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

**** In person at the Learning Resource Center-Michigan Room**
4135 Washtenaw Ave, Ann Arbor
OR
Virtually at https://zoom.us/j/98072275319
April 22 2022
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-2/25/22 (Attachment #1A)
- B. CMHPSM Customer Services Policy (Attachment #1B)
- C. CMHPSM County of Financial Responsibility within the CMHPSM PIHP Policy (Attachment #1C)
- D. CMHPSM Notice of Privacy Practices and Consumer Complaints for Protected Health Information Policy (Attachment #1D)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-2/9/22 (Attachment #1E)
- F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/9/22 (Attachment #1F)
- G. WCCMH Staff Spring Quarterly Newsletter (Attachment #1G)
- H. Program Education Presentation on Crisis Negotiation Team (CNT) (Attachment #1H)
- I. Millage Process, Investments, and Progress Update (Attachment #1I)
- J. WCCMH CARES Report (Attachment #1J)
- K. Washtenaw County Sheriff's Office Millage Update (Attachment #1K)

V. Treasurer's Report **ACTION** (20 minutes)
- WCCMH Financial Status Report (Attachment #2) **M. Harding ACTION**
- WCCMH Millage and CCBHC Financial Status Report (Attachment #3) **L. Gentz ACTION**
- Contracts and Leases (Attachment #4) **M. Taylor ACTION**
- Executive Director Authorizations (Attachment #5) **M. Taylor ACTION**

VI. Executive Director Report-**T. Cortes** (10 minutes)

VII. CMHPSM Regional Update (10 minutes)
- April 13, 2022 Regional Meeting Update
- CMHPSM Board Meeting Minutes and Actions from 2/9/22 (Attachment #6)

VIII. New Business (40 minutes)
- Consumer Advisory Council Quarterly Update **M. Hershberger**
- Millage Advisory Committee Funding Requests Summary (Attachment 7) **L. Gentz ACTION**
  - NAMI (Attachment #7A)
  - Public Health Anti-Stigma (Attachment #7B)
  - CHRT Communications Plan (Attachment #7C)
- Annual Recipient Rights Training for Board members (Attachment #8) K. Snay
- Annual Conflict of Interest Policy (Attachment #9)
- Annual Ethics Statement (Attachment #10)

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.

- WCCMH Board Officers for 4/1/22-3/31/23 **ACTION**
  - Chair
  - Vice-Chair
  - Secretary
  - Treasurer
- WCCMH Committee assignments 4/1/22-3/31/23 **ACTION**
  - WCCMH Quality-Finance Committee
  - WCCMH Millage Advisory Committee
  - WCCMH Executive Committee
  - CMHPSM Regional Board

IX. Old Business (15 minutes)
- CCBHC Update **T. Cortes/M. Harding**
- Strategic Planning Update **T. Cortes/M. Harding**

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

XI. Adjournment of Public Meeting

****Board members are encouraged to participate in person to count towards a quorum**

VIRTUAL MEETING LINK IS:
Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/98072275319

Or One tap mobile:
+13126266799, 98072275319# US (Chicago)
+16465189805, 98072275319# US (New York)

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

Webinar ID: 980 7227 5319

International numbers available: https://zoom.us/u/a2AX9uIP

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

ATTACHMENT #1
APRIL 2022

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

APRIL 22, 2022

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-2/25/22
CMHPSM Policies-Reviewed and Recommended for Approval by Regional Operations Committee:
B. Customer Services Policy
C. County of Financial Responsibility within the CMHPSM PIHP Policy
D. Notice of Privacy Practices and Consumer Complaints for Protected Health Information Policy
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-2/9/22
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/9/22
G. WCCMH Staff Spring Quarterly Newsletter
H. Program Education Presentation on Crisis Negotiation Team (CNT)
I. Millage, Process, Investments, and Progress Update
J. WCCMH CARES Report
K. Washtenaw County Sheriff's Office Millage Update

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

In Person: Learning Resource Center-Michigan & Huron Rooms
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: https://zoom.us/j/94013420152
February 25, 2022
9:30am

K. Walker called the meeting to order at 9:43am.

ROLL CALL:
S. Antonow attending remotely
A. Dusbiber attending remotely
N. Graebner-Sundling attending in person
B. Higman attending in-person
R. Jefferson attending in person
B. King attending remotely-does not count towards quorum
A. LaBarre attending in person
A. Rooks attending remotely-does not count towards quorum
D. Strong attending remotely-does not count towards quorum
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: K. Scott

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, B. Hagaman, L. Gentz, K. Snay, S. Amos O'Neal, L. Higle.

OTHERS PRESENT: L. Lutomski, T. Gavalier, A. Anderson, K. Karpiak, A. Cisneros, K. Homan, M. Creekmore, G. Nelson, C. Walsh, N. Heine, S. Swisher

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-12/17/21
- WCCMH Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions-12/13/21
- One Pager on Workforce Crisis
- CMHPSM Performance Improvement Policy
- CMHPSM Behavior Treatment Committee Policy
- Millage Committee:
    1. WCCMH Millage Advisory Committee Meeting Minutes and Actions-12/13/21
    2. Millage Process, Investments and Progress Update
    3. Strategic Planning Update
    4. Funding Requests totaling $698,069.00

a. Community, Leadership, Revolution (CLR) Academy-$45,000.00/1 year
b. WCCMH Wraparound Position $85,305.00/Annual/Continuous
c. Office of Community and Economic Development (OCED) Family Empowerment Program $69,573.00 Annually/3 years totaling $210,218.00
d. Office of Community and Economic Development (OCED) Michigan Ability Partners (MAP) $357,546.00/1 year

- WCCMH Consumer Advisory Council Meeting Minutes and Actions-12/8/21
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-1/12/22
- Consumer Advisory December 2021 Newsletter
- Recipient Rights Annual Report
- Program Education Presentation on CMH Nursing
- Program Dashboard FY21 Quarter 4

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE FEBRUARY 25, 2022 WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**X**	**DUSBIBER**	**X**
GRAEBNER-SUNDLING	**X**	**HIGMAN**	**X**
JEFFERSON	**X**	**KING**	**NOT PRESENT FOR VOTE**
LABARRE	**X**	**ROOKS**	**NOT PRESENT FOR VOTE**
SCOTT	**N/A**	**STRONG**	**NOT PRESENT FOR VOTE**
UDOW-PHILLIPS	**X**	**WALKER**	**X**

MOTION CARRIED

V. Treasurer's Report
- WCCMH Financial Status Report
  - N. Phelps presented WCCMH Financial Status Report (Attachment #2) to the Board for the period ending December 31, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2021.

ROLL CALL VOTE:

ANTONOW	**X**	**DUSBIBER**	**X**
GRAEBNER-SUNDLING	**X**	**HIGMAN**	**X**
JEFFERSON	**X**	**KING**	**NOT PRESENT FOR VOTE**
LABARRE	**X**	**ROOKS**	**NOT PRESENT FOR VOTE**
SCOTT	**N/A**	**STRONG**	**NOT PRESENT FOR VOTE**

UDOW-PHILLIPS	**X**	**WALKER**	**X**

MOTION CARRIED

- Millage and CCBHC Financial Status Report
  - N. Phelps presented the Millage and CCBHC Financial Status Report (Attachment #3) to the Board for the period ending December 31, 2021.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH MILLAGE AND CCBHC FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2021.

ROLL CALL VOTE:

ANTONOW	**X**	**DUSBIBER**	**X**
GRAEBNER-SUNDLING	**X**	**HIGMAN**	**X**
JEFFERSON	**X**	**KING**	**NOT PRESENT FOR VOTE**
LABARRE	**X**	**ROOKS**	**NOT PRESENT FOR VOTE**
SCOTT	**N/A**	**STRONG**	**NOT PRESENT FOR VOTE**
UDOW-PHILLIPS	**X**	**WALKER**	**X**

MOTION CARRIED

- FY2022 Budget Amendment
  - N. Phelps presented the F2022 Budget Amendment (Attachment #4) to the Board.
  - A. LaBarre inquired about positive indications from Budget Amendment and financial status for F2022.
  - N. Phelps reports next steps as paying down the deficit.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH FY 2022 BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**X**	**DUSBIBER**	**X**
GRAEBNER-SUNDLING	**X**	**HIGMAN**	**X**
JEFFERSON	**X**	**KING**	**NOT PRESENT FOR VOTE**
LABARRE	**X**	**ROOKS**	**NOT PRESENT FOR VOTE**
SCOTT	**N/A**	**STRONG**	**NOT PRESENT FOR VOTE**
UDOW-PHILLIPS	**X**	**WALKER**	**X**

MOTION CARRIED

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board.
- State Level Update
  - Governor's budget highlights:
    - The Health Home allocation which includes Washtenaw's participation, set to begin 4/1/22.
    - CCBHC allocation increased from $22 million to $101 million.
    - Supplemental budget allocations for hospital inpatient capacity increased at Walter Reuther and Hawthorne.
    - $135 million for recruitment and retention workforce shortage in behavioral health.

- Local Update
  - Plans at the regional level to send a Provider stability payment to residential providers in the next few months.
  - WCCMH recruitment efforts reviewed, to include working with a new recruiting firm.
  - WCCMH retention efforts highlighted.

VII. CMHPSM Regional Update
- The CMHPSM meeting from February 9, 2022 did not have a quorum so the January minutes will be reviewed at the next meeting.

VIII. New Business
- Health Home Overview
  - B. Hagaman and T. Cortes presented the Health Home Overview (Attachment #5) to the Board.

IX. Old Business
- WCCMH 2022 Annual Board/Committee Meeting Schedule
  - K. Walker and T. Cortes discussed the 2022 WCCMH Board/Committee meeting schedule (Attachment #6).
  - R. Dornbos will be sending meeting invitations to the board/committee members
  - The LRC has been reserved for the in person meetings and a virtual meeting link will be sent in the invitation.

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE WCCMH 2022 ANNUAL BOARD/COMMITTEE MEETING SCHEDULE AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**X**	**DUSBIBER**	**X**
GRAEBNER-SUNDLING	**X**	**HIGMAN**	**X**
JEFFERSON	**X**	**KING**	**NOT PRESENT FOR VOTE**
LABARRE	**X**	**ROOKS**	**NOT PRESENT FOR VOTE**
SCOTT	**N/A**	**STRONG**	**NOT PRESENT FOR VOTE**
UDOW-PHILLIPS	**X**	**WALKER**	**X**

MOTION CARRIED

- WCCMH 2022 Annual Board Calendar
  - K. Walker and T. Cortes discussed the revised 2022 Annual Board Calendar (Attachment #7).
  - This was revised due to the meeting schedules to ensure that required documentation coordinated with the meeting months.

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT THE WCCMH 2022 ANNUAL CALENDAR AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**X**	**DUSBIBER**	**X**
GRAEBNER-SUNDLING	**X**	**HIGMAN**	**X**
JEFFERSON	**X**	**KING**	**NOT PRESENT FOR VOTE**
LABARRE	**X**	**ROOKS**	**NOT PRESENT FOR VOTE**
SCOTT	**N/A**	**STRONG**	**NOT PRESENT FOR VOTE**
UDOW-PHILLIPS	**X**	**WALKER**	**X**

MOTION CARRIED

- CCBHC Update
  - T. Cortes and M. Harding gave an update on CCBHC.

- Strategic Planning Update
  - T. Cortes and M. Harding presented the Strategic Planning Update(Attachment #8) to the Board.
  - Black Lives Matter Task Force should be listed as a contributor.
  - Measurable outcomes and goals will be coming soon.
  - M. Udow-Phillips commented next step will begin to operationalize outcomes and measures.
  - Feedback from this meeting will be consolidated into the document and brought back to the Board for action.

- Update on One Pager on Workforce Crisis
  - T. Cortes discussed updates to the One Pager on Workforce Crisis (Attachment #9) to the Board.
  - Consensus was received from the board to move forward with continued advocacy with GCSI and to share the document with MDHHS.

- Washtenaw County Board members appointed by Board of Commissioners with terms of 4/1/22-3/31/25
  - K. Scott-Secondary Consumer
  - A. LaBarre-Board of Commissioners Representative
  - A. Rooks-Community Member (University of Michigan)
  - B. King-Community Member
- R. Dornbos will be contacting the appointed members to swear them in prior to their appointments expiring

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

- Strategic Plan

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

Meeting adjourned at 10:46 AM.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Customer Services Policy***
Committee/Department: Regional Customer Services and Compliance Committees	**Local Policy Number (if used)**
Implementation Date	**Regional Approval Date**

Reviewed by:	**Recommendation Date:**
ROC	
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To ensure consumer/individual satisfaction with services and to enhance the relationship between consumers/individuals served and the community.

II. REVISION HISTORY

DATE	MODIFICATION
1/14/2009	
2013	Updated process to remove references to PRU and disbanded committees. Also included language on barrier free services.
2014	Revised to reflect the new regional entity
6/5/2015	Revised to include recommendations made by the External Quality Review (EQR) audit.
2017	Revised to reflect Medicaid Managed Care Regulations Final Rule 2016
8/12/2020	Revisions related to HSAG CAP on significant change timeframes
12/08/2021	Revisions related to HSAG Compliance review on

III. APPLICATION

This policy applies to all staff, students, volunteers and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) who are responsible for customer service functions.

IV. POLICY

The focus of Customer Services includes problem prevention, removal of barriers to consumers/individuals served, grievance resolution, and advocacy for consumers/individuals served so that their voices are heard, respected, and included in organizational decisions and service provision. It is the responsibility of Customer

Services to ensure that the community mental health system provides care that is respectful, available to all consumers/individuals served, informs consumers/individuals served of their choices in the system, and is free of stigma.

V. DEFINITIONS

Accessible – Services are located near the population group likely to utilize the service(s) and on/near public transportation routes where available.

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

Community Mental Health Services Program (CMHSP) - A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

CMHPSM Confidential Record of Consumer Treatment (CRCT) – the electronic health record used by the PIHP and CMHSP partners in the CMHPSM region.

Consumer/Individual Served – An individual who is receiving Community Mental Health or Substance Use Disorder services, including services provided by mental health service providers and substance use disorder agencies under contract with the PIHP.

Customer Services – The department or staff members who provide a link between consumers, their service network, and their community. The Customer Services staff respond to any inquiries made by consumers/individuals served/potential consumers/family members/legal representatives/community members/staff, and responds to grievances made by consumers/individuals served/legal representatives. Customer Services staff orient consumers to the Service Network, provides information on benefits and availability of services, and assists consumers in pursuing services as needed.

Grievance – An expression of dissatisfaction about any matter related to services, other than an adverse action or a rights complaint. Possible subjects for grievances include, but are not limited to, quality of care or services provided and aspects of interpersonal relationships between a service provider and the consumer/individual served.

Grievance System – Processes in place to handle appeals, grievances and the collecting and tracking of appeal and grievance information.

Inquiry – a contact made to the Customer Services department (via phone, mail, e-mail or in person) from consumers/individuals served, legal representatives, family members, providers, or anyone in the community seeking information and assistance. Inquiries can include (but are not limited to): information on benefits, services, providers, transportation, and reasonable accommodations available to consumers/individuals served.

Legal Representative – Legal Representative - A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Local Dispute Resolution Committee – (LDRC) An ad hoc committee, convened by the local entity (either the CMHSP or the ROSC Core Provider). The LDRC for mental health services is chaired by the designee of the CMHSP Director; the LDRC for substance use disorder services is chaired by the SUD Director. The LDRC has the responsibility for reviewing local appeals regarding mental health or substance use disorder services of the CMHPSM/Core Provider and those of its contract agencies.

Mediation – a process wherein parties meet with an impartial and neutral person (mediator) that assists them in the negotiation of their differences. For the purposes of this policy, MDHHS has contracted with a specific entity to provide facilitative mediation when disagreements occur between a consumer/individual served/legal representative and the CMHSP/PIHP about the consumer/individual's services and supports. A mediator guides the parties through a confidential information-sharing and decision-making process, ensuring there is a power balance and that all parties have a voice. If a settlement is reached the mediator assists in writing an enforceable agreement created by the parties. A consumer/individual served/legal representative does not lose any due process rights (i.e. a grievance or an appeal) by participating in mediation.

Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution Process - A program of the Michigan Department of Health & Human Services with responsibility for conducting hearings for an appeal which was not resolved at the local level through the Local Dispute Resolution Committee. This process may occur after the LDRC review has been exhausted and Community Mental Health upholds the adverse benefit determination. A hearing may also be requested, if Community Mental Health does not adhere to the notice and timing requirements in 438.408. (This is also available to non-Medicaid consumers).

Michigan Office of Administrative Hearings and Rules (MOAHR) the entity charged by the state with responsibility for conducting Administrative Hearings/Medicaid Fair Hearings.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Rights Complaint – A written or verbal statement by a consumer or anyone acting on behalf of a consumer alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.

Service Network – The group of providers and practitioners with which the CMHPSM contracts or makes arrangements to furnish specialty support services to consumers through the CMHPSM network panel.

Significant Change - expected and unexpected changes in services received by consumers that dictate the need for consumers/families to be formally notified of these changes, including changes in: all types of provider/contractual arrangements, program, law and/or compliance requirements, staff, and other changes deemed by Customer Service staff as meeting the criteria.

VI. STANDARDS

In order to achieve the goals of this policy, Customer Service staff shall:

A. Orient new consumers/individuals served to the services and benefits available to them, including how to access services, also any fees and co-pays for which they are responsible.
B. Provide consumers/individuals served with information on accessing services, service authorization, and the provider network, including providers who are accepting new consumers. Additionally, provides information on how to access primary health and other community services.
C. Provide consumers/individuals served with information on the recipient rights protection processes and how to file a rights complaint.
D. Provide consumers/individuals served with information on other rights to which they are entitled, including freedom to exercise those rights without retaliation, harassment, or discrimination.
E. Help consumers/individuals served/applicants with problems and inquiries regarding benefits.
F. Oversee and assist consumers/individuals served/legal representatives with the grievance process, including assuring the grievance process is conducted in a timely manner in accordance with the Balanced Budget Act requirements and the Regional Consumer Appeals policy.
G. Ensure translator services will be provided to consumers/individuals served/applicants in accordance with the Culturally and Linguistically Relevant Services Policy at no charge to the consumer/individual served/legal representative.
H. Notify and ensure a consumer/individual served that written information is available in alternative formats and in an appropriate manner that considers special needs. Ensure that available resources include oral interpretation services; that written information is available in prevalent languages in the region's service area; and that such services will be free of charge to the consumer. Ensure that consumers are given an explanation of how to access these services or information.
I. Ensure that all notices and written communication provided to consumers/individuals served/applicants (12-point font) are available in an easily understood format, including large print (minimum 18-point font) when needed.
J. Ensure written materials for potential applicants/consumers/individuals served that are critical to obtaining services must also be made available in alternative formats upon request at no cost, that they include taglines in the prevalent non-English languages in Michigan, are in a conspicuously visible font size explaining the availability of written translation or oral interpretation to understand the information provided, provide information on how to request auxiliary aids and

services, and include the toll-free and TTY/TDY telephone number of the PIHP's member/customer service unit.

K. Ensure that consumers/individuals served/applicants are informed that electronic information (i.e. Guide to Services, etc.) is available in paper format without charge. Paper information must be provided within 5 business days of the request. Requests will be tracked in the CRCT Customer Service and Grievance system.

L. Address needs or barriers related to cultural sensitivity, reasonable accommodation for persons with physical disabilities, hearing and/or vision impairments, limited-English proficiency, and alternative forms of communication.

M. Track and report trends and problem areas to the organization locally and regionally.

N. Provide a readily available system of customer services that quickly assists consumers.

O. Address the need for cultural sensitivity and reasonable accommodation for persons with physical disabilities, hearing and/or visual impairments.

P. Track the effectiveness and efficiency of Customer Services functions through documented and periodic reports that show performance.

Q. Assist consumers/individuals served and family members to find mechanisms within the CMHPSM to provide their input and insight into the operation of the CMHPSM. These mechanisms include soliciting membership and participation on advisory councils and Performance Improvement (PI) activities, development of new service programs and community awareness outreach initiatives, or provision or facilitation of arrangements for advocacy when requested, such as mentoring or developing informational material, newsletters, and customer satisfaction inquiries.

R. Maintain and make available to consumers/individuals served/applicants/legal representatives written information on benefits, access to services, services available, service authorization, provider network information, the grievance system, and Customer Services functions. This shall include annual review and revision of this information.

S. Ensure that consumers/individuals served/applicants are provided with the information described above at the time they enter services and are informed of their right to request and obtain this information at least once a year, in accordance with the Balanced Budget Act of 1997.

T. Be available to consumers/individuals served during normal business hours and assist consumers/individuals served on the first contact.

U. Clearly identify hours of operation.

V. Ensure facilitation of phone access from the consumer/individual served, legal representatives, the community, and service providers throughout normal business hours (voice mail and answering machines are not considered phone access). It is expected that the customer services unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays. The hours of customer service unit operations and the process for accessing information from customer services outside those hours shall be publicized.

W. Enhance the relationship between the community mental health service provider/agency and the community.

X. Ensure information about mediation is available to consumers/individuals served/legal representatives and assist them in how to contact mediation services upon request.

Y. Include requests/referrals to mediations services in all inquiry and grievance data where applicable.

Z. Ensure that consumers/individuals served are notified of any Significant Changes within the required time frame of at least 30 days before the intended effective date of change and by means of the Regional process (see Exhibit A). All staff shall inform their local Customer Services representative immediately if they become aware of a potential Significant Change for consumers/individuals served. Such communication will include taglines for any potential language assistance needed.

AA. Ensure consumers/individuals served are Given written notice of termination of a contracted provider to each consumer who received his or her primary care from, or was seen regularly by, the terminated provider. Notice must be provided by the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.. Such communication will include taglines for any potential language assistance needed.

BB. Ensure that written notice will be provided to consumers/individuals served and guardians as applicable when a contracted provider's services are terminated for whatever reason.

CC. Assist consumers/individuals served in accessing transportation services needed for medically necessary services, including specialty services identified by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines.

DD. Inform consumers/individuals served of any Significant Change in providers or benefits.

EE. Ensure that a copy of the Bill of Rights and Responsibilities shall be posted at each Community Mental Health Service Provider (CMHSP) network site in a location where it is easily visible to all people coming to the site, and update the Consumer Bill of Rights and Responsibilities periodically to ensure that the document continues to reflect state/federal standards, and the values of consumers/individuals served and the CMHPSM. All consumers/individuals served shall receive a brochure version of the Bill of Rights and Responsibilities, along with an explanation of the contents, at the time that services begin.

FF. Ensure there is annual review and update of all Customer Service brochures to ensure documents continue to reflect the values of recovery/resiliency, provide value to consumers/individuals served, as well as those of network staff members and members of the Community Mental Health Service Provider (CMH)SP Board. Ensure that these materials are available in the prevalent language in the region's service area. Tag lines will be provided in the Guide to Services.

Customer Services shall coordinate efforts locally with the Office of Recipient Rights (ORR) to ensure that ORR is informed of potential rights violations, and Customer Services is informed of grievances in the course of daily operations.

All consumers/individuals served shall receive a brochure version of the Bill of Rights and Responsibilities, along with an explanation of the contents, at the time that services begin.

Customer Service staff shall be knowledgeable regarding different methods used per population served for orienting consumers/individuals served into the general

community based on the eligibility criteria and availability of services offered through the network.

Customer Service staff shall have up-to-date knowledge regarding benefits, the provider network, applicant and network policies/procedures regarding access, service authorization, and grievance/appeal procedures and are skilled in customer relations. Customer Services staff shall be trained on this information at the time of hire and refresher training therein annually.

Customer Services staff shall ensure compliance with any applicable Federal or State laws that pertain to consumer/individuals' informational rights and ensure that information is disseminated through the region on how staff and subcontract providers need to include those rights in the provision of services to consumers/individuals served. The CMHSP shall review any areas of need with applicable state and federal laws on a regular basis, and report these needs and any recommendations to the Clinical Performance Team (CPT) when needed.

VII. EXHIBITS

A. Procedures
B. Significant Change Process Flowchart

VIII. REFERENCES

Reference:	**Check if applies:**	**Standard Numbers:**
42 Code of Federal Regulation, Parts 400 et al. (Balanced Budget Act of 1997)	X	42CFR438.100 & 42CFR438.10
Michigan Department of Health and Human Services (MDHHS) "PIHP" Medicaid Contract	X	
MDHHS Community Mental Health Authority (CMHA) Medicaid Contract	X	
MDHHS CMHA General Funds Contract	X	
CMHPSM Consumer Appeals Policy	X	
CMHPSM Culturally Linguistically Relevant Services Policy	X	
Health Insurance Portability and Accountability Act of 1996	X	
CMHPSM Office of Recipient Rights Policy	X	
CMHPSM Organization Credentialing and Monitoring Policy	X	

EXHIBIT A

IX. PROCEDURES

GRIEVANCES

The grievance process is for any expression of dissatisfaction with service provision that is not related to an adverse action and is not a Rights complaint. A grievance may be filed by a consumer/individual served or the consumer/individual's legal representative. If the consumer/individual served requires assistance in filing a grievance, the Customer Services or Office of Recipient Rights will assist as needed. Grievances may be filed orally or in writing.

WHO	DOES WHAT
Consumer/Individual Served or Legal Representative	May contact the community mental health agency or Customer Service department directly to file a grievance orally or in writing
Customer Services Staff	Logs receipt of oral or written grievance and enters relevant information In CRCT Customer Service and Grievance system. Consults with the Office of Recipient Rights (ORR) to determine if the grievance is a legally protected right (Rights Complaint). If so, informs consumer/individual served/legal representative filing grievance of the need to refer the matter to ORR; refers person to the local ORR for follow-up, and logs ORR referral on Grievance Report Form. (Skip to "Office of Recipient Rights Staff" under "Who" to follow this procedure.) If the grievance is not a legally protected right, sends written acknowledgement of receipt of the grievance within five days and explains the process to consumer/individual served/legal representative and includes taglines in this communication. Contacts consumer/individual served/legal representative by phone, if needed, to review the grievance. Completes the Grievance Report in CRCT and works with the appropriate staff and local/PIHP administrator(s) who was not involved in the initial determination that led to the grievance and who has the authority to require corrective action. Any grievances that Customer Services staff have the authority to respond to will be signed off by the Customer Services Supervisor prior to the disposition notification being sent to the consumer/individual served.
Assigned Administrator or Customer Services Staff	Takes necessary action to ensure the grievance is resolved as expeditiously as the consumer/individual's health condition requires, but no later than sixty calendar days of the receipt of the grievance. Ensures corrective action is taken, when necessary. If the grievance involves clinical issues or issues of medical necessity, ensures that professional(s) who have the appropriate clinical expertise in treating the consumer/individual's condition or disease are involved in review of the grievance. Ensures all grievances are disposed of within ten calendar days whenever possible. Whether or not the disposition is in favor of the consumer/individual served, the grievance must be addressed within the required time frame. If the grievance is filed by a Medicaid recipient and is not disposed of within sixty calendar days, on the sixty first day, notifies the consumer/individual served/legal representative of applicable appeal rights. Ensures the consumer/individual served, guardian or parent of a minor child receives written notification of the disposition within sixty calendar days from

	the date of the request for a grievance. The notice of the disposition shall include the results of the grievance process; the date the grievance process was conducted; the consumer/individual's right to request a fair hearing, if the notice is more than sixty calendar days from the date of the request for a grievance; and how to access the fair hearings process. Ensures taglines are included in this this communication Ensures the Grievance Report in CRCT is completed. Provides quarterly grievance summary data to the CMHPSM QI Program and Regional Customer Services Committee
Office of Recipient Rights Staff	When providing consultation to Customer Services, or when triaging a call to the ORR, makes the final determination whether: A received rights complaint involves a grievance. A grievance involves a legally protected right. Follows ORR policies and procedures for a rights complaint when ORR staff determines that a grievance also involves a legally protected right. Refers any grievance portion of rights complaint to Customer Services department.
Regional Customer Services Committee	Staff follows the "Grievance Process Instructions for Regional Staff." Maintains grievance report database in CRCT regionally. Reviews data on a quarterly basis and reports regional summary of grievance data to the Clinical Performance. Identifies any trends from grievance data and makes recommendations to the Clinical Performance where needed.

INQUIRIES

The inquiry process is used for contacts made to the Customer Services Department (via phone, mail, e-mail or in person) from consumers/individuals served, legal representatives, family members, providers or anyone in the community seeking information and assistance. Inquiries can include but are not limited to: information on benefits, services, providers, transportation, and reasonable accommodations available to consumers/individuals served.

