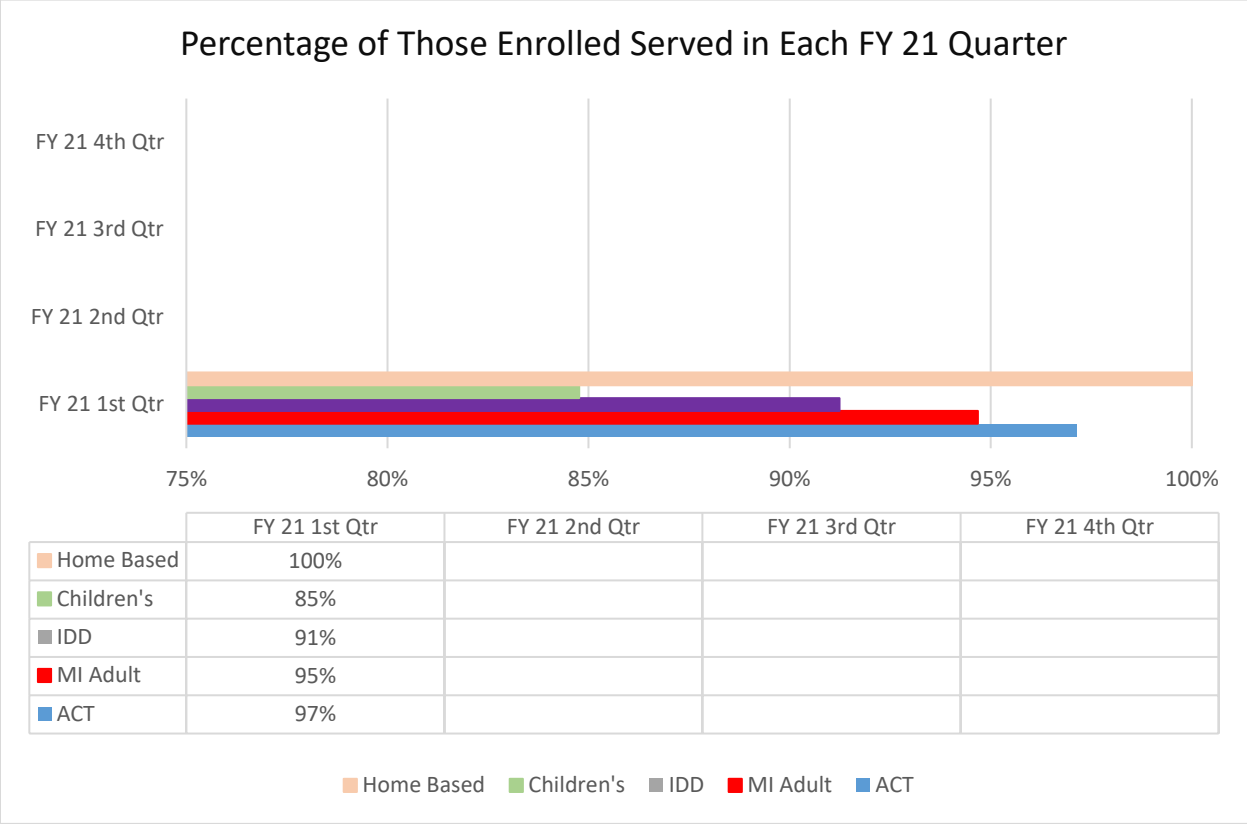
	FY 18 1st Qtr	FY 18 2nd Qtr	FY 18 3rd Qtr	FY 18 4th Qtr	FY 19 1st Qtr	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr
ACT	0.85%	4.17%	2.50%	7.44%	3.45%	2.61%	0.00%	2.70%	1.90%	1.75%	0.88%	1.80%	2.94%
MI Adult	2.91%	3.42%	3.51%	4.47%	3.34%	3.58%	2.79%	3.30%	2.73%	2.35%	1.83%	1.97%	2.53%
IDD	0.33%	0.32%	0.32%	0.21%	0.00%	0.21%	0.00%	0.31%	0.31%	0.21%	0.31%	0.31%	0.76%
Y & F	2.04%	1.93%	1.45%	2.13%	2.42%	2.42%	1.96%	1.55%	2.04%	1.29%	1.19%	2.27%	1.72%
Y & F HB	7.41%	10.34%	8.82%	5.41%	8.33%	6.25%	8.82%	0.00%	0.00%	11.11%	0.00%	0.00%	8.00%

FY 21 1st Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	102	3(1)	1.96%
MI Adult	1583	35(5)	1.90%
IDD	927	7(2)	0.54%
Y & F	640	11(0)	1.72%
Y & F Home Based	25	2(1)	4%





FY 21 1st Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	15	0	0%
Adult	103	7	7%



	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr
Home Based	100%			
Children's	85%			
IDD	91%			
MI Adult	95%			
ACT	97%			

Critical Event Data Reported Thru Qtr 1 FY 2021

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

	Team at Event	Type	Total
	IDD	Emergency Medical Treatment	3
		Non Suicide Death	4
	MI Adult	Non Suicide Death	13
		Suicide	1
	ACT	Non Suicide Death	1
Qtr 1 Total			22

Mortality Data Thru Qtr 1 FY 2021

Cause of Death	Number of Deaths FY 16	Number of Deaths FY 17	Number of Deaths FY 18	Number of Deaths FY 19	Number of Deaths FY 20	Number of Deaths FY 21
Accident (Drowning)		1				1
Aspiration Pneumonia				1	2	1
Cancer	10	10	8	9	7	6
Cardiovascular	16	8	13	14	14	2
Dehydration			1			
Drug Abuse	8	6	12	5	8	1
Endocrine System (Diabetes)						1
Environmental Hypothermia				1		
Gastrointestinal	1				3	
Hip Fracture Complications			1			
Homicide		1	3			
Inanition					2	
Infection					4	3 (2 - COVID 19)
Kidney Disease	2	1	1		1	
Liver Disease		1	2		2	
Metabolic				1		
Muscular Dystrophy	1					
Natural/Other		3	1			
Neurological	5	2	2	1	3	
Other						
Respiratory	6	4	5	9	10	
Sturge Weber Syndrome	1					
Suicide	2	3	2	2	5	1
System Infection		4	3	1		
Trauma	1		1	2		
Unknown	5	3	9	10	8	3
Grand Total	**58**	**47**	**65**	**55**	**67**	**19**

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

Residential Services for Individuals in the Public Mental Health System

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH SERVICE PROVIDERS

MONDAY, JUNE 14, 2021

Scott Brown
Renaissance Community Homes
517-403-7699
scott@rchi.org

Laurie Lutomski
Synod Community Services
734-340-5706
laurie@synodhelps.org

Overview of Residential Services and the Role of Direct Support Professionals

Job Duties

- Provide & Support all aspects of the Social Determinants of Health
  - Food assistance
  - SSI/SSB benefit applications
  - Medicaid/Medicare paperwork
  - Transportation benefits
  - Housing assistance
  - Medical appts and follow-ups
  - Mental Health Service appts. & follow-up care
  - Pharmacy benefits and needs
  - Work Rehab & supports
  - Social Supports
  - Recovery (Substance Use & Mental Health)Resources & Supports
  - Secure Legal ID and other documents
  - Navigation with the Court System
- Provide Monitoring & assistance as outlined in the IPOS
- Provide support for all aspects of life including self care, goals and activities

Overview of Residential Services and the Role of Direct Support Professionals cont…

- Administer Medications
- Provide Transportation
- Ensure a clean, healthy living environment
- Monitor and encourage healthy food choices and good nutrition
- Encourage adherence to dietary restrictions
- Accompany individuals on all Medical appts. And manage treatment as outlined
- Follow all Policies and procedures in addressing unusual occurrences and problems as they arise
- Respond to health and environmental emergencies
- Document all services provided in an accurate manner
- Be aware of all individuals whereabouts and actions throughout shift
- Manage the Confidentiality of all written & verbal communication while adhering to the strict, limited disclosure regulations
- Manage the signing and updating of specific releases

Categories of Service

Specialized Licensed Residential:	Unlicensed Congregate Settings:	Community Living Services:
An operation that provides **personal care**, **supervision and protection** in addition to **room and board** to 3 to 20 unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks. These services are billed based on per diem rates.	An unlicensed home with a capacity of 4 or less persons that only serves community mental health (CMH) served individuals that CMH monitors through contracted provider services. These services are billed in 15 minute increments with modifiers based on the service provided & who is present.	These services are outlined in the IPOS and administered in short prescribed time frames in individual homes/apartments. Staff come and go from the site and persons served tend to navigate the community independently. These services are billed in 15 minute increments with modifiers based on the service provided & who is present.

Elements that Constitute Direct Service:

Personal care means personal assistance with dressing, personal hygiene, grooming, maintenance of a medication schedule, or the development of those personal and social skills required to live in the least restrictive environment.

Supervision means guidance of a person in the activities of daily living, including reminders of important activities and appointments and to take medication, and being aware of a person's general whereabouts even if the person may travel independently in the community.

Protection means actions taken to insure the health, safety, and well-being of a person, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.

Supervised personal care means guidance (cuing, prompting, reminding) or assistance with eating, toileting, bathing, grooming, dressing, transferring, mobility, medication management, reminders of important activities to be carried out, assisting with keeping appointments, supporting a person 's personal and social needs, and being aware of general whereabouts even if the person is capable of independent travel about the community.

Transportation means the direct provision of or securing required transportation in the community as outlined in the IPOS.

Room and board means the provision of housing and meals. Under this definition, a "room" could be a bedroom, an apartment, a suite, etc. Board means any involvement in the purchase or preparation of meals.

ATTACHMENT #1G
JUNE 2021

Provider Examples

Washtenaw County Overall									
Total Number of consumers who receivied any of the following;								Fiscal	Retention
H0043, H2015, H2016, T1020, T2025, T2027 in a given month.								Quarter	rate (Staff)
								FY18 Q2	70%
2017	2017	2018	2019	2020	Jan-21	2021		FY18 Q3	73%
Provider	10	10	10	10	1	Provider		FY18 Q4	80%
CHS 9%	68	58	48	47	42	CHS 6%		FY19 Q1	83%
INI 8%	62	74	77	65	60	INI 9%		FY19 Q2	85%
Renaissance 10%	81	71	70	64	61	Renaissance 9%		FY19 Q3	85%
Spectrum 5%	40	41	31	30	31	Spectrum 5%		FY19 Q4	82%
Synod 6%	45	46	41	36	36	Synod 5%		FY20 Q1	88%
Other 62%	479	510	535	453	450	Other 66%		FY20 Q2	89%
Grand Total	775	800	802	695	680	Grand Total		FY20 Q3	87%
			High		Low			FY20 Q4	81%
Notes:								FY21 Q1	79%
* 122 less consumers served in last two years									
* As you see in the slides, even as employee counts drop, retention stabilizes.									
* Meaning that for the most part, only the core staff remain.									

