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/99931830341

September 17, 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-8/20/21 (Attachment #1A)
- B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-8/9/21 (Attachment #1B)
- C. CCBHC Presentation (Attachment #1C)
- D. MILLAGE COMMITTEE:
  1. WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/9/21 (Attachment #1D1)
  2. Millage Process, Investments and Progress Update (Attachment #1D)
  3. CARES Dashboard (Attachment #1E3)
  4. CHRT Communications Update (Attachment #1E4)
  5. Millage funding proposals approved at Millage Advisory Committee on 9/13/21
     a. Student Advocacy Center-Check and Connect/Education Advocacy Funding Request totaling $186,195.00 (Attachment #1E5a)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/11/21 (Attachment #1E)

V. Treasurer's Report **ACTION** (30 minutes)
- Financial Status Report (Attachment #2) **N. Phelps ACTION**
- Contracts and Leases (Attachment #3) **M. Taylor ACTION**
- WCCMH Millage and CCBHC Financial Status Report (Attachment #4) **N. Phelps ACTION**

VI. Executive Director Report-**T. Cortes** (15 minutes)

VII. Discussion Items (20 minutes)
- Strategic Planning Update (Attachment #5) **M. Harding**

VIII. CMHPSM Regional Update (10 minutes)
- August 11, 2021 CMHPSM Meeting Minutes and Actions (Attachment #6)
- September 8, 2021 CMHPSM Board Meeting Update

IX. New Business (10 minutes)
- Washtenaw County CMH Board of Directors Annual Calendar (Attachment #7)
- 2022 Washtenaw County CMH Board-Committee Meetings Schedule (Attachment #8)

X. Old Business (10 minutes)
- CCBHC Update **T. Cortes/M. Harding**
- Provider Presentation Discussion **H. Linky** (Attachment #9)

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

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

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

XII. Adjournment of Public Meeting

Instructions to join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/99931830341

Or One tap mobile:
+19292056099, 99931830341# US (New York)
+12678310333, 99931830341# US (Philadelphia)

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

Webinar ID: 999 3183 0341

International numbers available: https://zoom.us/u/avHGux4mj

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

Audience Participation Guidelines:

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

ATTACHMENT #1
SEPTEMBER 2021

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

SEPTEMBER 17, 2021

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-8/20/21
B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-8/9/21
C. CCBHC Presentation
D. Millage Committee:
    1. WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/9/21
    2. Millage, Process, Investments and Progress Update
    3. CARES Dashboard
    4. CHRT Communications Update
    5. Millage Funding Proposals approved at Millage Advisory Committee on 9/13/21
        a. Student Advocacy Center-Check and Connect/Education Advocacy Funding Request totaling $186,195.00
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/11/21

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

https://zoom.us/j/95118579821

August 20, 2021
9:30am

K. Walker called the meeting to order at 9:30 am.

ROLL CALL:

S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner-Sundling attending remotely from Ann Arbor, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R, Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
A. LaBarre 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: C. Richardson, K. Scott

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

OTHERS PRESENT: L. Lutomski, G. Conti, K. Cowan, S. Brown, M. Creekmore, K. Belknap

I. Introductions
None

II. Audience Participation
- G. Conti expressed concern over dual diagnosis treatment options with WCCMH He stressed that it is imperative that the county provide adequate treatment for these individuals.

III. Board response to audience participation
- Staff will investigate and follow up with G. Conti.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-7/16/21
- WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-6/14/21
- WCCMH Budget-Finance Committee Meeting Minutes and Actions-7/12/21
- Program Education Presentation-PORT/PATH
- Program Committee Dashboard-FY2021, Qtr. 2
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/9/21
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/14/21
- WCCMH Millage Advisory Committee Meeting Minutes and Actions-7/12/21
- Millage Process, Investments and Progress Update
- CARES Dashboard
- WISD Funding Proposal totaling $213,780.00 (approved by MAC on 8/9/21)
- Youth Assessment Center Technical Assistance Funding Proposal totaling $20,650.00 (approved by MAC on 8/9/21)

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE AUGUST 20, 2021 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**NOT PRESENT AT TIME OF VOTE**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**Y**
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 June 30, 2021.
- The PIHP Board approved additional funds to pass through to our providers in an effort to stabilize them. Another budget amendment will be presented soon that will reflect this change.

MOTION BY A. DUSBIBER, SUPPORTED BY B. HIGMAN TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD ENDING JUNE 30, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Contracts (Attachment #3)

- M. Taylor presented the contracts and leases to the Board (Attachment #3).
- Christ Centered Homes, Inc. to provide Licensed Residential Services for a term of July 6, 2021 through September 30, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH CONTRACTS AS PRESENTED.

ROLL CALL VOTE:

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

UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VII. WCCMH FY2022 Budget

- N. Phelps presented the WCCMH FY2022 Budget (Attachment #4A) to the Board.
- This budget is prepared with the most up to date information available at this time. We are still waiting on funding amounts from CCBHC demonstration. Budget amendment will be presented when more information is available.
- The Cost Allocation Plan (CAP) from the County has a slight increase for this year and it is included in the budget.
- A budget book will be completed once more information on CCBHC is available and revenue amounts are confirmed.

N. Graebner-Sundling joined the meeting at 10:16 am.

MOTION BY A. DUSBIBER, SUPPORTED BY A. LABARRE TO APPROVE THE WCCMH FY2022 BUDGET AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VIII. WCCMH FY2022 Master Contracts List

- M. Taylor presented the WCCMH FY2022 Master Contracts List (Attachment #4B) to the Board.

MOTION BY A. DUSBIBER, SUPPORTED BY A. LABARRE TO APPROVE THE FY2022 WCCMH MASTER CONTRACTS LIST AS PRESENTED.

S. ANTONOW ABSTAINED FROM THE TRINITY HEALTH CONTRACT
A. DUSBIBER ABSTAINED FROM THE MICHIGAN REHABILITION CONTRACT.
B. HIGMAN ABSTAINED FROM THE NAMI CONTRACT.
N. GRAEBNER-SUNDLING ABSTAINED FROM THE ST. LOUIS CENTER CONTRACT
N. GRAEBNER-SUNDLING ABSTAINED FROM THE TRINITY HEALTH CONTRACT
D. STRONG ABSTAINED FROM THE PACKARD HEALTH CONTRACT
M. UDOW-PHILLIPS ABSTAINED FROM THE UNIVERSITY OF MICHIGAN CONTRACTS

ROLL CALL VOTE:

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

IX. Millage and CCBHC Financial Status Report

- N. Phelps presented the Millage and CCBHC Financial Status Report (Attachment #5) to the Board for the period ending June 30, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MILLAGE AND CCBHC FINANCIAL STATUS REPORT DATED JUNE 30, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

X. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
- State Level Update
  - Having bi-weekly meetings with MDHHS leadership regarding workforce shortages.
- Local Update
  - Staff are working on a plan to be create a single point of entry for substance use disorder and mental health services access in Washtenaw County.
  - Regional board passed $3.5 million for provider stability within the region. WCCMH will begin sending funds out to the residential providers in the coming days.

XI. Discussion Items

- Annual Conflict of Interest and Code of Ethics Reminder
  - K. Walker reminded the board to complete the Code of Ethics and Conflict of Interest documents that R. Dornbos emailed on 4/13/21.
- Strategic Planning Discussion (Attachment #6)
  - T. Cortes presented the Proposed Strategic Planning Timeline/Process document with the Board.

XII. CMHPSM Regional Update

- The CMHPSM minutes (Attachment #7) from July 14, 2021 were reviewed.
- T. Cortes provided an update from the August 11, 2021 Regional Board meeting.

XIII. New Business

- CMHPSM Oversight Policy Board Appointment (Attachment #8)
  - N. Adelman from the CMHPSM answered questions regarding the re-appointment of David Oblak CMHPSM Oversight Policy Board Appointment for a term of October 1, 2021 through September 30, 2024.

MOTION BY B. KING, SUPPORTED BY A. LABARRE, TO APPOINT DAVID OBLAK TO THE CMHPSM OVERSIGHT POLICY BOARD FOR A 3-YEAR TERM ENDING SEPTEMBER 30, 2024.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**

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

MOTION CARRIED

- Provider Presentation (Attachment #9)
  - N. Phelps discussed the provider challenges with the Board.
  - Some of these challenges are:
    - Recruitment challenges
    - Premium pay impact
    - Administrative burden
    - Intensive role/duties of direct support professionals
    - Meeting county living wage ordinance requirements
    - Lack of fringe benefits
    - Paying for training/need for training programs
    - Lack of job appreciation
    - Wage levels
  - Continue this discussion at the next full board meeting.

XIV. Old Business

- CCBHC Update
  - T. Cortes provided an update on the CCBHC.
  - Potential October 1st implementation date
  - M. Harding has been working diligently on the certification process.

XV. Items for future discussion

- Development of Reserve Capital at the CMHSP level
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey
- Provider presentation-September CMH Board
- Co-Occurring/Integrated Health Services within the provider network
- CCBHC
- Strategic plan

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:29 AM.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BUDGET-FINANCE COMMITTEE MEETING MINUTES *DRAFT*
August 9, 2021
https://zoom.us/j/98297457970
1:00 pm

ROLL CALL:	N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County, MI R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI D. Strong attending remotely from Scio Twp, Washtenaw County, MI M. Udow-Phillips attending remotely from Amherst, MA
MEMBERS ABSENT:	B. King, K. Scott
STAFF PRESENT:	T. Cortes, R. Dornbos, M. Harding, S. Lefferts, N. Phelps, M. Taylor, L. Higle, T. Florence, L. Gentz
OTHERS PRESENT:	L .Lutomski, K. Walker, T. Gavalier

N. Graebner-Sundling called the meeting to order at 2:03 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Board Response to Audience Participation
- None

IV. Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 6/14/21.
- The Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 6/14/21 were reviewed. (Attachment #1A)

MOTION BY D. STRONG, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE JUNE 14, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Budget-Finance Committee Meeting Minutes and Actions from 7/12/21.
- The Budget-Finance Committee Meeting Minutes and Actions from 7/12/21 were reviewed. (Attachment #1B)

MOTION BY D. STRONG, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE JULY 12, 2021 BUDGET-FINANCE COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Financial Status Reports (Attachment #2)

- N. Phelps reviewed the Financial Status Report for the month ending June 30, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY D. STRONG TO APPROVE THE FINANCIAL STATUS REPORT THROUGH JUNE 30, 2021 AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VII. Contracts and Leases

- M. Taylor presented the contracts and leases to the committee. (Attachment #3)
- Christ Centered Homes to provide the Licensed Residential Services for a term of July 6, 2021 through September 30, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY D. STRONG TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

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

VIII. Regional Finance Update

- N. Phelps presented the Regional Finance Update to the committee.
- CMS has approved a plan to allow the of use of surplus Medicaid funds to pay down prior year deficits.

IX. Old Business

- CCBHC Update
  - M. Harding and N. Phelps presented an update on the CCBHC.
  - No rate information has been provided yet and therefore the budget presented at this meeting does not include any CCBHC funding or related expense.

- There is a new companion guide that includes placeholder rates until Milliman finishes their work.

X. New Business

- WCCMH FY2022 Budget
  - N. Phelps presented the WCCMH FY2022 Budget to the committee (Attachment #4A)
  - The PIHP Board will take action on the regional budget at their September meeting.
  - Request for the WCCMH board to approve the budget so that it can move forward to the BOC on September 1st to be in place by October 1st.
  - A budget book will be completed once we have relevant information on CCBHC and would like to have this included in the BOC budget presentation.

MOTION BY D. STRONG, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE FY2022 PRELIMINARY WCCMH BUDGET AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY2022 Master Contracts List
  - M. Taylor presented the WCCMH FY2022 Master Contracts List to the committee (Attachment #4B).

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY D. STRONG TO APPROVE THE FY2022 WCCMH MASTER CONTRACTS LIST AS PRESENTED.

