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/97998847993

December 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-11/19/21 (Attachment #1A)
- B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-11/8/21 (Attachment #1B)
- C. WCCMH Program-Quality Committee Meeting Minutes and Actions-11/8/21 (Attachment #1C)
- D. Wraparound and SED Waiver Presentation (Attachment #D)
- E. WCCMH Executive Committee Meeting Minutes and Actions-6/14/21 (Attachment #1E)
- F. MILLAGE COMMITTEE: (reviewed at 12/13/21 MAC meeting)
  1. WCCMH Millage Advisory Committee Meeting Minutes and Actions-11/8/21 (Attachment #1F1)
  2. Millage Process, Investments and Progress Update (Attachment #1F2)
- G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-11/10/21 (Attachment #1G)

V. Treasurer's Report **ACTION** (20 minutes)
- WCCMH Financial Status Report (Attachment #2) **N. Phelps ACTION**
- WCCMH Millage and CCBHC Financial Status Report (Attachment #3) **N. Phelps ACTION**
- From Investment to Impact Presentation (Attachment #4)

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

VII. CMHPSM Regional Update (10 minutes)
- November 10, 2021 CMHPSM Meeting Minutes and Actions (Attachment #5)
- December 8, 2021 Regional Meeting Cancelled

VIII. New Business (30 minutes)
- Washtenaw County Board Terms Expiring March 31, 2022
  - A. LaBarre
  - B. King
  - A. Rooks
  - K. Scott
- WCCMH Bylaw Changes (Attachment #6) **ACTION**
- WCMH Executive Director Evaluation Discussion

IX. Old Business (20 minutes)
- WCCMH 2022 Annual Board/Committee Meeting Schedule (Attachment #7) ACTION
- WCCMH 2022 Annual Board Calendar (Attachment #8) **ACTION**
- CCBHC Update **T. Cortes/M. Harding**
- Strategic Planning Update (Attachment #9) **T. Cortes/M. Harding**

X. Items for Future Discussions (5 minutes)

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.

- Development of Reserve Capital
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey
- Single Point of Access
- Updated Bylaws

XI. 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/91445894500

Or One tap mobile:
+12678310333, 91445894500# US (Philadelphia)
+13126266799, 91445894500# US (Chicago)

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

Webinar ID: 914 4589 4500

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

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

Audience Participation Guidelines:

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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

DECEMBER 19, 2021

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-11/19/21
B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-11/8/21
C. WCCMH Program-Quality Committee Meeting Minutes and Actions-11/8/21
D. Wraparound and SED Waiver Presentation
E. WCCMH Executive Committee Meeting Minutes and Actions-6/14/21
F. Millage Committee:
    1. WCCMH Millage Advisory Committee Meeting Minutes and Actions-11/8/21
    2. Millage Process, Investments and Progress Update
G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-11/10/21

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

https://zoom.us/j/91445894500
November 19, 2021
9:30am

K. Walker called the meeting to order at 9:33 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 Chelsea, Washtenaw County, MI B. Higman attending remotely from Ann Arbor, Washtenaw County, MI R, Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI A. LaBarre attending remotely from Ann Arbor, Washtenaw County, MI A. Rooks attending remotely from Chelsea, Washtenaw County, MI K. Scott attending remotely from City of Ann Arbor, Washtenaw County, MI D. Strong attending remotely from Mishawaka, IN M. Udow-Phillips attending remotely from Superior Twp, Washtenaw County, MI K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI
MEMBERS ABSENT:	B. King
STAFF PRESENT:	T. Cortes, M. Harding, N. Phelps, R. Dornbos, K. Snay, L. Higle, K. Hoener, S. Ray, H. Linky, B. Hagaman, A. Amos O'Neal, T. Florence
OTHERS PRESENT:	C. Richardson, J. Martin, T. Gavalier, L. Lutomski, B. Reiter, A. Cisneros, N. Heine, K. Homan, G. Nelson, S. Swisher, M. Creekmore, J. Clayton, D. Jackson

I. Introductions
- K. Walker introduced C. Richardson and acknowledged her participation on the WCCMH Board and the CMHPSM Board. T. Cortes acknowledged that C. Richardson was one of the original WCCMH Board members and had also served on the WCHO Board previously. She thanked her for her advocacy and service to the community.
- K. Walker introduced A. Rooks who was recently appointed by the BOC to fill the vacancy from C. Richardson.

II. Audience Participation
- G. Nelson shared his concerns and thanks to the Board.

III. Board response to audience participation
- T. Cortes stated that there is a presentation later in the meeting that would help to address some of the concerns.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-10/15/21
- WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-9/13/21
- WCCMH Program-Quality Committee Meeting Minutes and Actions-8/9/21
- WCCMH Program Committee Dashboard FY2021, Qtr. 2
- Millage Committee:
    1. WCCMH Millage Advisory Committee Meeting Minutes and Actions-9/13/21
    2. Millage Process, Investments and Progress Update
    3. CARES Dashboard

4. NAMI Update
5. Strategic Planning Update

- CMHPSM Policies-Reviewed and Recommended for Approval by Regional Operations Committee:
  1. Access System Policy
  2. Consumer Appeals Policy
  3. Consumer Employment Policy
  4. Coordination of Integrated Healthcare Policy
  5. Corporate Compliance Policy
  6. Peer Review Policy
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-9/8/21
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-10/13/21

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE NOVEMBER 19, 2021 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Treasurer's Report

- Millage and CCBHC Financial Status Report
  - N. Phelps presented the Millage and CCBHC Financial Status Report (Attachment #2) to the Board for the period ending September 30, 2021.
  - There will be a presentation to the Millage Advisory Committee in December regarding the commitments made thus far with the millage and budget planning FY 2022.

MOTION BY A. DUSBIBER, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE WCCMH MILLAGE AND CCBHC FINANCIAL STATUS REPORT ENDING SEPTEMBER 30, 2021.

ROLL CALL VOTE:

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

MOTION CARRIED

- Contracts and Leases
  - N. Phelps presented the Contracts and Leases (Attachment #3) to the committee.

- Executive Director Authorizations
  - N. Phelps presented the Executive Director Authorizations (Attachment #4) to the committee

MOTION BY K. SCOTT, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE WCCMH CONTRACTS AND LEASES AND THE EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
- State Level Update
  - No updates since the November Board meeting and nothing new on the Senator Shirkey bill.
  - F. Brabec conducted a listening tour at the County Learning Resource Center this past Monday. There was also a Facebook live event. T. Cortes, J. Colaianne, C. Acosta, Dr. R. Rion, V. Hong, K. Coward and others were panelists at this event. The consistent theme is the CCBHC as the transformational change in our system. Key issues are access to care for everyone and CCBHC addresses these concerns.
  - There is a lot of confusion around the vaccine mandate. The CMH Directors have asked for some guidance for consistency around the State due to the Federal definition of a CMH Center.

- Local Update
  - The CMH all-staff meetings were held yesterday where updates were provided on CCBHC, the Strategic Plan as well as recruitment and retention strategies. The Strategic Plan documents will be sent to the CMH staff.
  - The Office of Recipient Rights assessment was this week. The Department had a full compliance with a few audit findings that reflect the lack of resources that we have at WCCMH such as timeliness of processing reports due to staffing issues. T. Cortes congratulated staff on this assessment.

VII. CMHPSM Regional Update

- The CMHPSM minutes (Attachment #5) from October 13, 2021 were reviewed.
- T. Cortes presented an update on the November 10, 2021 Regional Board meeting.
  - There is a vacancy on the Regional Board due to the resignation of C. Richardson.
  - Discussion on State General Funds surplus and giving CMH Administration authority to utilize the surplus for deficit repayment and/or provider relief. A retroactive rate increase for residential providers is being researched. Recommendation of $1,250,000.00 if determined to be allowable.

MOTION BY M. UDOW-PHILLIPS , SUPPORTED BY A. LABARRE TO UTILIZE STATE GENERAL FUNDS FOR DEFICIT REPAYMENT AND/OR RESIDENTIAL PROVIDER PAYMENTS AS DETERMINED TO BE ALLOWABLE AND NOT TO EXCEED $1,250,000.00.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**N/A**
LABARRE	**Y**	**ROOKS**	**Y**

SCOTT	**Y**	**STRONG**	**NOT PRESENT AT TIME OF VOTE**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VIII. New Business

- Washtenaw County CMH Board appointment for a term ending March 31, 2022. (Attachment #6)
  - K. Walker introduced A. Rooks who was recently appointed by the Board of Commissioners to fill the vacancy from C. Richardson

D. Strong joined the meeting at 10:15am.

- WCCMH FY2022 Budget Amendment
  - N. Phelps presented the WCCMH FY2022 Budget Amendment (Attachment #7) to the Board.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY K. SCOTT TO ACCEPT AND APPROVE THE WCCMH FY2022 BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH & WCSO Collaboration Update
  - Sheriff J. Clayton, T. Cortes and L. Gentz presented the WCCMH & Washtenaw County Sheriff's Office (WCSO) Collaboration update (Attachment #8) to the Board.
  - A publication of the impact of what the millage has done for the community is suggested as well as sharing of the impact.

A. Dusbiber left the meeting at 10:53am.
D. Strong left the meeting at 11:14am.
A. Rooks left the meeting at 11:22am.

IX. Old Business

- CCBHC Update
  - M. Harding and T. Cortes provided an update on the CCBHC.
  - There are over 300 enrolled in CCBHC currently.

- Strategic Planning Update
  - M. Harding and T. Cortes provided the Strategic Planning Update (Attachment #9) to the Board.
  - Due to time issues this will be brought forward at the next board meeting.

X. Items for future discussion

- Development of Reserve Capital at the CMHSP level
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey

- Single Point of Access
- Updated Bylaws
- Strategic Planning Update-December Board meeting

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

Meeting adjourned at 11:28 AM.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BUDGET-FINANCE COMMITTEE MEETING MINUTES *DRAFT*
November 8, 2021
https://zoom.us/j/98229186860
2:00 pm

ROLL CALL: N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
K. Scott attending remotely from Ann Arbor, Washtenaw County, MI
D. Strong attending remotely from Mishawaka, IN

MEMBERS ABSENT: M. Udow-Phillips, B. King

STAFF PRESENT: M. Harding, N. Phelps, R. Dornbos, M. Taylor, S. Ray. T. Cortes, K. Snay, L. Higle, K. Hoener, M. Tasker, S. Amos O'Neal, L. Gentz

OTHERS PRESENT: L. Lutomski, K. Walker, B. Higman, T. Gavalier, M. Creekmore, K. Homan

N. Graebner-Sundling called the meeting to order at 2:01 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 9/13/21.
- The Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 9/13/21 were reviewed. (Attachment #1A)

MOTION BY D. STRONG, SUPPORTED BY K. SCOTT TO APPROVE THE MINUTES AND ACTIONS FROM THE SEPTEMBER 13, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Contracts and Leases
- M. Taylor presented the contracts and leases to the committee. (Attachment #2)

MOTION BY D. STRONG SUPPORTED BY K. SCOTT TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

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

VI. Executive Director Authorizations

- M. Taylor presented the Executive Director Authorizations to the committee (Attachment #3)

MOTION BY D. STRONG SUPPORTED BY K. SCOTT TO APPROVE THE EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.

ROLL CALL VOTE:

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

VII. Regional Finance Update

- T. Cortes presented the Regional Finance Update to the committee.

VIII. Old Business

- CCBHC Update
  - M. Harding presented an update on the CCBHC.
  - The primary focus right now is getting eligible individuals enrolled.

IX. New Business

- WCCMH FY2022 Budget Amendment
  - N. Phelps presented the WCCMH FY2022 Budget Amendment to the committee (Attachment #4)
  - This is the first time WCCMH has had a $100 million budget.

MOTION BY D. STRONG, SUPPORTED BY K. SCOTT TO APPROVE THE FY2022 WCCMH BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

Discussion regarding the surplus General Fund dollars and possible opportunities to use these funds. Staff are waiting to hear back from the State on allowable uses.

X. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- General Fund spending opportunities

MOTION BY K. SCOTT, SUPPORTED BY R. JEFFERSON TO ADJOURN THE WCCMH BUDGET-FINANCE MEETING.

XI. Meeting adjourned at 2:20 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH PROGRAM-QUALITY COMMITTEE MEETING MINUTES *DRAFT*
https://zoom.us/j/92298249672
November 8, 2021
3:00 pm

ROLL CALL:	S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI B. Higman attending remotely from Ann Arbor, Washtenaw County, MI R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County MI K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI
MEMBERS ABSENT:	B. King, K. Scott
STAFF PRESENT:	N. Phelps, R. Dornbos, M. Harding, L. Higle, K. Snay. S. Ray, T. Cortes, T. Florence, M. Tasker
OTHERS PRESENT:	L. Lutomski, K. Homan, T. Gavalier, M. Creekmore

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

I. Introductions
- T. Cortes introduced K. Snay who was promoted to the Recipient Rights Director and S. Ray who was promoted to the Clinical Director.

II. Audience Participation
- None

III. Board Response to Audience Participation
- None

IV. Program-Quality Committee Meeting Minutes and Actions from 8/9/21
- The Program-Quality Committee Meeting Minutes and Action from 8/9/21 were reviewed (Attachment #1A)

MOTION BY A. DUSBIBER, SUPPORTED BY K. WALKER TO APPROVE THE MINUTES AND ACTIONS FROM THE AUGUST 9, 2021 PROGRAM-QUALITY COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Budget- Committee and Program-Quality Combined Committee Meeting Minutes and Actions from 9/13/21
- The Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 9/13/21 were reviewed. (Attachment #1B)

MOTION BY K. WALKER, SUPPORTED BY A. DUSBIBER TO APPROVE THE MINUTES AND ACTIONS FROM THE SEPTEMBER 13, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Discussion Items
- None

VII. Old Business
- CCBHC Update
  - M. Harding and T. Cortes presented an update on the CCBHC.
  - The application has been submitted and staff is waiting for the State to conduct a site visit.
  - Staff are working on the assignment of approximately 4,500 individuals from Washtenaw County into the database.
  - The single point of entry regarding substance abuse implementation is January 1, 2022. The initial screening is done through CMH and then will send to provider panel for services.
  - A presentation will be brought to this committee on what the Access Department currently looks like and what it will look like after CCBHC is implemented.

VIII. New Business
- Program Committee Dashboard
  - T. Florence and L. Higle presented the Program Committee Dashboard for FY2021, Qtr. 3. (Attachment #2)
  - There were no sentinel events in the 3rd quarter of FY2021.
  - Staff are looking at different measures with CCBHC and will develop some processes to include in this report for future meetings.

IX. Items for Future Discussions
- Important data points on CARES implementation impact on hospitals-return rates to hospitals and what the impact on caseloads is as well as other Millage Investments-L. Higle bring in December.
- Looking at call data and how it affects the CARES Team-after January 2022
- Access Department comparison presentation from pre-CCBHC and with CCBHC
- CCBHC performance measures
- Single point of entry for Substance Use Disorder after January 2022

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

X. Meeting adjourned at 3:35 pm.

ATTACHMENT #D
NOVEMBER 2021

Wraparound and SEDW

Overview

ATTACHMENT #D
NOVEMBER 2021

- What are Wraparound Services?
- Philosophy and Principles
- How Wraparound Can Help Children/Youth/Families
- What is SEDW?
- Services available in Washtenaw County

What is Wraparound?

ATTACHMENT #D
NOVEMBER 2021

- Voluntary process that is youth and family driven
- A way to plan and implement services and supports for child/youth and their families
- Planning process helps make sure children and youth stay in their homes and communities
- Brings people together from different parts of the whole family's life
- Wrapround facilitators follow the families wishes working with people they choose to be part of their team to help coordinate activities and blend perspectives of the family's situation

Principles of the Wraparound Process

- Family voice and choice
- Team based
- Natural supports
- Collaboration
- Community-based
- Culturally competent
- Individualized
- Strengths based
- Unconditional care
- Outcome based

Wraparound Phases

- Phase One: Engagement and preparation
- Phase Two: Initial Plan Development
- Phase Three: Plan implementation
- Phase Four: Transition and graduation

What is the SEDW?

ATTACHMENT #D
NOVEMBER 2021

Provide Medicaid coverage to children who:

- Would require hospitalization or institutionalization without the provisions of this waiver
- Would otherwise not be Medicaid eligible while residing with their birth or adoptive families

SEDW Administration & Management

- Administered by MDHHS and managed by PIHPs
- Provides in-home services and supports to children with serious emotional disturbance and their families
- Available state-wide, all 83 counties in Michigan participate
- Provides enhancements and/or additions to Medicaid State Plan Services

Covered SEDW Services

ATTACHMENT #D
NOVEMBER 2021

Current Services

- Community Living Supports
- Family Home Care Training
- Family Support and Training
- Therapeutic Activities (recreation, music and art therapy)
- Respite Care
- Child Therapeutic Foster Care
- Therapeutic Overnight Camp
- Wraparound Services
- Home Care Training, Non-Family
- Choice Voucher
- Overnight Health & Safety Support

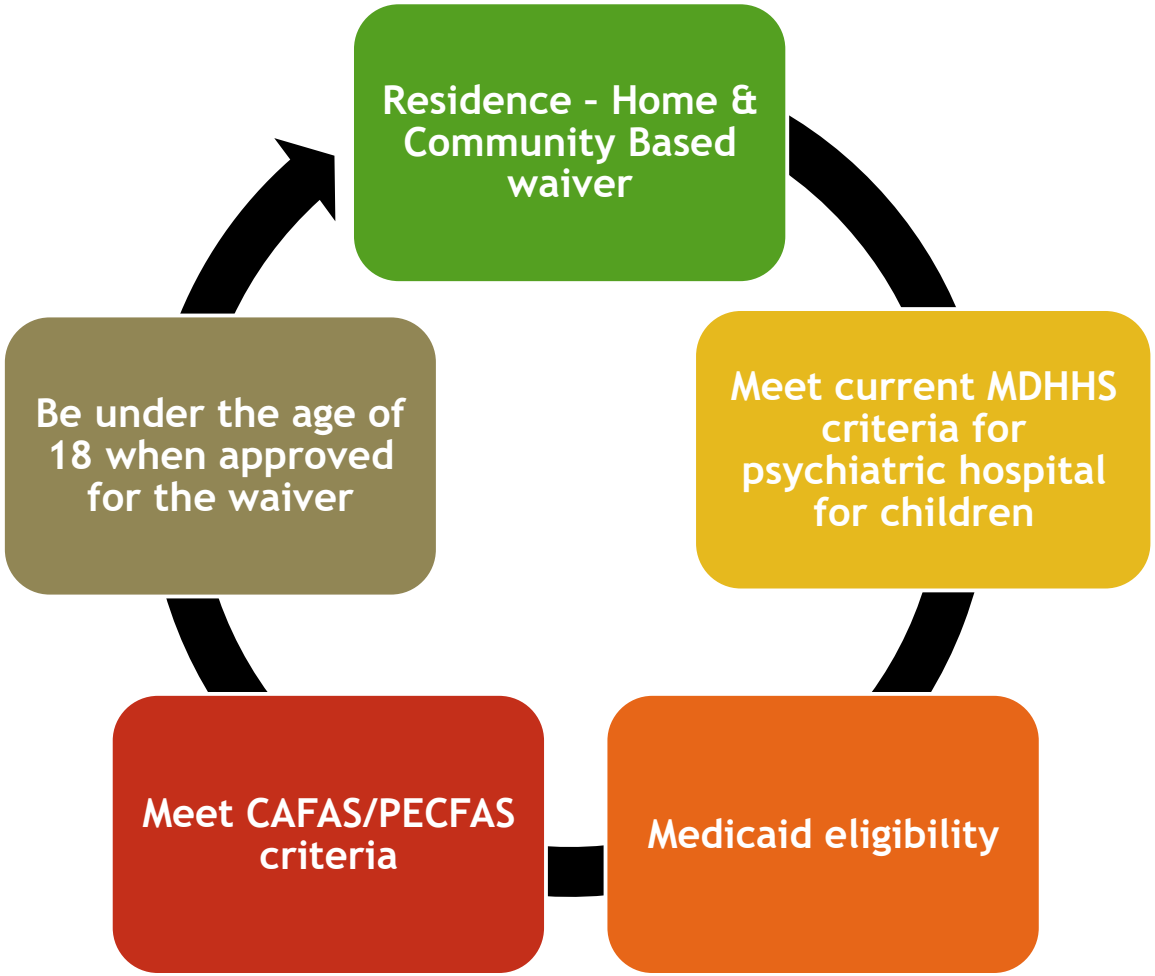
SEDW Eligibility

The individual must meet all three criteria

- Diagnosis
- Severity of Illness
- Intensity of Services

SEDW Eligibility

ATTACHMENT #D
NOVEMBER 2021



SEDW Eligibility Criteria Continued

- Demonstrate serious functional limitations that impair their ability to function in the community
  - *Ages 13 to 18 a CAFAS score of 120 or greater;*
  - *Ages 7 to 12 a CAFAS score of 90 or greater; OR*
  - *Ages 3 to 7, elevated PECFAS subscale scores in at least one of these areas:*
    - *self-harmful behaviors,*
    - *mood/emotions,*
    - *thinking/communicating or behavior towards others*

Thank You! What Questions do you Have?

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

https://zoom.us/j/98805738833
June 14, 2021
2:30 pm

K. Walker called the meeting to order at 2:39 pm.

ROLL CALL: S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner attending remotely from Chelsea, Washtenaw County, MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
A. LaBarre attending remoted from City of Ann Arbor, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Township, Washtenaw County, MI

MEMBERS ABSENT: None

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

OTHERS PRESENT: J. Martin, K. Belknap, L. Lutomski, M. Creekmore

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 3/15/21 were reviewed (Attachment #1).

MOTION BY A. DUSBIBER, SUPPORTED BY B. KING TO APPROVE THE MINUTES AND ACTIONS OF THE MARCH 15, 2021 WCCMH EXECUTIVE COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**NOT PRESENT AT TIME OF VOTE**	**DUSBIBER**	**Y**
GRAEBNER	**Y**	**KING**	**Y**
LABARRE	**NOT PRESENT AT TIME OF VOTE**	**WALKER**	**Y**

MOTION CARRIED

IV. Discussion Items
- None

V. Old Business
- CCBHC Update
  - N. Harding presented the CCBHC Update to the committee.

S. Antonow joined the meeting at 2:45 pm.

- WCCMH Board Annual Evaluation (Attachment #2)
  - K. Walker discussed the WCCMH Board Annual Evaluation document that was included in the meeting materials.
  - Suggestion to add visits to some of the core residential providers on the board orientation.
  - Continue the virtual meeting format when in-person meetings begin

A. LaBarre joined the meeting at 3:03 pm.

VI. New Business

- Strategic Planning Process Discussion (Attachment #3)
  - K. Walker and T. Cortes discussed the Strategic Planning Process document with the committee.
  - Suggestion to use Executive Committee as the steering committee to do the mission statement and other revisions that need to be done.

VII. Items for Future Discussions

- Bylaw Changes
- Mental health code review-look at resource from board association-follow up with Bob Sheehan-Trish-look into board works training that covers this.

VIII. Adjournment of Meeting

MOTION BY A. DUSBIBER, SUPPORTED BY A. LABARRE TO ADJOURN THE WCCMH EXECUTIVE COMMITTEE MEETING.