Spectrum Human Services

Agency: Spectrum Human Services

		2017	2018	2019	2020	2021 so far
Employee Count	894	895	925	821	647	
Individuals Served		902	911	982	963	996
Starting Wage*	$10.00	$10.15	$10.25	$11.00*	$11.00*	
Retention		46%				
Turnover		44%				
Sites Closed		1	3	2	3	1

Notes:

- **Starting wage data does not include Michigan Premium Pay**
- **Spectrum has a 28% drop in employee count from 2017 to present**
- **Spectrum has a 10% increase in consumers served from 2017 to present**
- **Spectrum has closed 10 sites since 2017**

Synod Community Services

Agency: Synod Community Services:

	2017	2018	2019	2020	2021 so far
Employee Count	151	146	141	121	120
Individuals Served all categories	380	373	317	319	219
Individuals Served less payee services	213	212	175	188	128
Individuals Served less payee & CRS	97	91	90	88	77
Starting Wage	$10.00	$10.00	$10.50	$12.50*	$12.75*
after training completion	$10.50	$10.50	$11.00	$13.00*	$13.25*
Rétention	93.79%	96.69%	96.58%	85.82%	99.17%
Turnover	27.10%	20.50%	34.75%	39.60%	9.16%
Sites Closed	0	0	0	2	0

*** Includes premium pay**

Synod Community Services, cont…

Notes:

- **Synod has a 21% drop in employee count from 2017 to present**
- **Synod has a 21% drop in Residential consumers served count from 2017 to present**
- **Synod closed two sites in 2020**
- **Average pay rate DCW-Manager = $15.36 - this is current with the $2.25 added to DCW wages**
- **Deficit as of 3/31 (6 months) - Total ($140,550.62); Residential includes NFC = ($125,477.96); Co-Op & Silo = ($15,072.67)**
- **Increased signing/referral Bonus**
- **Synod has always contributed 2% to employee 401K & matches an additional 1 % if employee contributes**
- **Overtime hours are 11% of all hours paid in Washtenaw**
- **Occupancy rate as of 3/31 for the FY21= 80%**

Renaissance Community Homes

Renaissance Community Homes

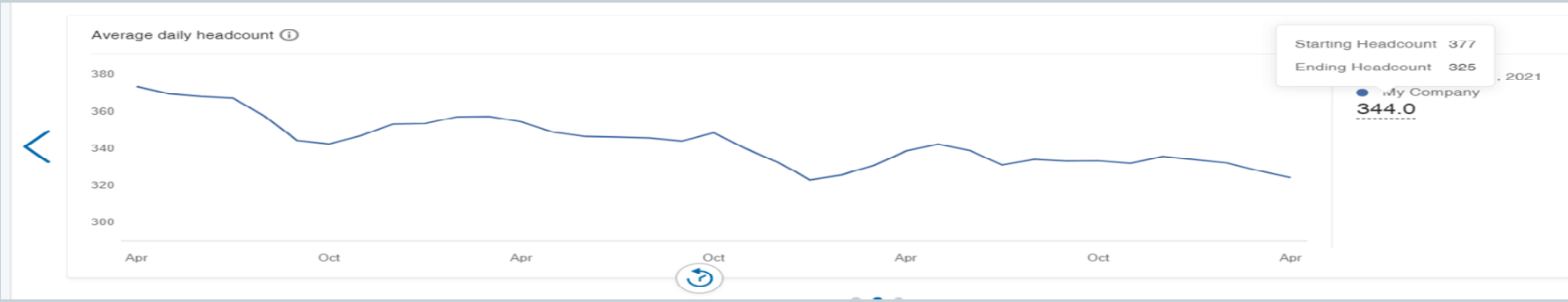
	Employee Count	Starting Wage
2017	437	$9.00/hr (untrained) $9.50/hr (Trained)
2018	372	$9.50/hr (untrained) $10.50/hr (Trained)
2019	346	$10.25/hr (untrained) $10.75/hr (Trained)
2020	340	$10.25/hr (untrained) $10.75/hr (Trained) Plus 15% COVID Hero Pay, plus $2/hr premium pay (all factored into hourly rate or purposes) comes to $14.36/ hour Trained rate.
2021	327	$11.00/ (untrained) $11.50/hr (Trained) plus $2.25/hr premium pay (factored into hourly rate or OT purposes) comes to $13.75/hr Trained rate

*** Overall Renaissance payroll has increased by $100K every two-weeks since the beginning of COVID Pandemic**

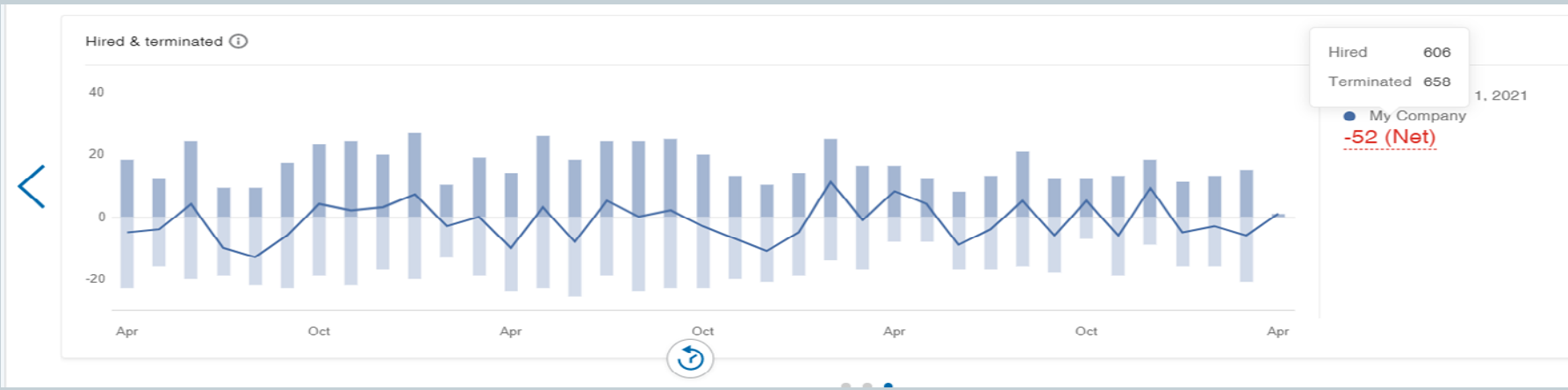
*** Renaissance now spends almost $40,000 annually in recruitment advertising. (Indeed, Facebook, etc..)**

Renaissance Community Homes, cont…

4/2018 to 4/2021



*** Only 1 out of every 10 employees that leave Renaissance are initiated by Renaissance**



Renaissance Community Homes, cont…

Notes for Renaissance Washtenaw Programs:

- **Current average pay rate for scheduled caregivers is $15.38/hour**
- **Overtime rate (average $23.07/hour)**
- **Started employer match 401K on 1/1/2021**
- **Increased employee referral and sign on Bonuses to $500**
- **Closed out three 24 hour CLS sites since 2017**
- **Closed out several low intensity CLS sites since 2017**
- **At six month point our Washtenaw programs are in a deficit of ($264,055.00); Group Homes ($119,371); CLS ($144,680)**
- **12% of hours staffed in Washtenaw County are paid at the Overtime Rate.**
  - * This OT rate is consistent with Lenawee and Livingston County.
  - * ***Our Jackson/Hillsdale programs run at 7.5%***

Recruiting Challenges

Issues/Struggles

- Reimbursement Rates
- Scheduling Challenges
- Overtime costs
- Training/Supervision Issues
- Individuals served have a higher level of acuity
- Staff burnout

What we have tried

- Flexible Scheduling
- Job Share
- Signing Bonus/referral pay
- Contributions to 401k
- Increase contribution to Health Insurance

Premium Pay Impact

- Has allowed us to maintain a percentage of our core staff
- Does not cover overtime cost
- Has not increased recruiting/job interest
- can't advertise Premium Pay rate due to temporary nature of revenue

Administrative Burdens

- Increase in compliance requirements
- Increase burden on provider's with other agencies working remotely (must scan in all documents for submission)
- Increase cost to cover HIPPA compliant virtual systems
- Had to cut middle mgt. positions to cover increase cost of Direct Support due to overtime – insufficient reimbursement rates
- Admin staff covering Direct Service Shifts
- Inability to offer Living Wage due to reimbursement rates

Observations?

- Fundamental Design of System of Care is flawed
- Individuals who require complex high levels of supervision/care end up in jail
- Problem is multifaceted and complex
- Intervention/restructuring is often related to a crisis
- Impact of Covid-19
  - Further reduced the ability to hire
  - Reduced the prospective employee pool
    - Schools closed
    - Encouraged people to stay home
    - Increased unemployment eligibility
    - Reduced restrictions on FMLA leave
    - Drew attention to the profession but is not being followed up with support in line with inflation.
    - Tele Health
    - Virtual audits

What has helped?

- More online trainings available
- Movement with Training reciprocity across the State
- $2.25/hour premium pay
- More attention to the work we due and the populations we serve

- DSP premium pay **must be** permanent

Any
Questions

Community Mental Health Partnership of Southeast Michigan		***Policy:*** ***Financial Stability & Risk Reserve Management***
CMHPSM Board Governance		
Original Board Approval 8/9/2017	Date of Board Approval 5/12/2021	Date of Implementation 6/1/2021

I. PURPOSE

It is the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to manage funding from the State of Michigan consistent with State Contracts, 2 CFR 200 Uniform Guidance, and prudent financial practices.

II. REVISION HISTORY

Revision Date	Modification	Implementation Date
8/9/2017	Original Board Approval	8/9/2017
5/13/2020	Reviewed	5/13/2020
5/12/2021	Reviewed and Updated	6/1/2021

III. SCOPE

The Financial Stability & Risk Reserve Management policy applies to all Community Mental Health Service Programs (CMHSPs) and Substance Use Disorder (SUD) Core Providers affiliated with the CMHPSM.

IV. OBJECTIVES

The primary objectives of the Financial Stability & Risk Reserve Management policy are to protect the financial stability of the Region, to ensure sufficient funding is available to deliver medically necessary services to Consumers who are served within the CMHPSM and to ensure compliance with State contracts.

V. STANDARDS

The CMHSPs shall have a sufficient capacity of staff and/or contracted service providers to ensure that medically necessary services can be furnished to Consumers promptly and without compromise to quality of care at a reasonable cost. Utilizing a person-centered individual plan of service, the CMHSPs shall provide, or authorize the provision of services in the amount, for the duration, and with a scope that is appropriate to reasonably achieve the medical necessity associated with each authorized service for the Consumer.

As it pertains to this Policy, the CMHPSM Chief Financial Officer (CFO) will be responsible for maintaining effective communications with the Finance Officers of the CMHSPs and SUD Core Providers in order to obtain up-to-date financial information as noted below. The CMHPSM CFO will communicate this information and advise the

CMHPSM Chief Executive Officer on its impact on the financial status of the Regional Entity. The CMHPSM CEO will ensure that the appropriate level of financial status details is made available to the CMHPSM Regional Board of Directors in a timely manner.

In order to achieve the objectives of this Policy, the following standards and practices will be followed:

A. BUDGET PROCESS

- CMHSP budgets will be developed using revenue projections proposed by the CMHPSM and reviewed by the Regional Finance Committee and Regional Operations Committee.
- CMHPSM Regional Board approval of the CMHPSM budget is required prior to funding being made available to the CMHSPs.
- Budgeted expenditures at the CMHSPs will not exceed the revenue projections as denoted in the most current CMHPSM Regional Board approved budget.
- Budget amendments will be presented to the CMHPSM Regional Board as recommended by the Regional Finance Committee and the Regional Operations Committee.
- If significant changes such as new service provision modalities, administrative operations, labor agreements, etc. are anticipated in an upcoming budget year, detailed projected financial information should be provided in advance to the CMHPSM prior to inclusion in an upcoming budget.
- The CMHPSM shall develop an internal PIHP administrative budget sufficient to maintain compliance with the PIHP Medicaid Managed Specialty Supports and Services Contract with the Michigan Department of Health and Human Services.
- The budgets of the CMHSPs shall include budgeted expenses related to the PIHP managed care functions that have been delegated to the CMHSP from the CMHPSM
- The total CMHPSM budget, including the PIHP administration budget, must be in balance with the revenues that are projected to be received from the Michigan Department of Health and Human Services (MDHHS). Any utilization of non-current year revenue sources such as carryforward, Medicaid savings or ISF funds will be specifically identified within the budget brought to the CMHPSM Board for review and approval.

B. REPORTING

- The CMHPSM and CMHSPs must produce accurate reports of their fiscal year-to-date (FYTD) actual expenditures versus their annual budget in a traditional Revenue and Expense format, as well as a FYTD Fund Source Report on a monthly basis, fund sources shall be delineated by: Medicaid, Healthy Michigan Plan, C-Waiver programs, and Autism funding. The CMHSPs will provide this and other requested financial data to the CMHPSM according to an established and agreed upon schedule as approved by ROC. The CMHPSM CFO is responsible for communicating the agreed upon schedule to the CMHSPs and collecting and summarizing regional finance reports.
- PIHP expenditure information will be reviewed with the CMHPSM Board at its monthly Board meeting in order to keep the Board appraised of the financial condition of the Region. The CMHPSM shall present CMHSP financial data on a

regular basis to inform the Board of CMHSP financial issues that could present a risk to the overall fiscal health of the Region.

