



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/96192807219>

**July 16, 2021
9:30AM-11:30AM**

- I. Roll Call (5 minutes)
- II. Audience Participation (see guidelines below) (5 minutes)
- III. Board Response to Audience Participation (5 minutes)
- IV. Consent Agenda (Attachment #1) (5 minutes) **ACTION**
 - A. WCCMH Board Meeting Minutes and Actions-6/18/21 (Attachment #1A)
 - B. WCCMH Board Strategic Plan Meeting Minutes and Actions-6/29/21 (Attachment #1B)
 - C. WCCMH Millage Advisory Committee Meeting Minutes and Actions-6/14/21 (Attachment #1C)
 - D. WCCMH FY20 Cost Per Case Presentation (Attachment #1D)
 - E. WHP/WCCMH Proposal Presentation (Attachment #1E)
 - F. WISD Mini Grant Presentation (Attachment #1F)
- V. Treasurer's Report **ACTION** (15 minutes)
 - Financial Status Report (Attachment #2A) **N. Phelps ACTION**
 - Millage Financial Status Report (Attachment #2B) **N. Phelps ACTION**
 - WCCMH FY20 Compliance Examination (Attachment #3) **N. Phelps ACTION**
- VI. Executive Director Report-**T. Cortes** (15 minutes)
- VII. Millage/CARES Report-**L. Gentz/M. Tasker** (10 minutes)
 - Millage Process, Investments and Progress Update (Attachment #4A) **L. Gentz**
 - CARES Dashboard (Attachment #4B) **S. Ellis**
- VIII. Discussion Items (40 minutes)
 - Annual Conflict of Interest and Code of Ethics reminder
 - Strategic Planning Discussion (Attachment #5)
- IX. CMHPSM Regional Update (5 minutes)
 - June 9, 2021 CMHPSM Meeting Minutes and Actions (Attachment #6)
 - July 14, 2021 CMHPSM Board Meeting Update
- X. New Business
 - None
- XI. Old Business (10 minutes)
 - CCBHC Update **T. Cortes/M. Harding**
- 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



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Instructions to join from a PC, Mac, iPad, iPhone, or Android device:

Please click this URL to join. <https://zoom.us/j/96192807219>

Or One tap mobile:

+13126266799, 96192807219# US (Chicago)

+16465189805, 96192807219# US (New York)

Or join by phone:

Dial (for higher quality, dial a number based on your current location):

US: +1 312 626 6799 or +1 646 518 9805 or +1 929 205 6099 or +1 267 831 0333

Webinar ID: 961 9280 7219

International numbers available: <https://zoom.us/u/acVanSfft1>

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.

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WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

JULY 16, 2021

CONSENT AGENDA

- A. WCCMH Board Meeting Minutes and Actions-6/18/21
- B. WCCMH Board Strategic Plan Meeting Minutes and Actions-6/29/21
- C. WCCMH Millage Advisory Committee Meeting Minutes and Actions-6/14/21
(Reviewed at the Millage Advisory Committee Meeting on 7/12/21)
- D. WCCMH FY20 Cost Per Case Presentation
(Reviewed at the Budget-Finance Committee Meeting on 7/12/21)
- E. WHP/WCCMH Proposal Presentation
(Reviewed at the Millage Advisory Committee Meeting on 7/12/21)
- F. WISD Mini-Grant Presentation
(Reviewed at the Millage Advisory Committee Meeting on 7/12/21)

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

<https://zoom.us/j/93608048269>

June 18, 2021

9:30am

K. Walker called the meeting to order at 9:31 am.

ROLL CALL:

S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
A. LaBarre attending remotely from Ann Arbor, Washtenaw County, MI
D. Strong attending remotely from Naples, FL
M. Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI

MEMBERS ABSENT: C. Richardson, B. King, K. Scott, R. Jefferson

STAFF PRESENT: T. Cortes, M. Harding, R. Dornbos, N. Phelps, S. Amos O'Neal, H. Linky, S. Ellis,
D. Howell, B. Hagaman, M. Taylor, S. Lefferts, E. Mix, L. Raehtz, K. Diebboll

OTHERS PRESENT: L. Lutomski, K. Belknap, N. Heine, J. Martin, J. Osborn

- 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-5/21/21
 - WCCMH Budget-Finance Committee Meeting Minutes and Actions-5/10/21
 - WCCMH Program-Quality Committee Meeting Minutes and Actions-5/10/21
 - WCCMH Millage Advisory Committee Meeting Minutes and Actions-5/10/21
 - WCCMH Executive Committee Meeting Minutes and Actions-3/15/21
 - Program Committee Dashboard FY21 Qtr. 1
 - Provider Presentation
 - CMHPSM Financial Stability Risk Reserve Management Policy
 - WCCMH Consumer Advisory Council Meeting Minutes and Actions –5/12/21
 - WISD/CARES Collaboration Presentation

**MOTION BY A. LABARRE, SUPPORTED BY A. DUSBIBER TO APPROVE THE JUNE 18, 2021 WCCMH BOARD
CONSENT AGENDA AS PRESENTED.**

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	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 April 30, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY D. STRONG TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING APRIL 30, 2021.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
GRAEBNER	Y	HIGMAN	Y
JEFFERSON	N/A	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 April 30, 2021.

MOTION BY B. HIGMAN, SUPPORTED BY S. ANTONOW TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED APRIL 30, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

VII. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
- State Level Update
 - o The Whitford proposal is tabled for a vote no earlier than the Fall 2021.
 - o A group met recently with Senator Shirkey and there does not appear to be any flexibility in his plan.
 - o N. Graebner has set up monthly meetings that include CMH and Trinity Health advocates.
 - o Statewide workforce shortage concerns
 - There have been ongoing meetings with the MDHHS Leadership around the statewide workforce shortage concerns. A draft document should be coming soon with suggestions on how to address this staffing shortage.
 - Locally and regionally a notification was sent to the families that are receiving residential services notifying of the issue and included contact information for state/local legislature.

- Local Update
 - o WCCMH All-staff meetings are scheduled next week.
 - o A return-to-work survey was sent to all WCCMH staff. 111 staff responses were received, which is about 1/3 of the WCCMH staff. Leadership is looking at possibly relaunching the survey to get more responses from staff.
- VIII. Millage report
 - L. Gentz presented the Millage Report (Attachment #3) to the WCCMH Board.
- IX. CARES Program Update/Dashboard
 - S. Ellis presented the CARES Program Update/Dashboard Report (Attachment #3A) to the WCCMH Board through May 2021.
- X. Discussion Items
 - Annual Board Evaluation (Attachment #4)
 - o K. Walker reviewed the Annual Board Evaluation responses with the board.
 - o This was sent to 12 WCCMH Board members with 6 members responding.
 - Annual Conflict of Interest and Code of Ethics Reminder
 - o K. Walker reminded the board to complete the Code of Ethics and Conflict of Interest documents that R. Dornbos emailed on 4/13/21.
 - Proposed Strategic Planning Timeline/Process (Attachment #5)
 - o K. Walker discussed the Proposed Strategic Planning Timeline/Process document with the Board.
- XI. CMHPSM Regional Update
 - The CMHPSM minutes (Attachment #6) from May 12, 2021 were reviewed.
 - T. Cortes provided an update from the June 9, 2021 Regional Board meeting.
 - Approval of pass through dollars to support residential services.
- XII. New Business
 - Recipient Rights Annual Board Member Training (Attachment #7)
 - o L. Raehtz from the WCCMH Recipient Rights Department conducted the annual Recipient Rights Training for the board.
- XIII. Old Business
 - CCBHC Update
 - o M. Harding provided an update on the CCBHC.
- XIV. Items for future discussion
 - Development of Reserve Capital at the CMHSP level
 - Employee Engagement Survey
 - CCBHC State Demonstration
 - Telehealth/Virtual meeting
 - Mental Health Code as it relates to CMH Board roles/responsibilities review (BoardWorks-R. Dornbos check with CMHAM for a CD)
 - Required WCCMH Board trainings

MOTION BY A. DUSBIBER, SUPPORTED BY D. STRONG TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:16 AM.

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

<https://zoom.us/j/92158011750>

June 29, 2021

1:00pm

K. Walker called the meeting to order at 1:03 pm.

ROLL CALL:

A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
B. King attending remotely from Empire, MI
C. Richardson attending remotely from Ann Arbor, Washtenaw County, MI
D. Strong attending remotely from Scio Township, Washtenaw County, MI
M. Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI

MEMBERS ABSENT:

A. LaBarre, R. Jefferson, K. Scott, S. Antonow

STAFF PRESENT:

T. Cortes, M. Harding, R. Dornbos, N. Phelps, S. Amos O'Neal, H. Linky, S. Ray,
L. Gentz, B. Hagaman, E. Spring, K. Hoener, N. Muraca, S. Lefferts, A. Zander,
K. DeWeese

OTHERS PRESENT:

J. Martin, A. Jansen, J. Gardner, H. Heaviland, M. Creekmore, C. Conklin, B. Shehan,
G. Dill, K. Szewczuk, G. Waddles, Jr., A. Carlisle, L. Jennings, J. Colaianne,
L. Lutowski

- I. Introductions
 - T. Cortes introduced A. Jansen and B. Shehan who will be presenting today.
- II. Audience Participation
 - None
- III. Board response to audience participation
 - None
- IV. New Business
 - Strategic Planning
 - o T. Cortes reviewed the current WCCMH Mission, Vision and Values Statement and the Putting It All Together Presentation with the group.
 - o Discussion on where the CMH system was and where it is possibly heading.
 - o WCCMH is in a good position to provide services under the CCBHC model along with having the Millage funding.
 - o Suggestion to include the Community Education piece in the diagram.

MOTION TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 2:50 AM.

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

<https://zoom.us/j/99871184692>

June 14, 2021

3:30 pm

N. Graebner called the meeting to order at 3:32 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
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
D. Jackson attending remotely from Ypsilanti, Washtenaw County, MI
R. Jefferson attending remotely from Ypsi Twp, Washtenaw County, MI
J. Martin attending remotely from Scio Township, 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: B. King, A. LaBarre, R. Rion

STAFF PRESENT: T. Cortes, N. Phelps, M. Harding, L. Gentz, M. Harding, D. Howell, L. Higle

OTHERS PRESENT: L. Lutomski, S. Hierman, S. Doyle, C. Klus, N. Baum, M. Creekmore, N. Lawson, W. Hawkins

- I. Introductions
 - L. Gentz introduced S. Doyle and S. Hierman from WISD and S. Ellis from the CARES Team.
- II. Audience Participation
 - None
- III. Committee Response to Audience Participation
 - None
- IV. Millage Advisory Committee Minutes and Actions from 5/10/21 (Attachment #1)
 - Millage Advisory Committee Minutes and Actions of 5/10/21 were reviewed.

MOTION BY A. CARLISLE, SUPPORTED BY G. WADDLES, JR. TO APPROVE THE MINUTES AND ACTIONS FROM THE MAY 10, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

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

WALKER	Y		
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MOTION CARRIED

V. Discussion Items

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

D. Jackson joined the meeting at 3:40pm.

- CARES Dashboard-New Design Review (Attachment #2B)
 - o S. Ellis reviewed the CARES Dashboard document for May 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 April 30, 2021.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
 - o D. Jackson presented the WCSO Millage and Financial Status Update to the committee.

VIII. New Business

- WHP/WCCMH Project Update
 - o T. Cortes and L. Gentz presented the Washtenaw Health Plan and WCCMH Project Update to the committee.
- WISD/CARES Collaboration Presentation (Attachment #4)
 - o S. Doyle, S. Hierman and S. Ellis presented the WISD/CARES Collaboration Presentation to the committee

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments

Meeting adjourned at 4:27 pm.

By Population:			
Fiscal Year	Total Cost per Case		
	I/DD Adults & Children	SMI Adults	SED Children
<u>FY 2015 - WCHO</u>			
Cost per Case	\$34,625	\$7,319	\$4,280
Total Cost	\$45,532,282	\$23,361,352	\$2,576,507
Total Individuals Served	1,315	3,192	602
<u>FY 2016 - WCCMH</u>			
Cost per Case	\$32,972	\$6,784	\$4,357
Total Cost	\$43,951,361	\$20,656,818	\$2,461,875
Total Individuals Served	1,333	3,045	565
<u>FY 2017 - WCCMH</u>			
Cost per Case	\$33,108	\$8,550	\$5,476
Total Cost	\$45,292,409	\$25,505,814	\$3,312,814
Total Individuals Served	1,368	2,983	605
<u>FY 2018 - WCCMH</u>			
Cost per Case	\$33,428	\$8,746	\$6,073
Total Cost	\$47,199,765	\$27,393,745	\$4,761,427
Total Individuals Served	1,412	3,132	784
<u>FY 2019 - WCCMH</u>			
Cost per Case	\$33,321	\$8,644	\$5,244
Total Cost	\$49,382,181	\$27,842,291	\$4,431,052
Total Individuals Served	1,482	3,221	845
<u>FY 2020 - WCCMH</u>			
Cost per Case	\$31,206	\$8,225	\$5,278
Total Cost	\$41,940,547	\$25,381,451	\$4,480,659
Total Individuals Served	1,344	3,086	849

* Cost per Case +/- FY19 to FY20	(\$2,116)	(\$419)	\$34
	-6.35%	-4.85%	0.64%

** I/DD = Intellectually / Developmentally Disabled
** SMI = Severally Mentally Ill
** SED = Serious Emotional Disturbance
** ABA = Applied Behavioral Analysis

By Medicaid Benefit:				
Fiscal Year	Medicaid	Healthy Michigan	ABA Waiver	General Funds
	(not including ABA)	Plan	(Autism)	(not including spenddown)
<u>FY 2015 - WCHO</u>				
Cost per Case	\$16,262	\$4,382	\$12,243	\$3,716
Total Cost	\$59,943,852	\$4,097,595	\$550,925	\$4,101,962
Total Individuals Served	3,686	935	45	1,104
<u>FY 2016 - WCCMH</u>				
Cost per Case	\$15,557	\$4,730	\$12,001	\$2,236
Total Cost	\$58,119,277	\$4,787,623	\$1,080,124	\$1,616,344
Total Individuals Served	3,736	1,012	90	723
<u>FY 2017 - WCCMH</u>				
Cost per Case	\$16,697	\$5,555	\$12,429	\$3,123
Total Cost	\$61,431,211	\$6,272,179	\$1,702,797	\$2,132,785
Total Individuals Served	3,679	1,128	137	683
<u>FY 2018 - WCCMH</u>				
Cost per Case	\$16,753	\$5,746	\$15,006	\$2,671
Total Cost	\$64,901,265	\$7,251,730	\$3,106,184	\$1,736,466
Total Individuals Served	3,874	1,262	207	650
<u>FY 2019 - WCCMH</u>				
Cost per Case	\$16,010	\$5,648	\$16,076	\$3,101
Total Cost	\$65,512,465	\$7,212,373	\$4,051,276	\$2,052,949
Total Individuals Served	4,092	1,277	252	662
<u>FY 2020 - WCCMH</u>				
Cost per Case	\$15,273	\$4,845	\$23,054	\$3,023
Total Cost	\$59,183,994	\$5,212,858	\$4,265,076	\$2,089,221
Total Individuals Served	3,875	1,076	185	691

* Cost per Case +/- FY19 to FY20	(\$737)	(\$803)	\$6,978	(\$78)
	-4.60%	-14.22%	43.40%	-2.50%

Washtenaw Health Plan Mental Health Millage Ask

The following ask was developed as a result of conversations between the Washtenaw Health Plan and Washtenaw County Community Mental Health around mental health access needs in our community.

Key Components of the Ask

A total of \$165k per year in ongoing funding for:

- The provision, coordination, and expansion of mental health services to WHP members and immigrants whose native language is not English, including an evaluation of and expansion of existing provider capacity: \$125k
- Outreach, communication, insurance navigation, and connection to services in the Latinx and youth communities: \$40k

Background

WHP's core services

The Washtenaw Health Plan is a 501(c)3, physically located in the 555 Towner building. The WHP's core services are:

- **Providing a managed care plan** for approximately 2,000 uninsured county residents, many of whom are ineligible for Medicaid due to their immigration status.
- **Health insurance enrollment and access to healthcare and supportive services.** We conduct outreach, enrollment and care management programs targeted to the community's poorest and most isolated populations. This work includes the enrollment of approximately 3,500 people yearly in Medicaid, Medicare, and Marketplace and coordination of care management staff across the county.
- **Being a place of trust and healthcare access expertise** for clients and health safety-net partners. We connect people to resources and are the go-to place for when people can't solve a problem. During the COVID-19 pandemic, the WHP has served as the place for trusted information and resource assistance for the Latinx community.

WHP Existing Mental Health Access and Therapy Services

- Current members of the WHP's managed care plan, about 75% of whom are native-Spanish speakers, can receive service at one of three organizations: Catholic Social Services, Jewish Family Services, and Amplify Colectivo. Services are available in Spanish, Mandarin, French, Italian, and Russian. The ability to provide services in our members' native language is key to successful engagement in therapy. About 2% of our members received services in FY2020. We think that this low percentage represents a lack of service availability, rather than a lack of need. In fact, we know that COVID-19 has increased mental health issues, particularly in Latinx community. We have been actively working to expand the capacity to serve our members over the last year, reducing wait time from 6 months to less than 2 weeks. The average number of monthly sessions in FY2020 was 24. In February and March 2021, we averaged 54 sessions, and we expect this number to keep growing, possibly up to 100 sessions per month. Still, we anticipate running into provider capacity issues without efforts to increase our network.

- WHP ensures that people have healthcare coverage, either through WHP Plan B, Medicaid, or Marketplace insurance, if they are eligible. We work with individuals in their native language to get them connected to the provider that is most appropriate—this includes managing waitlists for our members and assessing provider fit by evaluating language capacity, provider availability, and individual member preferences.
- When an uninsured individual needs Medicaid to access CMH services, many times WHP will assist those individuals with obtaining Medicaid coverage.

Proposed Scope of Work

We propose work funded by the Public Safety and Mental Health Millage falling into two complementary categories:

The provision, coordination, and expansion of mental health services to WHP members and immigrants whose native language is not English. This work would include:

- The ongoing provision, coordination, and expansion of mental health services to WHP members in their native language. Our goal is to have at least 90 visits per month amongst our members by the end of FY2022.
- Expanding our contracting providers to allow members to receive mental health services that are coordinated with their primary care.
- Providing a landscape analysis of mental health services availability in languages other than English. This work builds on WHP's previous [Immigrant Mental Health Needs Assessment](#).
- We also hope to create a Spanish-speaking parental support group for parents of youth who need mental health services.