WHO	DOES WHAT
Consumer/Individual Served, Legal Representative, Family Member, Provider, or other Community Member, or staff	Contacts Customer Services for information or assistance.
Customer Services Staff	Takes contact (including inquiries and suggestions). Logs receipt of inquiry in CRCT Customer Service and Grievance system. Consults with ORR as needed to clarify whether an inquiry may be a legally protected right (Rights Complaint) or a grievance. If ORR determines the contact is a potential rights issue, refers to ORR and logs in CRCT Customer Service and Grievance system. If a grievance, follows the grievance procedure above.

	Determines if contact is a suggestion that would be relevant feedback to provide to the PIHP via the Clinical Performance Team in the Customer Service Quarterly Report. Determines if contact is a request for information or assistance. If so, provides information or assistance to contact or refers contact person to other resources, when appropriate. Ensures the Customer Service Form Letter is completed in CRCT. Maintains local Customer Service database in CRCT. Reports local data, including relevant suggestions to Regional Customer Services Committee.
Regional Customer Services Committee	Maintains inquiry and grievance report database regionally. Reviews data on a quarterly basis and reports regional summary of inquiry data to the Clinical Performance Team. Identifies any trends from inquiry data, including relevant suggestions, and makes recommendations to the Clinical Performance Team when needed.

NOTIFYING CONSUMERS/INDIVIDUALS SERVED OF SIGNIFICANT CHANGES

The significant change process allows Customer Services to proactively respond to expected and unexpected changes in services received by consumers/individuals served. Utilization of the significant change process facilitates the prevention of consumer grievances and inquiries, a way for Customer Service to work collaboratively and systematically to ensure service delivery is provided in the best means possible for consumers/individuals served and families.

WHO	DOES WHAT
All Staff/Providers	Notifies Customer Services staff of potential or actual significant change.
Customer Services Staff	Checks definition of “Significant Change” to be sure the reported change meets the parameters of a Significant Change. Ensures consumers/individuals served are notified of any Significant Changes at least 30 days before the intended effective date of change, and that taglines are included with the communication. Ensures appropriate Administrative Staff is informed of Significant Change. Informs Chairperson of Regional Customer Services Committee of Significant Change. Works with core team to determine impact of change including: Whether change will have a local or regional impact. Whether a local or regional process needs to be implemented.
Customer Services Staff	Contacts key Department Heads and Administrative Staff of upcoming change. Ensures a Core Team is identified that will work on the development and implementation of notifying consumers/individuals served of the Significant Change (will vary depending on the type and scope of change).
Identified Core Team	Develops and executes plan to notify consumers/individuals served of Significant Change using parameters identified in Exhibit C. Develops and executes a communication/public relations plan for staff and consumers/individuals served using parameters identified in Exhibit C Assures Customer Services staff (local or the Regional Chairperson depending on the type of change) is informed of the plan and the outcome of the plan.

Local Customer Services Staff	If the notification of a Significant Change was local, assures that the Regional Customer Services Committee is informed of the plan and its outcome.
Regional Customer Services Committee	Maintains data across the region on Significant Changes that occurred and their resolution.

EXHIBIT B

Process Flow to Notify Consumers of Significant Changes

This process flow identifies standard parameters to be followed when developing and implementing a plan to notify consumers/family members of a Significant Change. The specifics of the plan and implementation will be led by the Identified Core Team and will depend on the type and scope of the change involved.

Customer Services will be the lead in assuring the appropriate local or regional entities are made aware of a Significant Change that will require this process.

Customer Services may or may not be members of the Identified Core Team for the actual development and implementation of a notification plan (as per the process flow), depending on the type of Significant Change involved

1. The Definition of Significant Change Process for Consumers

Significant Changes that would require staff to notify Customer Services include:

a. <u>All Types of Potential Provider/Contractual Changes</u>
CMH staff needs to be notified of any of these changes. Consumers need to be notified in writing within 15 days of any of the changes below with an asterisk (*) next to them.
   i. Contract added
   ii. Provider in provisional status
   iii. Service added in provider contract*
   iv. Service removed from provider contract*
   v. Contract terminated by CMH or by the provider*

b. <u>Program Changes</u>
CMH staff and consumers need to be notified of any of these changes.
   i. New program and services
   ii. Removed program
   iii. Changes in Medicaid Provider Manual (changes in services covered)
   iv. Change in programming (change in location, change in how service provided and scope of service)
   v. Reduction in services or a particular service (due to budget cuts)

c. <u>Law/Compliance Change</u>
CMH staff, consumers and providers need to be notified of any of these changes.
   i. Advance Directives (within 90 days of change in law)
   ii. Michigan Mental Health Code
   iii. 42 CFR (including the Balanced Budget Act and other Medicaid law that affects consumers)
   iv. HIPAA/Privacy Changes – either in the law or in our privacy practices

d. <u>Other</u>
Customer Service staff will determine notification of any of these changes.
   i. Change in leadership (from Program Administrators/Department Heads to Executive Directors)
   ii. Change with clinical staff (the level of communication to be determined by the process)

2. Significant Change Notification of Identified Stakeholders

Identified Stakeholders that need to be considered, notified, and/or involved in the process of notifying consumer of significant change include:

a. Consumers/families/guardians
b. Clinical/case management staff
c. Customer Services Department (CMHSP and Regional Committee)
d. Providers affected by the change
e. Regional Network Management Committee
f. Contract Holder in individual CMHSP
g. Office of Recipient Rights
h. Administrative/Fair Hearings Officer
i. CMHPSM Regional Substance Use Disorder Services
j. CMHSP's Finance Departments, Regional Finance Committee
k. Regional Operations Committee
l. Community Mental Health Service Provider (CMHSP) Administrative Teams
m. Board (Regional, CMHSP Boards)
n. Community (Association for Community Advocacy, Intermediate School District, etc.)
o. Partners (i.e. National Alliance on Mental Illness, Friends of Developmentally Disabled, Michigan Rehabilitative Services, Association for Retarded Citizens, Housing Authorities)
p. Reception and Clerical staff in the CMHSPs and CMHPSM
q. MDHHS (when applicable)
r. Consumer Advisory Committees (local & regional)

3. Minimum Standards for a Written Communication Plan (<u>Specifically for Consumers/Families)</u>

a. <u>Impact Assessment</u> - Make a thorough assessment of which consumers and other identified stakeholders* will be affected by this change.
    i. Is it all consumers we serve?
    ii. Is it consumers in a specific program/department?
    iii. Is it consumers who receive a particular service?
    iv. Is it consumers receiving service from a particular provider?

b. Get consumer involvement and feedback before notice goes out if possible.
c. Notify consumers/families to clinical/case management staff involved.
d. Explain what the Significant Change is using parameters of definitions of Significant Change above.
    i. Give the most direct information possible in the least complicated language.
    ii. Explain clearly what is expected of consumers/families and any timeframes they need to commit to in order to make the change/transition successful.
    iii. Explain simply and clearly what it means for consumers/guardians/family - how will it affect them
    iv. Plan for any continuity of care needs – clarify whether it will or will not be a change in service.

e. Provide a letter with information on any meetings that are happening related to this change consumers/families can attend. Include the date, location, and time of meeting. If the meeting is a standing meeting and there is a schedule (i.e. a Board meeting), provide a copy of that schedule.

i. Double check the correct addresses of the consumers/family members receiving a letter.
ii. Give clinical/case management staff lead time (two weeks) to make sure the correct address is in the system.
iii. Include staff names and contact numbers that consumers/families can access in the letter.
iv. Make sure guardian gets copy if they are not in the same home as consumer;
v. Make sure family members get a copy even if they are not the guardian when there is a return on investment that allows it.
vi. Include any information (copies of documents) consumers/families may need to explain the change, when possible.
vii. If information can't be included in the communication then explain where consumers/families can access it.
viii. Provide a chronology of how the change happened/how we got here, whenever appropriate.
ix. Note any changes/alterations in the change or the plan for change will be communicated as soon as possible.

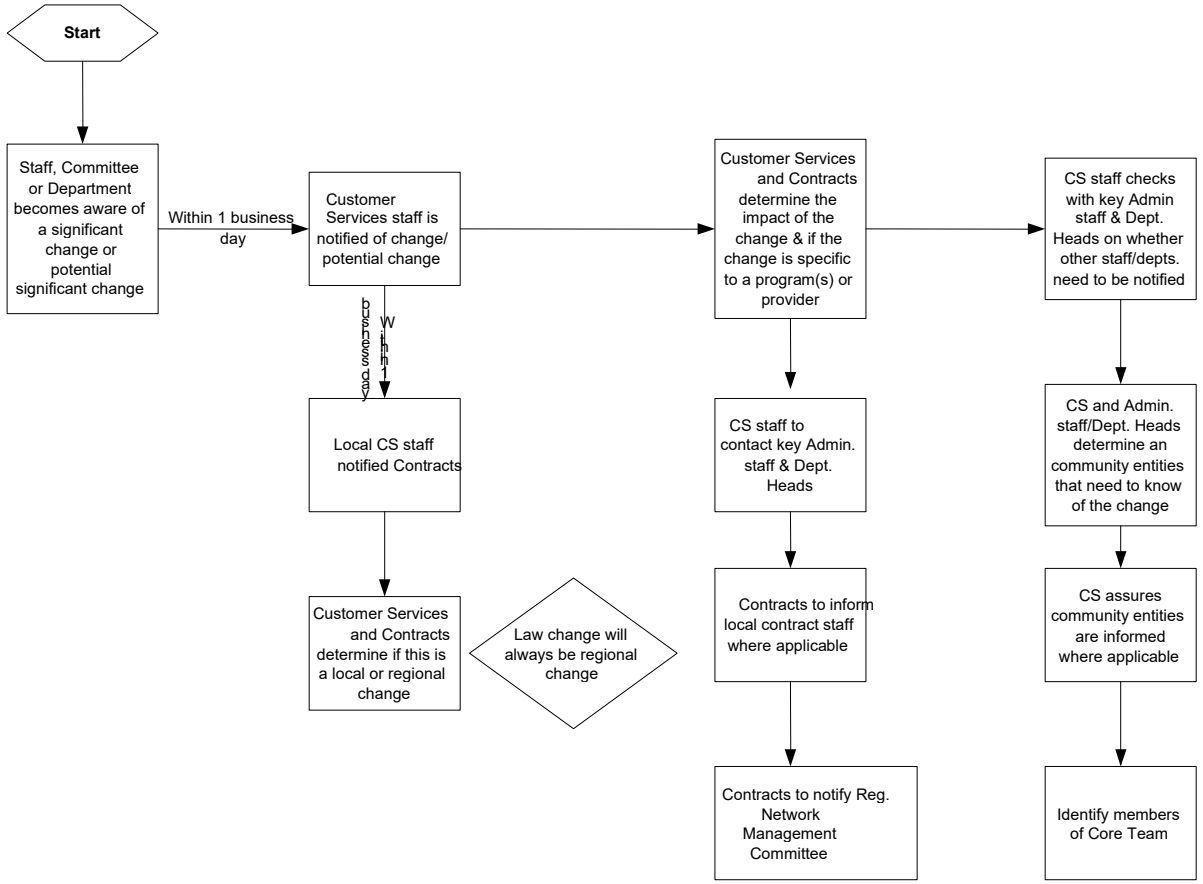
f. Consider alternate forms of communication for general changes such as newsletters, web, multimedia information at different locations, etc.
    i. General changes are changes that do not adversely affect consumers.
    ii. The timeframe would be longer, i.e. Advance Directives.

g. Include any information (copies of documents) they may need to explain the change, when possible. Ensure taglines are included in the communication.

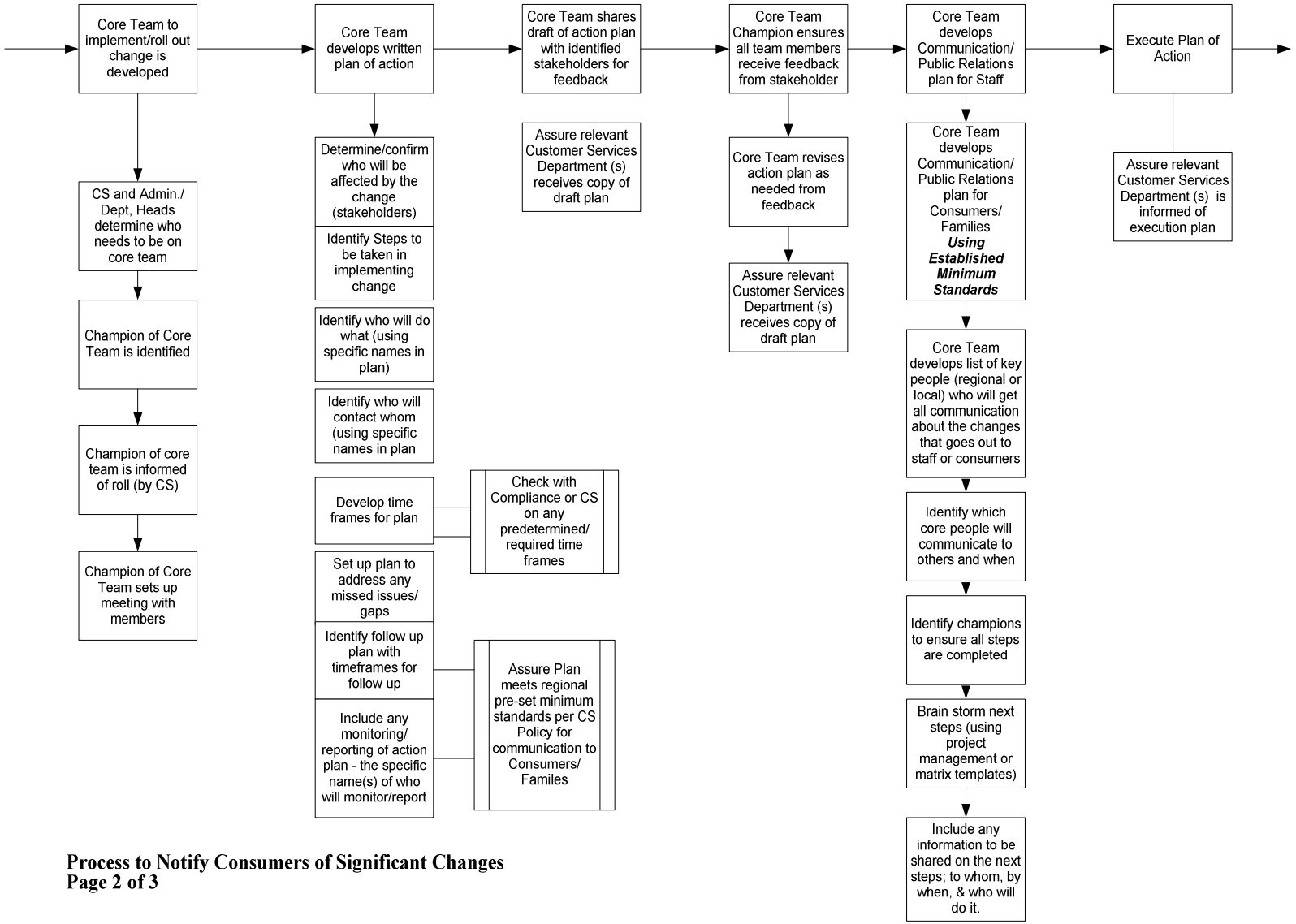
h. Ensure follow up post letter is created and distributed.

i. Explain what we are doing about the change (our action plan) to the extent we can share this information.

* Notification of other identified stakeholders who could or could not follow this communication plan depending on what the identified core team decided. These standards were set to note what minimally needs to be included about a Significant Change as a requirement for the region in how communication to consumers/families occurred, but it could be used for other identified stakeholders when applicable.



Process to Notify Consumers of Significant Changes
Page 1 of 3



Process to Notify Consumers of Significant Changes
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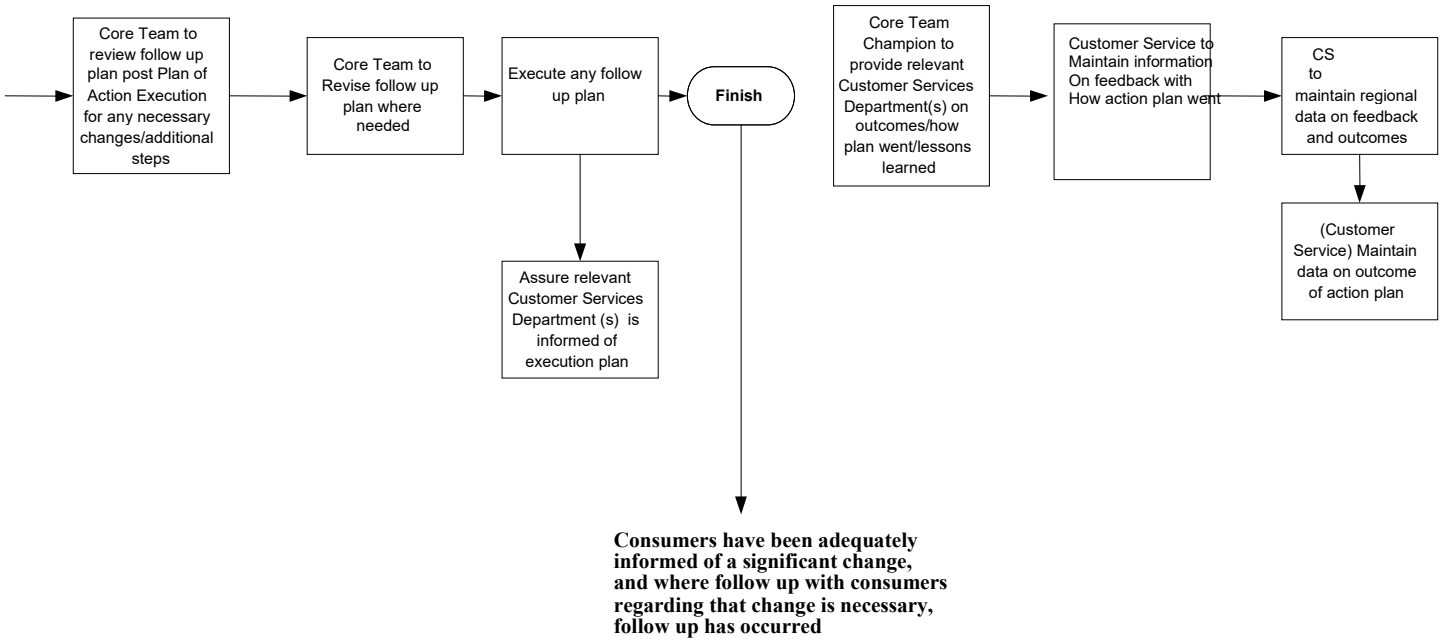

Process to Notify Consumers of Significant Changes
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Figure 1

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN/PIHP	***Policy*** ***County of Financial Responsibility within the CMHPSM PIHP***
Committee/Department: Network Management	**Local Policy Number:**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	03/09/2022
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish guidelines relating to the Community Mental Health Service Program (CMHSP) service and financial responsibility for consumers/individuals served that the Community Mental Health Partnership of Southeast Michigan (CMHPSM), the Pre-Paid Health Plan (PIHP) for the four-county region comprised of Lenawee, Livingston, Monroe, and Washtenaw counties.

II. REVISION HISTORY

DATE	MODIFICATION
3/1/2019	Reviewed and revised for clarity
Will be regional approval date	Reviewed and revised for clarity

III. APPLICATION

This policy only applies to consumers/individuals served by one of the four CMHSPs within our PIHP region, who are also eligible for a capitated payment that is received by the CMHPSM PIHP for the four-county region comprised of Lenawee, Livingston, Monroe, and Washtenaw counties.

Consumers/individuals served residing within the CMHPSM region receiving solely general fund supported services are not covered by this policy as local funding is not managed by the CMHPSM regionally.

Consumers/individuals residing within the CMHPSM region with an out of region County of Financial Responsibility (COFR) status are not covered by this policy; an

out of region COFR is an individual served by a CMHSP within the CMHPSM four-county region with capitated funding received from outside our PIHP region; or an individual served by a CMHSP outside our four-county region when one of our in-region CMHSPs is identified as the COFR.

IV. POLICY

It is the policy of the CMHPSM that the four regional CMHSPs will not enter into a County of Financial Responsibility (COFR) arrangement with each other related to any consumer/individual served whose services are covered by a CMHPSM PIHP capitated funding source. The CMHSP that provides services where a consumer/individual served covered by this policy is currently residing is responsible for the delivery of all PIHP covered services regardless of the location of the consumer/individual's last residence in an independent arrangement. The CMHPSM will cost settle at the end of each fiscal year with CMHSPs related to all PIHP covered services for consumers/individuals served within its PIHP region, including consumers/individuals served covered by this policy.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves and is comprised of the four-county affiliation of Lenawee, Livingston, Monroe, and Washtenaw to provide specialty services and supports for people with mental health, intellectual/developmental disabilities, and substance use disorder.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

County of Financial Responsibility (COFR): CMHSP who last served a consumer/individual served in the county where they last lived independently.

Electronic Health Record (EHR): The software platform used across the CMHPSM region in which consumer/individual served medical, behavioral health, demographic, utilization management, and claims payment data are entered and used in the management and provision of services.

Independent Living Arrangement: A living arrangement that,

a. for an adult, is either an unlicensed setting or a setting in which the consumer/individual served required less than eight hours of specialized service/supports in the residence each day to maintain their health and safety in the least restrictive environment.
b. for a child, is either the county in which the child/youth last resided with parents (birth or adoptive) prior to an out of home placement or if the child/youth is a temporary or permanent ward of the court, it is the county where the child currently resides in the community (i.e.,

licensed foster care home, relative placement or independent living) as long as the foster care case remains open.

Individual Plan of Service (IPOS): The plan for the services and supports a consumer/individual served will be provided that is developed using the principles of person centered/family centered planning as required by the Medicaid contract with the CMHPSM.

Originating CMHSP: Within the CMHPSM region, the CMHSP for the county in which a consumer/individual served last resided in an independent living arrangement.

Serving CMHSP: Within the CMHPSM region, the CMHSP for the county in which a consumer/individual served currently resides and is determined eligible to receive Medicaid services or is receiving Medicaid covered services.

VI. STANDARDS

A. Consumers/individuals served must be provided appropriate services without delay resulting from issues of determining financial responsibility.
B. CMHSPs are responsible to ensure all medically necessary services are provided to a consumer/individual served residing within the CMHPSM four county region that is currently and continually eligible for Medicaid, Healthy Michigan or any other capitated funding source managed through the CMHPSM PIHP. The CMHSP delivering services to any consumer/individual covered by this policy will be recognized as the serving CMHSP, in relation to this policy.
C. The Serving CMHSP, where a consumer/individual served is determined eligible to receive or is receiving services, develops the Individual Plan of Service (IPOS), authorizes all medically necessary services, and enters all relevant service and claim documentation into the Electronic Health Record (EHR).
D. The Serving CMHSP is responsible to manage crisis and emergency services for inpatient hospitalization.The CMHSP serving the County where a consumer/individual served last resided, in an independent living arrangement, will still be tracked in relation to consumers/individuals served covered by this policy. That CMHSP will be referred to as the originating CMHSP in relation to this policy.
E. If a consumer/individual served, covered by this policy, moves to a dependent setting, in a County outside of the CMHPSM four County region, the originating CMHSP will be recognized as the COFR, where appropriate, related to any out of region COFR arrangement. The serving CMHSP will notify the originating CMHSP when such an event occurs.

F. At the time a consumer/individual served moves outside the CMHPSM, the serving CMHSP will terminate services and the originating CMHSP becomes responsible for coordinating and funding services if an out of region COFR arrangement is required.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
MDHHS/PIHP Managed Mental Health Supports and Services Contract	X	
42 CFR Parts 400 et al. (Balanced Budget Act)		
45 CFR Parts 160 & 164 (HIPAA)		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974	X	
The Joint Commission - Behavioral Health Standards		
Michigan Department of Community Health (MDHHS) Medicaid Contract	X	
Michigan Medicaid Provider Manual	X	

Community Mental Health Partnership of Southeastern Michigan/PIHP	***Policy*** ***Notice of Privacy Practices and Consumer Complaints for Protected Health Information***
Committee/Department:	**Local Policy Number (if used)**
Implementation Date	**Regional Approval Date**

Reviewed by:	**Recommendation Date:**
ROC	
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish guidelines for informing consumers/individuals served of the circumstances under which Protected Health Information will be used and disclosed, and their rights regarding their protected health information

II. REVISION HISTORY

DATE	MODIFICATION
1/12/2015	Revised to reflect the new regional entity effective January 1, 2014.
5/17/2018	Revised to reflect updates to the Mental Health Code (330.1748)
6/09/2021	Revised to reflect EQR requirements, regulations, and updates to notification requirements.

III. APPLICATION

This policy applies to all staff, students, volunteers and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

All consumers/individuals served of CMHPSM services have the right to notice of the uses and disclosures of protected health information that may be made in the course of providing services to the consumer/individual served. Furthermore, a consumer/individual served has the right to know the CMHPSM and service provider's legal duties with respect to the use and disclosure of confidential information.

V. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves and is comprised of the four-county affiliation of Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Complaint: Any written documentation received that expresses concern that a consumer/individual's right to confidentiality and security of protected information has been violated.

Complainant: A consumer/individual served or anyone acting on behalf of a consumer/individual served, who files a complaint that the consumer/individual's right to confidentiality and security of protected information has been violated.

Protected Health Information: Medical, mental health, and substance abuse information that is individually identifiable and that is transmitted in any form or medium.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

VI. STANDARDS

A. All CMHPSM Board members, employees, students and volunteers shall be apprised of its policies and procedures protecting the confidentiality and integrity of its consumer/individuals' protected health information and be required to sign a Confidentiality Statement.

B. Each CMHSP will designate a Privacy Officer/designee at each CMHSP to receive complaints concerning the Community Mental Health's (CMH) compliance with policies and procedures related to protecting the confidentiality and security of protected health information.

C. The CMHPSM will designate a Privacy Officer at the regional entity level to receive complaints concerning substance use disorder (SUD) providers' compliance with policies and procedures related to protecting the confidentiality and security of protected health information.

NOTICE OF PRIVACY

D. All Notice of Privacy Practices shall comply with section 164.520 of the Health Insurance Portability and Accountability Act of 1996, the Michigan Mental Health Code, 42 C.F.R. (Code of Federal Regulations) Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records; Final Rule, and any other applicable laws, explaining the allowable uses of protected health information

E. A Notice of Privacy Practices (see exhibit A) shall be posted at all CMHPSM service delivery sites, and the service delivery sites of all contractual providers. Notice must be posted in a clear and prominent location where it is reasonable to expect consumers/individuals served and those seeking services from the CMHPSM to be able to read it.

F. Copies of the Notice of Privacy Practices shall be available at each service delivery location to be given to consumers/individuals served or others upon their request.

G. A Notice of Privacy Practices shall be given to each new consumer/individual served, guardian, or parent of a minor during his or her initial visit along with a brief explanation of the Notice and an opportunity for the consumer/individual served to have questions answered.

H. If services are provided in an emergency situation, a good faith effort must be made to provide the consumer/individual served with a copy of the Notice Privacy Practices; such efforts must be documented in the consumer/individual's record. A copy of the Notice of Privacy Practices shall be given to the consumer/individual served as soon as reasonably practical after treatment of the emergency situation.

I. Each consumer/individual served who receives a Notice of Privacy Practices shall be asked to sign an Acknowledgement of Receipt (see exhibit A), which will be made a part of the consumer/individual's record. If the consumer/individual served cannot or will not sign the Acknowledgment of Receipt, a good faith effort to obtain such signature must be documented in the consumer/individual's record, as well as the reason why the acknowledgement was not obtained.

J. Whenever the Notice of Privacy Practices is revised, the revised Notice of Privacy Practices must be promptly posted at all CMHPSM service delivery sites and made available upon request on or after the effective date of the revision.

K. The Notice of Privacy Practices and policy shall be reviewed annually at a minimum or otherwise updated as needed.

L. In the CMHPSM, the Rights Office appoints a local Privacy Officer for each county. The Rights Office Contact will ensure that the Privacy Officer is informed and begins necessary follow-up and/or actions as needed.

M. The CMHPSM Compliance Officer shall oversee any regulatory changes with notice of privacy practices, and ensure the regional notice is revised and redistributed to the local CMHSPs.