D. STRONG ABSTAINED FROM THE PACKARD HEALTH CONTRACT
N. GRAEBNER-SUNDLING ABSTAINED FROM THE ST. LOUIS CONTRACT
N. GRAEBNER-SUNDLING ABSTAINED FROM THE TRINITY HEALTH CONTRACT
M. UDOW-PHILLIPS ABSTAINED FROM THE UNIVERSITY OF MICHIGAN CONTRACTS

ROLL CALL VOTE:

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

MOTION CARRIED

XI. Items for Future Discussions

- Accounts Receivable
- Cost Per Case Comparisons

XII. Meeting adjourned at 3:04 pm.

ATTACHMENT #1C
SEPTEMBER 2021

Washtenaw County Community Mental Health (WCCMH)

CCBHC Updates

Combined Finance and Program Committee Meeting

September 13, 2021

Certified Community Behavioral Health Clinic (CCBHC)

The CCBHC Model:

CCBHCs are considered a new Medicaid provider type and are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

- Expanded Service Array
- Expanded Access to Services
- Improved Care Coordination and Integrated Care
- Expanded Person-Centered Treatment
- Expanded Data Collection and Qualitative Reporting

10 CCBHC Demonstration States

(Section 223 Protecting Access to Medicare Act of 2014)

- Minnesota
- Missouri
- Nevada
- New Jersey
- New York
- Oklahoma
- Oregon
- Pennsylvania
- Michigan
- Kentucky

CCBHC Enrollment Eligibility

- Any person with a mental health or substance use disorder (SUD)
  - The mental health or SUD diagnosis does not need to be the primary diagnosis
  - Individuals with a dual diagnosis of intellectual/developmental disability (I/DD) are eligible
  - Mild to moderate diagnoses
- Most of the individuals currently served at WCCMH will be eligible for CCBHC, the adults with severe mental illness and youth with serious emotional disturbance
- I/DD population is not eligible for CCBHC enrollment
- CCBHCs must serve all eligible individuals regardless of residency or ability to pay

CCBHC Enrollment Process

- CCBHC enrollment will take place in the Waiver Supports Application (WSA)
  - PIHPs and CMHs use the WSA for existing waiver benefits
  - Enrollment and assignment to CCBHC may be a combination of an automatic and manual processes
  - WSA will also be utilized to enroll the non-Medicaid population
  - Details still being worked out by MDHHS

CCBHC Services

- Nine comprehensive services to address the complex and myriad needs of persons with mental health or SUD diagnoses
  - 1. Crisis mental health services, including 24-hour mobile crisis
  - 2. Screening, assessment and diagnosis, including risk assessment
  - 3. Patient-centered treatment planning or similar process
  - 4. Outpatient mental health and substance use services
  - 5. Outpatient clinic primary care screening and monitoring of key health indicators and health risk
  - 6. Targeted case management
  - 7. Psychiatric rehabilitation services
  - 8. Peer support and counselor services and family supports
  - 9. Intensive, community-based mental health for members of the armed forces and veterans, particularly those members and veterans located in rural areas

CCBHC Revenue

- WCCMH developed a PPS-1 (Prospective Payment System) rate
- PPS-1 payment may only be paid once per day per beneficiary/recipient regardless of the number of CCBHC services provided on a given day
- The PPS-1 rate is classified as a daily visit rate
  - The costs to develop the PPS rate include existing costs to serve eligible populations as well as potential increased costs for service expansion
  - An estimate of daily visits is identified
  - Projected annual CCBHC costs divided by annual daily visits = PPS-1 rate
- The current payment model is comprised of two parts
  - CCBHC identified payment in the current capitation payments
  - CCBHC supplementary payment

State of Michigan, Department of Health and Human Services
State Fiscal Year 2022 Behavioral Health Capitation Rates
CCBHC Supplemental Expenditure Development

CCBHC	PIHP	SFY 2019 CCBHC Expenditures [A]	Projected SFY 2022 CCBHC Expenditures [B]	SFY 2019 CCBHC Daily Visits [C]	Projected SFY 2022 CCBHC Daily Visits [D]	PPS-1 Rate: SFY 2019 Historical [E] = [A] / [C]	PPS-1 Rate: Projected SFY 2022 Included within Base Rates [F] = [B] / [D]	PPS-1 Rate: SFY 2022 CCBHC Cost Report Projected [G]	PPS-1 Rate: Projected SFY 2022 CCBHC Supplemental [H] = [G]-[F]
Muskegon County CMH	Lakeshore	$ 13,147,499	$ 15,451,184	47,814	53,415	$ 274.97	$ 289.27	$ 383.02	$ 93.76
West Michigan CMH	Lakeshore	5,645,358	6,786,101	30,356	35,745	185.97	189.85	369.58	179.73
Kalamazoo County CMH	Southwest	7,758,426	9,093,270	38,060	43,472	203.85	209.18	342.13	132.95
St. Joseph CMH	Southwest	4,638,220	5,544,425	21,983	25,047	210.99	221.36	387.10	165.74
CEI CMH	Mid-State	39,314,768	46,499,801	134,709	151,748	291.85	306.43	396.10	89.67
Ionia CMH	Mid-State	6,570,461	7,836,646	24,648	28,205	266.57	277.84	386.81	108.97
Saginaw CMH	Mid-State	10,642,425	12,384,971	34,162	38,372	311.53	322.76	386.44	63.68
Washtenaw CMH	Southeast	16,379,628	19,386,523	71,102	80,728	230.37	240.15	290.63	50.48
Macomb County CMH	Macomb	15,823,615	18,652,647	63,613	72,290	248.75	258.03	299.29	41.26
St. Clair CMH	Region 10	10,441,169	12,382,563	59,351	67,680	175.92	182.96	219.89	36.93
CNS Healthcare	Oakland	14,617,153	17,627,657	65,628	75,917	222.73	232.20	347.53	115.34
Easter Seals	Oakland	21,740,187	25,804,657	100,145	113,868	217.09	226.62	317.56	90.94
The Guidance Center	Detroit	15,132,059	17,492,969	55,454	61,742	272.88	283.32	439.18	155.86
		$ 181,850,968	$ 214,943,413	747,025	848,230	$ 243.43	$ 253.40	$ 347.74	$ 94.34

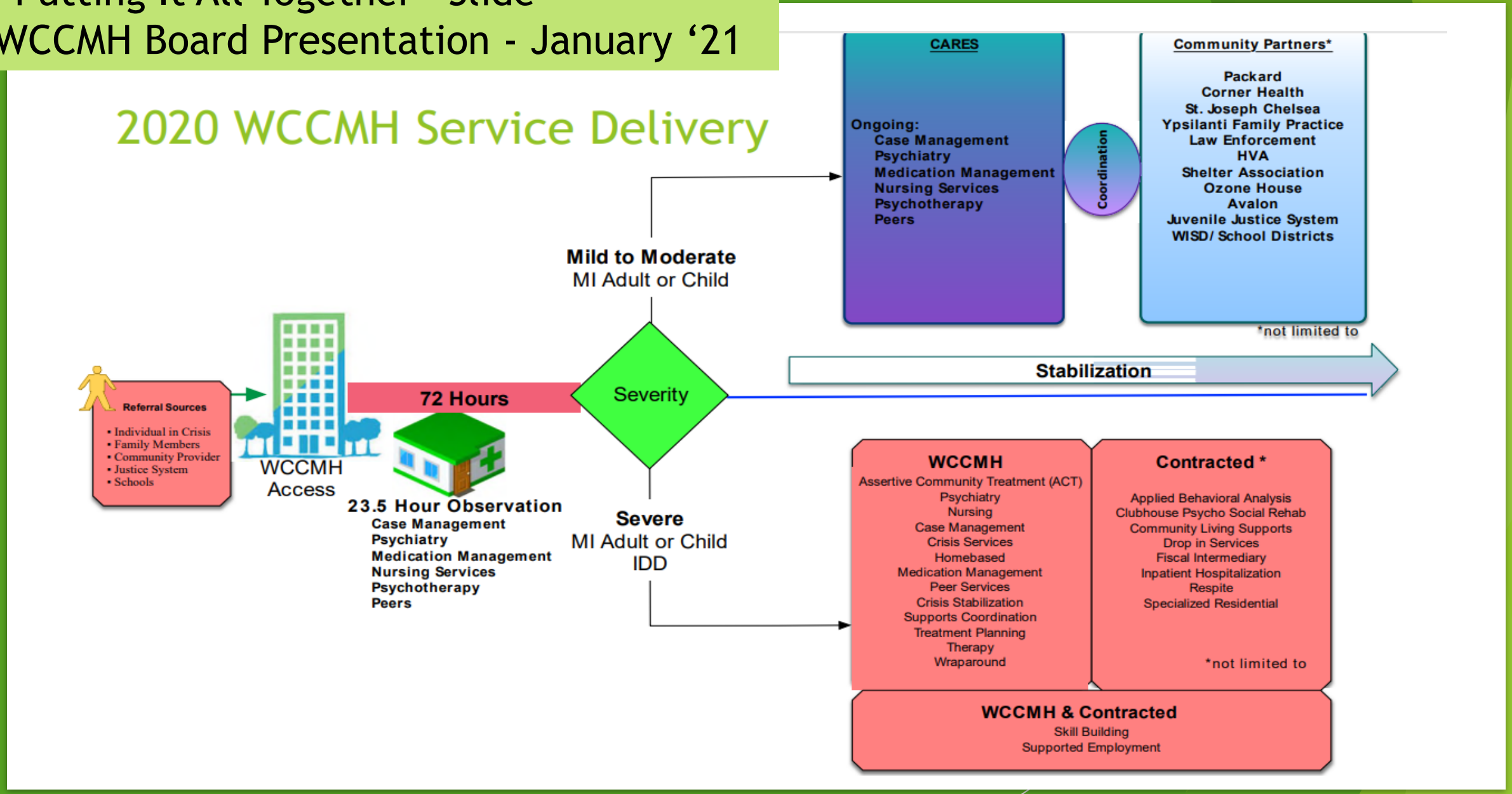
State of Michigan, Department of Health and Human Services
State Fiscal Year 2022 Behavioral Health Capitation Rates
CCBHC Supplemental Expenditure Development

		Projected SFY 2022 CCBHC Supplemental Service Payment			
CCBHC	PIHP	PPS Supplemental Expenditures [I] = [H] * [D]	PIHP Admin (1%) [J] = [I] / (1-.01) - [I]	5% Quality Incentive [K] = [I] / (1-.05) - [I]	Total
Muskegon County CMH	Lakeshore	$ 5,007,988	$ 50,586	$ 263,578	$ 5,322,152
West Michigan CMH	Lakeshore	6,424,510	64,894	338,132	6,827,537
Kalamazoo County CMH	Southwest	5,779,753	58,381	304,198	6,142,331
St. Joseph CMH	Southwest	4,151,197	41,931	218,484	4,411,612
CEI CMH	Mid-State	13,607,380	137,448	716,178	14,461,006
Ionia CMH	Mid-State	3,073,437	31,045	161,760	3,266,241
Saginaw CMH	Mid-State	2,443,458	24,681	128,603	2,596,742
Washtenaw CMH	Southeast	4,075,236	41,164	214,486	4,330,886
Macomb County CMH	Macomb	2,982,569	30,127	156,977	3,169,673
St. Clair CMH	Region 10	2,499,521	25,248	131,554	2,656,322
CNS Healthcare	Oakland	8,756,232	88,447	460,854	9,305,533
Easter Seals	Oakland	10,355,604	104,602	545,032	11,005,238
The Guidance Center	Detroit	9,622,895	97,201	506,468	10,226,564
		$ 78,779,778	$ 795,755	$ 4,146,304	$ 83,721,837

What we know today…

- Identified supplementary CCBHC payments are projected to be $4.3 million for WCCMH
  - Still working out details and administrative needs of the PIHP related to CCBHC
- CCBHC revenue will offset some existing millage expenses
- The SAMHSA CCBHC-2 expansion grant through April 2022
- CCBHCs must first bill any applicable third-party payors, including Medicare prior to submitting service encounters for CCBHC reimbursement
  - This includes expansion grant funding
  - Applicable payments must offset the claim for CCBHC reimbursement
- Adjustments to the revenue are made in the second year based on the costs and utilization experience in first year

"Putting It All Together" Slide - WCCMH Board Presentation - January '21



Implications and Considerations of "Putting It All Together"

- Solicit WCCMH Board feedback and conversation on:
  - Clinical Service Delivery
  - Administrative Requirements
  - Finance and Reporting Requirements

Implications and Considerations - Clinical

- How do we achieve a single point of access into mental health and substance use disorder (SUD) services in Washtenaw County?
- CARES Team becomes a level of care for Mild to Mod ongoing & Mobile Crisis.
- Are the programs/teams organized effectively? What impact would change to team structure have on space, etc.?
- Identify the additional clinical resources needed.
- Evidence Based Practice (EBP) requirement for CCBHC, what are we doing and not doing?
- Increased monitoring will be necessary to ensure services are delivered, recorded and submitted for reimbursement.

Implications and Considerations - Administrative

- Initial and On-going Certification/Auditing Process
- Expanded Performance Metrics (data and reporting)
- Utilization Management
- Professional Development
- Contracts/Agreements
- Recipient Rights, Grievances and Appeals
- CCBHC Enrollment
- Front Desk/Check-In Procedures

Impacts and Considerations – Finance & Reporting

- Increases to accounting and reporting
- Combining the accounting and reporting and "Putting It All Together"
- Additional 1st & 3rd party billing/coordination of benefits and CCBHC requirements
  - Claiming and reconciling with PIHP
- Electronic Medical Record (EMR) updates
- Revenue Monitoring and Encounter Submission
- Financial Determinations/Ability to Pay
- Compliance Exam implications

Board feedback and conversation…

- Thoughts on strategic planning process?
- Thoughts on single point of entry?
- Thoughts on millage planning?

