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/94922635037

August 26, 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-6/24/22 (Attachment #1A)
- B. WCCMH Quality-Finance Committee Meeting Minutes and Actions-6/13/22 (Attachment #1B)
- C. Millage Advisory Committee Meeting Minutes and Actions-6/13/22 (Attachment #1C)
- D. Program Committee Dashboard-FY2022, Quarter 2 (recommend approval by Quality-Finance Committee on 8/8/2022) Attachment #1D)
- E. Semi-Annual Recipients Rights Report (recommended approval by Quality-Finance Committee on 8/8/2022 (Attachment #1E)
- F. Recipient Rights Advisory Committee new member review/approval (recommended approval by Quality Financing Committee on 8/8/2022 (Attachment #1F)
- G. WCCMH FY21 Compliance Examination (recommended approval by Quality-Finance Committee on 8/8/2022) (Attachment #1G)
- H. Millage Advisory Committee Funding Requests totaling $2,435,437.00 (recommended approval by Millage Advisory Committee on 8/8/2022) (Attachment #1H)
    1. WISD Funding Request (Attachment #1H1)
    2. LEADD Prosecutor Position Funding Request (Attachment #1H2
- I. Program Name Change – kNEWjoy (recommended approval by Millage Advisory Committee on 8/8/2022 (Attachment #1I)
- J. WCCMH Consumer Advisory Council Meeting Minutes and Actions-5/11/22 (Attachment #1J)
- K. WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/8/22 (Attachment #1K)
- L. WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/13/22 (Attachment #1L)

V. Treasurer's Report **ACTION** (10 minutes)
- Financial Status Report (Attachment #2) **N. Phelps ACTION**
- WCCMH Millage and CCBHC Financial Status Report (Attachment #3) **N. Phelps ACTION**

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

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (30 minutes)
- Oversight Policy Board (OPB) member reappointment review/approval **T. Cortes** (Attachment #4) **ACTION**
- WCCMH FY2023 Budget (Attachment #5) **N. Phelps ACTION**

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 FY2023 Annual Budge Book (Attachment #6) **N. Phelps**
- WCCMH FY2023 Master Contract List (Attachment #7) **M. Taylor ACTION**

IX. Old Business (10 minutes)
- CCBHC Update **T. Cortes/M. Harding**
- Strategic Planning Update (Attachment #8) **T. Cortes/M. Harding**
- Annual WCCMH Board Training Reminder
  - Recipient Rights Training
  - Annual Conflict of Interest Policy
  - Annual Ethics Statement

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 to closed session for legal discussion on pending litigation (25 minutes)

XII. Resume public meeting (5 minutes)

XIII. Adjournment of Public Meeting

****Board members are required 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/94922635037

Or One tap mobile:
+19292056099, 94922635037# US (New York)
+12678310333, 94922635037# US (Philadelphia)

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

Webinar ID: 949 2263 5037

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

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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

AUGUST 26, 2022

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-6/24/22 (Attachment #1A)
B. WCCMH Quality-Finance Committee Meeting Minutes and Actions-6/13/22 (Attachment #1B)
C. Millage Advisory Committee Meeting Minutes and Actions-6/13/22 (Attachment #1C)
D. Program Committee Dashboard-FY2022, Quarter 2 (recommend approval by Quality-Finance Committee on 8/8/2022) Attachment #1D)
E. Semi-Annual Recipients Rights Report (recommended approval by Quality-Finance Committee on 8/8/2022 (Attachment #1E)
F. Recipient Rights Advisory Committee new member review/approval (recommended approval by Quality Financing Committee on 8/8/2022 (Attachment #1F)
G. WCCMH FY21 Compliance Examination (recommended approval by Quality-Finance Committee on 8/8/2022) (Attachment #1G)
H. Millage Advisory Committee Funding Requests totaling $2,435,437.00 (recommended approval by Millage Advisory Committee on 8/8/2022) (Attachment #1H)
    1. WISD Funding Request (Attachment #1H1)
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J. WCCMH Consumer Advisory Council Meeting Minutes and Actions-5/11/22 (Attachment #1J)
K. WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/8/22 (Attachment #1K)
L. WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/13/22 (Attachment #1L)

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

In Person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: **https://zoom.us/j/92255991728**
June 24, 2022
9:30am

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

ROLL CALL:	N. Graebner-Sundling attending in person B. Higman attending in person R. Jefferson attending in person B. King attending in person A. LaBarre attending remotely K. Scott attending in person D. Strong attending remotely M. Udow-Phillips attending in person K. Walker attending in person
MEMBERS ABSENT:	S. Antonow, A Rooks, A. Dusbiber
STAFF PRESENT:	R. Dornbos, R. Avedisian, H. Linky, M. Harding, N. Phelps, T. Cortes, K. Dieboll, S. Ray, S. Amos O'Neal, K. Snay, K. Homan, L. Gentz, M. Tasker, T. Florence
OTHERS PRESENT:	D. Merritt, L. Lutomski, T. Gavalier, T. Kendall, J. Farrehi, A. Cisneros, B. Byers,

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

K. Walker and T. Cortes presented certificate of recognition to the family of Deb Mackenzie in honor of her years of service and dedication to the people that we serve.

I. Introductions
- None

II. Audience Participation
- K. Kafafian spoke about the need for more Board representation for the I/DD population.
- J. Farrehi spoke about the need for more Board representation for the I/DD population.
- B. Byers spoke on desire to get information on how to join the Board and the difficulty finding day programs for the 20–25-year-old population.

III. Board response to audience participation
- M. Udow-Phillips and B. King replied to audience participation.
- K. Walker noted that there is not currently a spot open on the board. T. Cortes shared the County Board of Commissioners has the final decision on who is on the CMH Board.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-2/25/22 (Attachment #1A)
- WCCMH Board Meeting Minutes and Actions-4/22/22 (Attachment #1B)
- WCCMH Executive Committee Meeting Minutes and Actions-12/13/21 (Attachment #1C)
- WCCMH Executive Committee Meeting Minutes and Actions-3/14/22 (Attachment #1D)
- WCCMH Quality-Finance Committee Meeting Minutes and Actions-2/14/22 (Attachment #1E)
- WCCMH Quality-Finance Committee Meeting Minutes and Actions-4/11/22 (Attachment #1F)
- Millage Advisory Committee Meeting Minutes and Actions-2/14/22 (Attachment #1G)

- Millage Advisory Committee Meeting Minutes and Actions-4/11/22 (Attachment #1H)
- Contracts and Leases (approved by Executive Committee on 5/9/22) (Attachment #1I)
- Contracts and Leases (recommended approval by Quality-Finance Committee on 6/13/22) (Attachment #1J)
- Executive Director Authorizations (approved by Executive Committee on 5/9/22 (Attachment #1K)
- Executive Director Authorizations (recommended approval by Quality-Finance Committee on 6/13/22) (Attachment #1L)
- Millage Advisory Committee Funding Requests totaling $835,790.00 (approved by Executive Committee on 5/9/22) (Attachment #1M)
    - NAMI (Attachment #1M1)
    - Public Health Anti-Stigma (Attachment #1M2)
    - CHRT Communications Plan (Attachment #1M3)
- Millage Advisory Committee Funding Requests Summary totaling $268,180.00(recommended approval by MAC on 6/13/22) (Attachment #1N)
    - YBMen Project Attachment #1N1)
    - Voices of Youth (this was approved under Executive Director Authorizations on 6/13/22) (Attachment #1N2)
    - Teen Turn Challenge (this was approved under Executive Director Authorizations on 6/13/22) (Attachment #1N3)
- WCCMH Financial Status Report period ending 2/28/22 (approved by Executive Committee on 5/9/22) (Attachment #1O)
- WCCMH Millage and CCBHC Financial Status Report ending 2/28/22 (reviewed by Executive Committee on 5/9/22) (Attachment #1P)
- Annual Performance Improvement Year End Report (Attachment #1Q)
- Program Committee Dashboard FY2022, Quarter 1 (Attachment #1R)
- Program Education Presentation-I/DD Overview (Attachment #1S)
- CMHPSM Customer Services Policy (Attachment #1T)
- CMHPSM County of Financial Responsibility within the CMHPSM PIHP Policy (Attachment #1U)
- CMHPSM Notice of Privacy Practices and Consumer Complaints for Protected Health Information Policy (Attachment #1V)
- CMHPSM Claims Policy (Attachment #1W)
- CMHPSM Regional Consumer Appeals Policy (Attachment #1X)
- CMHPSM Culturally and Linguistically Relevant Services Policy (Attachment #1Y)
- CMHPSM Financial Fraud and Abuse Policy (Attachment #1Z)
- CMHPSM Service Verification Policy (Attachment #1AA)
- CMHPSM Utilization Management and Review Policy (Attachment #1BB)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-2/9/22 (Attachment #1CC)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/9/22 (Attachment #1DD)
- WCCMH Staff Spring Quarterly Newsletter (Attachment #1EE)
- Program Education Presentation on Crisis Negotiation Team (CNT) (Attachment #1FF)
- Millage Process, Investments, and Progress Update (from 4/22/22 Board packet) (Attachment #1GG)
- Millage Process, Investments, and Progress Update (reviewed by MAC on 6/13/22) (Attachment #1HH)
- WCCMH CARES Report (from 4/22/22 Board packet) (Attachment #1II)
- WCCMH CARES Report (reviewed by MAC on 6/13/22) (Attachment #1JJ)
- Washtenaw County Sheriff's Office Millage Update (Attachment #1KK)

MOTION BY B. KING, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE JUNE 24, 2022, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

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

LABARRE	**ATTENDING REMOTELY**	**ROOKS**	**N/A**
SCOTT	**Y**	**STRONG**	**ATTENDING REMOTELY**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Treasurer's Report

- WCCMH Financial Status Report
  - T. Kendall and D. Merritt from Rehman presented on the WCCMH FY 2021 Financial Audit. (Attachment #2)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE WCCMH FY 2021 FINANCIAL AUDIT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

  - N. Phelps presented the WCCMH Financial Status Report to the Board for the period ending April 30,2022. (Attachment #3)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE APRIL 30, 2022, FINANCIAL STATUS REPORT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

  - N. Phelps presented the WCCMH Millage and CCBHC Financial Status Report to the Board for the period ending April 30, 2022. (Attachment #4)

MOTION BY M. UDOW, SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE APRIL 30, 2022, WCCMH MILLAGE AND CCBHC FINANCIAL STATUS REPORT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Executive Director Report

- T. Cortes presented the Executive Director report to the WCCMH Board.
- Provided an update on the Shirkey Bill.
- Workforce issues and recruitment are a major challenge. Recruitment and retention are a high priority with the State so discussions will be ongoing.
- T. Cortes acknowledged that this was R. Dornbos' last meeting and R. Avedisian will be taking over Board support at the end of June.

VII. CMHPSM Regional Update

- June 8, 2022, Regional Meeting was cancelled, no updates.
- The CMHPSM meeting minutes and actions from February 9, 2022, were reviewed. (Attachment #5)
- The CMHPSM meeting minutes and actions from May 11, 2022, were reviewed. (Attachment #5A)
- Prior-year cost settlement progress and what can be done to move this forward were discussed. T. Cortes will follow up with B. King and M. Udow-Phillips for possible solutions

VIII. New Business (Attachment #6)

- WCCMH Board Officers for a term of 4/1/22-3/31/23
    - Chair-K. Walker
    - Vice-Chair-S. Antonow
    - Treasurer-N. Grabner-Sundling
    - Secretary-A. Dusbiber

- WCCMH Committee Assignments 4/1/22-3/31/23
    - WCCMH Quality-Finance Committee
        - S. Antonow-Co-Chair
        - N. Graebner-Sundling-Co-Chair
        - A. Dusbiber
        - B. Higman
        - D. Strong
        - M. Udow-Phillips

    - WCCMH Millage Advisory Committee
        - N. Graebner-Sundling-Chair
        - B. Higman
        - R. Jefferson
        - A. Rooks
        - M. Udow-Phillips
        - K. Walker
        - A. Carlisle
        - H. Heaviland
        - D. Jackson
        - R. Rion

- G. Waddles, Jr.

o WCCMH Executive Committee
- K. Walker-Chair
- S. Antonow
- A. Dusbiber
- N. Graebner-Sundling
- B. King
- A. LaBarre

o CMHPSM Regional Board
- B. King
- A. Rooks
- K. Scott

MOTION BY M UDOW, SUPPORTED BY BOB TO ACCEPT AND APPROVE THE 4/1/22 – 3/31/23 BOARD AND COMMITTEE APPOINTMENTS AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

IX. Old Business
- CCBHC Update
  - o T. Cortes / M. Harding provided an update on CCBHC.
  - o CCBHC audit coming up in August.

- Strategic Planning Update
  - o M. Harding updated the Board on the Strategic Plan.
  - o M. Udow-Phillips recommended the Board approve the Mission, Vision and Values Statement and officially adopt it.

MOTION BY M UDOW-PHILLIPS, SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE MISSION, VISION, AND VALUES STATEMENT AND OFFICIALLY ADOPT IT TODAY.

ROLL CALL VOTE:

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

MOTION CARRIED

- Annual WCCMH Board Training Reminder
    - R. Dornbos provided a reminder to Board and Committee members to complete Recipient Rights Training.
    - R. Dornbos provided a reminder to Board and Committee members to complete the Annual Conflict of Interest Policy.
    - R. Dornbos provided a reminder to Board and Committee members to read and sign the Annual Ethics Statement.
    - R. Avedisian to re-send out the training materials to the Board.

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
- Board Application Process Review

MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY B. KING TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:25 AM.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

June 13, 2022

Learning Resource Center-Michigan Room (in person)

https://zoom.us/s/92935426749 (virtual)

2:00 pm

ROLL CALL: S. Antonow attending remotely from Washtenaw County
N. Graebner-Sundling attending in person
D. Strong attending remotely from Ann Arbor, MI
B. Higman remotely from Scio Township

MEMBERS ABSENT: A. Dusbiber, M. Udow-Phillips

STAFF PRESENT: M. Harding, L. Gentz, R. Dornbos, R. Avedisian, N. Phelps, K. Diebboll, L. Higle, M. Taylor, H. Linky, K. Snay, T. Florence, K. DeWeese, S. Amos-O'Neal ,S. Ray

OTHERS PRESENT: L. Lutomski, R. Jefferson, T. Gavalier, B. King, M. Creekmore,

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

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 2/14/22 (Attachment #1A) and Quality-Finance Committee Meeting Minutes and Actions from 4/11/22 (Attachment #1B)
- Quality-Finance Committee Meeting Minutes and Actions of 2/14/22 and 4/11/22 were reviewed.

MOTION BY D. STRONG, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE FEBRUARY 14, 2022 AND APRIL 11, 2021 QUALITY-FINANCE COMMITTEE MEETINGS AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

V. Financial Status Report

- N. Phelps presented the Financial Status Report for the period ending April 30, 2022 (Attachment #2).

MOTION BY D. STRONG, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING APRIL 30, 2022 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

VI. Contracts and Leases

- M. Taylor presented the Contracts and Leases to the committee (Attachment #3)

MOTION BY D. STRONG, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

VII. Executive Director Authorizations

- M. Taylor presented the Executive Director Authorizations to the committee (Attachment #4)

MOTION BY D. STRONG, SUPPORTED BY S. ANTONOW TO RECOMMEND APPROVAL OF THE EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

VIII. Regional Finance Update

- N. Phelps presented the Regional Finance Update to the committee.
- Region is focused on provider stability and there will be another retro-rate adjustment payment out to residential providers for Quarter 2 of FY 2022.

- Planning FY23 Budget to begin soon and hopeful that rate will be available in July.

IX. Old Business
- None

X. New Business
- Annual Performance Improvement Year End Report (Attachment #5)
    - L. Higle presented the Annual Performance Improvement Year End Report for the term of 10/1/20-9/30/21.

MOTION BY D. STRONG, SUPPORTED BY S. ANTONOW TO ACCEPT THE ANNUAL PERFORMANCE IMPROVEMENT YEAR END REPORT AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

- Program Committee Dashboard FY22, Quarter 1 (Attachment #6)
    - L. Higle provided the update on the Program Committee Dashboard FY22, Quarter 1
    - There were no sentinel events during this period.

MOTION BY D. STRONG, SUPPORTED BY S. ANTONOW TO ACCEPT THE PROGRAM COMMITTEE DASHBOARD FOR THE FIRST QUARTER OF FY 2022 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

- Program Education Presentation – I/DD Overview (Attachment #7)
    - K. DeWeese presented Program Education - I/DD Overview to the committee.

XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- Looking at call data and how it affects CARES Team
- CCBHC Performance Measures
- Single point of entry for Substance Abuse Disorder

MOTION BY D. STRONG, SUPPORTED BY B. HIGMAN, TO ADJOURN THE WCCH QUALITY-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 3:11 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
June 13, 2022
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/93765775843 (virtual)
3:30 pm

N. Graebner-Sundling called the meeting to order at 3:31 pm.

ROLL CALL:
A. Carlisle attending in person
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending virtually Ann Arbor
D. Jackson attending in person
R. Jefferson attending in person
R. Rion attending in person
A. Rooks attending in person
G. Waddles, Jr. in person
K. Walker attending virtually Pittsfield Township

MEMBERS ABSENT: M. Udow-Phillips

STAFF PRESENT: Mike Harding, Lisa Gentz, Rhonda Dornbos, Rachel Avedisian, N. Phelps, M. Tasker, K. Snay, H. Linky, T. Florence

OTHERS PRESENT: D. Watkins, T. Gavalier, G. Dill, M. Creekmore

I. Introductions
- L. Gentz introduced D. Watkins who will be available for questions on the funding requests portion of the agenda.

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 2/14/22 (Attachment #1A) and Millage Advisory Committee Minutes and Actions from 4/11/22 (Attachment #1B)
- Millage Advisory Committee Minutes and Actions of 2/14/22 and 4/11/22 were reviewed.

MOTION BY A. CARLISLE, SUPPORTED BY R. JEFFERSON TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE FEBRUARY 14, 2022 AND APRIL 11, 2022 MILLAGE ADVISORY COMMITTEE MEETINGS AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**N/A**	**HIGMAN**	**Y**

JACKSON	**NOT PRESENT AT TIME OF VOTE**	**JEFFERSON**	**Y**
RION	**Y**	**ROOKS**	**NOT PRESENT AT TIME OF VOTE**
UDOW-PHILLIPS	**N/A**	**WADDLES, JR.**	**NOT PRESENT AT TIME OF VOTE**
WALKER	**Y**		

MOTION CARRIED

A. ROOKS, D. JACKSON, G. WADDLES, JR ARRIVED TO MEETING AFTER VOTE AT 3:37PM

V. Discussion Items

- Millage Process, Investments and Progress Update (Attachment #2)
  - L. Gentz presented the Millage Process, Investment and Progress Update the committee.

- CARES Dashboard (Attachment #3)
  - M. Harding presented the CARES Dashboard to the committee.
  - Tracking homeless numbers and acuity-suggestion from Amanda-seeing a new level of acuity that they have previously seen.
  - Suggestion to determine benchmarks for data and to review chart gaps analysis.

H. HEAVILAND JOINED THE MEETING AT 3:50PM

VI. Financial Budget Update (Attachment #4)

- N. Phelps presented the Financial Budget update ending April 30, 2022 to the committee.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - D. Jackson presented the WCSO report for this month.
  - Pilot program for Co-Response unit went live on 6/9/22. CMH staff and Sheriff Department patrol are riding together for outreach.
  - LEADD program refresher training with deputies moving forward and working towards going live soon for pre-diversion while on scene.

VIII. New Business

- New Human Services Partnership Funding Update
  - L. Gentz provided the update on the Human Services Partnership funding.
  - Working with OCED to see how millage funding can be supportive.

- Funding Requests Summary (Attachment #5)
  - L. Gentz presented the following funding requests to the committee for approval totaling $268,180.00.
    - YBMen Project in the amount of $250,000.00 over the course of a 2 year contract (Attachment #5A).
    - Contract entity will be Packard Health

MOTION BY H. HEAVILAND , SUPPORTED BY G. WADDLES, JR TO RECOMMEND APPROVAL OF THE FUNDING REQUEST FOR THE YBMEN PROJECT IN THE AMOUNT OF $250,000.00 FOR A 2-YEAR CONTRACT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- Voices of Youth one time funding request in the amount of $12,000.00 (Attachment #5B).
    a. This request was approved under the Executive Director Authorizations presented at the Quality-Finance Committee Meeting on 6/13/2022.

- Teen Turn Challenge one time funding request in the amount of $6,180.00 (Attachment #5C)
    a. This request was approved under the Executive Director Authorizations presented at the Quality-Finance Committee Meeting on 6/13/2022.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments
- Survey regarding funding opportunities for FY2022
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis – Lisa Gentz?

R. JEFFERSON MOTIONED TO ADJOURN A. CARLISE SUPPORTED.

Meeting adjourned at 4:37.

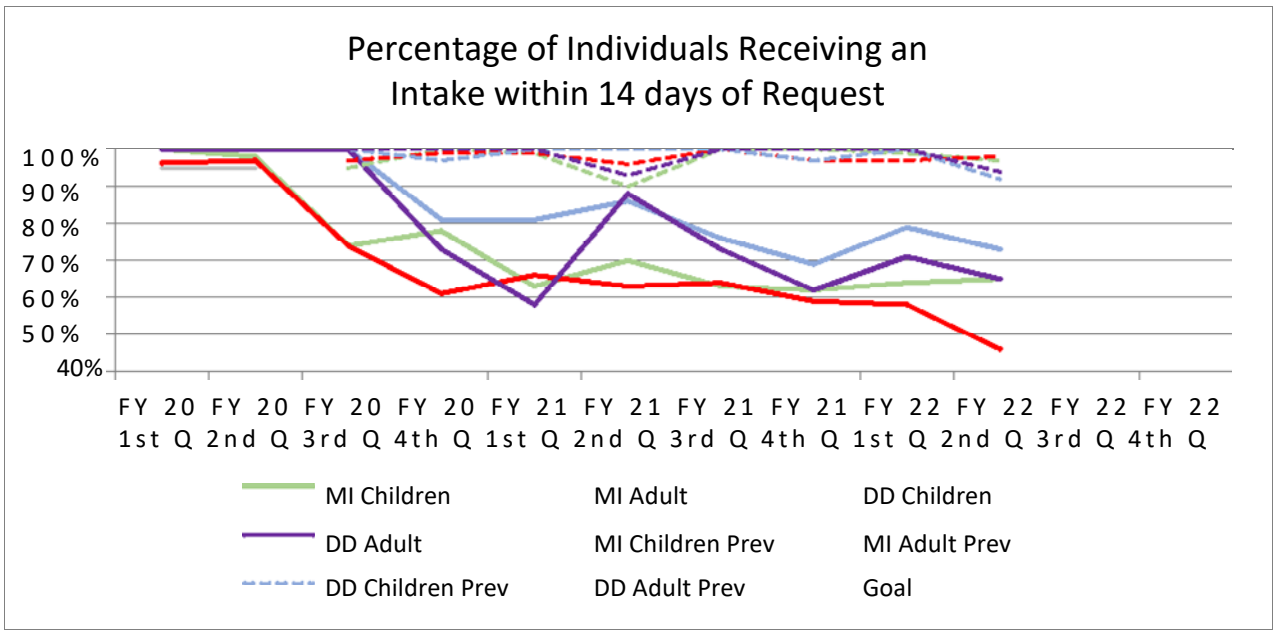
Program and Quality Board Committee
Dashboard Data FY 2022 2nd Qtr (Jan – Mar 2022)

2nd quarter Human Resources Turnover Rate: 3.76%
14 terminations divided by average number of positions during the quarter (372).

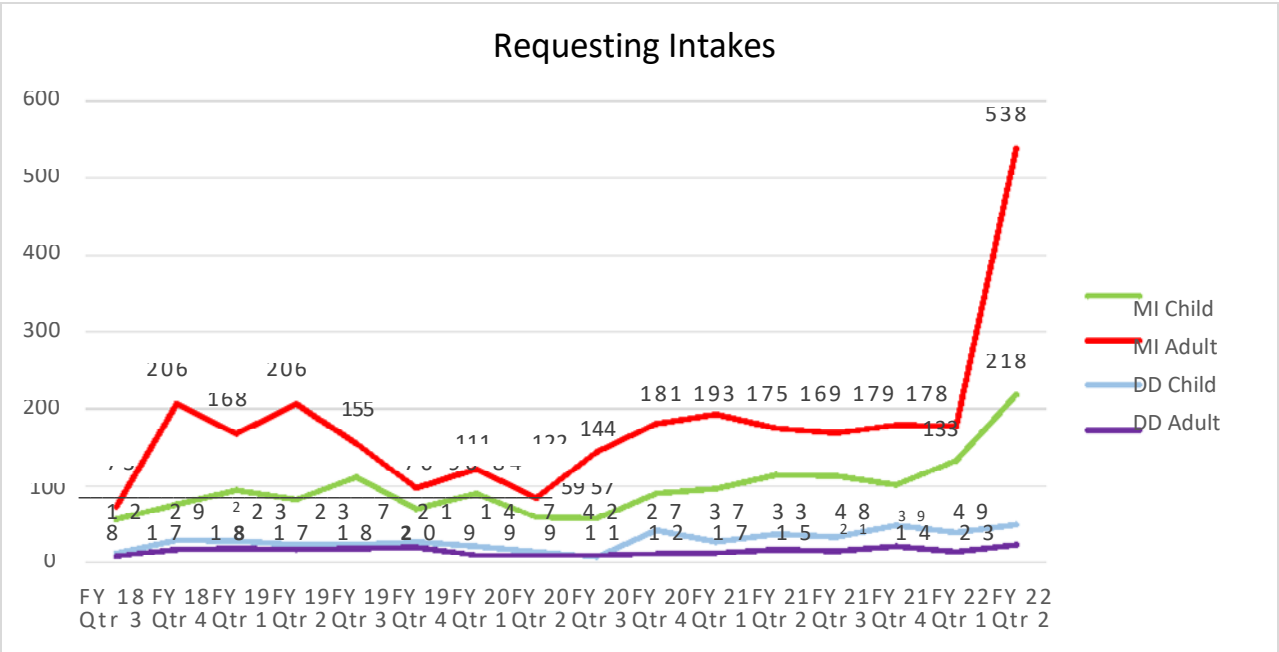
Michigan Department of Health and Human Service (MDHHS) Performance Indicators:
As of April 1 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

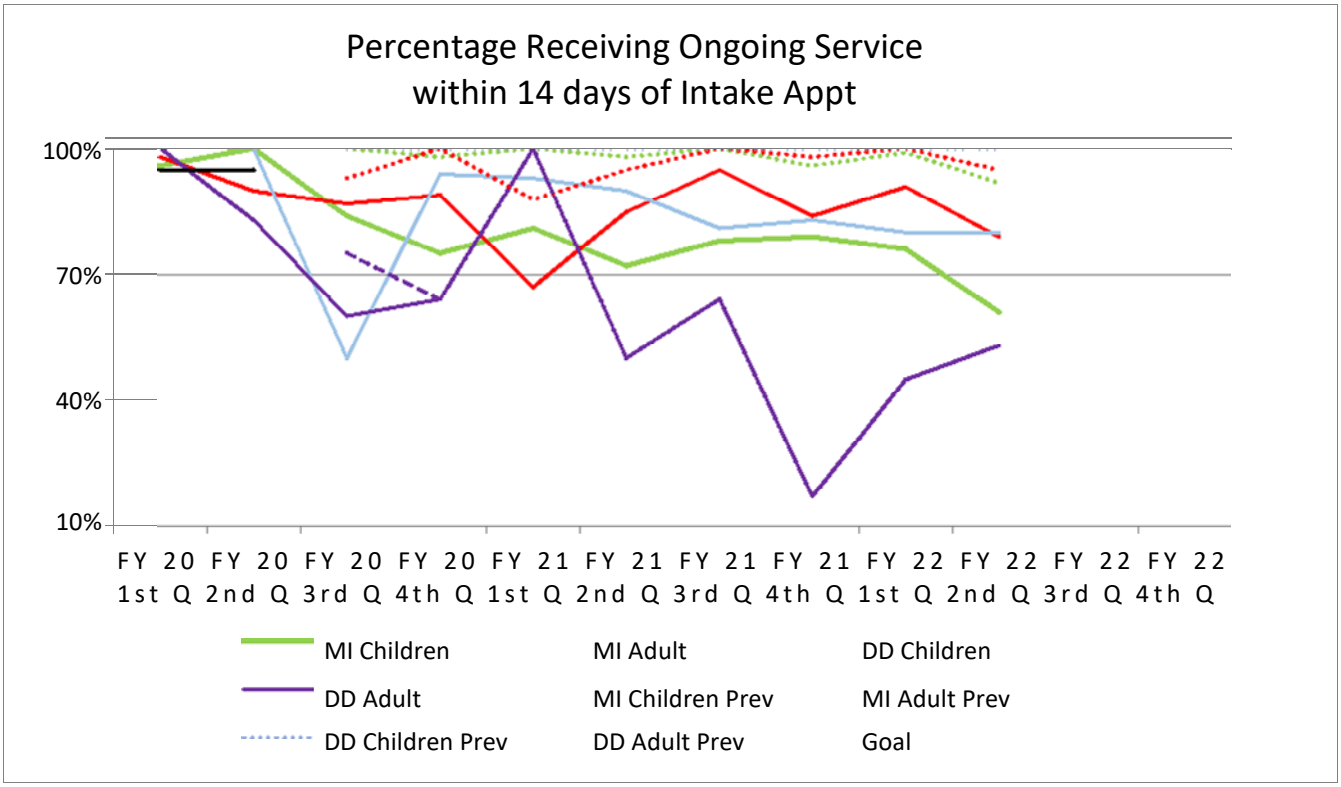
The major change in the operational definition does not allow accounting for consumer choice and for counting every request of service. Consumer choice is indicated by requesting an appointment outside of the 14 day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance". Therefore, across the State, percentage numbers are significantly different. MDHHS is treating the first year as baseline collection.