We expect that this work will be complementary to the CMH CARES team, as it builds the capacity of mental health services in languages other than English in the community.

Outreach, communication, insurance navigation, and connection to services in the Latinx and youth communities. Once we are sure that we have sufficient capacity to serve these populations, we can begin an effort to promote these services. We expect this work to build on WHP's existing strengths, namely:

- We assist entire immigrant families with accessing health insurance and other benefits. Many of our adult WHP members have children who are eligible for and covered by Medicaid. Through the relationships we develop in this work, we can assess interest in mental health services and promote mental health services.
- Much of the communication in the Spanish-speaking community happens through informal networks, many of which the WHP is involved in. These include Facebook groups, WhatsApp message chains, and community groups (e.g. Mexiquenses, Buenos Vecinos, Spanish Healthcare Outreach Collaborative, and Washtenaw Interfaith Coalition for Immigrant Rights). The WHP is currently working on establishing a Latinx Health Services Consortium.
- The WHP has an existing connection to public schools through our Child Health Advocate, Kelly Stupple, and our collaboration with Washtenaw County Success by 6 Great Start Collaborative.

We anticipate that much of this work would involve targeted outreach through our existing networks to individuals and groups. This would include developing targeted informational flyers in multiple languages about where and how to access mental health services. Over the course of 12 months, we expect our staff to have 400 touchpoints with families facilitating access to health insurance, mental health services, and other benefits coordination. We would expect to provide mental health information and set up informational meetings as needed with middle and high schools in Ann Arbor and Ypsilanti, as well as with the WHP's existing network of over 30 healthcare providers. In addition to including mental health coordination as a piece of the Latinx Health Services Consortium and promoting these efforts through our existing Latinx communication networks, the WHP will also promote mental health access on Spanish language radio. This work will be coordinated with the Washtenaw Health Department's mental health promotional work, which is a much broader educational campaign, as well as other millage-funded work (such as the WISD initiatives).

Alignment with Millage Priorities and Conclusion

We believe that this work aligns very well with [the millage investment priorities](#), particularly the following:

- Serve all residents, regardless of insurance status.
- Target additional millage resources to serve persons, families, and areas with high levels of disparity and risk including youth; persons with moderate to severe mental health needs and co-occurring illnesses who are uninsured or underinsured; underserved zip codes with high levels of risk or disparity (i.e., 48197, 48198, 48189); and persons with very low economic and/or social resources.
 - o Notably, 66% of WHP members live in the zip codes above. WHP serves approximately 2,500 people total each year in these zip codes.
- Build on current demonstrated capacity and expertise in the community, optimizing community partnerships, especially with other sources of funding.

We are asking for ongoing funding for this work. By building these outreach and referral networks, as well as helping people to access insurance, we will expand mental health service capacity and access to quality mental health services in these underserved communities. These efforts will go a long way to preventing and quickly responding to the mental health crises exacerbated by the COVID-19 pandemic.



Youth Mental Health Mini-Grants

2020-21 School Year
Shannon Novara, WISD

Student-Led Mental Health Mini-Grant Projects to Prevent Stigma

- \$107,030 investment over 2 years

What Was New This Year?

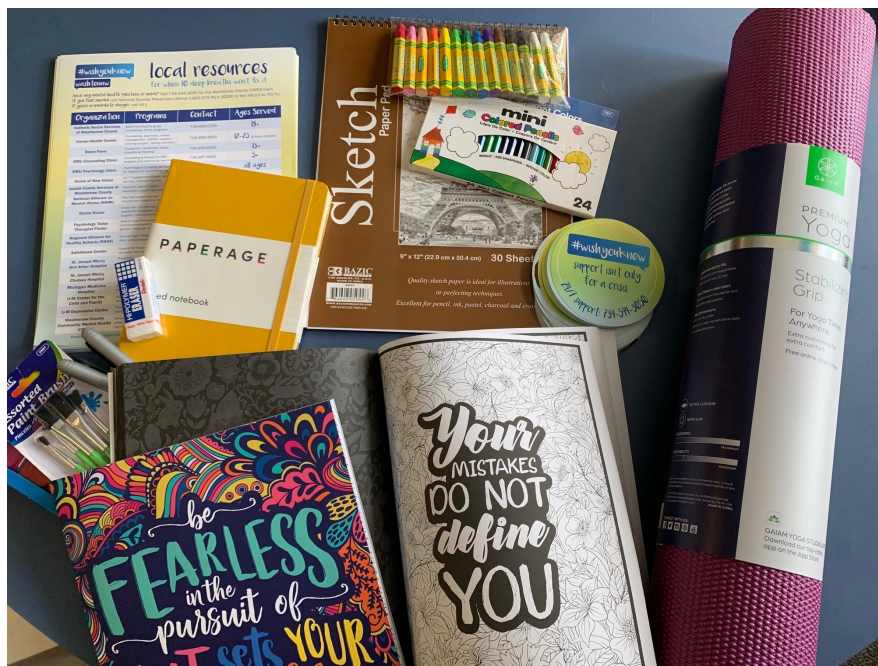
- Expanded eligibility to include **public middle schools**
- 19 total schools participated (**5 more than last year**)
- Funded projects were asked to address 2 key areas:
 - How will funds be used to **engage students who typically don't participate in mental wellness activities?**
 - How will funds be used to **ensure students and families are aware of Community Mental Health's 24/7 CARES number?**
- All schools could request funding up to \$5,000
- Applications were accepted on a rolling basis

A2 STEAM @ Northside

- 3 students planned project
- 26 students participated

Activities

- Invited students (students of color, low-income, LGBTQ+, and/or pretty isolated and shy) to join a virtual yoga & art club and delivered bags of materials to participating students' homes
- March-June weekly sessions for 23 students in mindfulness, yoga, and art to equip students with tools for self-care, wellness, and stress management
- Materials provided to students included: yoga mat, journal, inspirational coloring book, mental health resource sheet, CMH CARES sticker, sketchpad, colored pencils, and pastels



"One of our 8th grade students, who experienced a lot of social isolation this year, and who continues to be wholly remote, showed up for every online session. When students were invited to offer feedback she said, "Yoga and art is fun. Yoga helps me with being flexible - like both ways (body and mind). The art portion has helped me think about my emotions and how to paint them."

Chelsea High School: #WhyYouMatter

- 30 students planned project
- Over 700 students (including virtual) and staff participated

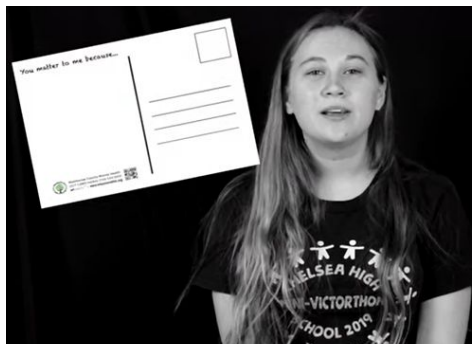
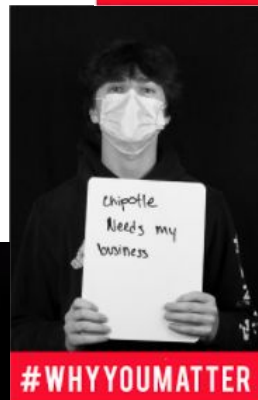
Activities

- **Portraits:** Asked students and staff, "Why do you matter?"

- ◆ Student-led team developed a series of social-emotional lessons to help their fellow students think about why they are important in this world. The team photographed everyone within 2 months and in a hybrid format

- **Postcards**

- ◆ Encouraged students to mail postcards to classmates saying why they matter





“If you ask the students at CHS, the best part is seeing their peers up on the wall. They hadn’t seen most of their fellow classmates in over a year, and it felt good to see their faces.”



Clague Middle School: "Depression Is Real, Hope Is Real Too. When In Doubt, Talk It Out"

- 15 students planned project
- 700+ students impacted

Activities

- Partnered with school librarian to create a mental health library consisting of digital and hard copies. Themes included: bullying prevention, anxiety & depression, divorce, racial identity, equity/diversity/social justice and inclusion, eating disorders, physical & learning differences
- From 3/29-5/23, mental health library had a total of 95 check-outs
- Counselors integrated these books into a classroom advisory lesson for all students



[Clague Counseling Website](#) includes: mental health resources, mental health summer book club, and mental health book reviews

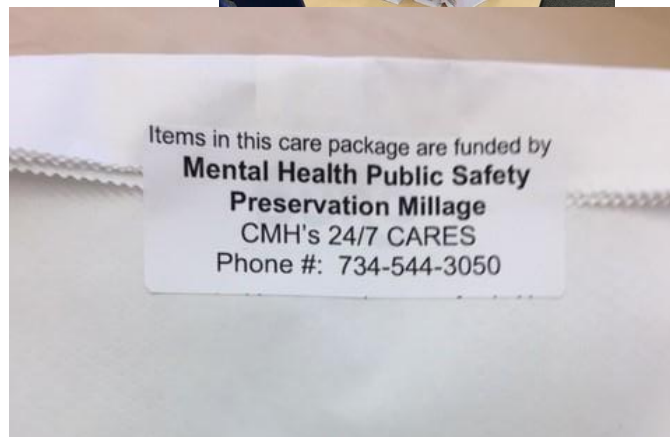


Community High School: "Covid won't keep us down. Reach out!"

- 16 students planned project
- All 530 students impacted

Activities

- Depression Awareness Group (DAG) students:
- Designed self care challenge for the student body
- Created 2-page spread of mental health resources as well as a magazine insert of resources for *The Communicator* magazine. The CARES phone number was included on both.
- Planned, ordered, assembled, and distributed self care kits to all students. Items in the kit included: Play-doh, tea, encouragement bracelets, CMH resource sheets, and homemade self care booklets.
- Hosted a schoolwide mental health storytelling session with guest speakers and students sharing their stories.



Dexter Alternative High School

- 15-25 students worked on project

Activities

- Flyers with CMH CARES number posted in school and talked with students about helpline
- Used activities such as cooking and art to help develop a sense of community amongst students. Students bonded and opened up emotionally while engaging in activities like cooking or art.
- Purchased a variety of cooking supplies and art supplies. These supplies have been such a blessing! Not only have students utilized them as a means for daily living skill development and mental health/stress reduction, but we also have been able to use them to help meet classroom requirements for general education students who were at-risk in such classes as Foods and Nutrition and Art!





“We have a senior who has had a really tough school year. She has struggled academically throughout her school career. As her senior year progressed, her grades suffered and she began failing two of her classes, both of which were needed for graduation. Midway through the semester, her grandfather died of COVID and two other family members were very ill with it. She was close with her grandfather and shut down when he died.

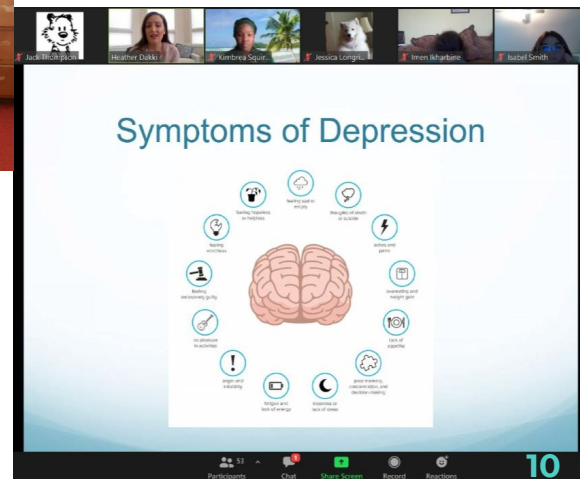
Consequently, she fell further behind in her school work. She began skipping all of her classes. We reached out to her and had her come in to work with us. Once she began coming in, she utilized some of our art supplies to help her stay calm and centered when she was here. This helped increase her productivity, helping her to get work done. One of the classes she had to pass was a Foods and Nutrition class. Because we had the cooking supplies, this young person was able to make up five food preparation labs at our school. This put her in a position of empowerment, as she felt much more confident about passing the class. She is now coming in to our school every day to complete work, and is on track to graduate! The art and cooking supplies were instrumental in her success!”

Early College Alliance @ EMU

- 8 students planned project
- 51 students impacted

Activities

- ➔ Guest speaker presentation on Anxiety and Depression via Zoom in April
- ➔ Kahoot game and Q&A with gift cards provided to the winners
- ➔ Hoodies with peer2peer and CMH logos for team
- ➔ LivingWorks suicide prevention training
- ➔ Sent postcards to all students with words of encouragement and local mental health resources



Forsythe Middle School: "Treat Mental Illness Like a Broken Bone"



- 8 students planned project
- 600 students impacted

Activities

- Created an online resource page available to all students in their school portal. Students created a course in Schoology with resources and info on mental illness that was then shared with all the students.
- Provided an in-person classroom lesson about mental health and distributed Forsythe CARES stickers and bracelets to all students



"Mental health for our students is a major concern. The remote learning was very difficult for many kids. Many students were very isolated and we did not know if they were ok. Getting the number out to everyone and knowing each student knew how to contact help for a friend, family member, or themselves was rewarding."

Huron High School: “Self Care is Not Selfish”

- 5 students planned project
- 1500 students impacted

Activities

- Created 1600 custom magnets with slogan and local mental health resources printed on it
- The resources were distributed to all students at book pickup (everyone required to attend)
- We also spent the month of May using Instagram to get our mental health messages/resources out to all students (we have over 400 followers)
- Students watched a mental health presentation about self care and supporting friends during advisory



Lincoln High School: #YouAreVisible

- 7 students planned project
- 89 students impacted

Activities

- Weekly mental health-related Instagram posts
- Weekly SEL lessons in Homeroom
- Created and printed 500 yard signs and stands and made them available to all students to remind them how they can receive mental health support even when they're home during the pandemic.

"I know of at least one student who signed up for a yard sign and his mom has since reached out to the school counselor for support."

**You Don't Have to
Struggle in
Silence!**

Crisis Text Line: Text HOME to 741741
Suicide Prevention Lifeline: (800) 273-8255

Not All Struggles Are Visible
#YouAreVisible

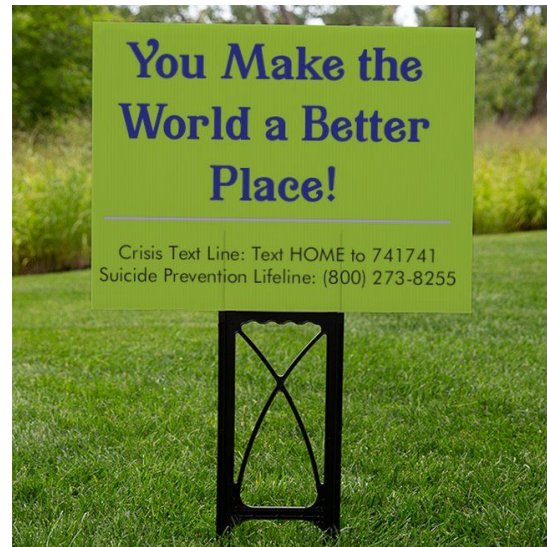


CMH CARES 24/7 Crisis Line: (734) 544-3050

Funded by the Mental Health Public Safety Preservation Millage

**You Make the
World a Better
Place!**

Crisis Text Line: Text HOME to 741741
Suicide Prevention Lifeline: (800) 273-8255

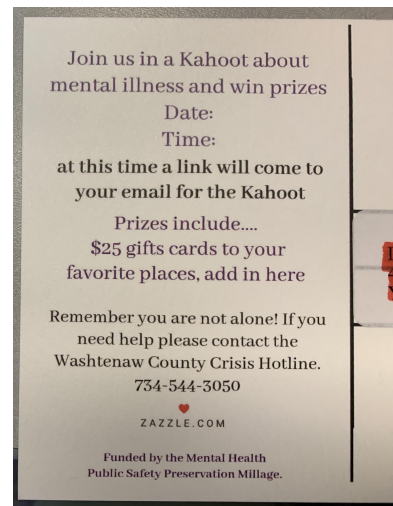


Milan High School: “You Are Not Alone”

- 15 students planned project
- Approx. 400 students were impacted by it

Activities

- Social media campaign reaching in-person and virtual students
- Created a diversity poster for the cafeteria
- Invited students to play Mental Health Kahoots to educate students about mental health and resources available. We had over 60 students participate. The winners received gift cards.
- Had a water/snack table during PSATs and handed out stickers and lanyards
- Activities for our Gay Straight Alliance club: Monthly book club, Pride Picnic in the Park
- Purchased 39 books, 500 bracelets, 200 drawstring bags, 800 diversity stickers, gift cards, and food for events





“Students told me that the campaign helped normalize what is usually a very stigmatized topic. It gave them an opportunity to connect with others that were also struggling. One student mentioned that she was surprised that some of the “popular” students also struggle with depression which she would have never guessed.”

Pioneer High School: “Connection is the Key: You Are Not Alone”

- 20 students planned project
- 1,980 students impacted

Activities

- Postcards with CMH contact info, national hotline info, and listing of other supports mailed to all PHS students
- SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) administered during ELA classes to all students.
 - ◆ Data from SAEBRs was sorted for multiple sub-groups and shared with the committee of support staff who followed up with individual students.





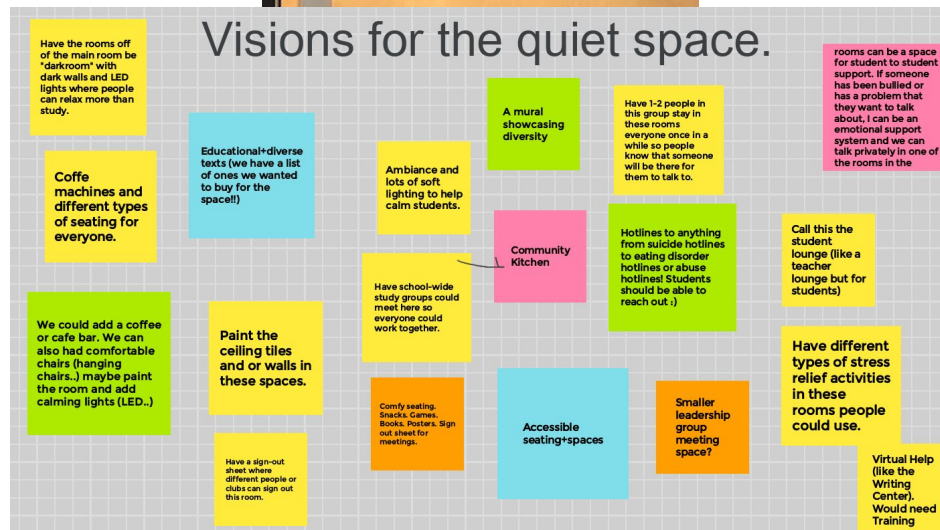
“A young woman who took the SAEBRS here earned a score that was of concern. The school psychologist contacted the parent and a number of emails were exchanged. As a result, the parent enlisted the help of one of the resources provided and the student, who was not on the radar of anyone in the building or of concern to the parent, was evaluated by a local agency. Medications were prescribed and other resources tapped to provide her support. The parent was very grateful. This scenario likely repeated at least once with each member of the committee.”