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

https://zoom.us/j/96041864764

August 9, 2021

4:00 pm

N. Graebner-Sundling called the meeting to order at 4:06 pm.

ROLL CALL:	N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County, MI H. Heaviland attending remotely from Scio Twp, Washtenaw County, MI B. Higman attending remotely from Ann Arbor, Washtenaw County, MI R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI J. Martin attending remotely from Beaver Island, MI R. Rion attending remotely from Ann Arbor, Washtenaw County, MI M. Udow-Phillips attending remotely from Amherst, MA G. Waddles, Jr. attending remotely from Ypsilanti, Washtenaw County, MI K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI
MEMBERS ABSENT:	A. Carlisle, D. Jackson, B. King, A. LaBarre
STAFF PRESENT:	T. Cortes, M. Harding, L. Gentz, N. Phelps, R. Dornbos, T. Florence, S. Lefferts, K. Hoener
OTHERS PRESENT:	S. Hierman, E. Matti, K. Cowan, K. Snodgrass, T. Gavalier

I. Introductions
- L. Gentz introduced S. Hierman from Washtenaw Intermediate School District (WISD) who will be presenting later in the meeting.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 7/12/21 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 7/12/21 were reviewed.

MOTION BY J. MARTIN, SUPPORTED BY B. HIGMAN TO APPROVE THE MINUTES AND ACTIONS FROM THE JULY 12, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**N/A**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**N/A**	**JEFFERSON**	**Y**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

V. Discussion Items

- Millage Process, Investments and Process Update (Attachment #2A)
  - L. Gentz deferred to the document for the sake of time.

- CARES Dashboard-New Design Review (Attachment #2B)
  - L Gentz reviewed the CARES Dashboard document for July 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 June 30, 2021.

VII. Old Business

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

VIII. New Business

- Washtenaw Intermediate School District (WISD) Funding Proposal (Attachment #4)
  - S. Hireman from the WISD presented the funding proposal.
  - Financial ask is for $132,000 to support the continuation of the mental health mini grants for the 2021-2022 and 2022-2023 school years and $81,780.00 for one-time grant funds to be used to address deficits in instructions, facilities, and technology.

MOTION BY K. WALKER, SUPPORTED BY G. WADDLES, JR. TO APPROVE THE WASHTENAW INTERMEDIATE SCHOOL DISTRICTS FUNDING REQUEST FOR A TOTAL OF $213,780.00.

ROLL CALL VOTE:

CARLISLE	**N/A**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**ABSTAINED**	**HIGMAN**	**Y**
JACKSON	**N/A**	**JEFFERSON**	**Y**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

- Youth Assessment Center Technical Assistance Funding Proposal (Attachment #5)
  - L. Gentz presented the Youth Assessment Center Technical Assistance Funding Proposal to the committee.
  - Financial ask is for $20,650.00 to receive technical assistance from the National Assessment Center Association (NAC) to assist a multi-sector stakeholder group with launching a Youth Assessment Center in Washtenaw County.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO APPROVE THE YOUTH ASSESSMENT TECHNICAL ASSISTANCE FUNDING PROPOSAL IN THE AMOUNT OF $20,650.00.

ROLL CALL VOTE:

CARLISLE	**N/A**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**N/A**	**JEFFERSON**	**Y**
KING	**N/A**	**LABARRE**	**N/A**
MARTIN	**Y**	**RION**	**Y**
UDOW-PHILLIPS	**Y**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

IX. Items for Future Discussions
- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY K. WALKER TO ADJOURN THE MEETING.

Meeting adjourned at 4:31 pm.

Millage Process, Investments and Process Update- September 2021

Plan and Integrate:

LEAD- One CSM position has been filled and a peer dedicated to the project. We still have one CSM position posted. We are on track for a go-live date of 10/1/21

Youth Assessment Center- Met with NAC to begin the technical assistance. Establishing additional stakeholders who should be invited to participate in the planning and additional conversations that need to occur with sector leaders.

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- Findings have been reviewed and next steps are being identified.

Expand Services:

CARES/Crisis/750- See M. Tasker Report

Housing RFP- Avalon provided updated data back to January 2021 showing on average, 100 individuals served monthly with the top 6 services including: Early Intervention of Emerging Problems, Eviction Prevention, Household Skills and Safety, Outreach and Engagement, Referrals and Linkages and Mental and Physical Health Navigation. SAWC continues to work closely with CMH on their crisis housing project. OCED will be coming back to the MAC to provide an update on the RFP projects before the first of the year.

31 N/ WISD Mini Grants- Working with them to establish mini grant funding priority areas for the year and establishing quarterly outcome reporting for the 31 N. initiative as the result of the new proposal approved in August.

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- 4 hours of psychiatry is being provided at Ozone House.

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- Up and running since January, 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! Establishing quarterly reporting metrics for MAC review.

Anti-Stigma Campaign- Public Health is drafting their new strategy and will have an updated proposal for MAC to review soon. They are continuing the strategies identified in the previous plan, utilizing money unspent due to Covid.

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

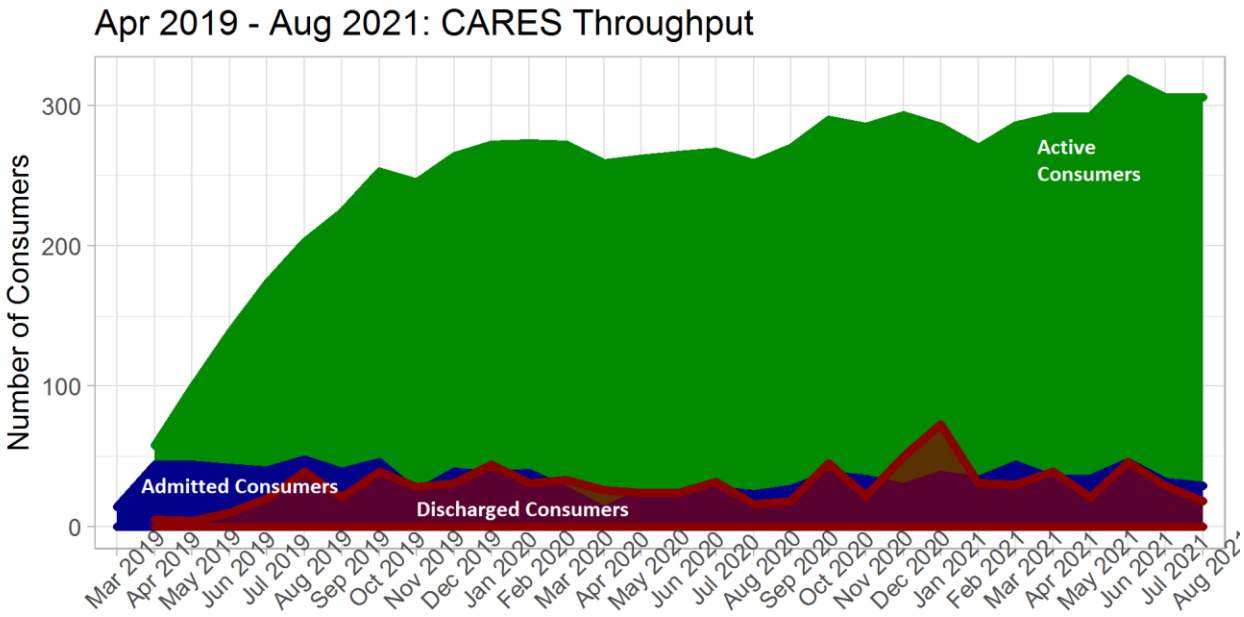
Millage Communication Strategy- Update during this meeting.

Washtenaw County Community Mental Health – CARES Report August 2021

Last Updated: 08/31/2021

CARES THROUGHPUT

Cares Throughput is about consumers entering, leaving, and remaining active in the program. June 2021 marked the first increase in active consumers beyond Pre-Covid levels and this seems to be holding in July and August 2021.



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	253	46	39
Nov-19	245	24	28
Dec-19	264	39	31
Jan-20	272	37	44
Feb-20	273	38	31
Mar-20	272	26	33

Apr-20	259	12	26
May-20	262	24	24
Jun-20	265	23	24
Jul-20	267	26	32
Aug-20	259	23	16
Sep-20	270	27	18
Oct-20	290	37	45
Nov-20	285	34	22
Dec-20	293	28	50
Jan-21	285	37	73
Feb-21	270	33	31
Mar-21	286	44	30
Apr-21	292	34	39
May-21	292	34	21
Jun-21	319	46	46
Jul-21	306	32	29
Aug-21	306	29	18

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
Jul-21	57
Aug-21	71

Emergency Contact Notes by Month

Note that there were less Emergency Contact Notes across the board for WCCMH clients and the WCCMH-CARES clients during the government shutdown. As the shutdown is over, it seems like Emergency Contact Notes are on the rise again and becoming more stable.

ER_Note_Month	Yr	Mon	Num_ER_Notes	num_CRCT_cases	num_Cares_cases
Mar-18	2018	3	1	1	0
Apr-18	2018	4	100	76	2
May-18	2018	5	97	82	1
Jun-18	2018	6	124	100	1
Jul-18	2018	7	123	90	5
Aug-18	2018	8	118	96	3
Sep-18	2018	9	147	101	3
Oct-18	2018	10	183	102	3
Nov-18	2018	11	182	83	3
Dec-18	2018	12	205	102	1
Jan-19	2019	1	173	86	5
Feb-19	2019	2	200	106	8
Mar-19	2019	3	253	125	14
Apr 2019	2019	4	229	133	9
May 2019	2019	5	237	130	9
Jun 2019	2019	6	245	130	22
Jul 2019	2019	7	229	126	22
Aug 2019	2019	8	210	128	21

Sep 2019	2019	9	245	131	5
Oct 2019	2019	10	305	157	15
Nov 2019	2019	11	242	131	9
Dec 2019	2019	12	268	138	15
Jan 2020	2020	1	230	130	15
Feb 2020	2020	2	223	134	5
Mar 2020	2020	3	121	82	5
Apr 2020	2020	4	57	51	6
May 2020	2020	5	66	55	3
Jun 2020	2020	6	168	94	7
Jul 2020	2020	7	312	110	10
Aug 2020	2020	8	206	98	7
Sep 2020	2020	9	248	95	3
Oct 2020	2020	10	227	88	5
Nov 2020	2020	11	209	87	3
Dec 2020	2020	12	104	55	5
Jan 2021	2021	01	158	79	7
Feb 2021	2021	02	107	65	5
Mar 2021	2021	03	171	99	6
Apr 2021	2021	04	258	124	12
May 2021	2021	05	221	126	8
Jun 2021	2021	06	202	115	5
Jul 2021	2021	07	262	80	1
Aug 2021	20201	08	245	109	5

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	688	532
Male	615	482
Other (Specify)	1	0
Transgender	1	0
Total	**1305**	**1014**

Race

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

Race	# CARES cases	%
White	589	58.10%
Black or African American	292	28.80%
Other race	61	6.00%
	40	3.90%
Asian	19	1.90%
Refused to Provide	9	0.90%
American Indian (non-Alaskan)	2	0.20%
Native Hawaiian or other Pacific	2	0.20%
Total	**1014**	100.00%

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	101
Mean	147.90
Min	1
Max	802

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.

Zip Code	# CARES cases	%
48197	268	26.4%
48198	235	23.2%
48103	124	12.2%
48104	92	9.1%
48108	75	7.4%
48105	55	5.4%
48176	31	3.1%
	17	1.7%
48160	16	1.6%
48189	15	1.5%
48118	12	1.2%
48130	12	1.2%
48111	9	0.9%
48158	9	0.9%
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	**1014**	**100%**

City	# CARES cases	%
YPSILANTI	503	49.6%
Ann Arbor	359	35.4%
Saline	32	3.2%
MILAN	16	1.6%
Whitmore Lake	15	1.5%
Chelsea	12	1.2%
Dexter	12	1.2%
Manchester	9	0.9%
	7	0.7%
Belleville	7	0.7%
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%
Superior Township	2	0.2%
Van Buren Twp	2	0.2%
Wayne	2	0.2%
Westland	1	0.1%
White Lake	1	0.1%
Taylor	1	0.1%
Seattle	1	0.1%
Redford	1	0.1%
Romulus	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%
Total	**1014**	**100%**

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	**# CARES Adm Cases**
-no age listed-	1
0-16	33
17-19	51
20-24	131
25-29	141
30-34	138
35-39	111
40-44	93
45-49	73
50-54	84
55-59	69
60-64	35
65-69	34
70+	20
Total	1014

Funding Sources for Consumers

Funding Sources	**Medicare**	**# CARES cases**	**%**
	N	434	42.8%
	Y	32	3.2%
HMP	N	322	31.8%
Medicaid	N	188	18.5%
Medicaid	Y	31	3.1%
S/D	N	2	0.2%
S/D	Y	5	0.5%
	Total	**1014**	**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.