MOTION CARRIED

The WCCMH Executive Committee Meeting was adjourned at 3:13 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
November 8, 2021
https://zoom.us/j/99301545868
4:00 pm

N. Graebner-Sundling called the meeting to order at 4:02 pm.

ROLL CALL:	A. Carlisle attending remotely from Ann Arbor, Washtenaw County, MI 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 Scio Twp, Washtenaw County MI R. Rion attending remotely from Ann Arbor, Washtenaw County, MI G. Waddles, Jr. attending remotely from Ypsilanti, Washtenaw County, MI K. Walker attending remotely from Pittsfield two, Washtenaw County, MI
MEMBERS ABSENT:	D. Jackson, B. King, A. LaBarre, M. Udow-Phillips
STAFF PRESENT:	N. Phelps, R. Dornbos, M. Harding, T. Cortes, L. Gentz, K. Snay, M. Tasker, D. Howell, K. Hoener
OTHERS PRESENT:	L. Lutomski, T. Gavalier, G. Nelson, J. Gardner, M. Alfonso, G. Powers, M. Creekmore, E. Matti

I. Introductions
- L. Gentz introduced J. Gardner (Executive Director) and M. Alfonso (Project Manager) from NAMI who will be presenting later in the meeting.

II. Audience Participation
- G. Nelson shared his concerns with the committee.

III. Committee Response to Audience Participation
- N. Graebner-Sundling requested the concerns be sent to R. Dornbos to distribute to the committee.

IV. Millage Advisory Committee Minutes and Actions from 9/13/21 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 9/13/21 were reviewed.

MOTION BY A. CARLISLE, SUPPORTED BY B. HIGMAN TO APPROVE THE MINUTES AND ACTIONS FROM THE SEPTEMBER 13, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

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

WALKER	**Y**		

MOTION CARRIED

V. Discussion Items

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

- CARES Dashboard-New Design Review (Attachment #2B)
  - M. Tasker reviewed the CARES Dashboard (Attachment #2B) for September 2021 with the committee.

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update ending September 30, 2021 to the committee.
- N. Phelps stated that at the December meeting there will be a presentation on the commitments made thus far and discussion around the upcoming 2022 budget and priorities.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - There was not a report this month.

VIII. New Business

- NAMI Update
  - J. Gardner and M. Alfonso presented the NAMI 2020-2021 Millage Funding Activities update to the committee (Attachment #4)

- Strategic Planning Update
  - T. Cortes presented the Strategic Planning Update to the committee (Attachment #5)
  - The draft of updated report from CHRT is being reviewed by CMH Staff at this time and will come to the MAC for further review and then to the WCCMH Board.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments
- Budget discussion and funding opportunities for 2022-December

MOTION BY G. WADDLES SUPPORTED BY H. HEAVILAND TO ADJOURN THE MEETING.

Meeting adjourned at 5:00 pm.

Washtenaw County Mental Health and Public Safety Millage
Initiative Dashboard

Initiative	New or expanded services	Crisis services	Stabilization services	Integrated & coordinated	Peer support services	SUD services	Housing services	Education & prevention	Reducing stigma	Adult-focused	Youth-focused	Cross-sector collaboration	Needs assessment &	Grants: supplements millage	Status	Date Implemented, Expected, or Completed
Washtenaw CARES	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			Implemented	May 2019
CCBHC	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	Implemented	May 2019
750 Towner assessment center	✓	✓	✓	✓						✓		✓			Implemented	March 2020
NAMI peer project	✓				✓					✓		✓			In progress	2020
Mental Health First Aid training								✓	✓	✓	✓	✓			In progress	2020
Youth assessment center	✓							✓			✓	✓	✓	✓	In progress	Ongoing
Youth court therapeutic CSM position	✓										✓	✓			Implemented	December 2020
31N WISD school MH project	✓							✓	✓		✓	✓			In progress	Ongoing
Mini-grant Anti-stigma campaign w/WISD								✓	✓		✓	✓			In progress	Ongoing
Anti-stigma campaign w/public health								✓	✓	✓	✓	✓			In progress	Ongoing
Corner psychiatry access	✓	✓	✓	✓							✓	✓			Implemented	November 2019
SUD system transformation	✓					✓		✓	✓	✓	✓	✓	✓	✓	In progress	Expected 2022
MAT in jail	✓					✓				✓		✓		✓	Implemented	January 2020
LEAD initiative	✓							✓		✓	✓	✓		✓	In progress	Expected Oct 1
Housing RFP w/OCED	✓	✓	✓				✓			✓	✓	✓			In progress	January 2020
Washtenaw Health Plan	✓			✓				✓		✓					In progress	Expected Oct 1
Student Advocacy Center	✓							✓			✓				In progress	Expected Oct 1
Ozone Psychiatry Access	✓						✓				✓	✓			Implemented	June 2021
5 Healthy Towns										✓	✓	✓	✓		In progress	Ongoing

Initiative Descriptions

Plan and Integrate

Initiative	*Status*	*Updates?*
LEAD	1 Case Manager was hired and starting on 12/6. 1 position still posted. Once orientation completed, we will begin accepting individuals into the program. 23 referrals already received.	
Youth Assessment Center	Additional conversations have started with key sector leaders and additional are being planned.	
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**
Rethink Health/5 Healthy Towns	SJM Chelsea SAMSHA grant approved and work is underway. We are coordinating MHFA trainings with their new program coordinator. NAMI continues their work with targeted outreach, grief and loss groups in Manchester congregations and fall clergy conference was a success. One Big Connection website is close to meeting their goal with getting 100 providers listing their resources on the new site before the end of the year. They are currently at 94!	
5HT Intergenerational Populations Project	Findings have been reviewed and next steps are being identified.	**No**
SUD System Transition	A slow roll out is occurring of the access to SUD services changing to the WCCMH Access Department. The full transition will begin early in 2022.	**No**

Expand Services

Initiative	*Status*	*Updates?*
CARES/Crisis/750/CCBHC	See M. Tasker Report	
Housing RFP	Avalon provided updated data back to Jan 2021 showing 100 individuals served monthly on average, 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 early next year.	**No**

Initiative Descriptions

31 N/ WISD Mini Grants	Mini grants are being applied for by districts but numbers remain low. WISD continuing targeted outreach to recruit schools to participate.	
Youth Center MHP	Position in place and going well. Psychiatry supports will be reduced to 4 hrs/week and moved to Ozone to support community-based justice involved youth.	**No**
Justice Involved Youth Ozone Psychiatry Access	4 hours of psychiatry is being provided at Ozone House.	**No**
Corner Health Psychiatry Expansion	CMH increased psychiatry time at Corner Health from 1 to 2 full days/week.	**No**
Jail MAT	Up and running since January 2021	**No**
Washtenaw Health Plan	The contract is completed, and services are being established. A quarterly report should be available for the MAC after 1/1/22.	**No**
Student Advocacy Center	The contract is being completed since the MAC approved the funding in September. Due to their work coinciding with the academic calendar their first MAC report will be available for review in March.	**No**

Communicate and Evaluate

Initiative	*Status*	*Updates?*
NAMI Peer Project	Presentation regarding their efforts occurred at last meeting. NAMI will be coming to the MAC in January to discuss plans for continued efforts.	
Anti-Stigma Campaign	Public Health is drafting their new strategy and will have it to present to the MAC in January. They are continuing the strategies identified in the previous plan, utilizing unspent money due to Covid. They have completed focus groups to make adjustments to the strategies and are continuing advertising.	**No**
MHFA/YMHFA Education initiatives	Trainings are underway and going well. From July-September 4 YMHFA trainings were conducted with 36 school-based staff trained. MHFA has conducted 1 training through Ann Arbor YMCA and has another scheduled in November.	**No**
Millage Comms Strategy	New communication strategy and campaign underway. New billboards and advertising are up across Washtenaw County.	**No**

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

November 10, 2021

Members Present on the Call: Jason Zurawski (secretary), Barb Higman, Alayna Manzanares, Lisa Porzondek,.
Staff: Mert Hershberger (Liaison), Mike Harding (Deputy Director).
Members absent: Pam Rathbun (president[technical difficulties]), Leo Hanifin (at training), Melissa Vaden (appointment conflicts), Ed Howlett (just returned to area).

I. Meeting called to order at: _ 12:33_ pm _.

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

II. Mike Harding, Deputy Director to report on _CCBHC_. Connecting mental health with physical health services. Providing linkages. CARES provides to under-insured. Now, we hope to open the doors to people with mental health, behavioral health, or substance use issues we aim to provide services to people directly. Funding is looking a bit more stable now with a demonstration site as well as an expansion state. I/DD services are not included. Opens up an array of Substance Use Disorder Services. Crisis, Screening, Planning, Outpatient, ACT, peer services, targeted case management. For youth and adults, regardless of intensity of diagnoses, (Mild to moderate will now fit in with the CARES team). The funding would be upfront and then proof for services rendered submitted. This would also allow CMH to bill private insurance.

III. **Story Jam with NAMI & Speaker's Bureau & Avalon (Formally led by the WC-CMH-CAC)** ... 3 participants. Practice writing stories out also in the CMH writing group. If you know of stories that should be shared or people who want to share later. Story Jam is also available simply to help people tell their stories for their own purposes. We may do this on a quarterly basis.

IV. Newsletter: Barb and Lisa have submitted articles. Mert hopes to send this out in December.

V. **Celebration of Success:** celebration will happen next Wednesday, November 17 at 5:30pm via Facebook on the WC-CMH site. (Mert delivered the cards Melissa had made to the recipient-nominees).

VI. **Art Show plans**: Updates: 1 current consumer has shown interest currently.

VII. **Additional members to suggest**: None known.

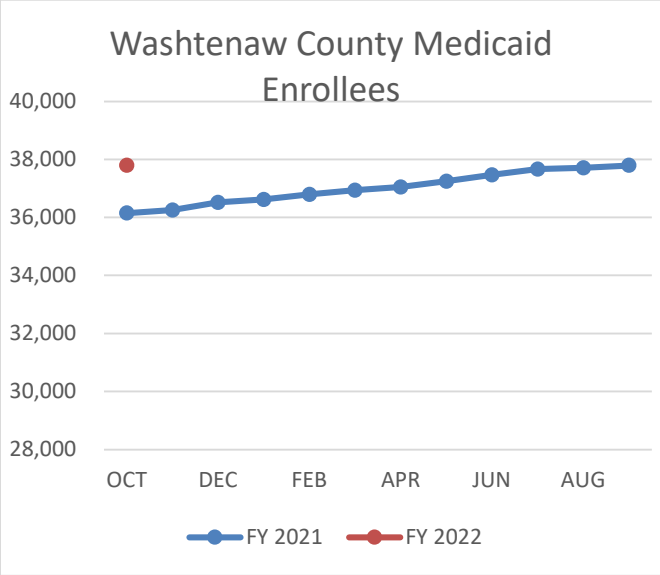
VIII. **Meeting adjourned at _1:10 pm_ motion by _ Alayna _ supported by _ Lisa _ .**

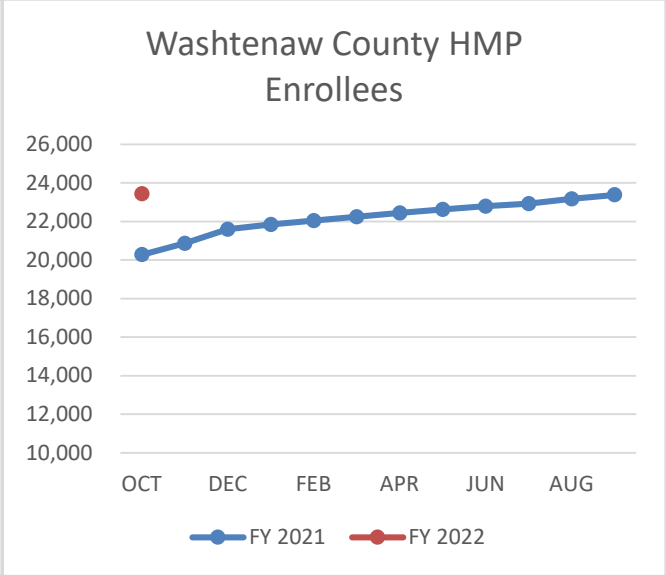
The next meeting will be December 8, 2021 via Zoom at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending October 31, 2021
Prepared: December 5, 2021

1. Washtenaw County Enrollees

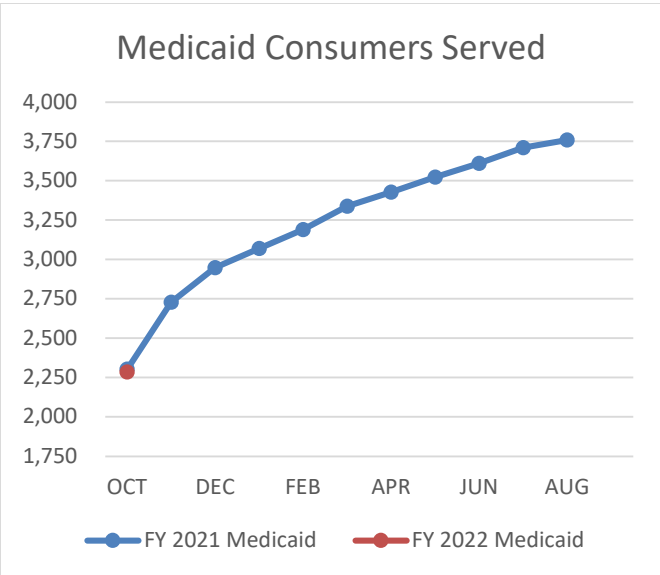
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

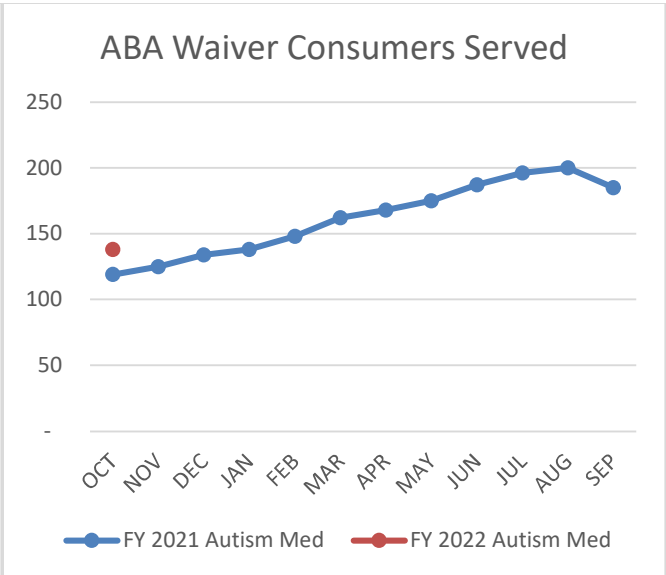




Washtenaw County Medicaid Enrollees were 37,795 in October 2021. This is a 4.54% increase from the same time last year (1,643 more enrollees than in October 2020). Healthy Michigan enrollment in October 2021 was 23,442. This is a 15.59% increase from the same time last year (3,162 more enrollees than in October 2020).

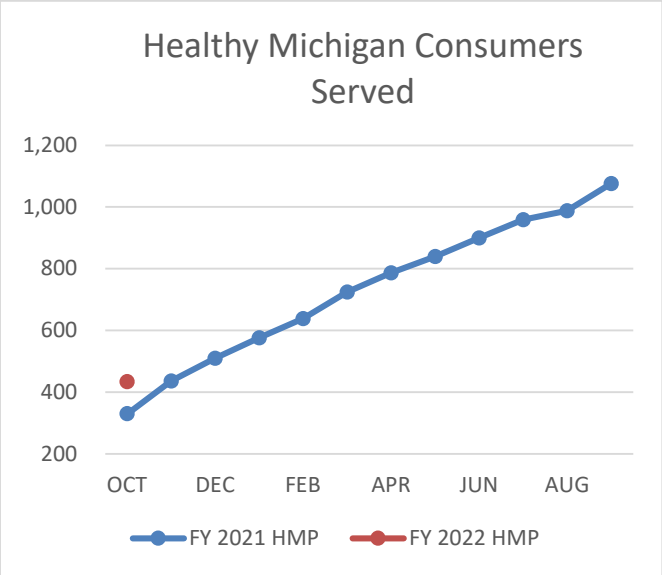
2. WCCMH Consumers Served to Date

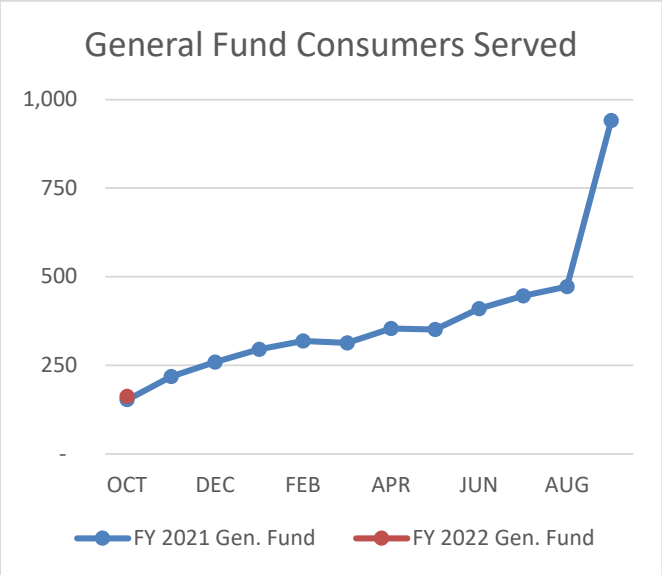




Medicaid consumers served through October 2021 are 2,284. This is 19 less consumers than the prior year (2,303 consumers were served through October 2020).

ABA Waiver consumers served through October 2021 are 138. This is 19 more consumers than prior year (119 consumers were served through October 2020).





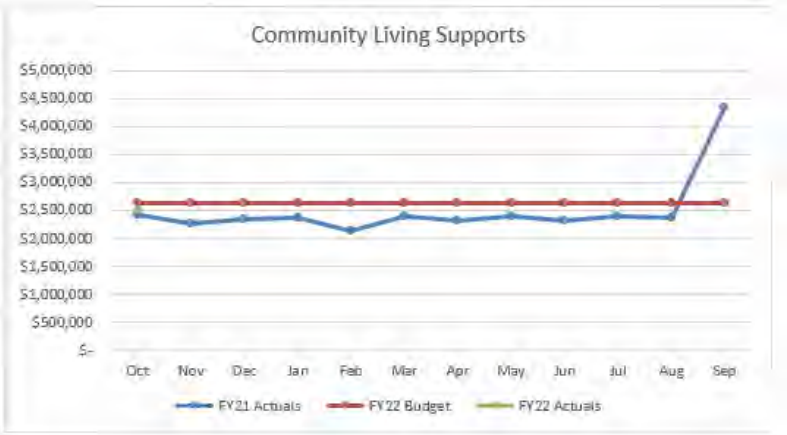
Healthy Michigan consumers served through October 2021 were 434. This is 104 more consumers than the same period last year.

General Fund consumers served through October 2021 were 162. This is 9 more consumers than the same period last year.

3. Financial Statement Highlights

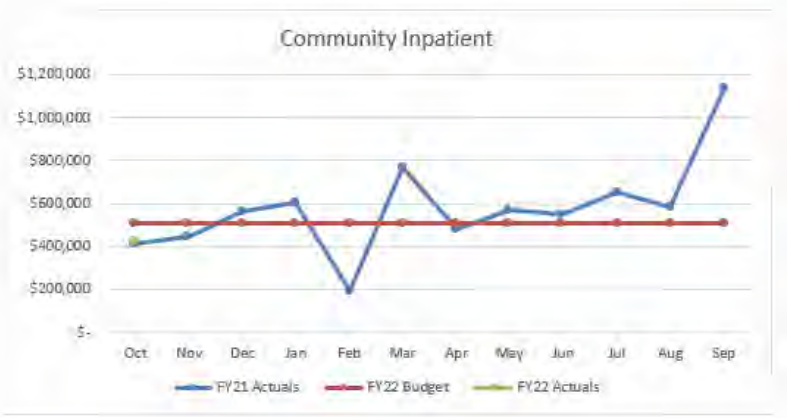
a. CLS service costs to date are estimated to be $2.5 Million and $123,000 under budget. The costs year to date are 3% more than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 2,425,825	2,628,634	$ 2,505,038	3.27%
Nov	2,264,769	2,628,634		
Dec	2,346,049	2,628,634		
Jan	2,365,368	2,628,634		
Feb	2,135,096	2,628,634		
Mar	2,408,780	2,628,634		
Apr	2,328,718	2,628,634		
May	2,410,288	2,628,634		
Jun	2,316,806	2,628,634		
Jul	2,393,966	2,628,634		
Aug	2,377,568	2,628,634		
Sep	4,346,226	2,628,634		



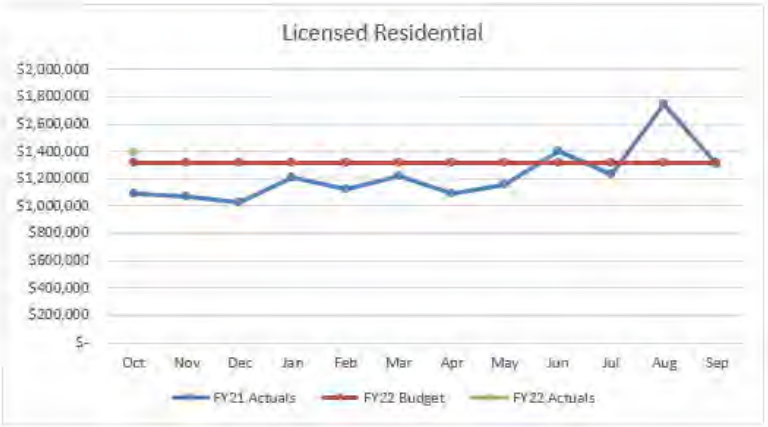
b. Community Inpatient costs to date are $428,000. The costs year to date are 4.28% more than this time last year and $79,000 under budget.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 411,150	$ 508,333	$ 428,747	4.28%
Nov	444,907	508,333		
Dec	560,543	508,333		
Jan	601,931	508,333		
Feb	194,823	508,333		
Mar	767,313	508,333		
Apr	480,817	508,333		
May	567,208	508,333		
Jun	548,208	508,333		
Jul	653,771	508,333		
Aug	584,676	508,333		
Sep	1,135,209	508,333		



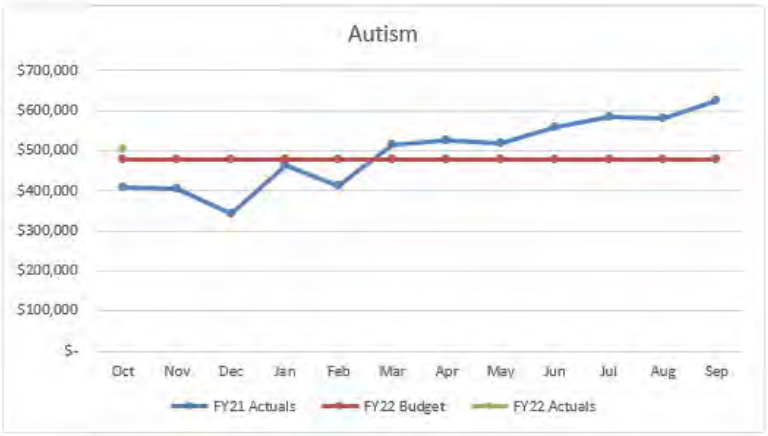
c. Licensed Residential costs to date are $1.3 Million and $73,000 over budget. The costs year to date are 26.85% more than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 1,093,095	$ 1,312,950	$ 1,386,550	26.85%
Nov	1,073,263	1,312,950		
Dec	1,028,927	1,312,950		
Jan	1,211,062	1,312,950		
Feb	1,118,469	1,312,950		
Mar	1,225,127	1,312,950		
Apr	1,093,521	1,312,950		
May	1,159,115	1,312,950		
Jun	1,399,305	1,312,950		
Jul	1,228,220	1,312,950		
Aug	1,742,223	1,312,950		
Sep	1,304,444	1,312,950		



d. Applied Behavior Analysis/Autism service costs to date are $502,000. The costs year to date are 23.14% more than this time last year and $24,000 over budget. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 408,109	$ 477,684	$ 502,553	23.14%
Nov	404,662	477,684		
Dec	342,956	477,684		
Jan	464,654	477,684		
Feb	410,998	477,684		
Mar	512,641	477,684		
Apr	525,526	477,684		
May	518,865	477,684		
Jun	558,191	477,684		
Jul	584,957	477,684		
Aug	578,244	477,684		
Sep	624,950	477,684		



e. Internal staffing expenses are trending under budget due to the 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 $870,000 through October.
c. By funding source, HMP is showing a surplus of $20,000 through October.
d. Overall, the PIHP surplus is $1.2 Million through October.
e. At this time, funding related to temporary direct care worker wage increases 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 $216,000.