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

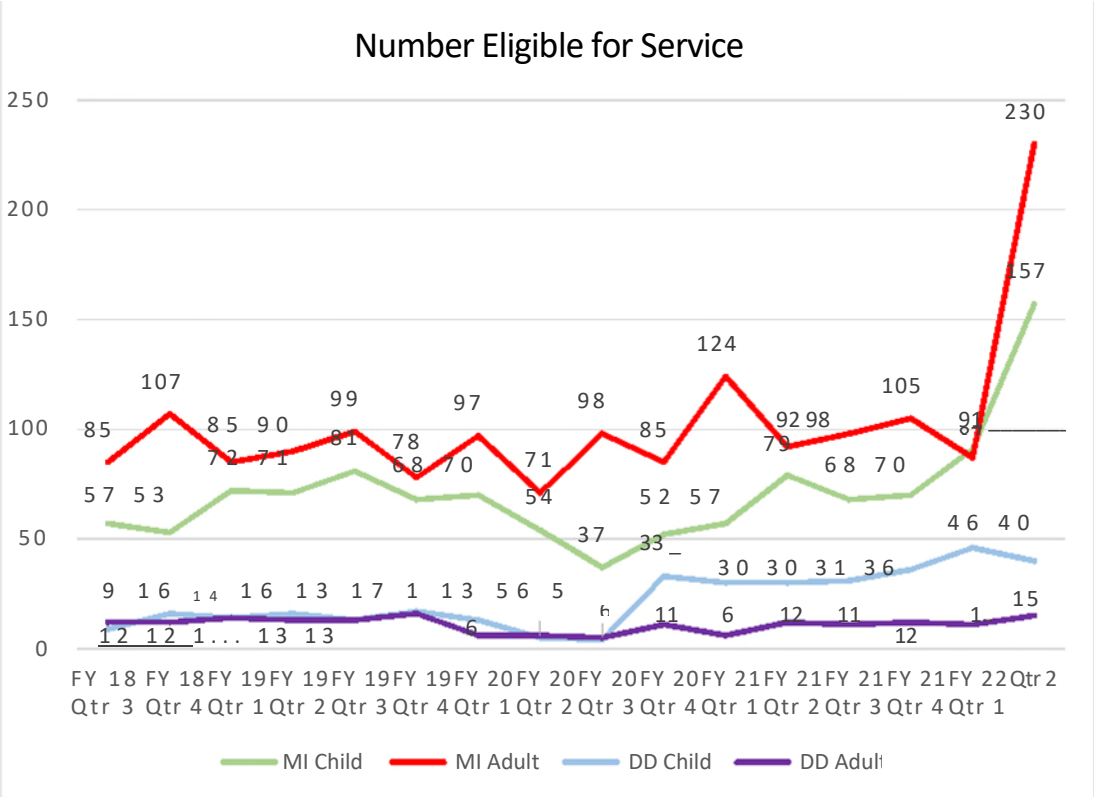


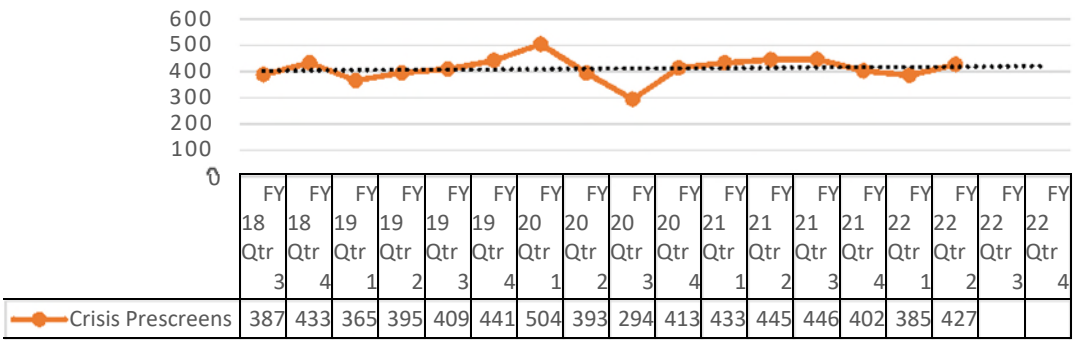
FY 22 2nd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	218	142	76	71	65%	97%
MI Adult	538	248	290	286	46%	98%
DD Child	49	36	13	10	73%	92%
DD Adult	23	15	8	7	65%	94%



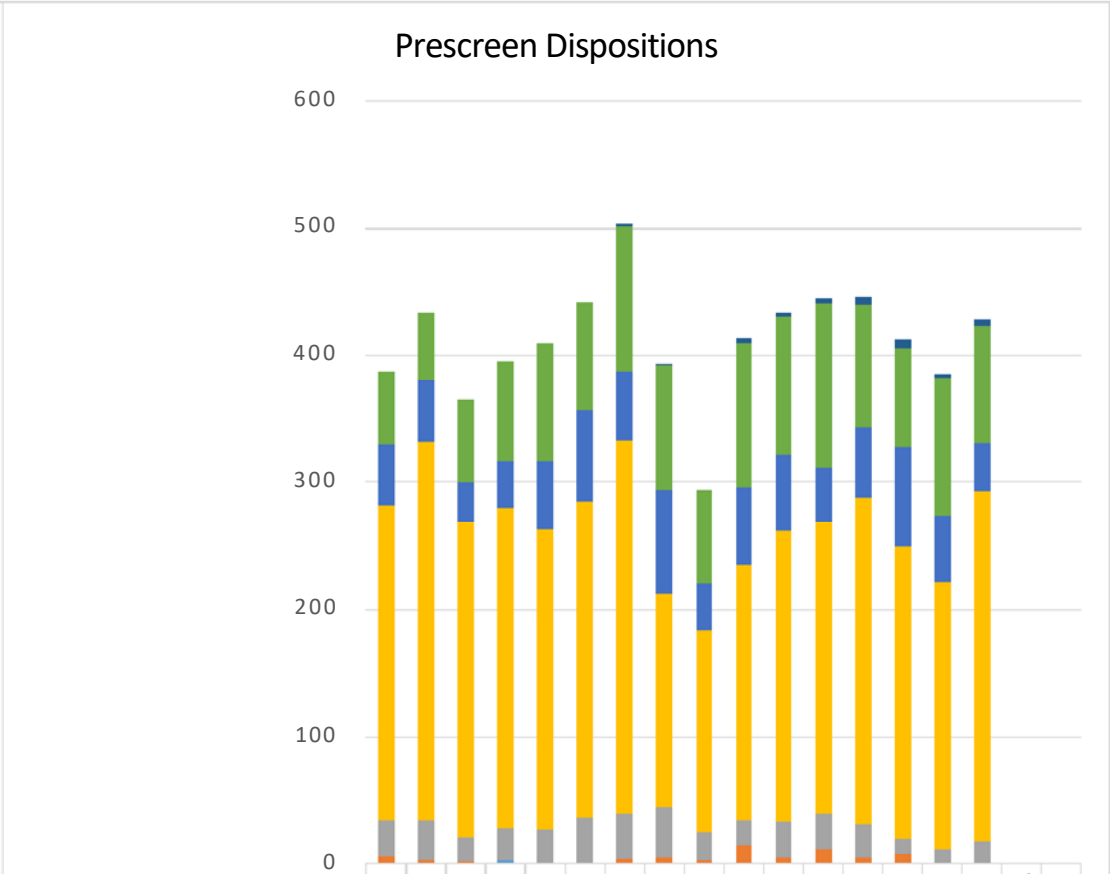


FY 22 2nd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	157	96	61	53	61%	92%
MI Adult	230	181	49	40	79%	95%
DD Child	40	32	8	8	80%	100%
DD Adult	15	8	7	0	53%	53%

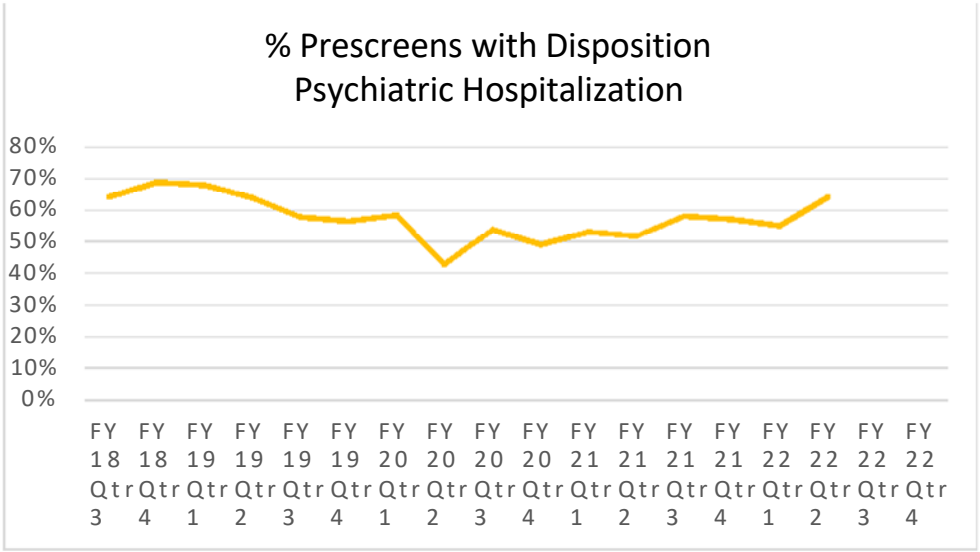


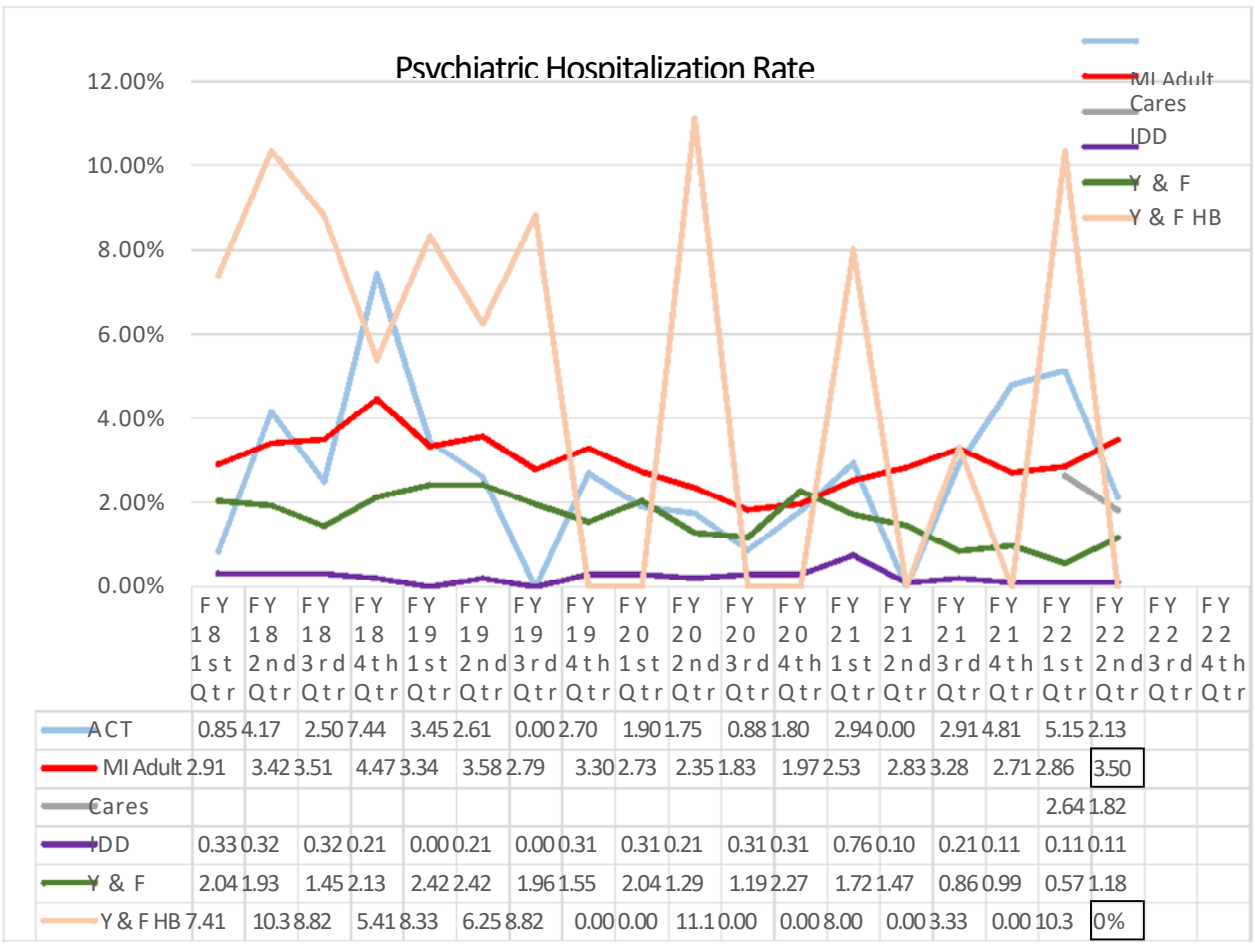


	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Crisis Prescreens	387	433	365	395	409	441	504	393	294	413	433	445	446	402	385	427		



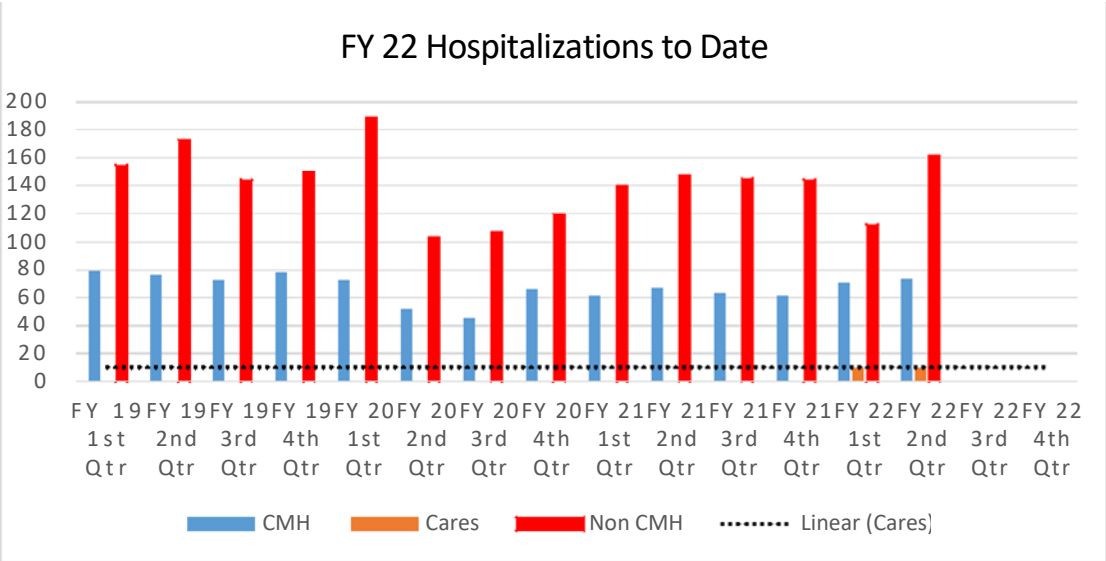
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Blank							2	1		3	2	4	6	6	3	4		
Partial Hospitalization	57	53	65	78	92	84	115	98	73	114			96	78	108	93		
Outpatient/ Support Services	48	48	31	37	54	72	54	82	38	60	60	43	56	78	52	38		
Inpatient Admission	248	298																
Crisis Residential	28	31	19	25	27	35	35	39	22	19	28	27	26	12	11	17		
Crisis Outreach	6	3	1			1	4	5	3	15	5	12	5	8	1	1		
Admission & Discharge Plan	0	0	1	3														

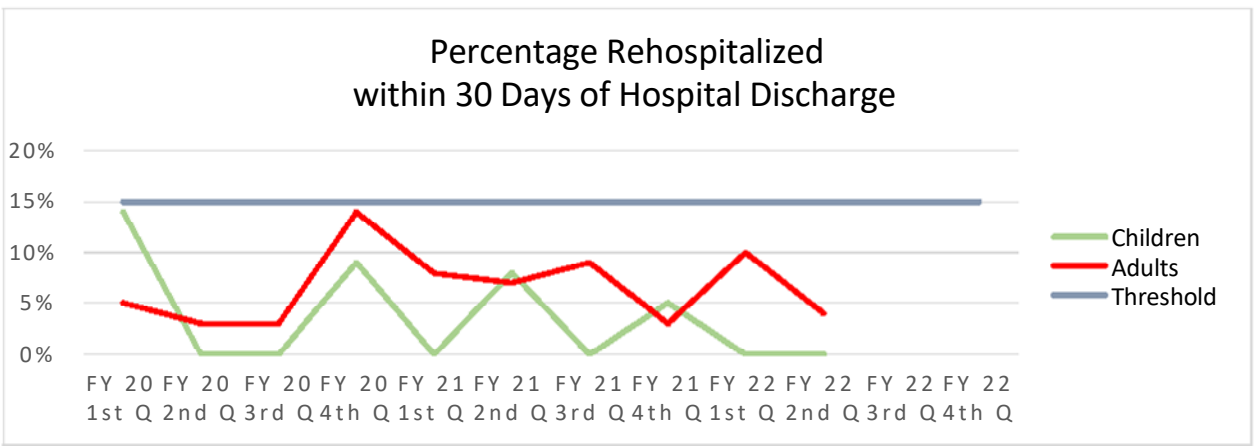




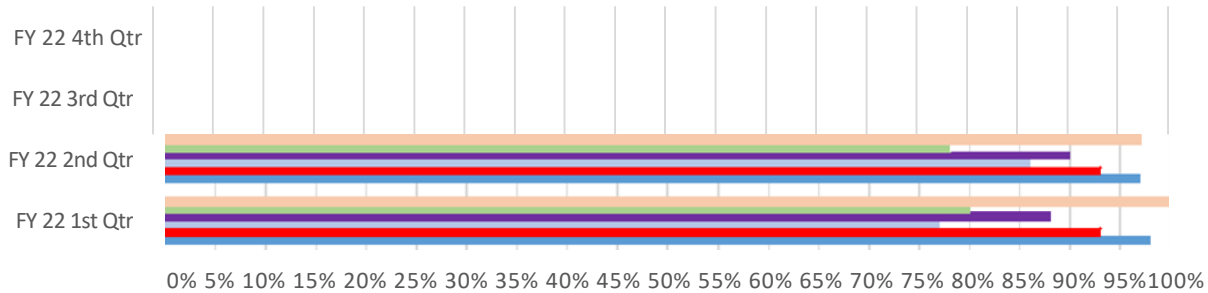
	FY 18 1st Qtr	FY 18 2nd Qtr	FY 18 3rd Qtr	FY 18 4th Qtr	FY 19 1st Qtr	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
ACT	0.85	4.17	2.50	7.44	3.45	2.61	0.00	2.70	1.90	1.75	0.88	1.80	2.94	0.00	2.91	4.81	5.15	2.13		
MI Adult	2.91	3.42	3.51	4.47	3.34	3.58	2.79	3.30	2.73	2.35	1.83	1.97	2.53	2.83	3.28	2.71	2.86	3.50		
Cares																	2.64	1.82		
IDD	0.33	0.32	0.32	0.21	0.00	0.21	0.00	0.31	0.31	0.21	0.31	0.31	0.76	0.10	0.21	0.11	0.11	0.11		
Y & F	2.04	1.93	1.45	2.13	2.42	2.42	1.96	1.55	2.04	1.29	1.19	2.27	1.72	1.47	0.86	0.99	0.57	1.18		
Y & F HB	7.41	10.3	8.82	5.41	8.33	6.25	8.82	0.00	0.00	11.1	0.00	0.00	8.00	0.00	3.33	0.00	10.3	0%		

FY 22 2nd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	94	2 (0)	2.13%
MI Adult	1602	56 (6)	3.50%
Cares	440	8 (2)	1.82%
IDD	914	1 (0)	0.11%
Y & F	765	9 (0)	1.18%
Y & F Home Based	28	0 (0)	0%





FY 22 2nd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	17	0	0%
Adult	106	5	3.25%



	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
Home Based	100%	97%		
Children's	80%	78%		
IDD	88%	90%		
Cares	77%	86%		
MI Adult	93%	93%		
ACT	98%	97%		

Home Based Children's IDD Cares MI Adult ACT

Critical Event Data Reported Thru Qtr 2 FY 2022

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

	Team at Event	Type	Total
Qtr 1	IDD	Non Suicide Death	8
	MI Adult	Non Suicide Death	5
		Suicide	1
Qtr 1 Total			14
Qtr 2	IDD	Non Suicide Death	3
	MI Adult	Non Suicide Death	6
	ACT	Non Suicide Death	2
Qtr 2 Total			11

Mortality Data Thru Qtr 2 FY 2022

Cause of Death	Number of Deaths FY 17	Number of Deaths FY 18	Number of Deaths FY 19	Number of Deaths FY 20	Number of Deaths FY 21	Number of Deaths FY 22
Aspiration Pneumonia			1	2	2	2
Cancer	10	8	9	7	10	2
Cardiovascular	8	13	14	14	5	4
Dehydration		1				
Drug Abuse	6	12	5	8	2	2
Endocrine System (Diabetes)					1	
Environmental Hypothermia			1			
Gastrointestinal				3	1	
Hip Fracture Complications		1				
Homicide	1	3				
Inanition				2		
Infection				4	5 (4 - COVID 19)	4 (3 - COVID 19)
Kidney Disease	1	1		1		
Liver Disease	1	2		2	3	1
Metabolic			1			
Muscular Dystrophy						
Natural/Other	3	1				
Neurological	2	2	1	3	7	2
Respiratory	4	5	9	10	4	2
Sturge Weber Syndrome						
Suicide	3	2	2	5	2	1
Trauma		1	2		2	1
Unknown	3	9	10	8	10	4
Grand Total	**47**	**65**	**55**	**67**	**54**	**25**

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

WCCMH - Office of Recipient Rights

Quarter II- FY 21/22

Executive Summary

ORR Program Updates:

- Jessica Krefman has joined the Washtenaw office to fill the position left vacated by Andrea Bell. Please welcome her!
- We are starting a new supplemental virtual drop in Q and A for newly hired CMH staff. We are in discussions about extending this to provider staff as well.
- We have our annual Recipient Rights Conference with a combination of virtual and in-person sessions in September 2022. Please let us know if you are interested in attending. It will be in Ypsilanti this year.
- We have been working with the PIHP to streamline our rights data presentations.

Report Complaint Data:

The number of complaints for FY 21/22 are slightly higher than 20/21.

Aggregate Summary

Fiscal Year	21/22	20/21	19/20	18/19
Complaints Received	69	61	85	134
Allegations Involved	91	80	122	196
Allegations Investigated	83	78	119	187
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	35	34	32	57
Percentages:	42%	43.5%	26.9%	30.4%

The following is a four year comparison of **abuse and neglect cases**. Please note that the Abuse Class II data includes *all types* of Abuse II. Additionally, the Neglect data *does not* include Neglect-Failure to Report allegations.

	FY 21/22		FY 20/21		FY 19/20		FY 18/19	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Received**	**Substantiated**	**Received**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**10**	**3**	**9**	**3**	**14**	**2**	**16**	**5**
Class III	**4**	**1**	**9**	**3**	**12**	**1**	**16**	**5**
Sexual Abuse	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**
Neglect:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**0**	**0**	**1**	**0**	**3**	**2**	**1**	**1**
Class III	**26**	**17**	**23**	**15**	**36**	**17**	**44**	**13**

The following is a four year comparison of **the top three complaint substantiation cases,** all categories.