Private Insurance	# CARES cases	%
BLUE CROSS BLUE SHIELD OF MI,	22	2.2%
HUMANA CHOICE PPO MEDICARE PLAN,	6	0.6%
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 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	**56**	**6%**

#7 CARES Services Detail by CPT - w 0 units		
Service Category	**# SAL Documents**	**# Cases**
Targeted Case Management	14646	1073
Med Reviews	2678	482
Peer Services	2179	250
RN Services	1207	392
Intake Assessments	1033	835
Psych Evals	805	663
Injections	347	46
Wellness Note	330	184
Nursing Assessments	29	28

S0316	13	7
Therapy Group Notes	5	4
J2426	3	1
J3490	1	1
99212	1	1
S9470	1	1
99213	1	1
Total	**23279**	

#8 Count by Type of Service		
Type of Service	**# CARES cases**	**%**
Mood disorders	846	83.4%
Personality Disorders	125	12.3%
Psychosis	126	12.4%
SED	102	10.1%
SUD	340	33.5%
Total duplicate count	**1539**	

ATTACHMENT #1D4
SEPTEMBER 2021

CHRT

Washtenaw County Public Safety & Mental Health Millage Communications Campaign

UNIVERSITY OF MICHIGAN

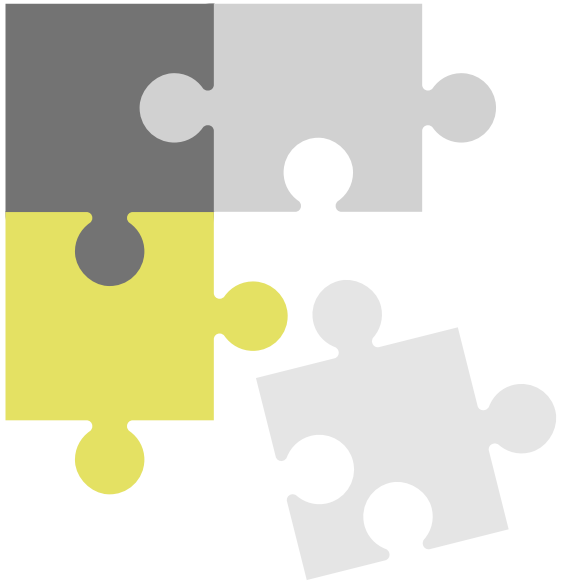
Center for Health and Research Transformation

What we've been up to…

CHRT

Key messages

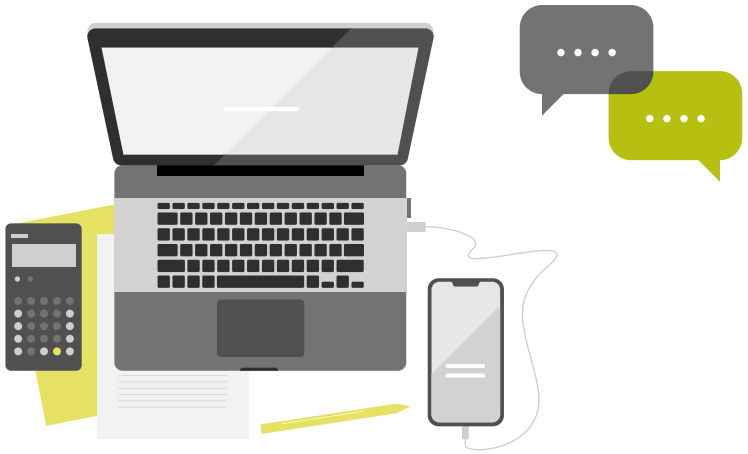
- Strategic communications that highlight what the millage is accomplishing
  - The millage is reducing stigma among youth around mental health
  - The millage serves all residents, regardless of insurance status

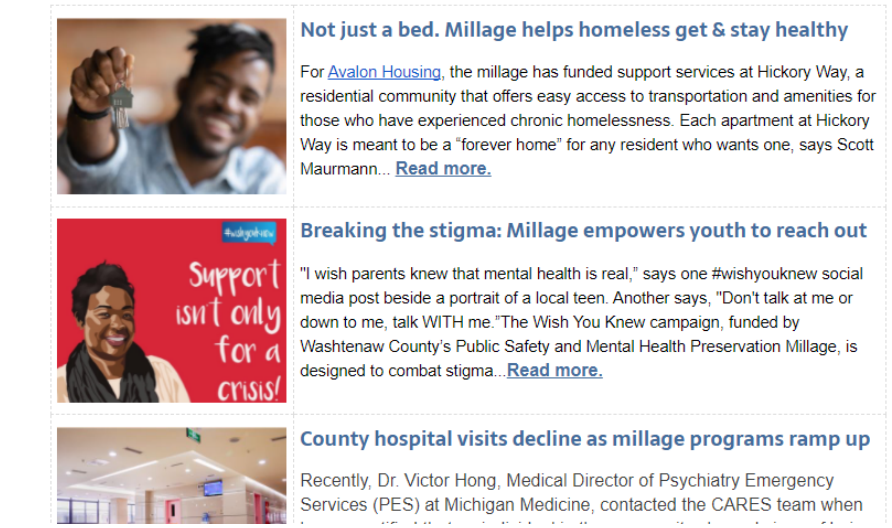


CHRT

Stories

- Key messages are crafted into stories





CHRT

Vignettes

- Key message and stories are developed into “vignettes”

For starting the conversation…

Youth

Washtenaw County Community Mental Health

734-544-3050

Mental health stigma

CHRT

Local talent

Artists

Gary Horton

Avery Williamson

Photographers

Heather Nash

William Watson

CHRT


For starting the
CONVERSATION
A lot of students have said, 'I didn't know what supports there were and I didn't know who I could talk to.'
AMANDA HENDERSON
Social Worker, Whitmore Lake High School
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
Brought to you by the 2019 - 2026 Washtenaw County Public Safety and Mental Health Preservation Millage
Washtenaw County Community Mental Health

CHRT


For care that's
COMMUNITY-BASED
The millage has been a lifeline for many. Not only for individuals who have mental health issues, but also for mental health providers.
DR. VICTOR HONG
Medical Director, Psychiatric Emergency Services, Michigan Medicine
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
Brought to you by the 2019 - 2026 Washtenaw County Public Safety and Mental Health Preservation Millage
Washtenaw County Community Mental Health

CHRT


For filling gaps through
EARLY INTERVENTION
We're using millage dollars to address upstream issues through education and early intervention.
TRISH CORTES
Executive Director, Washtenaw County Community Mental Health
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
Brought to you by the 2019 - 2026 Washtenaw County Public Safety and Mental Health Preservation Millage
Washtenaw County Community Mental Health

CHRT


For showing students
THEY MATTER
Millage partnerships allow us to fund mental health services in schools across Washtenaw County
STACEY DOYLE
Social Worker, Washtenaw Intermediate School District
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
Brought to you by the 2019 - 2026 Washtenaw County Public Safety and Mental Health Preservation Millage
Washtenaw County Community Mental Health

CHRT


For meeting people
WHERE THEY'RE AT
Millage funding is providing an avenue for people to get help, to feel safe, and to have a home.
SCOTT MAURMANN
Hickory Way Support Team Manager, Avalon Housing
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
Brought to you by the 2019 - 2026 Washtenaw County Public Safety and Mental Health Preservation Millage
Washtenaw County Community Mental Health

CHRT


For providing care
TO EVERYONE
Thanks to millage funding, I don't have to worry about my client's health insurance. I know they'll get the care they need.
COREY TELIN
DIRECTOR OF BEHAVIORAL HEALTH, PACKARD HEALTH
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
Brought to you by the 2019 - 2026 Washtenaw County Public Safety and Mental Health Preservation Millage
Washtenaw County Community Mental Health

CHRT

Ad placements

- Print advertisements
  - The University Record
  - Ann Arbor Observer (magazine & community guide)
  - Groundcover News
  - The Dexter Guardian
  - Chelsea Update
  - The Sun Times
  - Manchester Mirror
  - 5 Healthy Towers Connected

- Digital advertisements
  - The University Record
  - Concentrate / Issue Media Group
  - Manchester Mirror

CHRT

Ad placements

- Outfront Media
  - Bus wraps & interior signage
  - Billboard
- Adams Outdoor
  - In app mobile
  - Facebook, Instagram, Twitter

CHRT

C2C: Communicator to Communication

- Better understand how CMH can collaborate with local partner organizations for communication purposes

Washtenaw ISD
A REGIONAL EDUCATIONAL SERVICE AGENCY

COMMUNITY ACTION NETWORK
can

ozone HOUSE
safe place. real support.

CHRT

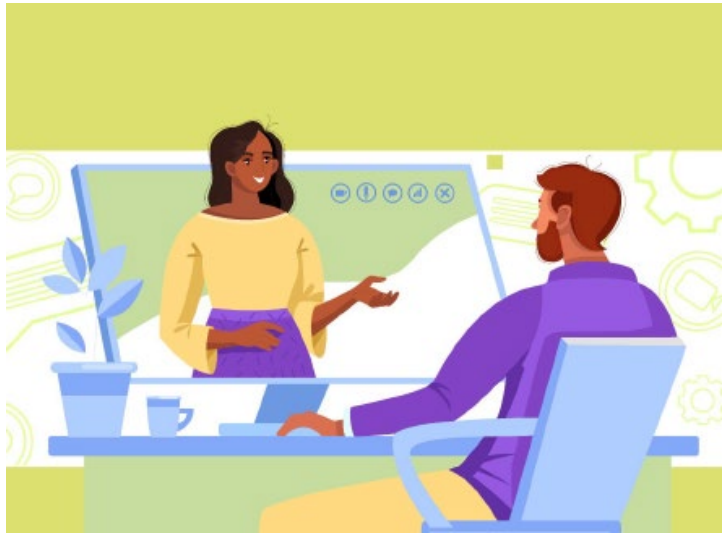
C2C: Communicator to Communication

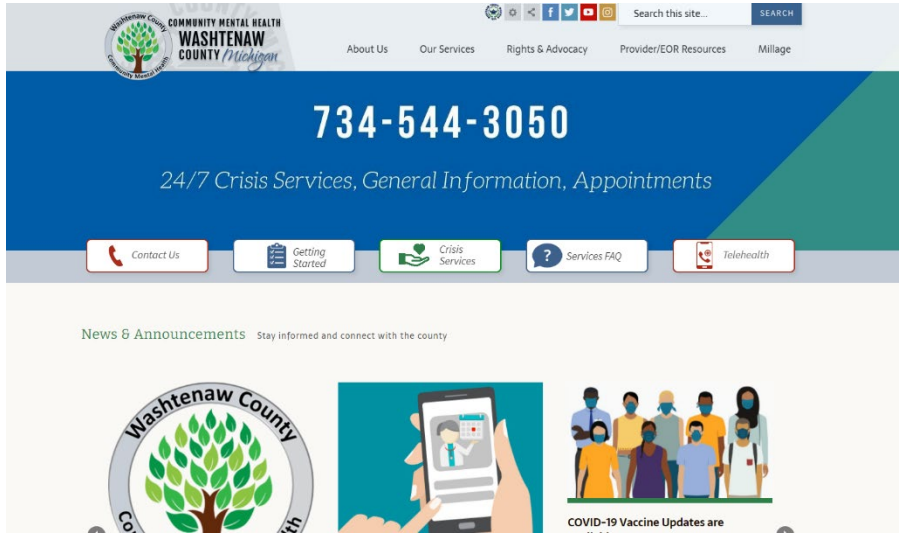
- Finished meetings with justice system and youth-focused organizations
- Summarizing key takeaways – e.g., service descriptions, eligibility, “what happens when you call?” & “what is the millage?”
- Recommendations will inform new material development (physical, digital)

CHRT

Website usability

- Understand how target audiences use CMH website, identify pain points, and gather useful insights





CHRT

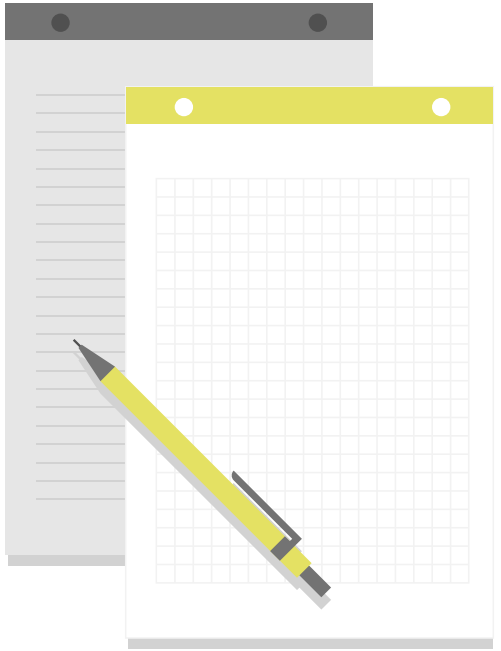
Website usability

- Interviewed sectors who interact with people with mental health needs and use the CMH website
- Summarized findings and recommendations
- Conducted competitive analysis comparing CMH website with other similar organizations
- Conducted usability testing to determine pain points

CHRT

What's next

- More stories, vignettes, e-newsletters
- C2C material development and more interviews
- Website usability final report (in process)
- New annual report (before CY end)
- Videos



ATTACHMENT #1D5
SEPTEMBER 2021

student advocacy center

of MICHIGAN

Who We Are

Our Mission: The Student Advocacy Center of Michigan works collaboratively with underserved students, and their families, to stay in school, realize their rights to a quality public education, grow and experience success.