Saline High School

- 20 students planned project
- 1000 students impacted

Activities

- Met with Social Justice Group and created a Diversity Board to design a Diversity Hub and a Reset Room.
- Students designed wall displays and window panels to welcome students to the Diversity Hub and the Reset Room
- Painted and cleaned up the Reset room and added new shelves with mental health awareness books, fountains, and calming activities.



Scarlett Middle School: "Scarlett Nation ~ Find Help Here!"

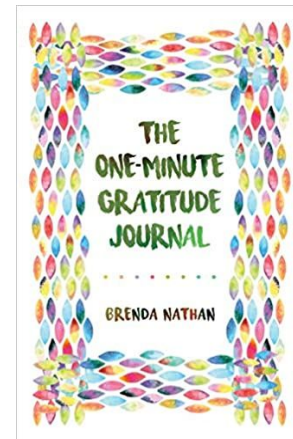
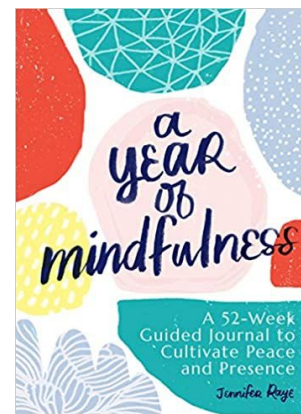
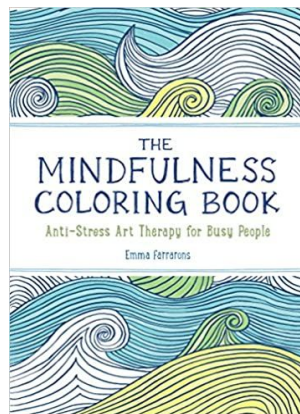
- 9 students planned project
- students impacted

Activities

- Printed pencils with "Scarlett Nation - Find Help Here - Community Mental Health 734-544-3050"
- Calming items: squishy toys, therapy putty, journals, coloring books, and yoga balls
- Shared CMH CARES number on counseling website
- The need for mental health support is great and anticipate an increased number of students seeking mental health support as we return to in-person learning full time in the fall. Items will be distributed between school counselors, intervention specialist, and school social worker



© 2020



Skyline High School: "Eagles vs. Stigma"

- 8 students planned project
- 1300+ students impacted

Activities

- Created Instagram account
- Mailed every single student a handwritten "We miss you" postcard with CMH CARES phone number
- Ran multiple virtual mental health/ CBT groups with students and offered gift cards as incentives
- Distributed Eagles vs Stigma t-shirts to returning students

"While we were still deep in virtual learning, we received multiple messages from students sharing how they appreciated the card. They thought it was a nice gesture and it showed that we cared."

MISS YOU!



Hello from the Skyline Counseling team! We want you to know how much we value working with you and getting to know you. We can't wait to see you in person. Until then, we have a few resources to share.

COMMUNITY MENTAL HEALTH "CARES" 24-HOUR PHONE LINE:

734-544-3050

Call this number for:

- crisis support
- mental health referrals
- general information related to mental health

OZONE HOUSE 24/7 CRISIS SUPPORT:

734-662-2222
(text or call)

Ms. Kincaid
 SKYLINE COUNSELOR
 KINCAIDT@AAPS.K12.MI.US
 734-994-7683



Washtenaw Alliance for Virtual Education (WAVE)

- 8 students planned project
- 250 students impacted

Activities

- Researched equipment to produce a mental health podcast and created 1 episode. More episodes to come next year.
- Created mental health kits for all WAVE students that were distributed in May.
- Mental health kits included: headphones so students had access to a quiet space to cope with their emotions or to take their minds off negative thoughts, a hot chocolate packet to remind students to take time for self care, thinking putty as a distraction/sensory coping skill, and a fidget spinner or cube to use when feeling stressed, overwhelmed, or anxious. Kits also included stickers, magnets, postcards and flyers from #WishYouKnew.



Washtenaw Technical Middle College:

“Trust to Discuss”

- 10 students planned project
- 700 students impacted

Activities

- Gave lanyards to all students with the goal of increasing awareness of our Instagram account which has ongoing mental health-related content, decreasing stigma about help seeking for all students and supplying all students with the CARES phone number and text crisis line.
- Distributed #WishYouKnew posters, magnets and stickers.



“I was not aware of the CARES number as a resource. We now include it on our crisis referral document and also shared it with our staff during a suicide prevention training.”

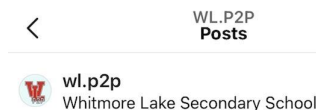
Whitmore Lake Middle/High School:

#StrongerTogether

- 20 students planned project
- 300+ students impacted

Activities

- Created Instagram account and posted regular mental health support posts
- March 22-26 Mental Health Week—Students watched mental health videos in their seminar classes (Trojan Time), mental health swag passed out for participation, students put up mental health posters and local resource numbers.
- May “Wellness Wednesdays”—Students wore their #WhyYouMatter t-shirt to win mental health prizes. Weekly mental health awareness videos. Social Worker talked to classes about mental health.



24 likes

wl.p2p Wellness Wednesday was a “white out” as all the students received #WhyYouMatter t-shirts funded by the Mental Health Public Safety Preservation Millage. #trojanpride #WLP2P

View 1 comment



26 likes

wl.p2p Next Monday is the kick off of the first annual mental health week. Our peer 2 peer squad is wearing #WhyYouMatter shirts to start conversations about mental health and it's impact on our daily lives. #wlp2p #mentalhealthawareness

Ypsilanti ACCE High School

- 23 students planned project
- 100 students impacted

Activities

- Surveyed students about how grant funds should be spent, asking what they need to support their mental health
- Set up a Chill Room and outdoor classroom projects including planting a garden for students' return to school
- #WishYouKnew posters/materials distributed in English classes/posted in hallways
- May 27 **ACCE Mental Health Day**— staff and students participated in activities designed to discuss/practice taking care of ourselves. Built wellness kits to help us on tough days.
- Summer engagement program will include outdoor yoga/fitness, painting/decorating the Chill Room and use of outdoor classrooms



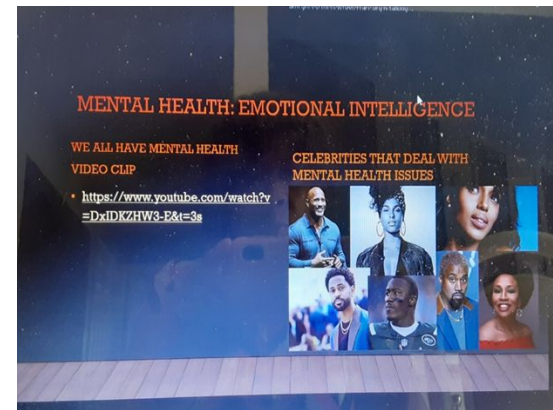


“In virtual class the week before we returned to school, we were talking about our Mental Health Day coming up in May and discussing how we were going to improve/change things about the school this spring/summer. A colleague was having a tough mental health day and in our daily SEL check-in, let us know that she was having a hard day. A student who is very active in our Peer 2 Peer program and planning committee said, “You know Miss, I’m here for you, too. That’s what we do here. We talk about it, and we take care of each other at ACCE.” This a student who barely spoke and was incredibly disengaged as an 8th grader, but has become a leader in discussing and caring for his own mental health and supporting our community’s mental health and wellness programs.”

Ypsilanti Community Middle School

Activities

- Hosted a Mental Health Awareness presentation for (60) 8th grade students who learned new strategies to avoid or reduce stress and anxiety.
- Students also participated in a mindfulness activity and received stress relief items
- (65) 7th grade students participated in a 2-day Mental Health Matters presentation designed to address the importance of mental health, reduce stress, and promote resilience.
- The CARES phone number was included on flyers and parent permission forms.
- YCMS will create a Calming Regulation Zone. Each grade will have a rocking chair, bean bag chair, books and games to promote positive mental health.



Mental Health MATTERS

Lessons Learned

- Our students connect well on **social media**. We will continue to use social media as a means of communicating with students.
- Students are hungry for **events that promote mental health**, community with peers, and inclusion.
- The importance of engaging students in activities other than academics. The importance of building a **sense of community** amongst students and fostering **collaborative activities** that involve the arts.
- We learned that **modeling the open discussion of mental health** for students really helped them open up to talk about what they've experienced this past year.
- Sending a personalized touch point to every student is powerful. We got a lot of positive feedback.
- It takes many people to adequately address mental health in a school our size. We want to find ways to **connect with ALL students** rather than being a "drop-by" for interested students.
- When we **respect** one another's emotional, intellectual, and mental workspaces we can **accomplish** really amazing things together.
- We collectively learned about the importance of **clear and empathetic communication**. It was a learning experience as we worked together to develop norms around sharing our struggles and asking for help while still maintaining healthy accountability when needed.
- Students most benefited from **personal story videos** about mental health.

“We are so grateful for your support.
Thank you so much for everything!”

“Looking forward to next year!”

“We greatly appreciate
the support and look
forward to serving and
supporting our students
towards greater
awareness and
wellness.”

Thank you!

“We are looking forward to a "normal" year
where we can have more impact in person!”

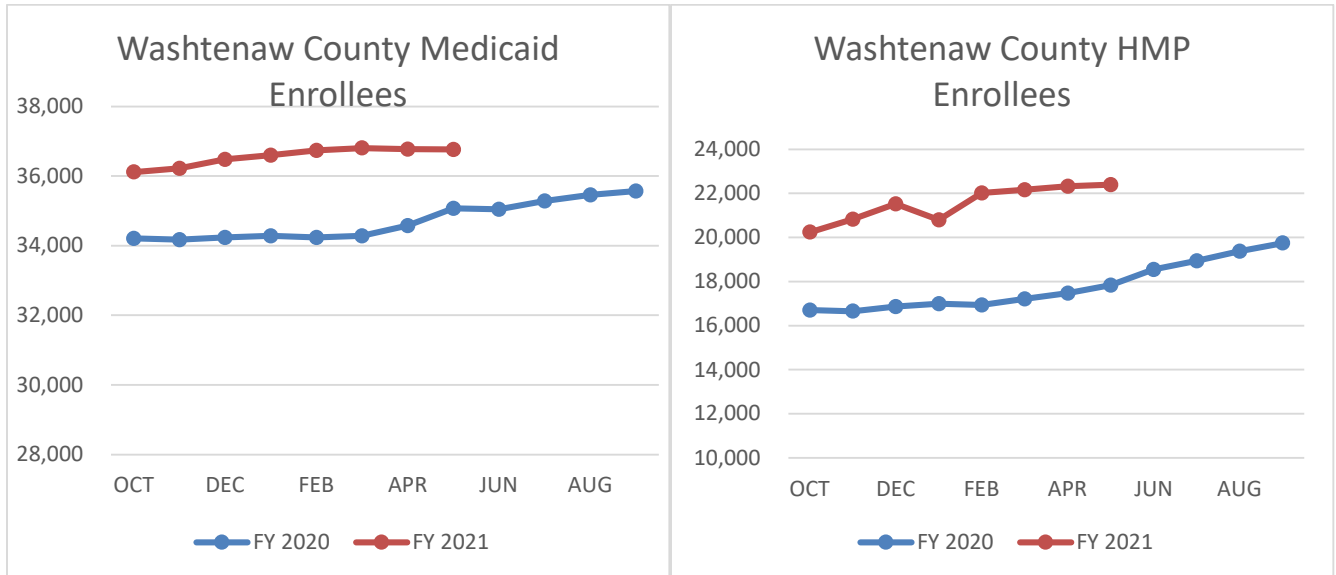
“We really appreciate the funds
that the Washtenaw County
Mental Health Safety and
Preservation Millage has
provided to help our students
(who are disproportionately
impacted by both COVID and
racial inequity) begin the
healing process and identify
supports within the school and
community to prioritize their
mental health. As they process
and deal with trauma, grief,
and loss and reconnect
themselves to a loving, caring
school community, we hope to
continue the momentum we've
started this spring into our
summer and fall programming.
Thank you!”

Questions? Contact Shannon Novara at snovara@washtenawisd.org

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending May 31, 2021
Prepared: July 6, 2021**

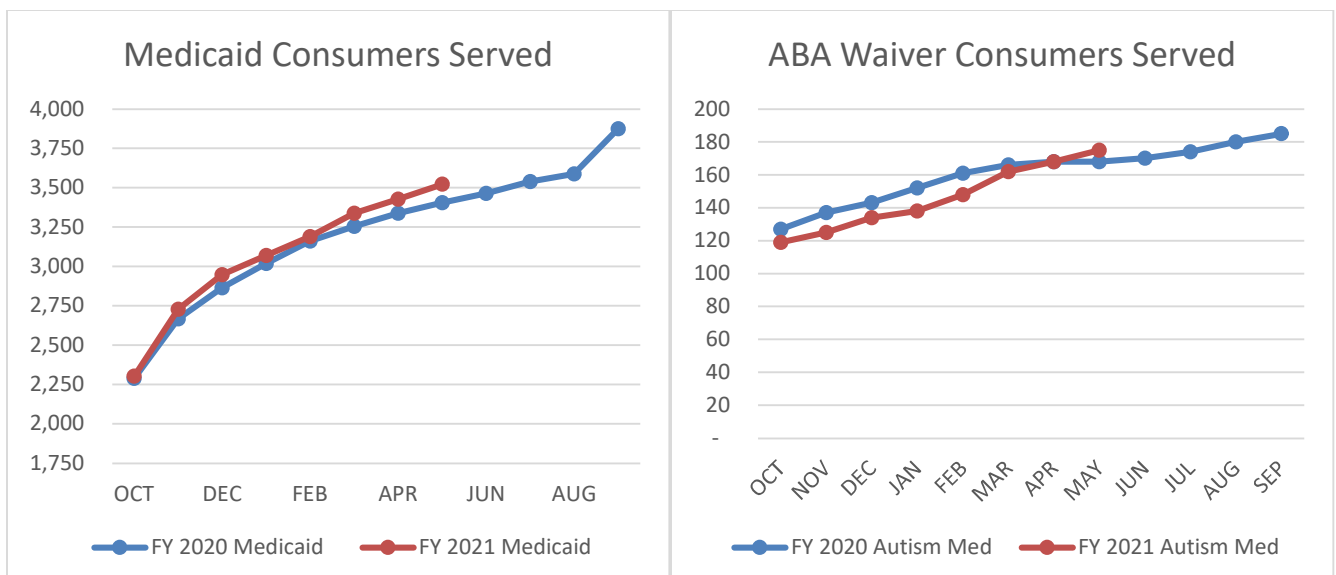
1. Washtenaw County Enrollees

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



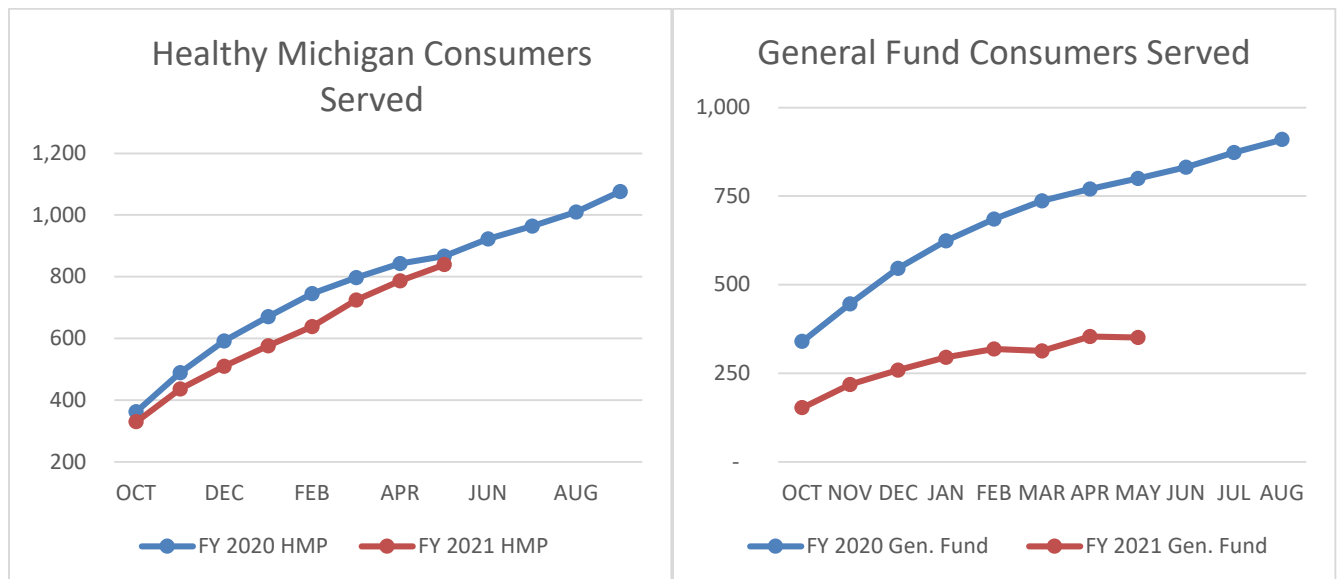
Washtenaw County Medicaid Enrollees were 36,768 in May 2021. This is a 4.84% increase from the same time last year (1,97 more enrollees than in May 2020). Healthy Michigan enrollment in May 2021 was 22,402. This is a 25.56% increase from the same time last year (4,560 more enrollees than in May 2020).

2. WCCMH Consumers Served to Date



Medicaid consumers served through May 2021 are 3,522. This is 117 more consumers than the prior year (3,405 consumers were served through May 2020).

ABA Waiver consumers served through May 2021 are 175. This is the same number of consumers as prior year (168 consumers were served through May 2020).