6. Local Key Points

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

b. Local Funds are showing a deficit of $13,000 through October 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 2022.

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

		Total
Medicaid **		
Revenue		
B & B3	$	3,721,479
HSW		2,313,068
DCW		668,361
Child Waiver/SED Waiver		231,483
Autism		490,560
Prior Year Adjustments		-
Care for Caid		-
Total Medicaid Revenue	$	7,424,950
Total Medicaid Expense	$	6,554,575
Medicaid Surplus/(Deficit)	$	870,375
CCBHC **		
Revenue	$	345,815
Expense		-
CCBHC Surplus/(Deficit)	$	345,815
Healthy Michigan **		
Revenue	$	523,740
Expense		503,269
Healthy MI Surplus/(Deficit)	$	20,471
General Fund		
Revenue		
CMH Operations	$	352,920
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		-
Total General Fund Revenue	$	352,920
Total General Fund Expense	$	136,442
General Fund Surplus/(Deficit)	$	216,478
Injectable Meds		
Revenue	$	10,132
Expense		-

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

		Total
Inj. Meds. Surplus/(Deficit)	$	10,132
Grants And Contracts		
Revenue	$	129,855
Expense		129,855
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	47,203
Redirect to GF		-
Expense		47,203
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	128,854
Expense		142,788
Local Surplus/(Deficit)	$	(13,934)
Private Grant & All NOR		
Revenue	$	26,483
Expense		26,483
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	8,661,331
Expense		7,557,809
Grand Total Surplus/(Deficit)	$	1,103,522

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	1,246,793
WCCMH Surplus/(Deficit)		202,544
	$	1,449,337

Washtenaw County Community Mental Health
Budget to Actuals
For One Month Ending October 31, 2021

	Current Fiscal Year				
	FY 2022 Amended Budget	FY 2022 Amended Budget YTD	FY 2022 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 44,526,405	$ 3,710,534	$ 3,721,479	$ 10,945	0.29%
HSW	25,368,146	2,114,012	2,313,068	199,056	9.42%
Children & SED Waivers	1,044,210	87,018	231,483	144,466	166.02%
Healthy Michigan Capitation	6,284,882	523,740	523,740	(0)	0.00%
Autism Capitation	5,886,723	490,560	490,560	(0)	0.00%
Direct Care Worker Pass-Through	8,020,332	668,361	668,361	-	0.00%
CCBHC Supplementary	2,000,000	166,667	345,815	179,148	107.49%
TOTAL PIHP Revenue	$ 93,130,698	$ 7,760,892	$ 8,294,506	$ 533,615	6.88%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 352,921	$ 352,920	$ (1)	0.00%
Grants & Earned Contracts	1,790,168	149,181	145,388	(3,793)	-2.54%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 145,980	$ 46,574	$ (99,406)	-68.10%
Project Revenue	847,984	70,665	60,328	(10,337)	-14.63%
All Other	1,917,652	159,804	208,317	48,513	30.36%
TOTAL Operating Revenue	**$ 103,673,313**	**$ 8,639,443**	**$ 9,108,033**	**$ 468,590**	5.42%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,279,421	$ 523,285	$ 423,404	$ (99,881)	-19.09%
Program Administration	3,304,826	275,402	220,180	(55,222)	-20.05%
Residential Services					
Community Living Supports	$ 31,543,612	$ 2,628,634	$ 2,505,038	$ (123,596)	-4.70%
Licensed Residential	15,755,397	1,312,950	1,386,550	73,600	5.61%
Outpatient Services					
Autism Services	$ 5,732,206	$ 477,684	$ 502,553	$ 24,869	5.21%
Case Management	4,758,950	396,579	310,006	(86,573)	-21.83%
Supports Coordination	2,806,291	233,858	153,968	(79,890)	-34.16%
Skill Building	4,462,153	371,846	257,878	(113,968)	-30.65%
Supported Employment	1,463,965	121,997	98,399	(23,598)	-19.34%
Psychiatry	2,861,899	238,492	225,060	(13,432)	-5.63%
Nursing Services	2,281,750	190,146	167,297	(22,849)	-12.02%
Therapy Services	2,088,044	174,004	135,528	(38,476)	-22.11%
All Other	9,161,793	763,483	549,869	(213,614)	-27.98%
CCBHC Services	2,000,000	166,667	-	(166,667)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 508,333	$ 428,745	$ (79,588)	-15.66%
Local Matches & Shelter	1,282,838	106,903	148,833	41,930	39.22%
Grants & Earned Contracts	1,790,168	149,181	145,388	(3,793)	-2.54%
TOTAL Operating Expenses	**$ 103,673,313**	**$ 8,639,443**	**$ 7,658,696**	**$ (980,747)**	-11.35%
Revenue Over/(Under) Expenses	-	-	1,449,337	1,449,337	

Washtenaw County Community Mental Health
Budget to Actuals
For One Month Ending October 31, 2021

		Prior Year Comparison		
	FY 2022 YTD Actuals	FY 2021 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 3,721,479	$ 4,101,752	$ (380,273)	-9.27%
HSW	2,313,068	2,132,155	180,914	8.49%
Children & SED Waivers	231,483	78,806	152,677	193.74%
Healthy Michigan Capitation	523,740	479,667	44,073	9.19%
Autism Capitation	490,560	388,153	102,407	26.38%
Direct Care Worker Pass-Through	668,361	-	668,361	0.00%
CCBHC Supplementary	345,815	-	345,815	0.00%
TOTAL PIHP Revenue	$ 8,294,506	$ 7,180,533	$ 1,113,974	15.51%
MDHHS Revenue				
State General Funds	$ 352,920	$ 292,485	$ 60,435	20.66%
Grants & Earned Contracts	145,388	92,333	53,055	57.46%
All Other Revenue				
County Appropriation	$ 46,574	$ 74,508	$ (27,934)	-37.49%
Project Revenue	60,328	49,063	11,265	22.96%
All Other	208,317	152,488	55,829	36.61%
TOTAL Operating Revenue	**$ 9,108,033**	**$ 7,841,410**	**$ 1,266,624**	16.15%
Operating Expenses				
Administrative Expenses				
General Administration	$ 423,404	$ 373,816	$ 49,588	13.27%
Program Administration	220,180	192,941	27,239	14.12%
Residential Services				
Community Living Supports	$ 2,505,038	$ 2,070,555	$ 434,483	20.98%
Licensed Residential	1,386,550	1,093,095	293,455	26.85%
Outpatient Services				
Autism Services	$ 502,553	$ 408,109	$ 94,444	23.14%
Case Management	310,006	335,257	(25,251)	-7.53%
Supports Coordination	153,968	163,929	(9,961)	-6.08%
Skill Building	257,878	171,161	86,717	50.66%
Supported Employment	98,399	98,302	97	0.10%
Psychiatry	225,060	181,493	43,567	24.00%
Nursing Services	167,297	149,030	18,267	12.26%
Therapy Services	135,528	124,582	10,946	8.79%
All Other	549,869	495,025	54,844	11.08%
CCBHC Services	-	-	-	0.00%
Other Expenses				
Community Inpatient	$ 428,745	$ 411,150	$ 17,595	4.28%
Local Matches & Shelter	148,833	114,981	33,852	29.44%
Grants & Earned Contracts	145,388	92,333	53,055	57.46%
TOTAL Operating Expenses	**$ 7,658,696**	**$ 6,475,760**	**$ 1,182,936**	18.27%
Revenue Over/(Under) Expenses	1,449,337	1,365,650	83,687	

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

Prior 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	$ 90,818,496	
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	$ 84,875,262	
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	$ 5,943,234	$ -

Current Year FY 2022	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 9,108,033											
Total Expense	$ 7,658,696											
Surplus / (Deficit)	$ 1,449,337	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 5,471,157	$ 6,757,986	$ 1,286,830
Millage Interest Revenue	-	-	24,545	24,545
Millage GASB31 Adjustment	-	-	(73,911)	(73,911)
	$ 6,565,388	$ 5,471,157	$ 6,708,620	$ 1,237,464
Millage Expenses				
Salary	$ 2,395,000	$ 1,995,833	$ 1,480,578	$ (515,256)
Fringe	1,339,513	1,116,261	742,977	(373,284)
Contractors	1,500,000	1,250,000	998,102	(251,898)
Trainings	140,000	116,667	3,850	(112,817)
Operating Expenses	782,500	652,083	329,563	(322,520)
Fleet Charges	60,000	50,000	9,269	(40,731)
Client Care	78,500	65,417	72,729	7,313
Cost Allocation Plan	70,875	59,063	250,532	191,470
Furniture & Equipment	100,000	83,333	-	(83,333)
Depreciation Expense	10,000	8,333	-	(8,333)
Telephone	50,000	41,667	18,391	(23,275)
All Other Expenses	39,000	32,500	9,258	(23,242)
Total Millage Expenses	$ 6,565,388	$ 5,471,157	$ 3,915,249	$ (1,555,908)
Revenue Over/(Under) Expenses		-	2,793,371	2,793,371
	-			

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

CCBHC Grant

January 2021 - December 2021				
CCBHC #2 - Year 2 Grant Revenue	$ 2,250,971	$ 1,875,809	$ 1,592,172	$ (283,637)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 1,166,672	$ 972,227	$ 923,086	$ (49,141)
Fringe	765,442	637,868	510,834	(127,035)
Trainings	9,660	8,050	850	(7,200)
Telephone	16,050	13,375	9,624	(3,751)
Operating Supplies	22,263	18,553	1,869	(16,684)
Client Care	66,250	55,208	1,167	(54,042)
Indirect Costs	204,634	170,528	144,743	(25,785)
Total Expenses	$ 2,250,971	$ 1,875,809	$ 1,592,172	$ (283,637)
Revenue Over/(Under) Expenses	(0)	-	-	-

ATTACHMENT #4
DECEMBER 2021

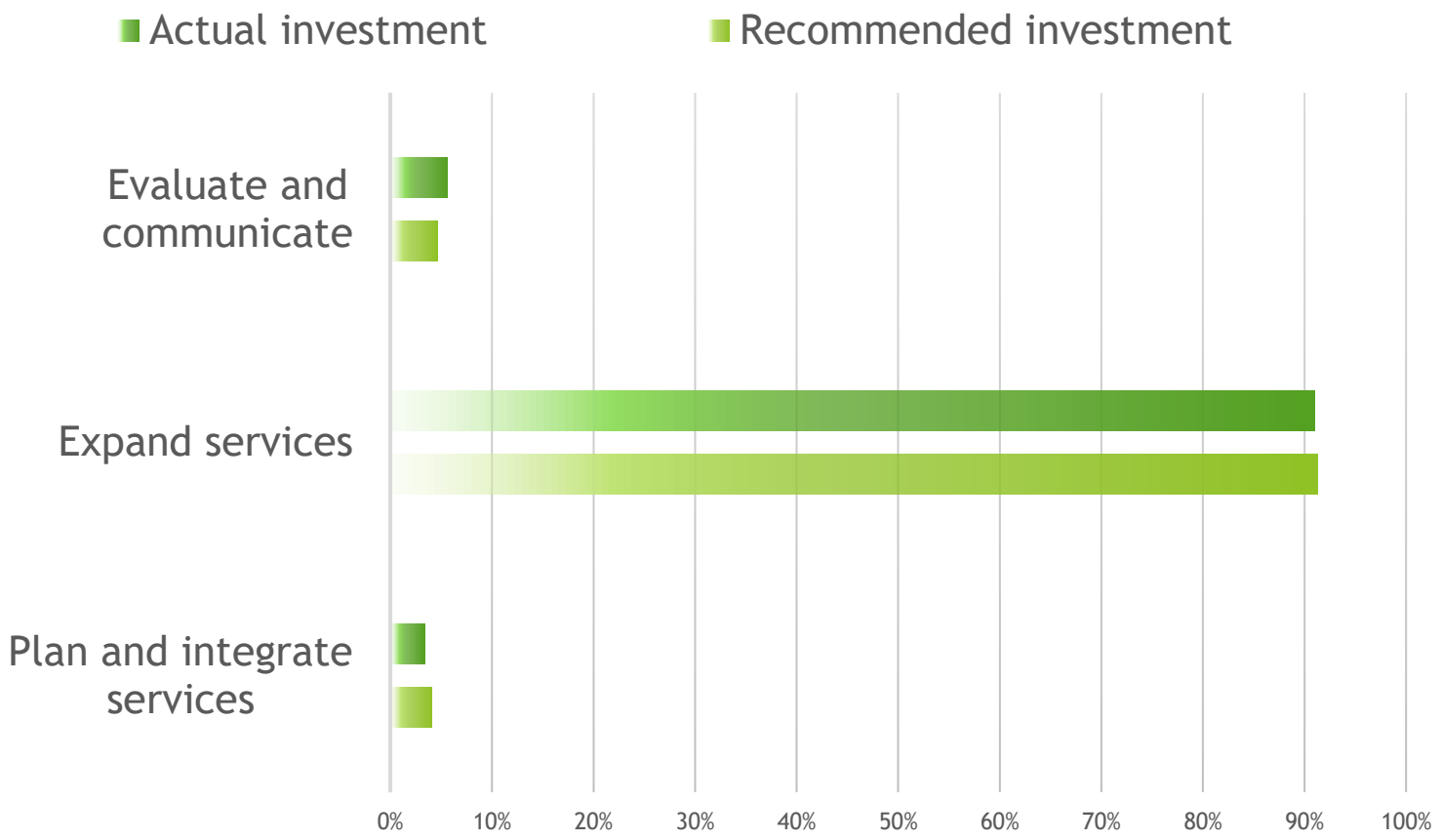
Washtenaw County Community Mental Health

Public Safety and Mental Health Preservation Millage: From Investment to Impact Presentation

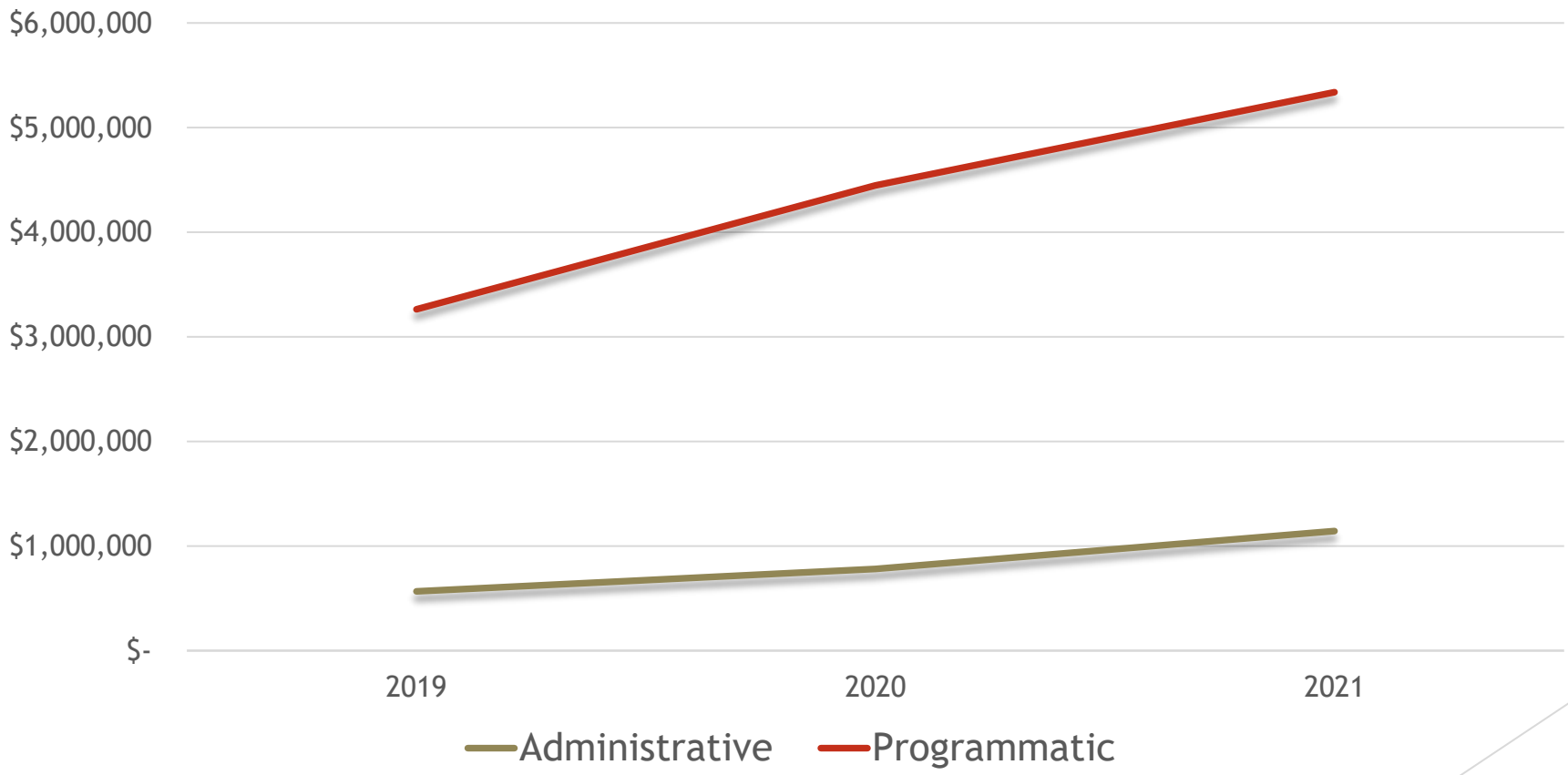
Millage Advisory Committee

December 13, 2021

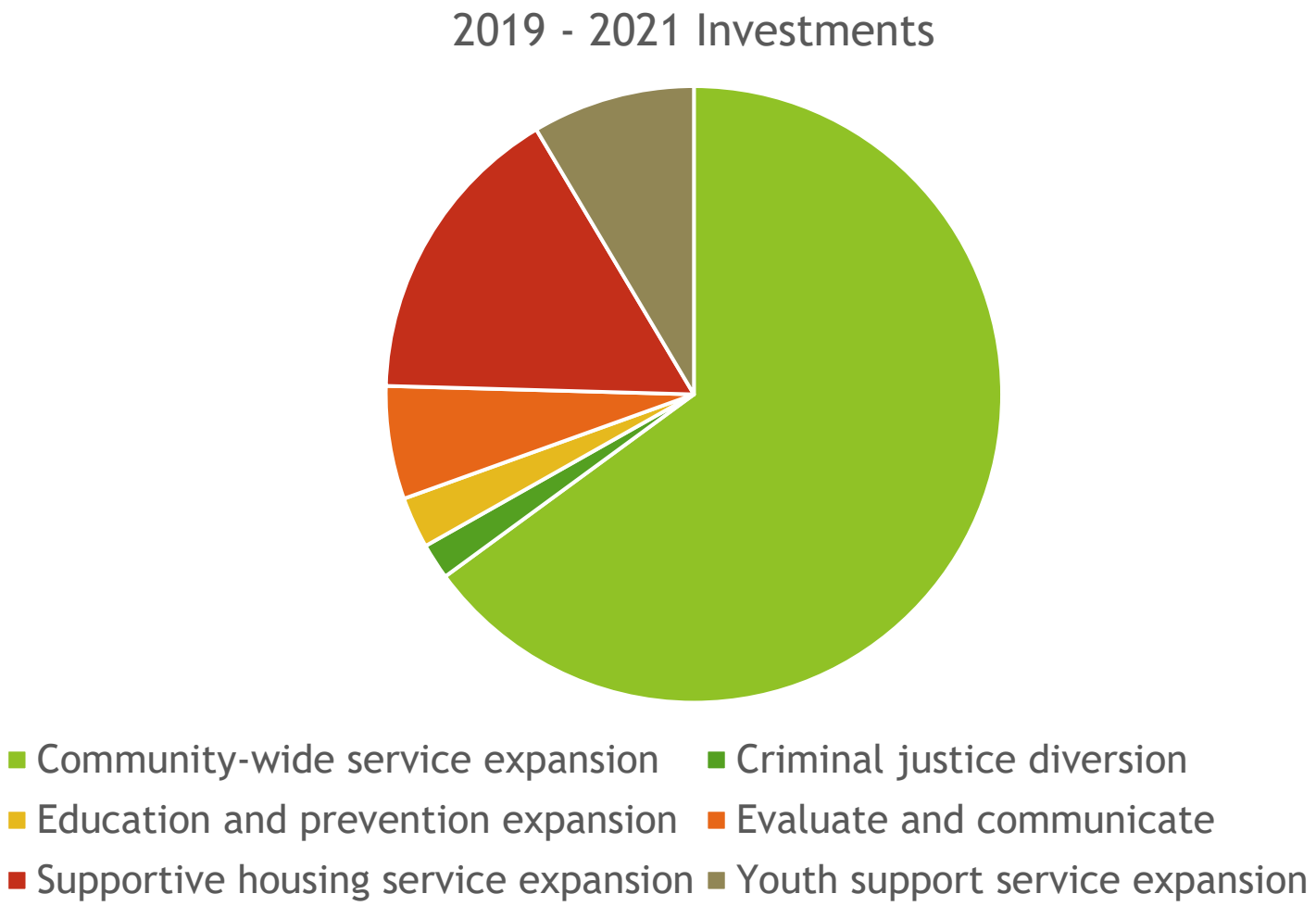
2019 – 2021 Mental Health Millage
Actual Investments vs. Recommended Investments



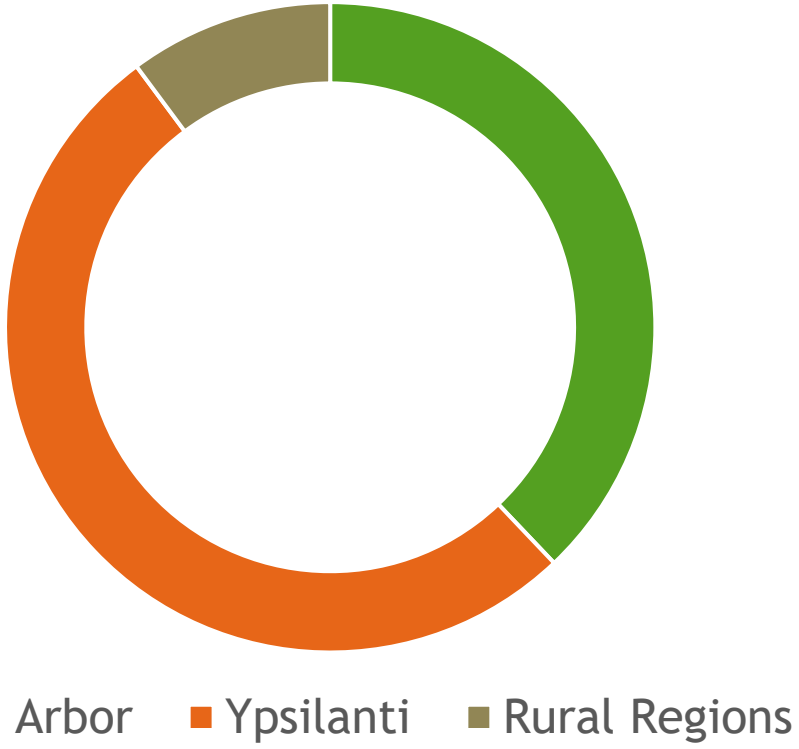
Planning and administering the millage as a percentage of programmatic investments