CONSUMER/INDIVIDUAL SERVED COMPLAINTS

N. A consumer/individual served, who feels that his /her confidentiality has been violated, or his /her protected health information has been improperly used, has the right to a thorough and confidential investigation.

O. A consumer/individual served, or anyone acting on behalf of a consumer/individual served, who feels that any Board member, employee, student, volunteer or those of organizations under contract with the CMHPSM, has violated the confidentiality and security of their protected health information should contact the Privacy Officer to file a complaint.

P. There shall not be any retaliation or reprisals against any consumer/individual served, or any person acting on behalf of a consumer/individual served, who reports a suspected violation of its policies protecting the confidentiality and integrity of protected health information. Nor will the CMH require consumers/individuals served to waive their right to a complaint to the Secretary of Health and Human Services as a condition of receiving treatment.

Q. The Privacy Officer/designee will conduct a thorough and confidential investigation of the allegation in a timely manner and will recommend corrective action to the CMHSP Executive Director. Investigations will be conducted in a manner that will not violate employee rights, e.g. the Bullard-Plawecki Employee Right to Know Act.

R. The Privacy Officer will inform their CMHSP Risk Manager and/or Compliance Officer at the time a complaint is received and notifies the Risk Manager and/or Compliance Officer of the results of the investigation and any corrective action taken.

S. The Privacy Officer/designee will inform the complainant in writing of the results of the investigation and any corrective action taken and will ensure the complainant understands that he/she also has the option of contacting the Office of Civil Rights to file a complaint against the CMH.

T. The Privacy Officer/designee will maintain a system for logging all complaints received and for the secure storage of all investigative documents and evidence.

U. The Privacy Officer will provide a quarterly aggregate report of complaints and investigations to the Regional Compliance Committee for the purpose of trend analysis.

V. The Privacy Officer will maintain documentation related to an investigation, and any corrective action taken, for a minimum of six years from the date of its creation or the date it was last in effect, whichever is later.

W. The CMHSP Compliance Liaison will ensure compliance with all notification requirements made to consumers/individuals served and collaborate with the CMHPSM Compliance Officer to ensure all notification requirements are provided to the media, HHS, and legal entities where applicable.

VII. EXHIBITS

Notice of Privacy Practices and Acknowledgement of Receipt, effective date 4/13/03.

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	
45 CFR Parts 160 & 164 (HIPPA)	X	
42 CFR Part 2 (Substance Abuse)	X	
Michigan Mental Health Code Act 258 of 1974	X	
CMHPSM Confidentiality and Access to Records Policy	X	
CMHPSM Sanctions for Breaches of Security or Confidentiality Policy		
CMHPSM Ethics and Conduct Policy	X	
CMHPSM Corporate Compliance Policy	X	

NOTICE OF PRIVACY PRACTICES

(Insert Name of Organization)

This notice describes how medical, mental health and substance use information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION

We understand that health information about you is personal. We are committed to protecting it. We refer to this information as "Protected Health Information" or "PHI." We created a record of the care you receive from (insert name of organization). We need this record to provide you with quality care and to comply with certain legal and payment requirements.
This notice will tell you about the ways in which we may use and disclose your PHI. It also describes your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- make sure that PHI that identifies you is kept private,
- notify you if there is a breach of your PHI,
- give you this notice or our legal duties and privacy policies concerning your PHI and
- follow the terms of the notice that are currently in effect.

The privacy practices in this notice apply to all staff, students and volunteers and to all contract providers in our region, the Community Mental Health Partnership of Southeast Michigan (CMHPSM)
We reserve the right to change the terms of this notice and will post the revised notice. Upon your request, we will give you a copy of the revised notice. The new notice would be effective for any health information that we hold at that time or receive from that time on.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

- **Confidential Communications.** You may ask that we communicate with you in a particular way or at a certain location, such as calling you at work rather than at home, to maintain confidentiality**.**
- **Inspect and Copy.** You have the right to review and/or receive a copy of the information in your record. Under very limited circumstances we may deny access to the record or to portions of the record. For instance, if disclosing this information would endanger you or someone else. If any access is denied, you can request a review of this decision by contacting your local customer services staff.

- **Addendum.** You may ask us to include an addendum to the information in your record if you feel it is incorrect or incomplete. You may prepare a correcting statement that will be included in your record.
- **Accounting of Disclosures.** You may request a list of disclosures that we have made of your protected health information. We are not required to track certain disclosures such as those made for treatment, payment and coordination of care described in this notice below, or disclosures made with your signed authorization.
- **Reporting Restrictions.** You may ask us to limit our use or disclosure of your health information. We are not required to agree to your request, but if we do agree to it, we will honor your request unless the information is needed to provide emergency treatment to you.
- **Receiving a Copy.** You may receive a paper copy of this notice at any time upon request.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Uses and Disclosures for Treatment, Payment and Coordination of Care

- **For Treatment.** We may use and disclose your protected health information to provide your services. Information about you may be shared with staff, students or volunteers, and with contract providers or regional staff who may be involved in your or your family's treatment. For example, a staff person may need to review your record in order to respond to your emergency. We may also use your health information to remind you about an appointment or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **For Payment.** Your health information will be used and disclosed as needed to obtain payment for your services. For example, a bill for services sent to you or to a third-party payer such as Medicaid might include identifying information about you, such as your name, your diagnosis and services received.
- **For Healthcare Operations and Quality Improvement.** We will use or disclose, as needed, your health information to support and improve the activities of our community mental health services. For example, staff may use information in your clinical record to evaluate the care you received.
- **Coordination of Care.** Your health information may be used and disclosed, as needed, to coordinate and manage your mental health and related services by one or more providers involved in your treatment. For example, a staff of community mental health may provide information about you when submitting referrals to providers related to your services.

Uses and Disclosures That May Be Made Only with Your Authorization

- **Individuals Involved in Your Life.** We may disclose PHI about you to a family member or other persons you designate if you give permission to do so. There may

be other service providers/agencies not directly involved in your care for whom we would require your permission to share PHI.

- **For Health Information Exchanges (HIE).** Along with other healthcare providers in our area, we may participate in a health information exchange. An HIE is a community-wide information system used by participating healthcare providers to share health information about you for treatment coordination purposes. Should you require treatment from a participating healthcare provider who does not have your medical records or health information, that healthcare provider can use the system to gather needed health information to treat you. For example, he or she may be able to get laboratory or other test results that have already been performed or find out about the treatment that you have already received. We will include your PHI in this system only if you give us special written permission to do so.
- **Psychotherapy Notes.** We may disclose psychotherapy notes only with your permission unless an exception applies. For example, we may disclose these notes without your permission if required or permitted by law for reasons such as preventing or lessening an imminent threat to someone's health and safety, a state or federal audit of our organization, to defend a legal action brought by you, or to provide training to mental health practitioners.
- **Marketing.** The PIHP does not engage in marketing. Marketing does not include our communication to you about our own products and services, or communication for treatment or case management purposes.
- **Sale of PHI.** The PIHP will not sell your "Protected Health Information" (PHI).
- **Other Uses and Disclosures.** These will happen only with your written authorization, unless otherwise permitted by law as described below.

Uses and Disclosures That May Be Made without Your Authorization

- **As Required by Law.** We may be required by federal, state or local law to disclose your health information.
- **Organizations Involved in Your Care.** If you are a Medicaid enrollee, we may disclose PHI about you to another service provider involved in your care. This would include healthcare data available to providers through the state database.
- **For Public Health Activities.** We may need to disclose your health information to a public health authority that is required by law to receive the information. Such disclosures would be made for the purpose of controlling disease, injury or disability.
- **Abuse or Neglect.** We may be required to disclose your health information if we suspect that you or another person has been abused or neglected.
- **Health Oversight.** We may be required to disclose your health information for an audit, inspection, investigation or other healthcare oversight activity.
- **Judicial or Administrative Proceedings.** We may have to disclose your health information if we receive a court order or subpoena or for risk management purposes.

- **Law Enforcement.** We may have to disclose your health information in connection with a criminal investigation by a federal, state or local law enforcement agency or disclose it to authorized federal officials who provide protective services for the President or other persons.
- **Serious Threat to Health or Safety.** We may be required to disclose information about you to prevent a serious threat to your health and safety or that of another person or of the public.
- **Coroner of Medical Examiner.** We may need to disclose your health information to help identify a deceased person or to determine the cause of death.
- **Research.** We may disclose your health information to researchers only if their research proposal includes protocols to hide your identify and to ensure the privacy of your health information. The research project and its procedures must be approved by a CMHPSM review board.
- **Business Associates.** There are some services provided in our organization through contracts with business associates. To protect your health information, however, we require these business associates to appropriately safeguard your information.
- **Food and Drug Administration (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Special Situations.** Consistent with applicable law, we may disclose health information to funeral directors, coroners and medical examiners, as required by military command authorities, and for national security activities. A mental health services recipient's information will be disclosed only as allowed by law.

If you believe your rights have been violated, contact the (insert name of your organization) Privacy Officer or the Office of Civil Rights. Your services will not be affected in any way if you file a complaint.

- To file a complaint with (insert name of organization) or if you have any questions or want more information, call or write: Privacy Officer, (insert name, address and phone number of your organization).
- To file a complaint with the Office of Civil Rights, call or write:

Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, IL 60601
Voice Phone (800) 368-1019, FAX (202) 619-3818, TDD (800) 537-7697
OCRComplaint@hhs.gov

HHS OCR Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
HHS OCR website for complaints
http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html

(Insert name of organization)

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, acknowledge that I have received a copy of the Notice of Privacy Practices.

My signature below indicates that I have received the notice, that I have been provided an opportunity to ask questions, and that I understand the organization's privacy practices as they pertain to my protected health information.

_____

Signature *Date*

_____

Witness *Date*

(Insert name of organization)

Documentation of Good Faith Efforts

Consumer Name: _____

Date: _____

The consumer presented for services on this date and was provided with a copy of the Notice of Privacy Practices. A good faith effort was made to obtain a written acknowledgement of receipt of the Notice, however, an acknowledgement was not obtained because:

_____ Consumer refused to sign

_____ Consumer was unable to sign or initial because:

_____

_____

_____ There was a medical emergency. Staff will attempt to obtain acknowledgement at the next available opportunity.

_____ Other reason:

_____

_____

_____

Signature of Employee completing form:

_____

(**Insert name of organization)**

SECURITY AND CONFIDENTIALITY AGREEMENT

As an employee of (Insert name of organization) and as a condition of my employment, I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies which were provided to me.
2. I will treat all information received in the course of my employment with (Insert name of organization), related to the consumers of services, as confidential and privileged information.
3. I will not access consumer information unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding (insert name of organization) consumers to any person or entity other than as necessary to perform my job and as permitted under the Community Mental Health Partnership of Southeast Michigan (CMHSPM) HIPAA/Confidentiality policies.
5. I will not log on to any of the computer systems that currently exist or may exist in the future using a password other than my own.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my ID badge.
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. I will not use e-mail to transmit consumer information outside of the CMHPSM, unless I am instructed to do so by the Privacy Officer.
10. I will not take consumer information from the premises in paper or electronic form without first receiving permission from my supervisor and ensuring it is secure.
11. Upon cessation of my employment, I agree to continue to maintain the confidentiality of any information I learned while an employee, and agree to turn over any keys, key fobs, or any other device that would provide access to the agency or its information.

I understand that violation of this agreement could result in disciplinary actions.

_____

Employee Printed Name *Date*

_____

Employee Signature *Supervisor Signature*

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

February 9, 2022

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

12:00: Premeeting: How are you dealing with the cold & the snow?

I. **Meeting called to order at: _ 12:30 pm_.**

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

II. **Report from the RCAC:**
   a. **CJ Witherow** talked about the appeals process and disparities in accessing services. We summarized: the troubles many have with transportation; COVID; the struggles just to live from day to day; the lack of childcare.
   b. Possible training in November over 2 days (for the CAC's).
   c. Pam is the new (RCAC?) Vice Chair.
   d. Livingston had both art show winners. https://bit.ly/2022-ArtShow **Art Show plans**: Two pieces of art from Livingston: "Spring" by Danielle Garber and "Waves" by Austin were chosen. Sally Amos had asked Leo Hanifin about being a judge for the event in the future.

III. **Parliamentary**: Lisa offered to serve as co-chair of WC-CMH-CAC and will be the chair next year.

IV. **Questions and Suggestions for Legislators**: Pam suggested we work on writing legislators about our concerns. We discussed the problems with private insurances running mental health care and trying to replace CMH's in the decision-making role. We drafted a template for the letter below. Barb suggested inviting Felicia Brabec back. Barb mentioned Felicia's monthly Saturday morning coffee hour. Melissa is interested in her legislator's coffee hour.
Find your legislator here: https://www.washtenaw.org/1247/State-Representatives-Senators

V. **Story Jam with NAMI & Speaker's Bureau & Avalon (Formally led by the WC-CMH-CAC)**: This will be happening virtually soon. The goal is to learn how to share your story and then to get a group of folks who can share their stories and speak to future questions and concerns in days to come. Currently: What helped and what didn't help and what you would like legislators to do. Barb gave examples of an advocacy story.

VI. **Speaker's Bureau**: Possible training in August. Mert will incorporate some principles from Story Jam: helping all have two types of speeches by all: an anti-stigma speech & a story with an ask.

VII. **Newsletter:** Next one in April/May? Article submissions by late March. Barb will continue the history of mental care in Washtenaw County saga. Melissa or Lisa may write. Leo may write an article on Homelessness in Ann Arbor & park evictions.

VIII. **New Business:**
The Point in Time Count went well per Leo, though he doesn't know the final count.
Headsets received were put into good use and everyone was grateful. Alayna reminded the peer that she needed a USB headset.
Fresh Start delivers crafting supplies to participants for the virtual.

IX. **Meeting adjourned at _1:27 pm_ motion by _Barb_ supported by _Leo .**

The next meeting will be March 9, 2022 via Zoom at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)
Template for a letter to your legislator (adapt to your liking):

Your name
Street,
City, MI ZIP

DATE:

"LEGISLATOR's Name"
Lansing, MI

RE: Senate Bills 597 and 598 submitted by Sen Shirkey

Introduction of self. (Share a bit about your connection to CMHs and how they have served you well.)

Prospective Problems with privatization:

- **Profit motivation & distance of headquarters from Michigan of insurance companies diminishes their inherent interest in the well-being of our residents.**
- **Denial of eligibility for some consumers. Lack of adjudication process at this point.**
- **Insurance companies have a proven history of poorly managing care for individuals and not actively intervening as current nurses and case managers do.**
- **Micro-managing medications in conflict with doctors' orders.**
- **Lack of experience as the primary resource for mental health care.**
- **Actuaries estimate that there would be minimal if any savings. The savings would mostly come out of the care of individual's treatment.**

If you have suggestions on what could be improved to the current system, make those suggestions appropriately.

Thanks the legislators for their time.

Sincerely,

Signature

Name

(No need to slam or slander insurance companies. Courtesy & civility are important, even as you intensely disagree with the efforts underway.)

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

March 9, 2022

Members Present on the Call: Pam Rathbun (president), Jason Zurawski (secretary), Leo Hanifin, Barb Higman, Ed Howlett, Lisa Porzondek (vicePres), Melissa Vaden.
Staff: Mike Harding (Administration); Mert Hershberger (Liaison).
Absent: Alayna Manzanares

12:00: Premeeting: What are your plans for Spring?

I. Meeting called to order at: _12:30 pm_.

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

II. **Mike Harding update**: Reporting for accountability and structural purposes for the board. Questions & Updates from last year's initial presentation: CCBHC ability to receive service regardless of ability to pay & regardless of insurance if & regardless of diagnoses: Mental Illness of any variety or Substance Use Disorder. WC-CMH is now a CCBHC now; all consumers are rolled into this new model. Provide Array of services very similar to traditional CMH, minus CLS and licensed residential & hospitalizations, which traditional CMH would provide. WC-CMH partners with Packard Health & others. WC-CMH is largely a referring agency for those whose diagnoses are mild to moderate in severity. …Phone number 988 is a currently a number that is being tested in some areas for serving as a referring phone number for a mental health hub in Michigan, but Washtenaw is not yet part of that. There are still changes underway, but some things are slowing down implementation due to lack of staff. CARES is looking like the proposed mild to moderate services. Goal: to treat people before they have a crisis to reduce hospitalizations. Corner Health might be a referring agency for youth. CARES is located at 555 Towner, the Annex, and somewhat at the 750 Towner building where someone can stay for up to 23 hours. CRS is not fully back in service yet due to staffing issues. "We are building a bike while riding it. … Not perfect yet." Administration is exploring funding for staff which should help with staffing.

III. **Report from the RCAC: Texting & email policy to be looked at:** Texting is a necessity for some people (LH). Texting and email would be more convenient. I don't put out there what I don't want out there. (MV) Texting is probably easier than email for most people (EH). Some other staff report that sometimes texting is the only way to get ahold of folks (MH).

IV. **Questions and Suggestions for Legislators**: The SB 598 and 597 bills were pulled from the Senate last week as there are a few Senators still on the fence. Shirkey didn't have the votes he needed to push the bills through. We need to tell our Senators to vote No on the bills. (BG) Barb is trying to get Senator Theil (R) from the western part of the county to come to the next meeting, but not response yet. Mert suggested coordinating this with CMH board members from the Western side of the county. https://www.washtenaw.org/1247/State-Representatives-Senators

V. **Story Jam with NAMI & Speaker's Bureau & Avalon (Formally led by the WC-CMH-CAC)**: Mert is planning to hold a **Speaker's Bureau** training in August with elements of the Story Jam process.. Barb: still working on a schedule for the sessions.

VI. **Walk-A-Mile -** https://cmham.org/education-events/walk-a-mile-rally/ September 15, 2022. Highly likely to be able to send in person representation.

VII. **Newsletter:** Article submissions by late March. Barb will continue the history of mental care in Washtenaw County saga. Melissa or Lisa may write. Leo may write an article on Homelessness in Ann Arbor & park evictions (Still planned, but not in print yet.) since the Warming Center will end at the end of March. He is seeking to advocate for tolerance for those who sleep in the park. HE said that it is a long process to set folks up with Section 8 Housing Vouchers. He may also try to run this by the folks at GroundCover News.

VIII. **Celebration Of Success –** Sally Amos-ONeal said we might start looking at having the Celebration in person in October. The sanctuary we have usually used seems large enough to accommodate socially distance in the space. The evenings that would work best for folks seems to be Wednesdays. Dates available in October in order of preference: October 19th, 26th, 5th in 2022.

IX. **New Business/Agenda Items** for next month:

X. **Meeting adjourned at _1:32 pm_: motion by _Barb_ supported by _Melissa_.**

The next meeting will be April 13, 2022 via Zoom at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

CMH QUARTERLY

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH, SPRING 2022

THE UPDATE FORMERLY KNOWN AS TRISH'S

If you read the last newsletter or have been checking your email you know that Trish will no longer share a written update in the Quarterly. Instead you are welcome to join a monthly live update currently scheduled on the third Thursday of the month at 12noon via Zoom.

Simply watch for the announcement via Outlook and accept the appointment if you wish to attend. The Zoom link is included in the Outlook appointment. Your attendance at these updates is not mandatory but most find them to be helpful and informative. ... *And* most of the technical bugs have been worked out, too! So check in and find out what's new.

If there are questions or particular topics you would like to hear more about you can email Trish or your PA directly, and we'll do our best to work it into the 30-minute update.

Always looking forward!

HELLO! & HOORAY!

{December 1 - February 28}

WELCOME! - New Hires:

Barbara S
Carmen M
Catherine M
Jade F
Jessica G
Joseph F
Katherine L

Kendra C
Kertina K
LaRita B
Laura T
Margaret C
Michelle D
Nickole C
Preston R
Rachel B
Rebecca K
Riya W

CONGRATS! - Transfers/Promotions:

Jeff G
Jerry G
Rachel R
Sara H
Steve P

YEARS OF SERVICE

{Years of Service July 1, 2021 through December 31, 2021}

5 YEARS

· Christina C
· Alexandria E
· Joseph G
· Evan G
· Jade M
· Leah M
· Angela P
· Heather P
· Sara S
· Staci S
· Mackenzie T
· Kimberly V

10 Years

· Jessica H
· Coy H
· Elizabeth L
· Sharon S
· Melisa T
· Shaun T

· Judith T
· Cherie W
· William W

15 Years
· Christina B
· John D
· Matthew Z

20 years
· Tara F
· Barbara F
· Michael H
· Shad J
· Cari L
· Julie L

25 Years
· Kristian M
· Nancy S

30 Years
· Caryette F

RECRUITMENT & RETENTION UPDATE

WCCMH has been working to recruit and hire staff in a variety of positions. Recent efforts include:

Updated Job Descriptions
WCCMH and the County have recently made changes to the requirements for our Client Service Manager and Supports Coordinator job descriptions to reflect changes made by the State to the provider qualifications to provide targeted case management.

These changes allow providers with QIDP, QMHP or CMHP status to provide targeted case management to their respected populations. These changes will open up these positions to candidates with a wider array of qualifications and experience. These changes have also been implemented at other CMHs and behavioral health systems throughout the State.
Please contact Nick Testorelli with WCCMH Human Resources if you have additional questions or would like a further breakdown of the new qualifications. The updated job descriptions for these positions can be found on eCentral, under the Business Services section.

Arrow Strategies
Washtenaw County and WCCMH have entered into partnership with Arrow Strategies to provide recruitment services for WCCMH positions. Arrow is currently assisting WCCMH with identifying potential candidates for our high need and difficult to recruit for vacancies. Within

our first few weeks of working with Arrow, we've interviewed close to a dozen candidates and have made offers to four.

Workforce Stabilization Retention Bonus
All CMH Staff actively employed prior to 3/27/2022 will be receiving a bonus on April 15th to recognize the extraordinary work and sacrifice that has been made during the pandemic. MDHHS has agreed to allow CMH to use our State General Fund dollars to fund this effort, as they also acknowledge the challenges staff have endured and the State-wide staffing shortages taxing the healthcare industry.

UPDATE ON CMH AS A HEALTH HOME

WCCMH is happy to announce that Region 6 (Washtenaw, Livingston, Lenawee, Monroe) counties will be participating in the MDHHS Health Home starting April 1, 2022.

Are we moving? Is this a real home? No, this is not an actual home, it's a program that enhances care coordination services for Medicaid beneficiaries.

What does this mean? It means that for those enrolled in the Health Home program they receive a particular service (comprehensive care management, care coordination, health promotion, comprehensive transitional care, individual and family support and referral to community and social support services) every month and that WCCMH receives a PMPM (per member per month) payment for these enhanced care coordination services. These services will be provided by the Health and Wellness team in addition to other identified staff.

Does everyone qualify? Unfortunately, no, only Medicaid beneficiaries that meet the criteria established by MDHHS are eligible. There are a total of 9 SMI or SED ICD-10 diagnosis codes that meet the criteria.

What if I have a consumer who doesn't have Medicaid but needs more support coordinating care for chronic health conditions? Refer them to the Health and Wellness program. You can find the referral form on the M-drive.

What does this mean to me as WCCMH staff? It means there are potentially additional services that can be provided to consumers that qualify and that these services could have a tremendous impact on their chronic disease management, care coordination and other health education services.

As a WCCMH clinician do I need to change anything? Not at this time, but more to come on this. If you are interested in the above listed services check out the health integration tab in progress notes, wellness notes and/or medication reviews to learn more about each of these activities.

Wait, didn't we already do this? Yes, WCCMH participated in the first version of the MDHHS health home back in 2014. This is an updated version of the Health Home that has some similarities to the 2014 version but has some substantial differences as well.

When will I learn more: There will be a health home road show that will come to all team meetings to explain in more detail what this means.

What if I have questions? Please send your questions to Brandie H

ORR STILL RECRUITING FOR RRAC

The Rights Office is recruiting recipients, family members, and community members to participate in the Recipient Rights Advisory and Appeals Committee (RRAC). Participating with RRAC is a great way to learn more about Recipient Rights and play an integral role in the Rights system.

Members of this committee serve in an advisory capacity to the Washtenaw County CMH Executive Director as well as the Director of the Office of Recipient Rights. This includes reviewing and commenting on quarterly Recipient Rights data reports, establishing outcomes for the Office of Recipient Rights, and making recommendations to the governing CMH Board. In its advisory capacity, RRAC also protects the impartiality of the Rights Office.

The appeals component of the committee involves hearing and reviewing appeals of complaints that were investigated by Recipient Rights staff. This entails reviewing staff's investigative findings and conclusions, as well as any additional information from the appellant, and voting on whether to uphold the Rights Office's decision.

If you or your team members know of recipients, family members, and community members who would be a good fit to serve with RRAC, please share this information with them. Please contact the Rights Office at 734-219-8519. Thank you!

SDC QUARTERLY UPDATE

Most Popular Relias Question (or Complaint) this Quarter:
"I can't find the class I want to register for"

Most Popular Solution:
You already registered for it.

- Classes drop off the listing once your registration is complete. Class information is now available on your front page underneath any unread policies. (The same ones that don't go away and clutter up your page until you read them)
- If you need to cancel or change dates, scroll down below to the class information and use the "Withdraw" or "Change sessions" accordingly.

A few quick reminders:

- March 31 is your last chance to complete the PCP refresher for 2022. This training is not available once the current quarter ends.
- April 1 starts Bloodborne Infectious Disease refresher. This is a COUNTY requirement and therefore *cannot* be completed as a team. Watch your email for a link to the training and *Follow the Instructions CAREFULLY*.
- Most trainings are still being conducted online. Always read the description for links and details to make sure you get credit for attending.
- The M drive contains a "**Resources for Staff Development**" folder with a number of useful documents including carefully crafted cheat sheets and instruction booklets for using Relias, for using PD Made EZ, and for understanding requirements. More times than not- - whatever the question- - you'll find the answer there for all things Staff Development. (Including what to do if you can't find the training you wish to register for)

KUDOS TO PATH!

PATH Team members were recently recognized with a WHI Collaborative Award for their work in coming together with other organizations to help house Washtenaw's homeless population during the COVID-19 pandemic.

No easy feat when following guidelines for safety can mean a reduction of physical space and health services resources available. But through good collaboration, determination, and much effort we were able to safely house individuals with need, and reduce the spread of COVID.

Awesome work! Congratulations to the PATH program.

SAVE THE DATE! - WALK A MILE RALLY RETURNS ON SEPTEMBER 15

WHEN

THURSDAY, SEP. 15TH, 10AM

WHERE

100 NORTH CAPITOL AVENUE
LANSING, MI

MORE INFORMATION

This Year's Event will be IN PERSON (with a few restrictions)

More Details to Come - - Check in Here for the Most Up to Date Information

IT'S OUR BIRTHDAY

The CMH Quarterly Celebrates Five years with this Spring edition,
and we Thank You for your readership, contributions and feedback through the years.

THANKS TO OUR CONTRIBUTORS

Brandie H
Leah R
Matt H
Rhonda D
Sally O
The Artist Formerly Known as the Editor

THANKS FOR READING!

ATTACHMENT #1H
APRIL 2022

WASHTENAW COUNTY CRISIS NEGOTIATION TEAM

BOARD PRESENTATION APRIL 2022

Mental health professionals joining SWAT's crisis negotiation team

Published: Oct. 23, 2019, 5:04 p.m.

History of Team

- Police incidents in 2018-2019 involving SWAT intervention for individuals with a severe mental illness
- Recognition by WCSO and WCCMH of benefit of having mental health professionals embedded in team
- Interviews happened in August 2019
- Participation in Trainings and Team began in October 2019

TEAM MAKEUP

- WCSO, AAPD, EMU and UofM PD : 14 Law Enforcement Officers
- WCCMH 5 staff:
  - 1 Adult MI Program Administrator: Katie Hoener
  - 1 Crisis Team Supervisor: Nicole Muraca
  - 1 Jail Services Supervisor: Sarah Stewart
  - 1 Adult MI Supervisor: Jessica Halliday
  - 1 Crisis Services Professional: Christine Holston

WCCMH ONBOARDING

- Michigan Hostage Negotiation Conference – October 2019
- FBI Negotiator School – December 2019
- Trainings with team 8 times per year (prior standard)
  - Equipment
  - VA Hospital
  - MSP Bomb Squad
  - Western Wayne
  - SWAT Scenario

WCCMH ROLES

- Gather Information on Subject
- Gather Information on affiliated individuals
- Assist in developing clinical picture
- Presentation of negotiation strategies bases on clinical evidence
- Interview friends/family/associates of subject
- Scene Management (as requested)
- Observation of officer wellness, and discussions with leadership

TYPES OF CALL OUTS (RESPONSES)

- Full Callout: Can originate from any law enforcement agency in Washtenaw County, and involves the deployment of both the Crisis Negotiation Team (CNT) as well as the Specialized Weapons and Tactics (SWAT) teams.
- Partial Callout: Can originate from any law enforcement agency in Washtenaw County and involves at least 3 members of the CNT law enforcement team, and at times the CMH staff as well. CMH are not initially deployed for high-risk warrants, though may be brought in at point deemed necessary, and as outlined in policy/procedure.