FY 21/22	(Received) **Substantiated**	**FY 20/21**	(Received) **Substantiated**	**FY 19/20**	(Received) **Substantiated**	**FY 18/19**	(Received) **Substantiated**
Neglect Class III	(26) **17**	Neglect Class III	(23) **15**	Neglect Class III	(36) **17**	Neglect Class III	(44) **13**
Mental Health Services Suited to Condition	(12) **7**	Dignity and Respect	(12) **3**	Mental Health Services Suited to Condition	(14) **5**	Mental Health Services Suited to Condition	(39) **12**
Dignity and Respect	(20) **4**	Abuse Class III	(9) **3**	Disclosure of Confidential Information	(5) **3**	Dignity and Respect	(39) **8**

The following chart is an explanation of **substantiations by service location**:

Service location type/Code	Number of substantiations
Outpatient services (01)	2
Residential Group home – MI (02)	1
Residential Group Home – DD (03)	4
Day Program – DD (06)	0
Supported Employment (08)	0
Assertive Community Treatment (09)	0
Case Management (10)	4
Partial Hospitalization (12)	0
Supported Living (13)	24
Workshop (prevocational)	0
Other (14)	0

AGENCY	

Rights Office Director: Katie Snay

Reporting Period: 10/1/2021 to 3/31/2022

CMH	5461	# of Consumers Served (unduplicated count)	CMH	4	Rights Office FTEs
LPH		Number of Admissions	LPH		Hours/40 working in rights

Section I: Complaint Data Summary

Part A: Agency Totals

Allegations	89	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions	0	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions Substantiated	0	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations	81	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations Substantiated	36	DO NOT TYPE HERE - IT WILL AUTO FILL

COMPLAINT SOURCE

Recipient	21	
Staff	10	
ORR	31	
Guardian/Family	6	
Anonymous	0	
Community/General Public	1	
Total Complaints Received	69	DO NOT TYPE HERE - IT WILL AUTO FILL

Part B: Summary by Category

Freedom from Abuse

Code	Category	Received		Investigations	Investigations Substantiated	Recipient Population		
						MI	DD	SED
7221	Abuse class I	0		0	0	0	0	0
72221	Abuse class II - nonaccidential act	5		5	1	1	4	0
72222	Abuse class II - unreasonable force	3		3	2	0	3	0
72223	Abuse class II - emotional harm	0		0	0	0	0	0
72224	Abuse class II - treating as incompetent	0		0	0	0	0	0
72225	Abuse class II - exploitation	2		2	0	1	3	0
7223	Abuse - class III	3		3	1	2	2	0
7224	Abuse class I - sexual abuse	0		0	0	0	0	0

Freedom from Neglect

Code	Category	Received		Investigations	Investigations Substantiated	Recipient Population		
						MI	DD	SED
72251	Neglect class I	0		0	0	0	0	0
72252	Neglect class I - failure to report	0		0	0	0	0	0
72261	Neglect class II	0		0	0	0	0	0
72262	Neglect class II - failure to report	0		0	0	0	0	0
72271	Neglect class III	26		26	18	7	36	0
72272	Neglect class III - failure to report	1		1	1	0	2	0

Rights Protection System

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0	0	0	0	0	0	0	0
7520	Failure to report	0	0	0	0	0	0	0	0
7545	Retaliation/harassment	0			0	0	0	0	0
7760	Access to rights system	0	0	0	0	0	0	0	0
7780	Complaint investigation process	0	0	0	0	0	0	0	0
7840	Appeal process	0	0	0	0	0	0	0	0

Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	Second opinion - denial of hospitalization	0	0	0	0	0	0	0	0
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	0	0	0	0	0	0	0	0
4630	Independent clinical examination	0	0	0	0	0	0	0	0
4980	Objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	Second opinion - denial of services	0	0	0	0	0	0	0	0

Civil Rights

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	Religious practice	0	0	0	0	0	0	0	0
7045	Voting	0	0	0	0	0	0	0	0
7047	Presumption of competency	0	0	0	0	0	0	0	0
7284	Search/seizure	0	0	0	0	0	0	0	0

Family Rights

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity and respect	5	0	0	5	0	1	3	2
7112	Receipt of general education information	0	0	0	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0	0	0	0

Communication and Visits

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	Visits	0	0	0	0	0	0	0	0
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	Access to telephone, mail	0	0	0	0	0	0	0	0
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	Written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	Uncensored mail	0	0	0	0	0	0	0	0

Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	1	0	0	1	1	1	0	0
7485	Withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	Correction of record	0	0	0	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0	0	0	0

Treatment Environment

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	0	0	0	0	0	0	0	0
7082	Sanitary/humane environment	2	0	0	2	1	0	3	0
7086	Least restrictive setting	0	0	0	0	0	0	0	0

Freedom of Movement

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	0	0	0	0	0	0	0	0
7400	Restraint	0	0	0	0	0	0	0	0
7420	Seclusion	1	0	0	1	0	0	2	0

Financial Rights

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money	0	0	0	0	0	0	0	0
7302	Facility account	0	0	0	0	0	0	0	0
7303	Easy access to money in account	0	0	0	0	0	0	0	0
7304	Ability to spend or use as desired	0	0	0	0	0	0	0	0
7305	Delivery of money upon release	0	0	0	0	0	0	0	0
7360	Labor & Compensation	0	0	0	0	0	0	0	0

Personal Property

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	Possession and use	0	0	0	0	0	0	0	0
7282	Storage space	0	0	0	0	0	0	0	0
7283	Inspection at reasonable times	0	0	0	0	0	0	0	0
7285	Exclusions	0	0	0	0	0	0	0	0
7286	Limitations	0	0	0	0	0	0	0	0
7287	Receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	Waiver	0	0	0	0	0	0	0	0
7289	Protection	0	0	0	0	0	0	0	0

Suitable Services

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	Dignity and Respect	20	0	0	20	4	4	20	0
7003	Informed consent	0	0	0	0	0	0	0	0
7029	Information on family planning	0	0	0	0	0	0	0	0
7049	Treatment by spiritual means	0	0	0	0	0	0	0	0
7080	Mental health services suited to condition	11	0	0	11	7	2	13	0
7100	Physical and mental exams	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	1	0	0	1	0	1	0	0
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ECT)	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0	0	0	0

Treatment Planning

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	Person-centered process	0	0	0	0	0	0	0	0
7122	Timely development	0	0	0	0	0	0	0	0
7123	Requests for review	0	0	0	0	0	0	0	0
7124	Participation by individual(s) of choice	0	0	0	0	0	0	0	0
7125	Assessment of needs	0	0	0	0	0	0	0	0

Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Interventions	Interventions Substatniated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	Prior consent	0	0	0	0	0	0	0	0
7242	Identification	0	0	0	0	0	0	0	0
7243	Objection	0	0	0	0	0	0	0	0
7244	Release to others/return	0	0	0	0	0	0	0	0
7245	Storage/destruction	0	0	0	0	0	0	0	0

TOTALS	81	0	0	81	36	20	91	2

No Right Involved

Code	Category	Received
0000	No Right Involved	3

Code	Category	Received
0001	Outside provider jurisdiction	5

Section II: Substantiation data:

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action	Specific Remedial Action
Disclosure of confidential information	Case Management	Training			
Mh services suited to condition	SIP	Verbal Counseling	Written Reprimand		
Neglect class III	SIP	Written Reprimand	Verbal Counseling		
Dignity and respect	SIP	Pending			
Neglect class III	SIP	Written Reprimand	Training		
Neglect class III	Case Management	Training	Written Reprimand		
Sanitary/humane environment	Residential DD	Written Reprimand	Written Counseling	Employee left the agency, but	
Dignity and respect	SIP	Employment Termination			
Abuse class II - unreasonable force	SIP	Employment Termination			
Mh services suited to condition	Residential DD	Written Reprimand			
Neglect class III	Case Management	Written Reprimand	Verbal Counseling		
Neglect class III	SIP	Written Reprimand	Training		
Neglect class III	SIP	Verbal Counseling	Training	Written Reprimand	
Neglect class III	Outpatient	Verbal Counseling	Training	Written Reprimand	
Neglect class III - failure to report	SIP	Verbal Counseling	Training	Written Reprimand	
Neglect class III - failure to report	Outpatient	Verbal Counseling	Training	Written Reprimand	
Neglect class III	SIP	Written Reprimand	Training		
Neglect class III	Residential DD	Written Reprimand	Training		
Neglect class III	SIP	Written Reprimand	Training		
Abuse class II - unreasonable force	SIP	Employment Termination			
Neglect class III	SIP	Employee left the agency, but	Written Counseling		
Neglect class III	SIP	Verbal Counseling	Written Reprimand		
Dignity and respect	SIP	Written Reprimand	Verbal Counseling		
Mh services suited to condition	SIP	Written Reprimand	Verbal Counseling		
Neglect class III	SIP	Written Reprimand	Verbal Counseling		
Neglect class III	SIP	Written Reprimand	Training	Employee left the agency, but	
Mh services suited to condition	SIP	Employee left the agency, but			
Abuse class III	Residential MI/DD	Employment Termination			
Mh services suited to condition	Case Management	Employee left the agency, but			
Neglect class III	SIP	Written Reprimand	Training		
Mh services suited to condition	SIP	Written Reprimand	Staff Transfer		
Dignity and respect	SIP	Verbal Counseling			
Neglect class III	Residential MI	Employment Termination			
Mh services suited to condition	SIP	Written Counseling	Other		
Neglect class III	SIP	Verbal Counseling	Suspension	Written Reprimand	

Population		
MI	Adult Mentally Ill	
DD	Devementally Disabled Adult or Child	
SED	Child with Serious Emotional Disturbance	
SEDW	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child's ability to function in the community.	
DD-CWP	This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).	
HSW	The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.	

7221	Abuse class I
7224	Abuse class I - Sexual Abuse
72221	Abuse class II - nonaccidential act
72222	Abuse class II - unreasonable force
72223	Abuse class II - emotional harm
72224	Abuse class II - treating as incompetent
72225	Abuse class II - exploitation
7223	Abuse class III
72251	Neglect class I
72252	Neglect class I - failure to report
72261	Neglect class II
72262	Neglect class II - failure to report
72271	Neglect class III
72272	Neglect class III - failure to report
7304	Funds - Ability to spend or use as desired
7487	Access to records by DRM
7760	Access to rights system
7263	Access to telephone, mail
7840	Appeal process
7130	Choice of physician/mental health professional
7041	Civil rights: discrimination, accessibility, accommodation, etc
7780	Complaint investigation process
7262	Contact with attorneys or others regarding legal matters
7486	Correction of record
7305	Delivery of money upon release
1708	Dignity and respect
7481	Disclosure of confidential information
7303	Easy access to money in account
7170	Electro convulsive therapy (ect)
7520	Failure to report (other than Abuse/Neglect)
7111	Family dignity & respect
7264	Funds for postage, stationery, telephone usage
4630	Independent clinical examination

7029	Information on family planning
7003	Informed consent
4510	Involuntary admission process
7360	Labor & compensation
7086	Least restrictive setting
7080	Mental health services suited to condition
0000	No right involved
7140	Notice of clinical status/progress
7190	Notice of medication side effects
7060	Notice/explanation of rights
4980	Objection to hospitalization (minor)
7113	Opportunity to provide information
0001	Outside provider jurisdiction
7125	Person-Centered - assessment of needs
7124	Person-Centered- participation by individual(s) of choice
7123	Person-Centered - requests for review
7122	Person-Centered - timely development
7121	Person-Centered Process
7242	Photo - identification
7243	Photo - objection
7241	Photo - prior consent
7244	Photo - release to others/return
7245	Photo - storage/destruction
7100	Physical and mental exams
7047	Presumption of competency
7501	Privileged communication
7267	Property - access to entertainment materials, information, news
7285	Property - exclusions
7283	Property - inspection at reasonable times
7286	Property - limitations
7281	Property - possession and use
7289	Property - protection
7287	Property - receipts to recipient and to designated individual
7282	Property - storage space
7288	Property - waiver
7180	Psychotropic drugs
7112	Receipt of general education information
7044	Religious practice
7400	Restraint
7441	Restrictions/limitations
7545	Retaliation/harassment
7081	Safe environment
7301	Safeguarding money
7082	Sanitary/humane environment
7284	Search/seizure
7420	Seclusion
4090	Second opinion - denial of hospitalization
7050	Second opinion - denial of services
7150	Services of mental health professional
7160	Surgery
4190	Termination of voluntary hospitalization (adult)
7049	Treatment by spiritual means
7266	Uncensored mail
7261	Visits
7045	Voting
7485	Withholding of information (includes recipient access to records)
7265	Written and posted limitations, if established

ACTION REQUESTED:

The Recipient Rights Advisory Committee (RRAC) requests that the Washtenaw County Community Mental Health Board appoint Laurie Lutomski as a member of the Recipient Rights Advisory and Appeals Committees.

BACKGROUND:

Ms. Lutomski attended the RRAC meeting on 6/2/2022 as a guest, to gain an understanding of the role of an RRAC member. The RRAC members unanimously agreed to recommend Ms. Lutomski for RRAC membership. Ms. Lutomski's letter of interest indicates:

I am writing to respectfully request consideration for membership on the Recipient Rights Advisory Committee. After careful consideration, I feel this is a role where I can contribute and continue my advocacy for the individuals who receive services from the Public Mental Health System.

After a career that spanned 40 years working in the public mental health system and the privilege of being a guardian for an individual who resides in Specialized Residential Services for over 30 years, I feel I have knowledge and a perspective that could bring value to the Committee.

RECOMMENDATION:

The RRAC recommends that the Washtenaw County Community Mental Health Board appoint Laurie Lutomski as a member of the Recipient Rights Advisory and Appeals Committees.

Report on Compliance

Washtenaw County Community Mental Health

September 30, 2021

RPC
Roslund Prestage & Company
CERTIFIED PUBLIC ACCOUNTANTS

525 WEST WARWICK DRIVE, SUITE A, ALMA, MICHIGAN 48801

Washtenaw County Community Mental Health
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RPC
Roslund Prestage & Company
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT ACCOUNTANT'S REPORT ON COMPLIANCE

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

Report On Compliance
We have examined Washtenaw County Community Mental Health's (the CMHSP) compliance with the compliance requirements described in the *Compliance Examination Guidelines* issued by Michigan Department of Health and Human Services that are applicable to its Medicaid Contract, General Fund (GF) Contract, Community Mental Health Services (CMHS) Block Grant, and Substance Abuse Prevention and Treatment (SAPT) Block Grant programs for the year ended September 30, 2021.

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

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

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

An examination involves performing procedures to obtain evidence about the CMHSP's compliance with the specified compliance requirements referred to above. The nature, timing, and extent of the procedures selected depend on our judgement, including an assessment of the risk of material noncompliance, whether due to fraud or error. The nature, timing and extent of the procedures selected depend on our judgment, including an assessment of the risk of material misstatement of the compliance requirements described in the *Compliance Examination Guidelines* issued by the Michigan Department of Health and Human Services.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

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

Opinion on Each Program
In our opinion, the CMHSP complied, in all material respects, with the specified compliance requirements referred to above that are applicable to its Medicaid Contract, GF Contract, CMHS Block Grant, and SAPT Block Grant programs for the year ended September 30, 2021.

Other Matters
The results of our examination procedures disclosed instances of control deficiencies that are individually or cumulatively material weaknesses in internal control which are required to be reported in accordance with *Compliance Examination Guidelines* and which are described in the accompanying Schedule of Findings as item 2021-01. Our opinion is not modified with respect to this matter.

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

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

Sincerely,

Roslund, Prestage & Company, P.C.

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

June 23, 2022

Washtenaw County Community Mental Health
Schedule of Findings
September 30, 2021

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

2021-01 Ability to Pay Forms

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

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

Examination adjustments:
None.

Context and perspective:
The CMHSP has adopted and implemented *ability to pay* policies and procedures as required. However, during our testing of their implementation of these procedures we found 9 out of 15 consumers selected did not have *ability to pay* documentation completed or available.

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

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

Views of responsible officials:
Management is in agreement with our recommendation.

Planned corrective action:
Management has implemented procedures to improve the gathering of consumer information and processing time for calculating the individual's ability to pay and continues to work towards full compliance of this requirement. Although, FY 2021 was exceptionally challenging due to workforce shortages and the organization made a concerted effort to prioritize the health and safety of individuals served over administrative tasks. Compliance with this requirement continues to be a priority for the responsible officials but must also be balanced with the organization's available resources.

Responsible party:
Nicole Phelps, CFO and Christy Diallo, Management Analyst

Anticipated completion date:
September 30, 2022

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

None

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

None

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP: Washtenaw County Community Mental Health | FISCAL YEAR: FY 20 / 21
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2022

				Column A	Column B		
					REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
A		**MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)**					
A	190	**TOTAL REVENUE**			-		
A	290	**TOTAL EXPENDITURE**			-		
A	295	**NET MEDICAID SERVICES SURPLUS (DEFICIT)**			-		
A	390	**Total Redirected Funds**			-		
A	400	**BALANCE MEDICAID SERVICES (A 400 + A 401)**			-		
AC		**INTENTIONALLY LEFT BLANK**					
AE		**OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services**					
AE	190	**TOTAL REVENUE**			-		
AE	290	**TOTAL EXPENDITURE**			-		
AE	295	**NET SURPLUS (DEFICIT)**			-		
AE	390	**Total Redirected Funds**			-		
AE	400	**BALANCE OPIOID HEALTH HOME SERVICES**			-		
AG		**HEALTH HOME SERVICES - Summary From FSR - Health Home Services**					
AG	190	**TOTAL REVENUE**			-		
AG	290	**TOTAL EXPENDITURE**			-		
AG	295	**NET HEALTH HOME SERVICES SURPLUS (DEFICIT)**			-		
AG	390	**Total Redirected Funds**			-		
AG	400	**BALANCE HEALTH HOME SERVICES**			-		
AI		**HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)**					
AI	190	**TOTAL REVENUE**			-		
AI	290	**TOTAL EXPENDITURE**			-		
AI	295	**NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)**			-		
AI	390	**Total Redirected Funds**			-		
AI	400	**BALANCE HEALTHY MICHIGAN SERVICES (AI 400 + AI 401)**			-		
AK		**MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link**					
AK	190	**TOTAL REVENUE**			-		
AK	290	**TOTAL EXPENDITURE**			-		
AK	295	**NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)**			-		
AK	390	**Total Redirected Funds**			-		
AK	400	**BALANCE MI HEALTH LINK SERVICES**			-		
RES		**RESTRICTED FUND BALANCE ACTIVITY**					
RES	180	**Beginning Restricted Fund balance**			-		
RES	190	**TOTAL REVENUE (Deposits)**			-		
RES	290	**TOTAL EXPENDITURE (PBIP & SUD NON-MEDICAID only)**			-		
RES	390	**Total Redirected Funds**			-		
RES	400	**BALANCE RESTRICTED FUND**			-		
B		**GENERAL FUND**					
B	100	**REVENUE**					
B	101	CMH Operations			3,872,431		3,872,431
B	102	Intentionally left blank					
B	103	Intentionally left blank					
B	120	**Subtotal - Current Period General Fund Revenue**			3,872,431	-	3,872,431
B	121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services			187,127		187,127
B	122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services					-
B	123	Prior Year GF Carry Forward			175,491		175,491
B	124	Intentionally left blank					
B	140	**Subtotal - Other General Fund Revenue**			362,618	-	362,618
B	190	**TOTAL REVENUE**			4,235,049	-	4,235,049
B	200	**EXPENDITURE**					
B	201	100% MDHHS Matchable Services / Costs			531,159		531,159
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap			-	-	-
B	203	90% MDHHS Matchable Services / Costs - REPORTED	1,211,619				
		90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS					
		90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	1,211,619		1,090,457	-	1,090,457
B	204	Intentionally left blank					
B	205	Intentionally left blank					
B	290	**TOTAL EXPENDITURE**			1,621,616	-	1,621,616
B	295	**NET GENERAL FUND SURPLUS (DEFICIT)**			2,613,433	-	2,613,433
B	300	**Redirected Funds (To) From**					
B	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - **A331** (PIHP use only)			-		
B	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - **AI331** (PIHP use only)			-		
B	301.2	Intentionally left blank					
B	301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services **AE331** (PIHP use only)			-		
B	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services **AG331** (PIHP use only)			-		
B	301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - **AK331** (PIHP use only)			-		
B	303	Intentionally left blank					
B	304	(TO) Targeted Case Management - **D301**			-	-	-
B	305	Intentionally left blank					
B	306	Intentionally left blank					
B	307	Intentionally left blank					
B	308	Intentionally left blank					
B	309	(TO) Allowable GF Cost of Injectable Medications - **G301**			-	-	-
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - **I304**			-	-	-
B	310.1	Intentionally left blank					
B	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - **IB304**			-	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - **IC304**			-	-	-
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID304**			-	-	-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP: Washtenaw County Community Mental Health | FISCAL YEAR: FY 20 / 21 | SUBMISSION TYPE: YE Final | SUBMISSION DATE: 2/28/2022

			REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
			Column A	Column B	
B	312	(TO) CMHSP to CMHSP Earned Contracts - **J305** (explain - section Q)	-	-	-
B	313	FROM CMHSP to CMHSP Earned Contracts - **J302**	69,207		69,207
B	314	FROM Non-MDHHS Earned Contracts - **K302**			-
B	330	**Subtotal Redirected Funds rows 301 - 314**	69,207	-	69,207
B	331	FROM Local Funds - **M302**			-
B	332	FROM Risk Corridor - **N303**			-
B	390	**Total Redirected Funds**	69,207	-	69,207
B	400	**BALANCE GENERAL FUND (cannot be < 0)**	2,682,640	-	2,682,640
C		**INTENTIONALLY LEFT BLANK**			
FEE FOR SERVICE MEDICAID					
D		**TARGETED CASE MANAGEMENT - (GHS Only)**			
D	190	Revenue			-
D	290	Expenditure			-
D	295	**NET TARGETED CASE MANAGEMENT (cannot be > 0)**	-	-	-
D	300	**Redirected Funds (To) From**			
D	301	FROM General Fund - **B304**			-
D	302	FROM Local Funds - **M304**			-
D	303	(TO) CMHSP to CMHSP Earned Contracts - **J304.4**	-	-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - **J303.4**			-
D	390	**Total Redirected Funds**	-	-	-
D	400	**BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)**	-	-	-
E		**INTENTIONALLY LEFT BLANK**			
F		**INTENTIONALLY LEFT BLANK**			
G		**INJECTABLE MEDICATIONS**			
G	190	Revenue	97,121		97,121
G	290	Expenditure	97,121		97,121
G	295	**NET INJECTABLE MEDICATIONS (cannot be > 0)**	-	-	-
G	300	**Redirected Funds (To) From**			
G	301	FROM General Fund - **B309**			-
G	302	FROM Local Funds - **M309**			-
G	390	**Total Redirected Funds**	-	-	-
G	400	**BALANCE INJECTABLE MEDICATIONS (must = 0)**	-	-	-
OTHER FUNDING					
H		**MDHHS EARNED CONTRACTS**			
H	100	**REVENUE**			
H	101	Comprehensive Services for Behavioral Health	1,023,831		
H	102	Housing and Homeless Services	-		
H	103	Juvenile Justice Programs	-		
H	104	Suicide Lifeline Programs	-		
H	105	Projects for Assistance in Transition from Homelessness	160,366		
H	106	Regional Perinatal Collaborative	-		
H	107	Substance Abuse & Mental Health COVID-19 Grant Program	-		
H	108	Substance Use and Gambling Services	-		
H	109	Intentionally left blank			
H	150	Other MDHHS Earned Contracts (describe):	-		
H	151	Other MDHHS Earned Contracts (describe):	-		
H	190	**TOTAL REVENUE**	1,184,197		
H	200	**EXPENDITURE**			
H	201	Comprehensive Services for Behavioral Health	1,023,831		
H	202	Housing and Homeless Services	-		
H	203	Juvenile Justice Programs	-		
H	204	Suicide Lifeline Programs	-		
H	205	Projects for Assistance in Transition from Homelessness	160,366		
H	206	Regional Perinatal Collaborative	-		
H	207	Substance Abuse & Mental Health COVID-19 Grant Program	-		
H	208	Substance Use and Gambling Services	-		
H	209	Intentionally left blank			
H	250	Other MDHHS Earned Contracts (describe):	-		
H	251	Other MDHHS Earned Contracts (describe):	-		
H	290	**TOTAL EXPENDITURE**	1,184,197		
H	400	**BALANCE MDHHS EARNED CONTRACTS (cannot be < 0)**	-		
I		**PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY**			
I	100	**REVENUE**			
I	101	Revenue - from PIHP Medicaid (incl Direct Care Wage)	78,110,071		78,110,071
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)	6,619,266		6,619,266
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	18,809		18,809
I	123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate			-
I	190	**TOTAL REVENUE**	84,748,146	-	84,748,146
I	201	Expenditure - Medicaid (incl Direct Care Wage)	78,128,880		
I	202	Expenditure - Healthy Michigan Plan (incl Direct Care Wage)	6,619,266		
I	203	Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)	-		
I	290	**TOTAL EXPENDITURE**	84,748,146		
I	295	**NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)**	-		
I	300	**Redirected Funds (To) From**			
I	301	(TO) CMHSP to CMHSP Earned Contracts - **J306**	-	-	-
I	302	FROM CMHSP to CMHSP Earned Contracts - **J303**			-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP: Washtenaw County Community Mental Health | FISCAL YEAR: FY 20 / 21
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2022