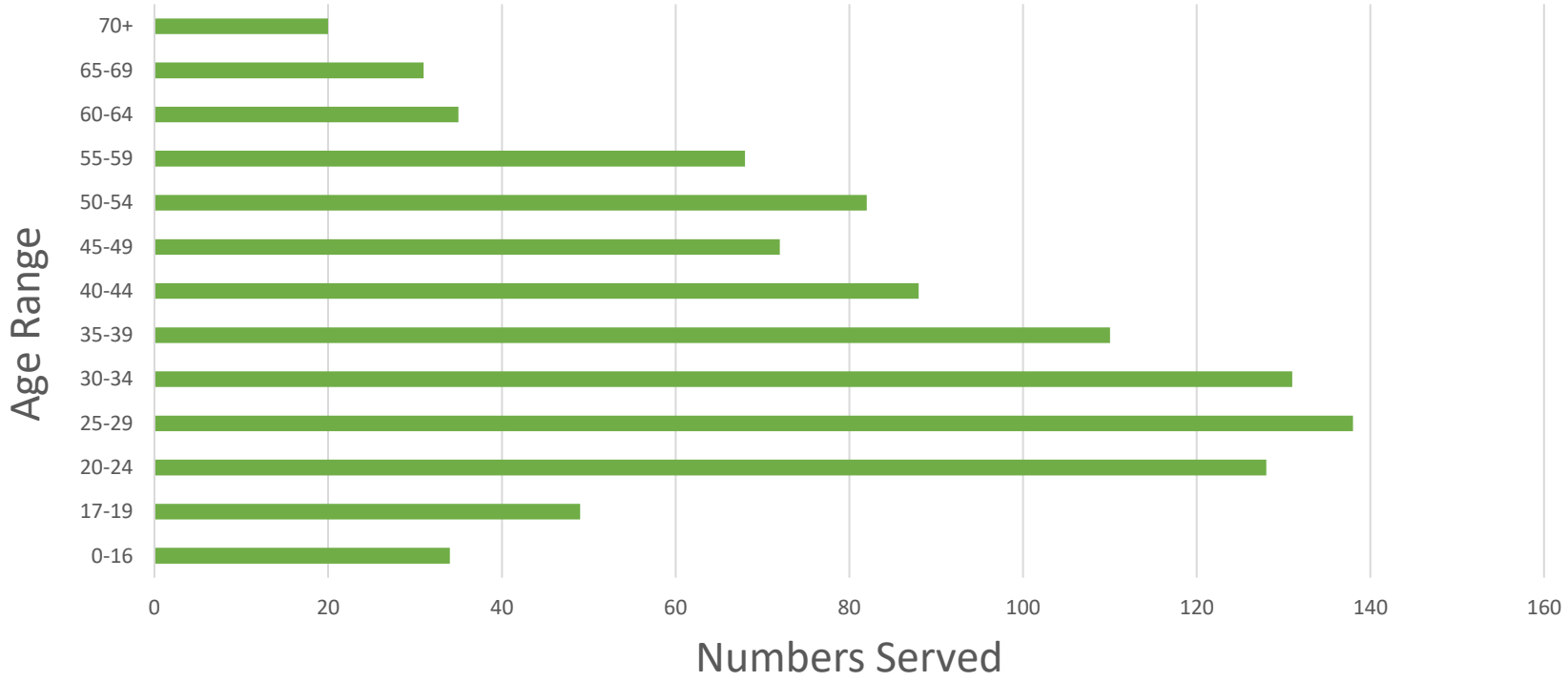
Investment types



CARES Team service expansion through October 2021

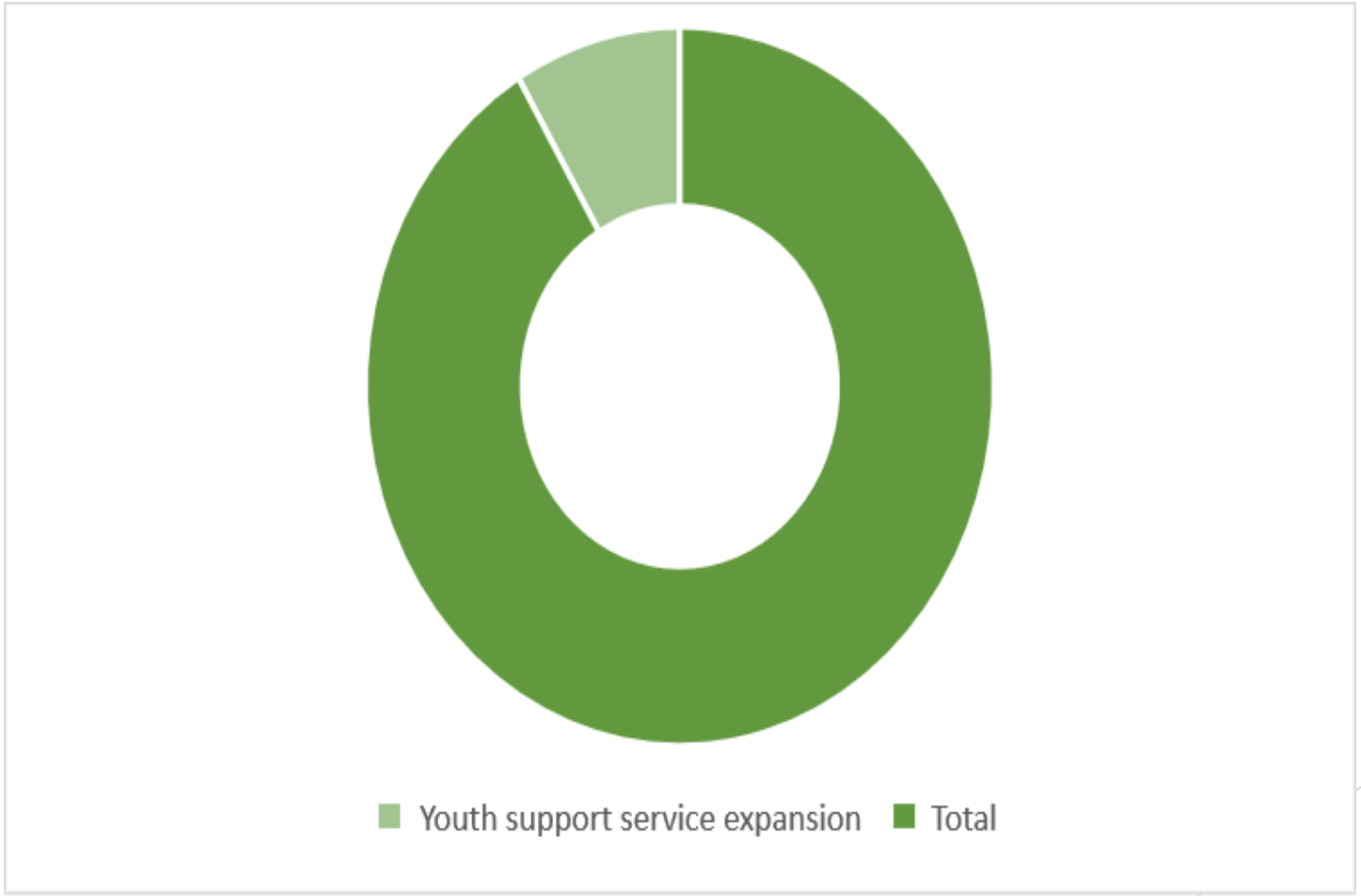


CARES Team – Youth & Young Adults

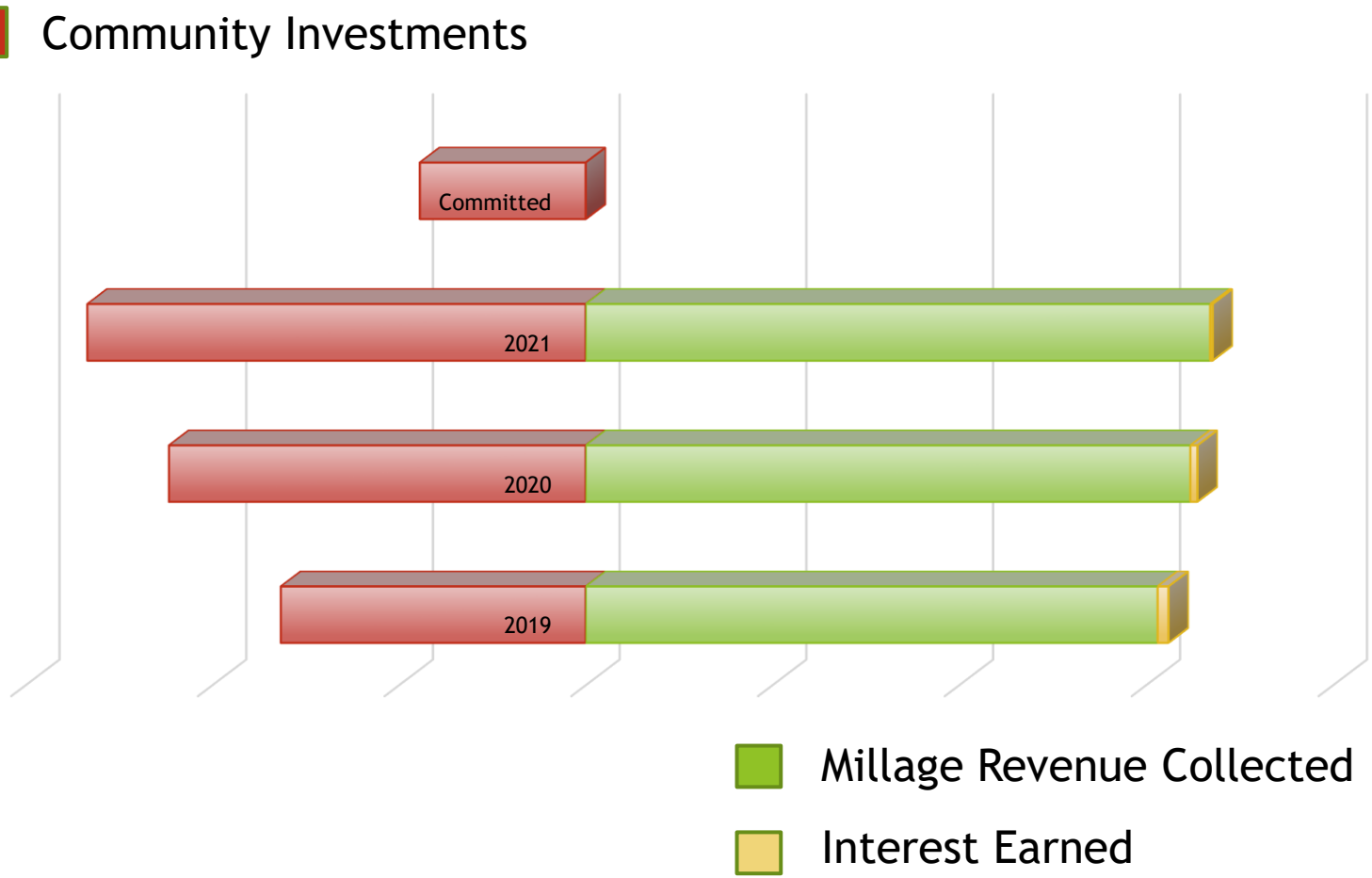


Youth as a percentage of total served by CARES Team

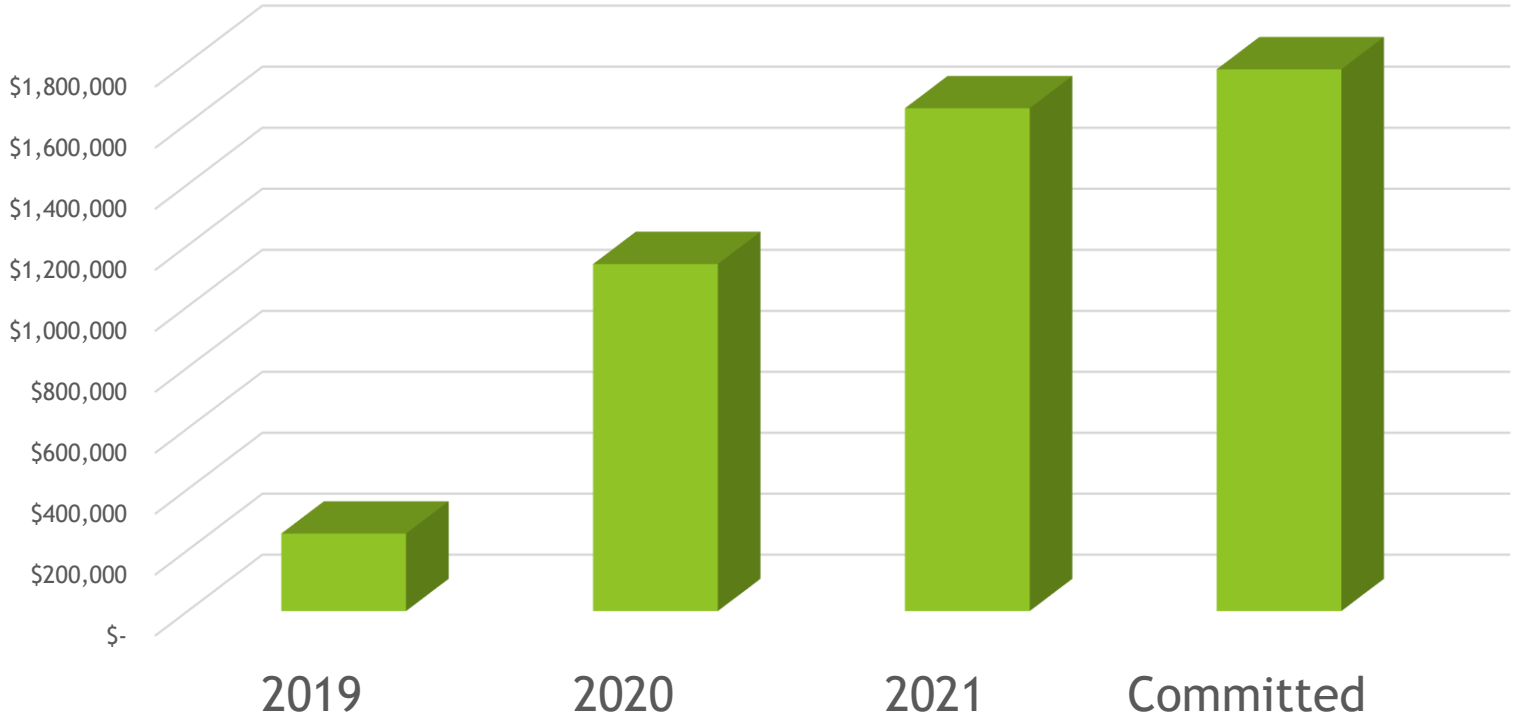
Youth service expansion by partner organizations is not included but plan to incorporate in the future.



Why there is a millage surplus for the first 3 years



Partnership investments – took time to establish and have experienced delays due to pandemic



2022 Budget Planning & Priorities

- Projecting a $6.5M fund balance after the close of 2021
- $1.8M of the fund balance is committed to partner organizations in 2022
- CARES Team expenses will be distributed to millage and the WCCMH Budget utilizing CCBHC revenues where applicable
- 2022 millage revenue will be budgeted at $6.8M

Next steps…

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
November 10, 2021
***Meeting held electronically via Zoom**

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

Members Absent: Bob King, Katie Scott

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

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. Tillotson, supported by S. Fortney, to approve the agenda
Motion carried
Voice vote, no nays

IV. Consideration to Approve the Minutes of the October 13, 2021 Regular Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by J. Ackley, to approve the minutes of the October 13, 2021 regular meeting and waive the reading thereof
Motion carried
Voice vote, no nays
Molly, Judy

V. Audience Participation
None

VI. Old Business
a. Board Review – October Finance Report – FY2021 as of September 30th
- M. Berg presented.

VII. New Business
a. September 30th Board Action – Contracts

Motion by R. Garber, supported by M. Welch Marahar, to authorize the CEO to execute the contracts as included within in the board action request
Motion carried
Vote
Yes: Ackley, Adams, Fortney, Garber, Libstorff, Welch Marahar, Richardville, Serio, Slaton, Tillotson
No:
Absent: King, Scott

b. Board Information – CEO Contract Authority
- J. Colaianne advised of 2 annual invoices that were signed recently for the Community Mental Health Association of Michigan (CMHAM) and the Michigan Consortium of Healthcare Excellence (MCHE).

c. Board Information – Draft FY2022 Risk Management Strategies
- J. Colaianne shared the report that will be submitted to the state.
- 2 strategies have been drafted. The difference between plans is the ability to repay the deficit with just FY2021 or both FY2021 and FY2022 surplus.

VIII. Reports to the CMHPSM Board

a. Report from the SUD Oversight Policy Board (OPB)
- J. Colaianne provided an overview of the October OPB meeting, which included discussions about the American Rescue Fund and SUD policies. Officer elections were also held.
- OPB also discussed the resumption of in-person meetings beginning in January 2022, as required by the Open Meetings Act (OMA). Board members attending the meeting remotely will not be able to vote and will not count toward the quorum, starting on 1/1/22.
- Regional Board Bylaws – J. Colaianne will review the bylaws to ensure they're in compliance with the OMA.

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 R. Tillotson, supported by S. Fortney, to adjourn the meeting
Motion carried
Voice vote, no nays

Meeting adjourned at 6:53 p.m.

_____
Sandra Libstorff, CMHPSM Board Secretary

Washtenaw County Community Mental Health
Bylaws

ARTICLE I NAME

Washtenaw County Community Mental Health (WCCMH) is a single-county community mental health agency, established under Section 210 of Public Act 258 of 1974.

The name of the Board is the "Washtenaw County Community Mental Health Board," herein referred to as the "Board."

ARTICLE II PURPOSE

The purpose of the Board shall be to implement the provisions of Public Act 258 of 1974, which establishes a range of mental health services for persons in Washtenaw County.

ARTICLE III APPOINTMENT AND MEMBERSHIP PROVISIONS

Section III.1 The Washtenaw County Board of Commissioners (BOC) shall appoint the members of the Board for three year terms, effective in April of each year. The Board shall consist of twelve (12) members.

Section III.2 Vacancies shall be filled for an unexpired term in the same manner as original appointments.

Section III.3 The initial appointment of the twelve (12) Board members shall be for staggered terms with four (4) members appointed for one (1) year terms, four (4) members appointed for two (2) year terms and four (4) members appointed for three (3) year terms. All subsequent appointments shall be for three (3) year terms commencing on April 1 of each year.

Section III.4 The composition of the Board shall be adults who are representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least one-third (1/3) of the membership shall be primary consumers or family members, and of that one third (1/3), at least two (2) board members shall be primary consumers.

Section III.5 Board members shall be paid a per diem no larger than the highest per diem for members of other County advisory boards set by the Board of Commissioners. A Board member shall not receive more than one per diem per day regardless of the number of meetings scheduled for the Board for that day. ~~**Participation in subcommittees is not eligible for a per diem per Board of Commissioners Rules and Regulations. Further, Board members must become employees of the County for IRS purposes so that employment taxes may be withdrawn from amounts paid. To receive payment, Board members must also complete withholding allowance certificates (such as a W-4) as a condition.**~~

Section III.6 A Board member may be removed from the Board by the BOC for neglect of official duty or misconduct in office after being given a written statement of reasons and an opportunity to be heard on the removal. Replacement for a removed Board member will be made in accordance

with Section III.2 above.

ARTICLE IV OFFICERS

Section IV.1 The Officers of the Board shall be a Chair, a Vice-Chair, a Secretary and a Treasurer. The Officers shall be elected by a majority vote of the total members of the Board at the first meeting of the Board. Subsequent election of Officers shall occur on an annual basis. Nominations for such positions shall be received from the floor and the election shall thereafter be held. The Officers shall take office upon election.

Section IV.2 A Board member must have served not less than one (1) year on the Board before being eligible for election as Chair. The Officers elected under these provisions may be reelected for consecutive terms.

Section IV.3 Terms of Office – The Officers shall be elected to serve for one (1) year or until their successors are elected, whichever is later, and their term of office shall begin at the time of the election.

Section IV.4 The Board Chair shall preside over Board meetings and is authorized to sign documents.

Section IV.5 The Vice-Chair will carry out the duties of the Chair in the event the Chair is absent and/or unable to carry out his/her duties and responsibilities. The Vice-Chair will also perform such duties as may be designated by the Chair.

Section IV.6 In the absence of both the Chair and the Vice-Chair the Board meeting will be conducted by the Secretary; and in the absence of all three (3), the meeting shall be conducted by the Treasurer.

Section IV.7 The Secretary will ensure that minutes of the meetings are taken, maintained and distributed to all Board members. ~~The Secretary shall review the Board minutes each month and sign off on the minutes after they are approved by the Board.~~

Section IV.8 The Treasurer shall be responsible for the review of the finances of the Agency and the presentation of the monthly revenue and expenditure reports of the Agency. The Treasurer shall meet with the Finance Officer of the Agency to periodically review budget detail and finance policy and procedure. The Treasurer shall also participate in the Agency's annual audit.

ARTICLE V EXECUTIVE DIRECTOR

The Board shall appoint an Executive Director, in compliance with the Mental Health Code, to conduct the daily activities of WCCMH. The Executive Director shall function as the chief executive and administrative officer of the program and shall execute and administer the program in accordance with the approved annual plan and operating budget, the general policy guidelines established by the Board, the applicable governmental procedures and policies, and

the provisions of the Mental Health Code. The Executive Director has the authority and responsibility for supervising all employees. The Executive Director shall serve as an ex-officio member of the Board and its committees.

ARTICLE VI MEETINGS

Section VI.1 Meeting frequency will be established on an annual basis as set forth by the WCCMH Board. ~~The Board shall meet monthly.~~ The annual meeting for election of officers shall occur at the first full Board meeting ~~in~~ prior to April 1st ~~March~~ of each year, to be effective April 1st. The annual plan and budget shall occur by the end of ~~in~~ September. The Board may meet more frequently as needed. The Board shall establish a regular schedule and agenda for each meeting of the Board and for Board committees.

Section VI.2 Quorum - The Board shall not take action except at a properly convened meeting in compliance with the Open Meetings Act, at which a quorum is present. A quorum of the Board is defined as seven (7) members; a quorum of all Committees is defined as a majority of the appointed membership. Action is to be taken by the affirmative vote of the majority of the Board members appointed and serving, unless a 2/3 majority vote is required by statute. Each Board member shall have one vote and proxy voting is not permitted.

~~Section VI.3 Participation by Telephone/Web Conference – Board members who are unable to attend an in-person meeting may participate and vote by~~ **~~speakerphone placed at the location properly noticed for the meeting under the Open Meetings Act~~** ~~telephone, web conference, or by any other means of technology whereby~~ **~~provided~~** ~~all Board members~~ **~~and members of the public in attendance~~** ~~can hear~~ **~~the member participating by speakerphone~~** ~~one another. Members participating~~ **~~by speakerphone~~** ~~as such shall count towards the meeting/committee quorum.~~ **~~Speakerphone participation in a public meeting should only be utilized in unusual circumstances which prevent the Board member from physically attending the meeting and should not be used as a matter of convenience for any Board member to not physically attend the regularly scheduled meetings.~~**

Section VI.3 Remote participation shall be in compliance with the Open Meetings Act.

Section VI.4 Minutes - Minutes shall be maintained for all meetings of the Board. Such minutes shall include at least the following:

a. The date of the meeting
b. The names of the members who attended
c. The topics discussed
d. The decisions reached and actions taken
e. The reports of the Executive Director and others.