Type	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Full	1	1	1	2
Partial	0	1	0	6

FY 22 DATA

ATTACHMENT #1I
APRIL 2022

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	✓					✓		✓	✓	✓	✓	✓	✓	✓	Implemented	January 2022
MAT in jail	✓					✓				✓		✓		✓	Implemented	January 2020
LEAD initiative	✓							✓		✓	✓	✓		✓	In progress	Ongoing
Housing RFP w/OCED	✓	✓	✓				✓			✓	✓	✓			In progress	January 2020
Washtenaw Health Plan	✓			✓				✓		✓					In progress	Ongoing
Student Advocacy Center	✓							✓			✓				In progress	Ongoing
Ozone Psychiatry Access	✓						✓				✓	✓			Implemented	June 2021
5 Healthy Towns										✓	✓	✓	✓		In progress	Ongoing

Initiative Descriptions

Plan and Integrate

Initiative	*Status*	*Updates?*
LEAD	Case manager hired, 1 position still posted. Engagement has begun with participants. 23 referrals received.	
Youth Assessment Center	Working with Commissioners and NAC to put together a implementation team to make recommendations to BOC and County Administration on implementation of youth assessment center.	
Community Response to MH Crisis	Working with University of Chicago's Health Lab to provide analytic support and conduct a process evaluation of the program. The program will deliver the most appropriate services, supports, and responses to persons involved in public situations (e.g., behavioral health-related crises). It will provide a full continuum of services, including behavioral health, public health, social services, and police services.	**No**
Rethink Health/5 Healthy Towns	Core group has been working to develop a logic model to guide upcoming joint activities and track key metrics related to negative outcomes of mental health and substance use in the 5 towns region. Key focus areas include social isolation, lack of sense of purpose, housing, food access, transportation, ease of service access and barriers to service access.	
5HT Intergenerational Populations Project	Findings have been reviewed and next steps are being identified.	**No**
SUD System Transition	Implementation began on January 1, 2022.	**No**

Initiative Descriptions

Expand Services

Initiative	*Status*	*Updates?*
CARES/Crisis/750/CCBHC	M. Tasker to report	
Housing RFP	New housing RFP being developed with OCED to roll out in the spring offering continuation funds for currently funded projects but also to meet additional needs identified in the Unite and CHRT gaps analysis documents. Focus populations are being identified for this upcoming round of funding.	
31 N/ WISD Mini Grants	**Mini Grants**-20 total mini grants have been awarded so far this year. Milan Middle School, Dexter High School, Saline Middle School, Slauson Middle School, and Lincoln Middle School. ACCE hosted a mental health day for students and is doig a Pride Prom in May in partnership with Ypsilanti high school. Saline middle school is developing a black student union to promote connection and social emotional wellness for minority students. **31N-** 37 students served from Oct.-Dec. providing over 60 hours of services including case management, crisis intervention and therapy. No Update	
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	For this quarter WHP has connected 120 individuals to behavioral health services, they have contracted with 36 mental health providers. These providers are providing services in 7 different languages- Italian, French, Mandarin, Russian, Spanish, Farsi, and Arabic.	**No**

Initiative Descriptions

Student Advocacy Center	Ed Advocacy- 55 students served fall semester, majority students have been black males from 48197, 98 and 48108. 100% of students served had no further behavioral referrals, 71% increased attendance and 91% increased grades. Check and Connect-61 students served this semester with majority students being black males all from Ypsi and Lincoln schools. They served students from 2nd grade to 12th grade and saw 63% increase in attendance and 66% improvement on CAFAS scores.	
Shelter Association	Emergency covid crisis stabilization funds (under $50,000) were provided to the Shelter to provide emergency isolation quarantine staffing for Omicron Covid surge.	**No**

Communicate and Evaluate

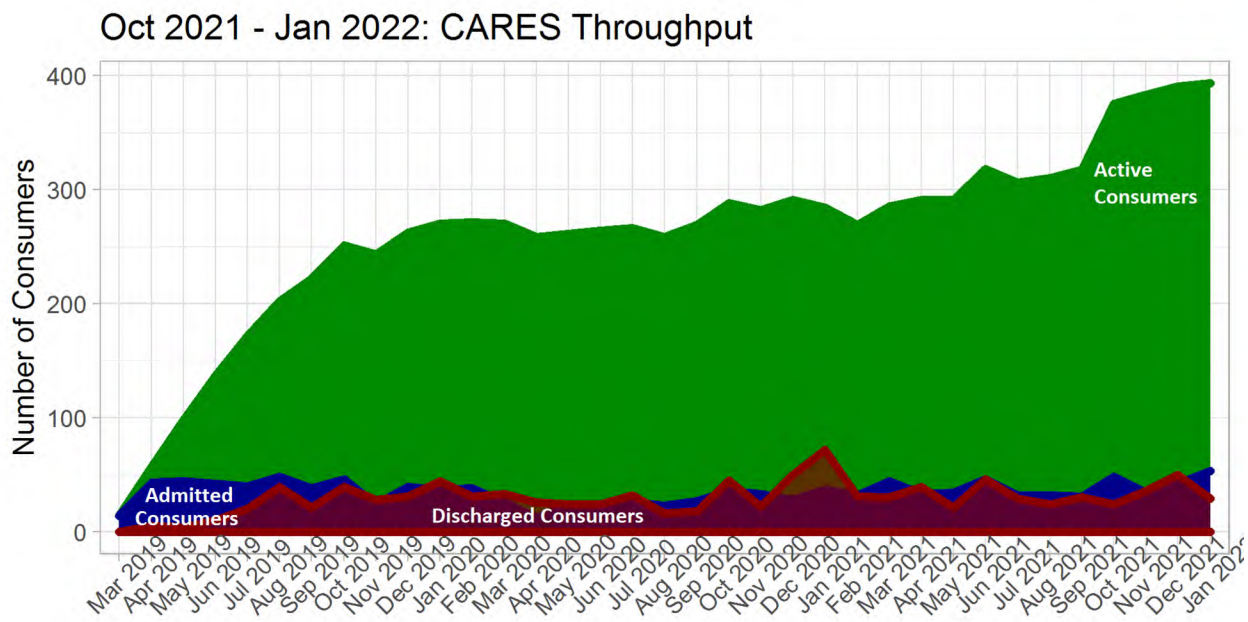
Initiative	*Status*	*Updates?*
NAMI Peer Project	Funding proposal attached for MAC review	
Anti-Stigma Campaign	Funding proposal attached for MAC review	
MHFA/YMHFA Education initiatives	Trainings occurring monthly for MHFA and WISD is developing their summer training schedule to include 20 YMHFA trainings.	
Millage Comms Strategy	Funding proposal attached for MAC review	

Washtenaw County Community Mental Health – CARES Report January 2022

Last Updated: 02/22/2022

CARES THROUGHPUT

Cares Throughput is about consumers entering, leaving, and remaining active in the program. There are more consumers in CARES since October 2022 which may be a result of increased admissions relative to discharges.



Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19		14	
Apr-19	58	44	5
May-19	99	44	4
Jun-19	138	42	10
Jul-19	173	40	20
Aug-19	203	48	39
Sep-19	224	39	21
Oct-19	253	46	39
Nov-19	245	24	28
Dec-19	264	39	31
Jan-20	272	37	44
Feb-20	273	38	31
Mar-20	272	26	33
Apr-20	259	12	26
May-20	262	24	24
Jun-20	265	23	24

Jul-20	267	26	32
Aug-20	259	23	16
Sep-20	270	27	18
Oct-20	290	37	45
Nov-20	285	34	22
Dec-20	293	28	50
Jan-21	284	37	72
Feb-21	269	32	31
Mar-21	285	44	30
Apr-21	291	33	39
May-21	291	34	21
Jun-21	318	46	46
Jul-21	306	32	29
Aug-21	310	32	24
Sep-21	317	31	30
Oct-21	375	48	24
Nov-21	383	34	36
Dec-21	390	42	50
Jan-22	393	53	29

Referrals to CARES by Month

Also known as automatic enrollment in CARES

Note that when there are less automatic enrollment/referrals this generally leads to a decrease in the number of current (or active) CARES Admissions. This ceased starting 10/1/2022 – we could replace this with [CARES Adm Cases] from the above table if desired, but it is not a perfect replacement either.

Referral Month	# New CARES Referrals
Mar-19	37
Apr-19	77
May-19	80
Jun-19	62
Jul-19	58
Aug-19	70
Sep-19	67
Oct-19	71
Nov-19	67
Dec-19	62
Jan-20	77
Feb-20	59

Mar-20	40
Apr-20	21
May-20	39
Jun-20	44
Jul-20	40
Aug-20	33
Sep-20	45
Oct-20	72
Nov-20	61
Dec-20	48
Jan-21	52
Feb-21	48
Mar-21	73
Apr-21	72
May-21	68
Jun-21	58
Jul-21	57
Aug-21	77
Sep-21	67

Emergency Contact Notes by Month

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

ER_Note_Month	Yr	Mon	Num_ER_Notes	num_CRCT_cases	num_Cares_cases
Mar-18	2018	3	1	1	0
Apr-18	2018	4	100	76	2
May-18	2018	5	97	82	1
Jun-18	2018	6	124	100	1
Jul-18	2018	7	123	90	5
Aug-18	2018	8	118	96	3
Sep-18	2018	9	147	101	3
Oct-18	2018	10	183	102	3
Nov-18	2018	11	182	83	3
Dec-18	2018	12	205	102	1
Jan-19	2019	1	173	86	5
Feb-19	2019	2	200	106	8
Mar-19	2019	3	253	125	14
Apr 2019	2019	4	229	133	9
May 2019	2019	5	237	130	9
Jun 2019	2019	6	245	130	22
Jul 2019	2019	7	229	126	22
Aug 2019	2019	8	210	128	21
Sep 2019	2019	9	245	131	5
Oct 2019	2019	10	305	157	15
Nov 2019	2019	11	242	131	9
Dec 2019	2019	12	268	138	15
Jan 2020	2020	1	230	130	15
Feb 2020	2020	2	223	134	5
Mar 2020	2020	3	121	82	5
Apr 2020	2020	4	57	51	6
May 2020	2020	5	66	55	3
Jun 2020	2020	6	168	94	7
Jul 2020	2020	7	312	110	10
Aug 2020	2020	8	206	98	7
Sep 2020	2020	9	248	95	3
Oct 2020	2020	10	227	88	5
Nov 2020	2020	11	209	87	3
Dec 2020	2020	12	104	55	5
Jan 2021	2021	01	158	79	7

Feb 2021	2021	02	107	65	5
Mar 2021	2021	03	171	99	6
Apr 2021	2021	04	258	124	12
May 2021	2021	05	221	126	8
Jun 2021	2021	06	202	115	5
Jul 2021	2021	07	261	80	1
Aug 2021	2021	08	252	111	6
Sep 2021	2021	09	160	83	2
Oct 2021	2021	10	142	99	0
Nov 2021	2021	11	135	67	0
Dec 2021	2021	12	119	78	0
Jan 2022	2022	01	77	56	0

Gender

Gender data is from CRCT electronic medical record using any consumers at least one day active on the CARES Program between 3/1/2019 and the report run date.

# Consumers	Gender
742	F
645	M
1387	**Total**

# Consumers	Gender Identity
831	
4	Chose not to disclose
262	Man/Cisgender Man
5	Non-binary/Genderqueer
6	Not collected-Full Rec Exception
3	Other, please specify
3	Transgender Man
1	Transgender Woman
4	Unknown for this Crisis Event
268	Woman/Cisgender Woman
1387	**Total**

Race

Race data is from CRCT electronic medical record using any consumers at least one day active on the CARES Program between 3/1/2019 and the report run date.

Race	# Consumers
White	786
Black or African American	383
-missing data-	88
Other race	64
Asian	27
Refused to Provide	16
Two or more races	13
American Indian (non-Alaskan)	6
Native Hawaiian or other Pacific	4

Typical Length of Stay for Cases that Already Closed

We expect the mean and median to continue to grow as time continues and to fully stabilize after CARES has been fully functioning for two years. We are approaching the two year mark at this time, but it is good to keep in mind that we should consider July 2021 the two year mark since enrolling all of the clients that we previously could not serve was a 3 month process; see throughput chart or graph for a better understanding.

	Days
Median	153
Mean	195.7
Min	1
Max	964

City/Zip Code for Open Cases

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

City	# Consumers
YPSILANTI	658
ANN ARBOR	462
Whitmore Lake	57
Saline	37
Chelsea	20
Dexter	18
MILAN	18
	14
Manchester	12
Willis	12
Northville	7
BELLEVILLE	6
Detroit	5
GRASS LAKE	5
Pinckney	5
Westland	4
Adrian	3
Brighton	3
Canton	3
Clinton	2
Gregory	2
Monroe	2
Plymouth	2
South Lyon	2
Superior Township	2
Taylor	2
Wayne	2
White Lake	2
Beaverton	1
Berkley	1
Clarkston	1
Clinton Twp	1
Corbin	1
Dearborn	1

Dundee	1
Florence	1
Fountain Hill	1
Gaylord	1
Ida	1
Idaho Falls	1
Inkster	1
Redford	1
Romulus	1
South Gate	1
Southfield	1
Standish	1
Van Buren Twp	1
Whittaker	1
Total	**1387**

Zip_Code	# Consumers
48197	347
48198	310
48103	171
48108	107
48104	98
48105	71
48189	57
48176	36
	25
48118	20
48130	18
48160	18
48158	12
48191	12
48111	7
48107	6
48167	6
48169	5
49240	5
48185	4
48109	3
49221	3
48114	2
48137	2

48161	2
48170	2
48178	2
48184	2
48188	2
49236	2
18015	1
40701	1
41042	1
48036	1
48072	1
48106	1
48116	1
48126	1
48131	1
48140	1
48141	1
48168	1
48174	1
48180	1
48187	1
48190	1
48202	1
48204	1
48209	1
48215	1
48224	1
48240	1
48348	1
48383	1
48386	1
48612	1
48658	1
49735	1
83401	1
90280	1
Total	**1387**

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	# CARES Adm Cases
	1
0-16	75
17-19	62
20-24	189
25-29	172
30-34	183
35-39	152
40-44	120
45-49	98
50-54	101
55-59	81
60-64	67
65-69	49
70+	37
Total	**1387**

Funding Sources for Open CARES Consumers

Funding Sources	Medicare	# CARES cases
	N	96
	Y	8
HMP	N	205
Medicaid	N	133
Medicaid	Y	30
S/D	N	5
S/D	Y	5
	Total	**482**

Commercial Insurance

This provides a glimpse of the top priority insurance types that clients have in CARES, first excluding the following insurance names: (1) anything including the word ‘Medicare’, (2) 'CCBHC Demonstration’, (3) 'Financial Determination', (4) 'Assessed for Medicaid Expansion - Not Eligible', (5) 'Assessed for Medicaid Expansion - Eligible', (6) no insurance listed whatsoever.

Insurance_Name	Open_Cares_Cases
BLUE CROSS BLUE SHIELD OF MI	12
SDA,SSI,SSDI	6
Medicaid Deductible	5
BLUE CARE NETWORK OF MICHIGAN	2
MERIDIAN CARE EXTRA HMO SNP	2
MOLINA MARKETPLACE MI	2
United Healthcare	2
WELLCARE HEALTH PLANS	2
BLUE CARE NETWORK (PO 68710)	1
BLUE CARE NETWORK PILOT	1
Blue Care Network Advantage	1
CIGNA MEDICAL	1
COFINITY	1
Physician Health Plan/PHPOFSM	1
SED Waiver	1
UNITED HEALTH CARE	1
United Healthcare Community Plan	1

CPT Categories from CARES and CRCT EMR. CPT Codes not categorized are lacking a category and are largely a result of new CPT codes.

CPT_Category	**num_SAL_Documents**	**num_cases**
Targeted Case Management	21108	1371
Med Reviews	3864	669
Peer Services	3573	447
H2011	2524	282
RN Services	1622	499
Psych Evals	1152	903
Intake Assessments	1077	865
Injections	565	85
Wellness Note	339	191
T1023	107	78
H0039	78	4
Therapy Group Notes	54	11
Nursing Assessments	47	46
IND02	41	25
S5111	21	1
H2023	20	1
S9470	18	3

S9446	17	3
H2022	17	1
90834	15	8
S0316	15	7
97165	6	1
99211	4	3
90846	3	1
90847	3	1
J2426	3	1
J3490	3	2
H2014	2	1
99212	2	2
S9445	2	1
T1040	2	247
99213	1	1
H0002	1	1
IND01	1	1

Type of Service	**# CARES cases**	**Percent**
Mood disorders	1588	83.1%
Personality Disorders	718	12.8%
Psychosis	282	12.5%
SED	247	10.5%
SUD	238	33.2%
Total duplicate count	**3073**	100%
(Total unique count)	**(1880)**	

Community Violence Intervention Team (CVIT)

RECOMMENDATION REPORT

In the summer of 2021, in the midst of several violent altercations resulting in the shooting deaths of Antonio Bishop (24yo), Arthur Ellerson (18yo), Arshon Evans (17yo), and Ziair Willis-Wilson (21yo), Ypsilanti Mayor, Lois Richardson convened a diverse group of community members with a singular focus of addressing community violence and saving the lives of our young people.

It is believed 80% to 85% of gun violence in our community is retaliatory in nature. This means that violence in our neighborhoods is predictable therefore it is also preventable. Although the disease of violence is deep-rooted and complex, there are solutions if we are committed to understanding the true nature of the problem and commit ourselves to taking the necessary steps to save lives by stopping violence.

The CVIT was only convened in recent months, however the recommendations below come from the years of lived experience members have in navigating, surviving, and in some cases perpetuating violence in our community. It is this lived experience combined with the expertise brought forth by team members representing government and the real-world experience by team members representing service providers that has brought this plan forward.

For our purposes, when we reference violence, we are focused on intentional violent trauma that is a result of shootings, stabbings, and serious assaults. This is not meant to diminish the impact of other violence related categories. However, by maintaining our narrow focus our intention is to save lives by finally impacting street violence.

We know that violence is a public health issue. The three leading causes of death in the United States for people ages 15-24 are unintentional injury, homicide, and suicide[1]. Most of these violent deaths are directly associated with firearms. We also know that exposure to firearm violence approximately doubles the probability that a young person will commit violence within two years[2]. It is also true that hospitalization for violence-related injuries is recurrent, with hospital readmission rates for subsequent assaults as high as 44% and subsequent homicide rates as high as 20%[3].

What does all this mean? If a young person in Washtenaw County is impacted by violence, there is a high probability they will either wind up injured a second time or involved in a homicide the next time.

RECOMMENDATIONS

1 – Set a clear goal: commit to saving lives by stopping violence CCJ 1

Violence is not a police problem or a specific neighborhoods issue. It is a public health crisis and requires a commitment by individuals, governing bodies, service providers, and business alike.

2 – Identify key people and places driving violence CCJ 2

In every community, including our county, violence concentrates among a small group of people and places. To effectively reduce violent crime, communities must begin with a rigorous problem analysis. These analyses draw on incident reviews, shooting data, law enforcement intelligence, and social network mapping to identify the people and groups most likely to become involved in a violent incident. We must fund an in-depth problem analysis and asset mapping process. These analyses should then be reviewed by trained street outreach workers and other non-police individuals with relevant experience. This foundational work is critical to creating a shared understanding of a city's violence and guiding collaborative efforts.

3 – Create a plan for engaging key people and places CCJ 3

Commit to building an ecosystems approach to addressing violence. No program or organization can solve this complex problem alone. Compassionate enforcement, street outreach, violence interrupters, and a whole host of services are required for any successful anti-violence initiative. Addressing violence demands a multi-disciplinary response and a strategic plan to effectively organize these efforts. Most critically, leaders must coordinate stakeholder activities focused on the highest risk people and places. Plans should be practical and actionable, detailing concrete commitments: for key people and in key places, who will do what, by when?

4 – Engage key people with empathy and accountability CCJ 4

Those individuals and groups at the highest risk of violence must be placed on notice that they are in great danger of being injured, killed, arrested, and/or incarcerated. This message must be delivered with a combination of empathy and accountability. Supports and services must be offered so people have something better to say "yes" to, but it must be made clear that further violence will not be tolerated.

Outreach workers in neighborhoods and hospitals where shooting victims are recovering can defuse conflicts, connect people to services, and serve as crucial go-betweens for a city and some of its most disconnected citizens, as they do in Detroit with the DLIVE program.

5 – Address key locations using place-based policing and investment CCJ 5

A combination of place-based policing and investment can calm violent spaces. Police are necessary to disrupt existing cycles of violence and stop others from starting. But such short-term actions must be supplemented and quickly replaced by place-based interventions and investments to change the nature of violent micro-locations and the communities in which they are located. Problem-oriented policing, conducted in collaboration with residents can be an effective strategy to begin the process of disrupting violence.

6 – Place responsibility for violence reduction efforts at the top CCJ 6

Every community suffering from high rates of violent crime should have a permanent unit dedicated to violence reduction, with senior leadership reporting directly to the mayor, supervisor, administrator, or sheriff. These units can provide direct services as well as administer funding and should act as a hub for anti-violence efforts.

7 – Emphasize healing with trauma-informed approaches CCJ 7

Agencies working with victims and survivors of violent crime should use a trauma-informed approach. This means acknowledging and recognizing the impacts and symptoms of trauma and ensuring that supports and services are delivered in a way that does not retraumatize survivors. Police also experience trauma and benefit from such approaches as well.

8 – Invest in anti-violence workforce development CCJ 8

Violence intervention work happens because someone has attempted to or is planning to kill someone else. This work is difficult, dangerous, and requires an expertise that can't be learned in a book. Investing in and building up those who do this work and investing in violence prevention and retaliation mitigation programs are essential to saving lives.

9 – Set aside funding for new stakeholders and strategies CCJ 9

There is a large base of rigorous evidence about what works, and what doesn't, when it comes to violence reduction. That said, there is still room for learning and improvement. While most funding should be reserved for strategies with demonstrated track records of success, some portion of anti-violence dollars should be set aside to promote innovation. Development funds should be created to nurture new leaders and organizations with small grants, training, and technical assistance.

10 – Create the Washtenaw County Violence Commission CCJ 6 & 10

A new body is needed to continue and expand this work. Committing to continuous improvement by understanding violence in Washtenaw, recommending strategies, evaluating the effectiveness of strategies, reporting on progress made, and raising awareness are all important components of a violence commission. Strategies must be tested to see if they stop violence and save lives. Plans must be reviewed and, if necessary, revised. Leaders should embrace a learning culture that is able to recognize when strategies are not working and shift course – without starting over from scratch.

11 – Build a community center in eastern Washtenaw County

Whether it is the *science* behind successful violence intervention strategies or simply listening to what the young people in our community are telling us, safe spaces for young people are essential to stopping violence and saving lives.

12 – Build community mural/safe grieving community space

When listening to those directly impacted by violence, a mural of remembrance and safe space to grieve is needed. This allows us to begin the healing process, release the pain of loss, allow our community to grieve, unify those perpetuating violence, honor those lost, call attention to the issue of violence, and share the reality of violence in our community.

13 – Establish grief and loss community response protocol for violent deaths

When a young person dies from a drug overdose or suicide there are clear steps we take to wrap around their friends and loved ones. We do this because we understand the impact that a traumatic sudden loss can have. Why do we not provide the same support for those who lose a loved one to street violence?

14 – Establish Communication Alert System

For community responders to engage they must be alerted when instances of violence occur. Community responder is used in the broadest terms possible and include all working to cure violence.

CCJ - Those local recommendations marked CCJ are aligned with the CCJ 10 Essential Actions to Save Lives plan[4]

REMEMBERANCE

Since 2008, the following individuals have been lost to violence in Washtenaw County. In their memory we commit to action in order to save the lives of future generations.

Donald Ray Hall – 19yo
Jamar Gardner – 31yo
Demarius Reed – 20yo
Derrick Allen – 29yo
Eric Hargrove – 38yo
Zachary Currie – 18yo
Deshawn Jones – 30yo
Domonique Lee – 28yo
Luis Rivera-Estrada – 41yo
Kelly Campbell-Brown – 53yo
Chris Marsh – 18yo
Brian Matthews – 21yo
Marcus Mackey Jr. – 22yo
Henry Ross – 32yo
Von Cratic – 22yo
Laronte Binion-Phillips – 18yo

Kenneth Jackson – 17yo
Chris King – 20yo
Edward Gwinner – 29yo
Keandre Duff – 20yo
Allysha Tomlin – 23yo
Jordan Klee – 18yo
Allen Shevrovich – 25yo
David Sloss – 66yo
Brandon Cross – 19yo
Garland Johnson – 23yo
Kevin Hughbanks Jr – 29yo
Aundre Smith – 22yo
Sonni Green – 20yo
Arthur Ellerson – 18yo
Arshon Evans – 17yo

Anna List – 17yo
Brandon Charles – 28yo
Keon Washington – 17yo
Derius James – 25yo
Wesley Skinner – 44yo
Nina Battle - 32yo
Deandre Willingham – 20yo
Kevin Hughbanks – 50yo
Keifer Johnson – 26yo
Robert Powell – 38yo
Marquis Gillespy – 16yo
Soloman Brown – 31yo
Reed Carter – 22yo
Antonio Bishop – 24yo
Ziair Willis-Wilson – 21yo

The purpose of this list is to honor those lost. Any errors or omissions were unintentional and can be updated.