C. SIGNIFICANT VARIANCES TO BUDGET

- It is important that resources be distributed in an equitable manner throughout the region to ensure services are available to all individuals that are eligible. If CMHSP FYTD financial reports indicate that significant underspending or overspending is occurring at a CMHSP, then that CMHSP will be required to submit a written report to the PIHP that explains the variance. A significant amount of underspending or overspending shall be defined as:
    - A 5% or greater variance from the most recent Board approved budget revenue for an individual CMHSP.
    - A CMHSP variance that is individually within 5% of their annual budgeted revenue but is not in alignment with the regional budget variance trend by 5% or greater. (For example: a single CMHSP is overspending their budgeted revenue at 4%, but the regional variance is trending at an underspend of 3%, thus the CMHSP is 7% off of the regional trend.)
    - A cumulative budget variance of more than 3% when combining the regional CMHSPs and PIHP service and administrative expense budgets. (For example: all four CMHSPs are overspending their budget by 3% would necessitate the utilization of ISF during the fiscal year.
- PIHP staff will present the CMHSP explanation to the CMHPSM Board related to significant underspending or overspending after analysis at the Regional Finance Committee meeting. Similarly, the CMHPSM will present an explanation to the CMHPSM Board when significant underspending or overspending is occurring within the PIHP internal administrative budget.
- A corrective action may be required by the CMHPSM Board when significant underspending or overspending occurs within the Region.
- If a corrective action plan is required and the required goals are not met in a timely basis, then the PIHP shall conduct an operational review of the CMHSP.
    - An operational review may include examinations of the contracts, costs, level of Consumer service provision and other items as deemed necessary to understand the overspending or underspending situation.
    - An initial consultative review lead by the CMHPSM will be conducted by individuals from the CMHPSM, as well as all CMHSPs, who are recognized as subject matter experts in the areas that will be reviewed.
    - If the initial consultative review assessment indicates that the issues are structural and not able to be resolved within the current year, then external consultants may be utilized to aid with the development of a corrective action plan that will resolve the budget issue.
    - Recommendations to address a shortfall at one of the CMHSPs may include the redistribution of available funds within the region, if the use of such funding does not adversely impact the delivery of services within the Region.
    - Recommendations may also include the use of available Internal Service Fund (ISF) in the present year, if there are significant revenue changes by the State, new high-cost Consumers enrolled by a CMHSP, increased

utilization or changes to the State's requirement on how services are to be provided to Consumers.
  - If the consultative review assessments determine that a significant budget variance is derived from a local CMHSP's financial management factors, that CMHSP would be required to submit a budget for the following fiscal year that would not require the ongoing use of ISF revenue.
  - Corrective Action Plans may include the consideration of alternative sourcing options for service provision or other financial actions which would not disrupt the provision of services.

- The Regional Operations Committee may recommend to the CMHPSM Board that the PIHP conduct a targeted financial/operational review of a CMHSP to the CMHPSM Board when an emerging financial concern projects to negatively impact the region's financial stability. The CMHPSM Board may approve such a targeted financial and operational review without first requiring a corrective action plan.

D. UTILIZATION OF INTERNAL SERVICE FUND BALANCE

- The ISF shall primarily be utilized to hold funds necessitated by the CMHPSM risk management strategy relative to the shared risk corridor with MDHHS. Generally, use of the ISF should only be requested if there are significant unexpected changes during a fiscal year which can't be managed regionally within current year revenue. Potential current year ISF utilization will be reviewed initially at the Regional Finance Committee. Examples of significant unexpected changes include regional revenue not meeting projections, service delivery that exceeds projected medical necessity, expansion of service benefits or beneficiaries, and other appropriate variances as reviewed by the Regional Operations Committee.
- The ISF should be the option of last resort to address present fiscal year budget overruns. The Regional Operations Committee will review all utilization of the ISF on a regional basis.
- The utilization of ISF resources will be brought to the CMHPSM Board for approval during the initial or amended budget processes.

VI. DEFINITIONS

Balanced Budget: A budget in which expenses are equal or less than the estimated or projected revenue.

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

Community Mental Health Service Program (CMHSP): Separate legal entities that the CMHPSM contracts with for the provision of Medicaid services to residents of the Counties served by the CMHPSM.

Generally Accepted Accounting Principles: Accounting principles that are the standards, conventions, and rules accountants follow in recording and summarizing transactions, and in the preparation of financial statements.

Internal Service Fund (ISF): The Internal Service Fund (ISF) is one method for securing funds as part of the overall strategy for covering risk exposure under the MDHHS/PIHP Medicaid Managed Specialty Supports and Services Contract. The ISF should be kept at a minimum to assure that the overall level of PIHP funds are directed toward consumer services.

2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.

Regional Operating Committee (ROC): Committee comprised of the Executive Directors of the CMHSPs and the CEO of the CMHPSM.

VII. REFERENCES

1. Agreement Between Michigan Department of Health and Human Services And PIHP: CMH PARTNERSHIP OF SOUTHEAST MI for The Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) and 1115 Waiver Program(s), and the Healthy Michigan Program.

2. 2 CFR 200 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards

3. Agreements Between CMHPSM And the Lenawee, Livingston, Monroe, and Washtenaw County CMHSPs For the Provision of Medicaid Services to Residents of Their Respective Counties

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

May 12, 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
Guests: Felicia Brabec.

I. Meeting called to order at: _12:32pm _.

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 (now state Representative, former county commissioner, social worker, psychologist)
  - i. Various specialty courts present in the state include veteran's court, drug court, mental health court, and in some areas, human trafficking court.
  - ii. As of the May meeting, CoResponse mandates were not approved, but she will keep trying.
  - ii. Food stamp and living wage questions: Felicia is trying to get food assistance from the Federal government to the state's citizen's sooner, rather than later.
  - iii. Felicia is trying to negotiate ways to learn lessons from CCBHC experiences and expanding that with FQHCs & CMHs. Senator Shurkey's proposal and Senator Whiteford is still formulating the proposal for privatization of mental health care.
- **b.** Future visits: Yousef Rabhi – June 9; Jeff Irwin – July 14. Yousef Rabhi and Felicia Brabec both do coffee hours for meeting constituents.

IV. Newsletter: … Barb submitted an article on Whence We Came. Alayna's invite to the CAC was given. Everyone gave suggestions on what lessons they learned from the pandemic.

V. Celebration of Success: … online … further suggestions on how to improve it: read the script slower, pictures of recipients.

VI. RCAC: Review of "Notice of Privacy Consumer Complaints Policy". Barb noted that there needs to be some understanding that the word "consumer" was used originally to level the playing field with "providers." Melissa agreed that changing/updating the language may be a good change at this point. However, both agreed that this language may need to change again later. Barb noted that people usually want to be known as a person with a mental illness rather being a mental illness; or a participant. Ed noted that changing the language doesn't necessarily change the stigma. People need to know is that if someone threatens harm or needs help severely, then they could be petitioned; it should be included that privacy is limited for petitionable concerns.

VII. **Fresh Start**: There are in person walks on Tuesdays. Still seeking a building and preparing to be an independent organization.

VIII. **Speaker's Bureau:** People will be speaking to Psychiatric students at UMich for a Diversity, Equity, and Inclusion event late in May. There will also be a speaking event at the Forensic Center.

IX. **NAMI Walks: August 28, 2021 on Belle Isle.** Barb will send out info on it soon. There would be an option to join the NAMI-Washtenaw Team or form their own team.

X. **No new business.**

XI. Personal updates: … Vaccines have been distributed and this has been very helpful for CAC members. The mutual support of the CAC has been helpful.

XII. **Meeting adjourned at _Alayna _ motion by _ 1:57 pm_.**

Next meeting will be June 9, 2021 via Zoom at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

ATTACHMENT #1J
JUNE 2021

31N GENERAL EDUCATION SCHOOL SOCIAL WORK & WC CARES COLLABORATION

Presented by Stacey Doyle, LMSW
and Shannon Ellis, LMSW

ATTACHMENT #1J
JUNE 2021

31N & CARES Collaboration

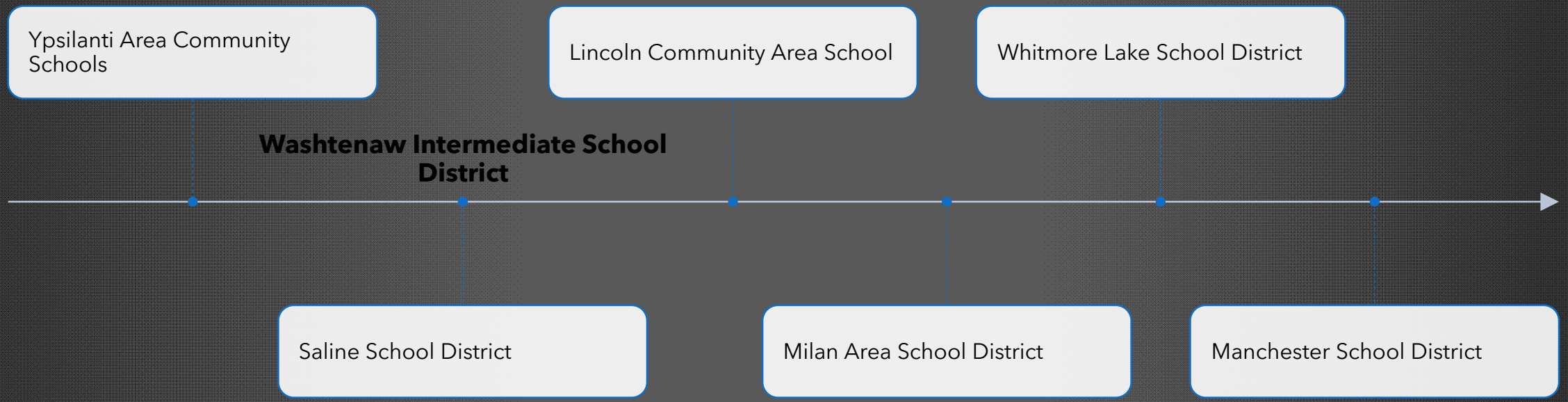
- Purpose and Local Use of 31N
  - Support development of Training of Trainer (TOT) evidence-based practices (YMHFA, Handle With Care, TRAILS; Section 12)
  - Expansion of school-based mental health clinical providers for youth (Section 6)
    - General education students
    - Funding requires 20% match
  - Utilize CARES psychiatrist and mental health professional for more severe cases and community based care needs.
- Partnership Outcomes
  - WISD has hired and placed 3.25 FTE LMSWs to work in and with schools
  - More than 200 direct student encounters since January 26, 2021
  - A strong partnership that directly benefits children and their families

Supporting students so they are ready and prepared to learn!