ARTICLE VII COMMITTEES

Section VII.1 Executive Committee - The Board may use an Executive Committee consisting of the elected officers of the Board, the immediate past-Chair of the Board (as long as the individual remains a member of the Board), and at least two additional Board members designated by the

Chair and approved by the Board; and the Executive Director of the WCCMH as an ex-officio member without vote. The Chair of the Board shall preside over all Executive Committee meetings. The Executive Committee shall exercise such authority as may be allocated to it by the Board and shall have full authority to act on behalf of the Board on matters arising between meetings of the Board; provided that the Executive Committee may not amend the Bylaws of the Board ~~or elect members to the Board~~. Any action by the Executive Committee shall require the affirmative vote of a majority of all members of the Executive Committee appointed and serving and must be reported and/or approved by the Board at its meeting immediately following such action.

Section VII.2 ~~Budget/~~Quality/Finance Committee – The Quality~~Budget~~/Finance Committee shall be composed of the Treasurer, Vice Chair, and not less than three (3) other Board members. The Quality/Finance Committee shall be responsible for making recommendations to the Board concerning the directly or contractually operated services provided by WCCMH, as well as the quality of said services. The Quality~~Budget~~/Finance Committee shall be further responsible for making recommendations to the Board concerning the budget, financial reports, audits, indebtedness and other finance related matters for its consideration and action. ~~The budget,~~The budget needs assessment and annual plan, along with any request for County funds to support the mental health program must be approved by the County's Board of Commissioners. ~~**, provided, however, that the final approval of the budget, needs assessment and annual plan, along with any request for County funds to support the mental health program must be approved by the County's Board of Commissioners.**~~ The Vice Chair or Treasurer shall serve as the chairperson of the Quality~~Budget~~/Finance Committee.

~~Section VII.3 Program/Quality Committee – The Program/Quality Committee shall be composed of the Vice Chair and not less than three (3) other Board members. The Program/Quality Committee shall be responsible for making recommendations to the Board concerning the directly or contractually operated services provided by the WCCMH as well as the quality of said services. The Vice Chair shall serve as the chairperson of the Program/Quality Committee.~~

Section VII.3~~4~~ Standing and Special Committees - There shall be such other standing or special committees as authorized by resolution passed by a majority of the Board. Committees shall have such name or names as determined by resolution adopted by the Board. The chairperson of each committee must be a member of the Board, appointed by the Board at a properly convened meeting of the Board. Non-Board members may be appointed to serve on a committee (including Executive and~~,~~ Quality~~Budget~~/Finance, and ~~Program/Quality~~ Committees) so long as the majority membership of the committee consists of members of the Board. Non-Board members appointed to a committee shall be voting members of that committee, and must not be in violation of the conflict of interest prohibition of section 222 of the Mental Health Code. The powers conferred upon any committee shall be as determined by the Board.

ARTICLE VIII FISCAL MANAGEMENT

The budget year shall be October 1 through September 30.

Washtenaw County Community Mental Health
Bylaws

ARTICLE IX PARLIAMENTARY AUTHORITY

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and/or any special rules of order the Board may adopt.

ARTICLE X CONFLICT OF INTEREST

An individual shall not be appointed to or serve on the Board if he or she is in violation of the conflict of interest prohibition of section 222 of the Mental Health Code. The Board shall assure, annually, that all members comply with the disclosure of potential conflicts of interest and appropriate procedures are followed in accordance with the Mental Health Code.

ARTICLE XI INDEMNIFICATION

All the privileges and immunities from liability and exemptions from laws, ordinances, and rules that are applicable to county community mental health agencies and their board members, officers, and administrators, and appointing authorities are retained by WCCMH and its board members, officers, agents, Director and employees.

To the extent authorized or permitted by law and the Washtenaw County Policy of Legal Representation and Indemnification for County Officers and Employees, ~~, and these Bylaws, WCCMH~~ the County shall have the power, consistent with the above-stated County Policy, to provide legal representation and/or indemnify any person who was or is party to, or is threatened to be made a party to, any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative by reason of the fact that the person is or was a Director, officer or agent of WCCMH.

ARTICLE XII NONDISCRIMINATION

WCCMH complies with all applicable federal and state laws regarding equal opportunity, affirmative action and nondiscrimination in public service.

WCCMH is committed to equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, gender, sexual orientation, gender identity or expression, disability, religious or political beliefs, height, weight, economic or veteran status in hiring or promotion, election or appointment to office or directorship, equal use of facilities in places made available to the public, and provision of goods or services.

ARTICLE XIII AMENDMENT OF BYLAWS

Any part or all of these bylaws may be amended at any meeting of the Board, provided that notice of the meeting described the substance of the proposed amendment. Amendments to these bylaws shall be ~~effective only when~~ approved by an affirmative vote of at least nine (9) members of the Board and become effective when approved by the Washtenaw County Board of Commissioners.

2022 WCCMH BOARD AND BOARD COMMITTEE MEETING SCHEDULE

ATTACHMENT #7
DECEMBER 2021

WCCMH Board	Executive Committee	Millage Advisory Committee	Quality-Finance Committee
NO MEETING SCHEDULED FOR JANUARY 2022	**January 10, 2022** Learning Resource Center-Michigan Room 4:00-5:00pm	**NO MEETING SCHEDULED FOR JANUARY 2022**	**NO MEETING SCHEDULED FOR JANUARY 2022**
February 18, 2022 Learning Resource Center-Michigan Room 9:30-11:30am	**NO MEETING SCHEDULED FOR FEBRUARY 2022**	**February 14, 2022** Learning Resource Center-Michigan Room 3:30-5:00pm	**February 14, 2022** Learning Resource Center-Michigan Room 2:00-3:30pm
NO MEETING SCHEDULED FOR MARCH 2022	**March 14, 2022** Learning Resource Center-Michigan Room 4:00-5:00pm	**NO MEETING SCHEDULED FOR MARCH 2022**	**NO MEETING SCHEDULED FOR MARCH 2022**
April 15, 2022 Learning Resource Center-Michigan Room 9:30-11:30am	**NO MEETING SCHEDULED FOR APRIL 2022**	**April 11, 2022** Learning Resource Center-Michigan Room 3:30-5:00pm	**April 11, 2022** Learning Resource Center-Michigan Room 2:00-3:30pm
NO MEETING SCHEDULED FOR MAY 2022	May 9, 2022 Learning Resource Center-Michigan Room 4:00-5:00pm	**NO MEETING SCHEDULED FOR MAY 2022**	**NO MEETING SCHEDULED FOR MAY 2022**
June 17, 2022 Learning Resource Center-Michigan Room 9:30-11:30am	**NO MEETING SCHEDULED FOR JUNE 2022**	**June 13, 2022** Learning Resource Center-Michigan Room 3:30-5:00pm	**June 13, 2022** Learning Resource Center-Michigan Room 2:00-3:30pm
NO MEETING SCHEDULED FOR JULY 2022	July 11, 2022 Learning Resource Center-Michigan Room 4:00-5:00pm	**NO MEETING SCHEDULED FOR JULY 2022**	**NO MEETING SCHEDULED FOR JULY 2022**
August 19, 2022 Learning Resource Center-Michigan Room 9:30-11:30am	**NO MEETING SCHEDULED FOR AUGUST 2022**	**August 8, 2022** Learning Resource Center-Michigan Room 3:30-5:00pm	**August 8, 2022** Learning Resource Center-Michigan Room 2:00-3:30pm
NO MEETING SCHEDULED FOR SEPTEMBER 2022	September 12, 2022 Learning Resource Center-Michigan Room 4:00-5:00pm	**NO MEETING SCHEDULED FOR SEPTEMBER 2022**	**NO MEETING SCHEDULED FOR SEPTEMBER 2022**
October 21, 2022 Learning Resource Center-Michigan Room 9:30-11:30am	**NO MEETING SCHEDULED FOR OCTOBER 2022**	**October 10, 2022** TBD **COUNTY HOLIDAY**	**October 10, 2022** TBD **COUNTY HOLIDAY**
NO MEETING SCHEDULED FOR NOVEMBER 2022	November 14, 2022 Learning Resource Center-Michigan Room 4:00-5:00pm	**NO MEETING SCHEDULED FOR NOVEMBER 2022**	**NO MEETING SCHEDULED FOR NOVEMBER 2022**
December 16, 2022 Learning Resource Center-Michigan Room 9:30-11:30am	**NO MEETING SCHEDULED FOR DECEMBER 2022**	**December 12, 2022** Learning Resource Center-Michigan Room 3:30-5:00pm	**December 12, 2022** Learning Resource Center-Michigan Room 2:00-3:30pm

ATTACHMENT #8
DECEMBER 2021

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

January ▪ BOC review CMH Board applications	**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-Finance Committee (Quarters 3 and 4) ▪ Annual Recipient Rights Reports due to Program-Finance Committee ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ WCCMH Board will identify Millage Advisory Committee members with terms expiring ▪ Annual WCCMH Board meeting (election of officers and assign committee membership) terms effective April 1st
March ▪ Swear in new/re-appointed WCCMH Board member (terms effective April 1st) ▪ Swear in new/re-appointed Millage Advisory Committee members (terms effective April 1st) ▪ Executive Committee begin working on WCCMH Board Evaluation process	**April** ▪ Annual Conflict of Interest and Ethics statement from Board members due ▪ 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-Finance Committee then to Full Board on the Consent Agenda
May	**June** ▪ Board Development (training/education) ▪ Annual Finance Audit Report due to WCCMH Board ▪ Draft budget to WCCMH Board ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ Program Committee Dashboard due to Program-Finance Committee (Quarter 1)
July	**August** ▪ Final Budget Approval due to WCCMH Board ▪ Program Committee Dashboard due to Program-Finance Committee (Quarter 2) ▪ Semi-Annual Recipient Rights Reports due to Program-Finance Committee
September ▪ Executive Committee begin working on WCCMH Executive Director Evaluation ▪ Budget Review to Washtenaw County BOC ▪ End of fiscal year ▪ Executive Committee review Annual Board calendar	**October** ▪ WCCMH Board review next year's meeting schedule ▪ Begin new fiscal year ▪ Consumer Advisory Council quarterly update to WCCMH Board ▪ WCCMH will identify expiring Board member terms ▪ Annual Board Calendar to WCCMH Board
November ▪ Staff schedule annual Board and Board Committee meetings on member's calendars. ▪ WCCMH will Identify new/reappointed board members (terms expiring) and submit to BOC. ▪ Executive Committee finalize WCCMH Executive Director evaluation (moved from	**December** ▪ BOC will post for expiring WCCMH Board terms expiring on March 31st.

BOC=Board of Commissioners

12/8/21 rld

Strategic Planning Guiding Document Contents

- Current Mission Statement
- Proposed Mission Statement
- Environmental Drivers
- Strategic Planning Process
- CHRT Report
- Unite Report
- Current Strategic WCCMH Plan*
- Current Strategic County/WCCMH Millage Plan*

*Attached to version one and will be attached to the final

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)
- Workforce recruitment and retention challenges
- The pandemic has forced isolation and created other stresses.
- Racial and economic disparities in health status and in access to health care have become more obvious as people of color and lower income people bore disproportionate risks from COVID.
- Excessive use of force and underutilization of behavioral science principles on the part of police officers and especially in interactions of white officers and citizens of color have led to a growing public chorus for reform of how society deals with people in crisis.

Strategic planning proposed process for discussion purposes:

I. Review and modify the Mission and Vision statements

II. Proposed Timeline/Process
- Environmental Assessment (June – August)
- CHRT Gap Analysis (August – September)
- Develop strategies and priorities (October – December)
- Board and MAC Input and Approval (January)

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

Strategic Planning Guiding Document 2021

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

Strategic Planning Guiding Document 2021

ATTACHMENT #9
DECEMBER 2021

CHRT

Mental health services in Washtenaw County

Recent progress and remaining challenges

NOVEMBER 18, 2021

CENTER FOR HEALTH
AND RESEARCH
TRANSFORMATION

2929 Plymouth Rd, Ste 245,
Ann Arbor, MI 48105
734 998-7555
chrt-info@umich.edu

CHRT.ORG

CHRT

MENTAL HEALTH SERVICES IN WASHTENAW COUNTY

Introduction

In recent years, four major system-level changes have taken place in the financing of and demand for behavioral health services in Washtenaw County. These system changes shape individuals' experiences with the behavioral health system today. First, when the state expanded Medicaid coverage in 2014, the state legislature reduced general funds for community mental health service providers by approximately sixty percent. This reduction in funding led to severely reduced behavioral health services for individuals not covered by Medicaid.[1] Washtenaw County Community Mental Health (WCCMH) had to send many individuals with Medicare or private coverage to community providers for their services, and appropriate specialty providers were hard to find because of the high patient acuity levels.

Second, in November 2017, the Washtenaw County Public Safety and Mental Health Preservation Millage (the millage) passed, generating $5-6 million dollars in annual funding for mental health services, with programming starting in 2019. The millage programming focuses on prevention, crisis care, stabilization, and diversion services, regardless of an individual's insurance status.

Third, in 2018 the WCCMH was awarded a Certified Community Behavioral Health Clinic (CCBHC) expansion grant to deliver a wide range of behavioral health services targeted to uninsured and underinsured residents with serious mental illness, serious emotional disturbances, substance use disorders and co-occurring disorders. In 2020 Michigan became a CCBHC demonstration state,[2] and in October 2021 the WCCMH was identified as one of 13 CCBHCs to receive prospective cost-based Medicaid reimbursement for CCBHC services.

Finally, in addition to these financing changes, the COVID-19 pandemic that started in early 2020 has caused a notable rise in the prevalence of behavioral health disorders and has exacerbated a shortage of healthcare workers, especially in inpatient settings.[3] The pandemic has also had a disproportionately negative impact on health outcomes for people of color.[4] Medicaid enrollment is much higher during the pandemic due to both job loss and to maintenance of eligibility requirements during the public health emergency that retain higher numbers of individuals in the program. In Washtenaw County, enrollment in the Healthy Michigan Plan in October 2021 was 44% higher than in December of 2019 [see Appendix II]. Among other things this may expand the numbers of people qualifying for CMH services and may change the ways that many behavioral health services are delivered, such as increased use of telehealth services.[5]

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[1] Community Mental Health Association of Michigan, 2019. The perfect storm for fiscal distress in Michigan's mental health system: The convergence of revenue and demand factors leading to the current fiscal stress in Michigan's public mental health system https://cmham.org/wp-content/uploads/2019/10/Perfect-storm-for-fiscal-distress-in-Michigans-public-mental-health-system-revised-10.1.2019.pdf

[2] Certified Community Behavioral Health Clinics (CCBHCs) https://chrt.org/wp-content/uploads/2021/01/CCBHCs-An-Overview_FINAL.pdf

[3] Nirmita Panchal , Rabah Kamal , Cynthia Cox Published: Feb 10, 2021

The Implications of COVID-19 for Mental Health and Substance Use

https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/

[4] Artiga, S., Corallo, B., Pham O. August 17, 2021. Racial Disparities in COVID-19: Key Findings from Available Data and Analysis. Kaiser Family Foundation. https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-covid-19-key-findings-available-data-analysis/

[5] Gifford, K., Lashbrook, A., Barth S., Nardone, M. Oct. 27, 2021. States Response to Covid-19 Challenges but also take advantage of new opportunities to address long standing issues. Kaiser Family Foundation. https://www.kff.org/report-section/states-respond-to-covid-19-challenges-but-also-take-advantage-of-new-opportunities-to-address-long-standing-issues-benefits-and-telehealth/

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MENTAL HEALTH SERVICES IN WASHTENAW COUNTY

In the context of these extensive system changes, this report describes stakeholders' perceptions of progress toward building a comprehensive system of behavioral health care in Washtenaw County. The report also highlights important remaining gaps in services and includes recommendations for next steps in program development and community services.

Key Findings

- The Crisis, Access, Resources, Engagement and Support (CARES) services have improved access to behavioral health services, especially for those previously struggling to find services in the community, and for those in crisis.
- Millage funding for programs and services focused on jail diversion have created opportunities for law enforcement and behavioral health providers to work together to serve county residents more effectively, and to ensure that individuals with behavioral health needs get more timely evaluation and appropriate services.
- The most substantial persistent gaps in behavioral health services are in services for youth, including substance use and harm reduction services, residential services, and targeted programming for at-risk subpopulations. Additional gaps include rural areas of the county are underserved by behavioral health services; lack of adequate supply of supportive housing; and continued inadequate supply of behavioral health providers and long wait times for psychiatric emergency services.

Methods

We conducted 15 semi-structured interviews with community leaders whose patients/clients/constituents require and/or access behavioral health services in the county. [See Appendix I for list of interviewees]. Through these interviews we gathered insights about improvements in the provision of behavioral health services in Washtenaw County, especially as related to millage-funded programming, and observations of where gaps in behavioral healthcare remain.

In addition to gathering interview data, we summarized existing relevant county-level data from the Behavioral Risk Factor Surveillance System (BRFSS), the Michigan Department of Health and Human Services (MDHHS), Washtenaw County Community Mental Health (WCCMH), and Michigan Medicine's Psychiatric Emergency Services (MM PES).

Findings

Most stakeholders interviewed for this report identified some improvements in the behavioral health system in the county that they attributed to millage funding. All stakeholders were able to identify gaps in behavioral health services that remain for specific subpopulations in need of mental health or substance use services. These insights are summarized below.

CHRT MENTAL HEALTH SERVICES IN WASHTENAW COUNTY

Improvements in Behavioral Health Services

Better Access through CARES Services

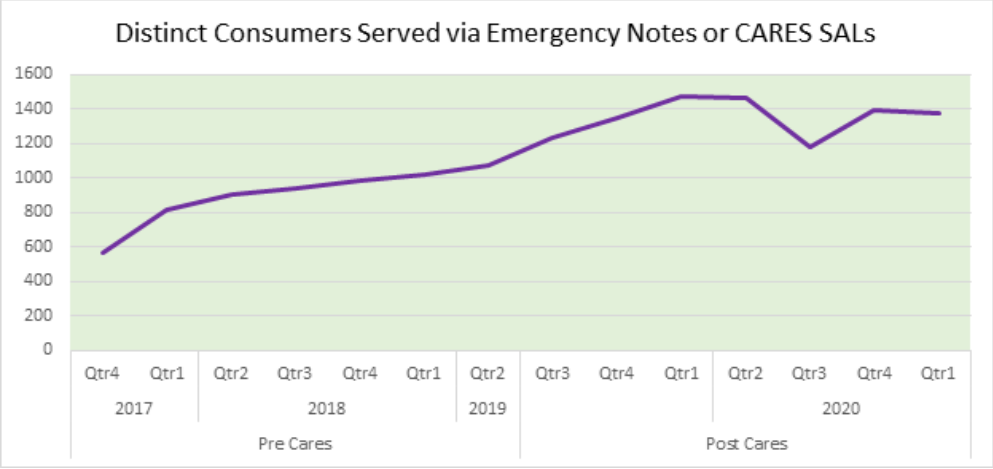
More than half of interviewees directly cited the services of the millage-funded Crisis, Access, Resources, Engagement and Support (CARES) program as responsible for important improvements in behavioral health services in the county. The 24/7 availability of the CARES team was called a "game changer" by numerous people, especially for meeting the needs of the mild to moderate population and for those in crisis. The CARES team was credited with increasing access to behavioral health services in various ways, including: improved timeliness of crisis care and community response services; more direct access to services through streamlined referrals and improved connections with providers, including SUD providers; access for those with mild/moderate conditions and those with co-occurring conditions who previously had trouble accessing care through community providers; and shorter wait times for CMH evaluations in emergency settings. The new crisis center was cited as likely reducing the interface with law enforcement for many with behavioral health needs. The crisis team was described as a good partner to sheriff's officers and was directly credited by one interviewee with life-saving interventions. Beginning in January 2022, the intake and referral processes for substance use treatment in the county will be changed to incorporate a single access point at WCCMH, in response to input from a community process in 2018-2019 called Able Change, a Systems Transformation Process.

CARES services were piloted in April 2019 and implemented in July 2019. One interviewee said that the impact was "...immediately and tremendously beneficial." With the CARES team available to treat the highest acuity patients who need specialty care, Packard Health providers have more internal capacity to treat more patients and to better integrate primary and behavioral health services. Closer integration has dramatically improved both providers' experiences and the experiences of patients seeking care.

Greater Numbers of Consumers Served

Data from WCCMH shows that the implementation of CARES services corresponded with an upward trend in the total numbers of individuals in the county being served [See Chart 1 below]. This upward trend began prior to CARES implementation, but became more pronounced with piloting and full implementation, rising from 569 distinct cases in late 2017 to almost 1,400 by late 2020. The dip in 2020 (Quarter 3) corresponds with the onset of the COVID-19 pandemic.

Chart 1



Source: WCCMH CARES Data Review, CARES SALs = Service Activity Logs

While the COVID-19 public health emergency was recently extended through January 2022,[6] when it does end, Medicaid eligibility redeterminations will no doubt lead to reductions in Medicaid enrollment. As many in Washtenaw County are disenrolled and become uninsured or underinsured for behavioral health services, the expanded CARES team will serve as an important safety net for Washtenaw residents no matter their insurance status.

Programming Addresses Stigma

The stigma associated with mental health and substance use needs is a barrier to accessing services, yet it is not easy to address or easy to measure success in stigma reduction.[7] Interviewees that work with certain subpopulations such as African American men, youth, or west/east side communities shared positive views of programming to reduce stigma associated with behavioral health services. The #wishyouknew campaign was specifically identified as engaging and far reaching for youth and adults, encouraging conversations about mental health issues. Millage funding supported small grants for campaigns in schools and other educational efforts that increased awareness of behavioral health issues and available services. Youth and families can now access behavioral health services with fewer barriers, in settings where they also access primary care. They can also access social services and in more streamlined ways than were available prior to millage-funded programming. Support groups formed by and for Black men around mental health and emotional wellness were also identified as signs of progress in reducing stigma as a barrier to receiving appropriate behavioral health services.

Improvements for Justice-involved Individuals with Behavioral Health Needs

Millage funding supports programs that create opportunities for law enforcement and behavioral health providers to work together to serve county residents more effectively. Interviewees pointed to better connections between jails and SUD providers, including the ability to begin Medication Assisted Treatment (MAT) during incarceration as a method of harm reduction. As individuals leave the criminal justice system already connected to the services they need, they may more successfully transition back to their community and address mental health and substance use disorder needs. Stakeholders also cited diversion efforts such as timely behavioral health assessments and case management services to ensure that justice-involved individuals with behavioral health needs can receive appropriate services.

Educational programming for law enforcement and new positions for re-entry coordination, case managers and peers were all cited by interviewees as important improvements achieved with millage funding. Two stakeholders directly shared that the Sheriff's office now has the capacity to invest in more non-traditional policing approaches. For example, peer services can help bridge gaps between the community and law enforcement, fostering relationships where trust is needed. Another cited benefit is the ability to use millage funds to leverage more funding for diversion and other services, such as a grant from the US Department of Justice focused on innovative re-entry programs.

Further examples of improvements include crisis teams that go directly to clients' homes to address behavioral health issues and by doing so in some cases prevent legal action; judges can work closely with WCCMH staff to provide mental health services to support individuals diverted from incarceration; for those charged and incarcerated there are expanded services in jails, including connections to social workers, for individuals who need both behavioral and mental health connections. One interviewee noted that these services may reach a higher proportion

[6] HHS renews public health emergency. October 15, 2021. https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/News/2020/HHS-Secretary-Renews-Public-Health-Emergency.aspx

[7] B.G. Link, E.L. Struening, M. Rahav, J.C. Phelan, L. Nuttbrock. J Health Soc Behav, 38 (2) (1997), pp. 177-190. On Stigma and its consequences: Evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse

of Black residents, as they are disproportionately incarcerated. If programmatic approaches lead to reductions in recidivism, over time this could lessen this over-representation in the criminal justice system in Washtenaw County.