COMMUNITY VIOLENCE INTERVENTION TEAM MEMBERS

Cherisa Allen
Ypsilanti Community Schools

Drew Crosby
Frech & Wang

Alyshia Dyer
Community Member

Justin Hodge
Washtenaw Co. Board of Commissioners

Darryl Johnson
Mentor 2 Youth

Chuck Peterson-Bey
Community Member

Florence Roberson
SURE moms, Sheriff's Office

Jamall Bufford
Washtenaw My Brother's Keeper

Gregory Dill
Washtenaw County Administration

Zachary Fosler
Ypsilanti Housing Commission

Jeannette Hadden
Community Member

Brian Jones-Chance
City of Ypsilanti

Lois Richardson
City of Ypsilanti

Gail Wolkoff
Educate Youth

Billy Cole
WCSO Outreach, Supreme Felons

Stacey Doyle
Washtenaw ISD

Marv Gundy
WCSO Community Outreach

Derrick Jackson
Washtenaw County Sheriff's Office

Akintunde Oluwadre
Community Member

Sue Shink
Washtenaw Co. Board of Commissioners

Jimmy Wilson
Ypsilanti Township Board of Trustees

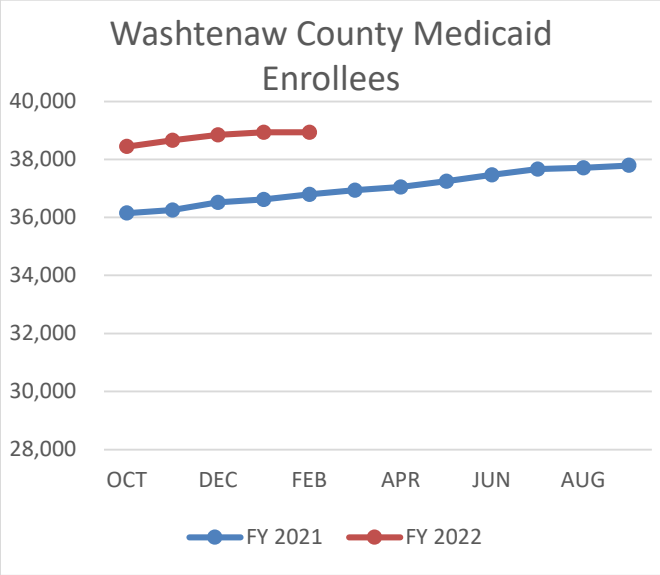
END NOTES

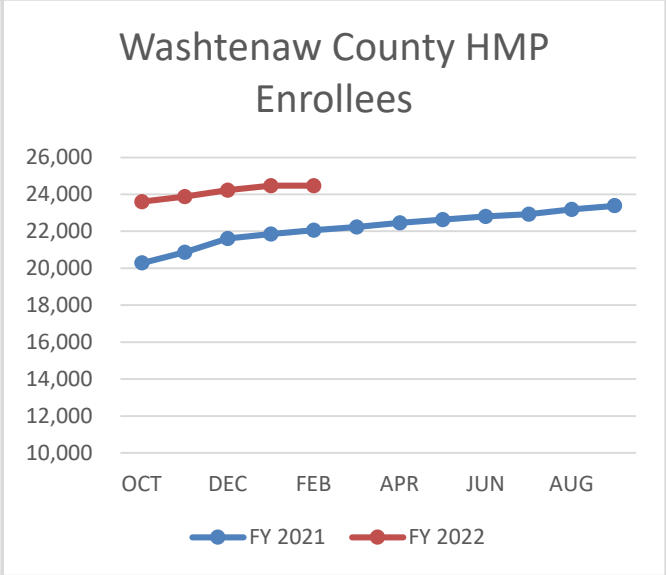
1. Centers for Disease Control and Prevention. 10 leading causes of death by age group, United States—2020. Accessed February 20, 2022.
2. Bingenheimer JB, Brennan RT, Earls FJ. Firearm violence exposure and serious violent behavior. Science. May 27 2005;308(5726):1323-1326.
3. Bonderman J. Working with Victims of Gun Violence. Washington, DC: U.S. Department of Justice, Office for Victims of Crime; 2001.
4. CCJ: As communities around the country confront an ongoing surge in violent crime, particularly homicide, the Council on Criminal Justice launched the Violent Crime Working Group. Composed of a diverse range of leaders, the Group dedicated itself to saving lives by producing anti-violence guidance that is timely, relevant, and reliable. The result was the identification of Ten Essential Actions that communities can take now to reduce community gun violence. Those recommendations listed with CCJ are in alignment with the CCJ recommendations. The list focuses on the actions most likely to make the greatest immediate impact on violence and can be carried out within a year. The full plan can be found here. https://councilоncj.org/10-essential-actions/

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending February 28, 2022
Prepared: April 5, 2022

1. Washtenaw County Enrollees

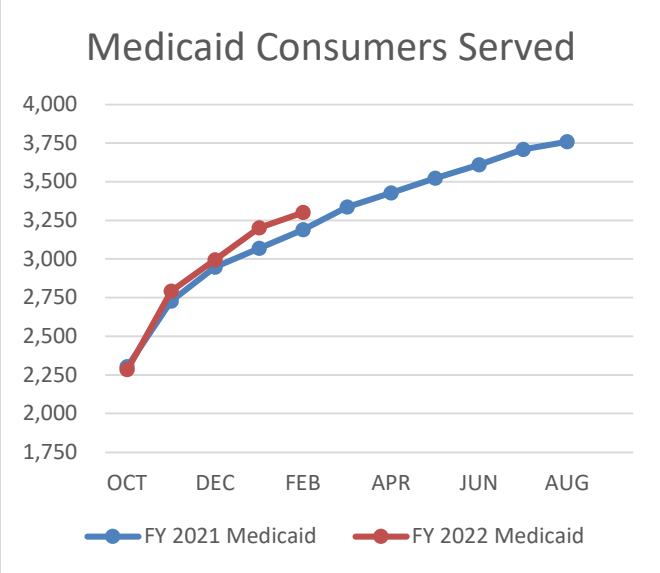
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

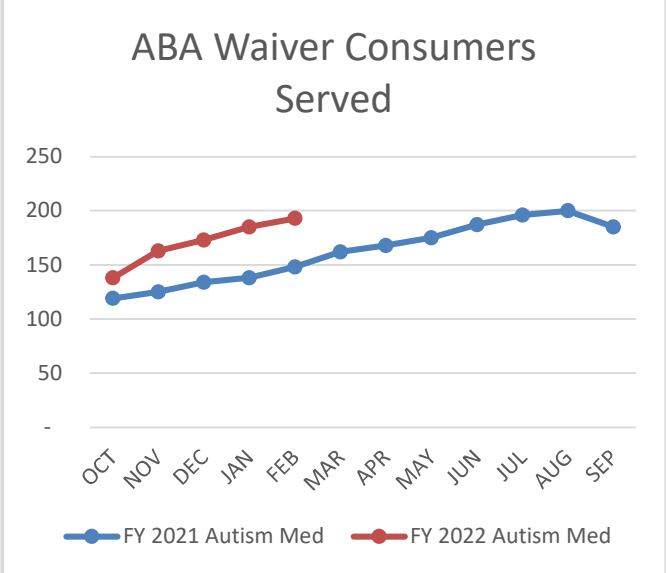




Washtenaw County Medicaid Enrollees were 38,932 in February 2022. This is a 5.81% increase from the same time last year (2,137 more enrollees than in February 2021). Healthy Michigan enrollment in February 2022 was 24,466. This is a 10.95% increase from the same time last year (2,415 more enrollees than in February 2021).

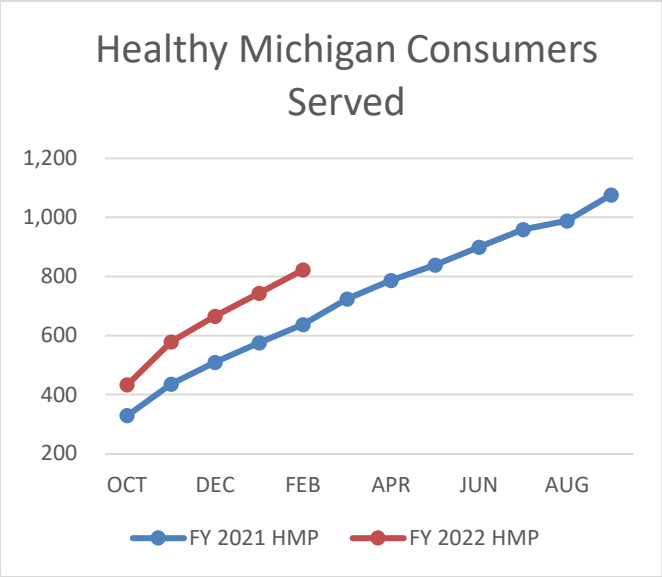
2. WCCMH Consumers Served to Date





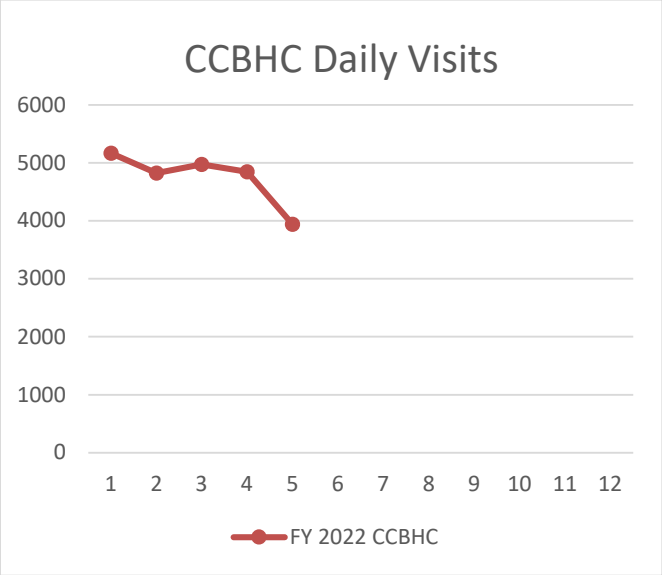
Medicaid consumers served through February 2022 are 3,302. This is 112 more consumers than the prior year (3,190 consumers were served through February 2021).

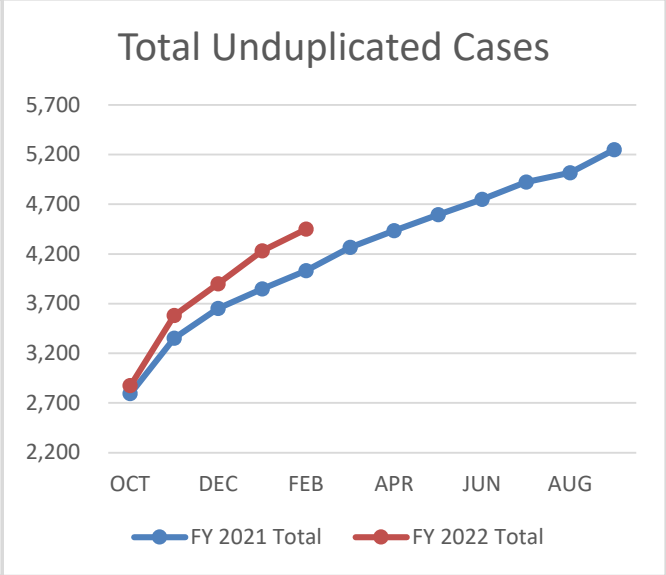
ABA Waiver consumers served through February 2022 are 193. This is 45 more consumers than prior year (148 consumers were served through February 2021).



Healthy Michigan consumers served through February 2022 were 823. This is 185 more consumers than the same period last year.

General Fund consumers served is not available this month due to reporting errors.





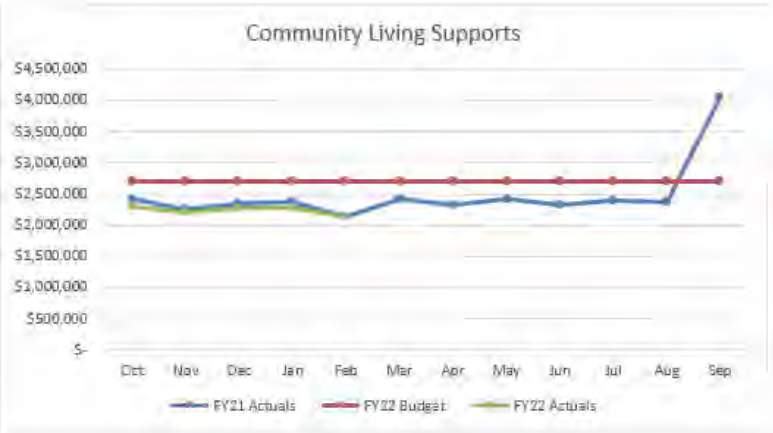
The CCBHC daily visit count for February 2022 were 3,939.

The total unduplicated consumers served through February 2022 were 4,451. This is 421 more consumers than served last year.

3. Financial Statement Highlights

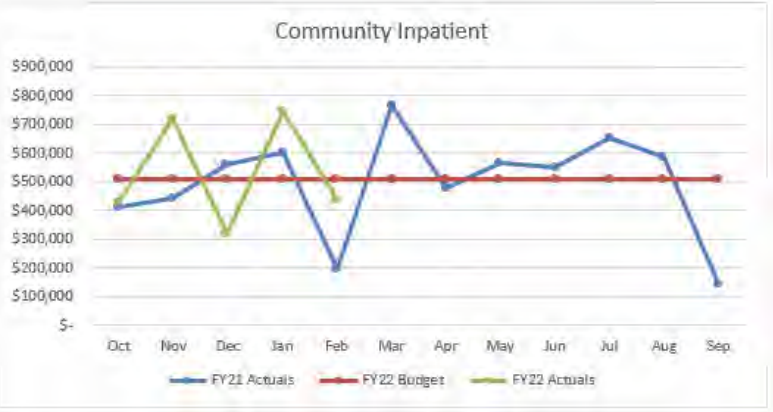
a. CLS service costs to date are estimated to be $11.3 Million and $2.4 Million under budget. The costs year to date are 2.5% less than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct 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	2,711,968	$ 2,307,044	-4.90%
Nov	2,264,769	2,711,968	2,217,838	-3.53%
Dec	2,346,049	2,711,968	2,284,691	-3.23%
Jan	2,365,368	2,711,968	2,286,246	-3.26%
Feb	2,135,096	2,711,968	2,147,479	-2.55%
Mar	2,408,780	2,711,968		
Apr	2,328,718	2,711,968		
May	2,410,288	2,711,968		
Jun	2,316,806	2,711,968		
Jul	2,393,966	2,711,968		
Aug	2,377,568	2,711,968		
Sep	4,042,059	2,711,968		



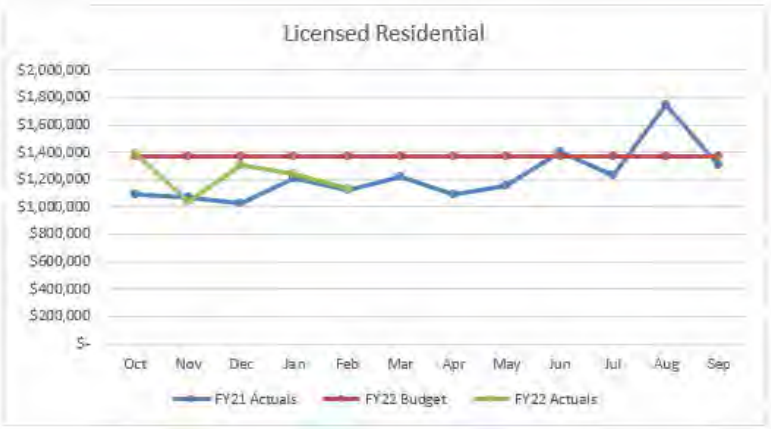
b. Community Inpatient costs to date are $2.6 Million. The costs year to date are 19.81% more than this time last year and $110,000 over budget.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 411,150	$ 508,333	$ 428,747	4.28%
Nov	444,907	508,333	719,608	34.14%
Dec	560,543	508,333	318,967	3.58%
Jan	601,931	508,333	745,851	9.64%
Feb	194,823	508,333	438,634	19.81%
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	146,525	508,333		



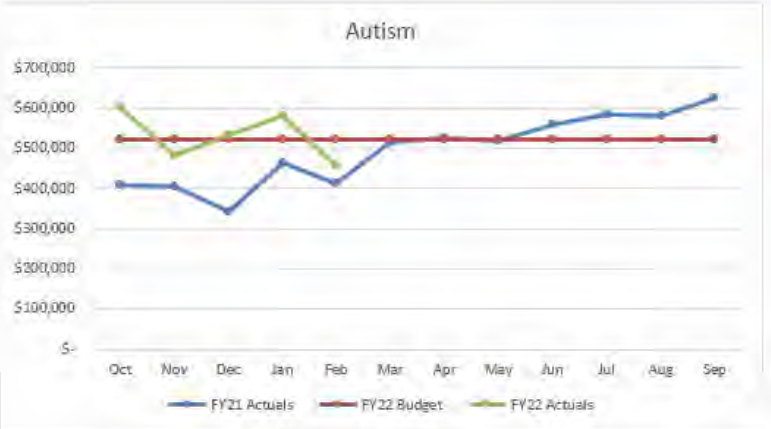
c. Licensed Residential costs to date are $6.1 Million and $774,000 under budget. The costs year to date are 10.45% more than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care 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	$ 1,375,450	$ 1,386,550	26.85%
Nov	1,073,263	1,375,450	1,038,733	11.95%
Dec	1,028,927	1,375,450	1,304,777	16.74%
Jan	1,211,062	1,375,450	1,238,132	12.75%
Feb	1,118,469	1,375,450	1,134,181	10.45%
Mar	1,225,127	1,375,450		
Apr	1,093,521	1,375,450		
May	1,159,115	1,375,450		
Jun	1,399,305	1,375,450		
Jul	1,228,220	1,375,450		
Aug	1,742,223	1,375,450		
Sep	1,304,444	1,375,450		



d. Applied Behavior Analysis/Autism service costs to date are $2.6 Million. The costs year to date are 30.49% more than this time last year and $46,000 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	$ 520,861	$ 602,553	47.64%
Nov	404,662	520,861	479,479	33.13%
Dec	342,956	520,861	534,172	39.84%
Jan	464,654	520,861	580,372	35.56%
Feb	410,998	520,861	453,979	30.48%
Mar	512,641	520,861		
Apr	525,526	520,861		
May	518,865	520,861		
Jun	558,191	520,861		
Jul	584,957	520,861		
Aug	578,244	520,861		
Sep	624,950	520,861		



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 $3.6 Million through February.
c. By funding source, HMP is showing a deficit of $258,000 through February.
d. Overall, the PIHP surplus is $5.0 Million through February.
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 $954,000.

6. Local Key Points

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

b. Local Funds are showing a deficit of $141,000 through February.

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
FEBRUARY 2022 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	18,570,497
HSW		10,914,109
DCW		3,341,805
Child Waiver/SED Waiver		737,900
Autism		2,452,801
Prior Year Adjustments		-
Care for Caid		27,694
Total Medicaid Revenue	$	36,044,805
Total Medicaid Expense	$	32,437,216
Medicaid Surplus/(Deficit)	$	3,607,590
CCBHC **		
Revenue	$	1,709,083
Expense		-
CCBHC Surplus/(Deficit)	$	1,709,083
Healthy Michigan **		
Revenue	$	2,618,701
Expense		2,876,740
Healthy MI Surplus/(Deficit)	$	(258,039)
General Fund		
Revenue		
CMH Operations	$	1,764,601
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		5,745
Total General Fund Revenue	$	1,770,346
Total General Fund Expense	$	815,895
General Fund Surplus/(Deficit)	$	954,451
Injectable Meds		
Revenue	$	45,599
Expense		40,406

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2022 FYTD

		Total
Inj. Meds. Surplus/(Deficit)	$	5,193
Grants And Contracts		
Revenue	$	602,782
Expense		602,782
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	219,584
Redirect to GF		(5,745)
Expense		213,840
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	643,040
Expense		784,958
Local Surplus/(Deficit)	$	(141,918)
Private Grant & All NOR		
Revenue	$	70,251
Expense		70,251
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	43,818,877
Expense		37,942,518
Grand Total Surplus/(Deficit)	$	5,876,360

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,063,826
WCCMH Surplus/(Deficit)		812,534
	$	5,876,360

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2022

	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	$ 46,276,405	$ 19,281,835	$ 18,570,497	$ (711,338)	-3.69%
HSW	27,372,824	11,405,343	10,914,109	(491,234)	-4.31%
Children & SED Waivers	1,044,210	435,088	737,900	302,813	69.60%
Healthy Michigan Capitation	6,284,880	2,618,700	2,618,701	1	0.00%
Autism Capitation	5,886,723	2,452,801	2,452,801	(0)	0.00%
Direct Care Worker Pass-Through	8,421,349	3,508,895	3,341,805	(167,090)	-4.76%
CCBHC Supplementary	4,059,000	1,691,250	1,709,083	17,833	1.05%
TOTAL PIHP Revenue	$ 99,345,391	$ 41,393,913	$ 40,344,896	$ (1,049,017)	-2.53%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 1,764,604	$ 1,764,601	$ (3)	0.00%
Grants & Earned Contracts	1,790,168	745,903	628,858	(117,045)	-15.69%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 729,900	$ 313,636	$ (416,264)	-57.03%
Project Revenue	847,984	353,327	303,343	(49,984)	-14.15%
All Other	1,917,652	799,022	932,209	133,187	16.67%
TOTAL Operating Revenue	**$ 109,888,006**	**$ 45,786,669**	**$ 44,287,543**	**$ (1,499,126)**	-3.27%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,598,359	$ 2,749,316	$ 2,417,474	$ (331,842)	-12.07%
Program Administration	3,355,568	1,398,153	1,280,592	(117,561)	-8.41%
Residential Services					
Community Living Supports	$ 32,543,612	$ 13,559,838	$ 11,335,492	$ (2,224,346)	-16.40%
Licensed Residential	16,505,397	6,877,249	6,102,371	(774,878)	-11.27%
Outpatient Services					
Autism Services	$ 6,250,336	$ 2,604,307	$ 2,650,555	$ 46,248	1.78%
Case Management	5,000,662	2,083,609	1,703,376	(380,233)	-18.25%
Supports Coordination	2,948,825	1,228,677	863,197	(365,480)	-29.75%
Skill Building	4,688,790	1,953,663	1,332,933	(620,730)	-31.77%
Supported Employment	1,538,321	640,967	607,831	(33,136)	-5.17%
Psychiatry	3,307,258	1,378,024	1,271,673	(106,351)	-7.72%
Nursing Services	2,397,642	999,018	880,644	(118,374)	-11.85%
Therapy Services	2,194,098	914,208	739,438	(174,770)	-19.12%
All Other	9,327,130	3,886,304	3,250,899	(635,405)	-16.35%
CCBHC Services	4,059,000	1,691,250	-	(1,691,250)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 2,541,667	$ 2,651,808	$ 110,141	4.33%
Local Matches & Shelter	1,282,838	534,516	699,787	165,271	30.92%
Grants & Earned Contracts	1,790,168	745,903	623,113	(122,790)	-16.46%
TOTAL Operating Expenses	**$ 109,888,006**	**$ 45,786,669**	**$ 38,411,183**	**$ (7,375,486)**	-16.11%
Revenue Over/(Under) Expenses	-	-	5,876,360	5,876,360	

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2022

	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	$ 18,570,497	$ 17,768,854	$ 801,643	4.51%
HSW	10,914,109	10,801,489	112,620	1.04%
Children & SED Waivers	737,900	398,585	339,315	85.13%
Healthy Michigan Capitation	2,618,701	2,405,741	212,960	8.85%
Autism Capitation	2,452,801	1,996,658	456,143	22.85%
Direct Care Worker Pass-Through	3,341,805	1,782,296	1,559,509	0.00%
CCBHC Supplementary	1,709,083	-	1,709,083	0.00%
TOTAL PIHP Revenue	$ 40,344,896	$ 35,153,623	$ 5,191,273	14.77%
MDHHS Revenue				
State General Funds	$ 1,764,601	$ 1,789,001	$ (24,400)	-1.36%
Grants & Earned Contracts	628,858	535,153	93,705	17.51%
All Other Revenue				
County Appropriation	$ 313,636	$ 372,540	$ (58,904)	-15.81%
Project Revenue	303,343	278,941	24,402	8.75%
All Other	932,209	792,080	140,129	17.69%
TOTAL Operating Revenue	**$ 44,287,543**	**$ 38,921,338**	**$ 5,366,205**	13.79%
Operating Expenses				
Administrative Expenses				
General Administration	$ 2,417,474	$ 2,048,036	$ 369,438	18.04%
Program Administration	1,280,592	1,133,948	146,644	12.93%
Residential Services				
Community Living Supports	$ 11,335,492	$ 11,809,643	$ (474,151)	-4.01%
Licensed Residential	6,102,371	5,524,817	577,554	10.45%
Outpatient Services				
Autism Services	$ 2,650,555	$ 2,031,262	$ 619,293	30.49%
Case Management	1,703,376	1,705,598	(2,222)	-0.13%
Supports Coordination	863,197	896,368	(33,171)	-3.70%
Skill Building	1,332,933	935,869	397,064	42.43%
Supported Employment	607,831	577,212	30,619	5.30%
Psychiatry	1,271,673	1,065,162	206,511	19.39%
Nursing Services	880,644	789,739	90,905	11.51%
Therapy Services	739,438	688,253	51,185	7.44%
All Other	3,250,899	2,753,215	497,684	18.08%
CCBHC Services	-	-	-	0.00%
Other Expenses				
Community Inpatient	$ 2,651,808	$ 2,213,354	$ 438,454	19.81%
Local Matches & Shelter	699,787	603,581	96,206	15.94%
Grants & Earned Contracts	623,113	535,153	87,960	16.44%
TOTAL Operating Expenses	**$ 38,411,183**	**$ 35,311,210**	**$ 3,099,973**	8.78%
Revenue Over/(Under) Expenses	5,876,360	3,610,128	2,266,232	

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	$ 99,945,774
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	$ 90,335,121
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	$ 9,610,653 (a)

Current Year FY 2022	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 9,108,033	$ 17,714,521	$ 26,486,887	$ 35,542,274	$ 44,287,543							
Total Expense	$ 7,658,696	$ 14,955,417	$ 22,766,179	$ 30,490,909	$ 38,411,183							
Surplus / (Deficit)	$ 1,449,337	$ 2,759,104	$ 3,720,708	$ 5,051,365	$ 5,876,360	$ -	$ -	$ -	$ -	$ -	$ -	$ -

(a) Includes PIHP Medicaid Surplus of $4,639,734 which is returned to PIHP
Includes General Fund Surplus of $2,682,639 which is returned to MDHHS
Includes Local Funds Surplus of $2,288,280 (County $2,013,517 deficit elimination plan contribution & $274,763 local surplus) which offsets Fund Deficit

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For One Month Ending February 28, 2022

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 1,094,231	$ 4,448,913	$ 3,354,682
Millage Interest Revenue	-	-	-	-
Millage GASB31 Adjustment	-	-	3,142	3,142
	$ 6,565,388	$ 1,094,231	$ 4,452,055	$ 3,357,824
Millage Expenses				
Salary	$ 2,395,000	$ 399,167	$ 241,785	$ (157,382)
Fringe	1,339,513	223,252	136,694	(86,558)
Contractors	1,500,000	250,000	75,806	(174,194)
Trainings	140,000	23,333	80	(23,253)
Operating Expenses	782,500	130,417	57,692	(72,725)
Fleet Charges	60,000	10,000	963	(9,037)
Client Care	78,500	13,083	50,617	37,534
Cost Allocation Plan	70,875	11,813	46,869	35,057
Furniture & Equipment	100,000	16,667	-	(16,667)
Depreciation Expense	10,000	1,667	-	(1,667)
Telephone	50,000	8,333	2,175	(6,158)
All Other Expenses	39,000	6,500	263	(6,237)
Total Millage Expenses	$ 6,565,388	$ 1,094,231	$ 612,944	$ (481,287)
Revenue Over/(Under) Expenses		-	3,839,111	3,839,111
	-			

*** Millage Fund Balance at the close of 2021 is $6,883,265

CCBHC Grant

January 2022 - April 2022

CCBHC #2 - Year 2 Grant Revenue	$ 960,000	$ 480,000	$ 442,572	$ (37,428)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 549,300	$ 274,650	$ 248,248	$ (26,402)
Fringe	315,000	157,500	150,157	(7,343)
Trainings	-	-	-	-
Telephone	7,500	3,750	3,569	(181)
Operating Supplies	1,000	500	-	(500)
Client Care	2,500	1,250	364	(886)
Indirect Costs	84,700	42,350	40,234	(2,116)
Total Expenses	$ 960,000	$ 480,000	$ 442,572	$ (37,428)
Revenue Over/(Under) Expenses	-	-	-	-

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

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 6,565,388	$ 6,824,906	$ 259,518
Millage Interest Revenue	-	-	44,919	44,919
Millage GASB31 Adjustment	-	-	(77,053)	(77,053)
	$ 6,565,388	$ 6,565,388	$ 6,792,772	$ 227,384
Millage Expenses				
Salary	$ 2,395,000	$ 2,395,000	$ 1,762,941	$ (632,059)
Fringe	1,339,513	1,339,513	892,930	(446,583)
Contractors	1,500,000	1,500,000	1,471,320	(28,680)
Trainings	140,000	140,000	5,151	(134,849)
Operating Expenses	782,500	782,500	417,326	(365,174)
Fleet Charges	60,000	60,000	10,196	(49,804)
Client Care	78,500	78,500	92,298	13,798
Cost Allocation Plan	70,875	70,875	280,709	209,834
Furniture & Equipment	100,000	100,000	-	(100,000)
Depreciation Expense	10,000	10,000	-	(10,000)
Telephone	50,000	50,000	23,495	(26,505)
All Other Expenses	39,000	39,000	9,320	(29,680)
Total Millage Expenses	$ 6,565,388	$ 6,565,388	$ 4,965,686	$ (1,599,702)
Revenue Over/(Under) Expenses		-	1,827,086	1,827,086
	-			

*** Millage Fund Balance at the close of 2021 is $6,883,265

CCBHC Grant

January 2022 - December 2022				
CCBHC #2 - Year 2 Grant Revenue	$ 2,250,971	$ 2,250,971	$ 2,031,585	$ (219,386)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 1,166,672	$ 1,166,672	$ 1,176,594	$ 9,922
Fringe	765,442	765,442	654,002	(111,440)
Trainings	9,660	9,660	850	(8,810)
Telephone	16,050	16,050	13,621	(2,429)
Operating Supplies	22,263	22,263	1,869	(20,394)
Client Care	66,250	66,250	567	(65,683)
Indirect Costs	204,634	204,634	184,082	(20,552)
Total Expenses	$ 2,250,971	$ 2,250,971	$ 2,031,585	$ (219,386)
Revenue Over/(Under) Expenses	-	-	-	-

REQUEST: To approve recommendations to the board for the following contract(s) and lease(s):

BACKGROUND:

1. Vintage Specialized Services, LLC DBA Creekside Residential Services- West: will provide Licensed Residential Services.
2. Elite AFC: will provide Licensed Residential Services.
3. Rose Hill- will provide Licensed Residential Services.
4. Cliff Corp- group home lease.
5. Illuminate ABA, LLC- will provide Applied Behavior Analysis Services.
6. Ivyrehab Michigan, LLC- will provide Applied Behavior Analysis Services.
7. Maxim- will provide Private Duty Nursing Services.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Vintage Specialized Services, LLC DBA Creekside Residential Services-West	Medicaid	Per Consumer Authorizations	March 1, 2022-September 30, 2022	Licensed Residential Services
2. Elite AFC	Medicaid	Per Consumer Authorizations	January 25, 2022-September 30, 2022	Licensed Residential Services
3. Rose Hill Center, Inc.	Medicaid	Per Consumer Authorizations	March 1, 2022-September 30, 2022	Licensed Residential Services
4. Cliff Corp	Medicaid	$9,000	January 1, 2022-March 31, 2022	Group Home Lease
5. Illuminate	Medicaid	Per Consumer Authorizations	April 15, 2022-September 30, 2022	Applied Behavior Analysis Services
6. Ivyrehab Michigan, LLC	Medicaid	Per Consumer Authorizations	April 1, 2022-September 30, 2022	Applied Behavior Analysis Services
7. Maxim	Medicaid	Per Consumer Authorizations	April 1, 2022-September 30, 2022	Private Duty Nursing Services

Executive Director Contract Authorizations
April 2022 Finance Committee Meeting

REQUEST: Recommend acceptance of the Executive Director's signature on contracts with a value of less that $25,000

Contractor	Amount	Term	Purpose	Approval Date
JCJ Contracting	$3,438	9/10/21-9/30/21	Driveway Repair	11/19/2021
Michigan Theatre	$2,320	2/16/2022	WCCMH Private Screening of "Summer of Soul"	
National Council for Mental Wellbeing	$12,850	1/18/22-9/30/22	Daily Living Activities-20 Training Module	
Althea Wilson	$5,000	1/1/22-9/30/22	Community Anti-Racism Education Trainings	
U.S. Transport Service	$5,000	4/1/22-4/15/22	Coordinate and Provide Supervised Transportation from Out-of-State Residential Facility	
Shanna Kattari	$5,000	6/1/22-9/30/22	Alphabet Soup & Treating Equality: inclusivity in Healthcare Trainings	

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
February 9, 2022
***Meeting held electronically via Zoom**

Members Present: Judy Ackley, Susan Fortney, Roxanne Garber, Molly Welch Marahar (phone), Randy Richardville (phone), Mary Serio, Sharon Slaton, Holly Terrill, Ralph Tillotson (phone)

Members Absent: Bob King, Sandy Libstorff, Katie Scott

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

Guests Present:

I. Call to Order
Meeting called to order at 6:05 p.m. by Board Chair S. Slaton.

II. Roll Call
- No quorum confirmed, less than the required 7 members in attendance in person.

III. Consideration to Adopt the Agenda as Presented
- Tabled due to the lack of a quorum.

IV. Consideration to Approve the Minutes of the November 10, 2021 Regular Meeting and Waive the Reading Thereof
- Tabled due to the lack of a quorum.