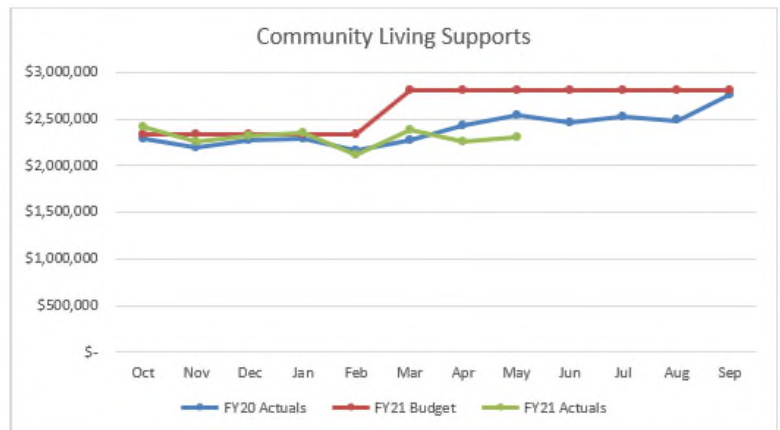
Healthy Michigan consumers served through May 2021 were 839. This is 27 less consumers than the same period last year.

General Fund consumers served through May 2021 were 351. This is 449 less consumers than the same period last year.

3. Financial Statement Highlights

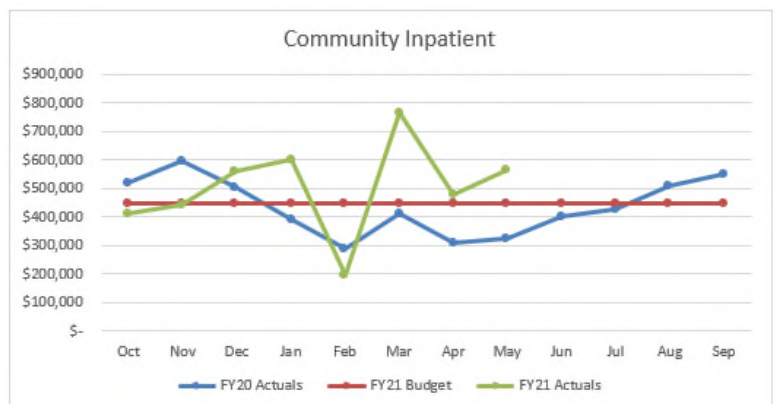
- a. CLS service costs to date are estimated to be \$19.4 Million and \$1.4 Million under budget. The costs year to date is .32% less than this time last year, primarily due to the temporary \$2.25 per hour direct care worker increase is included in the FY21 Actuals. The temporary increase has been extended 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	2,317,736	3.36%
Jan	2,287,654	2,335,165	2,352,321	3.23%
Feb	2,166,793	2,335,165	2,122,401	2.21%
Mar	2,276,977	2,804,524	2,388,779	2.66%
Apr	2,436,420	2,804,524	2,253,520	1.11%
May	2,535,453	2,804,524	2,300,000	-0.32%
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		



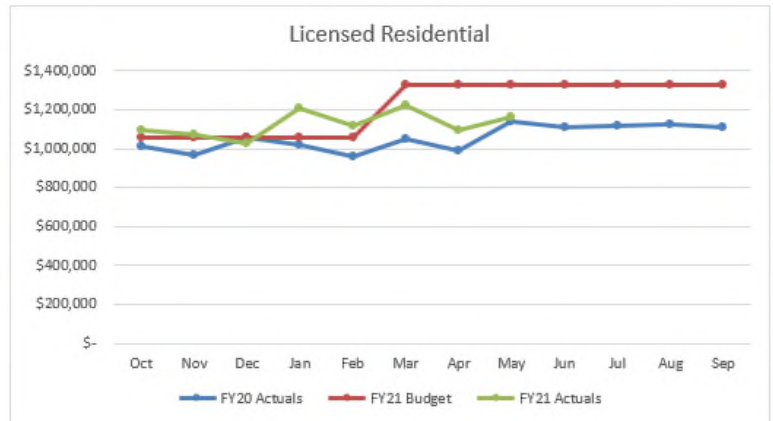
- b. Community Inpatient costs to date are \$4.0 Million. The costs year to date are 20.28% more than this time last year and \$445,000 over budget.

	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	567,208	20.28%
Jun	402,174	447,917		
Jul	426,500	447,917		
Aug	512,121	447,917		
Sep	550,126	447,917		



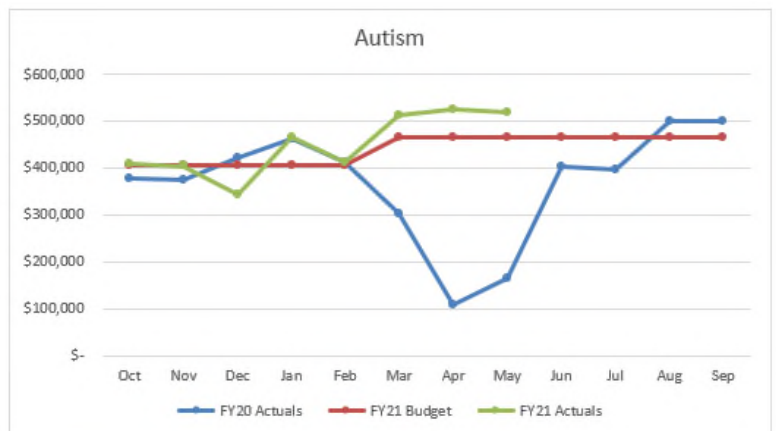
- c. Licensed Residential costs to date are \$9.0 Million and \$718,000 under budget. The costs year to date are 9.92% more than this time last year and primarily due to the temporary \$2.25 per hour direct care worker increase. The temporary increase has been extended through September 2021.

	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	1,159,115	9.92%
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 \$3.5 Million. The costs year to date are 36.80% more than this time last year due to pandemic related factors and \$67,000 over 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	518,865	36.80%
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 \$4.6 Million through May.
- c. By funding source, HMP is showing a deficit of \$437,000 through May.
- d. Combined, the PIHP surplus is \$4.2 Million through May.
- 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 \$1.4 Million.

6. Local Key Points

- a. The majority of Local Funding comes from Washtenaw County.
- b. Local Funds are showing a surplus of \$34,000 through May 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
MAY 2021 FYTD

ATTACHMENT #2A
JULY 2021

	<u>Total</u>
Medicaid **	
Revenue	
B & B3	\$ 28,361,602
HSW	16,921,254
DCW	4,835,522
Child Waiver/SED Waiver	708,677
Autism	3,236,840
Prior Year Adjustments	-
Care for Caïd	41,569
Total Medicaid Revenue	<u>\$ 54,105,463</u>
Total Medicaid Expense	\$ 49,467,809
Medicaid Surplus/(Deficit)	<u><u>\$ 4,637,654</u></u>

Healthy Michigan **	
Revenue	\$ 3,884,741
Expense	4,321,949
Healthy MI Surplus/(Deficit)	<u><u>\$ (437,209)</u></u>

General Fund	
Revenue	
CMH Operations	\$ 2,581,619
CMH Operations Contra	-
GF Carryforward	175,491
Categorical	-
Redirect To Injectable Meds.	-
Funding Fr. Other Local Sources	45,966
Total General Fund Revenue	<u>\$ 2,803,076</u>
Total General Fund Expense	\$ 1,316,856
General Fund Surplus/(Deficit)	<u><u>\$ 1,486,220</u></u>

Injectable Meds	
Revenue	\$ 83,795
Expense	60,587
Inj. Meds. Surplus/(Deficit)	<u><u>\$ 23,207</u></u>

Grants And Contracts	
Revenue	\$ 822,084
Expense	<u>822,084</u>

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

ATTACHMENT #2A
JULY 2021

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

CMHSP To CMHSP

Revenue	\$ 440,291
Redirect to GF	(45,966)
Expense	394,325
CMHSP to CMHSP Surplus/(Deficit)	\$ -

Local

Revenue	\$ 1,030,834
Expense	996,515
Local Surplus/(Deficit)	\$ 34,320

Private Grant & All NOR

Revenue	\$ 167,489
Expense	167,489
Priv. Grant & NOR Surplus/(Deficit)	\$ -

Grand Total

Revenue	\$ 63,472,377
Expense	57,728,185
Grand Total Surplus/(Deficit)	\$ 5,744,192

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	\$ 4,223,653
WCCMH Surplus/(Deficit)	1,520,539
	\$ 5,744,192

**Washtenaw County Community Mental Health
Budget to Actuals
For Eight Months Ending May 31, 2021**

Current Fiscal Year					
	FY 2021 Amended Budget	FY 2021 Amended Budget YTD	FY 2021 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
<u>Operating Revenue</u>					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	\$ 42,678,933	\$ 28,452,622	\$ 28,361,602	\$ (91,020)	-0.32%
HSW	24,674,716	16,449,811	16,921,254	471,443	2.87%
Children & SED Waivers	894,097	596,065	708,677	112,612	18.89%
Healthy Michigan Capitation	5,875,998	3,917,332	3,884,741	(32,591)	-0.83%
Autism Capitation	4,657,841	3,105,227	3,236,840	131,612	4.24%
CARES Act DCW	7,297,312	4,864,875	4,835,522	(29,353)	-0.60%
TOTAL PIHP Revenue	\$ 86,078,897	\$ 57,385,931	\$ 57,948,635	\$ 562,704	0.98%
MDHHS Revenue					
State General Funds	\$ 4,047,922	\$ 2,698,615	\$ 2,757,110	\$ 58,495	2.17%
Grants & Earned Contracts	1,779,812	1,186,541	945,718	(240,823)	-20.30%
All Other Revenue					
County Appropriation	\$ 1,748,770	\$ 1,165,847	\$ 596,064	\$ (569,783)	-48.87%
Project Revenue	782,545	521,697	449,841	(71,855)	-13.77%
All Other	1,917,652	1,278,435	1,539,495	261,060	20.42%
TOTAL Operating Revenue	\$ 96,355,598	\$ 64,237,065	\$ 64,236,863	\$ (202)	0.00%
<u>Operating Expenses</u>					
Administrative Expenses					
General Administration	\$ 5,624,552	\$ 3,749,701	\$ 3,282,963	\$ (466,739)	-12.45%
Program Administration	3,304,826	2,203,217	1,852,565	(350,652)	-15.92%
Residential Services					
Community Living Supports	\$ 31,307,490	\$ 20,871,660	\$ 19,426,310	\$ (1,445,350)	-6.92%
Licensed Residential	14,580,900	9,720,600	9,002,579	(718,021)	-7.39%
Outpatient Services					
Autism Services	\$ 5,280,900	\$ 3,520,600	\$ 3,588,411	\$ 67,811	1.93%
Case Management	5,221,985	3,481,323	2,791,955	(689,369)	-19.80%
Supports Coordination	2,535,741	1,690,494	1,513,832	(176,662)	-10.45%
Skill Building	4,256,172	2,837,448	1,564,355	(1,273,093)	-44.87%
Supported Employment	1,364,871	909,914	889,438	(20,476)	-2.25%
Psychiatry	2,770,122	1,846,748	1,774,600	(72,148)	-3.91%
Nursing Services	2,353,003	1,568,669	1,321,167	(247,502)	-15.78%
Therapy Services	1,875,621	1,250,414	1,126,202	(124,212)	-9.93%
All Other	7,441,765	4,961,177	4,475,185	(485,991)	-9.80%
Other Expenses					
Community Inpatient	\$ 5,375,000	\$ 3,583,333	\$ 4,028,692	\$ 445,358	12.43%
Local Matches & Shelter	1,282,838	855,225	954,665	99,440	11.63%
Grants & Earned Contracts	1,779,812	1,186,541	899,753	(286,789)	-24.17%
TOTAL Operating Expenses	\$ 96,355,598	\$ 64,237,065	\$ 58,492,671	\$ (5,744,394)	-8.94%
Revenue Over/(Under) Expenses	-	-	5,744,192	5,744,192	

**Washtenaw County Community Mental Health
Budget to Actuals
For Eight Months Ending May 31, 2021**

Prior Year Comparison				
	FY 2021 YTD Actuals	FY 2020 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
<u>Operating Revenue</u>				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	\$ 28,361,602	\$ 27,696,026	\$ 665,576	2.40%
HSW	16,921,254	16,489,832	431,422	2.62%
Children & SED Waivers	708,677	573,922	134,755	23.48%
Healthy Michigan Capitation	3,884,741	3,277,022	607,718	18.54%
Autism Capitation	3,236,840	3,197,398	39,441	1.23%
CARES Act DCW	4,835,522	-	4,835,522	
TOTAL PIHP Revenue	\$ 57,948,635	\$ 51,234,201	\$ 6,714,434	13.11%
MDHHS Revenue				
State General Funds	\$ 2,757,110	\$ 2,454,288	\$ 302,822	12.34%
Grants & Earned Contracts	945,718	972,239	(26,521)	-2.73%
All Other Revenue				
County Appropriation	\$ 596,064	\$ 578,777	\$ 17,287	2.99%
Project Revenue	449,841	314,204	135,637	43.17%
All Other	1,539,495	1,490,591	48,904	3.28%
TOTAL Operating Revenue	\$ 64,236,863	\$ 57,044,300	\$ 7,192,564	12.61%
<u>Operating Expenses</u>				
Administrative Expenses				
General Administration	\$ 3,282,963	\$ 3,421,295	\$ (138,332)	-4.04%
Program Administration	1,852,565	2,082,577	(230,012)	-11.04%
Residential Services				
Community Living Supports	\$ 19,426,310	\$ 18,596,930	\$ 829,380	4.46%
Licensed Residential	9,002,579	8,190,066	812,513	9.92%
Outpatient Services				
Autism Services	\$ 3,588,411	\$ 2,623,012	\$ 965,399	36.80%
Case Management	2,791,955	2,906,662	(114,708)	-3.95%
Supports Coordination	1,513,832	1,329,066	184,766	13.90%
Skill Building	1,564,355	3,417,866	(1,853,511)	-54.23%
Supported Employment	889,438	1,120,250	(230,811)	-20.60%
Psychiatry	1,774,600	1,683,582	91,017	5.41%
Nursing Services	1,321,167	1,368,039	(46,872)	-3.43%
Therapy Services	1,126,202	1,128,927	(2,724)	-0.24%
All Other	4,475,185	4,091,964	383,221	9.37%
Other Expenses				
Community Inpatient	\$ 4,028,692	\$ 3,349,523	\$ 679,169	20.28%
Local Matches & Shelter	954,665	969,432	(14,767)	-1.52%
Grants & Earned Contracts	899,753	938,973	(39,220)	-4.18%
TOTAL Operating Expenses	\$ 58,492,671	\$ 57,218,165	\$ 1,274,506	2.23%
Revenue Over/(Under) Expenses	5,744,192	(173,866)	5,918,058	

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

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	\$ 6,565,388	\$ 2,735,578	\$ 6,490,953	\$ 3,755,375
Millage Interest Revenue	-	-	12,413	12,413
	<u>\$ 6,565,388</u>	<u>\$ 2,735,578</u>	<u>\$ 6,503,366</u>	<u>\$ 3,767,788</u>
Millage Expenses				
Salary	\$ 2,395,000	\$ 997,917	\$ 814,743	\$ (183,174)
Fringe	1,339,513	558,130	432,065	(126,066)
Contractors	1,500,000	625,000	203,956	(421,044)
Trainings	140,000	58,333	4,180	(54,154)
Operating Expenses	782,500	326,042	174,545	(151,496)
Fleet Charges	60,000	25,000	7,694	(17,306)
Client Care	78,500	32,708	44,598	11,889
Cost Allocation Plan	70,875	29,531	116,962	87,431
Furniture & Equipment	100,000	41,667	-	(41,667)
Depreciation Expense	10,000	4,167	-	(4,167)
Telephone	50,000	20,833	11,541	(9,292)
All Other Expenses	39,000	16,250	8,298	(7,952)
Total Millage Expenses	<u>\$ 6,565,388</u>	<u>\$ 2,735,578</u>	<u>\$ 1,818,581</u>	<u>\$ (916,997)</u>
Revenue Over/(Under) Expenses		-	4,684,785	4,684,785

*** 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	\$ 434,277	\$ 378,951	\$ (55,326)
CCBHC #1 - Year 3 Grant Expenses				
Salary	\$ 298,302	\$ 248,585	\$ 226,117	\$ (22,468)
Fringe	175,454	146,212	117,482	(28,729)
Trainings	-	-	-	-
Telephone	-	-	901	901
Operating Supplies	47,376	39,480	34,450	(5,030)
Client Care	-	-	-	-
Total Expenses	<u>\$ 521,132</u>	<u>\$ 434,277</u>	<u>\$ 378,951</u>	<u>\$ (55,326)</u>
Revenue Over/(Under) Expenses	-	-	-	-
January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	\$ 1,800,430	\$ 750,179	\$ 701,735	\$ (48,444)
CCBHC #2 - Year 2 Grant Expenses				
Salary	\$ 975,771	\$ 406,571	\$ 405,559	\$ (1,012)
Fringe	595,220	248,008	224,369	(23,640)
Trainings	5,343	2,226	-	(2,226)
Telephone	11,085	4,619	5,363	744
Operating Supplies	185,511	77,296	65,663	(11,633)
Client Care	27,500	11,458	781	(10,677)
Total Expenses	<u>\$ 1,800,430</u>	<u>\$ 750,179</u>	<u>\$ 701,735</u>	<u>\$ (48,444)</u>
Revenue Over/(Under) Expenses	-	-	-	-

Report on Compliance

Washtenaw County Community Mental Health

September 30, 2020



Washtenaw County Community Mental Health
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September 30, 2020

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INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE

To the Members of the Board
Washtenaw County Community Mental Health
Ypsilanti, Michigan

Report On Compliance

We have examined Washtenaw County Community Mental Health's (the CMHSP) compliance with the requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to its Medicaid Contract, General Fund (GF) Contract, Community Mental Health Services (CMHS) Block Grant, and Substance Abuse Prevention and Treatment (SAPT) Block Grant programs for the year ended September 30, 2020.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its Medicaid Contract, GF Contract, CMHS Block Grant, and SAPT Block Grant programs.

Independent Accountants' Responsibility

Our responsibility is to express an opinion on the CMHSP's compliance with the Medicaid Contract, GF Contract, CMHS Block Grant, and SAPT Block Grant programs based on our examination of the compliance requirements referred to above.

Our examination of compliance was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the CMHSP complied, in all material respects, with the compliance requirements referred to above.

An examination involves performing procedures to obtain evidence about the CMHSP's compliance with the specified requirements referred to above. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risk of material noncompliance, whether due to fraud or error.