Remaining Gaps in Behavioral Health Services

Insufficient Support for Youth and Family Services

Nearly every interviewee identified services for youth and their families as important gaps to address in behavioral health services in Washtenaw County. There are particular gaps in substance use services for school-age youth, for vulnerable subpopulations of youth, and in behavioral health services for justice-involved youth.

Early indicators of mental health and SUD issues in youth, such as chronic absenteeism in school, can serve as entry points/indicators for services and interventions. Yet interviewees indicated that few effective initiatives tied to early indicators are currently in place in the county. Schools do not have the capacity to provide home or school-based interventions and require more resources or outside support to address this gap. Similarly, there is a gap in care at the onset of mental illness when youth present with symptoms of illness but have not yet met criteria for "persistent" illness. One interviewee emphasized that a primary care or other provider may identify a mental health problem near onset of symptoms, but typically cannot engage CMH services without evidence that a condition is yet persistent. This leaves the family and youth in a holding pattern, unable to get timely, specialized care they need.

Interviewees indicated that there are not enough youth substance use treatment or harm reduction services. Young people need trusted adults for communication and support, and the county needs providers that specialize in working with youth in addition to current substance use treatment. Several subpopulations of youth require targeted funding and resources, including LGBTQ youth, youth on the autism spectrum, and Black, Latinx and other youth of color. Anti-racism efforts, suicidality awareness, and bullying prevention remain issues of concern and are topics that require investment and programming.

Limited Geographic Reach of Services

Many interviews revealed stakeholders' concerns that rural areas of the county, including Manchester and areas on the west side, as well as parts of Whitmore Lake have had unmet behavioral health needs for many years, and that new millage-funded programming may not be reaching those same areas. Rural areas have fewer behavioral health and other providers, and transportation to Ann Arbor or other areas of the county can be difficult, furthering isolation and lack of perceived support. This may be particularly difficult for the elderly in rural areas, who have been hit particularly hard by the increased isolation due to the pandemic. One interviewee said, "Clients on the west side and in more rural areas don't know or have access to all the things the millage provides, except through the jail-- we don't want them to find services that way."

Lack of Available Supportive Housing

Access to housing - supportive, transitional, and affordable housing - is a longstanding gap across Washtenaw County. A number of interviewees discussed the role of housing as a social need that impacts behavioral health and other health outcomes. One shared particular concern about the subset of people with lower substance use issues and higher mental health acuity who need longer-term housing options. Another identified the housing needs for individuals being discharged from hospitalizations or being released from jail.

Behavioral Health Provider Capacity is Still Limited

Washtenaw County has the lowest ratio of population to mental health providers in the state (180:1 compared to 360:1 in the state overall) and yet historically has faced many of the same capacity problems for psychiatry visits and services of other specialty providers that counties with many fewer mental health professionals face.[8] Behavioral health providers, crisis beds, SUD treatment and staffed inpatient beds have historically been limited in Washtenaw County and across the state, and generally remain as challenging issues today.[9] A number of interviewees mentioned the effort to improve capacity to respond to crises through the new crisis center (750 Towner). The small center will eventually provide access to 5 beds for individuals but has been limited to 3 beds during the pandemic. The increased provision of community-based services through CARES services and other millage-funded initiatives may, over time, help to slow demand for behavioral health crisis and inpatient services in the county.

Psychiatric ED Wait Times Impacted by Pandemic

Perhaps one of the most persistent and burdensome problems in the behavioral health system is long wait times for emergency mental health services, particularly for children in need of care and their families. Wait times in psychiatric emergency departments have been a challenge in Washtenaw County and across the state for many years. In a 2016 gaps analysis report,[10] overall wait times in Michigan Medicine Psychiatric Emergency Services (MM PES) averaged approximately 12 hours for all patients. Recent data from MM PES shows that although wait times had fallen in the years prior to the pandemic, today they are essentially at the same level as in 2016. Those with public insurance - Michigan Medicaid or Medicare - wait longer than those with commercial insurance or self-pay/uninsured, and those waiting to be transferred to another facility or admitted to an inpatient psychiatric unit experience the longest wait times. Extended wait times today are caused in part by reduced inpatient resources (e.g., reduced inpatient staffing) because of the current pandemic that started in early 2020. [See Charts 2,3 and 4 below for wait times by age, by insurance type, and discharge disposition]

[8] County Health Rankings and Roadmaps, University of Wisconsin Population Health Institute, 2020: Mental health providers in Michigan | County Health Rankings & Roadmaps

[9] Rhyan, C., Turner, A., Ehrlich, E., Stanik, C. July 2019. Access to Behavioral Health Care in Michigan: Final Report. Altarum. https://altarum.org/sites/default/files/uploaded-publication-files/Altarum_Behavioral-Health-Access_Final-Report.pdf

[10] Baum, N., Bondalapeti, K. July 2016. Washtenaw County Mental Health and Substance Use Service Gaps Analysis. Washtenaw Health Initiative.

https://washtenawhealthinitiative.org/wp-content/uploads/2016/11/Washtenaw-County-Mental-Health-and-Substance-Use-Service-Gaps-Assessment-003.pdf

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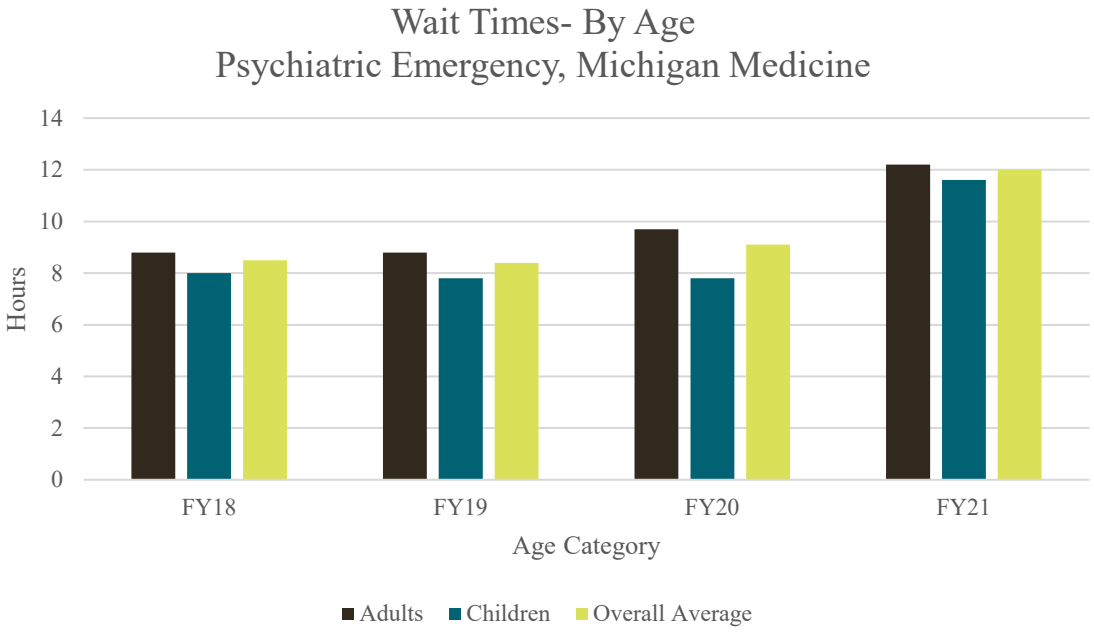
MENTAL HEALTH SERVICES IN WASHTENAW COUNTY

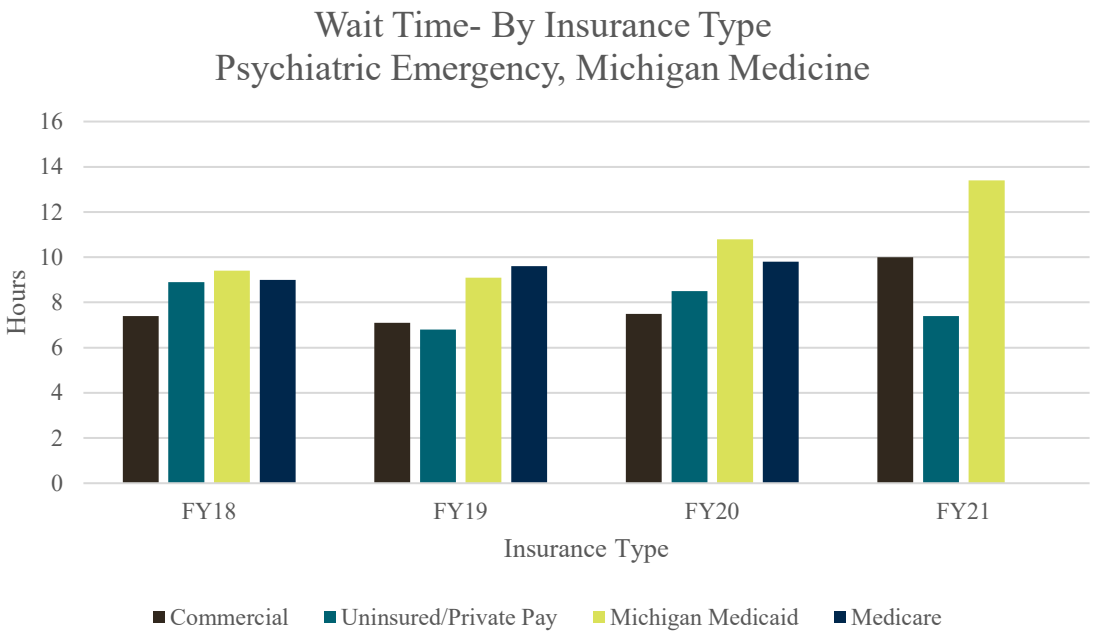
Chart 2



Source:

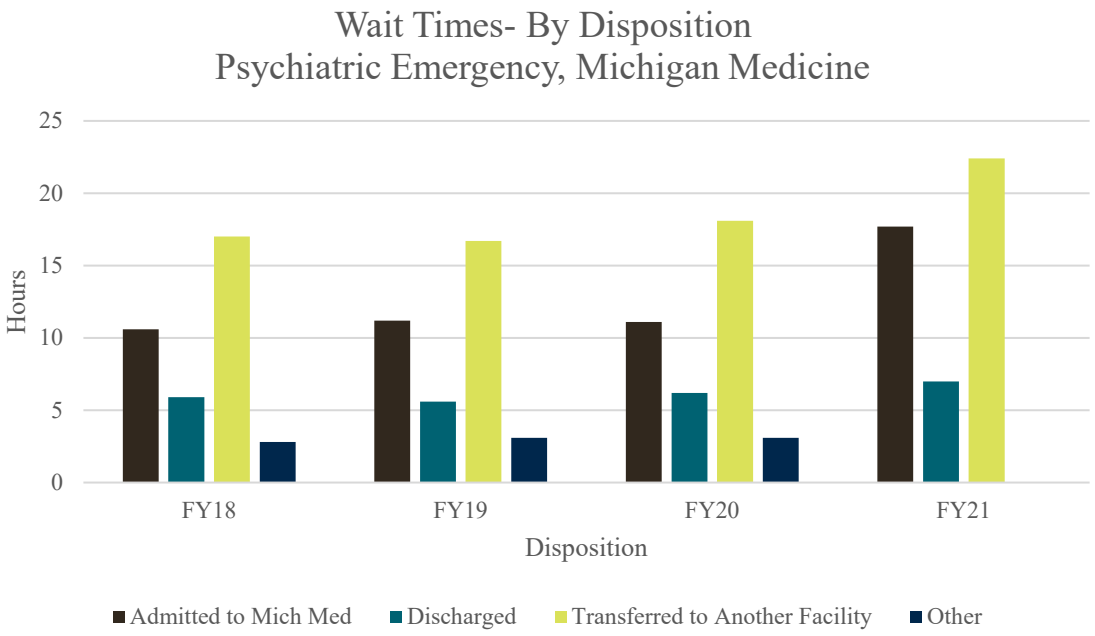
Michigan Medicine; FY = July 1-June 30.

Chart 3



Source: Michigan Medicine; FY = July 1-June 30.

Chart 4



Source: Michigan Medicine; FY = July 1-June 30;
"Other" includes transfer to Adult Emergency, Children's Emergency, left before evaluation or treatment complete, among others

Additional Findings

Increased Behavioral Health Community Burden

We know that most communities are experiencing an increase in behavioral health burden during the pandemic.[11,12] Washtenaw County data collected from 1/1/20-2/28/21 showed that 16.9% of adults in the county experienced 14 or more poor mental health days in the past 30 days, up from 15.4% in 2019. Also, during that period, 9.3% of adults in the county experienced activity limitation (defined as either poor physical health or poor mental health keeping respondents from doing their usual activities), up from 6.1% in 2019. For both of these measures, Washtenaw County residents fared worse in 2020 than state residents overall. [See Table below]

[11] Panchal, N., Kamal, R. and Cox, C. 2021. The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation.

https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/.

[12] Vahratian, A., Blumberg, S., Terlizzi, E., and Schiller, J. 2021. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic - United States, August 2020-February 2021. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, 70(490-494. https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm

2018-2020 Prevalence of Mental Health/Substance Use, Michigan and Washtenaw County

	Michigan						Washtenaw County					
	2018		2019		2020		2018		2019		2020	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI
Poor Mental Health (14+ days)[1]	14.3	(13.4-15.2)	14.3	(13.4-15.2)	15.8	(14.7-17.0)	18.2	(13.7-23.6)	15.4	(11.3-20.7)	16.9	(11.9-23.4)
Activity Limitation (14+ days)[2]	10.5	(9.8-11.3)	9.6	(8.8-10.4)	9.1	(8.3-10.1)	6.3	(4.1-9.6)	6.1	(3.9-9.4)	9.3	(6.0-14.0)
No Personal Health Care Provider[3]	14.9	(14.0-15.9)	14.5	13.6-15.6)	14.5	(13.3-15.7)	17.5	(13.2-22.8)	12	(8.7-16.3)	12.9	(9.0-18.3)
No Health Care Access During Past 12 Months Due to Cost[4]	11.8	(11.0-12.7)	11.7	10.8-12.6)	7.9	(7.1-8.8)	8.9	(6.1-12.9)	9	(6.0-13.2)	8.1	(4.5-14.2)
No Routine Checkup in Past Year[5]	20.5	(19.4-21.5)	19.8	18.7-20.9)	23.4	(22.1-24.8)	22.7	(18.3-27.7)	21.8	(17.3-27.1)	31	(24.8-38.0)
Have serious difficulty concentrating, remembering, or making decisions[6]	4.8	(4.3-5.4)	13.4	12.5-14.4)	12.2	(11.1-13.3)	1.3	(0.7-2.6)	8.4	(5.5-12.5)	10.4	(6.9-15.4)

95% CI = 95% Confidence Interval

[1] Among all adults, the proportion who reported 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days.

[2] Among all adults, the proportion who reported 14 or more days in the past 30 days in which either poor physical health or poor mental health kept them from doing their usual activities, such as self-care, work, recreation.

[3] Among all adults, the proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider.

[4] Among all adults, the proportion who reported that in the past 12 months, they could not see a doctor when they needed to due to the cost

[5] Among all adults, the proportion who reported that they did not have a routine checkup in the past year.

[6] Among all adults, the proportion who reported having serious difficulty concentrating, remembering, or making decisions.

Data Source: Michigan Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS)

Little Awareness of Millage-funded Programming

"As a citizen, I wonder where the money's gone. I'm in a better position to know than most, and I don't know."
-Interviewee

Several of the stakeholders we interviewed shared their own general lack of knowledge about millage-funded behavioral health programming and services and suggested that members of the public likely know even less. Our interviews preceded advertising and other communications planned to roll out in 2022 to educate the wider community about the millage. Those communications will highlight millage initiatives, including the expanded access to services for mild/moderate needs and regardless of ability to pay, and spread awareness about the existence of the CARES team services. People working in behavioral health, primary care and emergency services are still learning how to engage the CARES team, which illustrates a broader need to educate community providers about new millage-funded services.

In addition, none of our interviewees referred to CCBHC services without prompting when discussing behavioral health system improvements or gaps in care. Both CCBHC services and millage programming are helping to serve uninsured/underinsured/underserved populations as well as individuals across the acuity spectrum of behavioral health needs. Many people in the community, including providers, may not know the source of funding for these services, but broader knowledge about CCBHC services may help providers make referrals and help individuals in the community better access low barrier integrated services.

Recommendations

Behavioral health needs are increasing at the same time that Washtenaw County is expanding behavioral health services through millage programming and CCBHC services. While we may not be able to distinguish the direct impacts of the pandemic from other broad system changes, it is reasonable to assume that gaps in behavioral health services would be even greater than those identified here without millage funding. With Millage funding available through 2026, WCCMH and the millage advisory committee have the opportunity to focus funding and efforts in gap areas highlighted by key stakeholders. Below, we have developed recommendations based on our findings.

1. **Focus on youth programming** for primary and secondary prevention of mental health crises, serious mental illness, and substance use disorder. Support behavioral health services directed at early intervention points, such as identification of school absenteeism and early identification of symptoms in clinical settings before conditions are persistent. School-based interventions may require braiding of education (31N) and health funding to support interventions. For families, continue to support and expand programs such as SURE Moms that provide peer support for parents and help shape relationships between police and communities while focusing on the needs of justice-involved youth. Programming should coordinate more directly with public defenders (and others with important roles in existing system structures) to help connect people to mental health services. Public defenders have existing relationships with families and can foster important connections for people who need services.

   At the community level, continue effective public awareness and anti-stigma activities ala #wishyouknew, possibly focused on SUD and treatment, and continue support for popular mini grants to schools. These activities should include both broad messaging as well as more focused information for vulnerable subpopulations such as LGBTQ youth or specific racial or ethnic groups. One interviewee specifically recommended more programming at the middle school level where many behavioral health issues "incubate." Alignment of programming with community needs assessment data may also create opportunities to connect health systems to community-level interventions.

2. **Continue to expand crisis response capacity**. The 750 Towner center is an important but limited step forward in expanding available crisis care services. Interviewees suggested that it will be important for providers to partner and collaborate to provide crisis services. In particular, two interviewees suggested that the Michigan Medicine crisis support clinic could be quite helpful if it could be expanded, but that it currently has too few hours and providers. Many interviewees suggested that some progress is being made in the area of dual response and alternative response mechanisms, but that the community wants to see more of this type of improvement. Decriminalizing mental health and substance use crises as much as possible is an important community goal. Invest in additional harm reduction services for people who are actively using substances but not seeking or ready for treatment. This population may consume a lot of resources and harm reduction outreach creates the space for relationship building and better health outcomes for this demographic.

3. **Ensure that programming reaches rural areas of the county** in addition to the more populated areas. Focus publicity about availability of services, including mobile services, on the far west and east sides of the county. One interviewee suggested that since many elderly and low-income individuals in rural areas are not on-line it will be important to work with existing, trusted information sources such as faith-based organizations, community-based organizations, and neighborhood associations. Another shared the

sentiment that it is important that rural residents feel "seen and heard" by county leadership and those providing services. One approach to increasing community involvement would be to include rural residents or others with particular lived experience on the Millage Advisory Committee.

If successful programming means a more comprehensive and integrated system of behavioral health care that serves all Washtenaw County residents, the WCCMH through millage-funded projects and partnership and CCBHC services is making progress in important and meaningful ways. This report highlights many community advancements in the provision of behavioral health services, but much work is yet to be done. One interviewee summed up by saying that the programming funded by the millage is necessary but not sufficient, and added, "I'm glad we have these new, additional millage services. [The millage funding] is not enough to meet all the needs in the community. That said, I hope it doesn't go away."

Appendices

Appendix I

The following key stakeholders were interviewed for this report:

- Nicole Adelman (Substance Use Services Director, Community Mental Health Partnership of Southeast Michigan)
- Joseph Burke (15th District Court Judge)
- Anna Byberg (President, Dawn Farm)
- Trish Cortes (Executive Director, Washtenaw County Community Mental Health)
- Lisa Gentz (Program Administrator, Millage Initiatives, Washtenaw County Community Mental Health)
- Holly Heaviland (Executive Director, Washtenaw Intermediate School District; WCCMH Millage Advisory Committee (MAC) member)
- Victor Hong (Medical Director, Michigan Medicine Psychiatric Emergency Service)
- Derrick Jackson (Director of Community Engagement, Washtenaw County Sheriff's Office; MAC member)
- Jason Maciejewski (District 1 County Commissioner)
- Aubrey Patino (Executive Director, Avalon Housing)
- Caroline Richardson (M.D. Michigan Medicine, Family Medicine Specialist, Ypsilanti Health Center; past WCCMH Board member)
- Ray Rion (Medical Director, Packard Health; WCCMH MAC member)
- Alfreda Rooks (Director of Community Health Services, Michigan Medicine)
- Delphia Simpson (Washtenaw County Public Defender)
- Versell Smith (Executive Director, The Corner Health Center)
- George Waddles, Jr. (Pastor, Second Baptist Church, Ypsilanti Michigan; MAC member)

CHRT MENTAL HEALTH SERVICES IN WASHTENAW COUNTY

Appendix II

Change in Medicaid and Health Michigan Plan Enrollment, Washtenaw County and Michigan, 2018-2021

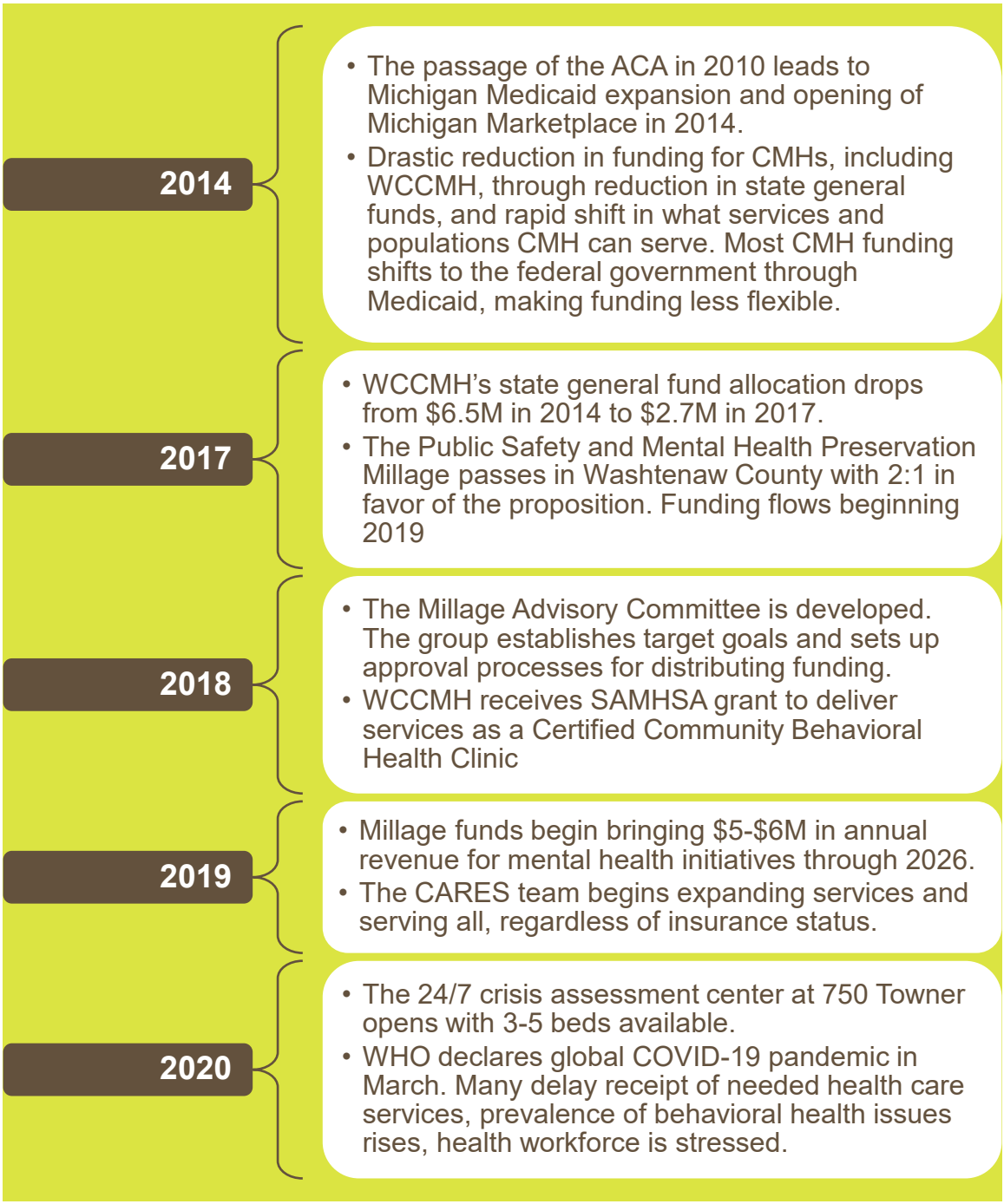
Medicaid and HMP Enrollment, Washtenaw County and Michigan, 2018-Oct 2021								
	2018	2019		2020		2021		
HMP Only Enrollment								
		June	Dec	June	Dec	June	Oct	Increase from Dec 2019 - Oct 2021
Washtenaw County	13,453	13,338	13,422	14,967	17,347	18,994	19,393	44%
Michigan	534,464	526,717	532,073	597,291	688,478	750,325	766,539	44%
Medicaid and HMP Enrollment								
Washtenaw County	38,244	38,146	38,278	40,860	44,649	47,183	48,194	26%
Michigan	1,750,308	1,727,861	1,751,830	1,883,488	2,042,712	2,145,995	2,185,498	25%
Source: MDHHS https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860_78446_78576-15064--,00.html								