- Upstream prevention through direct referral and screening/assessment process in schools
- Identifying and reducing barriers to mental health services
- Providing and connecting to mental health supports and services
- Equity focused– no child should go w/o – treating the child and wrapping around family as a whole unit
- Youth case study

ATTACHMENT #1J
JUNE 2021

SERVICE LOCATIONS



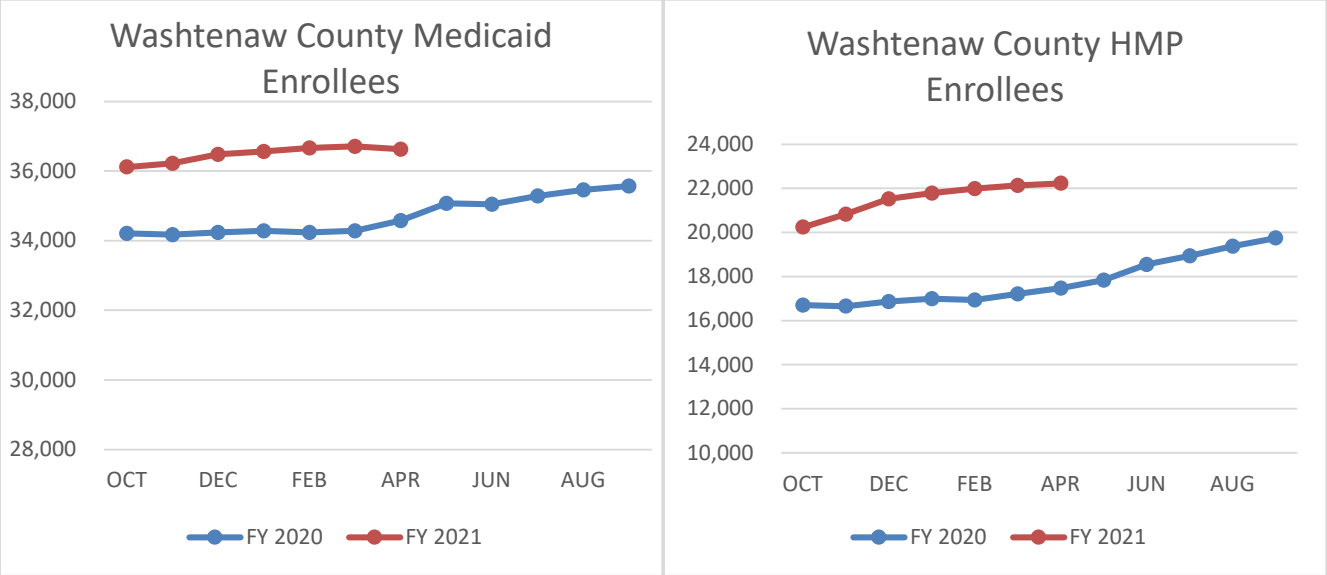
ATTACHMENT #1J
JUNE 2021

THANK YOU ALL FOR YOUR CONTINUED SUPPORT!!

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending April 30, 2021
Prepared: June 7, 2021

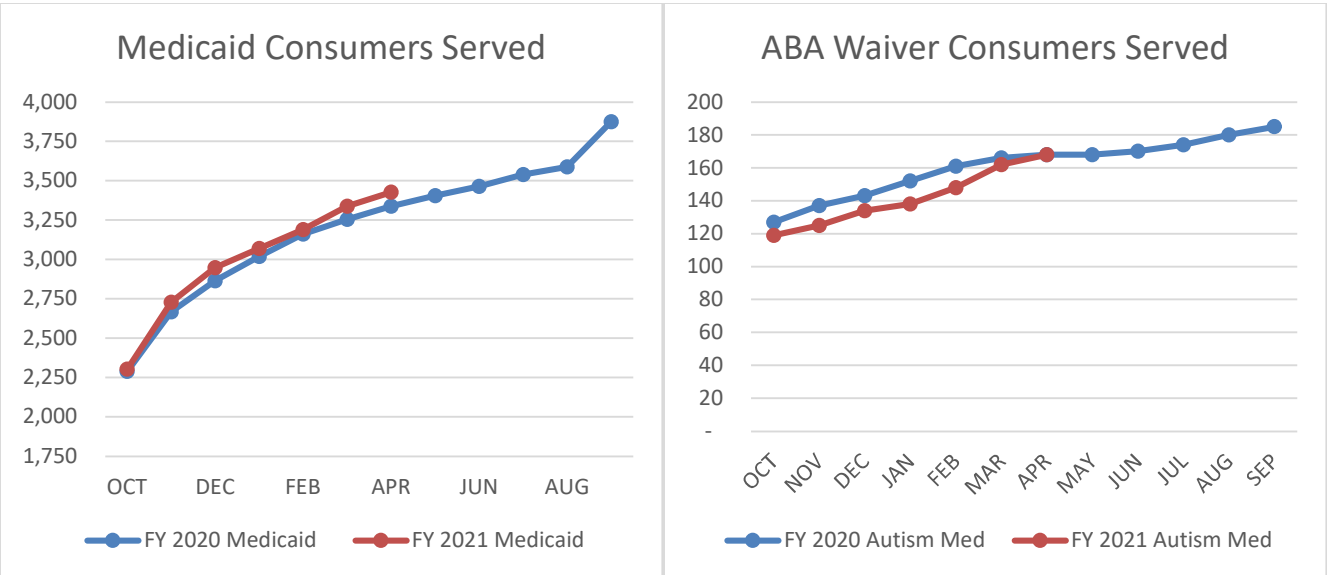
1. Washtenaw County Enrollees

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



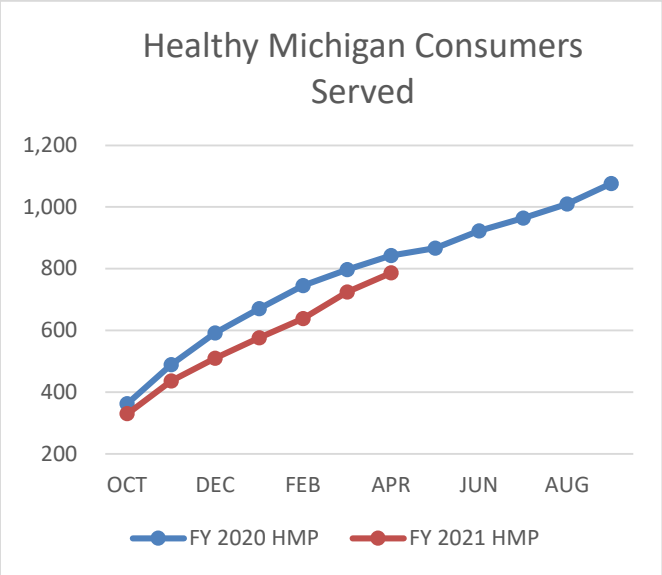
Washtenaw County Medicaid Enrollees were 36,623 in April 2021. This is a 5.93% increase from the same time last year (2,051 more enrollees than in April 2020). Healthy Michigan enrollment in April 2021 was 22,231. This is a 27.18% increase from the same time last year (4,751 more enrollees than in April 2020).

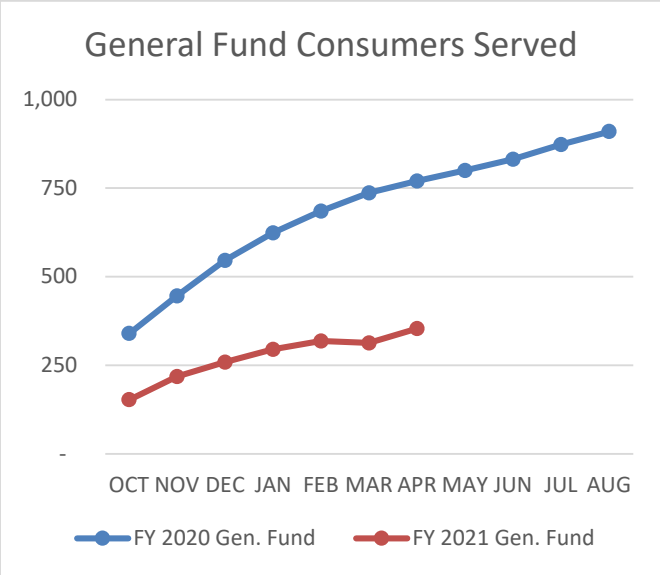
2. WCCMH Consumers Served to Date



Medicaid consumers served through April 2021 are 3,428. This is 91 more consumers than the prior year (3,337 consumers were served through April 2020).

ABA Waiver consumers served through April 2021 are 168. This is the same number of consumers as prior year (168 consumers were served through April 2020).





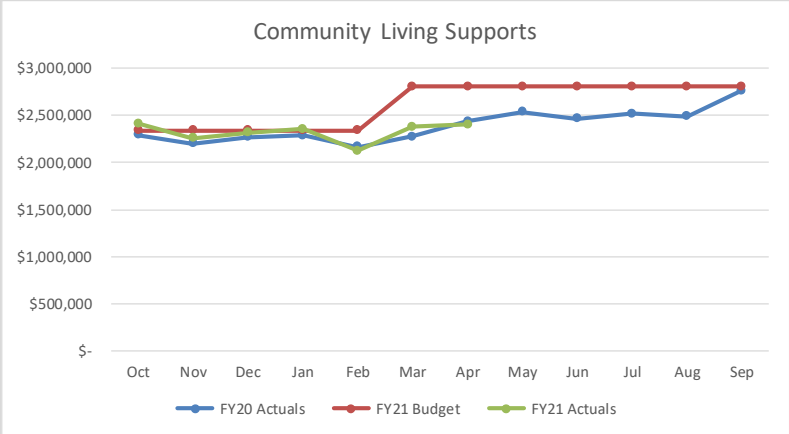
Healthy Michigan consumers served through April 2021 were 787. This is 55 less consumers than the same period last year.

General Fund consumers served through April 2021 were 354. This is 354 less consumers than the same period last year.

3. Financial Statement Highlights

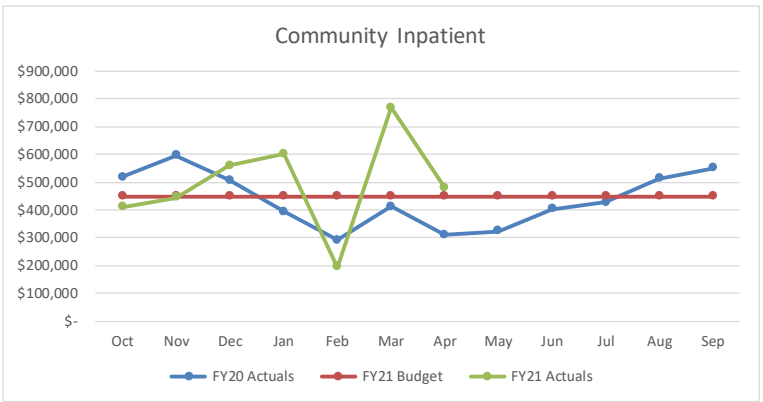
a. CLS service costs to date are estimated to be $16.6 Million and $1.6 Million under budget. The costs year to date are 1.96% higher than this time last year, primarily due to the temporary $2.25 per hour direct care worker increase is included in the FY21 Actuals. The temporary increase has been extended through September 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 2,290,691	2,335,165	$ 2,413,000	5.34%
Nov	2,198,453	2,335,165	2,254,699	3.98%
Dec	2,269,119	2,335,165	2,315,490	3.33%
Jan	2,287,654	2,335,165	2,356,679	3.25%
Feb	2,166,793	2,335,165	2,123,200	2.23%
Mar	2,276,977	2,804,524	2,376,891	2.60%
Apr	2,436,420	2,804,524	2,398,988	1.96%
May	2,535,453	2,804,524		
Jun	2,462,540	2,804,524		
Jul	2,518,980	2,804,524		
Aug	2,486,795	2,804,524		
Sep	2,762,607	2,804,524		



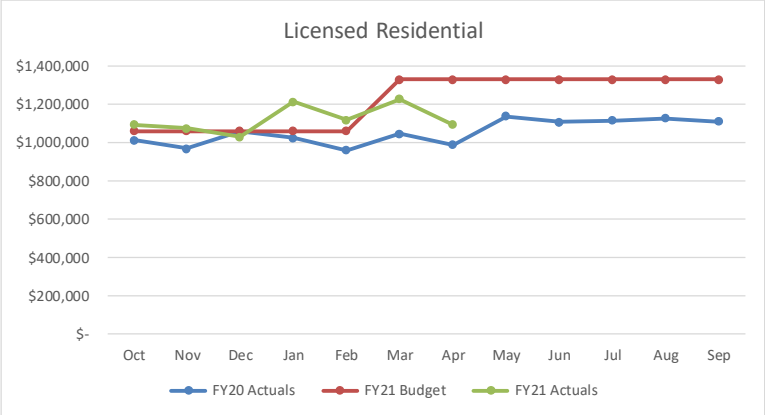
b. Community Inpatient costs to date are $3.4 Million. The costs year to date are 10.4% more than this time last year and $326,000 over budget.