We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. However, our examination does not provide a legal determination of the CMHSP's compliance.

Opinion on Each Program

In our opinion, the CMHSP complied, in all material respects, with the specified requirements referred to above that are applicable to its Medicaid Contract, GF Contract, CMHS Block Grant, and SAPT Block Grant programs for the year ended September 30, 2020.

Other Matters

The results of our examination procedures disclosed instances of noncompliance, which are required to be reported in accordance with Compliance Examination Guidelines, and which are described in the accompanying Comments and Recommendations as item 2020-01. Our opinion is not modified with respect to these matters.

The CMHSP's responses to the noncompliance findings identified in our examination are described in the accompanying Comments and Recommendations. The CMHSP's responses were not subjected to the examination procedures applied in the examination of compliance and, accordingly, we express no opinion on the responses.

JULY 2021

Purpose of this Report

This report is intended solely for the information and use of the board and management of the CMHSP and the Michigan Department of Health and Human Services, and is not intended to be, and should not be, used by anyone other than these specified parties.

Roslund, Prestage & Company, P.C.

Roslund, Prestage & Company, P.C.
Certified Public Accountants

June 24, 2021

Washtenaw County Community Mental Health
Schedule of Findings
September 30, 2020

Control deficiencies that are individually or cumulatively material weaknesses in internal control over the Medicaid Contract, General Fund Contract, and/or Community Mental Health Services Block Grants:

None

Material noncompliance with the provisions of laws, regulations, or contracts related to the Medicaid Contract, General Fund Contract, and/or Community Mental Health Services Block Grants:

None

Known fraud affecting the Medicaid Contract, General Fund Contract, and/or Community Mental Health Services Block Grants:

None

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2020

CMHSP:	Washtenaw County Community Mental Health				
			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
B		GENERAL FUND			
B	100	REVENUE			
B	101	CMH Operations	3,509,812		3,509,812
B	120	Subtotal - Current Period General Fund Revenue	3,509,812	-	3,509,812
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services	(179,881)		(179,881)
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services			-
B	123	Prior Year GF Carry Forward	114,416		114,416
B	140	Subtotal - Other General Fund Revenue	(65,465)	-	(65,465)
B	190	TOTAL REVENUE	3,444,347	-	3,444,347
B	200	EXPENDITURE			
B	201	100% MDHHS Matchable Services / Costs	1,507,713		1,507,713
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap	-	-	-
B	203	90% MDHHS Matchable Services / Costs - REPORTED	1,870,870		
B		90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS			
B		90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	\$ 1,870,870	-	1,683,783
B	290	TOTAL EXPENDITURE	3,191,496	-	3,191,496
B	295	NET GENERAL FUND SURPLUS (DEFICIT)	252,851	-	252,851
B	300	Redirected Funds (To) From			
B	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - A331 (PIHP use only)	-		
B	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - AI331 (PIHP use only)	-		
B	301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services AE331 (PIHP use only)	-		
B	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services AG331 (PIHP use only)	-		
B	301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - AK331 (PIHP use only)	-		
B	304	(TO) Targeted Case Management - D301	-	-	-
B	309	(TO) Allowable GF Cost of Injectable Medications - G301	(21,426)	-	(21,426)
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - I304	-	-	-
B	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - IB304	-	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - IC304	-	-	-
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID304	-	-	-
B	312	(TO) CMHSP to CMHSP Earned Contracts - J305 (explain - section Q)	-	-	-
B	313	FROM CMHSP to CMHSP Earned Contracts - J302	72,045		72,045
B	314	FROM Non-MDHHS Earned Contracts - K302			-
B	330	Subtotal Redirected Funds rows 301 - 314	50,619	-	50,619
B	331	FROM Local Funds - M302			-
B	332	FROM Risk Corridor - N303			-
B	390	Total Redirected Funds	50,619	-	50,619
B	400	BALANCE GENERAL FUND (cannot be < 0)	303,470	-	303,470

OTHER GF CONTRACTUAL OBLIGATIONS

FEE FOR SERVICE MEDICAID

D		TARGETED CASE MANAGEMENT - (GHS Only)			
D	190	Revenue			-
D	290	Expenditure			-
D	295	NET TARGETED CASE MANAGEMENT (cannot be > 0)	-	-	-
D	300	Redirected Funds (To) From			
D	301	FROM General Fund - B304			-
D	302	FROM Local Funds - M304			-
D	303	(TO) CMHSP to CMHSP Earned Contracts - J304.4	-	-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - J303.4			-
D	390	Total Redirected Funds	-	-	-
D	400	BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)	-	-	-

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G		INJECTABLE MEDICATIONS			
G	190	Revenue	108,824		108,824
G	290	Expenditure	130,250		130,250
G	295	NET INJECTABLE MEDICATIONS (cannot be > 0)	(21,426)	-	(21,426)
G	300	Redirected Funds (To) From			
G	301	FROM General Fund - B309	21,426		21,426
G	302	FROM Local Funds - M309			-
G	390	Total Redirected Funds	21,426	-	21,426
G	400	BALANCE INJECTABLE MEDICATIONS (must = 0)	-	-	-

OTHER FUNDING

H		MDHHS EARNED CONTRACTS			
H	100	REVENUE			
H	101	Comprehensive Services for Behavioral Health	1,007,110		
H	102	Housing and Homeless Services	-		
H	103	Pilot Programs for Juvenile Justice Diversion	-		
H	104	Mental Health Diversion Council	-		
H	105	Projects for Assistance in Transition from Homelessness	119,838		
H	106	Regional Perinatal Collaborative	-		
H	107	Substance Abuse & Mental Health COVID-19 Grant Program	-		
H	108	Coronavirus (COVID-2019) Community Mental Health Support Program	116,590		
H	150	Other MDHHS Earned Contracts (describe): Opioid Overdose Recovery Team (ROOT)	42,425		
H	151	Other MDHHS Earned Contracts (describe): Clubhouse Block Grant	9,137		
H	190	TOTAL REVENUE	1,295,100		
H	200	EXPENDITURE			
H	201	Comprehensive Services for Behavioral Health	1,007,110		
H	202	Housing and Homeless Services	-		
H	203	Pilot Programs for Juvenile Justice Diversion	-		
H	204	Mental Health Diversion Council	-		
H	205	Projects for Assistance in Transition from Homelessness	119,838		

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF) EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID FOR THE YEAR ENDED SEPTEMBER 30, 2020
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CMHSP:	Washtenaw County Community Mental Health				
			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
H	206	Regional Perinatal Collaborative	-		
H	207	Substance Abuse & Mental Health COVID-19 Grant Program	-		
H	208	Coronavirus (COVID-2019) Community Mental Health Support Program	116,590		
H	250	Other MDHHS Earned Contracts (describe): Opioid Overdose Recovery Team (ROOT)	42,425		
H	251	Other MDHHS Earned Contracts (describe): Clubhouse Block Grant	9,137		
H	290	TOTAL EXPENDITURE	1,295,100		
H	400	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)	-		

I		PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY			
I	100	REVENUE			
I	101	Revenue - from PIHP Medicaid (incl Direct Care Wage)	72,481,488		72,481,488
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)	5,271,074		5,271,074
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	172,395		172,395
I	123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate			-
I	190	TOTAL REVENUE	77,924,957	-	77,924,957
I	201	Expenditure - Medicaid (incl Direct Care Wage)	72,653,883		
I	202	Expenditure - Healthy Michigan Plan (incl Direct Care Wage)	5,271,074		
I	203	Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)	-		
I	290	TOTAL EXPENDITURE	77,924,957		
I	295	NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)	-		
I	300	Redirected Funds (To) From			
I	301	(TO) CMHSP to CMHSP Earned Contracts - J306	-	-	-
I	302	FROM CMHSP to CMHSP Earned Contracts - J303			-
I	303	FROM Non-MDHHS Earned Contracts - K303			-
I	304	FROM General Fund - B310			-
I	306	FROM Local Funds - M309.1			-
I	390	Total Redirected Funds	-	-	-
I	400	BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)	-	-	-

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IB		PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY			
IB	190	Revenue - Medicaid Opioid Health Home Services - from PIHP			-
IB	290	Expenditure - Medicaid Opioid Health Home Services			-
IB	295	NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
IB	300	Redirected Funds (To) From			
IB	304	FROM General Fund - B310.2			-
IB	306	FROM Local Funds - M309.3			-
IB	390	Total Redirected Funds	-	-	-
IB	400	BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be < 0)	-	-	-

IC		PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY			
IC	190	Revenue - Medicaid Health Home Services - from PIHP			-
IC	290	Expenditure - Medicaid Health Home Services			-
IC	295	NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
IC	300	Redirected Funds (To) From			
IC	304	FROM General Fund - B310.3			-
IC	306	FROM Local Funds - M309.4			-
IC	390	Total Redirected Funds	-	-	-
IC	400	BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be < 0)	-	-	-

ID		PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY			
ID	100	REVENUE			
ID	101	Revenue - MI Health Link - from PIHP			-
ID	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate			-
ID	190	TOTAL REVENUE	-	-	-
ID	200	EXPENDITURE			
ID	201	Expenditure			-
ID	202	Intentionally left blank			
ID	290	TOTAL EXPENDITURE	-	-	-
ID	295	NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)	-	-	-
ID	300	Redirected Funds (To) From			
ID	301	(TO) CMHSP to CMHSP Earned Contracts - J306.3	-	-	-
ID	302	FROM CMHSP to CMHSP Earned Contracts - J303.3			-
ID	303	FROM Non-MDHHS Earned Contracts - K303.3			-
ID	304	FROM General Fund - B310.4			-
ID	306	FROM Local Funds - M309.5			-
ID	390	Total Redirected Funds	-	-	-
ID	400	BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)	-	-	-

J		CMHSP to CMHSP EARNED CONTRACTS			
J	190	Revenue	656,213		656,213
J	290	Expenditure	584,168		584,168
J	295	NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)	72,045	-	72,045
J	300	Redirected Funds (To) From			
J	301	(TO) Medicaid Services - A302 (PIHP use only)	-		
J	301.1	(TO) Healthy Michigan - A1302 (PIHP use only)	-		
J	301.3	(TO) MI Health Link - AK302 (PIHP use only)	-		
J	302	(TO) General Fund - B313	(72,045)	-	(72,045)
J	303	(TO) PIHP to Affiliate Medicaid Services Contracts - I302	-	-	-
J	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID302	-	-	-
J	303.4	(TO) Targeted Case Management - D304	-	-	-
J	304	FROM Medicaid Services - A301 (PIHP use only)			-
J	304.1	FROM Healthy Michigan - A1301 (PIHP use only)			-
J	304.3	FROM MI Health Link - AK301 (PIHP use only)			-
J	304.4	FROM Targeted Case Management - D303			-
J	305	FROM General Fund - B312			-
J	306	FROM PIHP to Affiliate Medicaid Services Contracts - I301			-
J	306.3	FROM PIHP to MI Health Link Services Contracts - ID301			-
J	307	FROM Local Funds - M310			-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF) EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID FOR THE YEAR ENDED SEPTEMBER 30, 2020
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CMHSP:	Washtenaw County Community Mental Health				
			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
J	390	Total Redirected Funds	(72,045)	-	(72,045)
J	400	BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)	-	-	-

K		NON-MDHHS EARNED CONTRACTS			
K	190	Revenue	130,303		130,303
K	290	Expenditure	130,303		130,303
K	295	NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)	-	-	-
K	300	Redirected Funds (To) From			
K	301	(TO) Medicaid Services - A303 (PIHP use only)	-		
K	301.1	(TO) Healthy Michigan - AI303 (PIHP use only)	-		
K	301.3	(TO) MI Health Link - AK303 (PIHP use only)	-		
K	302	(TO) General Fund - B314	-	-	-
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - I303	-	-	-
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID303	-	-	-
K	304	(TO) Local Funds - M315	-	-	-
K	305	FROM Local Funds - M311			-
K	390	Total Redirected Funds	-	-	-
K	400	BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)	-	-	-

L		INTENTIONALLY LEFT BLANK			
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M		LOCAL FUNDS			
M	100	REVENUE			
M	101	County Appropriation for Mental Health	1,528,080		1,528,080
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds			-
M	103	Section 226 (a) Funds	110,968	-	110,968
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)			-
M	105	Medicaid Fee for Service Adjuster Payments	29,964		29,964
M	106	Local Grants			-
M	107	Interest			-
M	108	Intentionally left blank			-
M	109	SED Partner			-
M	110	All Other Local Funding	2,032,089		2,032,089
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding			-
M	190	TOTAL REVENUE	3,701,101	-	3,701,101
M	200	EXPENDITURE			
M	201	GF 10% Local Match	187,087	-	187,087
M	202	Reported Local match cap amount			
		Examination Adjustment Local match cap amount			
		Examined Total Local match cap amount	\$ -		
M	203	GF Local Match Capped per MHC 330.1308	-	-	-
M	204	Local Cost for State Provided Services	668,606		668,606
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)	550,608		550,608
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)			-
M	207	Local Match to Grants and MDHHS Earned Contracts			-
M	208	Intentionally left blank			-
M	209	Local Only Expenditures	104,075		104,075
M	290	TOTAL EXPENDITURE	1,510,376	-	1,510,376
M	295	NET LOCAL FUNDS SURPLUS (DEFICIT)	2,190,725	-	2,190,725
M	300	Redirected Funds (To) From			
M	301	(TO) Medicaid Services - A332 (PIHP use only)	-		
M	301.1	(TO) Healthy Michigan - AI332 (PIHP use only)	-		
M	301.3	(TO) Opioid Health Home Services - AE332 (PIHP use only)	-		
M	301.4	(TO) Health Home Services - AG332 (PIHP use only)	-		
M	301.5	(TO) MI Health Link - AK332 (PIHP use only)	-		
M	302	(TO) General Fund - B331	-	-	-
M	304	(TO) Targeted Case Management - D302	-	-	-
M	309	(TO) Injectable Medications - G302	-	-	-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - I306	-	-	-
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - IB306	-	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - IC306	-	-	-
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID306	-	-	-
M	310	(TO) CMHSP to CMHSP Earned Contracts - J307	-	-	-
M	311	(TO) Non-MDHHS Earned Contracts - K305	-	-	-
M	313	(TO) Activity Not Otherwise Reported - O302	-	-	-
M	313.3	FROM MI Health Link (Medicare) - AK336 - (PIHP use only)			-
M	315	FROM Non-MDHHS Earned Contracts - K304			-
M	390	Total Redirected Funds	-	-	-
M	400	BALANCE LOCAL FUNDS	2,190,725	-	2,190,725

N		RISK CORRIDOR			
N	100	REVENUE			
N	101	Stop/Loss Insurance			-
N	102	Medicaid ISF for PIHP Share Risk Corridor	-		
N	103	MDHHS for MDHHS Share of Medicaid Risk Corridor			-
N	104	Restricted Fund balance for PIHP Share Risk Corridor	-		
N	190	TOTAL REVENUE	-	-	-
N	300	Redirected Funds (To) From			
N	301	(TO) Medicaid Services - PIHP Share - A333 (PIHP use only)	-		
N	301.1	(TO) Healthy Michigan - PIHP Share - AI333 (PIHP use only)	-		
N	301.2	(TO) Restricted Fund balance for PIHP Share - A335 & AI335 (PIHP use only)	-		
N	302	(TO) Medicaid Services - MDHHS Share - A334 (PIHP use only)	-		
N	302.1	(TO) Healthy Michigan - MDHHS Share - AI334 (PIHP use only)	-		
N	303	(TO) General Fund - B332	-	-	-
N	390	Total Redirected Funds	-	-	-
N	400	BALANCE RISK CORRIDOR (must = 0)	-	-	-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID
FOR THE YEAR ENDED SEPTEMBER 30, 2020

CMHSP:	Washtenaw County Community Mental Health				
			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS

O		ACTIVITY NOT OTHERWISE REPORTED			
O	100	REVENUE			
O	101	Other Revenue (describe): Yost St. Rent	17,317		17,317
O	102	Other Revenue (describe): Private Grant	192,476		192,476
O	103	Other Revenue (describe):			-
O	190	TOTAL REVENUE	209,793	-	209,793
O	200	EXPENDITURE			
O	201	Other Expenditure (describe): Private Grant	192,476		192,476
O	202	Other Expenditure (describe):			-
O	203	Other Expenditure (describe):			-
O	290	TOTAL EXPENDITURE	192,476	-	192,476
O	295	NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)	17,317	-	17,317
O	300	Redirected Funds (To) From			
O	302	FROM Local Funds - M313			-
O	390	Total Redirected Funds	-	-	-
O	400	BALANCE ACTIVITY NOT OTHERWISE REPORTED	17,317	-	17,317

P		GRAND TOTALS			
P	190	GRAND TOTAL REVENUE	87,470,638	-	87,470,638
P	290	GRAND TOTAL EXPENDITURE	84,959,126	-	84,959,126
P	390	GRAND TOTAL REDIRECTED FUNDS (must = 0)	-	-	-
P	400	NET INCREASE (DECREASE)	2,511,512	-	2,511,512