			Column A	Column B		
				REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
I	303	FROM Non-MDHHS Earned Contracts - **K303**				-
I	304	FROM General Fund - **B310**				-
I	306	FROM Local Funds - **M309.1**				-
I	390	**Total Redirected Funds**		-	-	-
I	400	**BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)**		-	-	-
IA		**INTENTIONALLY LEFT BLANK**				
IB		**PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY**				
IB	190	Revenue - Medicaid Opioid Health Home Services - from PIHP				-
IB	290	Expenditure - Medicaid Opioid Health Home Services				-
IB	295	**NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)**		-	-	-
IB	300	**Redirected Funds (To) From**				
IB	304	FROM General Fund - **B310.2**				-
IB	306	FROM Local Funds - **M309.3**				-
IB	390	**Total Redirected Funds**		-	-	-
IB	400	**BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be < 0)**		-	-	-
IC		**PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY**				
IC	190	Revenue - Medicaid Health Home Services - from PIHP				-
IC	290	Expenditure - Medicaid Health Home Services				-
IC	295	**NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)**		-	-	-
IC	300	**Redirected Funds (To) From**				
IC	304	FROM General Fund - **B310.3**				-
IC	306	FROM Local Funds - **M309.4**				-
IC	390	**Total Redirected Funds**		-	-	-
IC	400	**BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be < 0)**		-	-	-
ID		**PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY**				
ID	100	**REVENUE**				
ID	101	Revenue - MI Health Link - from PIHP				-
ID	122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate				-
ID	190	**TOTAL REVENUE**		-	-	-
ID	200	**EXPENDITURE**				
ID	201	Expenditure				-
ID	202	Intentionally left blank				
ID	290	**TOTAL EXPENDITURE**		-	-	-
ID	295	**NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)**		-	-	-
ID	300	**Redirected Funds (To) From**				
ID	301	(TO) CMHSP to CMHSP Earned Contracts - **J306.3**		-	-	-
ID	302	FROM CMHSP to CMHSP Earned Contracts - **J303.3**				-
ID	303	FROM Non-MDHHS Earned Contracts - K303.3				-
ID	304	FROM General Fund - **B310.4**				-
ID	305	Intentionally left blank				
ID	306	FROM Local Funds - **M309.5**				-
ID	390	**Total Redirected Funds**		-	-	-
ID	400	**BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)**		-	-	-
J		**CMHSP to CMHSP EARNED CONTRACTS**				
J	190	Revenue		669,411		669,411
J	290	Expenditure		600,204		600,204
J	295	**NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)**		69,207	-	69,207
J	300	**Redirected Funds (To) From**				
J	301	(TO) Medicaid Services - **A302** (PIHP use only)		-		
J	301.1	(TO) Healthy Michigan - **AI302** (PIHP use only)		-		
J	301.2	Intentionally left blank				
J	301.3	(TO) MI Health Link - **AK302** (PIHP use only)		-		
J	302	(TO) General Fund - **B313**		(69,207)	-	(69,207)
J	303	(TO) PIHP to Affiliate Medicaid Services Contracts - **I302**		-	-	-
J	303.2	Intentionally left blank				
J	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID302**		-	-	-
J	303.4	(TO) Targeted Case Management - **D304**		-	-	-
J	304	FROM Medicaid Services - **A301** (PIHP use only)				-
J	304.1	FROM Healthy Michigan - **AI301** (PIHP use only)				-
J	304.2	Intentionally left blank				
J	304.3	FROM MI Health Link - **AK301** (PIHP use only)				-
J	304.4	FROM Targeted Case Management - **D303**				-
J	305	FROM General Fund - **B312**				-
J	306	FROM PIHP to Affiliate Medicaid Services Contracts - **I301**				-
J	306.2	Intentionally left blank				
J	306.3	FROM PIHP to MI Health Link Services Contracts - **ID301**				-
J	307	FROM Local Funds - **M310**				-
J	390	**Total Redirected Funds**		(69,207)	-	(69,207)
J	400	**BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)**		-	-	-
K		**NON-MDHHS EARNED CONTRACTS**				
K	190	Revenue		137,998		137,998
K	290	Expenditure		137,998		137,998
K	295	**NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)**		-	-	-
K	300	**Redirected Funds (To) From**				
K	301	(TO) Medicaid Services - **A303** (PIHP use only)		-		
K	301.1	(TO) Healthy Michigan - **AI303** (PIHP use only)		-		
K	301.2	Intentionally left blank				
K	301.3	(TO) MI Health Link - **AK303** (PIHP use only)		-		
K	302	(TO) General Fund - **B314**		-	-	-
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - **I303**		-	-	-
K	303.2	Intentionally left blank				

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP: Washtenaw County Community Mental Health | FISCAL YEAR: FY 20 / 21

SUBMISSION TYPE: YE Final

SUBMISSION DATE: 2/28/2022

			Column A	REPORTED Column B	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID303**		-	-	-
K	304	(TO) Local Funds - **M315**		-	-	-
K	305	FROM Local Funds - **M311**				-
K	390	**Total Redirected Funds**		-	-	-
K	400	**BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)**		-	-	-
L		**INTENTIONALLY LEFT BLANK**				
M		**LOCAL FUNDS**				
M	100	**REVENUE**				
M	101	County Appropriation for Mental Health		1,528,080		1,528,080
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds				-
M	103	Section 226 (a) Funds		132,477	-	132,477
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)				-
M	105	Medicaid Fee for Service Adjuster Payments				-
M	106	Local Grants				-
M	107	Interest				-
M	108	Intentionally left blank				
M	109	SED Partner				-
M	110	All Other Local Funding		2,041,295		2,041,295
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding				-
M	190	**TOTAL REVENUE**		3,701,852	-	3,701,852
M	200	**EXPENDITURE**				
M	201	GF 10% Local Match		121,162	-	121,162
M	202	Reported Local match cap amount				
		Examination Adjustment Local match cap amount				
		Examinted Total Local match cap amount	-			
M	203	GF Local Match Capped per MHC 330.1308		-	-	-
M	204	Local Cost for State Provided Services		661,802		661,802
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)		550,608		550,608
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)				-
M	207	Local Match to Grants and MDHHS Earned Contracts				-
M	208	Intentionally left blank				
M	209	Local Only Expenditures		80,000		80,000
M	290	**TOTAL EXPENDITURE**		1,413,572	-	1,413,572
M	295	**NET LOCAL FUNDS SURPLUS (DEFICIT)**		2,288,280	-	2,288,280
M	300	**Redirected Funds (To) From**				
M	301	(TO) Medicaid Services - **A332** (PIHP use only)		-		
M	301.1	(TO) Healthy Michigan - **AI332** (PIHP use only)		-		
M	301.2	Intentionally left blank				
M	301.3	(TO) Opioid Health Home Services - **AE332** (PIHP use only)		-		
M	301.4	(TO) Health Home Services - **AG332** (PIHP use only)		-		
M	301.5	(TO) MI Health Link - **AK332** (PIHP use only)		-		
M	302	(TO) General Fund - **B331**		-	-	-
M	304	(TO) Targeted Case Management - **D302**		-	-	-
M	305	Intentionally left blank				
M	306	Intentionally left blank				
M	307	Intentionally left blank				
M	308	Intentionally left blank				
M	309	(TO) Injectable Medications - **G302**		-	-	-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - **I306**		-	-	-
M	309.2	Intentionally left blank				
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - **IB306**		-	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - **IC306**		-	-	-
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - **ID306**		-	-	-
M	310	(TO) CMHSP to CMHSP Earned Contracts - **J307**		-	-	-
M	311	(TO) Non-MDHHS Earned Contracts - **K305**		-	-	-
M	313	(TO) Activity Not Otherwise Reported - **O302**		-	-	-
M	313.3	FROM MI Health Link (Medicare) - **AK336** - (PIHP use only)				-
M	314	Intentionally left blank				
M	315	FROM Non-MDHHS Earned Contracts - **K304**				-
M	390	**Total Redirected Funds**		-	-	-
M	400	**BALANCE LOCAL FUNDS**		2,288,280	-	2,288,280
N		**RISK CORRIDOR**				
N	100	**REVENUE**				
N	101	Stop/Loss Insurance				-
N	102	Medicaid ISF for PIHP Share Risk Corridor		-		
N	103	MDHHS for MDHHS Share of Medicaid Risk Corridor				-
N	104	Restricted Fund balance for PIHP Share Risk Corridor		-		
N	190	**TOTAL REVENUE**		-	-	-
N	300	**Redirected Funds (To) From**				
N	301	(TO) Medicaid Services - PIHP Share - **A333** (PIHP use only)		-		
N	301.1	(TO) Healthy Michigan - PIHP Share - **AI333** (PIHP use only)		-		
N	301.2	(TO) Restricted Fund balance for PIHP Share - **A335 & AI335** (PIHP use only)		-		
N	302	(TO) Medicaid Services - MDHHS Share - **A334** (PIHP use only)		-		
N	302.1	(TO) Healthy Michigan - MDHHS Share - **AI334** (PIHP use only)		-		
N	302.3	Intentionally left blank				
N	303	(TO) General Fund - **B332**		-	-	-
N	304	Intentionally left blank				
N	390	**Total Redirected Funds**		-	-	-
N	400	**BALANCE RISK CORRIDOR (must = 0)**		-	-	-
O		**ACTIVITY NOT OTHERWISE REPORTED**				
O	100	**REVENUE**				
O	101	Other Revenue (describe): Private Grants		289,508		289,508
O	102	Other Revenue (describe):				-

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID

CMHSP:		Washtenaw County Community Mental Health	FISCAL YEAR:	FY 20 / 21		
			SUBMISSION TYPE:	YE Final	EXAMINATION	
			SUBMISSION DATE:	2/28/2022	REPORTED	ADJUSTMENTS	EXAMINED TOTALS
				Column A	Column B		
O	103	Other Revenue (describe):					-
O	190	**TOTAL REVENUE**			289,508	-	289,508
O	200	**EXPENDITURE**					
O	201	Other Expenditure (describe): Private Grants			289,508		289,508
O	202	Other Expenditure (describe):					-
O	203	Other Expenditure (describe):					-
O	290	**TOTAL EXPENDITURE**			289,508	-	289,508
O	295	**NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)**			-	-	-
O	300	**Redirected Funds (To) From**					
O	301	Intentionally left blank					
O	302	FROM Local Funds - **M313**					-
O	390	**Total Redirected Funds**			-	-	-
O	400	**BALANCE ACTIVITY NOT OTHERWISE REPORTED**			-	-	-

P		**GRAND TOTALS**			
P	190	**GRAND TOTAL REVENUE**	95,063,282	-	95,063,282
P	290	**GRAND TOTAL EXPENDITURE**	90,092,362	-	90,092,362
P	390	**GRAND TOTAL REDIRECTED FUNDS (must = 0)**	-	-	-
P	400	**NET INCREASE (DECREASE)**	4,970,920	-	4,970,920

Q		**REMARKS**
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q		
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MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)

FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL

CMHSP:	Washtenaw County Community Mental Health	FISCAL YEAR:	FY 20 / 21	
	SUBMISSION TYPE:	YE Final		YEAR TO DATE REPORTING
	SUBMISSION DATE:	2/28/2022		

H					Column A	Column B	Column C	
H	**MDHHS EARNED CONTRACTS**							
H	**Grant Program Code**	**Grant Program Title**	**Project Code**	**Project Title**	**REVENUE**	**EXPENDITURES**	**BALANCE**	
H	CBH	Comprehensive Services for Behavioral Health	ABHS	Asian Behavioral Health Services			-	
H	CBH	Comprehensive Services for Behavioral Health	BC / BWC	Benefits Coaches / Benefits to Work Coaches			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BCDP	Branch County Diversion Project			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHC	Behavioral Health Consultant			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHSNA	Behavioral Health Services for Native Americans			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	BHSVV	Behavioral Health Services for Vietnam Veterans			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CLUB	Clubhouse Engagement			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CRIM	Criminal Justice	131,256	131,256	-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CRMGT	Care Management			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	CSC	Child System of Care			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	DROP**				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	FIT	Fit Together			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	HBHS	Hispanic Behavioral Health Services			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	IHC	Integrated Healthcare			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	**CSSE	Intensive Crisis Stabilization Service(s) Expansion			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	IMH	Health Innovation in Manistee and Benzie Counties			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	JIHC	Justice Involved Health Coach			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHAJJ	Mental Health Access and Juvenile Justice Diversion			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHJJSE	Mental Health and Juvenile Justice Screening Expansion			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHJJSP	Mental Health Juvenile Justice Screening Project			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MHTC	58th District Mental Health Court Expansion			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	MICHT	Michigan Healthy Transitions			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	NCC	Enhanced Nutrition Care Coordination and Medical Culinary Ed Prgms			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	NTPH	Navigators for Transition from Psychiatric Hospitals			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	OBRA	Pre-Admission Screening Annual Resident Reviews	892,575	892,575	-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PACC	Promoting Access and Continuity of Care			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PCPCP	Psychiatric Consultantion to Primary Care Practices			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PDTOB	Peer Driven Tobacco Cessation			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PHC	Peer(s) as Health Coach(es)			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PIPBHC	Promoting Integration of Primary and Behavioral Health Care			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	PMTO*				-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RCVC	Recovery Conference			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RPTS	Regional PMTO Training Support			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RT	Rural Transportation			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	RTTSE	Infant and Early Childhood Mental Health Consultation.			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SCCHB	Saginaw Community Care HUB			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SFEP	First Episode Psychosis			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	SPTTA	Statewide PMTO Training and TA			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TBRS	Technology-Based Recovery Support			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TCR	Transportation to Crisis Residential			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TFCCT	Trauma Focused CBT Coordination & Training			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TFCO	Treatment Foster Care Oregon			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TIC / TISC	Trauma Informed Care / System of Care			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	TPC	Tuscola Peer Center			-	Must = 0
H	CBH	Comprehensive Services for Behavioral Health	VET*				-	Must = 0
H	**SUBTOTAL Comprehensive Services for Behavioral Health**				1,023,831	1,023,831	-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	CMHCSS	Children's Mental Health COVID Supplemental Services			-	Must = 0
H	CCBH	COVID-19 Comprehensive Services for Behavioral Health	MHCSS	Mental Health COVID Supplemental Services			-	Must = 0
H	**SUBTOTAL COVID-19 Comprehensive Services for Behavioral Health**				-	-	-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	PREVII	Prevention II COVID			-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	SUDADII	Substance Use Disorder Administration COVID			-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	TRMTII	Treatment COVID			-	Must = 0
H	CSUGS	COVID-19 Substance Use and Gambling Services	WSSII	Women's Specialty Services COVID			-	Must = 0
H	**SUBTOTAL COVID-19 Substance Use and Gambling Services**				-	-	-	Must = 0
H	EBSJJ	Evidence Based Services for Youth in the Juvenile Justice System	EBSJJ	Evidence Based Services for Youth in the Juvenile Justice System			-	Must = 0
H	**SUBTOTAL Evidence Based Services for Youth in the Juvenile Justice System**				-	-	-	Must = 0
H	HHS	Housing and Homeless Services	PSH	Permanent Supportive Housing Dedicated Plus			-	Must = 0
H	HHS	Housing and Homeless Services	RRP	Consolidated Rapid Re-Housing			-	Must = 0
H	HHS	Housing and Homeless Services	SH	Permanent Supportive Housing Statewide Leasing			-	Must = 0
H	HHS	Housing and Homeless Services	SPC*	Permanent Supportive Housing			-	Must = 0
H	**SUBTOTAL Housing and Homeless Services**				-	-	-	Must = 0
H	JURT	Juvenile Urgent Response Teams	JURT	Juvenile Urgent Response Teams			-	Must = 0
H	**SUBTOTAL Juvenile Urgent Response Teams**				-	-	-	Must = 0
H	JJDPP	Pilot Programs for Juvenile Justice Diversion	JJDPP	Pilot Programs for Juvenile Justice Diversion			-	Must = 0
H	**SUBTOTAL Pilot Programs for Juvenile Justice Diversion**				-	-	-	Must = 0
H	PATH	Projects for Assistance in Transition from Homelessness	PATH	Projects for Assistance in Transition from Homelessness	160,366	160,366	-	Must = 0
H	**SUBTOTAL Projects for Assistance in Transition from Homelessness**				160,366	160,366	-	Must = 0
H	RPC	Regional Perinatal Collaborative	RPC	Regional Perinatal Collaborative			-	Must = 0
H	**SUBTOTAL Regional Perinatal Collaborative**				-	-	-	Must = 0
H	SAMES	Substance Abuse & Mental Health Emergency Supplemental	SAMES	Substance Abuse & Mental Health Emergency Supplemental			-	Must = 0
H	**SUBTOTAL Substance Abuse & Mental Health Emergency Supplemental**				-	-	-	Must = 0
H	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program	SAMHC	Substance Abuse & Mental Health COVID-19 Grant Program			-	Must = 0
H	**SUBTOTAL Substance Abuse & Mental Health COVID-19 Grant Program**				-	-	-	Must = 0
H	SLCBG	Suicide Lifeline Capacity Building Grant	SLCBG	Suicide Lifeline Capacity Building Grant			-	Must = 0
H	**SUBTOTAL Suicide Lifeline Capacity Building Grant**				-	-	-	Must = 0
H	SPLP	Suicide Prevention Lifeline Planning	SPLP	Suicide Prevention Lifeline Planning			-	Must = 0
H	**SUBTOTAL Suicide Prevention Lifeline Planning**				-	-	-	Must = 0

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)

FINANCIAL STATUS REPORT - ALL NON MEDICAID - SUPPLEMENTAL

CMHSP:	Washtenaw County Community Mental Health			FISCAL YEAR:	FY 20 / 21		
				SUBMISSION TYPE:	YE Final		YEAR TO DATE REPORTING
				SUBMISSION DATE:	2/28/2022		
					Column A	**Column B**	**Column C**	

H	MDHHS EARNED CONTRACTS							
H	**Grant Program Code**	**Grant Program Title**	**Project Code**	**Project Title**	**REVENUE**	**EXPENDITURES**	**BALANCE**	
H	SUGS	Substance Use and Gambling Services	CG	Community Grant			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	GRT	Gambling Residential Treatment			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	MGDPP	Michigan Gambling Disorder Prevention Project			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	MSOR	Michigan State Opioid Response			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	MYTIEP	Michigan Youth Treatment Improvement & Enhancement PIHP			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	PREV	Prevention			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	SDA	State Disability Assistance			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	SORII	State Opioid Response II			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	SPFS	Strategic Partnership for Success			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	SUDADM	Substance Use Disorder - Administration (ADM)			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	SUDT	Substance Use Disorder Services - Tobacco			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	SUDTII	Substance Use Disorder Services - Tobacco II			-	**Must = 0**
H	SUGS	Substance Use and Gambling Services	WSS	Substance Use Disorder Services - Womens' Specialty Services			-	**Must = 0**
H	**SUBTOTAL Substance Use and Gambling Services**				-	-	-	**Must = 0**
H		Other MDHHS Earned Contracts (describe):					-	**Must = 0**
H		Other MDHHS Earned Contracts (describe):					-	**Must = 0**
H	**SUBTOTAL Other MDHHS Earned Contracts**				-	-	-	**Must = 0**
H	**BALANCE MDHHS EARNED CONTRACTS (must = 0)**				1,184,197	1,184,197	-	**Must = 0**

Q		**REMARKS**
Q		This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be meaningful to the CMHSP / MDHHS.
Q		
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MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
FINANCIAL STATUS REPORT - ALL NON MEDICAID DIRECT CARE WAGE - SUPPLEMENTAL

CMHSP:	Washtenaw County Community Mental Health	FISCAL YEAR:	FY 20 / 21	
		SUBMISSION TYPE:	YE Final	YEAR TO DATE
		SUBMISSION DATE:	2/28/2022	REPORTING
			Column A	**Column B**

			Fiscal period	
I			**10/1/20-9/30/21**	**Total**
I		**PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY**		
I	201	Expenditure - Medicaid	71,082,297	71,082,297
I	201	Expenditure - Medicaid Direct Care Wage	7,046,583	7,046,583
I	201	**SUBTOTAL Medicaid Expenditures (incl Direct Care Wage)**	78,128,880	78,128,880
I	202	Expenditure - Healthy Michigan Plan	6,533,680	6,533,680
I	202	Expenditure - Healthy Michigan Plan Direct Care Wage	85,586	85,586
I	202	**SUBTOTAL Healthy Michigan Plan Expenditures (incl Direct Care Wage)**	6,619,266	6,619,266
I	203	Expenditure - MI Health Link		-
I	203	Expenditure - MI Health Link Direct Care Wage		-
I	203	**SUBTOTAL MI Health Link Expenditures (incl Direct Care Wage)**	-	-
I	290	**TOTAL EXPENDITURE**	84,748,146	84,748,146

		REMARKS	
		Remarks may be added about any entry or activity on the report for which additional information may be useful.	
		Total Medicaid Direct Care Wage (Medicaid DCW - I. 201 + MI Health Link DCW - I. 203)	7,046,583

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT

CMHSP: Washtenaw County Community Mental Health
FISCAL YEAR: FY 20 / 21
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2022

1.	General Fund Services - Available Resources	Funding Resources
a.	CMH Operations (FSR B 101)	3,872,431
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	$ 3,872,431
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	187,127
f.	Prior Year GF Carry-Forward (FSR B 123)	175,491
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	69,207
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	$ 431,825
k.	Local 10% Associated to 90/10 Services (FSR M 201)	121,162
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	$ 121,162
n.	Total General Fund Services - Resources	$ 4,425,418

2.	General Fund Services - Expenditures	90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		531,159
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	1,211,619	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	1,211,619
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		$ 1,742,778
h.	GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i.	GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j.	Intentionally left blank		
k.	GF Supplement for Unfunded Opioid Health Home Services (PIHP use only) (FSR B 301.3)		-
l.	GF Supplement for Unfunded Health Home Services (PIHP use only) (FSR B 301.4)		-
m.	GF Supplement for Unfunded MI Health Link - (PIHP use only) (FSR B 301.5)		-
n.	GF Supplement for Unfunded Targeted Case Management (FSR B 304)		-
o.	Intentionally left blank		
p.	Intentionally left blank		
q.	GF Supplement for Injectable Medications (FSR B 309)		-
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	Intentionally left blank		
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		-
x.	Sub-Total General Fund Services Supplement - Expenditures		$ -
y.	Total General Fund Services - Expenditures		$ 1,742,778

3.	Summary of Resources / Expenditures	Amount
a.	Total General Fund Services - Resources	4,425,418
b.	Total General Fund Services - Expenditures	1,742,778
c.	Sub-Total General Fund Services Surplus (Deficit)	$ 2,682,640
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	$ 2,682,640

4.	Disposition:	Amount
a.	**Surplus**	
b.	Transfer to Fund Balance - GF Carry-Forward Earned	(193,622)
c.	Lapse to MDHHS - Contract Settlement	(2,489,018)
d.	Total Disposition - Surplus	$ (2,682,640)
e.	**Deficit**	
f.	Redirected from Local (FSR B 331)	-
g.	Redirected from risk corridor (FSR B 332)	-
h.	Total Disposition - Deficit	$ -

6.	General Fund MDHHS Commitment	
a.	MDHHS / CMHSP Contract Funded Expenditures	1,189,791
b.	Earned General Fund Carry-Forward	193,622
c.	Total MDHHS General Fund Commitment	$ 1,383,413

5.	Cash Settlement: (Due MDHHS) / Due CMHSP	Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	(2,489,018)
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	$ (2,489,018)

7. Report Certification

	Cash Settlement	Carry Forward
Examined	$ (2,489,018)	$ 193,622
Original	-2489018	193622
Increase (Decrease)	$ -	$ -

Comments:

MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)
GENERAL FUND CONTRACT SETTLEMENT WORKSHEET

CMHSP: Washtenaw County Community Mental Health
FISCAL YEAR: FY 20 / 21
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2022

1. General Fund (Formula and Categorical Funding)		Contract Authorization	Cash Received: Through 9/30	Cash Received: After 9/30 Prior to Settlement	Cash Received: Total	Amount Due CMHSP / (MDHHS) Cash Settlement
a.	CMH Operations	3,872,431	3,872,431		3,872,431	-
c.	Total Current FY GF Authorization / Cash Received / Cash Settlement	$ 3,872,431	$ 3,872,431	$ -	$ 3,872,431	$ -

2. Current Year - General Fund Carry-Forward - Maximum		Contract Authorization	Maximum C/F
a.	CMH Operations	3,872,431	
b.	Total Current Year Maximum Carry-Forward	$ 3,872,431	$ 193,622

3. Prior Year - General Fund Carry-Forward		FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a.	Prior Year GF Carry-Forward Earned	175,491	
b.	Prior Year GF Carry-Forward (FSR B 123)	175,491	
c.	Balance of Prior Year General Fund Carry-Forward	$ -	

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

5. Narrative: Both CRCS and Contract Settlement Worksheet

SPECIAL FUND ACCOUNT
For Recipient Fees and Third-Party Reimbursement
As Added to Mental Health Code per PA 423, 1980

CMHSP: Washtenaw County Community Mental Health
FISCAL YEAR: FY 20 / 21
SUBMISSION TYPE: YE Final
SUBMISSION DATE: 2/28/2022

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

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections
Year to Date by Service Category and Source

Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total	EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. Inpatient Services				$ -		$ -
2. Residential Services				$ -		$ -
3. Community Living Services				$ -		$ -
4. Outpatient Services	$ 9,421	$ 123,055		$ 132,476		$ 132,476
5. Total	$ 9,421	$ 123,055	$ -	$ 132,476	$ -	$ 132,476

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections Quarterly Summary		EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
1. First Quarter	$ 43,490		$ 43,490
2. Second Quarter	$ 8,518		$ 8,518
3. Third Quarter	$ 59,116		$ 59,116
4. Fourth Quarter	$ 21,353		$ 21,353
5. Total	$ 132,477	$ -	$ 132,477

Explanation of Accrual and Examination Adjustments

section 7.2.4 Special Fund Account of the CMHSP contract

Washtenaw County Community Mental Health
Explanation of Examination Adjustments
September 30, 2021

There were no examination adjustments for the September 30, 2021 fiscal year.

Washtenaw County Community Mental Health
Comments and Recommendations
September 30, 2021

During our compliance audit, we may have become aware of matters that are opportunities for strengthening internal controls, improving compliance and increasing operating efficiency. These comments and recommendations are expected to have an impact greater than $10,000, but not individually or cumulatively be material weaknesses in internal control over the Medicaid Contract, General Fund Contract, and/or Community Mental Health Services Block Grants program(s). Furthermore, we consider these matters to be immaterial deficiencies, not findings. The following comments and recommendations are in regard to those matters.

There are no comments or recommendations for the September 30, 2021 fiscal year.

Millage Funding Summary August 2022

WISD:

Goals: Continuation and expansion of mental health supports for all school districts in Washtenaw County.

What: The WISD is requesting $2,312,658 over three years from the Washtenaw County Public Safety and Mental Health Preservation Millage to build capacity to sustain and expand mental health services being offered to youth across Washtenaw County. Funding would be funneled through WISD to support the initiatives outlined in the proposal and managed in partnership with WCCMH. The proposal includes continuation of the previous Millage funded initiatives of YMHFA, 31N match and anti-stigma mini grants.

Expansion Initiatives:

Potential Initiatives- Universal Prevention

Mindfulness Curriculum: Training on mindfulness curriculum Learning 2 Breathe to support high school students in building skills that support mindfulness. Potential use as elective (or other applications).
Equity-Centered Trauma-Informed Book Study: Based on a book by Alex Shevrin Venet, provides examples of how to implement proactive trauma-informed practices based in equity.
Family Education Series: Hosting informational sessions on how to access help and support in Washtenaw County and when help-seeking might be appropriate.
Public Campaign: Similar to public health campaigns such as "Wish You Knew" but targeted to families to help identify signs and symptoms of when help-seeking might be needed and how to access support.
Substance Use Services Coordination: An area of growing concern, SUD has been increasing in schools, often co-occurring with other behavioral health concerns. WISD would like to begin developing a parallel system of support based on the three-tiered model with Universal Prevention, Early Intervention, and Referral and Crisis Service interventions clearly identified and implemented.

Potential Initiatives- Early Intervention

Screener/BHWorks: Countywide web-based system for managing care, care-related documents, Medicaid billing, and screeners and diagnostics (in progress).
Substance Use Services: Develop targeted family/community approach to help identify students using and connect to resources for support. In addition, develop a model for provided substance use focused CBT (e.g., Mindfulness Based Substance Abuse Treatment for Adolescents) for groups in secondary buildings. Develop targeted family/community approach to help students who are using connect to services.
Regional Wraparound Teams: Development of regional multi-disciplinary teams positioned to support youth and families with a holistic care approach.
Prevention Peer Outreach: Redesign of the Education Project for Homeless Youth to move towards case management and provision of wraparound support for at-risk students (not limited to homeless); includes embedding of MDHHS prevention worker for ease of connection to state resources.