	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	480,817	14.40%
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		



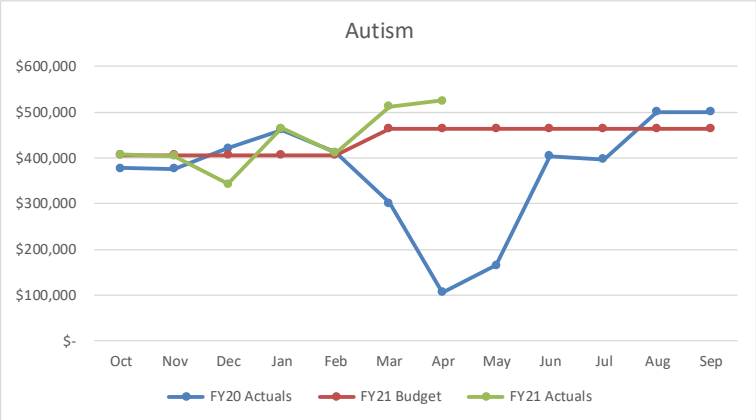
c. Licensed Residential costs to date are $7.8 Million and $662,000 under budget. The costs year to date are 11.22% more than this time last year and primarily due to the temporary $2.25 per hour direct care worker increase. The temporary increase has been extended through September 2021.

	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	1,327,021	1,225,127	11.30%
Apr	987,543	1,327,021	1,093,521	11.22%
May	1,137,635	1,327,021		
Jun	1,106,832	1,327,021		
Jul	1,114,786	1,327,021		
Aug	1,124,986	1,327,021		
Sep	1,109,577	1,327,021		



d. Applied Behavior Analysis/Autism service costs to date are $3.0 Million. The costs year to date are 24.88% more than this time last year due to pandemic related factors and $10,000 under budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 377,299	$ 405,991	$ 408,109	8.17%
Nov	376,345	405,991	404,662	7.85%
Dec	421,658	405,991	342,956	-1.67%
Jan	461,206	405,991	464,654	-0.99%
Feb	412,563	405,991	410,998	-0.86%
Mar	301,850	464,421	512,641	8.21%
Apr	107,090	464,421	525,526	24.88%
May	165,001	464,421		
Jun	404,100	464,421		
Jul	397,582	464,421		
Aug	500,967	464,421		
Sep	501,047	464,421		



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 $4.5 Million through April.
c. By funding source, HMP is showing a deficit of $319,000 through April.
d. Combined, the PIHP surplus is $4.2 Million through April.
e. CARES Act funding related to Direct Care Worker wages will be cost settled separately and any unspent funds must be returned to the State and cannot be retained by the PIHP.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $1.2 Million.

6. Local Key Points

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

b. Local Funds are showing a surplus of $27,000 through April 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
APR 2021 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	24,848,384
HSW		14,882,417
DCW		4,167,161
Child Waiver/SED Waiver		565,308
Autism		2,810,826
Prior Year Adjustments		-
Care for Caid		18,481
Total Medicaid Revenue	$	47,292,576
Total Medicaid Expense	$	42,819,851
Medicaid Surplus/(Deficit)	$	4,472,725
Healthy Michigan **		
Revenue	$	3,385,074
Expense		3,704,775
Healthy MI Surplus/(Deficit)	$	(319,701)
General Fund		
Revenue		
CMH Operations	$	2,258,916
CMH Operations Contra		-
GF Carryforward		175,491
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		-
Total General Fund Revenue	$	2,434,407
Total General Fund Expense	$	1,158,728
General Fund Surplus/(Deficit)	$	1,275,679
Injectable Meds		
Revenue	$	70,876
Expense		58,235
Inj. Meds. Surplus/(Deficit)	$	12,641
Grants And Contracts		
Revenue	$	712,982
Expense		712,982

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

		Total
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	346,803
Redirect to GF		-
Expense		346,803
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	901,980
Expense		874,177
Local Surplus/(Deficit)	$	27,803
Private Grant & All NOR		
Revenue	$	145,907
Expense		145,907
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	55,447,645
Expense		49,978,498
Grand Total Surplus/(Deficit)	$	5,469,147

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	4,165,664
WCCMH Surplus/(Deficit)		1,303,483
	$	5,469,147

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 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	$ 42,678,933	$ 24,896,044	$ 24,848,384	$ (47,660)	-0.19%
HSW	24,674,716	14,393,584	14,882,417	488,833	3.40%
Children & SED Waivers	894,097	521,557	565,308	43,751	8.39%
Healthy Michigan Capitation	5,875,998	3,427,666	3,385,074	(42,592)	-1.24%
Autism Capitation	4,657,841	2,717,074	2,810,826	93,752	3.45%
CARES Act DCW	7,297,312	4,256,765	4,167,161	(89,604)	-2.10%
TOTAL PIHP Revenue	$ 86,078,897	$ 50,212,690	$ 50,659,170	$ 446,480	0.89%
MDHHS Revenue					
State General Funds	$ 4,047,922	$ 2,361,288	$ 2,434,407	$ 73,119	3.10%
Grants & Earned Contracts	1,779,812	1,038,224	820,101	(218,123)	-21.01%
All Other Revenue					
County Appropriation	$ 1,748,770	$ 1,020,116	$ 521,556	$ (498,560)	-48.87%
Project Revenue	782,545	456,485	391,807	(64,678)	-14.17%
All Other	1,917,652	1,118,630	1,307,285	188,655	16.86%
TOTAL Operating Revenue	**$ 96,355,598**	**$ 56,207,432**	**$ 56,134,326**	**$ (73,106)**	-0.13%
Operating Expenses					
Administrative Expenses					
General Administration	$ 5,624,552	$ 3,280,989	$ 2,857,544	$ (423,445)	-12.91%
Program Administration	3,304,826	1,927,815	1,619,060	(308,755)	-16.02%
Residential Services					
Community Living Supports	$ 31,307,490	$ 18,262,703	$ 16,639,683	$ (1,623,020)	-8.89%
Licensed Residential	14,580,900	8,505,525	7,843,464	(662,061)	-7.78%
Outpatient Services					
Autism Services	$ 5,280,900	$ 3,080,525	$ 3,069,546	$ (10,979)	-0.36%
Case Management	5,221,985	3,046,158	2,443,981	(602,177)	-19.77%
Supports Coordination	2,535,741	1,479,182	1,304,617	(174,565)	-11.80%
Skill Building	4,256,172	2,482,767	1,386,903	(1,095,864)	-44.14%
Supported Employment	1,364,871	796,175	794,017	(2,158)	-0.27%
Psychiatry	2,770,122	1,615,905	1,548,785	(67,120)	-4.15%
Nursing Services	2,353,003	1,372,585	1,140,570	(232,015)	-16.90%
Therapy Services	1,875,621	1,094,112	985,757	(108,355)	-9.90%
All Other	7,441,765	4,341,030	3,944,858	(396,172)	-9.13%
Other Expenses					
Community Inpatient	$ 5,375,000	$ 3,135,417	$ 3,461,483	$ 326,066	10.40%
Local Matches & Shelter	1,282,838	748,322	844,347	96,025	12.83%
Grants & Earned Contracts	1,779,812	1,038,224	780,564	(257,660)	-24.82%
TOTAL Operating Expenses	**$ 96,355,598**	**$ 56,207,432**	**$ 50,665,179**	**$ (5,542,253)**	-9.86%
Revenue Over/(Under) Expenses	-	-	5,469,147	5,469,147	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 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	$ 24,848,384	$ 24,023,290	$ 825,094	3.43%
HSW	14,882,417	14,075,904	806,513	5.73%
Children & SED Waivers	565,308	482,612	82,696	17.14%
Healthy Michigan Capitation	3,385,074	2,837,054	548,020	19.32%
Autism Capitation	2,810,826	2,737,087	73,739	2.69%
CARES Act DCW	4,167,161	-	4,167,161	
TOTAL PIHP Revenue	$ 50,659,170	$ 44,155,947	$ 6,503,223	14.73%
MDHHS Revenue				
State General Funds	$ 2,434,407	$ 2,161,804	$ 272,603	12.61%
Grants & Earned Contracts	820,101	864,946	(44,845)	-5.18%
All Other Revenue				
County Appropriation	$ 521,556	$ 491,830	$ 29,726	6.04%
Project Revenue	391,807	283,399	108,408	38.25%
All Other	1,307,285	1,341,669	(34,384)	-2.56%
TOTAL Operating Revenue	**$ 56,134,326**	**$ 49,299,595**	**$ 6,834,731**	13.86%
Operating Expenses				
Administrative Expenses				
General Administration	$ 2,857,544	$ 3,077,337	$ (219,793)	-7.14%
Program Administration	1,619,060	1,781,192	(162,132)	-9.10%
Residential Services				
Community Living Supports	$ 16,639,683	$ 15,911,417	$ 728,266	4.58%
Licensed Residential	7,843,464	7,052,781	790,683	11.21%
Outpatient Services				
Autism Services	$ 3,069,546	$ 2,458,012	$ 611,534	24.88%
Case Management	2,443,981	2,559,159	(115,178)	-4.50%
Supports Coordination	1,304,617	1,182,591	122,026	10.32%
Skill Building	1,386,903	3,189,606	(1,802,703)	-56.52%
Supported Employment	794,017	1,032,314	(238,297)	-23.08%
Psychiatry	1,548,785	1,502,766	46,019	3.06%
Nursing Services	1,140,570	1,198,400	(57,830)	-4.83%
Therapy Services	985,757	995,653	(9,896)	-0.99%
All Other	3,944,858	3,686,139	258,719	7.02%
Other Expenses				
Community Inpatient	$ 3,461,483	$ 3,025,852	$ 435,631	14.40%
Local Matches & Shelter	844,347	863,281	(18,934)	-2.19%
Grants & Earned Contracts	780,564	831,680	(51,116)	-6.15%
TOTAL Operating Expenses	**$ 50,665,179**	**$ 50,348,180**	**$ 316,999**	0.63%
Revenue Over/(Under) Expenses	5,469,147	(1,048,585)	6,517,732	

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	$ 56,134,326					
Total Expense	$ 6,390,300	$ 13,468,771	$ 20,308,564	$ 28,129,172	$ 35,311,210	$ 42,743,574	$ 50,665,179					
Surplus / (Deficit)	$ 1,365,101	$ 1,841,473	$ 3,272,027	$ 3,203,920	$ 3,610,128	$ 4,371,622	$ 5,469,147	$ -	$ -	$ -	$ -	$ -

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For Four Months Ending April 30, 2021

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 2,188,463	$ 6,490,953	$ 4,302,491
Millage Interest Revenue	-	-	9,182	9,182
	$ 6,565,388	$ 2,188,463	$ 6,500,135	$ 4,311,673
Millage Expenses				
Salary	$ 2,395,000	$ 798,333	$ 690,728	$ (107,605)
Fringe	1,339,513	446,504	368,260	(78,244)
Contractors	1,500,000	500,000	134,527	(365,473)
Trainings	140,000	46,667	2,230	(44,437)
Operating Expenses	782,500	260,833	144,123	(116,710)
Fleet Charges	60,000	20,000	1,937	(18,063)
Client Care	78,500	26,167	42,434	16,267
Cost Allocation Plan	70,875	23,625	93,570	69,945
Furniture & Equipment	100,000	33,333	-	(33,333)
Depreciation Expense	10,000	3,333	-	(3,333)
Telephone	50,000	16,667	10,669	(5,998)
All Other Expenses	39,000	13,000	585	(12,415)
Total Millage Expenses	$ 6,565,388	$ 2,188,463	$ 1,489,063	$ (699,400)
Revenue Over/(Under) Expenses		-	5,011,073	5,011,073

-

*** 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	$ 347,421	$ 293,100	$ (54,321)
CCBHC #1 - Year 3 Grant Expenses				
Salary	$ 298,302	$ 198,868	$ 176,292	$ (22,576)
Fringe	175,454	116,969	89,261	(27,709)
Trainings	-	-	-	-
Telephone	-	-	901	901
Operating Supplies	47,376	31,584	26,645	(4,939)
Client Care	-	-	-	-
Total Expenses	$ 521,132	$ 347,421	$ 293,100	$ (54,322)
Revenue Over/(Under) Expenses	-	-	-	-
January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	$ 1,800,430	$ 600,143	$ 576,263	$ (23,880)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 975,771	$ 325,257	$ 333,817	$ 8,560
Fringe	595,220	198,407	183,181	(15,226)
Trainings	5,343	1,781	-	(1,781)
Telephone	11,085	3,695	4,298	603
Operating Supplies	185,511	61,837	54,257	(7,580)
Client Care	27,500	9,167	711	(8,455)
Total Expenses	$ 1,800,430	$ 600,143	$ 576,263	$ (23,880)
Revenue Over/(Under) Expenses	-	-	-	-

Millage Process, Investments and Process Update- May 2021

Plan and Integrate:

LEAD- CSM positions are posted but recruitment is currently an issue. WCSO has selected the Project Manager and will be making an announcement soon.