Q		REMARKS
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
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MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)									
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL									
FOR THE YEAR ENDED SEPTEMBER 30, 2020									
CMHSP:		Washtenaw County Community Mental Health							
					Column A	Column B	Column C		
H	MDHHS EARNED CONTRACTS								
	Grant Program Code	Grant Program Title	Project Code	Project Title	REVENUE	EXPENDITURES	BALANCE		
H	CBH	Comprehensive Services for Behavioral Health	ABHS	Asian Behavioral Health Services			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BCDP	Branch County Diversion Project			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHC	Behavioral Health Consultant			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHSNA	Behavioral Health Services for Native Americans			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	BHSVV	Behavioral Health Services for Vietnam Veterans			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CG	Community Grant			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CLUB	Clubhouse Engagement			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CRIM	Criminal Justice	115,705	115,705	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CRMGT	Care Management			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	CSC	Child System of Care			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	FIT	Fit Together			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	GRT	Gambling Residential Treatment			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	HBHS	Hispanic Behavioral Health Services			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	IHC	Continuation and Expansion of Integrated Healthcare for CMHCM			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	IMH	Health Innovation in Manistee and Benzie Counties			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	JLDV	Jail Diversion			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	LSHP	Lead Safe Home Program Medicaid Outreach Project			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MGDPP	Michigan Gambling Disorder Prevention Project			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHAJJ	Mental Health Access and Juvenile Justice Diversion			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHFA	Mental Health First Aid			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHJJSE	Mental Health and Juvenile Justice Screening Expansion			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHJJSP	Mental Health Juvenile Justice Screening Project			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MHTC	58th District Mental Health Court Expansion			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MICHT	Michigan Healthy Transitions			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MSOR	Michigan State Opioid Response			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	MYTIE	Michigan Youth Treatment Improvement & Enhancement PIHP			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	NCC	Enhanced Nutrition Care Coordination and Medical Culinary Ed Prgms			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OBRA	Pre-Admission Screening Annual Resident Reviews	880,082	880,082	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OHHI	Opioid Health Home Implementation			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	OHHSO	Opioid Health Home Service Optimization			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PA2	Prevention			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PCPCP	Psychiatric Consultant to Primary Care Practices			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PDTOB	Peer Driven Tobacco Cessation			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PFS	Partnership for Success			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PIPBHC	Promoting Integration of Primary and Behavioral Health Care			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	PRTS	PMTO Regional Training and Support	11,323	11,323	-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RCVC	Recovery Conference			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RPTS	Regional PMTO Training Support			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RT	Rural Transportation			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	RTTSE	Infant and Early Childhood Mental Health Consultation.			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SDA	State Disability Assistance			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SFEP	First Episode Psychosis			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SORAPF	State Opioid Response-Opioid Abuse Prevention Fund			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SORS	State Opioid Response Supplemental			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SPTTA	Statewide PMTO Training and TA			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	STR	State Targeted Response			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SUDADM	Substance Use Disorder - Administration (ADM)			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	SUDT	Substance Use Disorder Services - Tobacco			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TBRS	Technology-Based Recovery Support			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TCR	Transportation to Crisis Residential			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TFCCT	Trauma Focused CBT Coordination & Training			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	TFCO	Treatment Foster Care Oregon			-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	VET*				-	Must = 0	
H	CBH	Comprehensive Services for Behavioral Health	WSS	Substance Use Disorder Services - Womens' Specialty Services			-	Must = 0	
H	SUBTOTAL Comprehensive Services for Behavioral Health				1,007,110	1,007,110	-	Must = 0	
H	HHS	Housing and Homeless Services	PSH	Permanent Supportive Housing Dedicated Plus			-	Must = 0	
H	HHS	Housing and Homeless Services	RRP	Consolidated Rapid Re-Housing			-	Must = 0	
H	HHS	Housing and Homeless Services	SH	Permanent Supportive Housing Statewide Leasing			-	Must = 0	
H	SUBTOTAL Housing and Homeless Services				-	-	-	Must = 0	
H	JJDPP	Pilot Programs for Juvenile Justice Diversion	JJDPP	Pilot Programs for Juvenile Justice Diversion			-	Must = 0	
H	SUBTOTAL Pilot Programs for Juvenile Justice Diversion				-	-	-	Must = 0	
H	MHDC	Mental Health Diversion Council Pilot Program	MHDC	Mental Health Diversion Council Pilot Program			-	Must = 0	
H	MHDCS	Mental Health Diversion Council Special Initiatives	MHDCS	Mental Health Diversion Council Special Initiatives			-	Must = 0	
H	SUBTOTAL Mental Health Diversion Council				-	-	-	Must = 0	
H	PATH	Projects for Assistance in Transition from Homelessness	PATH	Projects for Assistance in Transition from Homelessness	119,838	119,838	-	Must = 0	
H	SUBTOTAL Projects for Assistance in Transition from Homelessness				119,838	119,838	-	Must = 0	
H	RPC	Regional Perinatal Collaborative	RPC	Regional Perinatal Collaborative			-	Must = 0	
H	SUBTOTAL Regional Perinatal Collaborative				-	-	-	Must = 0	
H	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program			-	Must = 0	
H	SUBTOTAL Substance Abuse & Mental Health COVID-19 Grant Program				-	-	-	Must = 0	
H	CVCMH	Coronavirus (COVID-2019) Community Mental Health Support Program	CVCMH	Coronavirus (COVID-2019) Community Mental Health Support Program	116,590	116,590	-	Cannot be < 0	
H	SUBTOTAL Coronavirus (COVID-2019) Community Mental Health Support Program				116,590	116,590	-	Cannot be < 0	
H		Other MDHHS Earned Contracts (describe): Opioid Overdose Recovery Team (ROOT)			42,425	42,425	-	Must = 0	
H		Other MDHHS Earned Contracts (describe): Clubhouse Block Grant			9,137	9,137	-	Must = 0	
H	SUBTOTAL Other MDHHS Earned Contracts				51,562	51,562	-	Must = 0	
H	BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)				1,295,100	1,295,100	-	Cannot be < 0	
Q	REMARKS								
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.								
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**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID DIRECT CARE WAGE - SUPPLEMENTAL
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Washtenaw County Community Mental Health					
						YEAR TO DATE REPORTING
			Column A	Column B	Column C	Column D

			Fiscal period	Fiscal period	Fiscal period	
I			4/1/20-6/30/20	7/1/20-9/30/20	10/1/19-9/30/20	Total

I		PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY				
I	201	Expenditure - Medicaid			69,520,008	69,520,008
I	201	Expenditure - Medicaid Direct Care Wage	1,538,724	1,595,151		3,133,875
I	201	SUBTOTAL Medicaid Expenditures (incl Direct Care Wage)	1,538,724	1,595,151	69,520,008	72,653,883
I	202	Expenditure - Healthy Michigan Plan			5,231,538	5,231,538
I	202	Expenditure - Healthy Michigan Plan Direct Care Wage	16,789	22,747		39,536
I	202	SUBTOTAL Healthy Michigan Plan Expenditures (incl Direct Care Wage)	16,789	22,747	5,231,538	5,271,074
I	203	Expenditure - MI Health Link				-
I	203	Expenditure - MI Health Link Direct Care Wage				-
I	203	SUBTOTAL MI Health Link Expenditures (incl Direct Care Wage)	-	-	-	-
I	290	TOTAL EXPENDITURE	1,555,513	1,617,898	74,751,546	77,924,957

[illegible]

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP: Washtenaw County Community Mental Health

1. General Fund Services - Available Resources		Funding Resources
a.	CMH Operations (FSR B 101)	3,509,812
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	\$ 3,509,812
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	(179,881)
f.	Prior Year GF Carry-Forward (FSR B 123)	114,416
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	72,045
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	\$ 6,580
k.	Local 10% Associated to 90/10 Services (FSR M 201)	187,087
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	\$ 187,087
n.	Total General Fund Services - Resources	\$ 3,703,479

3. Summary of Resources / Expenditures		Amount
a.	Total General Fund Services - Resources	3,703,479
b.	Total General Fund Services - Expenditures	3,400,009
c.	Sub-Total General Fund Services Surplus (Deficit)	\$ 303,470
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	\$ 303,470

4. Disposition:		Amount
a.	Surplus	
b.	Transfer to Fund Balance - GF Carry-Forward Earned	(175,491)
c.	Lapse to MDHHS - Contract Settlement	(127,979)
d.	Total Disposition - Surplus	\$ (303,470)

e.	Deficit	
f.	Redirected from Local (FSR B 331)	-
g.	Redirected from risk corridor (FSR B 332)	-
h.	Total Disposition - Deficit	\$ -

5. Cash Settlement: (Due MDHHS) / Due CMHSP		Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	(127,979)
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	\$ (127,979)

2. General Fund Services - Expenditures		90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		1,507,713
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	1,870,870	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	1,870,870
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		\$ 3,378,583
h.	GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i.	GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j.	Intentionally left blank		
k.	GF Supplement for Unfunded Opioid Health Home Services (PIHP use only) (FSR B 301.3)		-
l.	GF Supplement for Unfunded Health Home Services (PIHP use only) (FSR B 301.4)		-
m.	GF Supplement for Unfunded MI Health Link - (PIHP use only) (FSR B 301.5)		-
n.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o.	Intentionally left blank		
p.	Intentionally left blank		
q.	GF Supplement for Injectable Medications (FSR B 309)		21,426
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	Intentionally left blank		
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
x.	Sub-Total General Fund Services Supplement - Expenditures		\$ 21,426
y.	Total General Fund Services - Expenditures		\$ 3,400,009

6. General Fund MDHHS Commitment		
a.	MDHHS / CMHSP Contract Funded Expenditures	3,206,342
b.	Earned General Fund Carry-Forward	175,491
c.	Total MDHHS General Fund Commitment	\$ 3,381,833

Examined Cash Settlement and MDHHS Commitment			
		Cash Settlement	Carry Forward
Examined		\$ (127,979)	\$ 175,491
Original		-127979	175491
Increase (Decrease)		\$ -	\$ -
Comments:			

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
EXAMINED GENERAL FUND CONTRACT SETTLEMENT WORKSHEET
FOR THE YEAR SEPTEMBER 30, 2020**

CMHSP:

Washtenaw County Community Mental Health

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received			Amount Due CMHSP / (MDHHS) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	Total	
a. CMH Operations	3,509,812	3,509,812		3,509,812	-
c. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 3,509,812	\$ 3,509,812	\$ -	\$ 3,509,812	\$ -

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	3,509,812	
b. Total Current Year Maximum Carry-Forward	\$ 3,509,812	\$ 175,491

3. Prior Year - General Fund Carry-Forward	FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a. Prior Year GF Carry-Forward Earned	114,416	
b. Prior Year GF Carry-Forward (FSR B 123)	114,416	
c. Balance of Prior Year General Fund Carry-Forward	\$ -	

4. Categorical - Categories	Authorization	Expenditures	Lapse	Cost Above Authorizations
a. Other Funding - Please explain			-	-
b. Other Funding - Please explain			-	-
c. Other Funding - Please explain			-	-
d. Totals	\$ -	\$ -	\$ -	\$ -

5. Narrative: Both CRCS and Contract Settlement Worksheet

SPECIAL FUND ACCOUNT For Recipient Fees and Third-Party Reimbursement As Added to Mental Health Code per PA 423, 1980 FOR THE YEAR ENDED SEPTEMBER 30, 2020
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CMHSP: Washtenaw County Community Mental Health

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level		EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. County Funding - 1979/1980	\$ 583,301		\$ 583,301
2. County Funding - Current Fiscal Year	\$ 1,528,080		\$ 1,528,080

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections Year to Date by Service Category and Source						
Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total	EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. Inpatient Services				\$ -		\$ -
2. Residential Services				\$ -		\$ -
3. Community Living Services				\$ -		\$ -
4. Outpatient Services	\$ 7,943	\$ 103,025		\$ 110,968		\$ 110,968
5. Total	\$ 7,943	\$ 103,025	\$ -	\$ 110,968	\$ -	\$ 110,968

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections Quarterly Summary		EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
1. First Quarter	\$ 22,210		\$ 22,210
2. Second Quarter	\$ 7,541		\$ 7,541
3. Third Quarter	\$ 34,234		\$ 34,234
4. Fourth Quarter	\$ 46,983		\$ 46,983
5. Total	\$ 110,968	\$ -	\$ 110,968

Explanation of Accrual and Examination Adjustments

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Washtenaw County Community Mental Health
Explanation of Examination Adjustments
September 30, 2020

There were no examination adjustments for the September 30, 2020 fiscal year.

Washtenaw County Community Mental Health
Comments and Recommendations
September 30, 2020

During our compliance audit, we may have become aware of matters that are opportunities for strengthening internal controls, improving compliance and increasing operating efficiency. These matters are not individually or cumulatively material weaknesses in internal control over the Medicaid Contract, General Fund Contract, and/or Community Mental Health Services Block Grants. Furthermore, we consider these matters to be immaterial deficiencies, not findings. The following comments and recommendations are in regard to those matters.

2020-01 Ability to Pay Forms

Criteria or specific requirements:

The CMHSP is required to determine responsible parties' insurance coverage and ability to pay before, or as soon as practical after, the start of services as required by MCL 330.1817. Also, the CMHSP must annually determine the insurance coverage and ability to pay of individuals who continue to receive services and of any additional responsible party as required by MCL 330.1828.

Condition:

The CMHSP is not in compliance with MCL 330.1817 and MCL 330.1828.

Examination adjustments:

None.

Context and perspective:

The CMHSP has adopted and implemented *ability to pay* policies and procedures as required. However, during our testing of their implementation of these procedures we found 5 out of 15 consumers selected did not have *ability to pay* documentation completed or available.

Effect:

The CMHSP may not be billing and collecting available fees from individuals or third party payers for services provided to them.

Recommendations:

The CMHSP should review its current policies and procedures regarding ability to pay forms and make the necessary changes to assure that they include all of the required policies and procedures as stated above for all applicable consumers. Those policies and procedures should require periodic monitoring for compliance and include adequate documentation of such monitoring.

Views of responsible officials:

Management is in agreement with our recommendation.

Planned corrective action:

Management has implemented procedures to improve the gathering of consumer information and processing time for calculating an individual's ability to pay and continues to work towards full compliance of this requirement. Changes in consumer benefit eligibility causes confusion to individuals being served and often this process takes time to troubleshoot and resolve. Management continues to work towards full compliance of this requirement while ensuring consumer eligibility for entitlements is being processed accurately and timely by the local MDHHS office.

Responsible party:

Nicole Phelps, CFO and Christy Diallo, Management Analyst

Anticipated completion date:

September 30, 2021

Millage Process, Investments and Process Update- July 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. **No updates**

Youth Assessment Center- Planning committee still meeting and technical assistance scope of work is being discussed with the group.

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. **No updates**

5 Healthy Towns Intergenerational Populations Project- CHRT is finishing their focus groups and Core team is determining project proposal and next steps.

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 outcomes 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! **No updates**

Anti-Stigma Campaign- New proposal sent by Public Health, currently reviewing. **No updates**

MHFA Education initiatives- Trainings are underway and going well. We are taking requests from community organizations, please spread the word. **No updates**

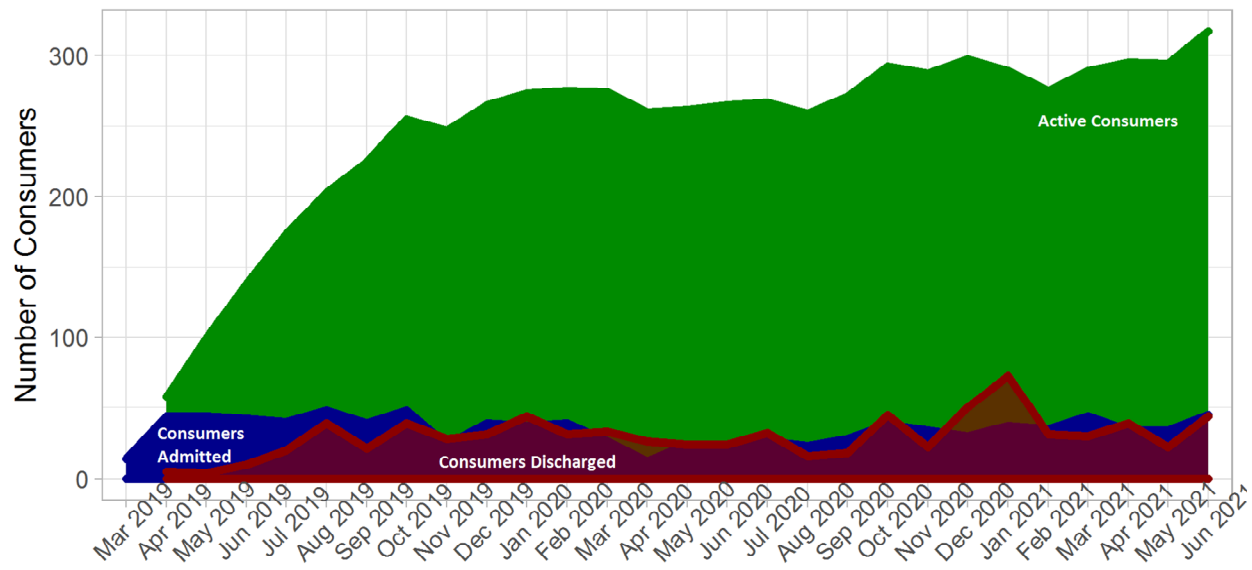
Millage Communication Strategy- Identifying key messages for millage communications with our partners at CHRT. First 6 messages should be coming out soon and key stakeholder interviews have occurred in the justice sector to assist with tailoring communications to meet sector needs.

Washtenaw County Community Mental Health – CARES Report June 2021

Last Updated: 07/01/2021

CARES THROUGHPUT

Cares Throughput is about consumers entering, leaving, and remaining active in the program. June 2021 marks the first increase in active consumers beyond Pre-Covid levels.