What Is The Need?

School experience & support (or lack of) play a significant role in mental health.

Our Programs

Education
Advocacy

Check
and
Connect

Education Advocacy

- Assess Needs
- Explain rights, options
- Attend & Prep for School Meetings
- Do what it takes!

Education Advocacy Outcomes

74%

Increase attendance

80%

Decrease discipline incidents

80%

Improve grades

Check and Connect

Intensive Evidence Based Academic Mentoring Program for students disconnected from school and learning

Priority Cases - Court-involved, Mental Health Needs, Court Diversion, Fewer Resources

Minimum of 2 years
Meet with youth weekly
Check Data
Collaborate with partners
Problem Solving

Youth-led and Youth Voice

Check and Connect Outcomes

75%

Increase or Maintained Attendance

75%

Decrease Disciplinary Referrals or Maintained Excellent Record

80%

Increase Grades or Maintain Passing Grades

70%

Improved or Maintained CAFAS Score

Millage Funding Proposal

$50,500 Education Advocacy

$135,695 Check and Connect

$186,195 Total Funding Requested

Thank you!

Student Advocacy Center Request for Contract Starting Oct. 1, 2021

Summary

Starting Oct. 1, 2021, SAC is requesting that CMH increase our education advocacy contract from $21,000 to $50,500 to fully cover the cost of the existing program and services. This past school year, we served 17 students, equivalent to a .5 FTE. In the past, we've had other funding sources to subsidize services to CMH. With the dissolution of Coordinated Funders, that is no longer possible.

Funds pay for one .5 FTE advocate, additional advocacy hours from other staff, supervision, mileage, and related costs. It currently costs about $50,000 to provide our intensive services, requiring SAC to subsidize the services significantly.

Need

School experience and support (or lack of support) play a significant role in the mental health of students. A qualitative study recently found that more than a third of children who died by suicide experienced school expulsion or suspension, a recent change in schools, or history of special educational needs. (https://www.medpagetoday.com/psychiatry/generalpsychiatry/93765)

Washtenaw County youth in seventh grade earning grades of Ds and Fs were more than twice as likely to experience being sad and hopeless almost every day for two weeks or more and 150% as likely to have a suicide plan. (MIPHY - Michigan Profile for Healthy Youth 2019-2020 7th graders survey).

In the Yale Law Journal, Phillips (2008) argues students with disabilities need external advocates to achieve optimal outcomes because of the complexity of disabilities, formal rules of the system, lack of knowledge about the disability and system, and difficulty interacting with schools. These challenges are exacerbated for low-income homes and court-involved youth.

Our population tends to include students with disabilities, past trauma, abuse and neglect, experience with homelessness, the juvenile justice system and/or the foster care system. Too often, their behavior is seen as a "choice," rather than an expression of the pain they are experiencing, and schools struggle to develop and implement successful plans.

Benefits include increased attendance, grades, school engagement and decreased disciplinary incidents. Families gain a knowledge of their rights and self-advocacy. Families have named benefits including increased motivation in school, social-emotional growth, and improved family functioning.

We have supplemented our CMH contract to ensure we have staff able to support students struggling with mental illness. Some of the funding we use to supplement is stable. But a portion of it is uncertain every year. Additional funds would create more stability and prevent reduction in services.

Budget for .5FTE Advocate providing services to 17 students per year.

PROPOSED BUDGET 2021-2022	
Salaries and Benefits- .5 FT ADVOCATE PLUS SUPERVISION	$42,000
Student/Client Needs	$3,000
Paychex fees, Audit, Retirement	$500
Mileage/Travel	$5,000
TOTAL	$50,500

student advocacy center of MICHIGAN

Student Advocacy Center Request for Contract Starting Oct. 1, 2021

Background

Check & Connect is an intensive, long-term, evidence-based intervention program for students who are disconnected from school and learning. The Check and Connect advocate/mentor connects with youth weekly, checks school engagement data weekly, designs personalized interventions based on that data, encourages goal-setting and problem-solving, and serves as a bridge between the student, school, parent(s)/guardian(s) and community. Research indicates that this program has been shown to decrease behavioral referrals, truancy, and tardiness while increasing high school graduation rates, student attendance, school enrollment, student persistence and motivation towards school, and overall credit accrual. SAC's program is dedicated to Ypsilanti youth (elementary through high school), particularly those who struggle behaviorally in school. Referrals come from Ypsilanti Community Schools, Lincoln Consolidated School District, the Washtenaw County Trial Court, and Washtenaw County Community Mental Health. SAC uses the Check and Connect model as a **partnership program**, meaning that collaboration from all parties involved is key for whole child success.

Eligibility Criteria

Expelled in the last year and/or on out-of-school suspension at least two days a month.
Or missing 15% of days of school **AND** one or more Fs.
Other priorities: Earning less than 80% of credits, court-involved, mental health needs, CMH involvement, fewer resources
(NOTE: Cannot enroll based on "Other priorities".)

Partnership Schools

Ypsilanti Community Schools

- Holmes Elementary School
- Erickson Elementary School
- Ypsilanti Community Middle School
- Ypsilanti Community High School
- ACCE
- WAVE

Lincoln Consolidated Schools

- Brick Elementary School
- Lincoln Middle School
- Lincoln High School

Summary

SAC is proposing a $135,695 contract with Washtenaw Community Mental Health to provide our evidence-based Check and Connect mentoring program to Ypsilanti area youth struggling with mental health, particularly those with past police contact or past court involvement or those in need of diversion services to avoid formal court involvement.

Starting in Fall 2020, SAC and WCCMH entered a formal MOU agreement to prioritize and provide Check and Connect services to WCCMH youth after years of requests from CMH therapists and case managers. Our current contract with CMH has no funding attached to it.

At this time, we are requesting funding to cover the cost of the services and programming, as our ability to subsidize the program is ending in the 2021-2022 school year.

Funds pay for a full-time mentor, additional mentorship hours from other staff, supervision, the mileage required to travel around the county, and related costs.

We expect services to cost $3410 per student next school year and expect to serve 40 students.

Need

There are needs we see related to Check & Connect mentors and their work with CMH:

1. Due in part to the COVID-19 pandemic, our youth have had an increase in mental health needs, suicidal ideations, depression, and anxiety.
2. As schools return back fully in person, students will need additional resources and supports, particularly our youth who are the most at risk.
3. Many youth in Ypsilanti distrust the formal mental health system, yet very much need support. SAC's Check and Connect support is outreach focused, community- and school-based and is therapeutic in a way that is accessible to more youth. Through their intense relationship, our mentors are often able to bridge the gap to more formal care when needed, providing transportation and moral support.
4. Mentors work to address the systems issues impacting student's mental health, including the

services provided in the school, parent/guardian support and parent/guardian-school engagement.

5. We know that school success and mental health are interconnected. Our mentors' intense focus on academics and school success, as well as youth voice and choice, has a positive impact on school success.

Background

Budget for 2 Mentors providing services to 20 students per year per Mentor.

Salaries and Benefits- 2.0 FT MENTORS PLUS SUPERVISION	**$126,620**
Student/Client Needs	**$3,000**
Retirement	**$1,075**
Mileage/Travel	**$5,000**
TOTAL	**$135,695**

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH CONSUMER ADVISORY COUNCIL MEETING – Minutes - Draft

August 11, 2021

Members Present on the Call: Pam Rathbun (president), Jason Zurawski (secretary), Barb Higman, Alayna Manzanares, Melissa Vaden, Lisa Porzondek participated later due to poor internet connectivity, minutes amended on 8/16/2021 to reflect her feedback.

Staff: Mert Hershberger.

Guests: Laura Higle

Members Absent: Ed Howlett.

I. Meeting called to order at: _ 12:31 pm _.

II. **Performance Improvement Report**: Laura Higle. Initial follow-up and ongoing service rate declines are largely due to a change in definitions by the state to Getting services within 14 days. The state is trying to address this. Some of the delays are largely dependent on the recipients of services. Getting them in much sooner would require significant staffing increases. Caseloads are greatly increasing due in large part due to the difficulty in hiring new employees. The pre-screen dispositions (how people are assigned to part of CMH or not following a crisis and where they are placed in services.) There was a significant decline in people being assigned to the hospital declined. The CARES team & 750 building is not yet parsed out in the reports. We discussed death rates due to suicide and infection and drug abuse and how those may or may not be related to COVID-19. 2 COVID-19 deaths in 2020, 3 COVID-19 deaths in 2021. A question was also raised about the Self-Sufficiency Matrix and how that measured various outcomes. A discussion around the ACT Team pointed out the great work that they do and how they have worked hard throughout the year, despite most of the rest of the agency pausing somewhat and working remotely during the initial stages of the COVID shutdown. Finally, a discussion arose around Food Stamps and how the state is allocating funds or reducing food stamp benefits. Those who have this difficulty with this should raise this matter with their case manager, which will be done.

III. Consent Agenda.

MOTION BY _ Barb _ - SUPPORTED BY _Mert _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA (Noted that the old copy of the draft minutes for the last month was accidentally deleted and minutes had been reconstructed). MOTION CARRIED.

IV. **Walk-A-Mile in My Shoes online Rally.** "keeping mental health care affordable and accessible while maintaining the priorities of the recipients." Lisa as speaker. Sally reported that the Administration would not be able to support a large group going to Lansing due to the Delta Variant of COVID. Pam mentioned Wayne County is going, at least from Detroit.

V. **Fresh Start**: There are now times when Fresh Start is open to Members. Procedures include wearing a mask, washing hands, and calling ahead to say members will be there, Melissa reported.

VI. **Celebration of Success:** Sally underscored recently again that the administration couldn't endorse an in-person event. Mert will ask Sally to get nominations out for the Celebration. Cards by Melissa. Importance of expanding presentation by having it read audibly, possibly photos.

VII. **Speaker's Bureau** Sunday, August 29, 2021 5pm Olive Garden at State & Eisenhower. Melissa wants to fully join the Bureau and is scheduled to speak next month. [Date and location changed after the meeting.]

VIII. Newsletter: End of August articles ready. Send newsletter by mid-September. Lisa is planning to write on Psychiatric Advance Directives. Alayna mentioned NAMI Peer-To-Peer training includes the form in their training. (Attached in the email this came in.) Alayna will mail the form to Mert. Mert will edit the newsletter.

IX. **NAMI Walks: August 28, 2021 on Belle Isle.** Barb hasn't been able to contact Ed. Lisa is interested in going. Barb will try to coordinate transportation with another local NAMI participant. Pam + Melissa can't go.