V. Audience Participation
None

VI. Old Business
a. Board Review – February Finance Report – FY2022 as of December 31st
   - M. Berg presented.

VII. New Business
a. Board Action – Proclamation for Greg Adams
   - K. Szewczuk provided an update on G. Adams.
b. Board Action – FY2022 Budget Revision
   - Tabled due to the lack of a quorum.
c. Board Action – FY2022 Q1 Provider Rate Adjuster Revenue
   - Tabled due to the lack of a quorum.
d. Board Action – FY2021 QAPIP Evaluation Summary

- Tabled due to the lack of a quorum.

e. Board Action – FY2022 QAPIP Plan Summary
   - Tabled due to the lack of a quorum.

f. Board Action – Contracts
   - Tabled due to the lack of a quorum.

g. Board Action – SIS Position Request
   - Tabled due to the lack of a quorum.

h. Board Action – Operations Specialist
   - Tabled due to the lack of a quorum.

i. Board Action – Establish CEO Review Committee
   - CEO Review Committee volunteers:
     - R. Garber. R. Tillotson and M. Serio.
   - M. Serio will chair the committee.
   - Committee will report back in March.

VIII. Reports to the CMHPSM Board

a. Board Information – CEO Contract Authority
   - J. Colaianne provided an overview on the recent MORC contract that provides SIS training the region's newly hired SIS Assessor.

b. Board Information - CEO Report to the Board
   - Washtenaw CMH now manages SUD access, joining Monroe, Lenawee, and Livingston CMHs in that function. Per T. Cortes, the transition has gone very well.
   - The Regional Network Management Committee has a training site that's been live since 12/1/22 that allows providers to do all of their training online. The PIHP pays less than $100/month for the platform. J. Colaianne will send the board the link. S. Slaton requested that Mental Health First Aid be considered for the platform.

IX. Adjournment

Meeting adjourned at 6:43 p.m.

_____
Sandra Libstorff, CMHPSM Board Secretary

Millage Funding Summary April 2022

NAMI:

Goals: Continuation of NAMI's Peer Support Services

What: Targeted populations are families and youth in communities with higher rates of mental health issues that currently are not being addressed. (Neighborhoods in Ypsilanti Township will include—but not be limited to—Parkridge, Sugarbrook, and Sycamore Meadows.) Expanding to include Saline and Milan.

- Complete development of a user-friendly, comprehensive booklet listing mental health services in Washtenaw County and informing the public on how to access care. We'll distribute copies to our partners, in community venues throughout the county, and at community events. A digital version will be available as well.
- Craft smart, concise online communications about mental health topics, including how to access services. These messages will be distributed via social media, YouTube, podcasts, and other online media used by our target populations.
- Continue offering presentations (Ending the Silence and Mental Health 101) focused on the need for early intervention, suicide prevention, reduction of stigma, and access to appropriate care. Preferred venues are schools, places of worship, and other community venues — in person, when possible.
- Conduct more NAMI Family and Friends programs, 4-hour seminars for people who have loved ones with a mental health condition. Participants will learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources.
- Refer individuals in crisis and unable to gain immediate access to our services to NAMI Basics OnDemand, a free, 6-session online education program for parents, caregivers and other family members who provide care for youth experiencing mental health symptoms.
- Assemble a calendar of public (outdoor) events hosted by target area schools and communities and attend every event with our table, banner, and materials. NAMI volunteers will engage with event attendees on mental health topics and increase awareness of available resources, including NAMI's.
- Mount a Community Event for Families and Youth with our collaborating organizations.

Funding Amount: 1 year contract total $225,900

Public Health Anti-Stigma Campaign:

Goals: Continuation of the Public Health Anti-Stigma Campaign for an additional 2 years.

What: Major elements of the work include:

- Work with target audiences to develop, refine, review messages and themes
- Review, revise, and expand existing themes for both youth and their trusted adults/parents/caregivers
  - Include more detailed content on seeking services, normalizing seeking help and navigating mental services and support
  - Develop messaging and content that resonates with and supports LGTBQ youth and their families
  - Incorporate Spanish content including developing messages/themes with community members who speak languages other than English
- Prioritize additional strategies for sharing messages (new artwork, formats, murals, merch, platforms, etc.)
- Continue connecting to CARES and promoting youth access

- Disseminate campaign resources through multiple channels, formats, partners, and community outreach
- Track visibility and impact

Funding Amount: 2 year contract total- $340,000

CHRT Communication Strategy:

Goals: Continuation of the CHRT millage communications strategy

What:

1. **Vignettes.** Continue to produce a quarterly vignette series sharing information about the millage with new participant photos and artwork; create vignettes that resonate with specific audiences, such as youth and families; produce three vignettes per quarter. Due date: Quarterly.

2. **Communications.** Continue to develop and release announcements about newly funded services, staff spotlights, blog posts, Q&As, and press releases. Post original content on WCCMH website and social media accounts; disseminate quarterly newsletter; pitch stories to local news outlets, such as Groundcover News, Ann Arbor Observer, and Connected Magazine. Due date: Quarterly and ad hoc.

3. **Promotion.** Promote twelve vignettes as well as the vignettes, annual report, and video from CHRT's 2021-2022 millage communications contract through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Due date: Quarterly.

4. **Underwriting.** Continue underwriting contract with Second Wave Media (Concentrate) to publish three (3) stories per quarter on MHSUD concerns in local publications; ensure Concentrate credits the millage for underwriting all applicable MHSUD stories. Due date: Quarterly.

5. **Impact reporting.** Create and publish materials that describe the programs and services made available through millage funding; work with the WCCMH business team to develop and regularly update a data dashboard on millage investments and impacts. Due date: Quarterly and Q4.

6. **Community event.** Host a movie night at the Michigan Theater with a feature-length film about MHSUD concerns; show the millage video and distribute information about millage-funded programs and services. Due date: Prior to March 31, 2023.

7. **Materials.** Develop and distribute print materials to promote millage services, such as posters, flyers, postcards, magnets, brochures, and more. Due date: Q3 and Q4.

8. **Website maintenance.** Continue to post original content on millage microsite and monitor web metrics on a quarterly basis to evaluate success of advertising strategies. Manage news and announcement posts for WCCMH staff. Due date: Quarterly and ad hoc.

Funding Amount: 1 year contract total- $269,890

NAMI Washtenaw County

DATE SUBMITTED	**CMH – Contract Proposal 2022**
SUBMITTED TO	**WCCMH – Millage Advisory Committee**
SUBMITTED BY	**NAMI Washtenaw County (National Alliance on Mental Illness)**

I. PROJECT DESCRIPTION

A. STATEMENT OF PROBLEM TO BE ADDRESSED	Awareness and utilization of services for people with mental health needs is not spread equally among Washtenaw County residents. Until 2019, NAMI Washtenaw County's peer services were not widely known of or utilized by residents outside the Ann Abor/Dexter/Chelsea areas. However, with passage of the Mental Health and Public Safety Millage in 2017 and the expansion of our contract with WCCMH in 2019, NAMI Washtenaw engaged in a major effort to reach out to three underserved communities—Ypsilanti, Ypsilanti Township, and Whitmore Lake—to engage residents in conversations around mental health topics, ascertain mental health needs, and spread awareness of mental health resources throughout the county, including those offered by NAMI WC. Going forward, we will build on the outreach and education strategies we've developed over the past three years, spreading awareness of mental health concerns among youth and parents in underserved areas of the county: the importance of early assessment and intervention, service navigation, reduction of stigma, and the building and maintenance of social supports. Other underserved communities in Washtenaw County include (but are not limited to) Milan and Saline. NAMI WC will work with local school administrators and counselors to bring NAMI education to youth and parents in target schools and other districts by request.
B. GOALS & OBJECTIVES	NAMI WC provides peer services in partnership with 6 mental health service sectors: CMH, hospitals and community clinics, the criminal justice system, housing, schools, and faith organizations. We will continue working with service providers and community residents in these sectors to deepen our awareness of (a) existing mental health challenges in the populations they serve, (b) the barriers individuals face in accessing services, and (c) where the gaps in service are. NAMI will further develop outreach plans to facilitate learning about mental health conditions, resources, and supports available in Washtenaw County. Specific outreach activities will be developed according to the needs and situation of each targeted population. Activities will start with culturally competent conversations that result in specific action plans (involving education, support, and advocacy) that improve navigation through service systems and reduce stress and trauma. We aim to spread NAMI's message that recovery is possible with appropriate care and support as widely as possible throughout the county.
C. TARGET POPULATION	Targeted populations are families and youth in Ypsilanti, Ypsilanti Township, and Whitmore Lake. (Neighborhoods in Ypsilanti Township will include—but not be limited to—Parkridge, Sugarbrook, and Sycamore Meadows.) NAMI WC may also make educational presentations in other underserved school districts upon request by district administrators.
D. PROJECT ACTIVITIES	In broadening our reach to include communities such as Milan and Saline, we will conduct a series of key informant interviews to ascertain mental health needs. We will then take what we've learned in past focus groups, in the many key informant interviews we have conducted and will conduct, and from providers

	about mental health challenges in all of our target communities and use it to implement further outreach and education activities. We will: • Complete development of a user-friendly, comprehensive booklet listing mental health services in Washtenaw County and informing the public on how to access care. We'll distribute copies to our partners, in community venues throughout the county, and at community events. A digital version will be available as well. • Craft smart, concise online communications about mental health topics, including how to access services. These messages will be distributed via social media, YouTube, podcasts, and other online media used by our target populations. • Continue offering presentations (Ending the Silence and Mental Health 101) focused on the need for early intervention, suicide prevention, reduction of stigma, and access to appropriate care. Preferred venues are schools, places of worship, and other community venues — in person, when possible. • Conduct more NAMI Family and Friends programs, 4-hour seminars for people who have loved ones with a mental health condition. Participants will learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. • Provide the phone number (734-544-3050) for Washtenaw County Access and Crisis Services — a local, round-the-clock resource provided by CMH for individuals experiencing mental health symptoms — in all our publications and presentations. • Refer individuals in crisis and unable to gain immediate access to our services to NAMI Basics OnDemand, a free, 6-session online education program for parents, caregivers and other family members who provide care for youth experiencing mental health symptoms. • Assemble a calendar of public (outdoor) events hosted by target area schools and communities and attend every event with our table, banner, and materials. NAMI volunteers will engage with event attendees on mental health topics and increase awareness of available resources, including NAMI's. • Mount a Community Event for Families and Youth with our collaborating organizations.

II. Measureable (Outputs) & Outcomes

Enrollment statistics from our Family Education series show that for the past several years, less than 10% of class participants have been from the 48197, 48198, and 48189 zip codes, our targeted communities in the past 3 years. Likewise, few class participants have been from communities to the south of Ann Arbor. Our experience with education, support, and advocacy has shown that change begins when communities understand and accept what mental health challenges "look like" and how stress and trauma exacerbate situations involving parents and youth. When affected individuals receive education and support and learn how to navigate service systems, some of the burden on service providers, emergency rooms, police, and hospitals is reduced.

Communities that understand the early signs of poor mental health in their youth and know where to find resources will be more likely get their sons and daughters the help they need early on, thereby improving mental health outcomes. And having similar conversations with families and youth at schools and community gatherings creates an atmosphere of shared learning, in turn reducing stigma.

Through this type of outreach, we would expect to see an increased demand for existing NAMI signature programs: Peer to Peer, Family to Family, Support Groups, and Ending the Silence. We would also expect increased demand for other NAMI programs offered by our affiliate: NAMI Faith Net; NAMI Family and Friends, a 4-hour seminar for people who have loved ones with a mental health condition; and Parents Together, a support group for parents of children with suicidal ideation. Finally, with the publication and wide distribution of our comprehensive resource guide, we would expect to see individuals and families with mental health needs have an easier time of navigating systems and accessing appropriate, quality care.

In addition, the NAMI Smarts program will assist target communities in learning how to advocate for themselves at the local level. Our aim is to develop knowledgeable and engaged groups of people who can guide health and wellness activities in the 6 mental health service sectors: CMH, hospitals and community clinics, the criminal justice system, housing, schools, and faith organizations.

III. Organization Mission and Goals and History of our accomplishments:

NAMI Washtenaw County is an affiliate of National Alliance on Mental Illness, the largest national grassroots organization dedicated to improving the lives of people living with mental health conditions and their loved ones, who live in support. We've been active in Washtenaw County as a resource for all those affected by mental health challenges for 38 years. NAMI WC has been presenting information about mental health in schools, faith organizations, and other community venues for over 9 years. In 2018, our team of over 70 trained volunteers reached over 2400 community members (over 1500 students under age 18) and logged over 5,000 volunteer hours. Early in 2020 when the pandemic struck, our team of 70+ volunteers quickly pivoted to conducting all of our classes and all but one of our support groups online. Enrollment in these online classes and support groups has continued at pre-pandemic levels, in some instances increasing due in part to the uptick in mental disorders attributable to the pandemic and in part to the ease of accessing online classes and groups from home.

NAMI Washtenaw County provides:

- Education about mental health via Peer-to-Peer classes (for people living with a mental health condition and taught by certified peers with similar lived experience); Family-to-Family classes (for people living in support of a loved one and taught by certified peers with similar lived experience); NAMI Family and Friends, a 4-hour seminar for people who have loved ones with a mental health condition; Ending the Silence presentations (for students, teachers, staff, and parents); and Mental Health 101 presentations (for the general public). Prior to the pandemic, NAMI volunteers attended bimonthly sessions of the Mental Health Treatment Court to talk with court participants and their families and acquaint them with NAMI resources they could turn to for help. NAMI volunteers also conducted Peer-to-Peer classes for court participants and other P2P classes in the jail. These activities will resume when social distancing is no longer necessary.
- Support groups for young adults, older adults, people living with a mental health condition, people living in support, parents of children with suicidal ideation, and people seeking a faith component in their journey toward mental health. Also, NAMI volunteers make weekly or biweekly visits to inpatient psychiatric units at Michigan Medicine and St. Joe Hospitals in Ypsilanti and Chelsea to offer support and share information about peer-support activities at NAMI WC with residents and their families. This Hospital Visitation program has existed since 2017.
- Advocacy activities to overcome stigma and discrimination and improve the visibility and quality of mental health care in our community.

History of NAMI Washtenaw County's experiences in support of youth mental health:

In 2017 and 2018, NAMI Washtenaw County's team of Ending the Silence presenters delivered information to over 1700 youth and over 200 teachers and parents in Saline, Ann Arbor, Dexter, Ypsilanti, and Howell school districts on the warning signs of mental health disorders in youth and how to respond to get them help. In-person presentations at schools around the county continued through 2019, but early in 2020, the pandemic necessitated a pivot to mostly online presentations of Ending the Silence. Despite the challenges of the new online format, in 2020 and 2021, our team of volunteers made 35 presentations of Ending the Silence, the majority aimed at individuals in our target zip codes, reaching over 600 students, teachers and parents. We have now trained 29 people in Washtenaw County to present Ending the Silence.

A NAMI WC support group for parents of suicidal children ages 12 – 25 was established in August 2017 with the support of Community Mental Health, Washtenaw County Public Health, and the University of Michigan Depression Center. It continues to meet twice a month, with 40 parents on the mailing list and an average of 10 – 11 participants per meeting.

Following are new youth-focused activities we've initiated in the past two years:

- We partnered with the Corner Health Center in Ypsilanti to launch a new Peer-to-Peer class for young adults (ages 18 – 25) in October 2020. Two months later, we formed a new support group, NAMI Young Adult, for adults ages 18 – 30.
- We partnered with Ypsilanti Community Schools in July 2021 to conduct "Boots on the Ground." This was a door-to-door outreach partnership with YCS and other local nonprofits in Ypsilanti neighborhoods to discuss NAMI WC's mental health resources along with YCS resources and enrollment.
- Mental health disorders often present for the first time in teens and young adults as a mental health crisis. We partnered with Michigan Medicine and Community Mental Health last fall to present a 3-part webinar, "Navigating a Mental Health

Crisis: Before, During, and After." A total of 335 people registered for the event and, as of early 2022, nearly 1,000 people had visited the event landing page and about 240 had viewed the webinar on YouTube.

IV. AFFILIATIONS WITH SIMILAR ORGANIZATIONS

NAMI Washtenaw County is an affiliation of the NAMI State and NAMI National organizations.

TIMELINE

ACTIVITY	PROJECTED DATE
Outreach to partners and community via community events and key providers (existing service agencies) in 6 sectors	Fall 2022
Recruitment for and training of Peer Companions, Community Leaders	Ongoing
Development and implementation of strategic plan to train community peer companions, expand NAMI signature programs and provide information to (and advocate among) providers regarding policies and practices in underserved areas of the county.	Winter 2022 – Ongoing
Hold community-wide Youth and Family Mental Health Event (Generation Stigma Free), inviting families and youth to take part in presentations by local providers and professional associations.	Fall 2023

V. BUDGET

EXPENSE			
CATEGORY	AMOUNT		
Program Coordination/Staff	$155,000	3.5 FTE's	
Outreach Supplies, Mileage, Swag, Food	$10,000		
Social Media, Marketing, Web Support	$8,000		
Volunteer Stipends for Community Leaders and Peer Companions	$17,000		
Materials and Printing	$7,000		
Youth and Family Conference	$7,500		
Volunteer Training	$4,500		
Office Support/Professional Fees	$16,900		
TOTAL	$225,900		

LONG-TERM SOURCES / STRATEGIES FOR FUNDING

Strengthen and collaborate with existing agencies and providers (in the 6 sectors) to continue education, support and advocacy around mental health conditions. Provide trained and experienced peer service providers (following NAMI signature peer programs) which can be incorporated into ongoing (expanded) agency budgets. Provide advocacy stories and information from key informant interviews which can improve and re-direct funding and improve policies and practices. Collaborate with existing data gathering and research organizations (WISD CHRT, WHI, WCCMH, Michigan Medicine-SJMHS) to ensure peer perspectives are represented. Conduct our own major fundraising event (rather than partnering and sharing half the proceeds with the state organization), a 5k walk at a park in Washtenaw County. Continue to reach out to and build relationships with potential major donors and grantors.

VI. EVALUATION

NAMI WC will develop an evaluation plan for a process and outcome evaluation that documents NAMI WC efforts and improved outcomes among the 6 service sectors and our targeted communities. Basic data will be gathered for NAMI WC program activities, including demographic information and attendance, training assessments by participants, follow-up assessments by participants, and evaluation assessments by key agency collaborators. Periodic progress reports will be provided to WCCMH Millage Advisory Board and WCCMH staff.

Washtenaw County Health Department

Wish You Knew Mental Health Campaign

Continuation Proposal – April 2022

Washtenaw County Health Department (WCHD) is pleased to propose continuing work on the Wish You Knew Mental Health Campaign (#WishYouKnew) in partnership with Washtenaw County Community Mental Health (CMH), area youth, community members and community partners. The goal is to provide a community-driven campaign focused on youth mental health and reducing stigma. Primary audiences include area youth and their trusted adults and caregivers.

Background

Driven by community conversations and feedback, the Wish You Knew Washtenaw campaign aims to spark honest and supportive conversations about mental health between youth and adults and to spread hope. If we can share our truth with trusted people in our lives, we can begin to heal. Wish You Knew was developed in 2019 and funded for two years through the Washtenaw County Mental Health and Public Safety Preservation Millage. It was extended through a third year during the pandemic (no-cost extension).

The COVID-19 pandemic reduced available staffing and interrupted planned activities. The Health Department requested a one-year extension and finished the initial implementation the end of March 2022. This included an additional round of paid advertising with campaign themes as well as continued distribution of resource materials and themed items like stickers with area youth and schools and ongoing social media content. In addition the COVID pandemic has undoubtedly exacerbated mental health concerns and stressors for youth.

Outcomes included developing a meaningful and recognizable framework for sharing mental health messages and resources. The voices of local youth and trusted adults were collected and shared with original artwork and through a variety of outlets and partners. The campaign successfully established an online and community presence and connected to community through partners, advertising, and resource materials. Platforms included social media, billboard and bus advertising, videos in movie theaters and streaming, and merchandising (stickers, magnets, art prints, etc.). Examples of reach included material distribution in 34 schools and counting (preK-12) and across 10 districts.

In 2021, paid advertising reach included: Spotify (1/6/21 – 2/5/21) 132,486 plays, about 10 clicks to webpage per day; Comcast streaming (2/1/21 – 5/30/21) 60,576 plays; and billboards (3/1/21 – 4/25/21) with an estimated reach of 900,000 based on locations and visibility. The Wish You Knew Instagram ended 2021 with 929 followers and 11,065 impressions for the year. The main Wish You Knew website page had 1,310 unique visitors in 2021.

In 2022, the Wish You Knew Instagram reached 79% more accounts (338) compared to the last three months of 2021. Total Instagram followers remained consistent in the first three months of 2022. To increase campaign recognition and visibility, additional bus and billboard advertising was launched in March 2022. The billboard campaign consists of three poster and two digital ads in the Ypsilanti/Ann Arbor area that together receive a total of over 360,000 weekly impressions.

COVID-19 impact

The COVID-19 pandemic has very likely exacerbated mental health needs and challenges, and Wish You Knew is more critical as a resource and framework for supporting conversations and access. Unfortunately, the demands of the pandemic response on the Health Department staff reduced staffing for Wish You Knew during 2020. Some planned work was postponed, especially interactive events and gatherings. The campaign has continued to share information and resources in the pandemic context. Staffing gaps have been filled and additional, permanent staffing is now in place moving forward.

Moving Forward

Washtenaw County Health Department proposes continuing the campaign for an additional two-year period at a total cost of $340,000. The proposed project period is May 1, 2022-April 30, 2024, or two years starting as soon as a contract is finalized.

Staffing resources include time from our communications coordinator(s), administrator, and temporary staff (either masters-level intern(s) or a community health worker). As with the initial development of the campaign, the support, expertise, and collaboration of CMH staff, community partners, service providers and community members are critical to forming, reviewing, and carrying out planned activities. Notably, when Wish You Knew was originally developed and launched, the Washtenaw County Racial Equity Office and the BLM Taskforce were not yet established but will now be included.

Funds and incentives are budgeted to support community involvement and participation. Additional funding will provide for contracts with vendors, such as artists, video production, advertising platforms and to support community engagement or activities in response to input gathered.

Major elements of the work include:

- **Work with target audiences to develop, refine, review messages and themes**
    - Target audiences will continue to focus on youth and their trusted adults with a primary focus on communities of color, Ypsilanti youth, and prioritized communities and populations
    - Review, revise, and expand existing themes for both youth and their trusted adults/parents/caregivers
        - Include more detailed content on seeking services, normalizing seeking help and navigating mental services and support
        - Develop messaging and content that resonates with and supports LGTBQ youth and their families
        - Incorporate Spanish, Arabic or other non-English language content. including developing messages/themes with community members who speak languages other than English
    - Prioritize additional strategies for sharing messages (new artwork, formats, murals, merch, platforms, etc.)
    - Continue connecting to CARES and promoting youth access

- **Disseminate campaign resources through multiple channels, formats, partners, and community outreach**

- **Track visibility and impact**

More information about how implementing the proposed work is outlined below.

Campaign Elements	Resources Needed	Non-staff Costs
Message development/revision: Work with stakeholders to refine, check or expand campaign messages, elements, activities, images, etc. Methods include focus group discussions, key informant interviews, surveys, existing listserv (~250).	Staff time with intern or temporary staff support Access to stakeholders (partners, advocates, clients, youth, target audiences, youth leaders, community organizations, etc.)	Gift cards, incentives for youth, community members ~$25 per participant, for participant raffles, refreshments, etc.
Advertising (paid): Make sure campaign messages reach target audiences ideally from multiple places and through multiple channels. Can be targeted (specific publications, social platforms, events) or broad (bus ads, billboards). Paid ads on social media can be affordable, ongoing and targeted (if audience is using platform).	Staff time or consultation for photography, graphic design, and contract execution Ongoing staff time to keep messages/materials circulating and tie to timely events, news, observances, program activities, etc.	Ad placement. Costs vary greatly depending on length and type (billboard, bus, online or print)
Networking/implementation: Work with partners, leaders, groups to utilize, adapt, disseminate messaging/tools. Develop or enhance additional resources as appropriate (e.g. school campaigns).	Partners, community members, leaders Targeted settings	Supportive materials, resources, or merchandise
Campaign materials/resources: Expand message reach with print materials or "SWAG" carrying messages/images and promoting resources. "Merch" for youth audiences. Examples art posters, magnets, referral cards, stickers, buttons, clothing, fidget toys, stress relievers, etc.	Staff time for design, artwork, photography, ordering. Translation into multiple languages, as appropriate. Staff time to distribute directly to partners, community members, etc.	Cost vary by item, quantity, design Translation costs, as needed
Tracking and evaluation: Reach of ads and messages can be tracked (i.e. impressions, social media insights or interactions, web hits). If the campaign format requests an action, such as visiting a website or getting vaccination, actions can be tracked. Focus groups or surveys can be used to ask members of targeted audiences if they saw messages and to provide feedback.	Staff time to develop or carry out strategies. Analyze and report or share results.	Incentives/gift cards if focus groups or surveys are used.

Washtenaw County Health Department prepared this information as of March 24, 2022.