Apr 2019 - Jun 2021: CARES Throughput

Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19		14	
Apr-19	58	44	5
May-19	99	44	4
Jun-19	138	42	10
Jul-19	173	40	20
Aug-19	203	48	39
Sep-19	224	39	21
Oct-19	255	48	39
Nov-19	247	24	28
Dec-19	265	39	31
Jan-20	273	37	44
Feb-20	275	39	31
Mar-20	274	26	33
Apr-20	260	12	26

May-20	262	24	24
Jun-20	265	23	24
Jul-20	267	26	32
Aug-20	259	23	16
Sep-20	271	28	18
Oct-20	292	38	45
Nov-20	287	34	22
Dec-20	297	30	50
Jan-21	289	37	73
Feb-21	275	35	31
Mar-21	289	44	30
Apr-21	295	34	39
May-21	294	34	22
Jun-21	317	45	44

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	68
Jun-21	58

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	11
May 2021	2021	05	221	126	7
Jun 2021	2021	06	202	115	4

Gender

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

Gender	# Cases Referred	# Active at least 1 Day 3/1/19 – present Cases
Female	663	507
Male	586	453
Other (Specify)	1	0
Transgender	1	0
Total	1251	960

Race

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

<u>Race</u>	<u># CARES cases</u>	<u>Percent</u>
White	554	57.7%
Black or African American	275	28.6%
Other race	60	6.3%

	40	4.2%
Asian	19	2.0%
Refused to Provide	9	0.9%
Native Hawaiian or other Pacific	2	0.2%
American Indian (non-Alaskan)	1	0.1%
Total	960	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	99
Mean	144.49
Min	1
Max	770

City/Zip Code for Open Cases

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

<u>City</u>	<u># CARES cases</u>	<u>Percent</u>
YPSILANTI	479	49.9%
Ann Arbor	334	34.8%
Saline	30	3.1%
MILAN	16	1.7%
Whitmore Lake	15	1.6%
Chelsea	12	1.3%
Dexter	12	1.3%

Manchester	9	0.9%
	6	0.6%
Belleville	6	0.6%
Willis	6	0.6%
Northville	4	0.4%
Pinckney	4	0.4%
Detroit	3	0.3%
Gregory	3	0.3%
Grass Lake	2	0.2%
Van Buren Twp	2	0.2%
Wayne	2	0.2%
Westland	1	0.1%
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%
Inkster	1	0.1%
Dundee	1	0.1%
Britton	1	0.1%
Canton	1	0.1%
Beaverton	1	0.1%
Clarkston	1	0.1%
Clinton	1	0.1%
Clinton Twp	1	0.1%

<u>Zip Code</u>	<u># CARES cases</u>	<u>Percent</u>
48197	255	26.6%
48198	223	23.2%
48103	114	11.9%
48104	86	9.0%
48108	72	7.5%

48105	51	5.3%
48176	29	3.0%
48160	16	1.7%
48189	15	1.6%
	14	1.5%
48118	12	1.3%
48130	12	1.3%
48158	9	0.9%
48111	8	0.8%
48107	6	0.6%
48191	6	0.6%
48169	4	0.4%
48167	3	0.3%
48137	3	0.3%
48184	2	0.2%
49240	2	0.2%
98118	1	0.1%
48185	1	0.1%
48188	1	0.1%
48174	1	0.1%
48224	1	0.1%
48238	1	0.1%
48240	1	0.1%
48348	1	0.1%
48386	1	0.1%
48612	1	0.1%
49229	1	0.1%
49236	1	0.1%
48141	1	0.1%
48168	1	0.1%
48131	1	0.1%
48036	1	0.1%
48109	1	0.1%
48106	1	0.1%

Total	960	100%
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Age Groups for Consumers Active at least 1 Day in CARES

Age Category	# CARES Adm Cases
-no age listed-	34
0-16	49
17-19	122
20-24	135
25-29	127
30-34	108
35-39	84
40-44	67
45-49	81
50-54	67
55-59	34
60-64	31
65-69	20
70+	34
Total	960

Funding Sources for Consumers

Funding Sources	Medicare	# CARES cases	%
	N	407	42.4%
	Y	30	3.1%
HMP	N	309	32.2%
Medicaid	N	175	18.2%
Medicaid	Y	29	3.0%
S/D	N	5	0.5%
S/D	Y	5	0.5%
	Total	960	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,	20	2.1%
HUMANA CHOICE PPO MEDICARE PLAN,	5	0.5%

BLUE CARE NETWORK OF MICHIGAN,	4	0.4%
PRIORITY HEALTH MEDICARE,	3	0.3%
BLUE CARE NETWORK (PO 68710),	2	0.2%
Blue Care Network Advantage,	2	0.2%
United Healthcare Community Plan,	2	0.2%
AETNA PPO,	1	0.1%
AETNA PPO,	1	0.1%
AETNA US HEALTHCARE,	1	0.1%
BLUE CARE NETWORK OF MICHIGAN, BLUE CARE NETWORK PILOT,	1	0.1%
CIGNA MEDICAL,	1	0.1%
COFINITY,	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%
PRIORITY HEALTH 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

<u>Service Category</u>	<u># SAL Documents</u>	<u># Cases</u>
Targeted Case Management	13476	1015
Med Reviews	2377	447
Peer Services	1883	224
RN Services	1142	370
Intake Assessments	949	783
Psych Evals	738	614

Wellness Note	330	184
Injections	317	45
Nursing Assessments	28	27
S0316	12	7
Therapy Group Notes	5	4
J2426	2	1
99212	1	1
99213	1	1
S9470	1	1
Total	21262	

#8 Count by Type of Service		
<u>Type of Service</u>	<u># CARES cases</u>	<u>%</u>
Mood disorders	799	83.2%
Personality Disorders	111	11.6%
Psychosis	120	12.5%
SED	92	9.6%
SUD	320	33.3%
Total duplicate count	1442	



Strategic Planning Guiding Document 2021

Strategic Planning Guiding Document Contents

- Current Mission Statement
- Proposed Mission Statement
- Environmental Drivers
- Strategic Planning Process
- Current Strategic WCCMH Plan
- Current Strategic County/WCCMH Millage Plan



Strategic Planning Guiding Document 2021

Current WCCMH Mission, Vision and Values 2017-2022

CURRENT MISSION

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

PROPOSED 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 Guiding Document 2021

Environmental Drivers

Access to Care

- Shortage of staff statewide with long waiting times and difficulty in accessing care
- CMH system reform efforts are being driven by concerns about access and inconsistent statewide availability of services - encouraged to find ways to increase/improve access
- Access to youth behavioral health services
- A severe statewide psychiatric hospital bed shortage with long waits for care

Performance/Quality

- Uneven metrics/performance by PHIPs and pressure from MCOs to shift payment from PIHPs to MCOs with competing bills in the legislature from Shirkey and Whiteford
- Current CMH system collects a lot of data but lacks a clear dashboard of metrics for accountability and performance
- State rate setting efforts expected to put emphasis on cost efficiency and effectiveness etc.

Expansion of Services

- Federal expansion of mental health funding and designation of Michigan as a CCBHC state and recently approved funding in Michigan state budget
- Passage of millage since the last strategic plan that shifted focus from exclusively mandated services for "eligible" individuals to comprehensive services for the general community
- Greater need for focus on prevention, early intervention and community education



Strategic Planning Guiding Document 2021

Strategic planning proposed process for discussion purposes:

- I. Review and modify the Mission and Vision statements
- II. Proposed Timeline/Process
 - Environmental Assessment (June – July)
 - CHRT Gap Analysis (August – September)
 - Develop strategies and priorities (October – November)
- III. Public Stakeholder Input/Outreach (July -October)
 - Consumer Advisory
 - Provider Network including local hospital systems
 - Staff (Survey)
 - Community Stakeholders
 - i. Millage Advisory Committee
 - ii. CHRT Preliminary Interviews for Gap Analysis
 - a. PES, ROSC Provider, Coordinating Agency, Avalon, MDHHS
Medical Director, Chair of Psychiatry of Michigan Medicine, NAMI
- IV. Implement Strategies
- V. Report on progress towards strategies
- VI. Evaluate based on performance measures

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



Washtenaw County Community Mental Health Strategic Plan 2017- 2022



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Welcome

The Board and staff of the Washtenaw County Community Mental Health (WCCMH) are pleased to share with you our Strategic Plan for 2017-2022. This plan expresses aspirational goals, identifies strategic priorities and informs resource commitments that we will make over the coming years. This plan is also a dynamic document and annually we will assess the environment and our progress to ensure that we respond to emerging opportunities and hold ourselves accountable to advancing these commitments.

Strategizing for the future of this organization comes in the face of serious challenges and many unknowns in the world of community mental health. Previous to this planning process, we experienced an accelerated contraction in flexible state resources that had allowed CMH to serve clients who did not have Medicaid. As an organization, budgets became unsustainable and our very structure worked against efforts to innovate and respond to the shifting economic landscape. We made some very hard decisions that allowed us to operate more sustainably and with a commitment to essential services for our mandated consumers. These steps included:

- Restructuring the organization from Washtenaw Community Health Organization the former administrative arm, and Community Support and Treatment Services to Washtenaw County Community Mental Health, with a new Board;
- Creating a sustainable budget, narrowing the numbers of persons and services that WCCMH can support;
- Pursuing flexible funding opportunities in an effort to offset the reduction of access and loss of services.

Even with these efforts, change and challenges continue. At the state level, serious consideration is being given to new funding approaches for community mental health organizations. In this process, we decided that regardless of how state resources flow to communities, we must maintain and improve services. Our organizational focus must be trained on ways to improve quality health outcomes and cost effectiveness, while we become stronger educators and advocates throughout this community on behalf of the people we currently serve and those in need of services.

This strategic plan was informed by the lived experiences, knowledge and insights of the people we serve, the many professionals in our provider network, and ideas from our diverse community partners. It conducted both an internal analysis of WCCMH services and sought to understand more about gaps in services community-wide related to persons living with mental illness, and persons living with intellectual and/or developmental disorders in Washtenaw County.



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

The plan addresses the improvement needs and builds on the strengths of Washtenaw County Community Mental Health that we see today. Our commitment to integrated care is only stronger. We will strengthen capacity and consistency of delivery of core services: effective, responsive case management and supports coordination. This is accompanied by a commitment to ensure enhanced support for the people who are on the front lines of serving our neighbors in need. We are committed to building a culture and the skills of engagement, appreciation, learning and continuous improvement among CMH staff, and with our provider partners. WCCMH assumes a leadership role in a majority of these goals.

We also firmly believe that it is through partnerships and a commitment to engage our full community that we will provide the highest levels of access and service. It is through the people we serve, the provider network, and health care, government, business and nonprofit partners, that will further our reach, and our effectiveness as an organization. Our strategy, going forward, is to take full advantage of this potential through engagement, outreach and innovative practices.

We look forward to doing this important work, relying on the strength of partnerships to realizing our vision: *All residents can secure supports to pursue recovery, improve quality of life, and reach their full potential.*

John Martin
Chair, WCCMH Board

Trish Cortes
Executive Director, WCCMH



Washtenaw County Community Mental Health Strategic Plan 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.



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Guiding Definitions

Wellness is not the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

SAMSHA, Wellness Overview, 2016

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMSHA, Recovery defined, August 2010

People with intellectual and/or developmental disabilities must be able to live the lives they choose and have a good quality of life.

The ARC, Quality of Life Position Statement, November 2009



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

STRATEGIC GOALS AND PRIORITIES

Serve with Excellence

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

1. Improve quality of life with a deeper integration of physical health, behavioral health and overall wellness services.
2. Enhance services for highly vulnerable CMH consumers.
3. Help increase access and availability of services for recovery and quality of life through strategic partnerships and collaborations.
4. Strengthen the quality, effectiveness and efficiency of services through easy access to data and meaningful analysis.
5. Strengthen CMH capacity and consistency in delivery of core services.

Engage, Educate and Empower the Community

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

6. Build public awareness and trust, and support advocacy through clear, transparent communication and engagement.
7. Strengthen shared learning and partnership between CMH and consumers.

Secure and Steward Resources

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

8. Pursue adequate federal, state and local resources for persons served by CMH.
9. Diversify revenue streams and increase flexibility of resources to support prevention, outreach and equitable access.
10. Design and implement a cost competitive staffing structure and service delivery model that maintains or improves health, recovery and quality of life.

Learn and Grow

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

11. Build a culture and the skills of engagement, appreciation, learning and continuous improvement.
12. Develop CMH and the provider network into a well integrated, effective provider entity with enhanced capacity to lead on quality, cost, and innovation.



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Strategic Goals, Priorities, Near Term Initiatives

Serve with Excellence <i>CMH serves in alignment with the principles of self-determination, with a focus on health, well-being and integrated care, and a commitment to data-informed continuous improvement.</i>					
1. Improve quality of life with a deeper integration of physical health, behavioral health and overall wellness services.					
	2017 Jan- June	2017 July- Dec	2018	2019	
A. Redesign CMH teams to support deeper integration of physical health, behavioral health, and overall wellness services.					
B. Develop CMH into a well-integrated, highly effective Patient Center Medical Home (PCMH).					
C. Support the advancement of the State Innovation Model (SIM) as an active partner with WHI and health systems.					
2. Enhance services for highly vulnerable CMH eligible clients.					
	2017 Jan- June	2017 July- Dec	2018	2019	
A. Develop and implement a plan to reduce rates of arrest for persons living with mental illness and I/DD, in partnership with the Washtenaw County Sheriff's Office.					
B. Develop and implement a process and services improvement plan for persons with substance use disorders, in partnership with Washtenaw Coordinating Agency.					
C. Develop and implement a plan for enhanced services for youth.					
D. Develop and implement a plan for enhanced services for seniors.					

Active planning,
implementation

Ongoing,
institutionalized



Washtenaw County Community Mental Health Strategic Plan 2017 - 2022

Serve with Excellence

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

3. Help increase access and availability of services across the community for recovery and quality of life through strategic partnerships and collaborations.	2017 Jan- June	2017 July- Dec	2018	2019
A. Lead the implementation and analysis of the Certified Community Behavioral Health Center (CCBHC) pilot.				
B. Support a community-wide collaboration to provide recovery and quality of life services for persons living with MI and SUD, but who are not currently eligible for services.				
C. Pursue resources to provide enhanced support for persons with co-occurring illnesses who are not currently served by CMH.				
D. Partner in a community initiative for early identification and prevention of serious mental illness.				
4. Strengthen the quality, effectiveness and efficiency of services through easy access to data and meaningful analysis.	2017		2018	2019
A. Advance the implementation of the Health Information Exchange.				
B. Integrate the analysis of health outcomes with financial measures. Provide consistent, actionable reports to Executive Leadership Team (ELT), CMH staff, providers and the board.				



Washtenaw County Community Mental Health Strategic Plan 2017-2022

Serve with Excellence

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

5. Strengthen CMH capacity and consistency in delivery of core services.	2017 Jan- June	2017 July- Dec	2018	2019
A. Build a sustainable staff development plan, with an initial emphasis on core services: case management, supports coordination, person-centered planning and IPOS.				
B. Expand the meaningful use of health, wellness, self-determination, and consumer satisfaction measures by the CMH team and provider network, to support service excellence, well- informed consumer choice, and transparency.				



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Engage, Educate and Empower the Community

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

	2017 Jan- June	2017 July- Dec	2018	2019
6. Build public awareness and trust, and support advocacy through clear, transparent communication and engagement.				
A. Develop and launch a CMH communication and outreach plan that includes: - Core services overview: Whom CMH serves and how to access services "Resource Pathways": Guides for consumers, staff and providers to appropriate services - Annual Report: core services, quality measures, financials, and major initiatives				
B. Lead an annual community-wide session to engage, educate and advocate about mental illness, intellectual and developmental disabilities, recovery, quality of life and community-wide services.				
7. Strengthen shared learning and partnership between CMH and consumers.				
A. Engage primary and secondary consumers in reviews of consumer experiences, quality measures, CMH service arrays and benefits, and advocacy opportunities.				



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Secure and Steward Resources

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

8. Pursue adequate federal, state and local resources for persons served by CMH.	2017 Jan-June	2017 July-Dec	2018	2019
A. Advocate for resources for persons with mental illness and intellectual and developmental disabilities with federal, state and regional partners.				
B. Maintain a collaborative and shared learning relationship with PHP colleagues, with special attention to the emerging health care environment.				
9. Diversify revenue streams and increase flexibility of resources to support prevention, outreach and equitable access.	2017 Jan-June	2017 July-Dec	2018	2019
A. Develop and sustain payment models in partnership with health plan(s) to provide improved coverage and more flexible services for those in need.				
B. Continue efforts to lead or partner on high potential grants and demonstration projects (e.g. CCBHC, SIM, PCMH)				
10. Design and implement a cost competitive staffing structure and service delivery model that maintains or improves health, recovery, and quality of life.	2017 Jan-June	2017 July-Dec	2018	2019
A. Advance analysis of authority or agency status; implement recommendations that ensure a cost competitive model.				
B. Complete analysis of compensation, classification, and caseloads. Implement recommendations that support the recruitment and retention of skilled, well qualified CMH team members.				
C. Advocate for statewide and local actions to improve recruitment, training, compensation, and retention of direct care workers.				



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Learn and Grow CMH builds and uses the knowledge, skills, and commitment of the CMH staff, provider network partners and volunteers to meet the needs of the community we serve. CMH staff and the provider network are supported, valued, and empowered to serve. Opportunities for learning are well known and well developed.					
11. Build a culture and the skills of engagement, appreciation, shared learning and continuous improvement.					
A. Implement a consistent cycle of engagement, shared learning and appreciation across programs and levels in CMH.	2017 Jan- June	2017 July- Dec	2018	2019	
B. Build knowledge and skills of continuous improvement (CI) principles and methodology; Implement and track selected CI projects.					
12. Develop CMH and the provider network into a well integrated, effective provider entity with enhanced capacity to lead on quality, cost, and innovation.					
A. Engage a Provider Network Advisory Committee to support proactive communication, shared learning and planning.	2017 Jan- June	2017 July- Dec	2018	2019	
B. Advance CMH staff and provider network readiness for the changing landscape of health care (e.g. effective use of cost and quality measures).					



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Measures of Success

Measure	Goal/Target
Process Measures	
Michigan Department of Health and Human Services Mission-based Performance Indicators.	Meet or exceed all MDHHS performance indicators
Certified Community Behavioral Health Center (CCBHC) Measures/Outcomes	<i>TBD, expected target is: Meet or exceed all mandated CCBHC measures of success</i>
Health, Recovery, Self Sufficiency, Satisfaction Measures	
Child And Adolescent Functional Assessment Scale (CAFAS)	Achieve 90% regular participation in outcome tool by actively served consumers. Maintain or improve the average difference between two assessments from FY 16-FY 17. <i>Specific target to be set based on FY 16 baseline.</i>
Adults with Intellectual and Developmental Disabilities Life Domain Assessment	Achieve 90% regular participation in outcome tool by actively served consumers. Maintain or improve the average difference between two assessments from FY 16-FY 17. <i>Specific target to be set based on FY 16 baseline.</i>
Adult Self Sufficiency Matrix	Achieve 90% regular participation in outcome tool by actively served consumers. Maintain or improve the average difference between two assessments from FY 16-FY 17. <i>Specific target to be set based on FY 16 baseline.</i>
Consumer Satisfaction Survey	Achieve 90% regular participation in outcome tool by actively served consumers. Maintain or improve the average difference between two assessments from FY 16-FY 17. <i>Specific target to be set based on FY 16 baseline.</i>



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Foundational and Financial Measures	
Budget health	<i>TBD with attention to possible CCBHC impact</i> Sustain or improve resources available for persons in need, relative to numbers of persons served and acuity of need.
WCCMH Staff Satisfaction	<i>TBD improvements on selected measures on the OCS</i>



Washtenaw County Community Mental Health Strategic Plan 2017- 2022

Milestones, Measures of Success

This is a partial, representative summary of critical milestones outlined in the implementation plan developed and overseen by CMH leadership and staff.

- Complete training on new co-occurring curriculum by April 2017 with new service models implemented by July 2017.
- Confirm and maintain WCCMH as a substance use disorder provider by January 2017.
- Create integrated financial and health outcome reports by July 2017.
- Complete analysis of value and feasibility of LEAD program by September 2017.
- Meet all requirements of BCN to execute revenue contract by June 2017.
- Complete selected resource guides for consumers, staff and providers by October 2017.
- Complete WCCMH annual report and lead an annual community engagement event on mental health and I/DD needs and resources by November 2017.
- Complete staff compensation analysis and recommendations for recruitment and retention of skilled, well-qualified CMH team members by August 2017.
- Engage local and regional partners with advocacy efforts with state legislators by July 2017
- Approve priorities for sustainable staff development plan by March 2017.
- Complete curriculum to address core clinical fundamentals of service delivery including IPOS, case management, and supports coordination by January 2018.
- Launch new provider network advisory group by January 2017.
- Identify shared training opportunities for provider network by June 2017.
- Implement use of shared quality and consumer satisfaction measures with selected contracted providers by October 2017.