CHRT

MENTAL HEALTH SERVICES IN WASHTENAW COUNTY

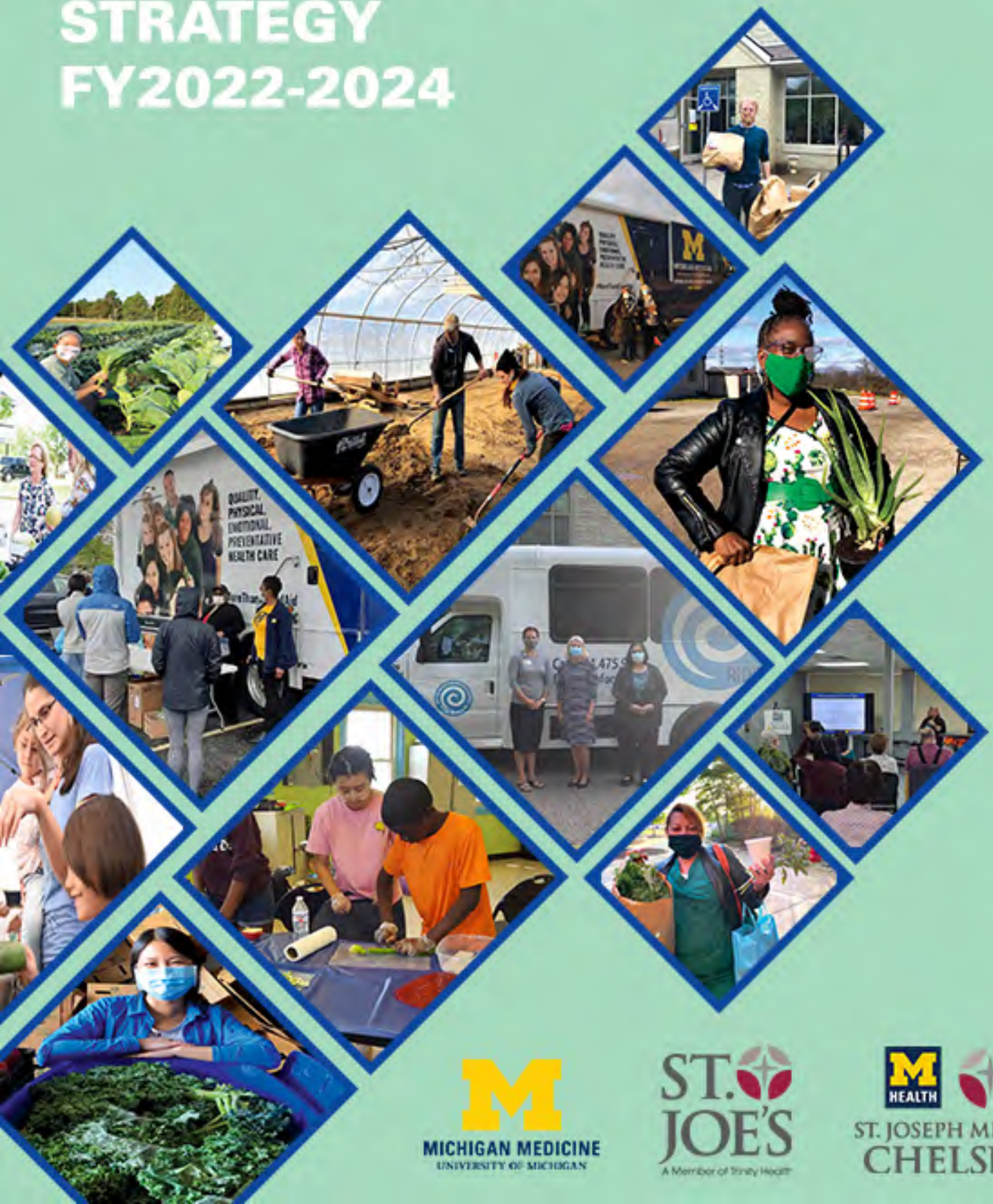
Appendix III

Timeline: Community mental health policy changes and impact on Washtenaw County



ATTACHMENT #9
DECEMBER 2021

CHNA
IMPLEMENTATION STRATEGY FY2022-2024



MICHIGAN MEDICINE
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Table of Contents

UNITE Community Health Needs Assessment Implementation Strategy FY 2022-2024

Introduction

In 2021, for the third time, all not-for-profit hospitals in Washtenaw County, Michigan collaborated to conduct a joint Community Health Needs Assessment (CHNA) and Implementation Plan (IP) for the shared geographic region of Washtenaw County. The hospitals, Michigan Medicine (UMH), St. Joseph Mercy Ann Arbor (SJMAA), and St. Joseph Mercy Chelsea (SJMC), conducted a collaborative community health data collection and assessment process in partnership with Washtenaw County Public Health Department and area health coalitions. The process was facilitated by the Washtenaw Health Initiative.

The collaborative, named Unified Needs Assessment Implementation Plan Team Engagement (UNITE), aims to promote health and improve the health equity of our community. To do so, it uses a shared leadership structure and continuously engages the community to develop a unified health assessment and implementation plan. The UNITE group collected data through focus groups and key informant interviews. Additionally, the group assessed data from a variety of quantitative and qualitative sources, including both primary and secondary data.
The three hospitals continued to utilize support from the Washtenaw Health Initiative (WHI), which acted as a facilitator for the collaborative CHNA and Implementation Plan process. The WHI is a voluntary, county-wide collaboration focused on improving access to coordinated care for the low-income, uninsured, and Medicaid populations in Washtenaw County, Michigan.

The UNITE group completed the CHNA and IP in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community members and various community organizations.

Board Approval

The Community Health Needs Assessment Implementation Plan (CHNA-IP) was approved by the local boards as follows:

- Michigan Medicine CHNA-IP was adopted by the board on November 4, 2021.
- St. Joseph Mercy Ann Arbor CHNA-IP was adopted by the board on October 27, 2021.
- St. Joseph Mercy Chelsea (SJMC) CHNA-IP was recommended for adoption by the local Board of Trustees on October 26, 2021, and adopted by the Joint Venture Board on October , 2021.

CHNA Implementation Plan Availability

The complete CHNA-IP report is available electronically at:

- www.uofmhealth.org/community-health-needs-assessment or
- www.stjoesannarbor.org under the Community Benefit tab or
- www.stjoeschelsea.org under the Community Benefit tab

Or printed copies are available at:

- 3621 S. State St., Ann Arbor MI, 48108
- 5301 McAuley Drive, Ypsilanti, MI 48197
- 775 S. Main St, Chelsea, MI 48118

Description of Hospitals

For more information about each institution see Appendix A (page 37) in the Community Health Needs Assessment.

Identification and Prioritization of Community Health Needs

Members of the UNITE group analyzed data from multiple data sources, community focus groups, and key stakeholder/informant interviews to determine potential priority areas. Those needs were then prioritized based on several factors including the number of people impacted, severity of the problem, ability to positively impact the priority, alignment with institutional missions, and impact on health equity. The data show that the three priority areas, listed below, identified in the group's 2016 and 2019 CHNA, continue to be significant areas of need across the community:

- Mental Health and Substance Use Disorders
- Obesity and related illnesses
- Pre-conceptual and Perinatal health

Therefore, the UNITE group renewed its commitment to addressing these three priorities and doing so through the lens of social determinants of health (SDOH) and health equity.

Strategies

In developing the implementation plan, the UNITE group continued to dig deeper into the root causes underlying three SDOH domains that they agreed had a significant impact on the top CHNA health priorities. These domains were (i) housing, (ii) poverty and (iii) social isolation.

UNITE used the Community Anti-Drug Coalition of America (CADCA) model to conduct a root cause analysis (RCA) around local community conditions and contributing factors to the prioritized health needs. This model asks the questions – what is the problem, why is it a problem, and why is it a problem here? The CADCA structure incorporates the following strategies for creating positive change: Provide Information and Education, Build Skills/Training, Provide Support, Enhance Access/Reduce Barriers, Change Consequences (Positive and Negative), Change Physical Design, Modify Policies. This is a model that has been used in helping to address reduction of substance abuse across the United States.

In addition, the UNITE group identified the following as areas of rapidly escalating seriousness that needed to be addressed as part of an implementation strategy: (i) climate change, (ii) incarceration and (iii) medical debt.

Significant health needs that will not be addressed

Michigan Medicine, St. Joseph Mercy Ann Arbor, and St. Joseph Mercy Chelsea acknowledged the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Michigan Medicine, St. Joseph Mercy Ann Arbor, and St. Joseph Mercy Chelsea will not take action on the following health needs within this plan:

- **COVID-19--** is not addressed in this Implementation Plan but will be addressed by each hospital through plans that have been collaborated on by each health system and the health department. These plans include things such as vaccine clinics and COVID-19 education.

This implementation strategy specifies community health needs that the hospitals have determined to address in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2022-2024	
CHNA SIGNIFICANT HEALTH NEED:	Mental Health & Substance Use Disorders
CHNA REFERENCE PAGE:	29

BRIEF DESCRIPTION OF NEED:

The average Washtenaw adult reported 4.6 mentally unhealthy days in the past month.

Washtenaw County started collecting local data on adolescent suicide rates in 2004 and since there was an alarming increase in suicide and suicide attempts. It is known that by preventing and treating anxiety and depression suicide and suicide attempts can be prevented. Local data shows that 32% of high school students experience depression and other mental health problems within the last year and 17.1% reported having seriously considered suicide in the past year.

Additionally, both prescription and recreational drug use are creating negative issues within Washtenaw County. There has been an increase in opioid-related overdose deaths from 2011 (29 deaths) to 2020 (61 deaths) in Washtenaw County (Source: Washtenaw County Medical Examiner and Washtenaw County Health Department, Waller, A.). Marijuana use by teens has increased over the past 8 years in the county, as has the use of e-cigarettes, or "vaping".

GOAL: Reduce the prevalence and negative impacts of substance use and mental illness in greater Washtenaw County.

OBJECTIVES:

1. Reduce the percent of adults who experienced 14 or more days in which their mental health was not good in the past month from 16.5% to 15% by 2024. (Source: BRFSS 2017-2019, accessed on healthforallwashtenaw.org)
    - 1.1. Increase mental health provider rate by 10% (current rate is 566 providers per 100,000 and goal is to achieve at least 623 providers per 100,000) by 2024. (Source: 2020 County Health Rankings, accessed on healthforallwashtenaw.org)
2. Reduce the proportion of adolescents who seriously considered attempting suicide during the past 12 months from 17.1% to 13.1% among high school students, and from 16.7% to 11.9% among middle school students by 2024. (Source: MiPHY survey, Washtenaw County Report)
3. Decrease the proportion of high school students who used e-cigarettes, alcohol or marijuana in the past month by 2024 (Source: MiPHY survey, Washtenaw County Report)
    - 3.1. E-cigarettes: reduce recent use from 15.5% to 12.3%
    - 3.2. Alcohol: reduce recent use from 14.9% to 8.3%
    - 3.3. Marijuana: reduce recent use from 14% to 10.4%
4. Reduce the number of annual adult opioid fatal overdoses in Washtenaw County from 61 to 49 by 2024 (Source: WCHD, Opioid Data | Washtenaw County, MI)

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED FISCAL YEARS 2022-2024, UNLESS OTHERWISE NOTED:

Michigan Medicine:

1. Provide health information to the Deaf, Deaf/Blind, and Hard of Hearing through Speakers series using American Sign language in the community.

2. Provide screenings and interventions in the community to youth experiencing mental illnesses or suicidal ideation.
3. Provide mental health support sessions for families in the community that have a child with mental illness.
4. Provide translated materials to social service agencies and provide mental health screenings in ASL through UMH Interpreter Services and Family Medicine.
5. Through Michigan Medicine's grants program, support community organizations, programs, and advocacy that contributes to delivery and access to mental health and substance abuse programs and services to adults and youth regardless of insurance status.
6. Provide 1-3 professional development opportunities to train professionals on the prevention of Elder Abuse.
7. In Straight Talk-Youth Fire setting Prevention program, utilize cognitive-behavioral therapy and motivational interviewing to promote behavior change among youth who have set a fire(s).

St. Joseph Mercy Ann Arbor:

1. Increase mental health providers/services through supporting Community Mental Health in the implementation of the Certified Community Behavioral Health Clinic (CCBHC) of Washtenaw County.
2. Connect patients & community members to peer recovery coaches, Sexual Assault Nurse Examiners and community health workers to address mental health and substance use disorder.
3. Partner with Hope Clinic to better integrate Behavioral Health within the safety net care model at the point of care and proactively call patients to obtain Behavioral Health Services.
4. Support and promote drug take-back events within Washtenaw County medication disposal network, specifically 48197/48198.

St. Joseph Mercy Chelsea:

1. Support and facilitate SRSLY coalitions in Chelsea (48118), Dexter (48130), Manchester (48158) and Stockbridge (49285) to prevent youth substance abuse and promote mental health.
2. Partner in "One Big Thing" initiative to address mental health.
3. Implement the Project SUCCESS program in local middle and high schools.
4. Continue and expand support groups in the service area.
5. Collaborate with schools and other community partners to address mental health needs of youth through education, skill-building and stigma reduction.
6. Facilitate access to care through the Behavioral Health Navigators.
7. Participate in local coalitions and activities related to increasing social support, improving mental health, and reducing substance use.

Joint Hospital Systems Actions:

1. Increase health system collaboration around mental health and substance use disorder activities, as guided by the community.
2. Maintain health system and community supported programs and policies that reduce substance use disorder, and improve mental health.
3. Participate in local coalitions (i.e. Washtenaw Health Initiative Mental Health & Substance Use Disorder workgroup, Washtenaw SUD System Transformation, Washtenaw County Community Mental Health Board, etc.) and activities related to increasing behavioral health access and addressing root causes (i.e. trauma)

4. Explore and support efforts to increase the number and diversity of mental health providers within our health systems and through community providers.
5. Advocate for policies that reduce barriers to training and employment in the field of social work and mental health care providers.
6. SJMC and SJMAA: Increase rates of screening and referral to cessation services for patients using tobacco.
7. SJMC and SJMAA: Partner with local law enforcement and Washtenaw County to promote safe disposal of unused medications
8. SJMC and SJMAA: Expand the presence of Faith Community Nursing staff throughout the community to provide mental health and substance use disorder education support through faith communities.
9. SJMAA and UMH: Support/continue work through the Michigan Opioid Collaborative including seeking extension/expansion of grant funding for Medication Assisted Treatment and advocacy for Opioid Task Force legislation
10. SJMC and SJMAA: Utilize Community Resource Directory to help support mental health and substance use disorder initiatives

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Reduce tobacco use among adult patients.
2. Reduce misuse of prescription medications.
3. Reduce youth substance abuse.
4. Improve outcomes for participating students in Project SUCCESS.
5. Increase participation in support groups.
6. New policies or programs to support mental health among youth.
7. New policies to support reduction in substance use among youth and adults.
8. Improve access to mental health services.
9. Improve social support among service area residents.
10. Increased number of faith communities active in the health ministry network through Faith Community Nursing.
11. Increase number of individuals engaged in tobacco cessation programming.
12. Decrease wait time to obtain behavioral health services.
13. Increase drug disposal in Washtenaw County.
14. Increase mental health providers.
15. Decrease self-harm injuries and suicide attempts among adolescents.

PLAN TO EVALUATE THE IMPACT:

Michigan Medicine:
The Community Health Coordinating Committee will monitor progress of community grant programs' impact. Community Health Services staff will collect various metrics from staff on ongoing community benefit programming.

For data inquiries please contact Community Health Services: 734-998-2156 or email communitybenefit@med.umich.edu.

St. Joseph Mercy Ann Arbor:
The SJMAA Community Health Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys,

focus groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact SJMC/SJMAA staff through www.stjoeshealth.org/cbm 'Contact' icon at the bottom of the webpage.

St. Joseph Mercy Chelsea:
The SJMC Community Health Improvement Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys, focus groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact Reiley Curran, at (734) 593-5279, or reiley.curran@stjoeshealth.org.

PROGRAMS AND RESOURCES THE HOSPITALS PLANS TO COMMIT:

- Staff time to support the implementation of the actions listed above.
- Supplies and marketing for programs.
- Funding for programs, organizations, and advocacy.

COLLABORATIVE PARTNERS: Mental Health & Substance Use Disorders

	Michigan Medicine	St. Joseph Mercy-Ann Arbor	St. Joseph Mercy-Chelsea
5 Healthy Towns Foundation			✓
Ann Arbor Area Community Foundation	✓	✓	
Catholic Social Services		✓	
Chelsea Ministerial Association			✓
Chelsea Police Department			✓
Chelsea School District			✓
Chelsea Senior Center			✓
Chelsea Wellness Coalition			✓
Chelsea-area Chamber of Commerce			✓
City of Chelsea			✓
City of Dexter			✓
Community Family Life Center	✓		
Community Health Access Initiative	✓		
Corner Health Center	✓		
Dawn Farms		✓	
Dexter Chamber of Commerce			✓
Dexter Community Schools			✓
Dexter Internal Medicine			✓
Dexter Ministerial Association			✓
Dexter Senior Center			✓
Dexter Wellness Coalition			✓
EMU Family Empowerment Program	✓	✓	
Faith in Action		✓	✓
Grass Lake Community Wellness Initiative			✓
Grass Lake School District			✓

Grass Lake Senior Center			✓
Home of New Vision		✓	
Hope Clinic	✓	✓	
Huron Valley Ambulance Community Paramedics		✓	
Jewish Family Services	✓		
Legal Services of South Central Michigan (Michigan Advocacy Program)	✓		
Manchester Community Schools			✓
Manchester Wellness Coalition			✓
Michigan Medicine Dept. of Family Medicine			✓
Michigan Organization for Adolescent Sexual Health	✓		
MSU Cooperative Extension 4-H office	✓		✓
National Alliance on Mental Illness		✓	✓
Our House	✓		
Ozone House	✓		
Packard Health	✓		
Scouts			✓
Stockbridge Chamber of Commerce			✓
Stockbridge Community Schools			✓
Stockbridge Police Department			✓
Stockbridge Wellness Coalition			✓
Student Advocacy Center			
UM School of Public Health	✓		
United Way of Washtenaw County	✓	✓	✓
Washtenaw Area Council on Children	✓	✓	✓
Washtenaw County Community Mental Health	✓	✓	✓
Washtenaw County Sheriff	✓	✓	✓
Washtenaw Health Initiative		✓	
Washtenaw Intermediate School District	✓	✓	✓
Washtenaw County Health Department	✓	✓	✓
Washtenaw County Office of Community and Economic Development		✓	
Washtenaw County Sheriff's Office		✓	
Washtenaw Success by Six	✓		
Great Start Collaborative			
Women's Center of Southeastern Michigan	✓		

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2022-2024

CHNA SIGNIFICANT HEALTH NEED:	Obesity and Related Illness
CHNA REFERENCE PAGE:	30

BRIEF DESCRIPTION OF NEED: The majority of adults and children in SJMAA, SJMC, and UMH service areas rates of overweight and obesity have remained steady. We have seen that the only group to decrease their previous rate was 5 to 7 years old's. This gives us an opportunity to continue to work toward helping adults and children reach a healthier weight. Overweight and obesity are indicators of potential chronic disease risk and can be indicative of lack of movement. Lack of access to healthy foods, low intake of vegetables and fruits, and limited movement can have huge impacts on both chronic disease risk and a person's ability to maintain a healthy weight.

Obesity has been shown to be a risk factor for severe COVID-19 illnesses. Although, this is not something that can be changed immediately. This has ramifications for helping our children to maintain a healthy weight so during future health crises they are at less risk of severe illnesses.
Further, social determinants such as poverty and incarceration have huge impacts on rates of overweight and obesity and chronic disease. Low-income communities often do not have safe neighborhoods to be active and do not have accessible and affordable healthy food, which puts them at a significant disadvantage in terms of managing their chronic disease risk. Further, those who are suffering from homelessness face barriers to managing their chronic illnesses and maintaining a healthy diet.

Finally, we know that eating whole and unprocessed foods and maintaining the recommended 150 minutes of moderate exercise can reduce risk of chronic disease such as cardiovascular disease (e.g. CHD & stroke). This is an opportunity for the hospitals and their collaborators to improve health behavior and reduce the overall burden of chronic disease on the system.

GOAL: Promote healthy lifestyle choices and reduce chronic disease prevalence & risk in greater Washtenaw County.

OBJECTIVE:

1. Increase healthy lifestyle choices among youth
    - 1.1. Percentage of students who were physically active for 60+ minutes per day on five or more days per week: 2020 county-wide HS rate is 59.2%, best sub-group rate is 73.5%
    - 1.2. Percentage of students who ate five or more servings of fruits and vegetables per day in the last seven days 2020 county-wide HS rate is 29.5%, (58.3% is best sub-group rate)
2. Increase healthy lifestyle choices among adults
    - 2.1. Increase by 10% the percentage of adults who report adequate physical activity, defined as "moderate physical activities for at least 150 minutes per week, vigorous physical activities for at least 75 minutes per week, or an equivalent combination of moderate and vigorous physical activities and also participate in muscle strengthening activities on two or more days per week". Baseline: 21.8% (Michigan BRFSS, 2017 and 2019 combined)
    - 2.2. Increase by 10% the percentage of adults who report eating at least 1 serving of fruits and vegetables a day. Baseline: 65.9% (Fruit) and 83.4% (Vegetables). (Michigan BRFSS, Retrieved via email from Yan Tian (Michigan DHHS).

ACTIONS THE HOSPITAL FACILITIES INTEND TO TAKE TO ADDRESS THE HEALTH NEED, FISCAL YEARS FY2020 - FY2022, unless otherwise noted:

Michigan Medicine:

1. Support, maintain and explore programs that target nutrition education/counseling:
    a. Regional Alliance for Healthy Schools (RAHS)
    b. MHealthy
    c. Project Healthy Schools
2. Support programs and policies that screen for food insecurity, provide referrals to reduce food insecurity, and/or directly provide food to reduce food insecurity:
    a. UMH Ann Arbor Meals on Wheels
    b. Patient Food and Nutrition Services meal provision to Ypsilanti Meals on Wheels
    c. Regional Alliance for Healthy Schools
    d. Food and resource drives for Food Gatherers.
3. Continue to support programs and policies that encourage more physical activity
    a. MHealthy
    b. Project Healthy Schools
    c. Regional Alliance for Healthy Schools
4. Support organizations and programs working to reduce food insecurity, obesity, and other related illnesses and weight related stigma through community-based funding.
    a. Support community and neighborhood gardens; increase access to local and nutritious foods.
    b. Advocate for reduced greenhouse gas emissions in order to prevent acute cardiac events.