Potential Initiatives- Referral and Crisis Services

Systems Outreach and Education: While schools have been working to build in supports at Tiers I and II, there is growing need for support at Tier III. The Washtenaw County superintendents have requested a forum or platform on which to clearly identify the role of schools in mental health and work with

community partners, such as primary care physicians, to identify additional opportunities to support students when the need is beyond the scope of education.
Tier III Inter-Agency Youth Crisis Coordinator: A proposed position that sits between WISD and WCCMH to provide effective bridging of care for youth identified in either system. Position would be hired by WISD but support both agencies and have access to each agency's data systems to better serve and connect young people. The scope of the position would include both mental health and substance use treatment needs.

Funding Amount: 3-year contract total $2,312,658

LEADD Prosecutor:

Goals: To fund 85% of a full-time Law Enforcement Assisted Diversion and Deflection (LEADD) Prosecutor in the Prosecutor's Office. The LEADD program—a collaborative effort between the Washtenaw County Sheriff's Office, the Public Defender's Office, Community Mental Health, McLain and Winters Law Firm, and the Prosecutor's Office—seeks to provide individuals with behavioral health disorders an alternative to citation, arrest, or incarceration.

What: Major goals of the program include:

- Provide individuals with behavioral-health disorders alternatives to citation, arrest, or incarceration.
- Reduce the number of people who are suspected of low-level criminal offenses in the criminal legal system.
- Facilitate partnership between community responders, service providers, and consumers.
- increase equitable outcomes by reducing disproportionate criminal-justice contacts for people of color with behavioral health issues.

Funding Amount: 2-year contract total- $245,558

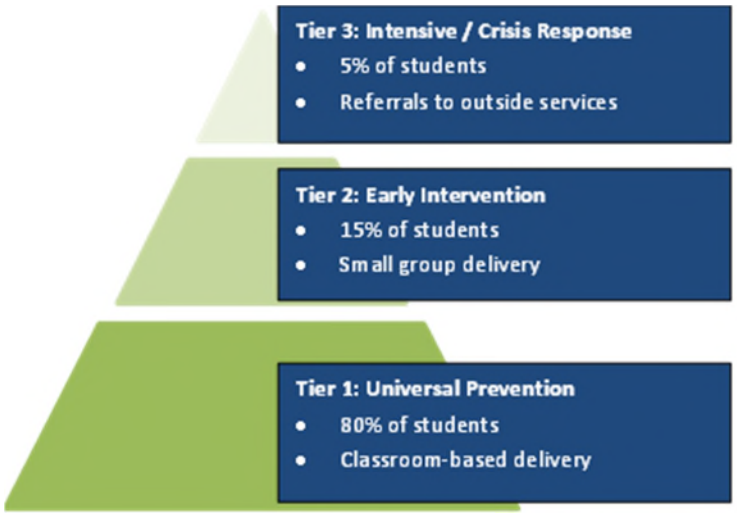
Washtenaw Intermediate School District &
Washtenaw County Community Mental Health Collaborative Proposal
to the Washtenaw County Public Safety and Mental Health Preservation Millage Advisory Committee
August 2022

The Washtenaw Intermediate School District (WISD) and Washtenaw County Community Mental Health (WCCMH) are pleased to present the following collaboratively constructed proposal for funding from the Washtenaw County Public Safety and Mental Health Preservation Millage. The requested amount, $2,312,658 over three years, will provide the county with the opportunity to sustain and expand upon mental health services being offered to youth across Washtenaw County. Funding would be funneled through WISD to support the initiatives outlined in the proposal and managed in partnership with WCCMH.

Framework

Mental health services at WISD are aligned with the Multi-tiered System of Support (MTSS) framework used in many school districts to identify appropriate level of services and supports for students. MTSS is a proactive approach that aims to identify academic and behavioral challenges and barriers, serving as an early warning system for children and their families. At the base of the triangle or pyramid used to depict MTSS is classroom level of support, the middle tier consists of small group intervention, and the upper tier represents individualized support.

WISD's three-tiered model of supports is similarly structured. The base represents mental health support that can be delivered en masse within the classroom (Universal Prevention), the middle tier focuses on small group intervention (Early Intervention), and the upper tier is an individualized approach defined by each student's needs or concerns (Crisis Response). Each tier has a clearly defined purpose, and appropriate interventions and responses are identified to address that purpose. Additionally, a student can move up and down the triangle based on their status at a particular time; screenings and assessments can be applied as needed through activities performed in Tiers I and II.



Interventions

WISD has been working to develop interventions in Tiers I and II since 2015, partnering with Transforming Research into Action to Improve the Lives of Students (TRAILS) to fund and train local districts on the TRAILS model for school delivery of CBT and, more recently, create and provide training on a social emotional learning curriculum for grades K-8. Additional mental health opportunities in schools have since presented themselves through the availability of funding from the state (31n), from the Washtenaw County Public Safety and Mental Health Preservation Millage, and local foundations. These efforts have resulted in the following supports and interventions throughout Washtenaw County.

Current Initiatives- Tier I Universal Prevention

SEL Curriculum: Funded with 31n(12) funds, TRAILS developed a K-12 curriculum to support students in the classroom.
TRAILS Self-Care: A recorded webinar for school professionals to support their personal well-being through utilization of self-care strategies. Available via WISD website; some strategies appropriate for high school students.
ACES Training: WISD staff trainer is available to educate staff on trauma as it relates to Adverse Childhood Experiences.
Early Childhood Curriculum: Used in pre-k programming to support SEL.
Screenagers: These films provide ways in which parents, counselors, and educators can help teens build crucial skills for navigating stress, anxiety, and depression. Watch parties for parents and educators may be coordinated in-person or online.
Michigan Model for Health: Curriculum includes modules supporting messaging and learning on mental health, substance use, and other key health factors contributing to mental health such as physical activity. Activities are targeted to building health educators and funding provided by Michigan Department of Health and Human Services supports purchase of the online curriculum and professional learning for the educators.
Anti-Stigma Mini-Grants: Secondary buildings can apply for up to $5,000 to support student-led anti-stigma and mental health projects.
Youth Mental Health First Aid: Core team of trainers can provide training of any staff to identify signs and symptoms of anxiety and depression. There are currently 12 trainings scheduled for Washtenaw County staff over the summer, with current registrants at 163.

Current Initiatives- Tier II Early Intervention

TRAILS CBT: All secondary buildings in Washtenaw County have had staff trained to provide CBT in buildings. Recent 31p funding allows for continued training of the TRAILS Cognitive Behavioral Therapy model in middle school buildings to address staff transitions and increased need for support.
Clinical Services: Funding (31n(6) to support direct clinical services to general education students. Currently, 3.25 LMSWs support young people in Lincoln, Manchester, Milan, Saline, Whitmore Lake, and Ypsilanti. WISD is currently working with Ann Arbor to develop a strategy for staffing that accommodates the different scale of need in the district.
Mom Power: Evidence-based program based on 10-week curriculum providing strategies and support for low-income mothers and their pre-k children. Strong Roots Cafes is a follow-up program, giving parents a chance to continue to convene, review strategies learned in the Mom Power curriculum and develop a community of practice and support network.

Current Initiatives- Tier III Referral and Crisis Services

PES Referral Tool: Developed in partnership with TRAILS and PES, tool seeks to streamline referral decision-making process.

Proposed Interventions

Since March of 2020, WISD has been convening a group of school administrators and behavioral health professionals from all public schools, inclusive of public school academies (i.e., charter schools) to review needs of students throughout the county and elicit feedback and input on the direction of services offered. These monthly District Crisis Team Lead meetings provided critical feedback on the growing level of need in school buildings in all grade bands. Common themes from these meetings included requests for trauma-informed care training, self-care tools for students, staff, and parents, support for identifying young people in crisis, increased capacity for therapy, strategies for increasing behavioral challenges with students, and, more recently, growing concerns around young people self-medicating to numb emotions.

The needs expressed by this group were reflective of building-level staff needs; many of the participants distributed staff "wellness surveys" to assess what supports might be needed. While the full quantitative results were not always shared with WISD, the synopsis of those surveys was reflected by the District Crisis Team Lead representative. As funding and capacity permitted, WISD worked to develop strategies to address needs. For example, WISD worked with Starr Commonwealth to train behavioral health professionals and administrators in Ypsilanti Community Schools on their Trauma-Informed Resilient Schools model. These YCS coaches were provided with tools to support all building staff to identify traumatic responses of students rather than automatically classify behavior concerns as disciplinary actions. As new interventions and supports were developed and implemented, bi-annual updates were provided to the Washtenaw Superintendents Association (WSA) and, when appropriate, county Curriculum Directors.

In June of 2021, WISD provided WSA with an overview of need observations based on intersecting areas of work, including homelessness identification, truancy, and outreach efforts. Not only were students showing up in multiple sectors, they were also facing systems barriers outside of school which were contributing to further trauma, stress, anxiety, and depression. WSA concurred that staff were seeing these same systems issues and the impact they were having on students and families and with the identified needs but also cited the need to pause to see how school operations looked in the following school year. A follow-up meeting attended by WSA, WCCMH, and WISD staff saw a review of current interventions and asked for additional feedback on what schools needed now that schools were in person and could fully see the depth and breadth of the mental health need in young people. Based on this feedback, WISD has identified additional options within each tier to further solidify support. The proposed options are as follows:

Potential Initiatives- Universal Prevention

Mindfulness Curriculum: Training on mindfulness curriculum Learning 2 Breathe to support high school students in building skills that support mindfulness. Potential use as elective (or other applications).
Equity-Centered Trauma-Informed Book Study: Based on a book by Alex Shevrin Venet, provides examples of how to implement proactive trauma-informed practices based in equity.
Family Education Series: Hosting informational sessions on how to access help and support in Washtenaw County and when help-seeking might be appropriate.

Public Campaign: Similar to public health campaigns such as "Wish You Knew" but targeted to families to help identify signs and symptoms of when help-seeking might be needed and how to access support.
Substance Use Services Coordination: An area of growing concern, SUD has been increasing in schools, often co-occurring with other behavioral health concerns. WISD would like to begin developing a parallel system of support based on the three-tiered model with Universal Prevention, Early Intervention, and Referral and Crisis Service interventions clearly identified and implemented.

Potential Initiatives- Early Intervention
Screener/BHWorks: Countywide web-based system for managing care, care-related documents, Medicaid billing, and screeners and diagnostics (in progress).
Substance Use Services: Develop targeted family/community approach to help identify students using and connect to resources for support. In addition, develop a model for provided substance use focused CBT (e.g., Mindfulness Based Substance Abuse Treatment for Adolescents) for groups in secondary buildings. Develop targeted family/community approach to help students who are using connect to services.
Regional Wraparound Teams: Development of regional multi-disciplinary teams positioned to support youth and families with a holistic care approach.
Prevention Peer Outreach: Redesign of the Education Project for Homeless Youth to move towards case management and provision of wraparound support for at-risk students (not limited to homeless); includes embedding of MDHHS prevention worker for ease of connection to state resources.

Potential Initiatives- Referral and Crisis Services
Systems Outreach and Education: While schools have been working to build in supports at Tiers I and II, there is growing need for support at Tier III. The Washtenaw County superintendents have requested a forum or platform on which to clearly identify the role of schools in mental health and work with community partners, such as primary care physicians, to identify additional opportunities to support students when the need is beyond the scope of education.
Tier III Inter-Agency Youth Crisis Coordinator: A proposed position that sits between WISD and WCCMH to provide effective bridging of care for youth identified in either system. Position would be hired by WISD but support both agencies and have access to each agency's data systems to better serve and connect young people. The scope of the position would include both mental health and substance use treatment needs.

Request

The WISD is requesting $2,312,658 over three years from the Washtenaw County Public Safety and Mental Health Preservation Millage to build capacity to sustain and expand the services previously outlined. The following table outlines the interventions included in the multi-year funding request and includes the individual programmatic request by year*.

Tier	Intervention	Year 1	Year 2	Year 3	Total
I	YMHFA	$43,132	$43,275	$43,408	$129,815
I	SUD Outreach and Coordination	$24,427	$24,727	$24,996	$74,150
I	ACES Training	$10,840	$10,940	$11,030	$32,810
I	Learning 2 Breathe	$99,000	$85,800	$85,800	$270,600

I	Anti-stigma Mini Grants	$9,540	$95,740	$95,919	$201,199
II	SUD Tier II Planning and Coordination	$15,540	$15,740	$15,919	$47,200
II	Handle With Care Coordination	$7,770	$7,870	$7,960	$23,600
II	Mom Power	$160,596	$119,393	$119,979	$399,968
II	Education Project Eligibility Worker	$80,350	$82,761	$85,243	$248,354
II	31n Social Worker Match (10%)	$81,780	$81,780	$81,780	$245,340
III	Systems Outreach and Education	$40,143	$40,643	$41,091	$121,877
III	Tier III Inter-Agency Youth Crisis Coordinator	$139,818	$187,173	$190,755	$517,746
	Totals:	**$712,936**	**$795,843**	**$803,879**	**$2,312,658**

**Each intervention/service is coded according to the following key:*
Continuing/Expanding *New*

Budget Detail

Staffing

Coordinator of Mental Health Outreach and Training

One of the primary expenses across each tier is coordination of services and supports. WISD's request includes the salary and benefits for a 0.75 FTE Coordinator to support different scopes of work in Tiers I (0.35FTE), II (0.15FTE), and III (0.25FTE). This individual is a current employee of WISD and currently engaged in coordination of YMHFA, Handle With Care (HWC), mini-grants, and ACES training. Adding to this individual's work would be coordination of substance use disorder efforts in Tiers I and II and Systems Outreach and Education in Tier III. WISD would fund the remaining 0.25FTE of this individual's time, supporting additional efforts such as coordination of the book studies, family education series in Tier I, and Learning 2 Breathe trainings, as well as continue to convene District Crisis Team Leaders, coordinate with SEL staff, and support in other scopes of work. The request includes salary, benefits/FICA/retirement calculated at 78.5%, and a 2% annual cost of living increase. In addition, mileage for the coordinator is estimated to be $597/year, printing for outreach materials and a one time laptop replacement at an estimated $750 (75% of $1000 estimated total cost is factored into Year 1.

Year 1: $111,147
Year 2: $118,648
Year 3: $119.992

YMHFA Administrative Support

To manage trainings in the Youth Mental Health First Aid Connect system, as well as coordinate continuing education credits for this training, WISD will require 0.05FTE for this specific scope of work. The request includes salary, benefits, FICA, retirement, and an annual 2% salary increase and is budgeted as follows per year:

Year 1: $4,360
Year 2: $4,403
Year 3: $4,447

Mom Power Engagement Specialist

WISD is request a 0.375FTe to coordinate Mom Power sessions, including recruitment of moms, coordination of venue, management of supplies, and coordination of three Trusted Parent Advisors to conduct outreach to parents. The request for three years, which includes salary, benefits, FICA, retirement, and a 2% cost of living adjustment is $124,041 or:

Year 1: $40,922
Year 2: $41,347
Year 3: $41,772

Mom Power Direction and Oversight

Facilitating the contracts, budgets, and oversight of the Engagement Specialist is a 0.08FTE. This position is budgeted to include salary, benefits, retirement, FICA, and cost of living adjustment of 2%, totaling $13,288 for the three-year period.

Year 1: $12,495
Year 2: $12,655
Year 3: $12,816

Inter-Agency Youth Crisis Coordinator

This position would be hired by WISD but positioned between WISD and WCCMH to support students at the Tier III level. The goal would be to serve as a high-level clinical navigator on behalf of young people with complex mental health needs. The position is budgeted at a 1.0FTE on WISD's Unit II Bargaining Agreement, which includes all clinical providers. It should be noted that the position is budgeted at the highest level on that scale to accommodate unknowns in education credentials and years of experience. Further, Year 1 is budgeted for 9 months, as it will take several months to complete a hiring process. The salary, benefit, retirement, FICA and COLA calculations by year are as follows:

Year 1: $137,318
Year 2: $185,673
Year 3: $189,255

Contracted Services

YMHFA Trainers

Contracts will be required with trainers to implement the expected 12 YMHFA trainings. The daily rate for trainers internal to WISD is approximately $800/day, which is inclusive of salary and benefits. To create equity among trainers, particularly since some may need to take time off to deliver the training is budgeted at the same rate. Annually, the cost for two trainers to provide 12 trainings is $19,200.

Learning 2 Breathe Curriculum/Training

At the request of Washtenaw County superintendents, WISD is seeking to develop a group of Learning 2 Breathe curriculum implementers in secondary buildings to be offered to students as an elective. To do this, three cohorts (one per year) will participate first in Mindfulness-based Stress Reduction training, which is a pre-requisite, and then complete the Learning 2 Breathe curriculum training. All training will be provided virtually, eliminating any travel expense. The number of participants per cohort is 15, 13, and 13 and cost per person is $250 for the Mindfulness-based Stress Reduction and $350 for Learning 2 Breathe. Total training cost for three years is $24,600; annual cost is:

Year 1: $9,000
Year 2: $7,800
Year 3: $7,800

In addition, districts offer stipends for staff to participate in training on their own time up to $100/hr, which includes benefits and taxes. Total stipend hours needed per year are 900 for Year 1 and 780 for Years 2 and 3 (each) or 2,460 total hours. At $100/hr., total annual stipend costs for training are:

Year 1: $90,000
Year 2: $78,000
Year 3: $78,000

Anti-Stigma Mini Grants

WISD is requesting to continue to fund $5,000 grants to school buildings to support student run anti-stigma campaigns. Year 1 is currently funded by the Washtenaw County Public Safety and Mental Health Preservation Millage, which funds $60,000 in grants and $6,000 in indirect cost. However, Years 2 and 3 would see an expansion of the grants by $20,000 to support new campaigns in elementary buildings (estimated four new buildings). Total mini grants per year are as follows:

Year 1: $0
Year 2: $80,000
Year 3: $80,000

Mom Power

Under the Mom Power program are several contractual pieces:

Trusted Parent Advisors (TPA): Three TPA are expected to conduct five hours per week (48 weeks) of outreach, recruitment, and continued support for Mom Power participants, as well as supporting parents participating in Strong Roots Cafes. At $18/hr, TPA contracts will cost a total of $38,880. Annually, the cost is as follows:

Year 1: $12,960
Year 2: $12,960
Year 3: $12,960

Mom Power Facilitators: Two trained facilitators run each Mom Power group. The cost for each facilitator is $6,100 and WISD is requesting funds to support one group per year for an annual request of $12,200 and total funding request of $36,600.

Mom Power Child Care: Childcare is provided for each Mom Power group, with four providers contract to care for children of participants. WISD is requesting funding for childcare for one Mom Power group per year, each with four providers watching children for 2 hours per week over a 10-week period, $15/hr. The three-year request totals $3,600.

Strong Roots Café Child Care: Childcare is provided for each Strong Roots Cafe, with two providers contracted to care for children of participants. WISD is requesting funding for childcare for two Strong Roots Cafes per month, (for one year), each with two providers watching children for 2 hours per session, $15/hr. The three-year request totals $4,320.

Zero to Thrive: Zero to Thrive has been a partner on the development of both Mom Power and the Strong Roots Cafes for continued support of parents once Mom Power is finished. Their role in this three-year proposal is to continue to provide training, as well as build local capacity for training through the implementation Mom Power and the training of trainers for Strong Roots Café. They would also be evaluating the effectiveness of the program, collecting both quantitative and qualitative data from program participants, including parents and community providers. To accomplish this work, Zero to Thrive's budget includes:

	Year 1	Year 2	Year 3	Total
Zero to Thrive TOT Training Coordinator, .15FTE	$8,615	$0	$0	$8,615
Parent Cafe Trainer and Mom Power Reflective Supervisor, 0.20FTE (Zero to Thrive)	$13,630	$0	$0	$13,630
Strong Roots Trainer, 2, 0.10FTE/trainer (Zero to Thrive)	$12,854	$0	$0	$12,854
Strong Roots Oversight, 0.025FTE	$5,031	$5,031	$5,031	$15,093
Evaluation- Zero to Thrive				
0.05FTE Evaluation Coordinator	$4,130	$4,130	$4,130	$12,391
2-0.10FTE Data Collection	$10,742	$10,742	$10,742	$32,226
Travel	$250			$250
Supplies & Materials	$300			$300
Parent Cafe Trainer Training	$14,000			$14,000
Parent Stipends for data collection participation	$5,000	$5,000	$5,000	$15,000
Training parents/caregivers to become Strong Roots Parent Cafe hosts	$0	$7,500	$7,500	$15,000
Total:	**$40,130**	**$5,031**	**$5,031**	**$139,359**

MDHHS

To provide effective wraparound support for young people in crisis, contracting with MDHHS for a Peer Prevention Eligibility Worker would help bridge gaps in services and supports that may be contributing to household crises identified through the Education Project. The cost to contract one of these positions is as follows:

Year 1: $80,350
Year 2: $82,761
Year 3: $85,243

Dues/Fees

YMHFA requires a "seat fee" per person participating in the training. WISD anticipates hosting 12 trainings per year, with a 25 person capacity. The seat fee is $23.95 per person. Annually, the seat fees will cost $7,185 or $21,555 over the three-year funding period.

Printing and Supplies

YMHFA

Printing of manuals and materials for in person training is anticipated to be $15 per person. With 12 trainings at a 25 person capacity, the anticipated cost for providing this resource annually is $4,500 or $13,500 for the three year funding period.

Substance Use Disorder

Printing and supplies for outreach initiatives related to Tier I Substance Use Disorder efforts are estimated to be $1,000 per year or $3,000 total. This would include in-house and external printing of educational materials for direct distribution to students and families.

ACES/Trauma Training

One aspect of the ACES/Trauma Training is the incorporation of a book study centered on Alex Shevrin Venet's book, "Equity-Centered Trauma-Informed Education." This book was vetted by District Crisis Team Leads, WISD instructional staff, and community partners and provides valuable input on how to focus on trauma-informed instruction. WISD would like to host book studies for 100 people per year at $30/person for the purchase of the book ($3,000/year or $9,000 total).

Year 1: $3,000
Year 2: $3,000
Year 3: $3,000

Mom Power/Strong Roots Cafes

Mom Power supplies and materials include office supplies, parent handouts, whiteboard, posters, nametags, markers, pens, post-it easel paper, printing, post-its, and self-care kits ($500 annually, $1,500 total) and toys and supplies for children participating in the child care ($500 annually, $1,500 total). In addition, the program typically provides a meal to all participants, estimated at $10/person, 20 people, 10 weeks ($2,000 annually, $6,000 total), as well as offers incentives for children ($500 annually, $1,500 total).

Year 1: $3,500
Year 2: $3,500
Year 3: $3,500

Inter-Agency Youth Crisis Coordinator

This position will require a budget for general office supplies and printing. Included in the budget is $500 annually, $1,500 total, to make these purchases as needed.

Travel

The Coordinator of Mental Health Outreach and Training is expected to require $597 per year or 955 miles at the current rate of $0.625/mile. Mileage for the Inter-Agency Youth Crisis Coordinator is budgeted at $1,000 annually to accommodate 1,600 miles at $0.625/mile. Similarly, TPA and the Community Engagement Specialist anticipate traveling 1,100 miles total annually; at $0.625/mile the total mileage cost is $2,063. Finally, transportation for Mom Power participants is sometimes required to remove barriers to access; the program is requesting $1,000 per year ($3,000 total) to support Lyft transportation services for parents without transportation.

Year 1: $3,697

Year 2: $3,697
Year 3: $3,697

Equipment

A one-time laptop replacement for the Coordinator of Mental Health Outreach and Training will be required during the three-year funding period. The purchase is estimated to be $1,000 total and the total cost incorporated into the budget is $750 or 75% of the total to align with the role's funding distribution. This amount is reflected in the Year 1 budget and split across each scope of work in which the role is budgeted.

Additionally, the Inter-Agency Youth Crisis Coordinator will require a new laptop. A one-time purchase of a new laptop at an estimated amount of $1,000 has been included in the budget.

31N Matching

The WISD anticipates receiving an additional $817,800 from the Michigan Department of Education to support direct clinical services provided in schools (31n). These funds require a 20% match; WISD would like to request a 10% match from the Washtenaw County Public Safety and Mental Health Preservation Millage. The remaining 10% will come from WISD or local districts.

Year 1 Request: $81,780
Year 2 Request: $81,780
Year 3 Request: $81,780

WASHTENAW COUNTY
OFFICE OF THE PROSECUTING ATTORNEY

ELI SAVIT
PROSECUTING ATTORNEY

VICTORIA BURTON-HARRIS
CHIEF ASSISTANT PROSECUTING ATTORNEY

MEMORANDUM

To: Washtenaw County Public Safety & Mental Health Millage Advisory Committee
From: Eli Savit, Prosecuting Attorney
Cc: Victoria Burton-Harris, Chief Assistant Prosecuting Attorney
Date: June 30, 2022
Re: Millage Support for Law Enforcement Assisted Diversion & Deflection (LEADD) Prosecutor

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I write to request millage support for 85% of a full-time Law Enforcement Assisted Diversion and Deflection (LEADD) Prosecutor in the Prosecutor's Office. The LEADD program—a collaborative effort between the Washtenaw County Sheriff's Office, the Public Defender's Office, Community Mental Health, McLain and Winters Law Firm, and the Prosecutor's Office—seeks to provide individuals with behavioral health disorders an alternative to citation, arrest, or incarceration.

Pioneered in King's County (Seattle), Washington, and since replicated in multiple communities across the country, the LEADD program seeks to reduce the number of low-level criminal offenses in our legal system—while simultaneously providing people the tools they need to get back on the path to success. I firmly believe that LEADD is a program that will be transformative for our county, and fits squarely within the purposes of the millage.

As outlined below, I am requesting support for 85% of a full-time position, as that is the approximate amount of time our LEADD prosecutor is expected to spend on LEADD-specific work moving forward (the remainder is to be spent on related diversion and deflection work).[1] We are able to cover the additional 15% from our budget.

A. LEADD Background

The LEADD model[2] was pioneered in 2011 in Seattle, Washington. The program was born

[1] Attorneys in the Prosecutor's Office do not track the time they spend on any particular case or project. And of course, work on various programs ebbs and flows, particularly during their initial stages. This figure represents an approximation of how much time the LEADD Prosecutor will spend on various programs long-term.

[2] LEADD is called "Law Enforcement Assisted Diversion *and Deflection*" in Washtenaw County to more accurately reflect that program participants are frequently "deflected" out of the criminal legal system (i.e.,

out of a recognition that many of the people who are repeatedly arrested for lower-level crimes are dealing with behavioral-health issues—but that law-enforcement often lacks a credible treatment alternative to arrest.