Community Mental Health Advisory Committee Recommendations

June 26, 2018, amended by CMH Board July 20, 2018

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

BACKGROUND

In November 2017, Washtenaw County residents voted 2-to-1 in support of an eight year millage for improved access and more effective health care for persons living with mental illness and substance use disorders.

[The millage resolution](#) identified these four categories of services:

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

County millage resources for mental health services are expected to generate between 5 and 6 million annually per year, beginning in 2019.

To develop recommendations for detailed, well informed mental health millage investments, the County Board of Commissioners launched the [Community Mental Health Advisory Committee \(CMHAC\)](#), a group made up of community members, service providers, and elected officials who bring a diversity of subject matter expertise, skills, lived experiences, and community relationships.

These recommendations developed by CMHAC are being sent to the Community Mental Health Board in June 2018 for review and then to the Board of Commissioners in September 2018.

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

CMHAC PROCESS and APPROACH TO RECOMMENDATIONS

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

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

Committed to learning from the community and to ensure transparency in the process, CMHAC hosted [four \(4\) Community Conversations](#), and also received counsel and input from [many collaboratives across the community](#). Additionally members of the CMH Board and leadership staff hosted a fifth Community Conversation on May 29. Total attendees at these sessions exceeded 200 persons.

These themes emerged from community members when asked about their visions of success for millage investments:

- Community is aware, has easy access to needed information about services and resources;
- Stigma is reduced;
- Enhanced integration and coordination across the whole system;
- There is improved equity across the county: there are accessible services and supports within each community;
- There are increased and enhanced services. Most commonly cited were:
 - Capacity for quicker psychiatric assessment and outpatient therapy services
 - Crisis Center
 - Faster crisis response
 - Prevention resources: community centers, safe space for teens, outreach to isolated seniors, in-school supports
 - Peer-based, community-based services
 - More youth services: peer to peer supports, socio-emotional education, outpatient and inpatient
 - Suicide prevention, especially for youth
 - Stable and supportive housing
 - More inpatient, residential beds

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

Based on CMHAC guiding principles, success factors, and counsel offered during Community Conversations, the following strategies became primary in the development of investment recommendations:

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

It is expected that over the next few months, that WCCMH, as the lead agency will provide a more specific framework for how and when the millage dollars will be spent AND will commence planning and coordination with key partners to explore how to jump start some of the most critically needed services in our community; e.g., injection services or expanded integrated care or youth counseling.

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

OVERVIEW: CMHAC VISION AND RECOMMENDED INVESTMENTS

CMHAC VISION & OUTCOMES <i>What does success look like in six years?</i>		RECOMMENDED INVESTMENTS
Comprehensive, integrated system of care in place	PLAN & INTEGRATE	1. ACCESS Plus, Crisis Center and Stabilization Services, Planning And Integration of the System of Care 2. Youth Services, Planning 3. Substance Use Disorder, Planning
- Services are accessible, based on need, not insurance - Services are community based, culturally aware and competent - Outreach to those who face obstacles to securing services - Early identification of needs and intervention - Early and enough support for youth and families - Fewer people experiencing an acute crisis - Ease finding information on needed services - Helpful crisis options: Non-jail, Non-ER, MH/SUD assessment, immediate support, post crisis services - Decrease in suicides - Less demand on jails, courts, ERs, shelter - Enhanced support for co-occurring illnesses - Choices for treatment approach and provider - Reliable supportive services to maintain housing	EXPAND SERVICES	4. Expand outreach services and maximize use of peer supports 5. Expand prevention services for youth 6. Implement ACCESS Plus & Crisis Center & Stabilization Services 7. Expand access to MH/SUD services A. Expand Injection Clinic/Services B. Expand Integrated Care C. Expand counseling services for youth D. Expand SUD, including Opioid Use Treatment Services 8. Increase supportive housing services
- Increased awareness of mental health issues - Less stigma for Mental Health/SUD illnesses - Enough capacity to deliver services - Services are cost effective - Strong, continued community support	EVALUATE & COMMUNICATE	9. Implement robust communication initiative. 10. Develop evaluation plan; track and communicate outcomes 11. Administer millage

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

CONTEXT FOR MEASURES AND COST ESTIMATES To support the ability to make effective recommendations, CMHAC sought initial measures of success and high level cost estimates associated with the recommendations. It is expected that demand, service approaches, measures of success, and cost estimates will be examined, verified, and/or refined, by collaborative planning processes with lead organizations and partner providers over the coming 6-18 months. It is expected that planning dollars will be used judiciously and millage dollars are primarily reserved to increase services.

MEASURES OF SUCCESS

The measures noted in the following pages serve as illustrative examples of the direction that measures will take. Many important measures of success will first need to establish baselines to be useful. Some measures will need multi-year analysis to provide meaningful information to guide adjustments in services or investment (e.g. decrease in demand for crisis services, population health outcomes, among others.) In the first few years of the millage, milestones and “leading process indicators” will be developed and used more often. These will be tracked and communicated until longer range outcome measures are available.

It is expected that measures should help the community understand how these investments are affecting all four quadrants of [“Quadruple Aim”](#)

- population health outcomes
- person/client experience and satisfaction
- provider experience and satisfaction
- cost effectiveness

Measures should leverage those already in use by WCCMH and by community providers. Tracking of selected common measures (e.g. community service standards) would be requirements for all who are delivering services with millage resources. Responsibility for this work is included in the evaluation component outlined in these recommendations.

COST ESTIMATES

These dollar ranges are based on assumptions of demand and of service strategies. These assumptions need review and refinement with providers, human resource and finance professionals. These will be tested, refined and made more specific in planning sessions with lead organizations and provider partners in summer 2018, and in planning, integration, and evaluation work outlined in the recommendations.

HEALTH CARE FUNDING ENVIRONMENT

These recommendations are based on today's revenue streams and requirements for use. We know that there are potential shifts in Medicaid funding approaches and there are substantive federal grants, via SAMHSA, HUD and others, that could affect resources available in Washtenaw County. These recommendations would be re-evaluated as changes in funding approaches and/or revenue streams become evident.

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

RECOMMENDATIONS

PLAN & INTEGRATE <i>cost estimate: 500-700K total for 3 years</i>				
Investment	Persons Served	Milestones, Expected Measures	Expected Lead, Partners, 3 Year Cost Estimate	
1. ACCESS Plus, Crisis Center and Stabilization Services, Planning and Integration	- Entire County - All Ages - Insurance - Agnostic	- Comprehensive Planning completed includes: - implementation strategies and - evaluation metrics	Lead: WCCMH with contractual support, expected to be multi-year e.g. IHI, Community Solutions, Lewin Group Partners: e.g. CMHPSM, Packard Health, Avalon, Ozone, Corner, Hospitals, Law Enforcement \$250K-350K, not carried into Year 4	
2. Youth Services, Planning	- Entire County - All Ages - Insurance - Agnostic	- Comprehensive Planning completed includes: - implementation strategies and - evaluation metrics	Lead: WACY/WISD with contractual support Partners: e.g. schools, WCCMH Youth Services, Ozone, Corner, Depression Center, RAHS, Avalon, CAN \$250K-350K, not carried into Year 4	
3. Substance Use Disorder, Planning	- Entire County - All Ages - Insurance - Agnostic	- Action teams working towards implementation with measures of success in place - An accountability structure with plans for monitoring action team activity	Lead: WHI/ SIM - process is underway Partners: multiple as id'd in ABLe Change process Year One: funded by SIM - No millage dollars identified at this time	

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

EXPAND SERVICES: Cost estimate: 11M to 16.6M total for 3 years All services are accessible regardless of insurance.			
Investment	Persons Served	Milestones, Expected Measures	Expected Lead, <i>Partners</i> , 3 Year Cost Estimate
4. Expand outreach services and maximize use of peer supports & community health workers	Entire County with focus on persons/families with high levels of disparity & risk	- Initial baseline measures to be developed - Earlier access to needed services - Increase in client/patient/family satisfaction - Decrease in persons experiencing homelessness - Increase in at-risk, isolated persons being served - Decrease cost/capita	Lead: TBD Partners: e.g. NAMI, PORT/Path, Schools, Fresh Start, Full Circle, Avalon, Packard Health, CAN, Parkridge, Northfield, and West Willow Community Centers, Delonis Center \$900K-1.1M
5. Expand prevention services for youth.	Entire County with focus in areas with high levels of disparity & risk	- Initial baseline measures to be developed - Timely access to assessment and services - More schools develop and implement comprehensive MH/SUD plans - Increase screenings for depression/risk within the WISD.	Lead: WACY/WISD Partners: as identified in Youth Planning process \$600K-1.2M
6. Implement ACCESS Plus, Crisis Center & Stabilizing Services	- Entire County - All Ages - Insurance Agnostic	- Initial baseline measures to be developed - Improved crisis response time - Fewer people in unnecessary levels of institutional care or criminal justice system - Improve timely access to assessment and services - Increase in client/patient/family satisfaction - Understanding & documentation of costs across the system of care - Decrease cost/capita over time.	Lead: WCCMH Partners: e.g. Law Enforcement, Hospitals, Packard Health, Avalon, Home of New Vision, Dawn Farm, Ozone, Corner, Hospitals \$6M-\$10M

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

EXPAND SERVICES: <i>The cost estimate for these investments is included on page 8. All services are accessible regardless of insurance.</i>			
Investment	Persons Served	Milestones, Expected Measures	Expected Lead, Partners, 3 Year Cost Estimate
7. Expand access to MH/SUD treatment services A. Expand Injection Clinic/Services	- Entire County - All Ages - Insurance Agnostic - Those with need for long acting antipsychotic medication	- Fewer people in crisis and being hospitalized and/or involved in the criminal justice system - Decrease cost/capita	Lead: WCCMH Partners: Cost included in estimate for ACCESS Plus
B. Expand Integrated care	Eventually the entire county – early focus on zip codes 48197, 48198, & 48189	- Improve timely access to assessment and services - Cases/care distributed based on need & severity – may migrate as stabilized - Increase in client/patient/family satisfaction - Decrease cost/capita	Lead: Packard Health Partners: SJMHS and Michigan Medicine \$1.2-2M not carried into Year 4 at this level
C. Expand counseling services for youth	High risk, high disparity youth, county wide eventually migrating to access to all youth	- Increased access to services in non-detention setting - Fewer people in unnecessary levels of institutional care or criminal justice system	Leads: Ozone, Corner \$675K-1.125M
D. Expand SUD, co-occurring services, including opioid use services	Entire County with focus in areas with high levels of disparity & risk	- Measures to be identified in the SUD Planning process and by Medication Assisted Treatment (MAT) service providers - Increased volume of opioid users in MAT - Decrease in accidental opioid deaths - Improved integration of MH and SUD services where appropriate	Leads: CMHPSM, WCCMH Partners: multiple service providers across county Services and costs estimate needs input from planning process

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

8. Increase supportive housing services	- Persons with MH/SUD issues who are homeless or housing insecure - Entire county	- Fewer persons/families experience or are at risk of homelessness - Increase in person/family satisfaction - Fewer people in unnecessary levels of institutional care or criminal justice system	Lead: WHA Partners: Avalon, MAP, Ozone, Housing Commission, Delonis Center \$900K-1.2M
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EVALUATE & COMMUNICATE: cost estimate for 3 years: 600-850K			
Investment	Persons Served	Milestones, Expected Measures	Expected Lead, Partners, 3 Year Cost Estimate
9. Communicate, educate and engage community	Entire County	- County residents are familiar with how to learn about or access services - County residents understand millage investments and outcomes - Anti-stigma campaign is underway - Educate and advocate for the stabilization of direct care workers	Lead: WCCMH with contractual support Partners: NAMI, all agencies, County Admin, Board of Commissioners \$150K-250K
10. Evaluate outcomes	Entire County	- Baselines are well developed - Evaluation measures are in place and outcomes communicated to the community.	Lead: WCCMH with contractual support e.g. CHRT; Lewin Group Partners: all service providers using millage resources \$150K-250K
11. Administer and leverage millage resources	Entire County	- Projects and contracts are advanced on time - Other funding streams optimized; e.g., SIM, SAMHSA, FQHC, HUD - Private funding secured	Lead: WCCMH, internal and portions possible via contractual Partners: all service providers using millage resources \$300K-450K

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

Total Estimated 3-Year Cost Estimate Range**	\$11.4M - \$18M
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**COST ESTIMATES

- The high estimate noted here meets or exceeds forecasted revenue from the millage. More detailed planning will ensure this amount is not fully committed. A reserve will be held for needs and opportunities that are uncovered during planning processes and based on service demands.
- The range of costs noted above are based on assumptions of service strategies and demand. These assumptions need review and refinement with providers, human resource and finance professionals. These estimates will become more specific in planning sessions with CMH and community provider partners in summer 2018, and in ongoing planning and integration work.
- It is expected that millage dollars are “spared” where there are appropriate, robust partner services with additional funding streams and where clients/patients with insurance/third party payers will be appropriately billed.

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

TIMELINE

Draft Timeline Initiative Implementation

2018

- Access Plus, Crisis & Stabilization & Youth Services & SUD— Organize System Planning & early adoption of improved services
- Expand MH/SUD Services — injections; integrated care; & youth counseling outside detention
- Prepare for administrative needs incl. contract administration, communication plan; etc
- Track potential aligned funding streams; e.g., FQHCs, HUD, CCBHC, SIM etc.
- Organize to seek private grant dollars through foundation support - partnerships favored

2019-22

- Access Plus, Crisis & Stabilization & Youth Services — System Planning begins in each include evaluation planning — and moves to fully scoped implementation 2020-21.
- Track Community Funding Streams; e.g., SIM, FQHCs, HUD, CCBHC, etc. - ongoing
- Expand MH/SUD Services — above continues; measure milestones/effectiveness & adjust as needed
- Expand supportive housing services
- Expand outreach services & deploy more peer support specialists and community health workers
- Begin to measure off 2018 baseline: ED visits; Inpatient stays; Incarceration/detention rates along with ongoing mandated measures

2023-26

- All above services continue
- Evaluation framework applied with standards of care established and measured across all partners and entities providing prevention; access, crisis, & stabilization services along with mandated measures
- Measurement dictates modification and/or further expansion of services as fewer people in crisis; less disparity in services by both race, ethnicity and geography; more people housed; barriers to care reduced - moving to community wide metrics of improvement.

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

INVESTMENTS NOT RECOMMENDED AT THIS TIME

There were several possible investments discussed, all were based on historically documented community issues and needs and also came forward in Community Conversations. Based upon either the interpretation of the millage language, capacity for impact within the limits of the millage, and/or because of more pressing priorities seen by CMHAC, these items were not recommended at this time:

1. Inpatient beds or residential treatment beds for adults or youth - Per gaps analysis and Community Conversations, it is clear that there are needs for increased access to inpatient beds and residential treatment, especially for youth within Washtenaw County. It is possible that some of this need could be addressed through collaborative analysis and adjustment of bed allocation. Additionally, because of the current lack of upstream services of a crisis center and/or ongoing services to support stabilization, beds are currently thought to be overused. The discussion of beds could be conducted after upstream services are put in place and the forecast for beds can be better predicted.
2. Wage increases- Given the size of the labor force, even a very modest adjustment in wages would result in the consumption of a significant part, if not all of the millage dollars, while likely not having a significant impact on the recruitment, retention, and quality of life of providers. Additionally, the pre-millage communication to the community was targeted to enhanced service needs, not wage increases. This was seen as a federal, state, and local issue that merits system level attention and action by governing and funding bodies at all levels.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN REGULAR BOARD MEETING MINUTES

June 9, 2021

***Meeting held electronically via Zoom**



Members Present: Judy Ackley (Ann Arbor, MI), Greg Adams (Adrian, MI), Susan Fortney (Petersburg, MI), Roxanne Garber (Howell, MI), Sandra Libstorff (Monroe, MI), Molly Welch Marahar (Ann Arbor, MI), Mary Serio (Howell, MI), Sharon Slaton (Brighton Township, MI), Ralph Tillotson (Adrian, MI)

Members Absent: Bob King, Caroline Richardson, Katie Scott

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

Others Present:

- I. Call to Order
Meeting called to order at 6:01 p.m. by Board Chair S. Slaton.
- II. Roll Call
 - An electronic quorum of members present was confirmed.
- III. Consideration to Adopt the Agenda as Presented
Motion by R. Tillotson, supported by S. Fortney, to approve the agenda as amended
Motion carried
 Voice vote, no nays
 - Multi-Year Deficit Elimination Plan added to New Business
- IV. Consideration to Approve the Minutes of the May 12, 2021 Regular Meeting and Waive the Reading Thereof
Motion by R. Garber, supported by J. Ackley, to approve the minutes of the May 12, 2021 regular meeting and waive the reading thereof
Motion carried
 Voice vote, no nays
- V. Audience Participation
None
- VI. Old Business
 - a. June Finance Report – FY2021 as of April 30th
 - M. Berg presented.
 - The Board requested to see PA2 balance information in future finance reports.

CMHPSM Mission Statement

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

VII. New Business

a. Board Action – Provider Stabilization Funding Request

Motion by R. Garber, supported by M. Welch Marahar, to approve the proposed provider stabilization passthrough request

Motion carried

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Serio, Slaton, Tillotson

No:

Absent: King, Richardson, Scott

b. FY20 Deficit Elimination Plan

Motion R. Garber, supported by G. Adams, to authorize Board Secretary J. Ackley to sign the Resolution and Multi-Year Deficit Elimination Plan as presented for submission to the Department of the Treasury

Motion carried

Vote

Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Serio, Slaton, Tillotson

No:

Absent: King, Richardson, Scott

VIII. Reports to the CMHPSM Board

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

- OPB did not meet last month. Staff will send the OPB finance report to the Regional Board.

b. CEO Report to the Board

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

IX. Adjournment

Motion by R. Tillotson, supported by M. Welch Marahar, to adjourn the meeting

Motion carried

Voice vote, no nays

Meeting adjourned at 6:42 p.m.

Judy Ackley, CMHPSM Board Secretary

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