Youth Assessment Center- Planning committee still meeting and technical assistance is being explored with the Youth Assessment Center Association.

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 SAMSHA grant approval looks promising, still awaiting formal approval. NAMI continues their work with targeted outreach, grief and loss groups in Manchester congregations and prepping for a clergy conference in the fall. One Big Connection website is live. Flyer campaign focused on grocery stores and carryout restaurants being planned and community meetings road show is in development to share One Big Connection and highlight mental health resources in the region, including CARES.

5 Healthy Towns Intergenerational Populations Project- Presentation during the meeting.

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. **No updates**

31 N/ WISD Mini Grants- Presentation highlighting the mini grants coming to the July MAC meeting. Presentation highlighting WISD/CARES collaboration during this meeting.

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. **No updates**

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. NAMI participating in the Boots on the Ground initiative with Ypsilanti Community Schools on July 17th. CARES/millage information provided in the goodie bags. Additional focus groups being conducted with the Trusted Advisors and SURE Moms. Since expanding outreach efforts, NAMI program attendance has doubled!

Anti-Stigma Campaign- New proposal sent by Public Health, currently reviewing.

MHFA Education initiatives- Trainings are underway and going well. We are taking requests from community organizations, please spread the word.

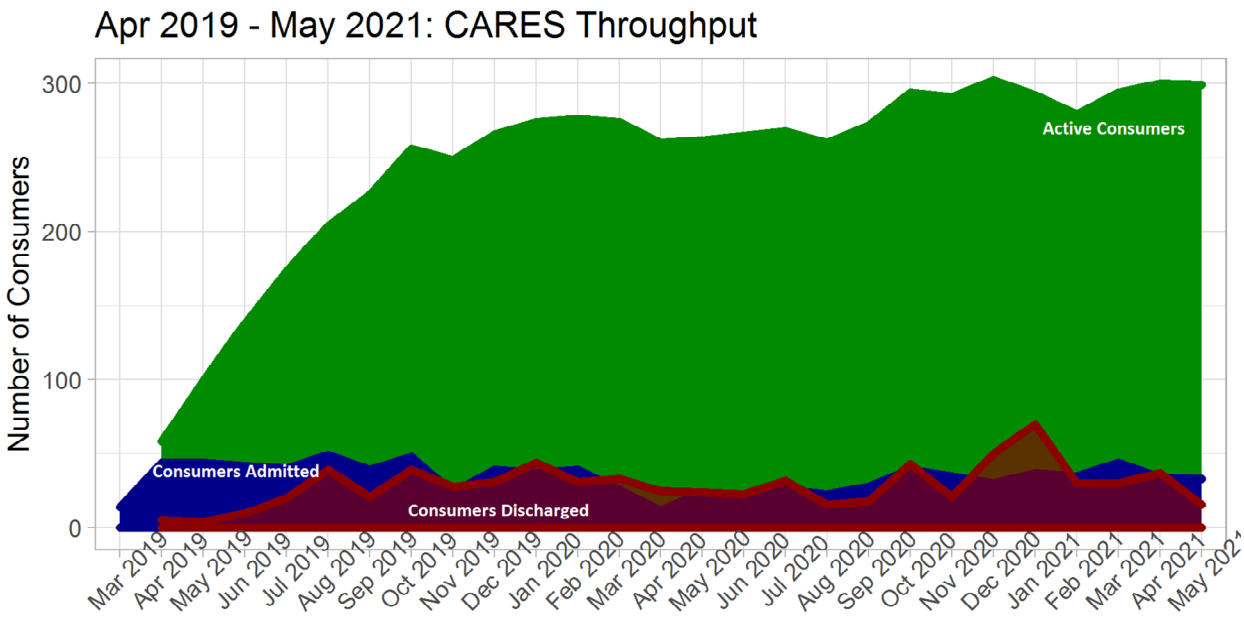
Millage Communication Strategy- Identifying key messages for millage communications with our partners at CHRT. Looking to begin with housing support or 750 key messages first**. No Updates**

Washtenaw County Community Mental Health – CARES Report May 2021

Last Updated: 06/01/2021

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 starting to increase beyond pre-Covid-19 levels.



Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19	14	14	
Apr-19	58	44	5
May-19	99	44	4
Jun-19	138	42	10
Jul-19	173	40	20
Aug-19	204	49	39
Sep-19	225	39	21
Oct-19	256	48	39
Nov-19	248	24	28
Dec-19	266	39	31
Jan-20	274	37	44
Feb-20	276	39	31
Mar-20	274	26	33
Apr-20	260	12	25
May-20	262	24	24
Jun-20	265	23	23

Jul-20	268	26	32
Aug-20	260	23	16
Sep-20	272	28	18
Oct-20	294	39	43
Nov-20	291	35	21
Dec-20	302	30	50
Jan-21	292	37	70
Feb-21	279	35	30
Mar-21	302	44	30
Apr-21	313	34	37
May-21	332	33	16

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	73
Apr-21	72
May-21	63

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	7
Feb 2021	2021	02	107	65	5
Mar 2021	2021	03	172	100	5
Apr 2021	2021	04	258	124	8
May 2021	2021	05	220	126	3

Gender

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

Gender	**# Cases Referred**	**# Active at least 1 Day 3/1/19 – present Cases**
Female	640	484
Male	567	434
Other (Specify)	1	0
Transgender	1	0
Total	**1209**	**918**

Race

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

Race	**# CARES cases**	**Percent**
White	527	57.4%
Black or African American	265	28.9%
Other race	55	6.0%
	40	4.4%
Asian	19	2.1%
Refused to Provide	9	1.0%
Native Hawaiian or other Pacific	2	0.2%
American Indian (non-Alaskan)	1	0.1%
Total	**918**	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	94.5
Mean	143.1
Min	1
Max	743

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	453	49.3%
Ann Arbor	322	35.1%
Saline	28	3.1%
MILAN	16	1.7%
Whitmore Lake	15	1.6%
Chelsea	12	1.3%
Dexter	12	1.3%
Manchester	8	0.9%
	7	0.8%
Belleville	6	0.7%
Willis	6	0.7%
Northville	4	0.4%
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%
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	**918**	**100%**

Zip Code	**# CARES cases**	**Percent**
48197	239	26.0%
48198	213	23.2%
48103	107	11.7%
48104	81	8.8%
48108	73	8.0%
48105	49	5.3%
48176	27	2.9%
	16	1.7%
48160	16	1.7%
48189	15	1.6%
48118	12	1.3%
48130	12	1.3%
48158	8	0.9%
48111	7	0.8%
48107	6	0.7%
48191	6	0.7%
48169	3	0.3%

48167	3	0.3%
48137	3	0.3%
48184	2	0.2%
48188	2	0.2%
49240	2	0.2%
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%
48141 48168	1 1	0.1% 0.1%
48131	1	0.1%
48036	1	0.1%
48109	1	0.1%
48106	1	0.1%
Total	**918**	**100%**

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	**# CARES Adm Cases**
-no age listed-	1
0-16	32
17-19	44
20-24	119
25-29	130
30-34	119
35-39	104
40-44	80
45-49	64
50-54	76
55-59	65

60-64	36
65-69	28
70+	20
Total	**918**

Funding Sources for Consumers

Funding Sources	Medicare	# CARES cases	Percent
-not listed-	N	387	42.2%
-not listed-	Y	29	3.2%
HMP	N	295	32.1%
Medicaid	N	173	18.8%
Medicaid	Y	27	2.9%
S/D	N	2	0.2%
S/D	Y	5	0.5%
	Total	**918**	**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	2.4%
HUMANA CHOICE PPO MEDICARE PLAN,	5	0.5%
BLUE CARE NETWORK OF MICHIGAN,	4	0.4%
PRIORITY HEALTH MEDICARE,	3	0.3%
United Healthcare Community Plan,	3	0.3%
BLUE CARE NETWORK (PO 68710),	2	0.2%
AETNA PPO,	1	0.1%
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	**53**	**6%**

#7 CARES Services Detail by CPT - w 0 units

Service Category	# SAL Documents	# Cases
Targeted Case Management	12815	978
Med Reviews	2228	423
Peer Services	1752	215
RN Services	1123	357
Intake Assessments	901	745
Psych Evals	706	590
Wellness Note	330	184
Injections	301	44
Nursing Assessments	27	26
S0316	12	7
Therapy Group Notes	3	2
99212	1	1
J2426	1	1
S9470	1	1

Total	20201	

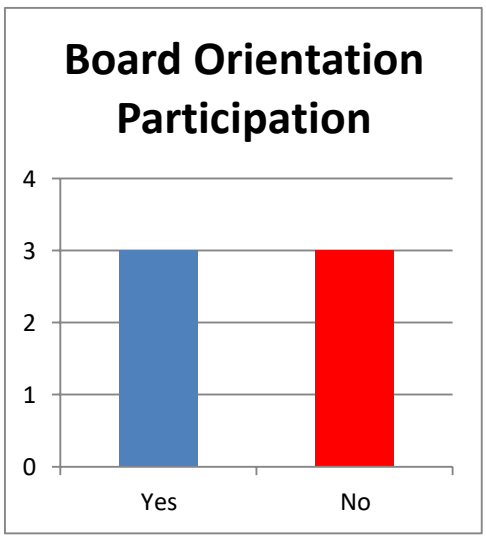
#8 Count by Type of Service		
Type of Service	**# CARES cases**	**%**
Mood disorders	763	82.8%
Personality Disorders	106	11.5%
Psychosis	118	12.8%
SED	90	9.8%
SUD	315	34.2%
Total duplicate count	**1392**	

2020 – 2021 WCCMH Board Evaluation Results

Last Updated: 06/08/2021

The annual board evaluation survey was sent to 12 members and six members replied. The following is a summary of their responses.

Question 1: All board members participate in an annual orientation which includes board training, Code of Ethics, Conflict of Interest and Recipient Rights.

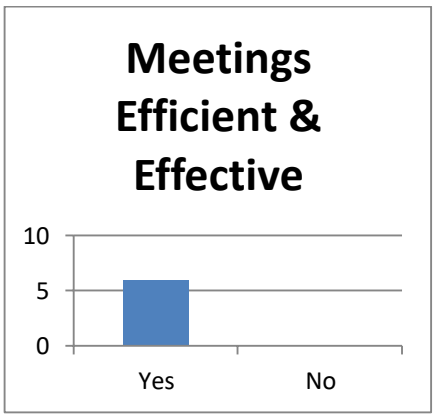


Comments:

1. I believe all board members are getting annual updates on these items however may not be labeled as board orientation.
2. I don't recall Board training
3. It may be helpful for this to be the first agenda item on the April CMH Board meeting agenda each year so that our agenda and minutes reflect that we did this activity.
4. "board training" may have been passed over due to COVID; Recipient Rights reports were presented

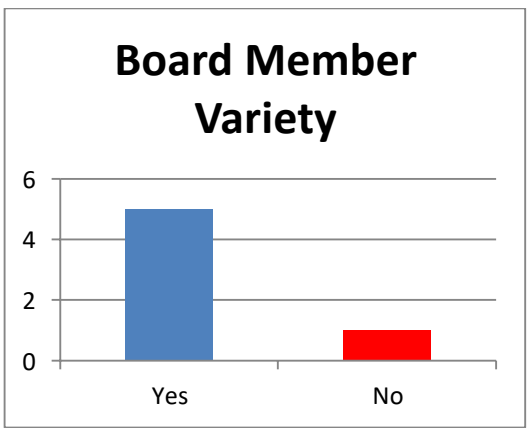
2020 – 2021 WCCMH Board Evaluation Results

Question 2: Board meetings are conducted in an efficient and effective manner



1. John Martin consistently kept us on time and graciously moved us from one item to the next - I am confident that Kari will do the same!
2. Meeting materials are comprehensive; consent agenda is utilized effectively; board chair was prepared; discussions may have been limited due to constraints imposed by the need to meet virtually.