ATTACHMENT #7C
APRIL 2022

CHRT

15 years of
Improving Health. Informing Policy

WASHTENAW COUNTY PUBLIC SAFETY AND MENTAL HEALTH PRESERVATION MILLAGE ADVISORY COMMITTEE

Improving access to millage-funded programs and services

MARCH 31, 2022

CENTER FOR HEALTH AND RESEARCH TRANSFORMATION
4251 Plymouth Road,
Arbor Lakes 1, Suite 2000,
Ann Arbor, MI 48105-3640
chrt-info@umich.edu

COMMUNICATIONS REPORT / PROPOSAL

CHRT

Improving awareness of millage-funded programs and services

From April 2021 – March 2022, the communications team at the Center for Health and Research Transformation (CHRT) has worked to ensure that Washtenaw County residents understand how to access the many new programs and services funded by the county's Public Safety and Mental Health Preservation Millage.

Thanks to Washtenaw County voters, who passed the eight-year millage in 2017, Washtenaw County Community Mental Health has been able to offer mental health and substance use treatment and recovery services to all Washtenaw County residents, regardless of their insurance status or ability to pay for services, since the spring of 2019 (millage funding became available on January 1, 2019).

Last spring, Washtenaw County Community Mental Health and the Public Safety and Mental Health Preservation Millage Advisory Committee set aside funding to allow CHRT, a non-profit health policy center at the University of Michigan, to announce new millage-funded services, describe and promote them to key stakeholders and the public, and ensure that Washtenaw County residents know how to access these services.

CHRT's work was commissioned by the Millage Advisory Committee for the sum of $282,888 with the understanding that a large portion of these funds would support businesses, creators, and entrepreneurs. The money has been used for this purpose and within these constraints.

In the pages that follow, CHRT:

- describes the strategic communications activities undertaken during CHRT's 2021 – 2022 millage communications contract;
- reports on the known impact of these communications activities, as of March 31, 2022;
- provides samples of several communications deliverables from CHRT's 2021 – 2022 millage communications contract; and
- describes additional communications activities that would be undertaken in the April 2022 – March 2023 timeframe with a new $269,890 contract to CHRT to build awareness about millage-funded programs and services.

Communicating with residents (2021 – 2022)

From March 1st, 2021 - March 31st, 2022, the Center for Health and Research Transformation:

Met with 24 community leaders to better understand millage communication needs and opportunities

Impact. Learned from community leaders about how to inform residents across Washtenaw County about millage-funded services and initiatives. Disseminated a millage communications toolkit to these and other community partners; the toolkit includes stories and social media assets that partners can share with their clients and colleagues.

Developed and disseminated 24 stories about millage-funded programs and services

Impact: 850 MHSUD stakeholders—including residents (self-identified), elected and appointed officials, local media outlets, and mental health and substance use disorder professionals—received quarterly updates about millage-funded services. Many stories were published by local media outlets describing millage-funded programs and services.

Developed and disseminated 24 vignettes about millage-funded programs and services

Impact: Five local artists contributed to the MHSUD campaign, including artists Gary Horton and Avery Williamson, photographers Heather Nash and William Watson, and designer Daina Fuson. These vignettes were shared through WCCMH social media accounts (Facebook, Instagram) and advertised on billboards (Chelsea, Whitmore Lake, and Ypsilanti), bus signs and wraps, websites, and news outlets across the county.

Developed and published an impact report to describe millage investments in 2020

Impact: Disseminated 3,000 copies to over 250 community-based organizations, including libraries, schools, health centers, food pantries, housing organizations, faith-based organizations, senior organizations, law enforcement, courts, and local businesses. Developed a digital impact report and shared it widely through email lists, social media, and millage newsletter. Worked with the WCCMH business office to report on millage-funded initiatives during the first three years of the eight-year millage.

Analyzed the WCCMH website for usability and accessibility

Impact: Gathered feedback and suggestions from five-dozen individuals through interviews, surveys, and usability studies and conducted a comparative analysis of other CMH websites. Developed a usability report to guide website improvements.

Designed and distributed postcards to promote the 24/7 access line

Impact: Sent 14,500 postcards with refrigerator magnets to promote the millage-funded access line in Dexter and Saline as an initial run. Delivered 500 postcards with refrigerator magnets to Avalon Housing and Washtenaw County Community Mental Health. Printed 3,000 postcards for the millage-funded crisis team to leave with a note when field visits are unanswered.

Developed a ten-minute video highlighting millage-funded initiatives and partnerships

Impact: Worked with Reel Clever, a southeast Michigan production company, to develop a ten-minute video that describes and promotes millage-funded programs and services. This video has not yet been distributed; however local distribution is part of CHRT's proposed 2022 – 2023 communications contract.

Refreshed the WCCMH website based on usability analysis findings

Impact: Revisions include adaptations to the navigation bar to improve accessibility; simplifying website language; making the site more visually appealing; adding new content about eligibility for and cost of services, and more. The new design is being shared with WCCMH on a sandbox site before the changes are released on the WCCMH site.

During the second and third quarters of 2021, while the key messages, stories, and vignettes were being developed, millage microsite visitors were only 1,538 (Q2) and 2,345 (Q3), respectively. In the fourth quarter of 2021, when the campaign was fully launched, millage page visitors more than tripled, to 8,256.

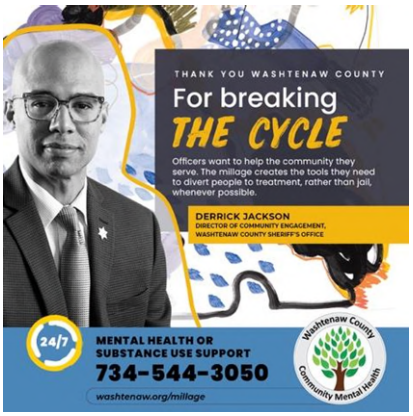
Additionally, between March and November, the bounce rate for WCCMH pages declined from 77.2% to 62.6% as of December 15, 2021. WCCMH's unique page visitors are also increasing. WCCMH had 24,711 unique page visitors between March 1 and July 31. Between August 1 and December 28,944 unique visitors.

COMMUNICATIONS REPORT / PROPOSAL

CHRT

Sample communications (2021 – 2022)

I. Vignettes



II. Stories

Fostering hope, peer support specialists are helping people on their journey to recovery

There aren't too many job applications where checking the box for a criminal history or a mental illness or a history of addiction would give you an edge. But for peer-support specialists, it's a decided advantage.

Valerie Bass, who has navigated homelessness, addiction, depression, and incarceration checked those boxes to become trained as a peer support specialist. Artie Tomlin did the same. And today, thanks to funding from Washtenaw County's Public Safety and Mental

Millage funding and partnerships are reforming how Washtenaw County responds to public safety

Beginning in 2019, the Washtenaw County Sheriff's Office (WCSO) and Washtenaw County Community Mental Health (WCCMH)—with funding from the Public Safety and Mental Health Preservation Millage—came together to adopt a set of police reforms.

The reforms allow the two agencies to "work better together, so we can respond more effectively to individuals living with behavioral health conditions—not only in the jail, but also in the community," says Washtenaw County Sheriff Jerry Clayton, a nationally regarded police reform leader who has been serving as the county's sheriff since

Millage funds help Ozone House youth with housing and supportive services

For over 50 years, Ozone House has played a pivotal role in Washtenaw County—assisting runaway, homeless, and high-risk youth and their families.

While stable housing is a primary focus, the organization has expanded its mission to provide a holistic range of support services—food, job training, life skills, therapy, and more—that help clients meet their full potential. And beyond homelessness, many young people are also struggling with mental health issues.

III. Billboard

IV. Bus wrap


POWERED BY HYBRID E
THANK YOU WASHTENAW COUNTY
For supporting PEOPLE IN CRISIS
KATIE HOENER
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
washtenaw.org/millage
Washtenaw County
Community Mental Health

V. Annual report

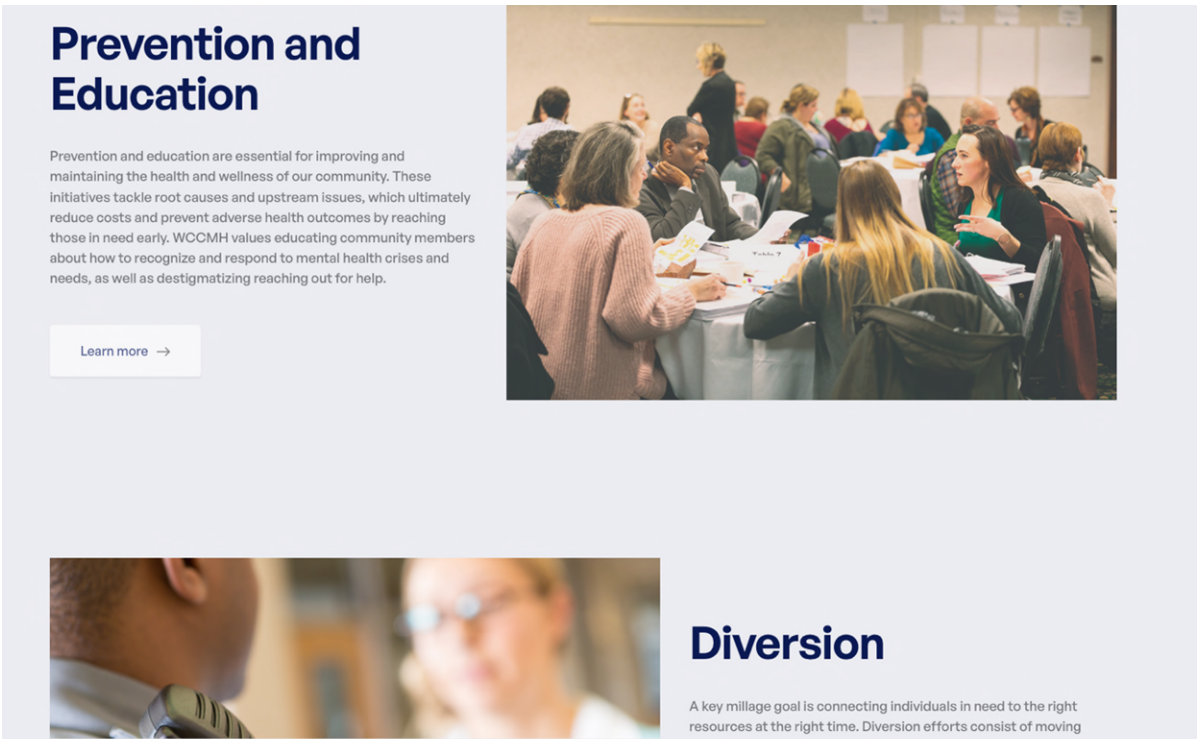
CARES

In 2019, WCCMH expanded its services to all county residents regardless of insurance, ability to pay, or crisis severity. The expansion, known as CARES, provides short-term care and ultimately connects clients to long-term, sustainable care. The CARES team served, on average, 278 active cases per month in 2020. For assistance with a crisis situation, or guidance on how to get connected to services or how to help a loved one, anyone can call the CARES hotline at 734-544-3050.

24/7 Crisis Center

In 2020, through millage funding, WCCMH opened a 24/7 crisis center—providing an alternative space to emergency rooms and jail for individuals experiencing a crisis. 750 Towner provides after-hours medical care, peer support, and services to meet basic needs —such as food and a safe place to sleep—to stabilize individuals, then connects them to sustainable community care. Between July and September 2020, the center served 30 people. It will continue to serve many more in the years ahead.

Service Category	Number of services	Number of clients
Case management	5,813	607
Psychiatric medication reviews	1,165	277
Nursing services	785	256
Peer support	674	100
Intake assessments	341	320
Psychiatric evaluations	292	248
Injections	166	31
Wellness notes	71	59
Nursing assessments	19	18
Total	9,326	1,916



VI. Toolkit samples

News to share with your clients

Here's what happens when you call Washtenaw's 24/7 hotline for mental health and substance use support

Anyone can call Washtenaw County's 24/7 mental health and substance use treatment access line at 734-544-3050. The line is staffed around the clock by mental health experts who ask a series of questions to understand caller needs, then provide callers with the information they request or links to the services they require.

First, call center staff will ask who needs assistance–the caller, or the caller's child, parent, grandparent, student, parishioner, patient, or friend. All calls and callers are welcome.

Second, call center staff need to quickly determine the urgency of the need. This allows them to immediately route crisis calls to the agency's 24/7 crisis response team, a group of mental health experts, with advanced training in crisis situations, that is available to respond to community needs at any time of the day or night.

Staff then ask callers for some basic information about the person who needs assistance, including name, age, and location. This allows hotline staff to begin a confidential health record, which is required for program and service referrals.

To best help callers, staff may also ask about symptoms and mood, history of mental health or substance use concerns, and more. This allows staff to provide relevant information and resources and to refer callers to the community or agency resources they need, such as peer-support specialists, group or individual counseling, or licensed psychiatrists who can prescribe medications.

Call center staff are required to ask about insurance status, *but no Washtenaw County resident will be denied service based on insurance status, ability to pay, or immigration status.* Callers do not need insurance, citizenship, or money to access mental health or substance use treatment services.

"Plug and play" social media posts

Post 1

Problems with your #mentalhealth are really hard to handle. But you're not alone. Contact #WashtenawCounty Community Mental Health. https://bit.ly/35OdU3G
Add 140 characters of tags, e.g.,
@WashtenawHI @NAMIWC @washtenawCMH [ID possible other tags]

Post 2

Insured or not, anyone can call #WashtenawCounty Community Mental Health for support services. Any time, 24/7.https://bit.ly/35OdU3G
Add 140 characters of tags, e.g.,
@WashtenawHI @NAMIWC @washtenawCMH [ID possible other tags]

Proposal for 2022 – 2023 communications

There is a significant need to share millage impact for two reasons: first, to be transparent about the use of millage funds, and second, to ensure that residents are aware of services available to them due to millage funding. CHRT's proposed contract for 2022-23 addresses both needs and will serve to highlight the commendable new programs and initiatives made possible by the millage.

Proposed deliverables

1. **Vignettes.** Continue to produce a quarterly vignette series sharing information about the millage with new participant photos and artwork; create vignettes that resonate with specific audiences, such as youth and families; produce three vignettes per quarter. Due date: Quarterly.

2. **Communications.** Continue to develop and release announcements about newly funded services, staff spotlights, blog posts, Q&As, and press releases. Post original content on WCCMH website and social media accounts; disseminate quarterly newsletter; pitch stories to local news outlets, such as Groundcover News, Ann Arbor Observer, and Connected Magazine. Due date: Quarterly and ad hoc.

3. **Promotion.** Promote twelve vignettes as well as the vignettes, annual report, and video from CHRT's 2021-2022 millage communications contract through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Due date: Quarterly.

4. **Underwriting.** Continue underwriting contract with Second Wave Media (Concentrate) to publish three (3) stories per quarter on MHSUD concerns in local publications; ensure Concentrate credits the millage for underwriting all applicable MHSUD stories. Due date: Quarterly.

5. **Impact reporting.** Create and publish materials that describe the programs and services made available through millage funding; work with the WCCMH business team to develop and regularly update a data dashboard on millage investments and impacts. Due date: Quarterly and Q4.

6. **Community event.** Host a movie night at the Michigan Theater with a feature-length film about MHSUD concerns; show the millage video and distribute information about millage-funded programs and services. Due date: Prior to March 31, 2023.

7. **Materials.** Develop and distribute print materials to promote millage services, such as posters, flyers, postcards, magnets, brochures, and more. Due date: Q3 and Q4.

8. **Website maintenance.** Continue to post original content on millage microsite and monitor web metrics on a quarterly basis to evaluate success of advertising strategies. Manage news and announcement posts for WCCMH staff. Due date: Quarterly and ad hoc.

Proposed timeline

Deliverable	Q1 (Apr-Jun 22)	Q2 (Jul-Sep 22)	Q3 (Oct-Dec 22)	Q4 (Jan-Mar 23)
Vignettes	X	X	X	X
Promotion	X	X	X	X
Underwriting	X	X	X	X
Stories & newsletters	X	X	X	X
Impacting reporting	X	X	X	X
Community event				X
Materials			X	X
Website maintenance	X	X	X	X

ATTACHMENT #8
APRIL 2022

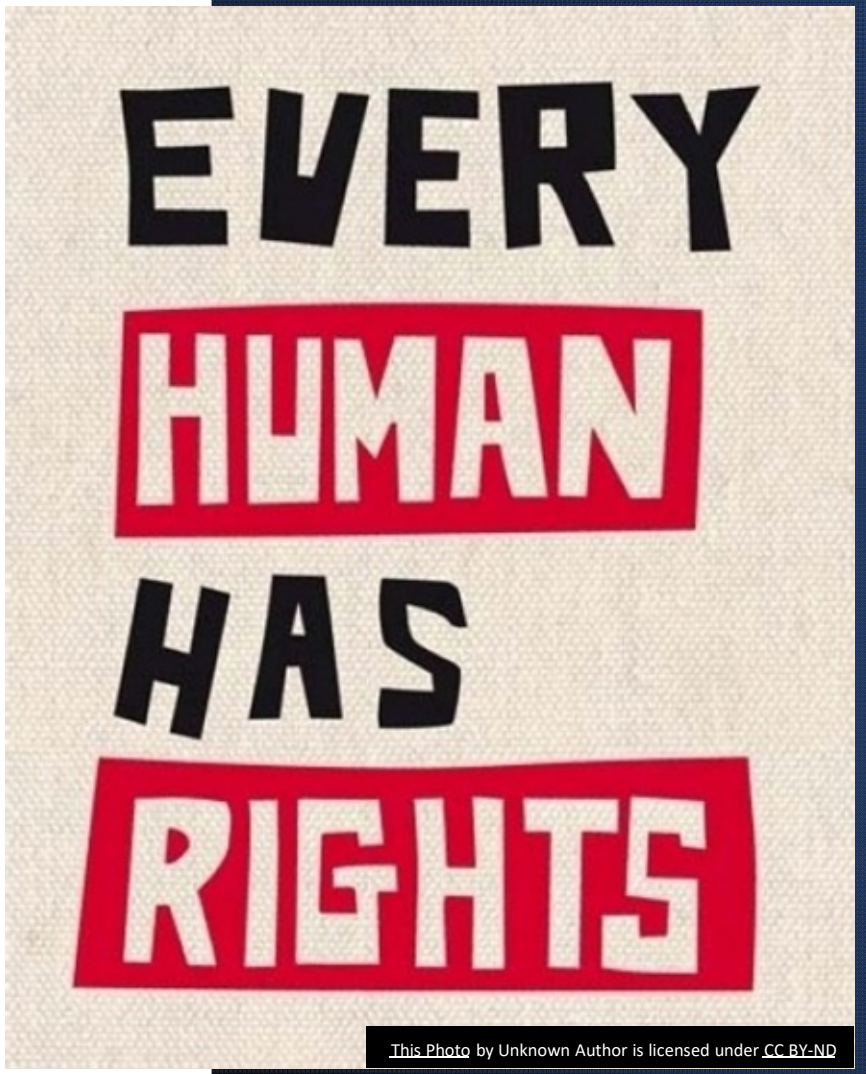
Recipient Rights Board of Directors Training

Office of Recipient Rights Overview

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

Functions of the Rights Office

- Prevention
- Monitoring
- Education/Training
- Complaint resolution



Overview of Code Protected Rights

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

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

Overview of Code Protected Rights

The Mental Health Code also guarantees certain rights for family members of recipients of mental health services in Michigan. These rights include:

- To be treated with dignity and respect
- The opportunity to provide information to treating professionals
- The opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance, and coping strategies

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

Investigative Process

- A recipient (or someone on their behalf) may file a Recipient Rights Complaint
- Within 90 days, the Rights Office will investigate the complaint and determine whether a violation occurred
- If the complaint is substantiated, the provider of services will take appropriate remedial action to correct the violation
- The Rights Office will issue a Summary Report to the recipient, complainant, and parent of a minor recipient or guardian (if applicable)

Appeal Process

- After receiving the Summary Report, the recipient, complainant, or parent of a minor recipient/guardian may file an appeal within 45 days
- Grounds for appeal include:
  - The investigative findings of the Rights Office are not consistent with the facts, law, rules, policies, or guidelines
  - The action taken or proposed by the provider does not provide an adequate remedy
  - The investigation was not initiated or completed on a timely basis
- The Recipient Rights Appeals Committee will review the appeal
- If accepted, the committee will make a decision within 30 days
- The Appeals Committee shall do one of the following:
  - Uphold the investigative findings of the Office and the action taken or plan of action proposed by the provider
  - Return the investigation to the Office and request that it be reopened or reinvestigated
  - Uphold the investigative findings but recommend that the provider take additional or different action to remedy the violation
  - Recommend that the local CMH Board request an external investigation by the Department of Health and Human Services (MDHHS)
- If the appeal was because the findings were inconsistent with the facts, law, rules, policies, or guidelines, the Appellant can file a second level appeal with MDHHS

Recipient Rights Advisory and Appeals Committee (RRAC)

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

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

Responsibilities of the CMH Director

- Directly supervises the Recipient Rights Director
- Issues Summary Reports
- Submits the Recipient Rights Annual Report to the CMH Board and MDHHS

Responsibilities of the CMH Board

- Approves the Recipient Rights Annual Report
- Approves new members of the RRAC
- The RRAC may also make additional recommendations to the CMH Board outside of the Annual Report, based on any concerns noted in the bullets on the earlier slide.
- If a Rights complaint is received regarding the conduct of the CMH Director, the Board shall request MDHHS or another CMH's Rights Office complete the investigation
- If recommended by the RRAC, the Board can request an external investigation related to a Recipient Rights Appeal

Monitoring of the Rights Office

The Rights Office is monitored in the following ways:

- **Internal review**- The Director of the Office oversees the daily operations of the Office. Complaint data is reviewed quarterly during management meetings and at the RRAC.
- **Regional review**- Affiliate partners complete peer reviews of the Office. Complaint data is reviewed annually during regional Clinical Performance Team Committee.
- **State review**- Complaint data and additional information are submitted to MDHHS semi-annually. The MDHHS Office of Recipient Rights completes a tri-annual assessment and certification of the Office. The internal and regional monitoring is preparation for this assessment. Certification of the Office of Recipient Rights is required for an agency to be certified as the CMH. Washtenaw received a Full Compliance (highest) score at their November 2021 assessment.

Contact your WCCMH Rights Officers

Shaun Thompson

Leah Raehtz

Sarah Smith

Jessica Krefman

Officer of the day phone number:

734-219-8519

Community Mental Health Partnership of Southeast Michigan	***Policy:*** ***Conflict of Interest***	
CMHPSM Board Governance	Department: Compliance Author: Victor Absil, Compliance Officer	
Original Board Approval Date 12/09/2020	Date of Board Approval 12/09/2020	Date of Implementation 1/1/2021

I. POLICY

It shall be the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to require any Covered Person to identify and disclose to CMHPSM's Board of Directors (the Board), any financial or personal Conflict of Interest. Covered Persons should avoid even the appearance of a perceived conflict of interest while fulfilling their required duties to ensure public trust in all CMHPSM processes, remain in compliance with federal and state laws and CMHPSM policy.

II. PURPOSE

The purpose of this Conflict of Interest Policy is to protect the CMHPSM's interest when it contemplates entering a transaction or arrangement that might benefit the private interest of a Covered Person. To achieve this objective, this Policy defines Conflict of Interest, identifies individuals covered by this Policy, provides a means for those individuals to disclose information, and outlines procedures for managing conflicts of interest. This policy is intended to supplement, not replace, any applicable state and federal laws governing Conflict of Interest applicable to the CMHPSM.

III. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
12/09/20	N/A	This Board Governance policy replaces a CMHPSM Operational Policy last approved on 9/13/2017, that operation policy was rescinded 12/22/2020.

IV. DEFINITIONS

Compensation. Compensation includes direct and indirect renumeration as well as gifts or favors that are not insubstantial.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one's financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person's Family member; or the organization that the Covered Person serves as an officer, director,

trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Covered Person. A "Covered Person" refers to all persons covered by this policy and includes:

- Members of the CMHPSM's Board (Directors)
- Members of the CMHPSM's Oversight Policy Board
- Officers of CMHPSM
- Individuals to whom the board has delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control $100 or more of CMHPSM's expenditures, operating budget, or compensation for employees.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;
B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or
C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement.
D. A financial interest is not necessarily a conflict of interest. Under Section VI of this Policy, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Interested Person. Any Covered Person, who has a direct or indirect Financial Interest, as defined below, is an interested person.

Public Officer. Public officer means a person who is elected or appointed to a position in the CMHPSM, a CMHSP, or some other public entity.

V. DUTIES OF COVERED PERSONS

Duty of Care. Covered Persons' shall act in a reasonable and informed manner and perform their duties for CMHPSM in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances.
Duty of Loyalty. Covered Persons' owe a duty of loyalty to act in the best interest of CMHPSM and those who CMHPSM serves. No Covered Person may personally take advantage of a

business opportunity that is offered to CMHPSM unless the Board determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

Conflicts of Interest. All Covered Persons shall comply with this Policy when engaging in a transaction or arrangement that involves a Conflict of Interest. All Covered Persons shall:

- Disclose to the Board Chairperson, or any committee chairperson with Board delegated powers, the existence of a Financial Interest in connection with any actual or possible Conflict of Interest.
- Unless a Conflict of Interest Waiver has been granted by the Board, recuse themselves from voting, and being present for deliberations and voting, on any transaction or arrangement involving CMHPSM in which they have a Financial Interest. The Interested Person may respond to Board inquiries necessary for its deliberations and/or decisions.
- Comply with any restrictions or conditions stated in any Conflict of Interest Waiver or within the Board's bylaws.

Duty to Disclose. In connection with any actual or possible Conflict of Interest, Interested Persons must disclose the existence of the Financial Interest. They must be given the opportunity to disclose all material facts and answer questions from the Board—and from members of committees with governing board delegated powers—who are considering the proposed transaction or arrangement.

VI. PROCEDURES

Determining a Conflict of Interest. After disclosure of the Financial Interest and all material facts, and after discussion with the Interested Person, the disinterested members of the Board or committee discuss and vote to determine whether a Conflict of Interest exists. The Interested Person must not participate in the discussion, or vote on, whether a Conflict of Interest exists.

Appointment of Disinterested Person. If appropriate, the chairperson of the governing board or committee shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction.

Alternatives. After exercising due diligence, the CMHPSM Board or committee shall determine whether the CMHPSM can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

Board Vote. If a more advantageous transaction or arrangement is not reasonably possible, under circumstances that would not produce a conflict of interest, the CMHPSM Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the CMHPSM's best interest, for its own benefit, and whether it is fair and reasonable. An Interested Person may make a presentation at the CMHPSM board or committee meeting. The Interested Person, however, must not participate in the discussion, or the vote on, the transaction or arrangement involving the conflict of interest.

VII. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

Notice to Interested Person. If the CMHPSM Board or committee has reasonable cause to believe a Covered Person has failed to disclose actual or possible Conflicts of Interest, it shall inform that person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

Taking Appropriate Action. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

VIII. WAIVERS

Procedure for Waiving a Conflict of Interest. If, after exercising reasonable efforts, the board determines that it is not able to obtain a more advantageous transaction or arrangement not involving the Interested Person, then the Board may grant a Conflict of Interest waiver. A Conflict of Interest waiver may be granted only if the Board determines that the Financial Interest is not so substantial as to be deemed likely to affect the integrity of the Interested Person's services (*see* 18 USC §208(b)(1)). A Conflict of Interest waiver further requires a majority vote by the Board to waive the Conflict of Interest and proceed with the proposed transaction or arrangement. A Conflict of Interest Waiver shall be in writing and signed by the chairperson of the Board on CMHPSM's Conflict of Interest Waiver Form (Exhibit B). All Conflict of Interest Waivers shall be issued prior to the Interested Person's participation in any transaction or arrangement with CMHPSM.

Content of a Waiver of Conflict of Interest (*See* 5 CFR 2640.301). If the Board votes to waive the Conflict of Interest and proceed with the proposed transaction or arrangement, the Waiver may still restrict the Interested Person's participation in the matter to the extent deemed necessary by the Board. The Conflict of Interest Waiver may cover all matters the Interested Person may undertake as part of his/her official duties with CMHPSM, without specifically enumerating those duties. The information contained in the waiver, however, should provide a clear understanding of the nature and identity of the Financial Interest, the matters to which the waiver will apply, and the Interested Person's role in such matters.