St. Joseph Mercy Ann Arbor:

1. Expand food security support and nutrition education through The Farm at St. Joe's initiatives, Nutrition Buddies, Prescription for Health, Shapedown, and Community Health Workers to reduce chronic disease.
2. Advocate for policy change on food systems infrastructure through participation in Washtenaw Food Policy Council and other emerging policy efforts with a focus on food disparity.
3. Increase efforts to improve the safety and availability of fitness infrastructure options in the community, specifically 48197/48198.
4. Implement community-based walking groups.
5. Explore and apply programs and concepts of Lifestyle Medicine and the Blue Zone philosophy within Washtenaw County to improve overall health and reduce chronic disease.

St. Joseph Mercy Chelsea:

1. Continue to promote walking and running for all ages through activities and events.
2. Increase availability and connectivity of walking paths on the hospital campus.
3. Support the Chelsea Farmers Market and Farmers Market Food Assistance programs throughout the service area.
4. Provide nutrition education and technical assistance to individuals and organizations in the service area.
5. Support the development and expansion of area trail networks.

Joint Hospital Systems Actions:

1. Increase health system collaboration around healthy eating, physical activity, and chronic disease reduction as guided by the community.

2. Maintain the health system and community supported programs and policies that reduce chronic disease and increase healthy eating and physical activity.
3. Provide Diabetes prevention, education, and share group programming.
4. Provide and support the Prescription for Health Program
5. SJMC and SJMAA: Increase rates of screening and referral to healthy weight services for patients with BMI greater than 25.
6. SJMC and SJMAA: Expand the presence of Faith Community Nursing staff throughout the community to provide obesity and related illnesses education support through faith communities.
7. SJMC and SJMAA: Utilize Community Resource Directory to help support obesity and related illnesses initiatives

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Increase physical activity among participants.
2. Reduce prevalence of and complications associated with diabetes.
3. Increase walking among hospital patients, visitors, employees, and neighborhood residents.
4. Increase consumption of fruits and vegetables, and support the local farming economy.
5. Reduce the onset of diabetes through the Diabetes Prevention Program.
6. Increase understanding of healthy food choices. Reducing food insecurity among families and seniors living in Ann Arbor and Ypsilanti.
7. Increase access to support and resources to support reducing weight among middle and high school students within Washtenaw County.
8. Reduce prevalence of cardiovascular disease
9. Increase self-efficacy by providing educational classes that increase individual ability to cook healthy foods.
10. Community members will report a reduction in barriers to carrying out healthy behaviors (e.g. increased physical activity or increased access to healthy foods).
11. New policies to support reduction of food insecurity.

PLAN TO EVALUATE THE IMPACT:

Michigan Medicine:
The Community Health Coordinating Committee will monitor progress of community grant programs' impact. Community Health Services staff will collect various metrics from staff on ongoing community benefit programming. For data inquiries please contact Community Health Services: 734-998-2156 or email communitybenefit@med.umich.edu.

St. Joseph Mercy Ann Arbor
The SJMAA Community Health Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys, focus groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact SJMC/SJMAA staff through www.stjoeshealth.org/cbm 'Contact' icon at the bottom of the webpage

St. Joseph Mercy Chelsea
The SJMC Community Health Improvement Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys, focus

groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact: Reiley Curran, at (734) 593-5279, or reiley.curran@stjoeshealth.org.

PROGRAMS AND RESOURCES THE HOSPITALS PLANS TO COMMIT:

- Staff time to support the implementation of the actions listed above.
- Supplies and marketing for programs.
- Funding for programs, organizations, and advocacy.

COLLABORATIVE PARTNERS: Obesity and Related Illness

Collaborative Partner Name	Michigan Medicine	St. Joseph Mercy-Ann Arbor	St. Joseph Mercy-Chelsea
5 Healthy Towns Foundation			✓
American Heart Association		✓	
Ann Arbor Meals on Wheels	✓		
Ann Arbor Public Schools	✓	✓	
Barrier Busters		✓	
Carpenter Place	✓	✓	
Chelsea Ministerial Association			✓
Chelsea School District			✓
Chelsea Senior Center			✓
Chelsea Wellness Coalition			✓
Chelsea-area Chamber of Commerce			✓
City of Chelsea			✓
City of Dexter			✓
Community Family Life Center	✓		
Corner Health Center		✓	
Dexter Chamber of Commerce			✓
Dexter Community Schools			✓
Dexter Internal Medicine			✓
Dexter Ministerial Association			✓
Dexter Senior Center			✓
Dexter Wellness Coalition			✓
EMU Engage, Bright Futures		✓	
EMU School of Nutritional Sciences, Dietetic Interns		✓	
Faith in Action		✓	✓
Family Empowerment Program (Engage EMU)	✓	✓	
Food Gatherers	✓	✓	
Foster Grandparents	✓		
Grass Lake Community Wellness Initiative			✓
Grass Lake School District			✓
Grass Lake Senior Center			✓

Growing Hope		✓	
Hope Clinic		✓	
Jewish Family Services		✓	
Manchester Community Schools			✓
Manchester Wellness Coalition			✓
Michigan Islamic Academy	✓		
Ozone House		✓	
Packard Health		✓	
Parkridge Community Center		✓	
Parkway Meadows	✓		
Patient Food and Nutrition Services	✓		
SOS Community Services		✓	
Stockbridge Chamber of Commerce			✓
Stockbridge Community Schools			✓
Stockbridge Wellness Coalition			✓
UM School of Public Health, Nutrition Sciences, Dietetic Interns	✓	✓	
UM School of Public Health, Office of Public Health Practice	✓	✓	
United Way of Washtenaw County		✓	
Washtenaw Community College		✓	
Washtenaw County Commissioners		✓	
Washtenaw County Health Department	✓	✓	✓
Washtenaw Food Policy Council		✓	
Washtenaw Health Plan		✓	
Washtenaw Intermediate School District	✓	✓	✓
We the People Opportunity Farm		✓	
Ypsilanti Community Schools		✓	
Ypsilanti Heritage Festival	✓		
Ypsilanti Meals on Wheels	✓	✓	
Ypsilanti Public Library		✓	

CHNA IMPLEMENTATION STRATEGY
FISCAL YEARS 2022-2024

CHNA SIGNIFICANT HEALTH NEED:	Pre-conceptual and Perinatal Health
CHNA REFERENCE PAGE:	32

BRIEF DESCRIPTION OF NEED: Birth outcome disparities continue to persist among racial and ethnic minorities, largely due to institutional and systemic issues that inequitably distribute resources and opportunities. In Washtenaw County, babies born of Black/African American mothers are 4.3 times more likely to die in the first year of life than those of White/Caucasian mothers.

Research shows that babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those babies born to mothers who do get adequate prenatal care. It is essential to obtain early quality prenatal care to identify and treat health problems and health-compromising behaviors that can negatively impact fetal development. Increasing the number of women who receive early quality prenatal care can improve maternal and infant health outcomes and lower health care costs by reducing the likelihood of complications during pregnancy, childbirth, and postpartum.

GOAL: Increase positive outcomes for pre-conceptual and perinatal health. Improve the health and well-being of women, infants, children and families in greater Washtenaw County.

OBJECTIVE:

1. Reduce the infant mortality rate from 5.2 deaths per 1000 live births (2017-2019) to 4.5 deaths per 1000 live births (Source: MDHHS| Health for All).
    1.1. Reduce Black/African American Infant Mortality rates from 14 to 8 deaths per 1000 live births within Washtenaw County (Source: MDHHS| Health for All).
2. Increase the percentage of mothers who receive adequate prenatal care from 81.1% to 84% (Source: MDHHS| Health for All).

ACTIONS THE HOSPITAL FACILITIES INTEND TO TAKE TO ADDRESS THE HEALTH NEED, FISCAL YEARS 2022-2024, UNLESS OTHERWISE NOTED:

Michigan Medicine:

1. Train and educate providers, staff, and parents on safe sleep practices.
2. Continue the Maternal and Infant Health Program (MIHP) for pregnant women and infants up to one year of age.
3. Invest in community organizations, programs and advocacy that support mothers, infants, children, adolescents, and families in order to improve health.
4. Program for Multicultural Health will serve on the Region 9-Pre-conceptual and Perinatal Health Collaborative.
5. Regional Alliance for Healthy Schools will provide pre-conception and sexual activity risk reduction counseling, and offer confidential adolescent testing and treatment for sexually transmitted infection.
6. Regional Alliance for Healthy Schools will offer expectant parents' referrals to OBGYN, prescriptions for prenatal vitamins, referrals to local agencies for parenting and resource support, and vaccinations, including COVID vaccines.
7. Partner with community organizations to provide education and outreach related to pre-conceptual health and perinatal care.

St. Joseph Mercy Ann Arbor:

1. Launch St. Joe's Ann Arbor Perinatal Wellness Center which offers a safe, inclusive, and nonjudgmental space where women seek social, emotional, and physical support to help with their transition through pregnancy and the postpartum period.
2. Train and educate providers and staff on implicit bias.
3. Provide counseling and support groups for both mothers and fathers, specifically within 48197/48198.
4. Advocate for the provision of breastfeeding and prenatal education and support classes for free or greatly reduced rates for families in our community.
5. Support the Developmental Clinic (DAC) for Medicaid patients.
6. Launch a Diversity, Inclusion & Equity Committee within the Women's & Children Hospital Division to better collaborate, communicate, and support families and advance this work.

St. Joseph Mercy Chelsea:

1. Collect data on local needs related to prenatal care and education among expectant mothers in the service area.
2. Provide opportunities for learning, skill-building and social support for women and children.

Joint Hospital Systems Actions:

1. Explore opportunities to increase access to prenatal education and programs to support new mothers.
2. Partner with local Maternal and Infant Health Coalitions to advance the work
3. Invest in community organizations, programs and advocacy that support mothers, infants, children, adolescents, and families in order to improve health
4. Conduct regular community listening sessions to understand the experiences of minority mothers before, during and after pregnancy.
5. SJMC and SJMAA: Utilize Community Resource Directory to help support maternal and infant health initiatives
6. SJMC and SJMAA: Expand the presence of Faith Community Nursing staff throughout the community to provide maternal and infant health education support through faith communities.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. Improve access to care and education for expectant mothers and fathers.
2. Reduction of infant mortality rates in Washtenaw County.
3. Reduction of maternal mortality rates in Washtenaw County or service area.
4. Increase in breastfeeding uptake and duration.
5. Improve patient experience.

PLAN TO EVALUATE THE IMPACT:

Michigan Medicine:
The Community Health Coordinating Committee will monitor progress of community grant programs' impact. Community Health Services staff will collect various metrics from staff on ongoing community benefit programming. For data inquiries please contact Community Health Services: 734-998-2156 or email communitybenefit@med.umich.edu.

St. Joseph Mercy Ann Arbor:
The SJMAA Community Benefit Ministry Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate

impact. This data is collected and reported at regular intervals. Data sources include surveys, focus groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact SJMC/SJMAA staff through www.stjoeshealth.org/cbm 'Contact' icon at the bottom of the webpage.

St. Joseph Mercy Chelsea
The SJMC Community Health Improvement Council will monitor progress towards these outcomes by regularly collecting and analyzing program data. Each program has defined process and outcome measures to evaluate impact. This data is collected and reported at regular intervals. Data sources include surveys, focus groups, key stakeholder interviews and archival data from hospital, law enforcement, school, and other records.

For data inquiries, please contact Reiley Curran, at (734) 593-5279, or reiley.curran@stjoeshealth.org.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:

- Staff time to support the implementation of the actions listed above.
- Supplies and marketing for programs.
- Funding for programs, organizations, and advocacy.

COLLABORATIVE PARTNERS: Pre-conceptual and Perinatal Health

Collaborative Partner Name	Michigan Medicine	St. Joseph Mercy-Ann Arbor	St. Joseph Mercy-Chelsea
Catholic Social Services		✓	
Corner Health Center	✓	✓	
Michigan Prison Doula Initiative		✓	
Peace Neighborhood Center	✓		
Washtenaw Success by Six	✓		
Great Start Collaborative	✓		
Engage EMU	✓		
Region 9 Perinatal Quality Collaborative		✓	
USDA: Women, Infants, and Children (WIC)		✓	
United Way of Washtenaw County		✓	
SOS Community Services		✓	
Huron Valley Correctional Facility		✓	
Hope Clinic		✓	
Women's Center of Southeast Michigan	✓		

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2022-2024	
CHNA SIGNIFICANT HEALTH NEED:	Social Isolation
CHNA REFERENCE PAGE:	48

BRIEF DESCRIPTION OF NEED:

- A youth collaborative, based in Ypsilanti, evaluated health and safety concerns of young people (12-25) and found that 2 out of every 3 young people surveyed wish there were more opportunities to get to know their neighbors.
- Within Washtenaw County, the most positive social needs screened within primary care sites was the domain of Loneliness (as an equivalent to social isolation).
- Focus groups of pregnant women and mothers of young children in Washtenaw County revealed lack of social support and social isolation affect ability to return to work and had effects on mental health during the postpartum period.

GOAL: Increase social support and reduce the negative impacts of social isolation in greater Washtenaw County.

OBJECTIVE:

1. Reduce the proportion of patients who screen positive for social isolation by 1-2%. (Baseline: 6.3-15.4%) (*Source: UNITE member hospital and physician practice EMR)*

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED, FISCAL YEARS (FY) 20220-2024, UNLESS OTHERWISE NOTED:

Joint Hospital Systems Actions:

1. Screen patients for social needs at regular intervals. Refer those who screen positive to local resources or programs.
2. Review data collected and analyzed by the UM School of Public Health in 2018 and 2019. Identify additional data collection needs.
3. Develop, implement and evaluate a signature project to address social support over the next three years.
4. Develop a resource map of agencies, programs, services and policies that impact social support.

ANTICIPATED IMPACT OF THESE ACTIONS:

1. A shared understanding of the current state of social support and social isolation in greater Washtenaw County, particularly among vulnerable populations
2. Increase investment in programs to address social isolation and social support.
3. Increase collaboration to create policy, systems and environmental changes to improve social support and decrease social isolation.

PLAN TO EVALUATE THE IMPACT:

The UNITE team will define outcome and impact measures to be tracked at regular intervals over the next three years. The results of this evaluation will be shared with the communities via internal and external methods.

PROGRAMS AND RESOURCES THE HOSPITALS PLANS TO COMMIT:

- Staff time to support the implementation of the actions listed above.
- Supplies and marketing for programs.
- Funding for programs, organizations, and advocacy.

COLLABORATIVE PARTNERS: Social Isolation

Collaborative Partner Name	Michigan Medicine	St. Joseph Mercy-Ann Arbor	St. Joseph Mercy-Chelsea
UM School of Public Health	✓	✓	✓
5 Healthy Towns Foundation	✓	✓	✓
Chelsea Ministerial Association			✓
Chelsea Police Department			✓
Chelsea School District			✓
Chelsea Senior Center			✓
Chelsea Wellness Coalition			✓
Chelsea-area Chamber of Commerce			✓
City of Chelsea			✓
City of Dexter			✓
Dexter Chamber of Commerce			✓
Dexter Community Schools			✓
Dexter Internal Medicine			✓
Dexter Ministerial Association			✓
Dexter Senior Center			✓
Dexter Wellness Coalition			✓
Faith in Action			✓
Grass Lake Community Wellness Initiative			✓
Grass Lake School District			✓
Grass Lake Senior Center			✓
Manchester Community Schools			✓
Manchester Wellness Coalition			✓
MSU Cooperative Extension 4-H office			✓
National Alliance on Mental Illness	✓	✓	✓
Scouts			✓
Stockbridge Chamber of Commerce			✓
Stockbridge Community Schools			✓
Stockbridge Police Department			✓
Stockbridge Wellness Coalition			✓
Washtenaw Area Council on Children	✓	✓	✓
Washtenaw County Community Mental Health	✓	✓	✓
Washtenaw County Sheriff	✓	✓	✓
Washtenaw Intermediate School District	✓	✓	✓
Washtenaw County Health Department	✓	✓	✓

Social Determinants of Health

Social Determinants of Health (SDOH) have always been a lens which UNITE has utilized in order to impact the three health priority areas of (1) Mental Health and Substance Use Disorders, (2) Obesity and Related Illnesses and (3) Pre-conceptual and Perinatal Health. According to the Centers for Disease Control (CDC), SDOH are "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes." For more information about Social Determinants of Health, please see https://www.cdc.gov/socialdeterminants/about.html.

UNITE's Community Health Needs Assessment published in June, 2021, identified six key Social Determinants of Health (SDOH) that impact each of the identified health priority areas. The SDOH identified by UNITE include three primary SDOH:

1. Housing/Homelessness
2. Poverty
3. Social Isolation

And three emerging SDOH:

1. Climate Change
2. Incarceration
3. Medical Debt

UNITE will be addressing Social Isolation collaboratively (see table above). Recognizing the importance of six named Social Determinants of Health (SDOH), each hospital will engage in some level of programming/tactics related to addressing one or more of the remaining SDOH. These activities are summarized below.

Michigan Medicine
Michigan Medicine will continue community-based funding related to health equity and Social Determinants of Health, including the below:

Housing/Homelessness:
- Collaborate, support and/or fund training for parents, families, and residents that equip them with the skills to organize and advocate around issues related to poverty, housing, and more.
- Partner with community organizations to support housing and shelter opportunities for unhoused individuals exiting the hospital, and ensure adequate housing resources for people with mental illness and substance use disorders.
- Provide tax filing support to older adults to support continuation of stable housing.

Poverty:
- Engage in Healthcare Anchor Network activities to develop strategies for improving local hiring practices.
- Partner with, support, and or advocate for anti-poverty efforts.

Climate Change:
The University of Michigan has committed to the following:
- Eliminate Scope 1 emissions (resulting from direct, on-campus sources) by 2040.
- Achieve carbon neutrality for Scope 2 emissions (resulting from purchased electricity) by 2025.

- Establish net-zero goals for Scope 3 emissions categories (resulting from indirect sources like commuting, food procurement, and university-sponsored travel) by 2025.

For more information about these commitments, please see
http://sustainability.umich.edu/carbonneutrality#scope-1-emissions-initial-reduction-strategies

Additionally, Michigan Medicine will explore

- Support of programs that improve resilience and reduce the impact of climate change on vulnerable communities within the Michigan Medicine service area.
- Support of programs that reduce the impact of toxins/environmental injustice.

Incarceration:

- Partner with, support, and/or advocate for restorative justice programs and practices, social supports, prevention, and alternatives to police and organizations that support people experiencing and exiting incarceration.
- Explore programs for youth that disrupt the school to prison pipeline.
- The Trauma/Burn program will provide programming to youth involved in fire-setting to reduce arrest and recidivism.

Medical Debt:

- Michigan Medicine will continue to provide Financial Assistance through the MSupport program.
- Support the Washtenaw Health Plan (WHP) to ensure health coverage for individuals who are ineligible for Medicaid.

St. Joseph Mercy Ann Arbor

St. Joseph Mercy Ann Arbor's Community Health & Well-Being strategy includes impacting Social Determinants of Health as a key pillar of our work. Through advocacy and anchor strategy initiatives, SJMAA will augment our effort to address the root cause of SDOH and devise a more robust plan to address these topic areas. Below are initiatives SJMAA is or will be engaged in.

Housing/Homelessness:

- Explore how St. Joseph Mercy Ann Arbor can utilize campus land to support workforce housing
- Continue to offer free or subsidized rent to community-based organizations (Washtenaw Housing Alliance, Alpha House, Catherine's House and HouseN2 Home) to support shelters, transitional housing, furnishing homes, and assisting clients with obtaining jobs.

Poverty:

- Engage in Healthcare Anchor Network activities to develop strategies for improving local hiring practices and workforce development
- Continue to offer free or subsidized rent to community-based organizations (i.e. Dress for Success) to support the distribution of professional attire for work and development tools to help women thrive at work and in life.
- Continue to provide charitable contributions to community-based organizations to address poverty and other social determinants of health.

Climate Change:

- Continue initiatives related to energy conservation, waste reduction, decreasing dependency on plastic products, increasing recycling efforts, and overall efforts to reduce our carbon footprint as a healthcare institution.

- Leverage the power of stock ownership in publicly-traded companies to promote environmental change such as reducing greenhouse gas emissions and encouraging the development of sustainability reports.

Incarceration:
- Support efforts through the Washtenaw County Mental Health and Safety Millage.
- Partner with the Washtenaw Sheriff's Department to explore collaboration opportunities.

Medical Debt:
- St. Joseph Mercy Ann Arbor will provide Financial Assistance to patients in need.
- Support the Washtenaw Health Plan (WHP) to ensure health coverage for individuals who are ineligible for Medicaid.

St Joseph Mercy Chelsea
St. Joseph Mercy Chelsea will continue community-based funding related to health equity and Social Determinants of Health, including the below:

Housing/Homelessness:
- Collaborate, support and/or fund training for parents, families, and residents that equip them with the skills to organize and advocate around issues related to poverty, housing, and more.
- Partner with community organizations to support housing and shelter opportunities for unhoused individuals exiting the hospital, and ensure adequate housing resources for people with mental illness and substance use disorders.

Poverty:
- Engage in Healthcare Anchor Network activities to develop strategies for improving local hiring practices.
- Partner with, support, and or advocate for anti-poverty efforts.

Climate Change:
- Continue initiatives related to energy conservation, waste reduction, decreasing dependency on plastic products, increasing recycling efforts, and overall efforts to reduce our carbon footprint as a healthcare institution.
- Leverage the power of stock ownership in publicly-traded companies to promote environmental change such as reducing greenhouse gas emissions and encouraging the development of sustainability reports.

Incarceration:
- Support efforts through the Washtenaw County Mental Health and Safety Millage.
- Partner with the Washtenaw Sheriff's Department to explore collaboration opportunities.

Medical Debt:
- St. Joseph Mercy Chelsea will continue to provide Financial Assistance through the McAuley Support program.
- Support the Washtenaw Health Plan (WHP) to ensure health coverage for individuals who are ineligible for Medicaid.
- Provide enrollment assistance in partnership with local safety net organizations, to help uninsured people access health insurance.

Conclusion

On October 26, 2021, the local Board of Trustees for St. Joseph Mercy Chelsea met to discuss the 2022-2024 Implementation Strategy for addressing the community health needs identified in the 2021 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget. Subsequently, the Joint Venture Board of Trustees for St. Joseph Mercy Chelsea reviewed and approved this Implementation Strategy on October XX, 2021.

On October 27, 2021, the local board for St. Joseph Mercy Ann Arbor met to discuss the 2022-2024 Implementation Strategy for addressing the community health needs identified in the 2021 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

On November 4, 2021, the Michigan Medicine health system executive committee met to discuss the 2022-2024 Implementation Strategy for addressing community health needs identified in the Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

Acknowledgements

The work of the UNITE collaborative would not have been possible without the commitment of numerous partners. We wish to thank Washtenaw County Public Health, the Washtenaw Health Initiative, the University of Michigan School of Public Health Office of Public Health Practice for their support of this work. We are grateful to the members of our internal committees for their contributions to the plan.

We also want to thank our executive leadership for their support of the work. Without their support we would not be able to continue doing this good work in the community.

We are especially thankful to community organizations, members and groups for helping us shape our understanding of the community's needs and how to best respond to priorities and the existing gaps.