LEADD, a collaborative approach, allows early intervention and treatment *in lieu* of the traditional criminal legal system. Under LEADD, instead of making an arrest for a low-level offense, officers refer a person exhibiting behavioral health issues to a trauma-informed intensive case-management program, where that person receives a wide range of support services. Although the incident involving low-level criminal activity is still written up by the officer, no charges are filed by the Prosecuting Attorney. Instead, prosecutors, police officers, defense lawyers, and case managers work together to help coordinate services and contacts with the legal system moving forward.

The involvement of multiple systems actors (service providers, law-enforcement, defense counsel, and prosecutors) is crucial. The LEADD model recognizes that many people who are dealing with behavioral-health issues may be "repeat players" in the criminal legal system—and may accordingly have multiple cases in the system at any one time. The LEADD Prosecutor not only participates in team meetings regarding LEADD participants, she also tracks cases across the Prosecutor's Office to ensure that other prosecutors do not inadvertently "bring the hammer" down on defendants who are working through behavioral-health issues in LEADD.

The results from the LEADD model have been impressive indeed. In Seattle (the oldest established program) participants were 58% less likely to be arrested than their counterparts who went through the traditional criminal legal system.[3] Participants were also significantly more likely to obtain housing, employment, and legitimate income in the months subsequent to their LEADD referral than in any month prior.[4] And in a qualitative evaluation, participants generally said that "life after LEAD was better than before;" "expressed the belief that life without LEAD would not have resulted in positive outcomes," and maintained much more positive feelings about law-enforcement than they had before enrollment in the program.[5]

The success of the LEADD model has led to the program becoming a recognized best practice for law-enforcement. Today, nearly 100 jurisdictions across the country either have a LEADD program, or are developing one.[6]

B. LEADD in Washtenaw County

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are given an off-ramp *pre-charge*). "Diversion" refers to cases in which defendants are given an off-ramp *post-charge*.

In other jurisdictions, the same basic model is called "LEAD"—"Law Enforcement Assisted Diversion"—but the model largely remains the same. This memorandum uses "LEADD" generally, but uses "LEAD" when entities (such as the national LEAD Support Bureau) use that acronym.

[3] *See* LEAD National Support Bureau, https://www.leadbureau.org/.

[4] LEAD National Support Bureau, *Evaluations*, https://www.leadbureau.org/evaluations.
[5] *Id.*

[6] LEAD National Support Bureau, https://www.leadbureau.org/.

The LEADD program in Washtenaw County is the product of years of collaborative work between the LEADD partners. Washtenaw County's LEADD program aims to (among other things):

1. provide individuals with behavioral-health disorders alternatives to citation, arrest, or incarceration;
2. reduce the number of people who are suspected of low-level criminal offenses in the criminal legal system;
3. facilitate partnership between community responders, service providers, and consumers; and
4. increase equitable outcomes by reducing disproportionate criminal-justice contacts for people of color with behavioral health issues.

The program was created in partnership with the national LEAD bureau—a team comprised of subject-matter experts who have worked on LEAD programs in Seattle, Charlotte, Albany, New Orleans and the San Francisco Bay Area. Washtenaw County was chosen as one of the national LEAD Bureau's Proof of Concept sites, and receives ongoing guidance from the LEAD National Support Bureau.

Under the program, people who would otherwise be cited, arrested, or prosecuted for low-level criminal activity (and who have potential behavioral-health issues) are instead connected with a case manager, and are required to complete an intake assessment with that case manager within 30 days. The case manager, in turn, helps the individual set personalized goals and connects the participant with resources, which may include:

- Housing
- Overdose Response Kits
- Safe Use Materials
- Behavioral Health Treatment
- Medical Care
- Transportation
- ID and Licensure Assistance
- Education and Employment
- Peer Outreach Services; and
- Legal Resources

A case management team comprised of representatives from the Sheriff's Office, the Prosecutor's Office, the Public Defender's Office, Community Mental Health, and McClain and Winters (the law firm which serves as Ypsilanti Township's prosecuting authority) meets bi-weekly to discuss program participants and their progress. From the Prosecutor's Office's perspective, these meetings allow the Office to track would-be defendants' progress—and apply that knowledge to the appropriate dispositions of other cases.

A concrete example may help explain how this works in practice. Imagine a person, Alice, who is unemployed and dealing with an opioid addiction. She often commits low-level

retail thefts to sustain her addiction. She has a lengthy criminal record consisting entirely of substance-use and retail-fraud charges, as well as two open retail-fraud cases with the Washtenaw County Prosecutor's Office and another with Ypsilanti Township.

Alice is arrested again in Ypsilanti Township for shoplifting from a store. Rather than arrest Alice and take her back to jail, Sheriff's Deputy on scene uses her discretion to refer Alice to the LEADD program. Alice meets with her caseworker and begins substance-use treatment. She also begins looking for employment, and taking classes to complete her GED.

Alice's path in LEADD will help to dictate not just how the Prosecutor's Office handles the case for which she was referred—but her open cases as well. Given her apparent success in LEADD, for example, it may be appropriate to seek a probationary plea deal rather than jail, and/or to seek to impose specific probationary terms (like continued work towards her GED) in the existing cases. An existing case might also be deferred or dropped in exchange for continued progress in LEADD.

On the flipside, the LEADD model recognizes that not everyone will immediately be successful, and contemplates information-sharing so that program participants have the best chance of success. If, for example, Alice is once again arrested for a substance-use-related crime, that information would be shared with the case management group so that a plan of action can be made to get her back on the right track.

In short, the LEADD program contemplates a true collaborative relationship between criminal-justice actors, behavioral health providers, and case managers. LEADD aims to address the underlying issues that are causing a person to become justice-involved—ultimately promoting rehabilitation, reducing recidivism, and promoting equity in our criminal legal system.

After several months of planning in coordination with the LEAD National Support Bureau, the LEADD program officially launched this fall as a pilot program in Ypsilanti Township, and is currently operative.

For more details on Washtenaw County LEADD and its desired outcomes, see Appendix A (the Washtenaw County LEADD Ultimate Outcomes document).

C. LEADD Funding Background

In early 2021, Washtenaw County (the Sheriff's Office and the Prosecutor's Office) received a grant from Vital Strategies to hire LEADD personnel. Consistent with national best practices, those funds were dedicated to funding staff positions for (1) a LEADD program coordinator in the Sheriff's Office; (2) a LEADD Prosecutor in the Prosecutor's Office; (3) two peer workers; and (4) a Behavioral Health Specialist.

The grant allowed the Prosecutor's Office to hire Alyson Robbins as LEADD Prosecutor. Ms. Robbins has significant relevant experience, including five years as the Public Interest Director at the University of Michigan Law School, and five years as the Manager of Outreach and Development at the Michigan Advocacy Program. Prior to being hired in a leadership

position at the Michigan Advocacy Program, she served six years as a staff attorney where she represented low-income victims of domestic violence in family law matters including personal protection orders, divorce, custody, child support, immigration, and child welfare.

The LEADD Prosecutor position was fully funded by Vital Strategies for over a year. The grant money ran out, however, in late April of 2022. Although the Sheriff's Office has been able to maintain funding for the other LEADD positions using Sheriff's Office resources, the LEADD Prosecutor position is in jeopardy of running out of funds.

Since Vital Strategies funding lapsed, the LEADD Prosecutor position has been funded by the Prosecutor's Office's Civil Asset Forfeiture Fund. That money, however, is limited, and it is expected that—absent additional funding—the Prosecutor's Office's Civil Asset Forfeiture fund will be depleted entirely in 2023.

D. Funding Request and Co-Benefits

To facilitate the continued operation of the LEADD program, the Prosecutor's Office therefore requests millage funding in the amount of 85% of the LEADD Prosecutor's salary plus benefits (a total of $**122,779** annually to begin, with 4% expected pay increases annually consistent with the Assistant Prosecuting Attorney salary scale. Benefits may also fluctuate year to year). The Prosecutor's Office will cover the remaining 15% from its internal budget.

Ms. Robbins currently spends roughly 85% of her time on LEADD work. Her remaining time is dedicated to overseeing two additional diversion programs in the Prosecutor's Office—a pre-plea diversion program and the Washtenaw My Brother's Keeper Formula 734 Diversion Program. Though millage funding is requested only for the LEADD portion of Ms. Robbins' work, allowing this position to remain funded will have the ancillary benefit of allowing the Prosecutor's Office to continue these two successful programs which broadly align with millage goals.

1. <u>Pre-Plea Diversion</u>

The pre-plea diversion program was piloted last year in Ann Arbor's 15th District Court. The first program of its kind in the State of Michigan, it allows defendants to access rehabilitative services *without* ever entering a guilty plea. Traditional diversion programs require a defendant to plead guilty to a crime, and then enter into a probationary period in which they may be required to secure mental-health, substance-use, or other treatment.

Recognizing, however, that merely entering a guilty plea can have devastating effects on a person's job or housing prospects, the Pre-Plea Diversion Program provides an opportunity to participate in a rehabilitative program *before* a guilty plea is entered. If the program participant successfully completes the program—which can involve mental-health treatment, substance-use counseling, job training, or other requirements—all charges will be dropped after 6 months, and the person will emerge without a criminal record. If, however, the program participant fails to abide by the terms of the program (or commits a new crime) the Prosecutor's Office will proceed with the case on the traditional path.

The pre-plea diversion program currently boasts a success rate of over 95%, meaning that over 95% of program participants have either successfully completed or are on track to complete their program requirements. And crucially, just *one* participant (out of 68) has been discontinued from the program for committing a new criminal offense.

2. Washtenaw My Brother's Keeper Formula 734 Program

The Washtenaw My Brother's Keeper (WMBK) Formula 734 program is a program in which young men of color are connected with older men of color to co-create hip-hop music. Young men enrolled in the program are engaged in restorative practices and dialogue, and channel those discussions into musical creativity. Young men enrolled in the program also gain mentorship and workforce-training skills related to the music industry.

In 2021, the Prosecutor's Office partnered with WMBK to divert young men who would otherwise be charged with juvenile offenses into the Formula 734 program. Qualifying young men are given a choice: they can either proceed with juvenile charges, or they can enroll in Formula 734, where they will be expected to attend meetings and recording sessions, and desist from any further delinquent behavior.

The first Formula 734 diversion program was recently completed, and not a single young man enrolled in that program engaged in any further delinquent behavior.

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Again, recognizing the scope of the millage, the Prosecutor's Office is requesting only for millage funds to cover the LEADD Prosecutor's LEADD responsibilities. As an office, however, we are committed to doing what we can with the scarce resources that are available, and millage funding will allow us to continue not just with the LEADD programs—but with these other proven programs as well.

If you have any questions or would like to discuss further, please do not hesitate to contact me.

Appendix A

WC-LEADD Guiding Document

Ultimate Outcomes

1. The Washtenaw County Community will provide individuals with behavioral health disorders (BHD) and who are suspected of being engaged in low-level criminal behavior, alternatives to citation, arrest, or incarceration.

2. Washtenaw County will experience an annual increase in the number of individuals exhibiting behavioral health disorders who will be evaluated, connected to and receive non-criminal justice system related community support services.

3. Community Responders within Washtenaw County will be required to refer persons suspected of low-level criminal offenses and believed to have a behavioral health disorder for clinical assessment and possible diversion/deflection services that provide harm reduction services and resources.

4. Washtenaw County will reduce the number of individuals suspected of low-level criminal offenses in our criminal justice system (jail, court, probation).

5. Washtenaw County will increase equitable outcomes by reducing the disproportionate criminal justice system contacts for African-Americans and other individuals of color with behavioral health disorders that are suspected of low-level criminal offenses within the system (jail, court, probation).

6. Community Responders, service providers and consumers will work collaboratively to ensure that each component of the system designed to support individuals with BHD, operates efficiently and effectively.

7. Washtenaw County LEAD will help create a safe and supportive environment where individuals with behavioral health disorders receive trauma informed, “Do no harm” services from trained community responders.

Intermediate Outcomes

1. The Washtenaw County Community will provide individuals with behavioral health disorders (BHD) and who are suspected of being engaged in low-level criminal behavior, alternatives to citation, arrest, or incarceration.

- Community responders will refer individuals with BHD to services and support based on guidance provided by established WC-LEADD operational protocols.

- Service providers will assist with addressing underlying issues that may lead individuals to engage in low-level criminal behavior.

- All WC-LEADD team members will follow approved diversion/deflection decision making protocol and use a decision-making matrix.

- WC-LEADD will develop and provide policies and operational protocols that provide the following guidance; referral based decision-making, documentation of referrals, supervisory review of referrals, assessment of referral outcomes.

- Community responders will divert/deflect individuals in crisis away from incarceration when it is safe and appropriate to do so.

- Community responders will proactively refer individuals in need of care to the appropriate service provider prior to a crisis situation. (social referral)

2. Washtenaw County will experience an annual increase in the number of individuals exhibiting behavioral health disorders who will be evaluated, connected to and receive non-criminal justice system related community support services.

- Community support services will be prepared to receive and prioritize individuals connected to the WC-LEADD program.

- Community Responders will utilize diversion/deflection services in place of arrest or emergency room transport.

- Upon arrival to the jail, Corrections staff will utilize WC-LEADD endorsed criteria to evaluate arrested individuals for possible diversion/deflection services.

- Jail medical staff, in coordination and collaboration with corrections and CMH staff, will evaluate arrested individuals for possible diversion/deflection services.

- The staff of the County Public Defender and County Prosecutor will adhere to each agency's pre-arraignment assessment and client diversion protocol.

- Support services organizations will utilize a harm reduction philosophy and not penalize or deny approved program participants services if abstinence is not achieved.

3. Washtenaw County Community Responders will be required to refer persons suspected of low-level criminal offenses and believed to have a behavioral health disorder for clinical assessment and possible diversion/deflection services that provide harm reduction services and resources.

- Support services organizations will utilize motivational interviewing, stages of change, Maslow's hierarchy of needs, and a trauma-informed care approach to services offered.
- Support services organizations will utilize a harm reduction philosophy and not penalize or deny approved program participants services if abstinence is not achieved.
- Support services organizations will employ a participant centered approach. Partnering with the participant to identify and address acute needs first, and developing an individualized action plan. Specifically tailoring services to address the individuals' and the community's needs.
- Support services organizations will utilize an intensive case management approach to linking individuals to housing, vocational and education opportunities, treatment, mental and other health services and community services.
- Community Responders will identify, triage, and refer individuals they believe are experiencing a behavioral health crisis.
- Community responders will engage individuals manifesting symptoms consistent with a BHD with understanding, empathy and commitment to resolve the situation with minimal harm.
- Community responders will assess individuals manifesting symptoms consistent with a BHD and respond utilizing trauma informed care principles.
- Community responders will employ de-escalation techniques throughout the entire interaction with an individual they believe has a BHD
- Community responders will refer individuals to services and support based on guidance and in alignment with WC-LEADD Operational Protocols.
- WC-LEADD will develop Operational Protocols that provide the following guidance; referral decision-making, documentation and review of referrals, and referral outcomes.

4. Washtenaw County will reduce the number of individuals suspected of low-level criminal offenses in our criminal justice system (Jail, court, probation).

- WC-LEADD will provide Immediate access to service providers 24/7 upon the initiation of a WC-LEADD referral.

- Service providers will provide appropriate treatment alternatives to criminal justice system partners.

- Community Responder decision making referrals will be based on objective criteria using a decision making matrix.

- The CJCC (or appropriate governing bodies) will publicly affirm their commitment to these outcomes/WC-LEADD, through policy and practice recommendations (allocating budget dollars, changing policy, etc.).

- A WC-LEADD (or CJ system) annual report will be produced to publicly document progress in reductions of disproportionality.

- Behavioral health providers will operate 24/7.

- Front line Community Responders and Supervisors are authorized to make or supervise discretionary diversion/deflection decisions within the WC-LEADD approved architecture (law, policy, stated values)

5. Washtenaw County will increase equitable outcomes by reducing the disproportionate criminal justice system contact for African-Americans and other individuals of color with behavioral health disorders that are suspected of low-level criminal offenses within the system (jail, court, probation).

- Each and every diversion/deflection referral will be based on objective criteria using a decision making matrix that will result in equitable outcomes.

- Community responders will use stigma reduction and implicit bias mitigation strategies when interacting with an individual they believe has a BHD.

- Community responders will utilize "person first" language when providing service to individuals with a BHD and communicate in a manner which demonstrates dignity and respect.

- Community responders will only consider a "protected class" category when that information is specifically germane to the situation and never as it relates to a referral decision.

- SUD/Behavioral Health service providers will measure and report client admissions, program completion, program retention, early case closure, etc. based on race.

- SUD/Behavioral Health service providers will implement culturally relevant treatment elements.

- SUD/Behavioral Health service providers will employ operational staff reflective of the communities we strive to serve.

- Support services will be culturally competent, tailored to meet the needs of different racial and ethnic groups, LBGTQ people and immigrants.

6. Community responders, service providers and consumers will work collaboratively to ensure that each component of the system designed to support individuals with BHD, operates efficiently and effectively.

- Training of Community Responders will be based on the Peer to peer principle.

- Community responders will be involved in the operational design and WC-LEADD improvement conversations including Operational Workgroups.

- Community responders will report incidents and situations that prevent appropriate referrals to appropriate services.

- Community responders will provide feedback to community stakeholders regarding the effectiveness of operational protocols, policy and training.

- Community responders will advocate for policy, procedure and strategies that support BHD recovery.

7. Washtenaw County LEADD will help create a safe and supportive environment where individuals with behavioral health disorders receive trauma informed, "Do no harm" services from trained community responders.

- Community responders will engage individuals manifesting symptoms consistent with a BHD with understanding, empathy and commitment to resolve the situation with minimal harm.
- Community responders will assess individuals manifesting symptoms consistent with a BHD and respond utilizing trauma informed care principles.
- Community responders will employ de-escalation techniques throughout the entire interaction with an individual they believe has a BHD.
- Community responders will actively partner with subject matter experts and appropriate service providers during a crisis response.
- Community responders will engage with family and loved ones of a person with a BHD to promote an informed response and improve trust and cooperation.
- Community responders will proactively share information with service providers, allowing them to adjust treatment plans prior to a crisis situation.
- Peer outreach workers will be utilized for interventions with disenfranchised and stigmatized populations.
- Peer outreach workers will stay connected with participants, providing important insight into the case management process and serving as a community guide, coach and/or advocate.
- Service providers will complete assessment and assist with coordination of follow-up.
- Community responders will utilize mental health training intervention strategies.
- Service providers, WCSO staff, CJ partners will utilize harm reduction methods during each interaction with a community member in crisis.

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Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County

Daphne C. Watkins, Ph.D.

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EXECUTIVE SUMMARY

Packard Health and The Corner are health centers that value their connections to partner organizations to meet health care needs, build their workforce, and engage in coordinated care services for children and families across Washtenaw County. Dr. Daphne Watkins of the new nonprofit organization, kNEWjoy (501c3 status pending), supports organizations that deliver behavioral health programs for Black males that provide psychoeducation about mental health, race and gender development, and sustainable social support through innovative technology. This project is a collaboration between Packard Health, the Corner, and Dr. Watkins of kNEWjoy to adapt and implement programs for 200 Black boys in Washtenaw County, train a workforce to address the needs of this vulnerable population through integrated models of coordinated care, and expand workforce development across the state.

Key Issue Area: In one sentence, what is the key issue you are trying to address?

We are requesting $250,000 to develop a workforce to address behavioral health and coordinated care needs of Black boys by adapting and delivering programs to Black boys in Washtenaw County.

Defined Need: What data support the need for this initiative/intervention?

Though our region has been named the best provider of behavioral health services in the state, challenges exist when engaging Black boys in behavioral health programs in Washtenaw County.[1] Traditional definitions of manhood, the stigma surrounding mental illness, and a lack of social support create barriers to mental health, behavioral health services, and coordinated care for Black males.[2] Targeted behavioral health interventions sensitive to race, culture, social norms, and gender that circumvent these barriers are urgently needed to improve access and coordinated care for Black boys.[2] We need more health professionals trained to work with – and coordinated services for -- Black boys susceptible to stress, depression, anxiety, and trauma as they transition to early adulthood. A behavioral health intervention delivered in a hybrid (i.e., online and in-person) format by a trained workforce offers a promising way to engage Black boys in Washtenaw County so their behavioral health needs can *also* be met by local health and community services.

In Michigan, Black boys face numerous barriers to obtaining behavioral health resources. These barriers are complicated by Black boys' access, or lack thereof, to health resources and lack of coordinated care due to their family's socioeconomic level, geographic region, and transportation issues.[3] For instance, mental health illiteracy and limited access to healthcare are two primary indicators that influence behavioral health for marginalized communities. A September 2020 report suggested approximately 2200 Black boys live in Washtenaw County.[4] According to recent data from the Washtenaw County Health Department, Black boys are at risk for poor health due to the cultural/political climate, hate crimes, cyberbullying, adverse childhood events (ACES), child abuse rates, poverty, and lack of parental support.[2-7] Black boys in Washtenaw County could benefit from more outreach, coordinated services, and behavioral health resources tailored to them. Since Black boys and young men of color already confront challenges to success and have fewer encounters with health professionals than their female counterparts, our team is working to (1) develop behavioral health resources that can help improve the health of Black boys; and (2) create workforce and integration models that can be sustained in Washtenaw County and disseminated across the state.

Washtenaw County health professionals have confirmed the value of community-anchored behavioral health resources explicitly aimed at Black boys. There is value in culturally relevant, age-appropriate, and gender-specific mental health resources for Black boys. There are also benefits to online interventions and social support groups when addressing mental health. This includes their anonymity and confidentiality, increasing the potential of self-disclosure, and encouraging honesty and intimacy among participants when discussing stigmatizing topics, such as those related to mental health.[7,8] Participation in culturally relevant, age-appropriate, and gender-specific interventions serves as preventative mechanisms for poor mental health over the life span,[8,9] and the use of online and in-person support has quadrupled in the past decade.[10] The programs we provide will make safe, online, and in-person spaces[11,12] available to Black boys in the county. Our online programming is supplemented with in-person groups so Black boys can further develop their sense of support and community in the program.

<u>Target Population</u>: Who will be served by this project. Please include the number of individuals who will be served or impacted by the proposed activities.

We will serve approximately 200 Black boys (ages 13-18) in Washtenaw County.

<u>Mission</u>: Provide a brief statement of how this project aligns with your mission.

Packard Health is a federally qualified health center that provides high-quality, affordable primary care, mental health care, and a broad, complementary range of fully integrated support services for patients at every stage of life. In addition to comprehensive family medical care, Packard Health offers patients mental and behavioral health care, chronic disease case management, health promotion, nutrition counseling, support and assistance with enrollment in public health plans and drug assistance programs. Adapting our program for Black boys across the county, activating a behavioral health workforce, and exploring coordinated care models to address the specific needs of Black boys aligns with the mission of kNEWjoy -- which is *to support young adult-serving organizations in developing and promoting wellness programs that center joy and are sensitive to age, community, culture, gender, and race*. Specifically, it allows us to provide the best possible care to our community, including people whose economic, social, or cultural conditions might otherwise prevent them from accessing health care. By focusing on the behavioral health needs of Black boys, we can provide services to an underrepresented group in need of behavioral health services.

PURPOSE OF GRANT

<u>Details</u>: What health problem(s), challenge(s) or need(s) will address and how?

Packard Health's partnership with the kNEWjoy and the Corner aims to improve short- and long-term mental health, promote healthy definitions of race and gender development, and encourage sustainable social support among Black males.[10,11] Previous programs implemented by the founder of kNEWjoy, Dr. Daphne Watkins, have been successfully implemented with over 200 Black men (ages 18-30) and 25 Black boys (ages 13 -15) in Michigan and Ohio. Findings demonstrated improved mental health outcomes; healthy, more progressive definitions of Black manhood; and healthy relationships among participants. For example, previous iterations of the intervention resulted in *decreased* PHQ-9 depression scores, *reduced* traditional, toxic definitions of masculinity, and *increased* social support for participants across sites. Participants also reported feeling more comfortable seeking professional health services. Our programs have not been adapted and delivered to Black boys in Washtenaw County. Drawing on our resources, we request support to achieve the three aims described below.

Aim 1: Adapt our program for Black boys and train behavioral health professionals.

Aim 1.1. Adapt our program for Black boys. Our adaptation team, led by Dr. Rion and Dr. Watkins, will begin by working with our partners to recruit six Black boys who reside in Washtenaw County to serve as Ambassadors for the Community Advisory Board (CAB). The CAB will meet eight times over the two-year project to help our team adapt the low-cost, high-return programs for Black boys in Washtenaw County. To engage community leaders to share in the decision-making, the CAB will also include volunteers identified by our community partners (Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, and Ypsilanti Community Schools). The CAB will adapt the current program manual, tailoring the content and delivery style the Black male ambassadors recommended. This will allow the adapted program to align with the county's needs and requests of Black boys. Partners at kNEWjoy, the Corner, volunteers from our partnering agencies, and Black adolescent boys from the CAB will be involved in the team-based adaptation process. We will gauge the CAB's preferences for the kinds of popular culture references they want to see in the adapted program and their preferred social media platform. Finally, we will discuss the desired program length and the appropriate ratio of online to in-person time (considering the pandemic) and build these responses into the adapted program. The program length is adaptable and occurs between two and twelve weeks. Program adaptation will be an iterative process. We will review and adjust the current manual, pay close attention to how we work with all stakeholders, and note these processes in the updated project materials. *By achieving Aim 1.1, we will have guidelines for adapting and delivering the program to Black adolescent boys in Washtenaw County*.

Aim 1.2. Train behavioral health professionals in Washtenaw County. The team, led by Dr. Watkins, will train behavioral health staff from Packard Health and the Corner on adapting and delivering our program during the project period. Two "Program Specialists" will be hired and housed at Packard and the Corner (4 total). They will be responsible for the program adaptation and delivery processes at their health centers. Through the training, the behavioral health staff at Packard and The Corner will undergo a certification process on curriculum adaptation and program delivery to their Black adolescent male clients. We will refer to this newly trained behavioral health staff as "Certified Professionals," or CPs. We will host three one-day meetings (via Zoom or in-person pending covid regulations) for the CPs from Packard and the Corner. During this training, participants will review the adaptation guidelines provided by the CAB and adaptation team (see Aim 1.1. above), review the Technical Assistance Package, adapt the curriculum, and develop the plans and timeline for the upcoming program period. CPs will work alongside program team members (or "Coaches") to deliver the program to groups of Black boys during the two-year project period. The training process will be team-based, as CPs from Packard and Corner will be paired with experienced kNEWjoy coaches to deliver the program to Black boys. *By achieving Aim 1.2. we will train and support a workforce of behavioral health professionals equipped with tools to (a) work with Black boys on matters involving their mental health, racial and gender development, and social support; and (b) deliver the adapted program to Black boys in the county.*

Aim 2: Deliver our program to Black boys in Washtenaw County and explore coordinated care models to address the specific needs of Black boys.