X. Washtenaw County **COVID Vaccinations**: Public Health, 555 Towner, Tues-Fri. 9-11:30am; 1-3:30pm.

XI. Personal updates: Melissa has an interview and a sick ferret. Jason's older sister passed last month.

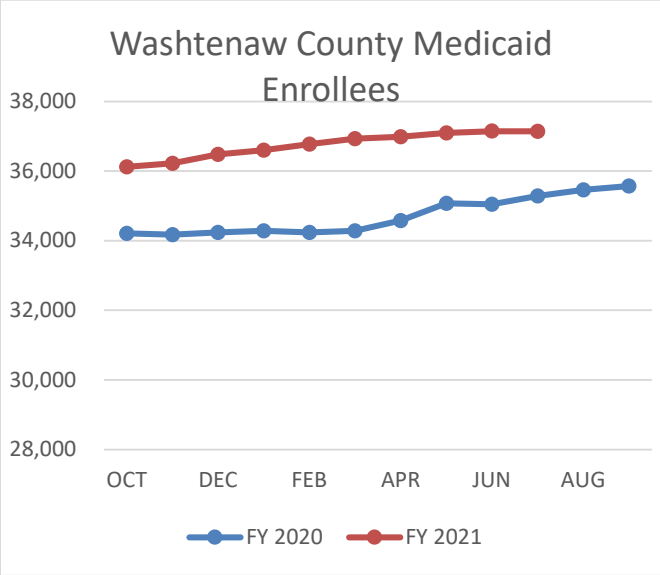
XII. **Meeting adjourned at _ 1:53pm_ motion by _Alayna _ supported by _Barb _.**

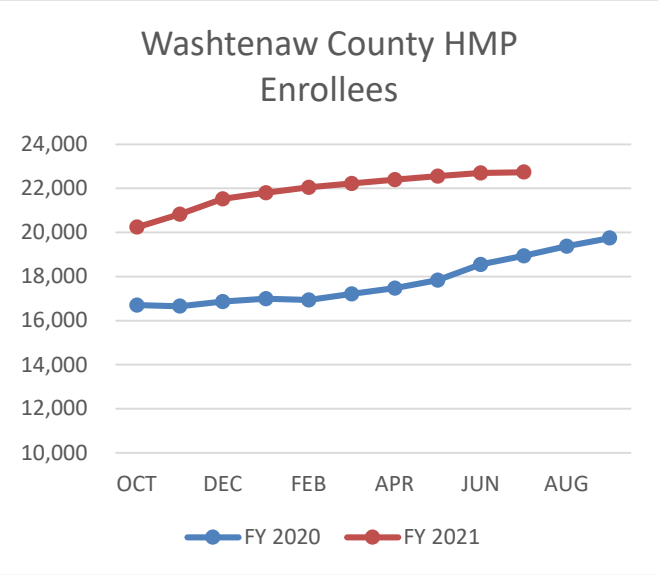
Next meeting will be September 8, 2021 via Zoom at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending July 31, 2021
Prepared: September 7, 2021

1. Washtenaw County Enrollees

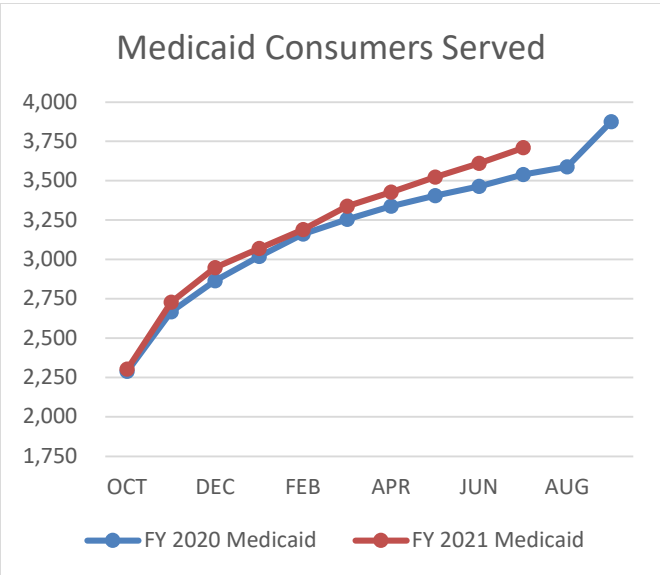
A summary of FY 2021 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

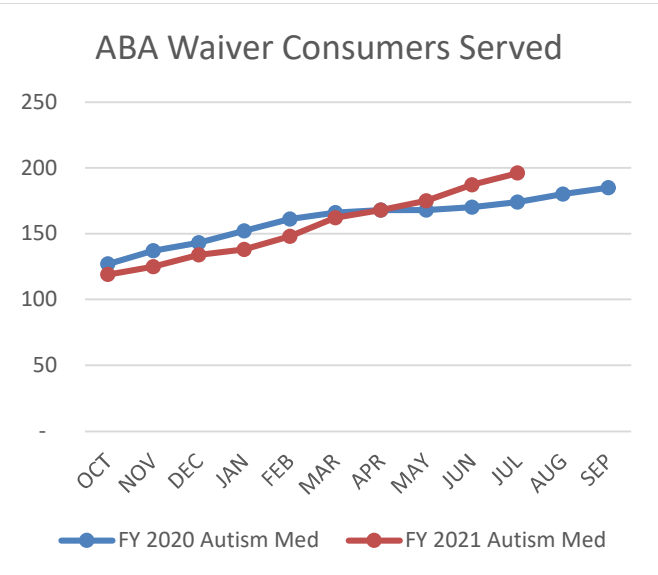




Washtenaw County Medicaid Enrollees were 37,141 in July 2021. This is a 5.25% increase from the same time last year (1,853 more enrollees than in July 2020). Healthy Michigan enrollment in July 2021 was 22,743. This is a 20.11% increase from the same time last year (3,808 more enrollees than in July 2020).

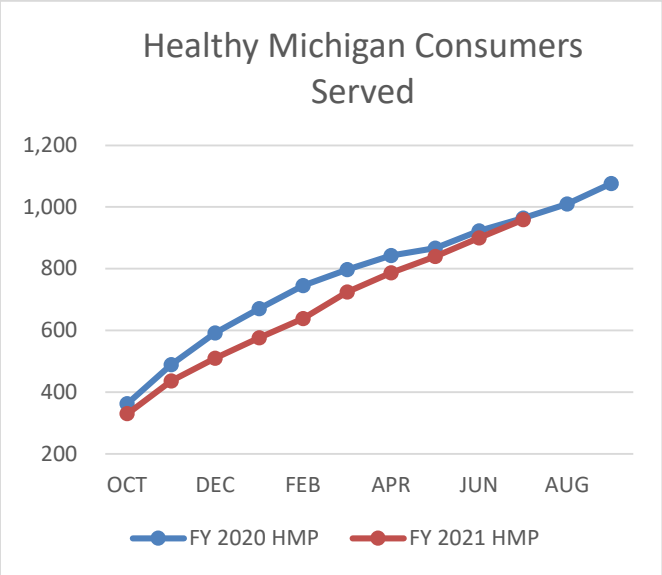
2. WCCMH Consumers Served to Date

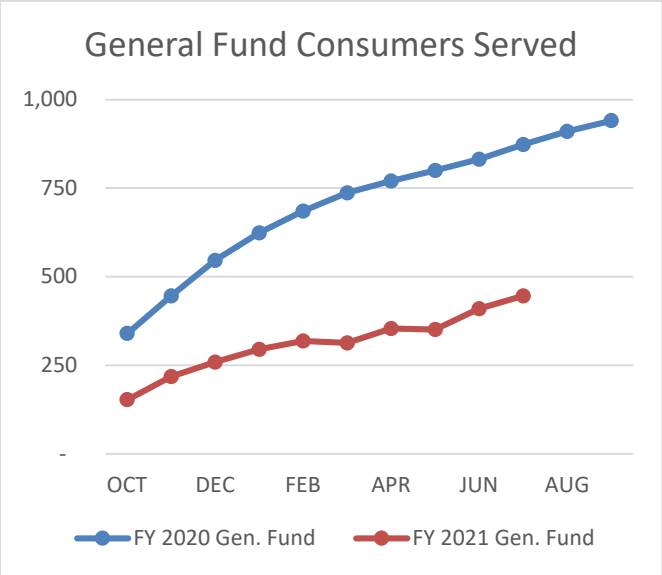




Medicaid consumers served through July 2021 are 3,709. This is 171 more consumers than the prior year (3,538 consumers were served through July 2020).

ABA Waiver consumers served through July 2021 are 196. This is the same number of consumers as prior year (174 consumers were served through July 2020).





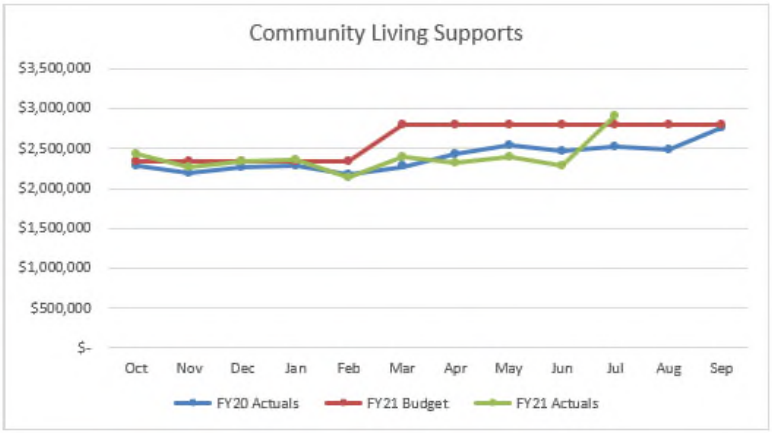
Healthy Michigan consumers served through July 2021 were 959. This is 5 less consumers than the same period last year.

General Fund consumers served through July 2021 were 446. This is 427 less consumers than the same period last year.

3. Financial Statement Highlights

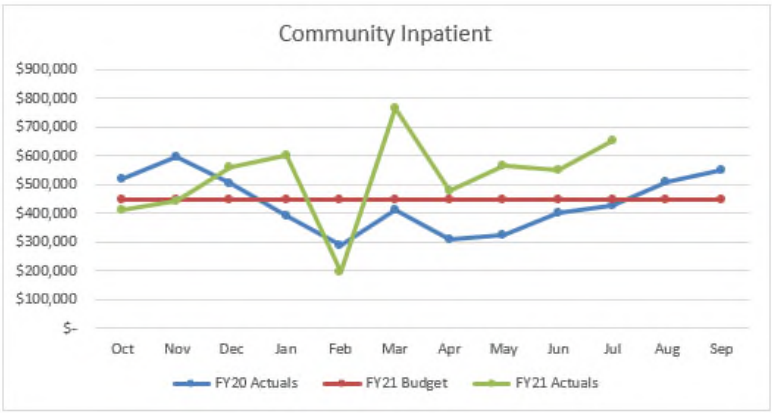
a. CLS service costs to date are estimated to be $24.8 Million and $1.2 Million under budget. The costs year to date is 1.71% more than this time last year, primarily due to the temporary $2.25 per hour direct care worker increase is included in the FY21 Actuals. The temporary increase has been extended through September 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	$ 2,290,691	2,335,165	$ 2,425,748	5.90%
Nov	2,198,453	2,335,165	2,264,774	4.49%
Dec	2,269,119	2,335,165	2,346,059	4.12%
Jan	2,287,654	2,335,165	2,365,391	3.94%
Feb	2,166,793	2,335,165	2,132,487	2.87%
Mar	2,276,977	2,804,524	2,403,036	3.32%
Apr	2,436,420	2,804,524	2,322,084	2.09%
May	2,535,453	2,804,524	2,402,418	1.09%
Jun	2,462,540	2,804,524	2,279,641	0.08%
Jul	2,518,980	2,804,524	2,902,276	1.71%
Aug	2,486,795	2,804,524		
Sep	2,762,607	2,804,524		



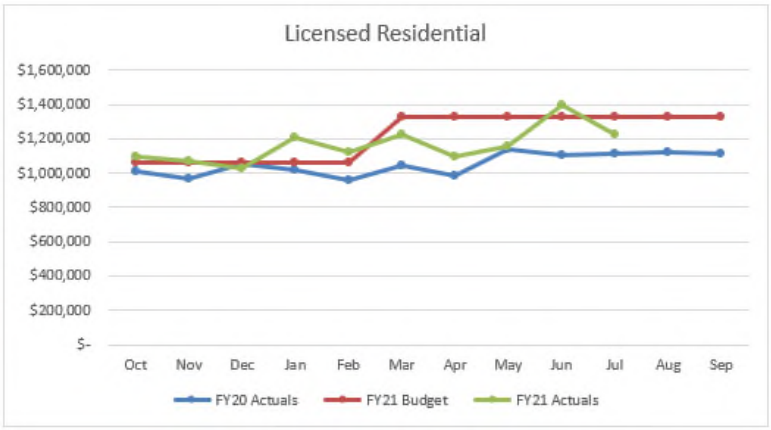
b. Community Inpatient costs to date are $5.2 Million. The costs year to date are 25.19% more than this time last year and $751,000 over budget.

	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	548,208	22.00%
Jul	426,500	447,917	653,771	25.19%
Aug	512,121	447,917		
Sep	550,126	447,917		



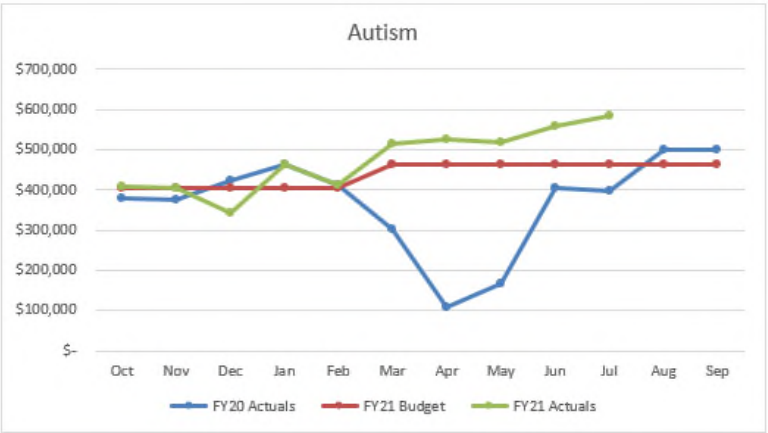
c. Licensed Residential costs to date are $11.6 Million and $520,000 under budget. The costs year to date are 11.70% more than this time last year and primarily due to the temporary $2.25 per hour direct care worker increase. The temporary increase has been extended through September 2021.