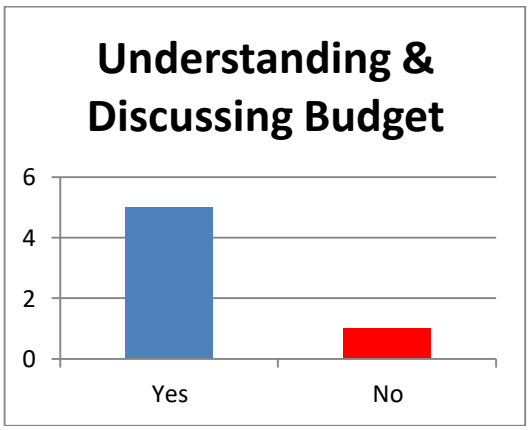
Question 3: There are a wide variety of perspectives and representatives on the Board.



1. I really enjoy the diversity and different viewpoints - no one is too shy to speak up
2. the Board could be more diverse

2020 – 2021 WCCMH Board Evaluation Results

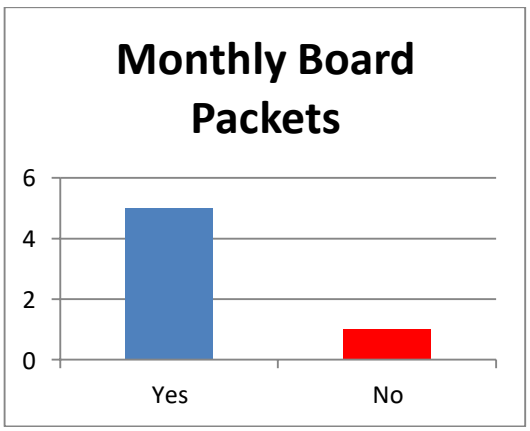
Question 4: The Board discusses and understands the budget prior to approving it.



Comments:

1. Funding in the public mental health system is complex. Nicole does a great job of explaining the budget and actual results. There are still many aspects that are opaque especially the mechanisms and prospects for cost settlement of prior period deficits.
2. Complexities are hard to follow
3. Nicole does a great job orienting us to the budget and answering our questions - Nicole is also always willing to modify financial report formats so that board members can better understand
4. Budget reports are thorough and appear to be a primary concern and responsibility

Question 5: The monthly Board packet provides the Board members with the information they need in order to make informed decisions at the Board meeting.



Comments:

1. Consistently comprehensive and sent ahead of the meeting - thank you Rhonda!

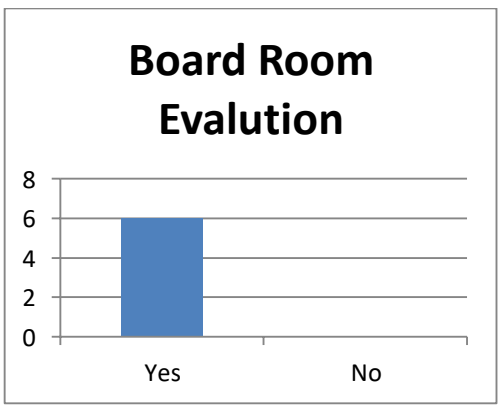
2020 – 2021 WCCMH Board Evaluation Results

2. I appreciate that hard copies are made available

Question 6: The Board evaluates the CEO annually, provides a copy of the evaluation which includes performance recommendations.

1. This board does this well in comparison to other boards that i am on. Board members are given ample time to thoughtfully review the evaluation and also to contribute to the CEO annual goals.
2. The process is somewhat of an enigma to me; written evaluations were solicited, bur the verbal discussion appeared minimal

Question 7: The Board room is comfortable and an appropriate venue for the monthly Board meetings.



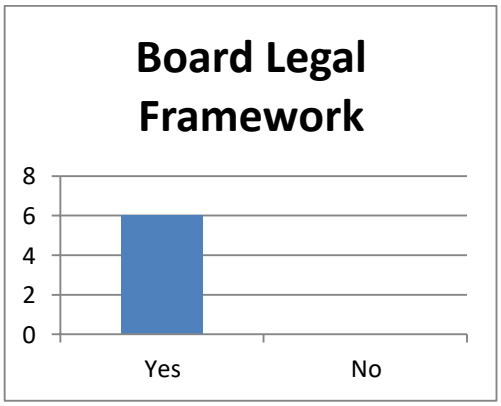
1. Virtual meetings this past year after the pandemic was announced in March. Appreciate the County's stance on delaying in person meetings until we are beyond the risks associated with

2020 – 2021 WCCMH Board Evaluation Results

the pandemic. Some consideration should be given to enabling Zoom participation even after we get back to in person meeting for those who might need it.

2. Virtual meetings going well and I look forward to the day we can gather in person again! Rhonda has done a great job keeping us efficient with the zoom formats.
3. The Board room seemed fine to me, the one or two times I was there. Due to the pandemic, people participated remotely, and, I assume, in the comfort of their own environments;

Question 8: I understand the legal requirements and rules under which the Board operates.



Comment:

1. Executive Committee identified MH Code training as a need for this coming year. Reviewing and better understanding the portfolio of duties and responsibilities of the mental health board would be helpful.
2. We have discussed that we should begin review of the mental health code so we all have a firm foundation of understanding.
3. I am, however, not able to find a written statement of the legal requirements and rules

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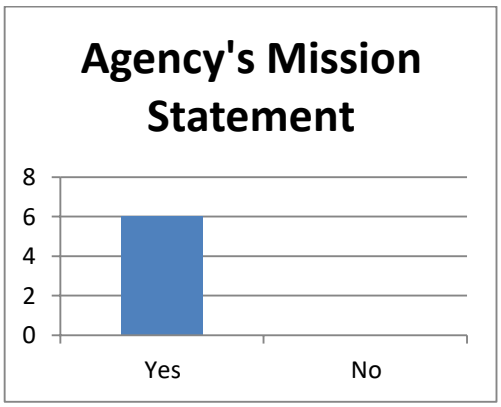
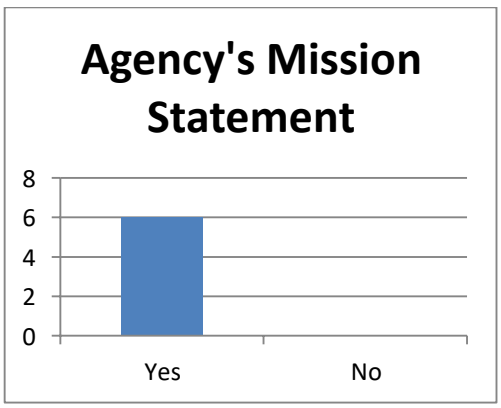
Question 9: I agree with and understand the Agency's Mission Statement, Vision Statement and Values.



Comments:

1. I am wondering if the board might consider changing "eligible individuals" to "individuals living with mental health conditions" as the millage has made it possible for the agency to serve people regardless of severity and ability to pay. Early intervention and prevention are key concepts.

Question 9: I attend a majority of the Board and Committee meetings.



No comments.

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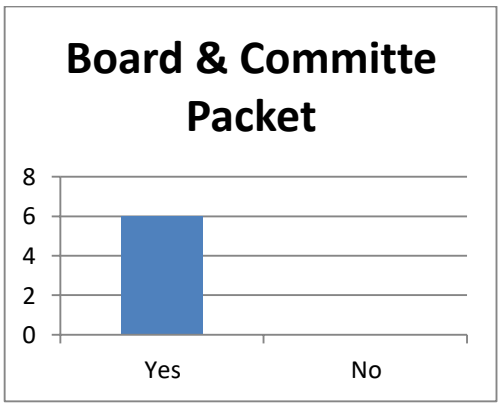
Question 10: I am prepared for the Board meeting by reviewing the information provided in the Board packet and Committee packet in advance.



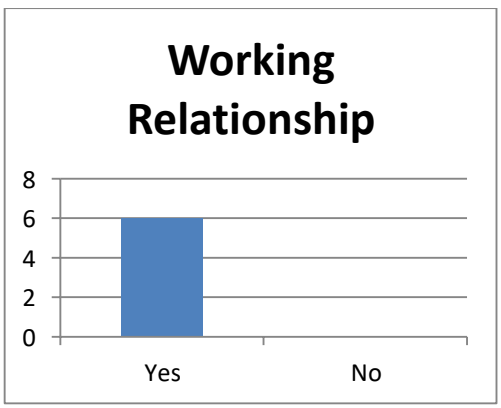
Comments:

1. Hard to be fully prepared because the packets are so large
2. Again, I appreciate the hard copies.

Question 11: I would be better prepared if the Agency could provide:

1. Trish and Rhonda provide ample information in advance of meetings.
2. Improved financial and operational analytics
3. NA
4. all set - not requests
5. Recordings of the meetings
6. Nothing if they don't have the information needed at one meeting they will bring it to the next.

Question 12: I have a good working relationship with other Board members.



2020 – 2021 WCCMH Board Evaluation Results

Comment:

1. Meeting remotely has slowed the process of getting to know people for me.

Question 13: I feel comfortable asking questions in a Board/Committee meeting.

Comment:

1. CMH board is very respectful of each other and very willing to educate new members

Question 14: I would like to see presentations at the Board meetings on the following topics to expand my understanding and knowledge of the Agency:

Comments:

1. How all of the various pilot projects WCCMH has participated in might merge under the CCBHC demonstration (health home, SIM etc.); CCBHC once there are more details
2. More complete view that also includes millage and other sources of revenue
3. NA
4. mental health code
5. Applied Behavioral Analysis and other treatment modalities
   Training for case managers and other staff
   What's involved in the implementation of CCBHC and what this means for the current structure of the agency.
   Shirkey's Gearing Towards Integration proposal
   Building infrastructure to support 988
6. I would like to see more information on SA and what they are doing with that population.

2020 – 2021 WCCMH Board Evaluation Results

Question 15: What information would you like included in the Director's Report that isn't there presently?

Comments:

1. Nothing
2. no suggestions
3. See above [I would like to see more information on SA and what they are doing with that population.]

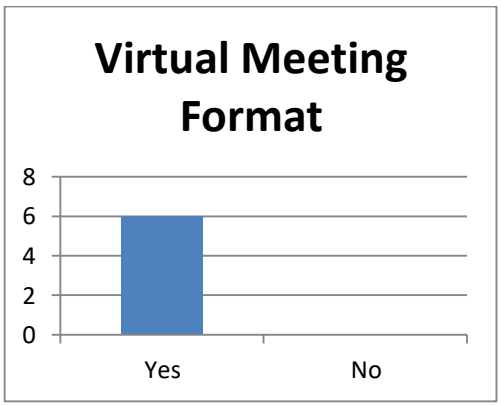
Question 16: I know I can ask questions or for additional training on any board related subject when I feel I need it.

Comment:

1. Nicole always willing to host financial educational sessions and this is really appreciated
2. Nicole met with me to go over the treasurer's perspective when I asked

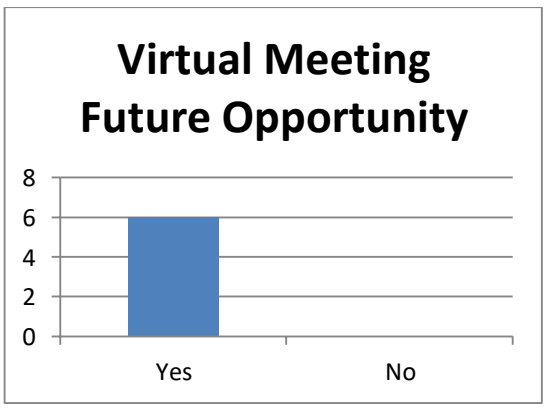
2020 – 2021 WCCMH Board Evaluation Results

Question 17: Because of COVID-19 we went to virtual board meetings during the 2020 Board year. I was able to make the virtual meeting format work for me?



Comment:
As a newcomer with so much to learn, I think meeting virtually made it more difficult to get to know people and benefit from their expertise. Until I got a new laptop that worked with my hearing aids, I found that the extra effort I needed to make to process what people were saying was exhausting.