Aim 2.1. Deliver the program to Black boys in the county. We will work with our partners to recruit 200 Black boys in Washtenaw County who will receive the adapted program. Packard Health and the Corner will serve as our primary sites for delivering the program to Black boys. Behavioral health professionals at Packard and the Corner (i.e., Certified Professionals; CPs) will be trained on how to deliver the program (see Aim 1.2) and, therefore, will co-facilitate the program, build rapport, and sustain the program with experienced members from Dr. Watkins' kNEWjoy team (i.e., coaches). As 200 is our target number of Black boys to reach with the program, we will have a rolling recruitment and enrollment

process beginning the second half of year one of the project. Previous groups have included 12 to 15 members, so we may have up to 17 groups of Black boys in the program over the two years. We will work with the Corner, the kNEWjoy team, and the CAB to decide on the appropriate length of the program for this project period. In previous iterations of our programs, we have had as many as ten groups running simultaneously over a 2- to 12-week period. So, given the additional support from the CPs and the team, we can manage the workload associated with this project over the project period. Black boys will be screened for eligibility, enrolled, and assigned to specific groups based on their ages (e.g., 13-15 vs. 16-18), locations in the county (east, west, north, south), and mental health needs.

After we make group assignments, but before they begin the program, all the boys will participate in one focus group (either virtual or in-person, pending COVID restrictions) and complete one survey. This will serve as their pretest and will include measures of mental health (i.e., depressive symptoms, PHQ-9 and Gotland Male Depression Scale; anxiety symptoms GAD-7); mental health stigma (3 Stop Stigma Items); mental health literacy (MHLS); masculine norms (CMNI); social support (ISEL); and participant demographics. After the boys complete the program, they will participate in another round of focus groups and surveys, serving as their posttest. The pretest and posttest quantitative assessments will include the same measures, delivered via Qualtrics. We have used Qualtrics to collect pretest and posttest data in previous program trials. We will follow the same protocols for this project. All pretest, posttest, and program data will inform the program evaluation and dissemination plan. *By achieving Aim 2.1. we will gather a broad range of mental and behavioral health data on approximately 200 Black boys in Washtenaw County, which will help with future programs and policies to improve their services, inform a workforce ready to serve them, and coordinate care to address their needs.*

2.2. Explore coordinated care models to address the specific needs of Black boys. The CPs and coaches will develop and document strategies for sustainability and expansion of the program beyond the project period (to achieve Aim 3.2). This includes exploring coordinated care models that health centers and community resources can address. By working together to co-facilitate the program, behavioral health professionals at Packard and the Corner will have first-hand experience working with Black boys and can help guide the project leaders on better ways to coordinate behavioral care across various agencies that work with Black boys. Furthermore, pretest and posttest data, program data, and strategies used to engage participants will also inform our exploration of coordinated care models best suited for Black adolescent boys in the county. *By achieving Aim 2.2, we will engage health, education, and community leaders in the shared decision-making around culturally appropriate coordinated care models to address the needs of Black boys.*

Aim 3: Update the program technical assistance package and develop a plan for sustainability and expansion.

Aim 3.1. Update the program Technical Assistant Package. As in previous iterations by Dr. Watkins, we will maintain cloud-based communication and tracking systems to ensure the CAB, coaches, and CPs maintain contact over the project period. These files will help inform the evaluation and update the program technical assistance package for future expansion and dissemination. While the CPs and coaches deliver the program to 200 Black boys, they will also assist the program team with updating various components of the program's technical assistance package (TAP). The current TAP consists of (a) the program manual, (b) access to the virtual program library of program content, (c) the program implementation guide, (d) the program media kit, and (e) consultation sessions with coaches. The program TAP also includes recommendations for sustainability and best practices for providing care to Black boys with mental health conditions. *By achieving Aim 3.1, our team will update protocols for engaging Black boys in a behavioral health program, develop recommendations for sustainability, and explore coordinated care models to address the specific needs of Black boys.*

3.2. Develop a plan for sustainability and expansion. Our final aim involves developing a plan for sustainability and expansion to other youth of color in Washtenaw County. Our team is prepared to create a sustainability plan for the programming we tailor and deliver to Black boys in Washtenaw County during this project. We will support the program partners by creating and maintaining a directory of behavioral health professionals working to improve the behavioral health of Black boys across the county. This network will participate in a moderated online community for all program adapters. The online community will offer quarterly program updates, webinars, newsletters, direct contact with the team, and supplemental information to support the workforce in addressing the behavioral health needs of Black boys in the county. We plan to initiate statewide outreach during the first year and continue throughout the project period and after the project has ended.

In addition to the sustainability plan, we will use what we learn from this program as a model for similar programs that support other youth of color (e.g., Latinx, Asian, American Native youth, and young adults) in the county. We will work with our partners to initiate outreach for learning and knowledge dissemination to other federally qualified health centers serving our region's youth of color. Our experienced team has worked with organizations to facilitate and empower them to implement and use behavioral health resources in their work, develop information that can be used for program improvement, and document outcomes, specifically for programs aimed at improving the health of Black males. Dr. Watkins has written extensively and led workshops on health equity, gender and race in behavioral health, and the social determinants of health for people of color. *By achieving Aim 3.2. we would have updated the technical assistance package and developed a plan for sustainability and expansion.*

Collaboration: Describe your collaborators on this specific project and their role(s).

The team at kNEWjoy, led by Dr. Watkins, will partner with Packard Health and the Corner Health Center, Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, and Ypsilanti Community Schools. Dr. Watkins' team at kNEWjoy, a new nonprofit organization, will work with Packard, the Corner, and the CAB to adapt the program manual. The kNEWjoy team will also provide coaches to accompany the CPs from Packard and the Corner to deliver the program. The kNEWjoy team will also lead data collection and analysis for this project. Packard Health will host the CAB meetings, team trainings, help with recruitment, host in-person groups, and support Packard staff in adapting the program and delivering it to Black boys during the project period. The Corner will help recruit, host groups, and support staff to adapt the program and deliver it to Black boys during the project. Our other partners (e.g., Amplify Colectivo, Neutral Zone, Pioneer High School, TRAILS, Washtenaw County My Brother's Keeper, and Ypsilanti Community Schools) will help recruit Black boys into the program; help explore coordinated care services and community resources to promote the health of Black boys; and identify individuals to serve on the CAB.

Cross-cutting Goal: Which cross-cutting goals does this project address?

Our cross-cutting goal is two-fold. First, we will provide training, support, and workforce development to behavioral health professionals at Packard Health, the Corner, and eventually, to other health centers across the state. Second, we will explore innovative and cost-effective integration models that coordinate care, services, and community resources to support behavioral health for Black adolescent boys. This project will strengthen the capacity for a network of professionals who can improve and maintain behavioral health for Black adolescent boys and initiate steps to what kind of coordinated care models can be put in place for healthcare providers and communities to promote the health of Black boys.

POTENTIAL IMPACT

Outcomes: What are your proposed project's intended short-term and long-term outcomes? How do you intend to measure these outcomes?

The short-term outcomes of the project are to increase the use of behavioral health services at Packard Health and the Corner, improve mental health, reduce mental health stigma, increase mental health literacy, expand definitions of race and gender development, and increase Black boys' social support. We anticipate having Packard and the Corner staff trained to deliver the program to Black boys using an updated manual in the short term. By the end of the project, we will have also expanded behavioral health resources for Black boys, updated the manual, and updated the Technical Assistance Package for our partners. In the short term, we will focus on the process evaluation, which will examine the steps associated with achieving our aims. For example, we will critically assess our procedures for adapting and delivering the program for Black adolescent boys, building and maintaining communication with our partners, training the staff at Packard Health and the Corner, and indicate which aspects are working as planned and which might need to be revised to meet the project's goals and objectives.

The long-term outcomes of the project are to: sustain services at Packard Health and the Corner for Black boys; have Black adolescent boys experience less depression, distress, and anxiety; help ensure Black boys develop healthy masculine norms/manhood, and positive and meaningful social relationships. We also anticipate, in the long-term, having Packard and Corner staff using the program TAP, sustaining a workforce equipped with the tools to address behavioral health challenges among Black adolescent boys, and working toward coordinated care. In the long-term, we will establish models for behavioral health resources to disseminate healthy living, learning, and thriving for Black boys across Michigan. We will measure our outcomes by collecting administrative data to assess: (1) the number of Black boys served; (2) the number of current resources offered to boys across the county; (3) the number of Packard Health and Corner Health staff involved in the project; and (4) the number of partners and providers. To measure health outcomes, we will assess (1) mental health depression scores (using PHQ-9 for depression and the Gotland Male Depression Scale [GMDS]) and anxiety scores (using GAD-7); (2) gender development scores on the Conformity to Masculine Norms Inventory (CMNI); (3) perceptions of social support using three domains from the Interpersonal Support Evaluation List (ISEL-12): appraisal, belonging, and tangible support; and (4) additional measures such as mental health stigma (Stop Stigma Items); mental health literacy (MHLS); and demographics.

We will assess the above indicators for Black boys by administering a pretest when they enroll in the program and at the posttest one month after the program is completed. These data will be shared with the Bumblebee Design and Evaluation for evaluation. We will use the evaluation results to modify program components, including refining the program manual to bring it to scale. We will also use the Integrated Practice Assessment Tool (IPAT) © to determine the level of collaboration/integration of the program manual into the service delivery model at Packard Health and the Corner. Using the IPAT with Packard Health and the Corner will help with future expansion and dissemination to other FQHCs and other health centers across the state. Based on our evaluation plan and logic model, the evaluators at Bumblebee will determine our project's effectiveness and potential impact. Our evaluation by Bumblebee will evaluate hopes and concerns through reciprocal relationships and success indicators, strategies for communication, and working relationships.

Evaluation: Visually present the evaluation approach with measurable outputs, intended short- and long-term outcomes, and the ultimate impact(s).

See Evaluation Plan (Attachment 1) and Logic Model (Attachment 2)

<u>Learning:</u> At the end of this project, what do you expect to have learned? How will what you learn help advance work on this issue area in the future?

By the end of this project, we would have learned about: (1) the behavioral health needs of Black boys in Washtenaw County; (2) the needs of a workforce passionate about working with Black boys in integrated care settings; (3) preliminary integration models of coordinated care, services, and community resources; and (4) the feasibility of statewide dissemination through federally qualified health centers. Health promotion interventions designed for Black boys at early developmental stages provide a unique opportunity to intervene when they are susceptible to stress, mental health concerns, and risky health behaviors (e.g., substance misuse). Dr. Watkins will help us learn important information about how Black boys define their mental health and conceptualize their race, gender, and social relationships. Similarly, we will learn about the effectiveness of behavioral health resources at Packard Health and the Corner, which are culturally sensitive, age-appropriate, and gender-specific for Black boys.

We know challenges exist when engaging Black boys in traditional health interventions. The social and economic hardship young men of color face -- and marginalized roles within their families and communities -- restrict their ability to establish and maintain positive mental health and wellbeing as they age.[1,2,7,8,13] What we will learn through this project will help advance research, practice, and policy for the use of Internet-based health programs for Black boys. Online programs for youth are promising, as members of this group tend to report high rates of social media use and are more receptive to these interventions. The Packard Health partnerships with Dr. Watkins at kNEWjoy, Corner Health, and other constituents will serve as a pipeline for Black boys. This partnership will help bridge gaps across individuals, communities, organizations, and generations, expand behavioral health resources, and leverage help-seeking among Black boys.

Given our successful track record of community-grounded projects with Black boys and men, we look forward to sharing what we have learned in several ways and across several audiences. First, the lessons we learn, and the project results will be disseminated to key stakeholders via a consolidated report. Next, we will present what we have learned to potential stakeholders through the revised manual, the Technical Assistance Package, and a special invitation-only symposium sponsored by Packard, the Corner, and kNEWjoy. We will develop a series of presentations, publications, and briefs to share what we have learned with broader academic and professional audiences. We will also share lessons learned with Michigan policymakers to inform their decisions and future programming on mental health and suicide prevention among the youth of color in the state. The lessons we learn will help state officials and leaders expand existing programs and create new programs for youth of color. Our project will provide a blueprint for researchers and practitioners who may not be familiar with race- and gender-norms and behaviors, providing them with best practices for identifying and reaching subgroups of marginalized youth, such as Black boys. Further dissemination efforts will involve social media platforms such as Facebook, Twitter, and Instagram. Finally, we will create and monitor a webpage dedicated to programming in Washtenaw County for our program partners and providers.

<u>Systems Change:</u> What system or systems is this project trying to impact or change? How might this project change existing systems or structures to improve service delivery?

Our team proposes to model a partnership between a Federally Qualified Health Center (Packard Health), a community-anchored, evidence-based program delivered by kNEWjoy, a nonprofit organization in Washtenaw County (501c3 status pending), and a member of the School-Community Health Alliance of Michigan (The Corner) to expand the behavioral health resources offered to Black boys. The idea of a culturally sensitive, age-appropriate, and gender-specific intervention adapted and delivered through health centers, specifically for Black boys, will change the current way services are delivered. This project will change existing systems by providing a model through which collaboration and

connectivity of behavioral health services, driven by community-based researchers and practitioners, can dive into existing mental health and social support experiences of Black boys. We are proposing a model of expanding behavioral health services that will strengthen a workforce capable of addressing the behavioral health needs of Black boys to improve their health and wellbeing overall. Our project's healthcare integration model will impact how services are currently provided to Black boys. The program, manual, Technical Assistance Package, and ongoing connectivity of the stakeholders will improve service delivery for Black boys in the long term. This application prioritizes a multi-sector response for developing and strengthening local mental health care systems, supporting efficient treatment, and seamless transitions to community treatment settings.

Healthcare Savings: Does your project lead to potential or actual healthcare cost savings?

An April 2019 report from the Commonwealth Fund National Survey of Federally Qualified Health Centers[14] found community health centers that expanded Medicaid in their states (i.e., Michigan) are more likely to provide behavioral health services and coordinate care with social service providers. Our project will support these outcomes and will align with the other ways federally qualified health centers currently benefit Michigan residents, which are by: (1) reducing tertiary care due to the preventive nature of the project; (2) lowering overall health care costs; (3) employing thousands of people; and (4) generating billions of dollars in economic activity through job creation and the purchase of goods and services.[14] Given the nature of federally qualified health centers and the communities they serve, delivering the program in these health centers means it has a better chance of reaching Black boys most at risk and in dire need of behavioral health resources. Furthermore, delivering the program requires minimum time and effort for program partners and providers, making it less burdensome for health center staff. Healthcare savings for providing the program and equipping a workforce to address the behavioral health needs of Black boys will be accrued by the state, the health centers themselves, and Black families and communities. These savings can be measured by assessing the short- and long-term effects of our project goals. Supporting behavioral health, positive development, and social relationships of Black boys transforms into positive families and communities that thrive over the life course.

Sustainability: Describe how the proposed activities will be sustained after the project.

We have a strong sustainability plan, which includes our long-term goals to (1) support the complete adoption and integration of the program into behavioral health services at Packard and the Corner after the project period has ended, (2) disseminate an updated program manual for Black boys in Washtenaw County, and (3) build and support a Technical Assistance Package (TAP) for behavioral health professionals across the state. By the end of the project period, Packard and Corner staff would have participated in the adaptation and delivery of the program. Also, the staff would have been trained to integrate the program into their practice and received a TAP for support and sustainability. The models we use at Packard and the Corner will be sustained within their current service delivery model, allowing their staff to participate in low-cost training opportunities for working with Black boys. As a federally qualified health center (Packard Health) and a member of the School-Community Health Alliance of Michigan (The Corner), these health centers will serve as models for other health centers in the state that want to expand their behavioral health programming for Black boys. Looking ahead, we recognize the activities proposed here are designed to be inexpensive for wide dissemination, and the support for occasional updates to program materials will be in kind. Our team is fully committed to updating the TAP as needed, basing it on clinical and community-anchored research and informing evidence-based practice with Black boys. All training materials and the updated TAP will be available online. Given the direction of our current conversations, we anticipate full commitment from MPCA for promoting the complete TAP across federally qualified health centers, allowing for the expansion of much-needed behavioral health resources for Black adolescent boys in Michigan.

REFERENCES

Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County

Daphne C. Watkins, Ph.D.

1. Bryant, R.T-A-F. (2013). *Education, Employment, and Health Outcomes for Black Boys and Young Men: Opportunities for Research and Advocacy Collaboration*. Retrieved on April 19, 2019 from http://www.clasp.org/sites/default/files/public/resources-and-publications/files/Partnership-Circle-and-Scholars-Network.pdf
2. Lindsey, M. A., Brown, D. R., Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet mental health needs of African American boys. *American Journal of Orthopsychiatry*, *87*(4), 377-383
3. Pickens, C.M., Pierannunzi, C., Garvin, W., & Town, M. (2018). Surveillance for Certain Health Behaviors and Conditions Among States and Selected Local Areas - Behavioral Risk Factor Surveillance System, United States, 2015. *MMWR Surveillance Summary, 67*(9): 1-90.
4. Michigan Epidemiological Profile. (2012). *Michigan Department of Health and Human Services*. Retrieved on October 3, 2018, from: https://www.michigan.gov/documents/mdhhs/2017_State_Epidemiological_Profile_606892_7.pdf
5. Waller, A. (2017). *Suicide Deaths Amongst Youth and Young Adults in Michigan (Suicide rates among youth aged 10-24 years, U.S. and Michigan, 2004-2014)*: Washtenaw County Health Department. https://www.washtenaw.org/1936/Suicide-Data
6. Oh, H. J., Ozkaya, E., & LaRose, R. (2014). How does online social networking enhance life satisfaction? The relationships among online support interaction, affect, perceived social support, sense of community, and life satisfaction. *Computers in Human Behavior*, *30,* 69-78.
7. Watkins, D. C. & Jefferson, S. O. (2013). Recommendations for the use of online social support for African American men. *Psychological Services, 10*(3), 323-332.
8. Watkins, D. C. (2012). Depression over the adult life course for African American men: Toward a framework for research and practice. *American Journal of Men's Health, 6*(3), 194-210,
9. Anderson, M. & Jiang, J. (2018). *Teens' Social Media Habits and Experiences*. Pew Research Center. November 2018. Retrieved April 4, 2019 from: https://www.pewinternet.org/2018/11/28/teens-social-media-habits-and-experiences/
10. Watkins, D. C., Allen, J. O., Goodwill, J. R., & Noel, B. (2017). Strengths and weaknesses of the Young Black Men, Masculinities, and Mental Health (YBMen) Facebook Project. *American Journal of Orthopsychiatry, 87*(4), 392-401.
11. Watkins, D.C. (2019). Improving the living, learning, and thriving of Black men: A conceptual framework for projection and reflection. *International Journal of Environmental Research and Public Health, 16*, 1331.
12. Watkins, D. C. & Johnson, N. C. (2018). Age and gender differences in psychological distress among African Americans and Whites: Findings from the 2016 National Health Interview Survey. *Healthcare, 6*(1): 1-11.
13. The Commonwealth Fund (April 4, 2019). *The Role of Medicaid Expansion in Care Delivery at Community Health Centers.* Retrieved on April 19, 2019, from: https://www.commonwealthfund.org/publications/issue-briefs/2019/apr/role-medicaid-expansion-care-delivery-FQHCs

Attachment 1

Evaluation Plan
Expanding Behavioral Health Resources for Black Adolescent Boys in Washtenaw County
Daphne C. Watkins, Ph.D.

Our team will work with Dr. Ebony Reddock at Bumblebee Design and Evaluation to achieve our evaluation goals. Bumblebee Design and Evaluation is a Southeastern Michigan-based company specializing in culturally responsive, equitable, qualitative, and arts-based evaluation approaches. They partner with nonprofits and philanthropic organizations on program and initiative design, evaluation, strategic planning, and evaluation capacity-building. Bumblebee has worked with dozens of clients to conduct needs assessments, process evaluations, and outcome evaluations using qualitative and quantitative methods. The Bumblebee staff brings decades of expertise in evaluation best practices to further enhance the feasibility of the proposed activities. The proposed work builds on the strong collaborations between Packard Health, the Corner, the kNEWjoy's programs, Bumblebee Design and Evaluation, and other county agencies. The evaluation approach for this project considers these strong collaborations. Dr. Ebony Reddock, Director at Bumblebee Design and Evaluation, will work to establish precise, rigorous, and consistent program evaluation procedures for the project.

This project tests the core tenants of our logic model (See Attachment 2). It also advances theory by testing the program's main effects in improving behavioral health for Black boys. Targeted programs are ideal for Black boys as they offer anonymity and increase the potential for self-disclosure, honesty, and intimacy among participants when discussing stigmatizing topics, such as mental health and stigma. We will develop a detailed evaluation plan employing a one-group, pretest-posttest study design to assess short-term and long-term indicators of key outcomes. Our logic model will outline the program and goal, inputs, outputs, mechanisms of change, and outcomes. Each is described below.

The Situation: Our evaluation will be based on our logic model (See Attachment 2), which provides fundamental reasoning that change is dynamic and not linear. This proposal was developed to address a specific problem: According to recent data, Black boys living in Washtenaw County[1] are at high risk for poor health as a result of cultural/political climate; hate crimes; cyberbullying; adverse childhood events (ACES); child abuse rates; poverty; and lack of parental support. Black boys in Washtenaw county could benefit from more outreach, services, and behavioral health resources tailored to them.

Activities, Inputs, and Outputs: To address the situation, we need to adapt the program for Black boys in Washtenaw County, deliver a program to Black boys ages 13-18 in the county, train Packard and Corner staff to adapt and deliver the program, revise the program manual, build partnerships with groups and agencies across the county, evaluate our efforts, facilitate dialogue about the behavioral health needs of Black boys, and update the program Technical Assistance Package (TAP). To accomplish these activities, we need to invest in (i.e., Inputs): 4 Packard Staff, 2 Corner staff, 9 staff, approximately 200 Black boys, 10 Community Partners, time, money, meeting space, transportation, evaluation materials (e.g., video recorder, etc.), and intervention technology (e.g., Internet, Wi-Fi, social media, etc.). We must also (i.e., Outputs) monitor the activities by recording *(for Aim 1)* the number of Black boys served by Packard and Corner, the amount of time Black boys participate in the program, scores on health assessments, the number of program modules for Black boys, and the number of meetings for Black boys. Additionally, we must record *(for Aim 2)* the number of Packard & Corner staff/ county partners trained, the number of training resources (program TAP) and *(for Aim 3)* the number of behavioral health resources, number of program partners and providers, and number of TAPs distributed. Upon completing the program activities, we expect to achieve specific short- and long-term outcomes, below.

[1] Washtenaw County Health Department, Internal Communication. Waller, A. April 2017.

Attachment 1

Short-Term and Long-Term Outcomes: In the **short-term**, we expect the program will Increase service use by Black boys at Packard and the Corner by 50%, 50% improvement in mental health education/ literacy, 60% expanded definitions of race and gender development, 60% engaged social support/ healthy relationships. We also anticipate the program will result in two Packard staff and two Corner staff trained to deliver the program to Black boys, an updated program manual, as well as increased behavioral health resources for boys by 50%, 10 TAPs developed and delivered across the state, 10 program providers using TAP across the state. Our short-term outcomes will lead to **long-term** outcomes such as sustaining 60% of programming at Packard and Corner for Black boys; 70% of Black boys experiencing less depression, distress, and anxiety; 70% of Black boys having healthy race and gender norms/development, and 70% of Black boys having positive relationships. We also anticipate using program TAP resources in 50% of their interactions with Black boys and an increased workforce for behavioral health with Black adolescent boys by 40%. Furthermore, we will have models for behavioral health resources and service integration models (e.g., coordinated care and resources) to expand across the state and healthy living, learning, and thriving for Black boys in Michigan.

Our project affirms that upon operationalizing the program activities, inputs, and outputs, there will be outcomes (short- and long-term) that lead to behavioral health resources that improve the health of Black adolescent boys and workforce and service integration models that can be sustained in Washtenaw County and disseminated across the state. We have a strong sustainability plan, which includes our long-term goals to (1) support the complete adoption and integration of the program into behavioral health services at Packard and the Corner after the grant period has ended, (2) disseminate an updated program manual for Black adolescent boys in Washtenaw County, and (3) build and support a program Technical Assistance Package (TAP) for behavioral health professionals across the state. The health centers in Washtenaw County will serve as a model for other health centers across the state and country that want to expand their behavioral health programming for Black boys. Involvement in this process will also contribute to developing a network of program partners and providers who can provide iterative feedback on the adaptation and delivery of the program intervention, training of the workforce to address behavioral health among Black adolescent boys, and the program manual and TAP. Here we outline the markers of success associated with our process and outcome evaluations.

The process evaluation will examine the steps associated with achieving our project aims. For example, we will critically assess our procedures for adapting and delivering the program for Black adolescent boys, building and maintaining communication with our partners, training the staff at Packard Health and the Corner, and indicate which aspects are working as planned and which might need to be revised to meet the project's goals and objectives. We will track this by assessing meeting frequency and communication between the research team and our partners. We will measure success based on standards determined through personnel review of the process; quality control standards; review of the project materials; and careful audit of each phase by the research team and partners. *Intended impacts* for our process evaluation will be defined by our ability to convene meetings, achieve process objectives, stay on track with our timeline and work plan, and our ability to adapt and deliver the program, recruit Black adolescent boys to participate, and train the staff at Packard Health and the Corner on how to provide the program to Black boys in the county.

The outcome evaluation will determine whether the overall objectives have been achieved. Research findings underscore the gaps in mental health knowledge, problematic conceptions of manhood, and inadequate social support among Black adolescent boys. The proposed study aims to address these gaps by providing behavioral health resources (e.g., the program intervention) for Black adolescent boys in Washtenaw County and training a workforce capable of handling their short- and long-term behavioral health needs. *Intended impacts* for our outcome evaluation include notable changes among program intervention participants between the pretest (before the intervention begins) and the posttest

Attachment 1

(after the intervention ends). This is indicated by decreased depressive and anxiety symptoms (PHQ-9, GMDS, and GAD-7scores); expanded definitions of manhood (CMNI scores and focus group data); increased social support (ISEL scores) and connectedness (measured using focus group data); demographics; help-seeking; and increased dialogue about connections between mental health, manhood, and social support (determined by focus group data). We will also use the IPAT© to assess the level of collaboration/integration of the program manual into the service delivery model at Packard Health and the potential for expansion to other FQHCs across the state.

Our team will use data to strengthen the project. Evaluation will be an engaged learning process that will provide all stakeholders with an opportunity to: reflect on their efforts, document what works and what does not work in different contexts, identify and address challenges, assess types of technical assistance that might support their work, and share what is learned with others. Steps for our evaluation process are to (1) assemble the project team; (2) review our vision for change (i.e., logic model) and use it to assess how change occurs; (3) implement community activities and mobilize resources; (4) provide evaluation feedback about what is and is not working, opportunities and obstacles, and what types of technical assistance might support our efforts; (5) make changes to the work based on the evaluation feedback; (6) document initial intended and unintended outcomes and context; and (7) return to step 2 and repeat the process as necessary. Below is our work plan for the two-year project period.