	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	1,399,305	11.89%
Jul	1,114,786	1,327,021	1,228,220	11.70%
Aug	1,124,986	1,327,021		
Sep	1,109,577	1,327,021		



d. Applied Behavior Analysis/Autism service costs to date are $4.7 Million. The costs year to date are 38.16% more than this time last year due to pandemic related factors and $330,000 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	558,191	36.98%
Jul	397,582	464,421	584,957	38.16%
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 $4.9 Million through July.
c. By funding source, HMP is showing a deficit of $751,000 through July.
d. Combined, the PIHP surplus is $4.1 Million through July.
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 $1.8 Million.

6. Local Key Points

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

b. Local Funds are showing a surplus of $11,000 through July 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
JULY 2021 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	36,111,185
HSW		21,127,424
DCW		6,172,244
Child Waiver/SED Waiver		880,829
Autism		4,088,868
Prior Year Adjustments		-
Care for Caid		18,809
Total Medicaid Revenue	$	68,399,359
Total Medicaid Expense	$	63,479,500
Medicaid Surplus/(Deficit)	$	4,919,859
Healthy Michigan **		
Revenue	$	4,884,074
Expense		5,635,260
Healthy MI Surplus/(Deficit)	$	(751,186)
General Fund		
Revenue		
CMH Operations	$	3,227,025
CMH Operations Contra		-
GF Carryforward		175,491
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		56,312
Total General Fund Revenue	$	3,458,828
Total General Fund Expense	$	1,593,620
General Fund Surplus/(Deficit)	$	1,865,208
Injectable Meds		
Revenue	$	93,312
Expense		83,807
Inj. Meds. Surplus/(Deficit)	$	9,505
Grants And Contracts		
Revenue	$	1,040,265
Expense		1,040,265

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

		Total
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	551,401
Redirect to GF		(56,312)
Expense		495,090
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,288,543
Expense		1,276,755
Local Surplus/(Deficit)	$	11,788
Private Grant & All NOR		
Revenue	$	205,693
Expense		205,693
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	80,095,114
Expense		74,039,940
Grand Total Surplus/(Deficit)	$	6,055,174

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	4,178,178
WCCMH Surplus/(Deficit)		1,876,996
	$	6,055,174

Washtenaw County Community Mental Health
Budget to Actuals
For Ten Months Ending July 31, 2021

	Current Fiscal Year				
	FY 2021 Amended Budget	FY 2021 Amended Budget YTD	FY 2021 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 42,678,933	$ 35,565,778	$ 36,111,185	$ 545,408	1.53%
HSW	24,674,716	20,562,263	21,127,424	565,160	2.75%
Children & SED Waivers	894,097	745,081	880,829	135,749	18.22%
Healthy Michigan Capitation	5,875,998	4,896,665	4,884,074	(12,591)	-0.26%
Autism Capitation	4,657,841	3,881,534	4,088,868	207,334	5.34%
CARES Act DCW	7,297,312	6,081,093	6,172,244	91,150	1.50%
TOTAL PIHP Revenue	$ 86,078,897	$ 71,732,414	$ 73,264,624	$ 1,532,210	2.14%
MDHHS Revenue					
State General Funds	$ 4,047,922	$ 3,373,268	$ 3,402,516	$ 29,248	0.87%
Grants & Earned Contracts	1,779,812	1,483,177	1,190,050	(293,126)	-19.76%
All Other Revenue					
County Appropriation	$ 1,748,770	$ 1,457,308	$ 708,039	$ (749,269)	-51.41%
Project Revenue	782,545	652,121	571,826	(80,295)	-12.31%
All Other	1,917,652	1,598,043	2,007,614	409,570	25.63%
TOTAL Operating Revenue	**$ 96,355,598**	**$ 80,296,332**	**$ 81,144,669**	**$ 848,337**	1.06%
Operating Expenses					
Administrative Expenses					
General Administration	$ 5,624,552	$ 4,687,127	$ 4,174,853	$ (512,274)	-10.93%
Program Administration	3,304,826	2,754,022	2,357,037	(396,985)	-14.41%
Residential Services					
Community Living Supports	$ 31,307,490	$ 26,089,575	$ 24,831,192	$ (1,258,383)	-4.82%
Licensed Residential	14,580,900	12,150,750	11,630,104	(520,646)	-4.28%
Outpatient Services					
Autism Services	$ 5,280,900	$ 4,400,750	$ 4,731,559	$ 330,809	7.52%
Case Management	5,221,985	4,351,654	3,512,505	(839,149)	-19.28%
Supports Coordination	2,535,741	2,113,118	1,949,984	(163,134)	-7.72%
Skill Building	4,256,172	3,546,810	2,105,909	(1,440,901)	-40.63%
Supported Employment	1,364,871	1,137,393	1,106,138	(31,255)	-2.75%
Psychiatry	2,770,122	2,308,435	2,255,080	(53,355)	-2.31%
Nursing Services	2,353,003	1,960,836	1,683,861	(276,975)	-14.13%
Therapy Services	1,875,621	1,563,018	1,430,304	(132,714)	-8.49%
All Other	7,441,765	6,201,471	5,725,702	(475,769)	-7.67%
Other Expenses					
Community Inpatient	$ 5,375,000	$ 4,479,167	$ 5,230,671	$ 751,504	16.78%
Local Matches & Shelter	1,282,838	1,069,032	1,230,857	161,825	15.14%
Grants & Earned Contracts	1,779,812	1,483,177	1,133,739	(349,438)	-23.56%
TOTAL Operating Expenses	**$ 96,355,598**	**$ 80,296,332**	**$ 75,089,495**	**$ (5,206,837)**	-6.48%
Revenue Over/(Under) Expenses	-	-	6,055,174	6,055,174	

Washtenaw County Community Mental Health
Budget to Actuals
For Ten Months Ending July 31, 2021

	Prior Year Comparison			
	FY 2021 YTD Actuals	FY 2020 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 36,111,185	$ 35,429,611	$ 681,574	1.92%
HSW	21,127,424	21,140,932	(13,508)	-0.06%
Children & SED Waivers	880,829	829,178	51,651	6.23%
Healthy Michigan Capitation	4,884,074	4,244,070	640,004	15.08%
Autism Capitation	4,088,868	4,094,990	(6,122)	-0.15%
CARES Act DCW	6,172,244	-	6,172,244	
TOTAL PIHP Revenue	$ 73,264,624	$ 65,738,781	$ 7,525,843	11.45%
MDHHS Revenue				
State General Funds	$ 3,402,516	$ 3,039,257	$ 363,259	11.95%
Grants & Earned Contracts	1,190,050	1,335,493	(145,443)	-10.89%
All Other Revenue				
County Appropriation	$ 708,039	$ 702,512	$ 5,527	0.79%
Project Revenue	571,826	385,027	186,799	48.52%
All Other	2,007,614	1,964,658	42,956	2.19%
TOTAL Operating Revenue	**$ 81,144,669**	**$ 73,165,728**	**$ 7,978,941**	10.91%
Operating Expenses				
Administrative Expenses				
General Administration	$ 4,174,853	$ 4,132,490	$ 42,363	1.03%
Program Administration	2,357,037	2,520,658	(163,621)	-6.49%
Residential Services				
Community Living Supports	$ 24,831,192	$ 23,807,888	$ 1,023,304	4.30%
Licensed Residential	11,630,104	10,411,685	1,218,419	11.70%
Outpatient Services				
Autism Services	$ 4,731,559	$ 3,424,695	$ 1,306,864	38.16%
Case Management	3,512,505	3,628,646	(116,141)	-3.20%
Supports Coordination	1,949,984	1,666,298	283,686	17.02%
Skill Building	2,105,909	3,775,930	(1,670,021)	-44.23%
Supported Employment	1,106,138	1,301,451	(195,313)	-15.01%
Psychiatry	2,255,080	2,079,538	175,542	8.44%
Nursing Services	1,683,861	1,726,757	(42,896)	-2.48%
Therapy Services	1,430,304	1,421,477	8,827	0.62%
All Other	5,725,702	5,061,549	664,153	13.12%
Other Expenses				
Community Inpatient	$ 5,230,671	$ 4,178,197	$ 1,052,474	25.19%
Local Matches & Shelter	1,230,857	1,206,260	24,597	2.04%
Grants & Earned Contracts	1,133,739	1,278,246	(144,507)	-11.31%
TOTAL Operating Expenses	**$ 75,089,495**	**$ 71,621,765**	**$ 3,467,730**	4.84%
Revenue Over/(Under) Expenses	6,055,174	1,543,963	4,511,211	

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

Prior Year FY 2020	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 6,420,879	$ 12,762,586	$ 19,557,248	$ 27,034,137	$ 33,790,813	$ 41,347,119	$ 48,354,984	$ 55,979,589	$ 64,750,232	$ 72,489,244	$ 80,554,716	
Total Expense	$ 7,061,564	$ 13,824,563	$ 21,701,361	$ 28,573,303	$ 35,391,004	$ 42,808,785	$ 49,403,569	$ 56,153,455	$ 63,224,817	$ 70,893,620	$ 77,864,354	
Surplus / (Deficit)	$ (640,685)	$ (1,061,977)	$ (2,144,113)	$ (1,539,166)	$ (1,600,191)	$ (1,461,666)	$ (1,048,585)	$ (173,866)	$ 1,525,415	$ 1,595,624	$ 2,690,362	$ -

Current Year FY 2021	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 7,755,401	$ 15,310,244	$ 23,580,591	$ 31,333,092	$ 38,921,338	$ 47,115,196	$ 56,134,326	$ 64,236,863	$ 72,980,573	$ 81,144,669		
Total Expense	$ 6,390,300	$ 13,468,771	$ 20,308,564	$ 28,129,172	$ 35,311,210	$ 42,743,574	$ 50,665,179	$ 58,492,671	$ 66,459,411	$ 75,089,495		
Surplus / (Deficit)	$ 1,365,101	$ 1,841,473	$ 3,272,027	$ 3,203,920	$ 3,610,128	$ 4,371,622	$ 5,469,147	$ 5,744,192	$ 6,521,162	$ 6,055,174	$ -	$ -

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

BACKGROUND:

1. Eisenhower Center: will provide Licensed Residential Services (Personal Care/CLS) for one specific WCCMH I/DD client.
2. National Assessment Center Association: will provide consultation and technical assistance on best practices for the creation of a youth assessment center.
3. Student Advocacy Center: will provide education advocacy services for students with a mental illness and will provide Check and Connect mentoring program for students who are disconnected from school and learning.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Eisenhower Center	Medicaid	Per Consumer Authorizations	August 26, 2021-September 30, 2022	Licensed Residential Services (Personal Care/CLS)
2. National Assessment Center Association	Millage	$20,650	October 1, 2021-September 30, 2022	Youth Assessment Center consultation and technical assistance
3. Student Advocacy Center	Millage	$186,195	October 1, 2021-September 30, 2022	Education Advocacy & Check and Connect Mentoring Program

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

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

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 3,829,810	$ 6,757,986	$ 2,928,177
Millage Interest Revenue	-	-	18,336	18,336
Millage GASB31 Adjustment	-	-	(37,963)	(37,963)
	$ 6,565,388	$ 3,829,810	$ 6,738,359	$ 2,908,550
Millage Expenses				
Salary	$ 2,395,000	$ 1,397,083	$ 1,090,650	$ (306,434)
Fringe	1,339,513	781,383	566,221	(215,161)
Contractors	1,500,000	875,000	470,761	(404,239)
Trainings	140,000	81,667	4,340	(77,327)
Operating Expenses	782,500	456,458	233,518	(222,940)
Fleet Charges	60,000	35,000	8,458	(26,542)
Client Care	78,500	45,792	60,963	15,171
Cost Allocation Plan	70,875	41,344	163,747	122,403
Furniture & Equipment	100,000	58,333	-	(58,333)
Depreciation Expense	10,000	5,833	-	(5,833)
Telephone	50,000	29,167	15,131	(14,036)
All Other Expenses	39,000	22,750	8,771	(13,979)
Total Millage Expenses	$ 6,565,388	$ 3,829,810	$ 2,622,559	$ (1,207,251)
Revenue Over/(Under) Expenses		-	4,115,800	4,115,800

-

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

CCBHC Grant

January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	$ 1,800,430	$ 1,050,251	$ 830,520	$ (219,731)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 975,771	$ 569,200	$ 598,927	$ 29,727
Fringe	595,220	347,212	333,779	(13,433)
Trainings	5,343	3,117	-	(3,117)
Telephone	11,085	6,466	7,494	1,027
Operating Supplies	185,511	108,215	96,182	(12,033)
Client Care	27,500	16,042	1,060	(14,982)
Total Expenses	$ 1,800,430	$ 1,050,251	$ 1,037,442	$ (12,809)
Revenue Over/(Under) Expenses	-	-	-	-

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

WCCMH Mission, Vision and Values

CURRENT MISSION 2017-2022

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

PROPOSED MISSION 1

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

PROPOSED MISSION 2

To promote hope, recovery, resilience and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youths with intellectual/development disabilities, mental health and/or substance use needs. ~~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 while advancing health equity.