Question 18: If during 2021 we return in in-person meetings, I would like to maintain the virtual meeting opportunity.



Comment:

1. Not having had the experience of meeting with the Board in-person, I wonder what other people perceive to be the benefits and drawbacks of in-person when compared to virtual meetings.

Current WCCMH Mission, Vision and Values 2017-2022

MISSION

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

VISION

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

VALUES

Excellence

We provide the highest level of service to promote recovery, quality of life and self-sufficiency through proven and innovative practices. We recognize that the foundation of excellent service is our relationships.

Growth

We believe in the capacity for change at every stage of development. We grow through shared learning, lived experiences and mentoring.

Well-being

We cultivate well-being through a commitment to physical and emotional safety, active listening, and a culture of appreciation.

Inclusion

Together we build a welcoming, respectful environment for all people. Through active engagement and shared decision-making, we build a stronger community.

Community

We develop strong, trusting partnerships with the people we serve, in our broader community, and within our own organization.

Accountability

We are accountable to those we serve, to the larger community, and to each other for the ethical, effective, and efficient use of our resources.

Strategic planning proposed process for discussion purposes:

I. Review and modify the Mission and Vision statements

II. Proposed Timeline/Process
- Environmental Assessment (June – July)
- Gap Analysis (August – September)
- Develop strategies and priorities (October – November)

III. Public Input/Outreach (July -October)
- Consumer Advisory
- Provider Network including local hospital systems
- Staff
- Community Stakeholders
- Board of Commissioners

IV. Implement Strategies

V. Report on progress towards strategies

VI. Evaluate based on performance measures

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
May 12, 2021
***Meeting held electronically via Zoom**

Members Present: (physical location) Judy Ackley (Ann Arbor, MI), Roxanne Garber (Howell, MI), Bob King (Ann Arbor, MI), Sandra Libstorff (Monroe, MI), Molly Welch Marahar (Ann Arbor, MI), Caroline Richardson (Ann Arbor, MI), Mary Serio (Howell, MI), Sharon Slaton (Brighton Township, MI), Ralph Tillotson (Adrian, MI)

Members Absent: Greg Adams, Susan Fortney, Katie Scott

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

Others Present: Laurie Lutomski, Ricky Jefferson, Kathy Homan, Derek Miller

I. Call to Order
Meeting called to order at 6:03 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. Garber, supported by B. King, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the April 14, 2021 Regular Meeting and Waive the Reading Thereof
Motion by R. Garber, supported by J. Ackley, to approve the minutes of the April 14, 2021 regular meeting and waive the reading thereof
Motion carried

V. Audience Participation
None

VI. FY2020 CMHPSM Audited Financials Presentation
- D. Miller (Roslund Prestage) presented, advised of a clean opinion from the audit firm.
- B. King requested that staff find out cost for insurance against credit risk.

Motion by B. King, supported by J. Ackley, to accept the Independent Auditor's Report from Roslund Prestage & Company
Motion carried
Vote
Yes: Ackley, Garber, King, Libstorff, Welch Marahar, Richardson, Serio, Slaton, Tillotson
No:
Absent: Adams, Fortney, Scott

VII. Discussion on System Reform / Redesign Proposals
- J. Colaianne shared what is currently known about 2 potential proposals to revise the mental health system.
- The Shirkey proposal would move much of what is currently being done by the public system to the Medicaid health plans. PIHPs would be eliminated. CMHs wouldn't be the only guaranteed providers of services behavioral health.
- The Whiteford proposal would move more of the authority back to the state. The state would hold contract with CMHs and other entities, removing the PIHP layer and some other local controls.

VIII. Old Business
a. May Finance Report – FY21 as of March 31st
- M. Berg presented.
- Monroe has shown improvement over the last month.
- The region is still in communication with the state regarding the use of ISF to pay down the FY18 deficit. The most recent update is that state will need to go to CMS (Center for Medicaid Services) for approval because the proposed plan is outside of the PIHP contract's parameters.

b. FY2021 Strategic Plan Metrics Presentation
- J. Colaianne provided an update.
- All metrics are within targeted range.

IX. New Business
a. Board Information - CEO Contract Authority
- C. Witherow presented contracts that were enacted within the CEO's authority; no board action was needed.

b. Board Action – Contracts
Motion by, supported by R. Garber, supported by C. Richardson, to authorize the CEO to execute the contracts/amendments as presented
Motion carried
Vote
Yes: Ackley, Garber, King, Libstorff, Welch Marahar, Richardson, Serio, Slaton, Tillotson
No:
Absent: Adams, Fortney, Scott

c. Board Action - Financial Stability and Risk Reserve Board Governance Policy
Motion by M. Serio, supported by C. Richardson, to approve the updated Financial Stability and Risk Reserve Board Governance Policy
Motion carried
Vote
Yes: Ackley, Garber, King, Libstorff, Welch Marahar, Richardson, Serio, Slaton, Tillotson
No:
Absent: Adams, Fortney, Scott

X. Reports to the CMHPSM Board
a. Report from the SUD Oversight Policy Board (OPB)
- The region is awaiting news on the Covid-19 block grant. The allocation amount is known, but how it will be allowed to be used is unknown at this point.

DRAFT

- OPB will continue to meet remotely.
- OPB received a presentation on the state's opioid response efforts. S. Slaton requested a copy of the presentation.

b. CEO Report to the Board
- J. Colaianne presented the CEO Report, which included updates from the CMHPSM, Region, and State.

XI. CMHPSM Board CEO Evaluation Committee Report (Closed Session)

Motion by B. King, supported by M. Serio, to go into closed session
Motion carried.

Vote
Yes: Ackley, Garber, King, Libstorff, Welch Marahar, Richardson, Serio, Slaton, Tillotson
No:
Absent: Adams, Fortney, Scott

- The board entered into closed session at 7:35 p.m.

Motion by R. Garber, supported by M. Welch Marahar, to return to open session
Motion carried
Voice vote, no nays.

- The board returned to open session at 7:43 p.m.

Motion by B. King, supported by M. Welch Marahar, to accept the CEO Evaluation Committee's recommended goals for CEO J. Colaianne for the next year
Motion carried
Vote
Yes: Ackley, Garber, King, Libstorff, Welch Marahar, Richardson, Serio, Slaton, Tillotson
No:
Absent: Adams, Fortney, Scott

XII. Adjournment

Motion by J. Ackley, supported by M. Welch Marahar, to adjourn the meeting
Motion carried

Meeting adjourned at 7:45 p.m.

_____
Judy Ackley, CMHPSM Board Secretary

DRAFT

ATTACHMENT #7
JUNE 2021

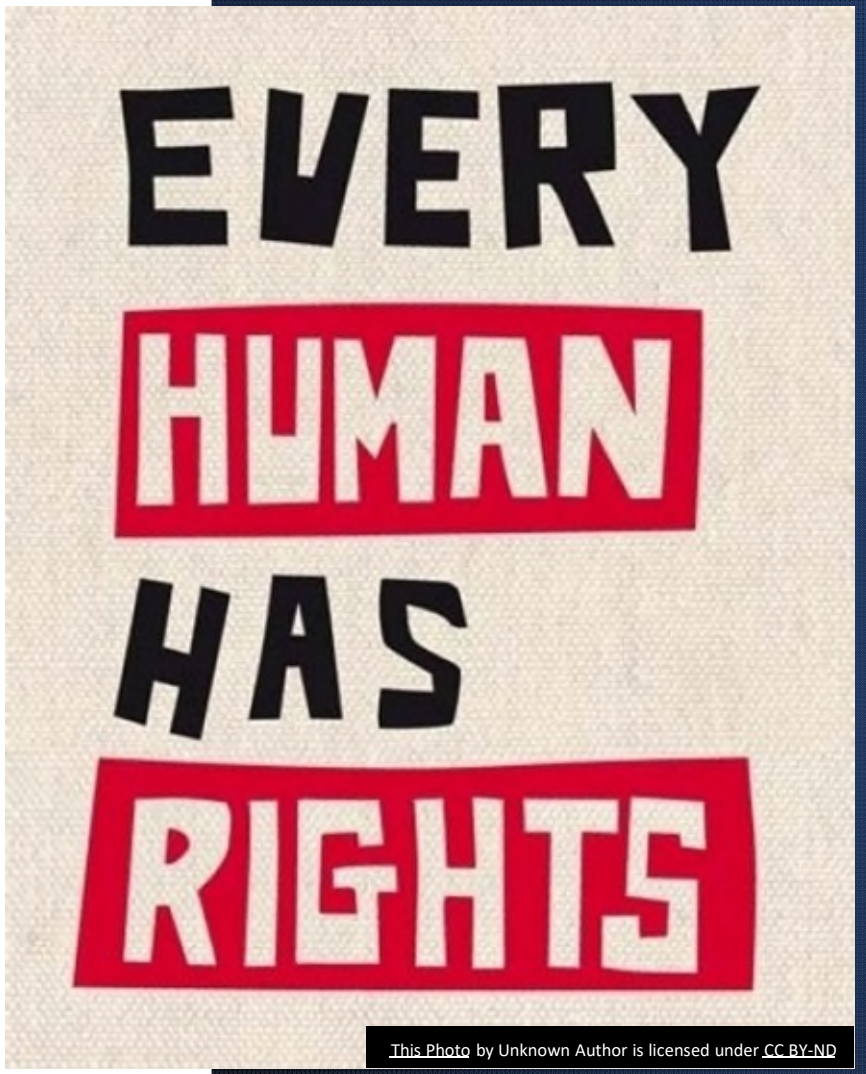
Recipient Rights Board of Directors Training

Office of Recipient Rights Overview

- The Office of Recipient Rights (ORR) is a department of the local CMH that is responsible for investigating, resolving and assuring remediation of apparent or suspected rights violations
- ORR works to ensure that mental health services are provided in a manner which respects and promotes the rights of recipients as guaranteed by Chapter 7 and 7A of the Mental Health Code.

Functions of the Rights Office

- Prevention
- Monitoring
- Education/Training
- Complaint resolution



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Overview of Code Protected Rights

The Mental Health Code guarantees certain rights for recipients of mental health services in Michigan. These rights include, among others:

- To be free from abuse and neglect
- To be treated with dignity and respect
- To be treated in a safe, sanitary, and humane treatment environment
- To have information kept confidential (in compliance with the Code and HIPAA)

All employees, students, volunteers, contractors, and board members are required to immediately (by the next business day) verbally report to the Office all apparent or suspected violations of recipient rights and maintain recipient's confidentiality.

Recipient Rights Advisory and Appeals Committee (RRAC)

The RRAC is a committee appointed by the CMH Board comprised of primary recipients, secondary recipients, and community members. The committee meets quarterly and has the following functions:

- Protects the office from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions
- Serves in an advisory capacity to the executive director, the ORR director and the ORR
- Consults with the executive director regarding any proposed dismissal of the director of the Office of Recipient Rights
- Assures that Rights staff receive training in Rights protection and that the head of the Office has sufficient training, education and experience to fulfill the responsibilities of the Office
- Annually reviews the funding for the Office
- Monitors the Office by reviewing and providing comments on quarterly data reports, including the Semi-Annual and Annual Reports
- Acts as the Appeals Committee

Responsibilities of the CMH Board

- Approve the Recipient Rights Annual Report

- The RRAC may also make additional recommendations to the CMH Board outside of the Annual Report, based on any concerns noted in the bullets on the previous slide.

- Approve new members of the RRAC

Monitoring of the Rights Office

The Rights Office is monitored in the following ways:

- **Internal review**- The Director of the Office oversees the daily operations of the Office.
- **Regional review**- Affiliate partners complete peer reviews of the Office.
- **State assessment**- The MDHHS Office of Recipient Rights completes a tri-annual assessment and certification of the Office. The internal and regional monitoring is preparation for this assessment. Certification of the Office of Recipient Rights is required for an agency to be certified as the CMH. The next assessment in Washtenaw will occur in November 2021.

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Contact your WCCMH Rights Officers

Evan George

Shaun Thompson

Leah Raehtz

Officer of the day phone number:

734-219-8519