Factors for Consideration when Granting a Waiver (*See* 5 CFR 2640.301). In determining whether a Financial Interest is substantial enough to be likely to affect the integrity of the Interest Person's services to CMHPSM, the Board may consider, as applicable:

- **i.** The type of Financial Interest (e.g. stocks, bonds, real estate, cash payment, job offer or enhancement of a family member's employment);
- **ii.** The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Interested Person, the Interested Person's relationship to that person;
- iii. The dollar value of the Financial Interest, if known and quantifiable (e.g. amount of cash payment, salary of job to be gained or lost, change in value of securities);

iv. The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its value in relationship to the individual's assets;
v. The nature and importance of the Interested Person's role in the matter including the level of discretion which the Interested Person may exercise in the matter;
vi. The sensitivity of the matter
vii. The need for the Interested Person's services (e.g. consider alternatives); and
viii. Adjustments which may be made in the Interested Person's duties that would eliminate the likelihood that the integrity of the Interested Person's services would be questioned by a reasonable person.

Waivers Supported by Michigan Law (*See* 1968 PA 317, MCL 15.321 to 15.330; 1978 PA 566 MCL 15.183(8))

- A Community Mental Health Services Program (CMHSP) Board member or employee may be a party to a contract with a CMHSP if the contract is between the CMHSP and the CMHPSM.
- A CMHSP Public Officer or public employee may also be a Public Officer or employee of the CMHPSM, even if the CMHPSM has a contract with the CMHSP.
- The CMHPSM Board may approve a contract with a CMHSP, even if a CMHSP Board member is also an employee or independent contractor of the CMHPSM.

IX. RECORDS OF PROCEEDINGS

The minutes of the CMHPSM board and committees with board delegated powers shall contain:

Names of Covered Persons. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the CMHPSM's Board or committee's decision as to whether a conflict of interest in fact existed.

Names of persons present. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Waiver of conflict of interest. If the Board grants a waiver of a Conflict of Interest, the waiver shall be in writing and shall be signed by the Chairperson of the Board. The writing shall describe the financial Interest, the transaction or arrangement to which the Financial Interest applies, the Interested Person's role in the transaction or arrangement, and any restriction on the Interested Person's participation in the proceeding, transaction or matter.

X. COMPENSATION COMMITTEES

Precluded from voting. A voting member of the CMHPSM Board or of any committee whose authority includes compensation matters, and who receives compensation, directly or indirectly,

from the CMHPSM for services is precluded from voting on matters pertaining to that member's compensation.

Providing information. No voting member of the CMHPSM Board or any committee whose authority includes compensation matters and who receives compensation, directly or indirectly, from the CMHPSM, either individually or collectively, is prohibited from providing information to the Board or any committee regarding compensation.

XI. ANNUAL FINANCIAL INTEREST DISCLOSURE STATEMENT

Annually, on a date to be determined by the Board, each Covered Person shall sign and date a statement which affirms that the signor:

- Has received a copy of this Conflict of Interest Policy;
- Has read and understands the Policy;
- Has agreed to comply with the Policy;
- Has disclosed on the CMHPSM Financial Interest Disclosure Statement (Exhibit A) all Financial Interests which the signor may currently have; and
- Will complete a new, updated, Financial Interest Disclosure Statement if the information changes and/or a new Financial Interest arises.

XII. REFERENCES/LEGAL AUTHORITIES

Federal:

- INTERNAL REVENUE SERVICE, *Instructions for Form 1023 (01/2020), Appendix A: Sample Conflict of Interest Policy*, last accessed October 2020 at https://www.irs.gov/instructions/i1023.
- SSA Section 1902(a)(4)(C) and (D)
- 41 USC Chapter 21 (formerly 41 USC 423 –ch. 27 of the Office of Federal Procurement Policy Act—restrictions on obtaining and disclosing certain information)
- 18 USC §208 (Federal Conflict of interest statute)
- 5 CFR §2540.201 (Waivers issued pursuant to 18 USC 208)
- 5 CFR Part 2640 (Interpretation, Exemptions and Waiver Guidance concerning 18 USC 208)
- 42 USC 1396a (Federal Medicaid statute- State plans for medical assistance)
- 42 CFR §438.58 (Conflict of Interest Safeguards)
- 45 CFR Part 74 (Administrative requirements for awards to non profit organizations and local governments)
- 45 CFR Part 92 (Federal procurement regulations)
- 42 CFR 455 Subpart B - Board disclosure of interest statement
- 42 CFR 1001.1001(a)(1) (Reporting to state)

Michigan:

- 1978 PA 566; MCL 15.181 to 15.185 (Incompatible public offices)
- Mental Health Code Act 258 of 1974, MCL 330.1222 (Board composition)

- 1968 PA 318, MCL 15.301 to 15.310 (Conflict of Interest in contracts between state officers and political subdivisions)
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)
- 1973 Act 196 MCL 15.341 to 15.348 (code of ethics for public officers and employees)
- Michigan Medicaid State Plan
- 1972 PA 284, MCL 450.1541a (duties of care and loyalty)

EXHIBIT A

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM)

FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect renumeration as well as gifts or favors that are not insubstantial.

Covered Person. A "Covered Person" refers to all persons covered by this policy and includes:

- Members of the CMHPSM's Board (Directors)
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control $100 or more of CMHPSM's expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one's financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person's Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;
B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or
C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;
D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM's Conflict of Interest Policy;

Have read and understand the CMHPSM's Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM's Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

Disclosure #1
Name and Contact Information for Individual with Financial Interest:

_____

_____

Individual's Relationship to You: [_____] Self
[_____] Other, specify: _____

Description of Financial Interest:

Disclosure #2
Name and Contact Information for Individual with Financial Interest:

_____

_____

Individual's Relationship to You: [_____] Self
[_____] Other, specify: _____

Description of Financial Interest:

_____
_____
_____

Disclosure #3
Name and Contact Information for Individual with Financial Interest:

_____
_____

Individual's Relationship to You: [_____] Self
[_____] Other, specify: _____

Description of Financial Interest:

_____
_____
_____

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.

_____ _____
Signature Date

_____
Typed or Printed Name

_____
Title/Position with Entity

Please return this form, signed and dated, to the Entity's Chief Executive Officer.

EXHIBIT B

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
CONFLICT OF INTEREST WAIVER

Review of the Disclosed Financial Interest

In accordance with the requirements of the Community Mental Health Partnership of Southeast Michigan's (the "Entity") Conflict of Interest Policy, the Entity Board has undertaken appropriate due diligence review and deliberation regarding the Financial Interest disclosed by [Interested Person] on the Financial Interest Disclosure Statement (the "Statement") attached as Exhibit A.

Board Resolution Granting Conflict of Interest Waiver

At the conclusion of such due diligence review and deliberation, at its meeting on [Date], the Board passed the resolution attached as Exhibit B in which it determined that it is not, with reasonable efforts, able to obtain a more advantageous arrangement from a person other than [Interested Person] and the Financial Interest disclosed on the Statement is not so substantial as to be likely to affect the integrity of services which the Entity may expect from [Interested Person] and granted this Conflict of Interest Waiver under the terms described below.

Conflict of Interest Waiver Terms and Conditions

Name of Interested Person:

Description of Financial Interest:

Description of the Transaction, Arrangement, Proceeding or Matter to which the Financial Interest Applies:

Interested Person's Role in the Transaction, Arrangement, Proceeding or Matter:

Scope of Waiver and Restrictions, if any:
This Conflict of Interest Waiver shall cover all matters [Interested Person] may undertake as part of his/her official duties with the Entity concerning any matters arising between the Entity and the [the organization in which the Interested Person has an interest].

_____ Date: _____
Chairperson of the Board

_____
(Print Name)

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Ethics and Conduct***
Department: Clinical Performance Team **Author:**	**Local Policy Number (if used)**
Regional Operations Committee Approval Date **7/27/2020**	**Implementation Date** **8/24/2020**

I. PURPOSE

The policy establishes guidelines which ensure that all persons will perform ethically and professionally.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
8-27-07	1	Original document
3-29-11	2	Re-formatted; Peer Support Specialists clarified; the authority and role of the Affiliation Ethics Committee; role of supervisor detailed; the Role of the Employee Exit Interviewer was added; Gift Giving/Receiving was expanded; Professional Boundaries section clarified
2014	3	Revised to reflect the new regional entity effective January 1, 2014.
5/16/17		Scheduled Review
2020	4	Preferential treatment for board members, etc. prohibited

III. APPLICATION

This policy applies to all staff, students, volunteers, independent practitioners and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

This policy establishes that all work shall be performed in an ethical and professional manner as determined by statute, code, accrediting organization standards, professional organizations' code of conduct standards, and the content of the policy itself. This includes engaging in courteous, respectful relationships with co-workers, other health care providers, educational institutions, payers, people served and their family members. Principles of consumer autonomy, compassion, safety, privacy, informed consent, competence and other related principles shall be demonstrated. Any and all ethical and relationship questions, issues or dilemmas arising from work relationships should be discussed proactively with a supervisor, and/or administrator

V. DEFINITIONS

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

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

VI. STANDARDS

A. All consumers, family members, community members, other treatment providers and internal colleagues shall be treated with the utmost respect, courtesy, compassion and dignity.

B. In making decisions, primary consideration shall be given to what is in the best interest of the consumer or what the consumer desires**.**

C. It is the responsibility of immediate supervisors to ensure the behavior of their employees is not in violation of the provisions of this policy.

D. All licensed and registered professional employees of any affiliation organization shall abide by their profession's Code of Ethics.

E. When in doubt about the ethical dimensions of a particular situation, a proactive approach shall be taken by discussing the situation with a supervisor or appropriate administrator.

F. Any staff member whose cultural, religious, or moral values conflict with aspects of a particular job responsibility or task may ask his or her supervisor to be excused from that responsibility or task. The supervisor shall seek other options for addressing that particular job responsibility by other staff and grant the request only if there is no negative impact on consumer care as a result of doing so.

G. Clinical decisions shall be based on the assessed needs and desires of the consumer, regardless of how leaders, managers and clinical staff are compensated.

G. Preferential treatment in the application and/or receipt of services for CMH Board members, CMH employees or consultants, or their family members or associates, is prohibited.

H. Service referrals given to current or past consumers or service applicants shall not be influenced by any consideration of possible financial or personal gain for the referring person or his or her family members or the appearance thereof.

I. All new employees shall be informed during orientation of their obligation to follow this policy and shall provide written verification of having been thus informed. Any time there is a significant change made to this policy, all staff shall be informed, and new signatures shall be obtained and placed in the personnel file.

J. All staff, students and volunteers shall utilize their administrative chain of command and formal grievance procedure should they feel they are being asked to engage in an unethical activity.

K. Workers are encouraged to report observations of unethical conduct. There shall be no retaliation or repercussions for such good faith reporting

L. Violations of any of the provisions of this policy may be cause for disciplinary action up to and including immediate termination of employment.

VII. EXHIBITS

A. Ethical Guidelines for Consideration
B. Gift-Giving & Receiving Guidelines for Consideration
C. Ethical Practices Agreement
D. Request Not to Participate In Treatment

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)		
45 CFR Parts 160 & 164 (HIPAA)		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards	X	
Michigan Department of Health and Human Services (MDHHS) Medicaid Contract		
MDHHS Substance Abuse Contract		
Michigan Medicaid Provider Manual		
PIHP Policy Review Schedule	X	
Policy Tracking Form		

EXHIBIT A

ETHICAL GUIDELINES FOR CONSIDERATION

1. Respect and Dignity

The ethical worker treats everyone, whether colleagues or consumers, with courtesy, respect and dignity, always being open to their unique characteristics, their unique histories and to the person as a whole. This is evident in their speech, appearance, manner, attitude and behavior.

2. Worker as Guide, Support and Provider of Assistance

The ethical worker guides, empowers and advocates for the people he or she serves, maintaining a focus on their desired outcomes and on helping them find their own way.

The focus of the relationship is on the needs of the person being assisted, not those of the worker. However, the ethical worker does not allow the needs or desires of the person to lead to a loosening of professional relationship boundaries which are always respected and maintained.

People are supported in deciding for themselves if, when, where, and how to use professional and non-professional supports and services.

3. Gift Giving and Receiving

The ethical worker is aware of the multiple perceived meanings and underlying intents that receiving or giving a gift may have for a consumer and a worker, meanings and intents that may interfere with the maintenance of an ultimately effective working relationship. Thus, consultation with a supervisor is pursued before money or gifts are accepted from or given to a consumer – See Exhibit B, Gift-Giving and Receiving Guidelines for Consideration

4. Worker as Role Model

The ethical worker recognizes that his or her values, beliefs, actions, and problem-solving methods impact others, both consumers and staff members, and acts accordingly.

5. Autonomy and Shared Power

In providing services, the ethical worker promotes consumer autonomy and shared power, never exerting strong influence on a person unless there is a clear and immediate threat to the person’s or others’ safety or health.

Consumers are given the freedom to make their own decisions. The ethical worker offers suggestions rather than directives, identifies and explores options and choices and discusses possible consequences of the consumers' decisions.

6. Compassion

The ethical worker demonstrates compassion in dealing with others, appreciating their struggles, their pain, our common humanity, and protecting them from imminent risk of harm.

The ethical worker advocates for and with the person.

7. Fairness and Justice

The ethical worker provides fair and just access to services, as well as fair and just ongoing care, never discriminating on the basis of race, color, gender, sexual orientation, religion, national origin, marital status, disability or other personal characteristics.

The rights of consumers are acknowledged and protected.

8. Honesty

The ethical worker is honest with consumers and co-workers as well as with himself or herself.

To maximize consumers' ability to make service decisions based on full and accurate information, the ethical worker communicates frankly about his or her role, relevant capacities, intent, limitations and role boundaries.

The ethical worker does not lie, cheat, steal, or condone or associate with others who are involved in such activities. He or she does not use his or her position or relationship with consumers for personal advantage or give the appearance of the same.

9. Communication

The ethical worker communicates with consumers openly, clearly, and frequently, doing what is promised, meeting expectations and fulfilling commitments, including those related to appointments and telephone calls.

Ambiguity, confusion and difficulty with consumer situations are to be expected and do not deter the worker from persisting in seeking guidance or consultation.

10. Confidentiality

The ethical worker upholds standards of consumer confidentiality and privacy while being candid about information that cannot be kept confidential and about with whom it can be shared.

The ethical worker also respects the privacy and dignity of co-workers.

11. Competence

The ethical worker performs job duties to the best of his or her ability, being open with supervisors when lacking the skills needed for a particular task and making efforts to enhance skills and competencies through timely professional development activities.

12. Personal Awareness and Self-Care

To fully appreciate each consumer's perspective and, thus, be able to address their unique needs and desires, the ethical worker strives to identify his or her own personal issues, preconceptions, biases and areas of vulnerability and is open to making personal changes.

To reduce stress, time and space is carved out for a variety of self-care activities.

13. Professional Boundaries

The ethical worker always behaves professionally with all consumers served by the CMHPSM, avoiding interactions that are or might be perceived as flirtatious, provocative, threatening, harassing or hurtful.

The ethical worker never engages in a dating relationship with a person whom the worker directly or indirectly currently supervises or has done so in the past. ("indirectly supervises" is defined as having supervisory authority over the person's supervisor as evidenced by the organizational chart), including students and interns.

The ethical worker does not enter into a dating relationship with a consumer of the CMHSP who is served by another worker

The ethical worker does not provide services directly to individuals with whom they currently have or have had a prior friendship or dating relationship. Previous infrequent social contact or acquaintanceship would not preclude the provision of services by the worker.

The ethical worker notifies his or her supervisor regarding any past or current personal relationship with a CMHSP consumer. The worker whose helping relationship is becoming personal or intimate notifies a supervisor, discontinues the relationship and maintains professional boundaries. Direct treatment or support services are not provided to a person if there is intent to develop a personal or intimate relationship with him or her.

The ethical worker is aware of a consumer's perceived power imbalance with the worker and the effect it may have on the consumer's freedom to make her or his own decisions

The ethical worker respects consumers' religious and spiritual views and preferences and never pressures them to accept the religious or spiritual views of the worker. When initiated by the consumer and agreed upon as being related to an issue in the Individual Plan of Service, the worker may ethically explore spiritual issues with a consumer.

Depending on the worker's comfort and based on a determination that it is in the best interest of the consumer, the ethical worker may choose to disclose their own religious or spiritual views when an inquiry is made by the consumer.

Any worker-consumer service activity of a spiritual or religious nature, e.g., praying with a consumer, calls for prior approval by the worker's supervisor as well as the consumer himself or herself.

14. Alcohol and Drugs

The ethical worker never works under the influence of alcohol or illegal drugs.

The worker never purchases illegal substances from consumers, never uses them with a consumer and never sells or gives them to a consumer.

Prescription medication is not be shared with or borrowed from another person.

15. Alternative Interventions

Before engaging in support or treatment activities that might depart from traditional or conventional practices, the ethical worker discusses them with his or her supervisor to ensure their consistency with current professional standards.

16. Consumers' Right to Know

The ethical worker ensures that consumers know and understand the rights, risks, opportunities and obligations associated with being a recipient of services.

Service activities and interventions are explained in understandable terms as are the limits of their impact and the implications and potential consequences of choices made by consumers during the course of service provision.

Consumers are informed of the cost of services and any available financial resources that may help them meet this obligation.

17. Organizational Relationships

The ethical worker, while taking into account funding/financial constraints, bases service provision decisions on standard clinical practice and organization criteria, regardless of how the agency compensates or shares financial risk with leaders, managers, clinicians, or licensed individual practitioners.

The ethical worker does not market or sell outside products or services to consumers or engage in any non-job related activity with them that might result in or give the appearance of financial gain for the worker.

18. Equipment Use

The ethical worker only uses CMHPSM office equipment for CMHPSM business unless otherwise approved by his or her supervisor. Home use of equipment is authorized in advance by the appropriate supervisor or designee.

19. Service Provision and Documentation

The ethical worker ensures that all service~~s~~ types, amount, scope and duration are medically necessary and that their justification is clearly and thoroughly documented.

The ethical worker ensures that all services provided are in accordance with the Individual Plan of Service and with what has been authorized.

Documentation of a provided service is accurate, thorough and clear.

Assistance is obtained when there is uncertainty regarding the documentation requirements of service or financial information.

The ethical worker reports any suspected financial abuse or fraud to the Compliance Officer or designee and follows any other reporting requirements mandated by state or federal law.

20. Political Activity

The ethical worker ensures that any of his or her partisan political activities are conducted separately from his or her job responsibilities.

These activities never occur during those hours when the worker is being compensated for the performance of his or her work duties.

CMHPSM office supplies and equipment are not used for partisan political purposes.

The ethical worker never uses the authority or influence inherent in his or her CMHPSM position to interfere with or influence the results of an election or nomination for office.

The worker never requires contributions for political or partisan purposes as a duty or condition of employment, promotion or tenure and never coerces or compels another CMHSPM employee to make contributions for political or partisan ends for any reason.

21. Self-Disclosure

The ethical worker only discloses personal information when it is consistent with the outcomes and interventions contained in the consumer's Individual Plan of Service (IPOS).

These disclosures are intended to provide hope. They are intended to provide personal information as a means to facilitate consumer outcome achievement. Thus, the ethical worker does not self-disclose without considering the consumer's service needs and current capacity to apply the information to his or her own life.

EXHIBIT B

GIFT GIVING & RECEIVING GUIDELINES FOR CONSIDERATION

Part One

1. The decision to accept or refuse a gift from a consumer should be given serious consideration as should the decision to give or not give a gift to a consumer. For the purposes of these Guidelines, “gift” is defined as a concrete object.

2. Like the majority of ethical decisions we face, we need to be fully aware of their possible positive and negative effects, both short and long term ones. This often takes a little time and involves the assistance of a supervisor and / or other staff with expertise in behavioral health ethics.

3. These effects might include a change in the consumer’s understanding of the nature of his or her relationship with the worker. For example, it might blur the difference between the worker as a professional and the worker as a friend, thereby interfering with the consumer’s progress toward outcome achievement.

4. Thus, accepting a gift from or giving a gift to a consumer may initially appear natural, innocent and without important consequences. Further analysis is often needed to confirm or bring into question this initial impression. A full understanding may involve consideration of the following:

   a. **What is the consumer’s intent in giving the gift?**

      - To express thanks for being helpful?
      - To express hope that the worker will be gentler in the future?
      - To express an apology for missing a contact or not achieving goals more quickly?
      - To express a wish to be personal friends?
      - To comply with the request of a parent or guardian?
      - To demonstrate good judgment in selecting the given item?
      - To express an interest in ending the work together via this thank-you gift?
      - To divert the worker’s attention from the consumer’s anger or disappointment or misbehavior?
      - To express appreciation for sticking with the consumer through a crisis?
      - No intent, it’s just what I do?
      - To express a wish for a gift in return?

   b. **Based on the intent, what might it mean to the consumer if the gift is graciously accepted without further discussion**?

      - I can expect better treatment?
      - The worker was so pleased; I will give more gifts in the future so as not to disappoint?
      - I am less uncertain about being seen as special by my worker?
      - I’ve found a nice way to make friends?
      - This is a good and easy way to show my private thoughts and feelings?

c. **What might it mean to the consumer if the gift is refused by the worker or there is some hesitation about accepting it?**

- My worker just makes things more complicated than they are?
- I can't do anything right? My worker doesn't understand my feelings?
- I have bad taste in gifts?
- My worker doesn't understand my cultural traditions and I am hurt and offended?
- This is interesting – I wonder why my worker won't accept it?
- My feelings are hurt – I'm sure other gifts are accepted?

d. What behavior or personal quality does accepting a consumer gift reinforce?

- Dependency?
- Subordination?
- Pleasing people in authority?
- Generosity?
- Sociability?
- Comfort with social norms?
- Need for social bonding?

e. **What impact might accepting a gift or giving a gift to a consumer have on the worker?**

- What personal needs does it satisfy?
- To what extent is the worker's self-esteem related to receiving the gift?
- Are those needs reducing the worker's focus on the consumer's needs?
- How might the worker's objectivity be affected?
- Feelings of being appreciated, accepted?
- Increased sense of competence?

d. **What might it communicate to the consumer if the worker starts a discussion about gift giving in general or about the consumer's thoughts and feelings behind the particular gift?**

- This is different; I wonder how it will help me to talk about my decisions and actions?
- I guess there are special rules at CMH?
- The worker thinks it's important to stick to how I'm doing with my outcomes?
- Pausing to talk before making a decision is something my worker values?
- Why is my worker making a mountain out of a molehill?

5. In summary, our natural inclination to graciously accept a gift might reduce consumers' hurt feelings in the short term but might not be the best response. More important may be the need to focus on providing a steady, predictable unambiguous professional relationship as well as on the consumer's longer-term service goals. A lack of clarity about the relationship being more personal or professional can instill additional stress and distract the consumers from the main purpose of the service provision.

   It can be advisable to delay a decision until thoughtful consideration is given, often involving some timely and sensitive discussion with the consumer and / or a supervisor.

Guidelines for Consideration – Part Two

1. When feasible, discuss issues related to gift-giving in the early part of the consumer-worker relationship.

    - Opportunities can arise when expectations / logistics / parameters are being addressed, when the roles / tasks of those involved in implementing the IPOS are being discussed.
    - Talking about "working together" can provide an opportunity for elaborating on the meaning of the "working" part of the term, on what constitutes a working relationship.
    - Although some overlap exists, the uniqueness of the mental health working relationship, as distinct from those with friends, family members, religious officials, probation officers, judges, teachers and others can be spelled out.
    - For consumers who have behavioral challenges or otherwise have difficulties with verbal emotional expression, the issue of gifts might be worked into an early conversation, as appropriate, when discussing more useful ways of expressing thoughts and feelings both in the community or with the mental health worker.
    - The consumer's cultural background and resulting perspective on gift-giving can be discussed as a bridge to understanding later gift-related behavior and reactions.

2. Many consumers can benefit from hearing the message from their workers that what is of greatest importance is "our work together," in outcome achievement and the satisfaction it can bring to the consumer. Other "gifts" might pale in comparison.

3. Although the meaning(s) given to gift giving and receiving is always an important thing to take into consideration or discuss before accepting or giving a gift, examples of less potentially impactful gifts can include:

    - Holiday cards
    - Very inexpensive gifts
    - Drawings or other artwork from children
    - Poems or songs composed or found by the consumer treated as an expression of something to be discussed and understood
    - Inexpensive food or decorative items that will be shared or displayed for a whole team or staff group.
    - Items created by the consumer as a result and demonstration of successful IPOS outcome achievement.
    - Anonymous staff donations to organized holiday gift-giving arrangements, e.g., "The Giving Tree."
    - Gifts given to young children on special occasions, like birthdays.

EXHIBIT C

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
ETHICAL PRACTICES AGREEMENT

I, (print name) _____ have read and understand the Ethics and Conduct policy of CMHPSM and I agree to follow its requirements including but not limited to the following:

I will not discuss or reveal consumer information to non-agency staff unless required by law and will only discuss or reveal it to agency staff on a need-to-know basis.

I will treat all consumers with dignity and respect.

I will avoid any conflict of interest activities.

I do not have a mental or physical impairment that would interfere with my ability to carry out the requirements of the aforementioned policy.

In situations where my cultural values, ethics or religious beliefs conflict with those of a client to the extent that it influences my ability to provide appropriate services, I understand that I have the right and obligation to discuss this with my supervisor (EXHIBIT D).

I agree to be bound by applicable state laws including any / all reporting requirements

I agree to meet relevant accreditation standards.

Further, I agree to review the Recipient Rights policies, to be accountable for conducting myself in accordance with them, and to report any care concerns to my supervisor or to the Recipient Rights Officer.

_____ _____
Employee Signature Date

Employee to turn in signed form to Supervisor

_____ _____
Supervisor Signature Date

EXHIBIT D

Ethical Practices Agreement
Request Not to Participate in Treatment

Complete the following form and submit to your supervisor if there is an aspect of care that conflicts with your cultural values, ethics or religious beliefs:

Employee Name:

Date:

Consumer Name:

Aspect of Care requesting not to participate in:

Reason why (include the cultural values, ethic or religious beliefs that treatment conflicts with):

Resolution (to be completed by supervisor or Program Administrator) (include your conclusion as to whether the request, if granted, will or will not negatively affect treatment)

_____ _____

Supervisor's Signature Date

Washtenaw County Community Mental Health Board
Membership List, Officers and Committee Assignments
2022-2023

Full Board meetings are required to be in-person unless the member has applied for and received an accommodation from Washtenaw County HR to join virtually due to an ADA qualification.

Option 1 - Sub-committees meet virtually

Note: need to limit board membership to 6 board member to avoid a quorum of the full board.

Member	Virtual Executive	Virtual Quality/ Finance	Virtual WCCMH Millage Advisory (MAC)	In-person PIHP Regional Board	Officer
Kari Walker	x (Chair)		x		Chair
Suzie Antonow	x	x (Co-chair)			Vice Chair
Anna Dusbiber	x	x			Secretary
Nancy Graebener-Sundling	x	x (Co-chair)	x (Chair)		Treasurer
Bob King	x			x	
Andy LaBarre	x				
Barb Higman		x	x		
Ricky Jefferson			x		
Alfreda Rooks			x	x	
Katie Scott				x	
Doug Strong		x			
Marianne Udow-Phillips		x	x		

Community MAC Membership (note WCCMH bylaws require a majority of members must be on WCCMH Board)

Amanda Carlisle			x		
Holly Heaviland			x		
Derrick Jackson			Sheriff Dept Liaison / non-voting member		
John Martin			x		
Ray Rion			x		
George Waddles, Jr.			x		

Option 2 - Subcommittees meet in-person

Note: No limit to board participation in subcommittees when the meetings are convened in-person

Member	In-person Executive	In-person Quality/Finan	In-person WCCMH Millage Advisory (MAC)	In-person PIHP Regional Board	Officer
Kari Walker	x (Chair)	x	x		Chair
Suzie Antonow	x	x (Co-chair)			Vice Chair
Anna Dusbiber	x	x			Secretary
Nancy Graebener-Sundling	x	x (Co-chair)	x (Chair)		Treasurer
Bob King	x	x	x	x	
Andy LaBarre	x		x		
Barb Higman		x	x		
Ricky Jefferson		x	x		
Alfreda Rooks			x	x	
Katie Scott		x		x	
Doug Strong		x			
Marianne Udow-Phillips		x	x		

Community MAC Membership (note WCCMHB bylaws require a majority of members must be on CMH Board)

Amanda Carlisle			x		
Holly Heaviland			x		
Derrick Jackson			x		
John Martin			x		
Ray Rion			x		
George Waddles, Jr.			x		