Accountability

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

Environmental Drivers

Access to Care

- Shortage of staff statewide with long waiting times and difficulty in accessing care or needs not getting met due to decreased staffing
- 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
- A lack of a single point of access for all behavioral health services including substance use disorders

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 at 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

Other Drivers

- Inconsistency of support for Behavioral Health services by the State of Michigan
- Importance of telemedicine and the infrastructure to support it (i.e. broadband internet, county infrastructure and internet)
- Staffing

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
- Recipient Rights Advisory Committee
- 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

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
August 11, 2021
***Meeting held electronically via Zoom**

Members Present: (physical location) Judy Ackley (Palmyra, MI), Greg Adams (Adrian, MI), Roxanne Garber (Howell, MI), Sandra Libstorff (Monroe, MI), Mary Serio (Howell, MI), Sharon Slaton (Brighton Township, MI), Ralph Tillotson (Adrian, MI)

Members Absent: Susan Fortney, Bob King, Molly Welch Marahar, Caroline Richardson, Randy Richardville, Katie Scott

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

Guests Present:

I. Call to Order
Meeting called to order at 6:03 p.m. by Board Chair S. Slaton.

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

III. Consideration to Adopt the Agenda as Presented
Motion by R. Garber, supported by J. Ackley, to approve the agenda
Motion carried
Voice vote, no nays

IV. Consideration to Approve the Minutes of the July 14, 2021 Regular Meeting and Waive the Reading Thereof
Motion by R. Garber, supported by J Ackley, to approve the minutes of the July 14, 2021 regular meeting and waive the reading thereof
Motion carried
Voice vote, no nays

V. Audience Participation
None

VI. Old Business
a. Board Review – August Finance Report – FY2021 as of June 30th
   - M. Berg presented. Discussion followed.
b. Board Review – FY2021 QAPIP Status Report Q1-2
   - C. Witherow presented. Discussion followed.

VII. New Business

a. Board Action – Provider Stability Payment

Motion by G. Adams, supported by R. Garber, to approve the recommended 1-time pass-through funding to be allocated to the CMHSPs to assist the regional provider network in delivering essential face-to-face services
Motion carried
Vote
Yes: Ackley, Adams, Garber, Libstorff, Serio, Slaton, Tillotson
No:
Absent: Fortney, King, Welch Marahar, Richardson, Richardville, Scott

b. Board Review – Preliminary FY2022 Budget
- M. Berg presented a preliminary plan for the FY2022 budget.

VIII. Reports to the CMHPSM Board
a. Report from the SUD Oversight Policy Board (OPB)
- OPB didn't meet last month.
- Regional Board was provided with the July OPB finance report.

b. CEO Report to the Board
- J. Colaianne presented the CEO Report, which included updates from the CMHPSM, Region, and State. See CEO report in packet for details.

IX. Adjournment

Motion by G. Adams, supported by R. Tillotson, to adjourn the meeting
Motion carried

Meeting adjourned at 6:52 p.m.

_____
Judy Ackley, CMHPSM Board Secretary

ATTACHMENT #7
SEPTEMBER 2021

Washtenaw County Community Mental Health (WCCMH) Board
2022 Annual Calendar

January ▪ Annual Recipient Rights Reports due to Program-Quality Committee ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ BOC review CMH Board applications ▪ WCCMH Board will identify which Millage Advisory Committee members have terms set to expire/renew	**February** ▪ BOC will appoint new/re-appointed board members and notify WCCMH Executive Director or designee ▪ Identify WCCMH Board Officers effective April 1st ▪ Program Committee Dashboard due to Program-Quality Committee (Quarter 4)
March ▪ WCCMH will swear in new/re-appointed WCCMH Board (terms effective April 1st) ▪ Annual WCCMH Board meeting (election of Officers and assign committee membership) terms effective April 1st ▪ WCCMH will swear in new/re-appointed Millage Advisory Committee members (terms effective April 1st) ▪ Executive Committee begin working on WCCMH Board Evaluation process/form	**April** ▪ Annual Conflict of Interest and Ethics statement from Board members ▪ Annual Recipient Rights Training for all board members ▪ Annual WCCMH Board evaluation ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ Annual Performance Improvement Year End Report due to Program Committee then to Full Board on the Consent Agenda
May ▪ Annual Finance Audit Report due to WCCMH Board ▪ Program Committee Dashboard due to Program – Quality Committee (Quarter 1)	**June** ▪ Board Development (training/education)
July ▪ Draft Budget to WCCMH Board ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ Semi-Annual Recipient Rights Reports due to Program-Quality Committee	**August** ▪ Final Budget Approval due to WCCMH Board ▪ Program Committee Dashboard due to Program-Quality Committee (Quarter 2)
September ▪ Begin working on WCCMH Executive Director Evaluation-Executive Committee ▪ Budget Review to Washtenaw County BOC ▪ End of fiscal year ▪ Executive Committee review Annual Board calendar then to Board on the consent agenda	**October** ▪ WCCMH Board will review next year's meeting schedule ▪ Begin new fiscal year ▪ Finalize WCCMH Executive Director Evaluation ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ WCCMH will identify expiring Board member terms
November ▪ Program Committee Dashboard due to Program-Quality Committee (Quarter 3) ▪ Staff will schedule annual Board and Board Committee meetings on member's calendars. ▪ WCCMH will Identify new/reappointed board members (terms expiring) and submit to BOC.	**December** ▪ BOC will post for expiring WCCMH Board terms expiring on March 31st.

BOC=Board of Commissioners
MDHHS=Michigan Department of Health and Human Services
CMHAM-Community Mental Health Association of Michigan

Draft 9/14/21 rld

ATTACHMENT #8
SEPTEMBER 2021

2022 WCCMH BOARD & BOARD COMMITTEE MEETING SCHEDULE
DRAFT

Program-Quality Committee meets 2nd Monday of month Program-Quality and Budget-Finance combine their meetings quarterly	Budget-Finance Committee meets 2nd Monday of month Budget-Finance and Program-Quality combine their meetings quarterly	Executive Committee meets quarterly the 2nd Monday of month	Millage Advisory Committee meets monthly the 2nd Monday of month	WCCMH Board meets 3rd Friday of month
January 10, 2022 **TBD** 3:00-4:00pm	**January 10, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR JANUARY 2022**	**January 10, 2022** **TBD** 4:00-5:00pm	**January 21, 2022** **TBD** 9:30-11:30am
February 14, 2022 **TBD** 3:00-4:00pm	**February 14, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR FEBRUARY 2022**	**February 14, 2022** **TBD** 4:00-5:00pm	**February 18, 2022** **TBD** 9:30-11:30am
March 14, 2022 Program-Quality and Budget-Finance Combined quarterly meeting **TBD** 1:00-2:30pm		**March 14, 2022** **TBD** 2:30-3:30pm	**March 14, 2022** **TBD** 3:30-4:30pm	**March 18, 2022** **TBD** 9:30-11:30am
April 11, 2022 **TBD** 3:00-4:00pm	**April 11, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR APRIL 2022**	**April 11, 2022** **TBD** 4:00-5:00pm	**April 15, 2022** **TBD** 9:30-11:30am
May 9, 2022 **TBD** 3:00-4:00pm	**May 9, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR MAY 2022**	**May 9, 2022** **TBD** 4:00-5:00pm	**May 20, 2022** **TBD** 9:30-11:30am
June 13, 2022 Program-Quality and Budget-Finance Combined quarterly meeting **TBD** 1:00-2:30pm		**June 13, 2022** **TBD** 2:30-3:30pm	**June 13, 2022** **TBD** 3:30-4:30pm	**June 17, 2022** **TBD** 9:30-11:30am
July 11, 2022 **TBD** 3:00-4:00pm	**July 11, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR JULY 2022**	**July 11, 2022** **TBD** 4:00-5:00pm	**July 15, 2022** **TBD** 9:30-11:30am
August 8, 2022 **TBD** 3:00-4:00pm	**August 8, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR AUGUST 2022**	**August 8, 2022** **TBD** 4:00-5:00pm	**August 19, 2022** **TBD** 9:30-11:30am
September 12, 2022 Program-Quality and Budget-Finance Combined quarterly meeting **TBD** 1:00-2:30pm		**September 12, 2022** **TBD** 2:30-3:30pm	**September 12, 2022** **TBD** 3:30-4:30pm	**September 16, 2022** **TBD** 9:30-11:30am
October 10, 2022 **TBD** COUNTY HOLIDAY	**October 10, 2022** **TBD** COUNTY HOLIDAY	**NO MEETING SCHEDULED FOR OCTOBER 2022**	**October 10, 2022** **TBD** COUNTY HOLIDAY	**October 21, 2022** **TBD** 9:30-11:30am
November 14, 2022 **TBD** 3:00-4:00pm	**November 14, 2022** **TBD** 2:00-3:00pm	**NO MEETING SCHEDULED FOR NOVEMBER 2022**	**November 14, 2022** **TBD** 4:00-5:00pm	**November 18, 2022** **TBD** 9:30-11:30am
December 12, 2022 Program-Quality and Budget-Finance Combined quarterly meeting **TBD** 1:00-2:30pm		**December 12, 2022** **TBD** 2:30-3:30	**December 12, 2022** **TBD** 3:30-4:30	**December 16, 2022** **TBD** 9:30-11:30am

revised 9/14/21 rld

Provider Presentation Discussion

WCCHM Board Meeting

August 20, 2021

June Provider Presentation Key Points

- The intensive role/duties of Direct Support Professionals
- Provider examples
- Recruiting challenges
- Premium pay impact
- Administrative burdens
- Observations
- What has helped

History

- 1009 Report (2016)
- Meeting the Washtenaw County Living Wage Ordinance: An Outline of Challenges and Proposed Solutions for CMH ("Roland Report", Jan 2017)
- Deconstructing the Direct Care Service Crisis (Feb 2019)
- MDHHS Aging and Adult Services Agency (Dec 2019)
- Michigan's Long-Term Care Workforce: Needs, Strengths, and Challenges (June 2020, Altarum Institute)
- MARO/MALA Direct Care Worker survey reports to support the 1009 Report findings (2018, 2019, 2020)
- Many many more reports, surveys, articles

Findings in the multiple reports

- Wage levels
- Lack of fringe benefits
- A need to invest in recruitment and retention
- Paying for training/need for training programs
- Lack of job appreciation
- Administrative burden

MDHHS led statewide meeting 8/10/21

- Challenges:
  - Administrative burden
  - Competition with fast food, Walmart, etc
  - COVID/high exposure risk – close contact with multiple people but lowest paid staff
- Ideas for long term solution:
  - Tuition reimbursement
  - Revisit credentials, rules, who can provide what service
  - Revisit the way services are funded – unnecessarily restrictive and does not allow for thinking outside the box
  - Affordable healthcare
  - Statewide marketing campaign to improve the public view of the profession

MDHHS led statewide meeting 8/10/21 continued…

- What CMH's are trying:
  - recruitment/retention bonuses
  - paid internships
  - working with community colleges for certificate program
  - Partnering more with ISD's, health systems since they have new dollars for mental health support
  - Longevity payments

- Requested acknowledgment this is a a state of emergency --MDHHS did recognize a crisis plan is necessary

What is needed….

- Minimally, make premium pay permanent. Actually, need more in order to recruit
- Paid time off
- Tuition reimbursement like other health care fields
- Pooled insurance program
- Streamline the Hiring/Training/Criminal History/Driving/TB hurdles. Too long between applying for the job, and receiving a paycheck
- Reduce the administrative burdens on providers (i.e., the new CLS billing requirements, # of audits of same info by different agencies)

What is needed continued…

- Centralized recruitment and training center
- Certification program
- Design a career path for Direct Support Professionals with tiered levels of advancement based on training, experience, certification
- A means to reimburse for supervision and training of Direct Support Staff (quality assurance, training opportunities and support)
- A way to reconcile between staff hours and allowable billable hours (travel between sites, training, supervisory or quality monitoring time)

What is going on…

- Locally:
  - Allowing temporary accreditation waivers
  - Can upload documents in CRCT rather than fax/email/drop off
  - Lump sum payment prior to COVID premium pay
  - Provided PPE
  - Providers can bill weekly now
- State level:
  - Training reciprocity work group
  - More allowable online training options
  - Premium pay
  - Groups such as Impart Alliance and The Arc
  - MDHHS has prioritized this issue and recognizes a crisis plan is necessary

Questions?