Work Plan and Timeline	**Sept-Dec 2022**				**Jan-Apr 2023**				**May-Aug 2023**				**Sept-Dec 2023**				**Jan-Apr 2024**				**May-Aug 2024**			
Month	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**
Project planning/Team training	■	■	■	■																				
Bi-weekly team meetings with the team	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Aim 1: Adapt program for Black boys in the county	■	■	■	■	■	■	■	■																
Aim 1: Train behavioral health staff			■	■	■	■	■	■	■	■	■	■												
Aim 2: Deliver the program				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
Aim 2: Explore coordinated care models				■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
Aim 3: Update Technical Assistance Package									■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Aim 3: Launch statewide outreach	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Write final report/Report results to partners												■	■	■	■	■	■	■	■	■	■	■	■	■

We will analyze pretest and posttest quantitative and qualitative data to determine the project's intended outcome. Quantitative data collection will include mental health (i.e., depressive symptoms, PHQ-9 and GMDS; anxiety, GAD-7); mental health stigma (3 Stop Stigma Items); mental health literacy (MHLS); masculine norms (CMNI); social support (ISEL); help-seeking behaviors; and participant demographics. The pretest and posttest quantitative assessments will include the same measures, delivered via Qualtrics. We have successfully used Qualtrics to collect pretest and posttest survey data in previous program trials and will follow the same protocols for this project. Qualitative data collection will include a focus group protocol used in previous program trials with questions about mental health, depression, masculinity, social support, and the program intervention (posttest only). This study will add additional interview questions about mental health stigma, mental health literacy, and help-seeking behavior. Participants will participate in 60-minute video focus groups (via Zoom) at pretest and posttest.

The Logic Model: *"Expanding Behavioral Health Resources for Black Boys"*
The Goal: To develop behavioral health resources that improve the health of Black adolescent boys and create workforce and service integration models that can be sustained in Washtenaw County and disseminated.

SITUATION	ACTIVITIES	INPUTS	Project Aims	OUTPUTS	SHORT-TERM OUTCOMES	LONG-TERM OUTCOMES
The current state of Black boys in Washtenaw County:	*To address the situation we need to:*	*To accomplish the activities we need:*		*We will monitor the activities by recording:*	*In the short-term, we expect the program will lead to:*	*In the long-term, we expect the program will lead to:*
According to recent data, Black boys living in Washtenaw County[1] are at high risk for poor health as a result of: • Cultural/political climate; • Hate crimes; • Cyberbullying; • Adverse childhood events (ACES); • Child abuse rates; • Poverty; and • Lack of parental support Black boys in Washtenaw county could benefit from more outreach, services, and behavioral health resources tailored to them.	• Adapt program for Black boys in Washtenaw County • Deliver program to Black boys ages 13-18 in the county • Train Packard and Corner staff to adapt and deliver program • Revise program manual • Build partnerships with groups and agencies in the county • Evaluate our efforts • Facilitate dialogue re: behavioral health needs of Black boys • Update program TAP[2] • Community outreach and engagement	• 2 Packard staff • 2 Corner staff • 3 kNEWjoy staff • ~200 Black boys • 10 Community Partners • Time • Money • Meeting space • Transportation • Evaluation equipment (e.g., video recorder, etc.) • Program technology (e.g., Internet, Wifi, social media, etc.)	AIM 1	• # of Black boys served by Packard & Corner • Time in program (dose) • Scores on health assessments • # of program modules for Black boys • # of meetings for Black boys	• Increase service use by Black boys at Packard and the Corner by 50% • 50% improvement in mental health education/ literacy • 60% expanded definitions of race and gender develop. • 60% engaged social support/ healthy relationships	• Sustain 60% services at Packard & Corner for Black boys • 70% Black boys experience less depression/distress/ anxiety • 70% Black boys increase in healthy masculine norms/manhood • 70% Black boys have positive relationships
			AIM 2	• # of Packard & Corner staff/ county partners trained • # of training resources (program TAP)	• 4 Packard & Corner staff trained to deliver program to Black boys • Updated program manual	• Packard & Corner using program TAP resources in 50% of their interactions with Black boys • Increase workforce for behavioral health with Black boys by 40%
			AIM 3	• # of behavioral health resources • # of program partners and providers • # of TAPs[2] distributed	• Increase behavioral health resources for boys by 50% • 10 TAPs[2] developed and delivered across the state • 10 program providers using TAP across the state	• Models for behavioral health resources and service integration models to expand across the state • Healthy living, learning, and thriving for Black boys in Michigan

Assumptions:
- *Commitment from staff at Packard Health, The Corner, and kNEWjoy*
- *Commitment from other county partners (schools, groups, etc.)*
- *Interest and involvement by Black boys in the county*

External Factors:
- *Political environment*
- *Economic situation*
- *Sociocultural context*
- *Geographic conditions*

[1] Washtenaw County Health Department, Internal Communication. Waller, A. April 2017.
[2] Technical Assistance Package (TAP)

Attachment 2

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES
May 11, 2022

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

I. **Meeting called to order at: _ 12:31 pm_.**

MOTION BY _ Barb_- SUPPORTED BY _Leo_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

II. **Report from the RCAC:** CMHA-Person's Served Advisory Group will meet in June 15 at 1-2:30pm. If you would like to join, please meet with Mert at Towner at that time and let him know ahead of time. There was some clarification of the purpose and meeting pattern: all attendees from a particular county need to meet in the same location. Alayna is retiring from the RCAC.

III. **Meeting details for advisory Council:** likely to have a **hybrid** approach going forward. Will likely use a headset for Mert and Anton and all who are willing & able to meet in person at Ellsworth going forward are welcome to do that, though there will be an allowance for those who prefer to meet over Zoom for health reasons or to ensure maximal participation.

IV. **Legislators.** Need to hear back from Sen. Theis. Lisa will try to help with this. Barb will coach Lisa on making this call to Sen Theis in the next week.
https://www.washtenaw.org/1247/State-Representatives-Senators

V. **Story Jam & Speaker's Bureau: Speaker's Bureau Tuesday**, August 16 (18th is a back up date), from 10-2pm: What are 3 things you would want to communicate to students in Psychology, Health, and Social Work classes or that you think they should know? + 1-2 things you'd want to say to legislators/government leaders. Mert will reserve a room & food. Anton wanted to emphasize how important it is to care for mental health, the need for more workers in the field. Leo may also be interested, 90% sure.
Barb on **Story Jam:** Due to health concerns, training of trainers is delayed slightly.

VI. **Walk-A-Mile -** https://cmham.org/education-events/walk-a-mile-rally/ September 15, 2022. Announcement to be sent this week. Leo is willing to design a T-Shirt. Mert asked Sally who confirmed that there would be funds for food & T-Shirts from Washtenaw-CMH. Anton asked about what happens: speakers, music, meeting legislators, encouraging each other, advocating for mental health care, walking around capitol, and a short speech … Anton said he was interested in speaking from the Capitol Steps. Anton, Lisa, Pam want to go. D. Hoover has room for 1 more rider.

VII. **Newsletter:** Mert has freshened up some announcements for the newsletter, Leo submitted an article on Homelessness in Ann Arbor & the PATH Team. Mert edited the newsletter as suggested and will send it out today.

VIII. **Celebration Of Success -** October 19, 2022 from 6-7:30pm. St. Luke Lutheran Church-Ann Arbor on Washtenaw Avenue next to the Sheriff's Department is available for us

from 5-8pm for set up & clean up. Anton learned more about what this is about and how participants are honored for their efforts and successes. It is a good opportunity to recognize milestones reached. Alayna mentioned that this is a great way to recognize others and that anyone can recognize anyone else in the community. Alayna also mentioned that we need to get the nomination forms going. Pam suggested that art produced by those served by CMH be displayed. Pam @Ellsworth; Mert @Towner; Leo @Annex will post announcements.

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

1. **Anton Clark** reiterated the importance & seriousness of mental health and ensuring that future case managers have the proper qualifications & character of compassion. He underscored his interest in serving and advocating for mental health in any way possible and one person helping another, not hurting one another. There was unanimous agreement to have him join the council.

Meeting adjourned at _ 1:32pm_: motion by _ Alayna_ supported by _Lisa _.
The next meeting will be June 8, 2022 via Zoom OR in person at Ellsworth at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – AGENDA
June 8, 2022

Members Potentially Present on the Call: Pam Rathbun (Chair), Jason Zurawski (secretary), Anton Clark, Leo Hanifin, Barb Higman, Ed Howlett, Alayna Manzanares, Lisa Porzondek (CoChair), Melissa Vaden.
Staff: Mert Hershberger (Liaison), Mike Harding.
Absent: Anton Clark, (Ed Howlett?)
Technical difficulties, joined later: Lisa Porzondek

I. **Meeting called to order at: _ 12:35 pm_.**

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

II. **Behavioral Health Home report by Mike Harding:** We are a fully certified CCBHC (Certified Community Behavioral Health Clinic) now, recognized by the state, allowing us to serve anyone regardless of insurance status, or severity of health conditions. 9 services: case management, behavioral health, IPOS, Assessment, Crisis Services, ACT, Outpatient, Clubhouse, Employment – Still a requirement to meet the categories for services and needs. CLS, Residential, or Hospitalizations are not relevant. Staffing problems have led to higher case-loads. Staffing crisis has not reduced services. Barb clarified that all assessments go through the 544-3050 phone number. We no longer turn people away due to insurance of the individual. CCBHC provides a way to help people initially connect to services through PORT/PATH teams.

Opportunity to implement a patient portal with CRCT so that those receiving services can sign for services and sign documents remotely. Mike was looking for feedback. Most feedback was positive. Mike said that the initial trial would be in early fall. TeRi DeRose will connect to Mert H to coordinate a demonstration with the Advisory council in the Fall since most of the feedback was positive.

III. **Report from the RCAC:**

- **A.** CMHA-Person's Served Advisory Group will NOT meet in June 22 at 1-2:30pm. If you would like to join, please meet with Mert at Towner at that time and let him know ahead of time that you are coming (Mert H: 734-796-6944).
- **B.** State Senate Bills 597 and 598 are likely to be put before the floor for a vote in the next week. https://www.washtenaw.org/1247/State-Representatives-Senators
- **C.** Mert is scheduled to reach out to Monroe CMH Advisory Council next Tuesday to coach them on how to run a meeting. Any tips?.

IV. **Story Jam & Speaker's Bureau: Speaker's Bureau Tuesday**, August 16 (18th is a back up date), from 10-2pm: What are 3 things you would want to communicate to students in Psychology, Health, and Social Work classes or that you think they should know? Sharing our story and reducing stigma and encouraging hope and reaching out for help. Barb mentioned the 988 which will be launched July 16th. CCBHC – the accessibility of Mental Health Care locally. + 1-2 things you'd want to say to legislators/government leaders.

Barb on **Story Jam:** Due to health concerns, training of trainers is delayed slightly.

V. **Walk-A-Mile -** https://cmham.org/education-events/walk-a-mile-rally/ September 15, 2022. Leo has designed a T-Shirt. Leo will reach out to Walk-A-Mile organizers to finish putting together the Logos and Mert will try to get him the WC-CMH logo. See next page for Leo's design for this year. Mert will help organize the car-pool to Lansing.

VI. **Newsletter:** Mert sent the newsletter and now we are looking for articles for a fall newsletter to be published by the time of the Celebration of Success.

VII. **Celebration Of Success -** October 19, 2022 from 6-7:30pm. St. Luke Lutheran Church-Ann Arbor on Washtenaw Avenue For passing out announcements: Pam @Ellsworth; Mert @Towner; Leo @Annex. Forms sent with the minutes & agenda. Mert + Pam: Fresh Start.

VIII. **Legislators:** Barb reports that there has been no word from Senator Theis. Lisa will also reach out to Theis and Barb will coordinate with her. Let's touch base next month if we talk to Sens. Irwin or Theis about bills 597 or 598.

IX. **Fresh Start Clubhouse:** Melissa reported a Fresh Start Giving Day: raised $18,400 starting at the end of May for staff & facilities. Fresh Start has been a big resource for Melissa and many others. The donation drive is still open, but there will be other future fundraisers in the future. CMH rules about being in person or not in person have inhibited a lot of fundraising efforts. People miss the in-person activities and so have not been as involved in the activities. 1 staff and 1 member are currently in Utah representing Fresh Start in a national conference.

X. **NAMI:** Barb said NAMI-WC is working on 988 and the response to the mass shootings. Mark Creekmore is working on the advocacy digest, and they are working on a longer-term strategic plan.

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

Pam reminded us: there will be a RCAC meeting in the morning in July 13 @10am-noon.

Meeting adjourned at _ 1:40 pm_, motion by _ Alayna _ supported by _ Leo _.
The next meeting will be July 13, 2022 via Zoom OR in person at Ellsworth at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

XII.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES
June 8, 2022

Members Present on the Call: Pam Rathbun (Chair), Jason Zurawski (secretary), Leo Hanifin, Barb Higman, Ed Howlett, Alayna Manzanares, Melissa Vaden.
Staff: Mert Hershberger (Liaison), Mike Harding.
Absent: Anton Clark
Technical difficulties, joined later: Lisa Porzondek (CoChair)

I. Meeting called to order at: _ 12:35 pm_.
MOTION BY _ Alayna _- SUPPORTED BY _ Barb _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA. MOTION CARRIED.

II. **Behavioral Health Home report by Mike Harding:** We are now a fully certified CCBHC (Certified Community Behavioral Health Clinic) now, recognized by the state, allowing us to serve anyone regardless of insurance status, or severity of health conditions. There will be a site visit on 8/11. The Advisory Council continues to help with reporting requirements. 9 services: case management, behavioral health, IPOS, Assessment, Crisis Services, ACT, Outpatient, Clubhouse, Employment – Still a requirement to meet the categories for services and needs. CLS, Residential, or Hospitalizations are not relevant. Staffing problems have led to higher case-loads. Staffing crisis has not reduced services. Barb clarified that all assessments go through the 544-3050 phone number. We no longer turn people away due to insurance of the individual. CCBHC provides a way to help people initially connect to services through PORT/PATH teams.

Opportunity to implement a patient portal with CRCT so that those receiving services can sign for services and sign documents remotely. Mike was looking for feedback. Most feedback was positive. Mike said that the initial trial would be in early fall. TeRi DeRose will connect to Mert H to coordinate a demonstration with the Advisory council in the Fall since most of the feedback was positive.

III. **Report from the RCAC:**

- **A.** CMHA-Person's Served Advisory Group will NOT meet in June 22 at 1-2:30pm. If you would like to join, please meet with Mert at Towner at that time and let him know ahead of time that you are coming (Mert H: 734-796-6944).
- **B.** State Senate Bills 597 and 598 are likely to be put before the floor for a vote in the next week. This is a good time to reach out to your senators and representatives. https://www.washtenaw.org/1247/State-Representatives-Senators
- **C.** Mert is scheduled to reach out to Monroe CMH Advisory Council next Tuesday to coach them on how to run a meeting.
- **D.** The RCAC will meet next month, with Pam, Jason, Lisa, and Barb representatives from Washtenaw CMH.

IV. **Story Jam & Speaker's Bureau: Speaker's Bureau Tuesday**, August 16 (18th is a back up date), from 10-2pm: What are 3 things you would want to communicate to students in Psychology, Health, and Social Work classes or that you think they should know? Sharing

our story and reducing stigma and encouraging hope and reaching out for help. Barb mentioned the 988 which will be launched July 16th. CCBHC – the accessibility of Mental Health Care locally. + 1-2 things you'd want to say to legislators/government leaders. Barb on **Story Jam:** Due to health concerns, training of trainers is delayed slightly.

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VI. **Newsletter:** Mert sent the newsletter and now we are looking for articles for a fall newsletter to be published by the time of the Celebration of Success. Alayna mentioned the possibility of having artwork in the newsletter.

VII. **Celebration Of Success -** October 19, 2022 from 6-7:30pm. St. Luke Lutheran Church-Ann Arbor on Washtenaw Avenue For passing out announcements: Pam @Ellsworth; Mert @Towner; Leo @Annex. Forms sent with the minutes & agenda. Mert + Pam: Fresh Start.

VIII. **Legislators:** Barb reports that there has been no word from Senator Theis. Lisa will also reach out to Theis and Barb will coordinate with her. Let's touch base next month if we talk to Sens. Irwin or Theis about bills 597 or 598. Legislators are also considering ways to guard against mass shootings, per Barb.

IX. **Fresh Start Clubhouse:** Melissa reported a Fresh Start Giving Day: raised $18,400 starting at the end of May for staff & facilities. Fresh Start has been a big resource for Melissa and many others. The donation drive is still open, but there will be other future fundraisers in the future. CMH rules about being in person or not in person have inhibited a lot of fundraising efforts. People miss the in-person activities and so have not been as involved in the activities. 1 staff and 1 member are currently in Utah representing Fresh Start in a national conference.

X. **NAMI:** Barb said NAMI-WC is working on 988 and the response to the mass shootings. Mark Creekmore is working on the advocacy digest, and they are working on a longer-term strategic plan.

XI. **New Business/Agenda Items** for next month:
Everyone was reminded that they are now able to come to 2140 E. Ellsworth Ann Arbor for meetings. Lisa was especially interested in this option.
Pam reminded us: there will be a RCAC meeting in the morning in July 13 @10am-noon.

Meeting adjourned at _ 1:40 pm_, motion by _ Alayna _ supported by _ Ed _.
The next meeting will be July 13, 2022 via Zoom OR in person at 2140 Ellsworth at 12:30pm. (Please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES (Draft)
July 13, 2022

Members (potentially) Present on the Call: Pam Rathbun (Chair), Lisa Porzondek (CoChair), Jason Zurawski (secretary), Anton Clark, Leo Hanifin, Barb Higman, Alayna Manzanares, Melissa Vaden.
Staff: Mert Hershberger (Liaison)
Guest: teRi deRose

I. **Meeting called to order at: _12:35 pm_.**

MOTION BY _ Barb _- SUPPORTED BY _ Lisa _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

II. **teRi DeRose:** Customer Side review of Portal for Electronic Health Record: Leo suggested a "Remember Me" button. Alayna asked for issues about privacy. Teri mentioned that the "Remember Me" button should not be used on public computers. The portal sends encrypted messages to relevant staff. Emergency situations are not when messages should be sent via the Portal. Documents scanned in could include health records, Section 8 paperwork, TheRide documents. Resources would have key URLs like the FriendsIndeed resource list. To get an Username & Password, Staff would have to sign in & send a PIN to the client. Keep Password's private. A wishlist item was that clients could change their doctors and nurses.

III. **Report from the RCAC:**
   A. News: We mentioned the training for November.
   B. State Senate Bills 597 and 598 are stalled for now. The rest of the budget is progressing forward to avoid these two bills holding up the state budget. Since the sponsor will soon be facing his term limits, there is some question whether these pieces of legislation will actually pass the house, the senate, and be signed into law by the governor.
   https://www.washtenaw.org/1247/State-Representatives-Senators

IV. **Story Jam & Speaker's Bureau:**
Speaker's Bureau Tuesday, August 16 (18th
Story Jam: Is on Hold.

V. **Walk-A-Mile -** https://cmham.org/education-events/walk-a-mile-rally/ September 15, 2022. Leo will call Sally about the Walk-A-Mile T-Shirts.

VI. **Newsletter:** Mert said we need to get some news out there, or there will be no newsletter. Anton offered to write about Family Educational Services, located on Golfside.

VII. **Celebration Of Success -** October 19, 2022 Anton wants to attend.

VIII. **Legislators:** Lisa heard nothing back. Connie Conklin will try to get in touch with Senator Theis. Mert suggested we revisit and welcome back all returning/new legislators after the elections..

IX. **Fresh Start Clubhouse:** Summer Berman stepped down as director and they are looking for a replacement. It is now a 501c(3) organization. They do newsletters and several requested the newsletter.

X. **NAMI:** Barb and Alayna mentioned the progress that the 988 number is going live for any mental health crisis, starting 7/16. NAMI is open Monday & Thursday 9:30am-2:30pm; Tuesday 1-4pm

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

A. Anton remains concerned that there is a lack of psychiatrists and therapists coming out of school. He wondered what role the legislators play in this.

B. Mert notes that Ed Howlett has stepped down from the Advisory Council.

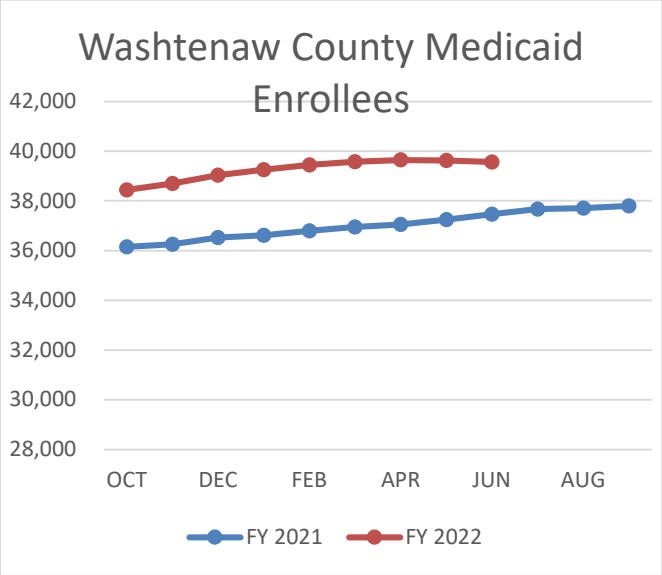
Meeting adjourned at _1:53_pm_, motion by _ Alayna _ supported by _Barb _.

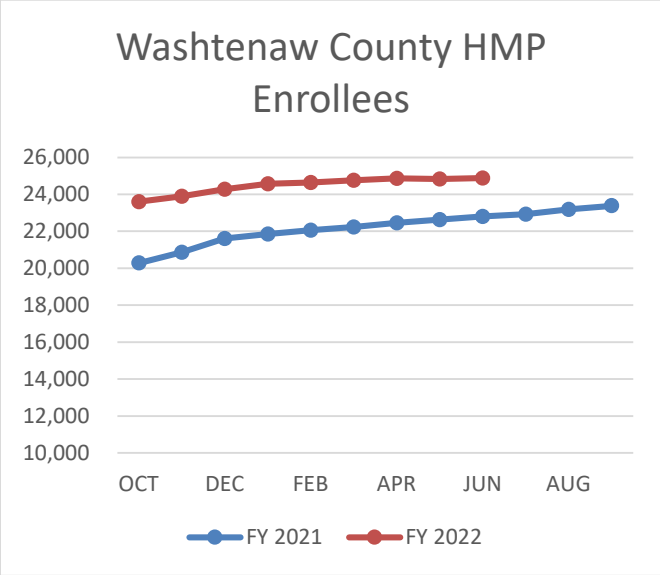
The next meeting will be August 10, 2022 preferably in person, with the option to join via Zoom at 2140 Ellsworth at 12:30pm. (If joining via Zoom, please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending June 30, 2022
Prepared: August 2, 2022

1. Washtenaw County Enrollees

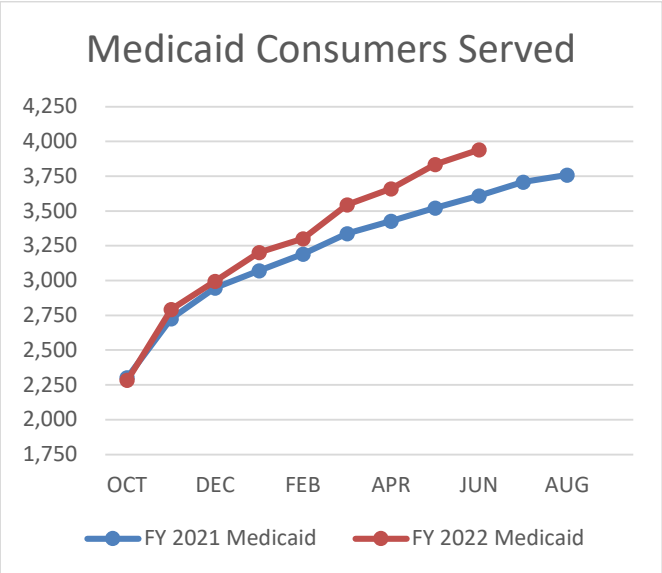
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

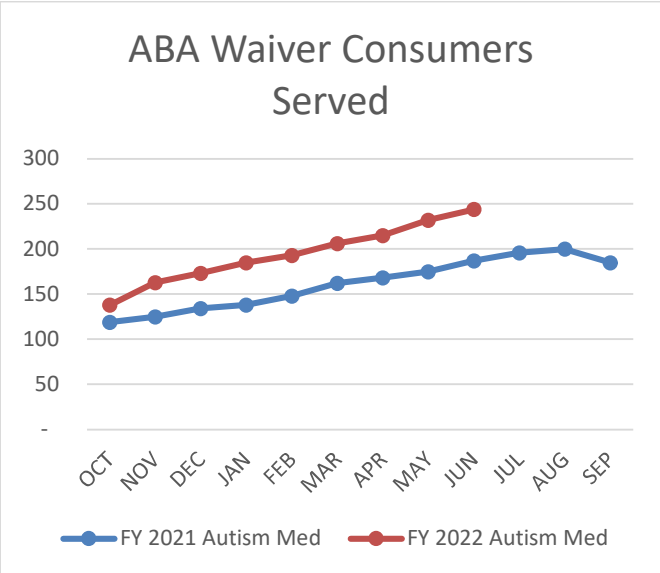




Washtenaw County Medicaid Enrollees were 39,560 in June 2022. This is a 5.58% increase from the same time last year (2,091 more enrollees than in June 2021). Healthy Michigan enrollment in June 2022 was 24,880. This is a 9.17% increase from the same time last year (2,089 more enrollees than in June 2021).

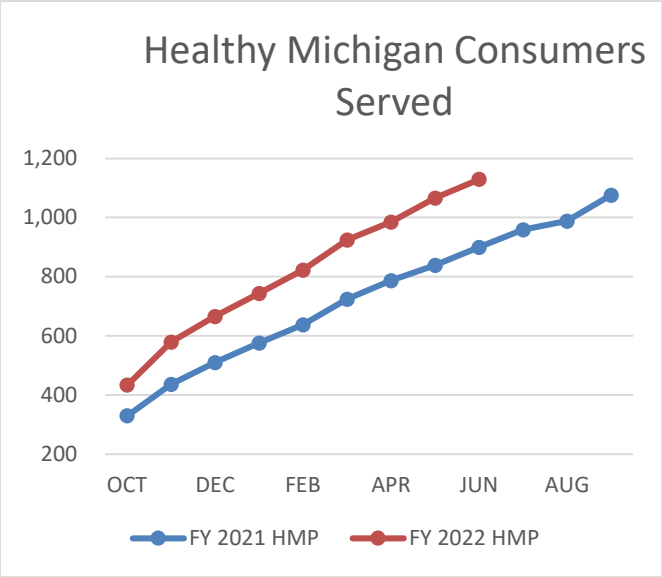
2. WCCMH Consumers Served to Date

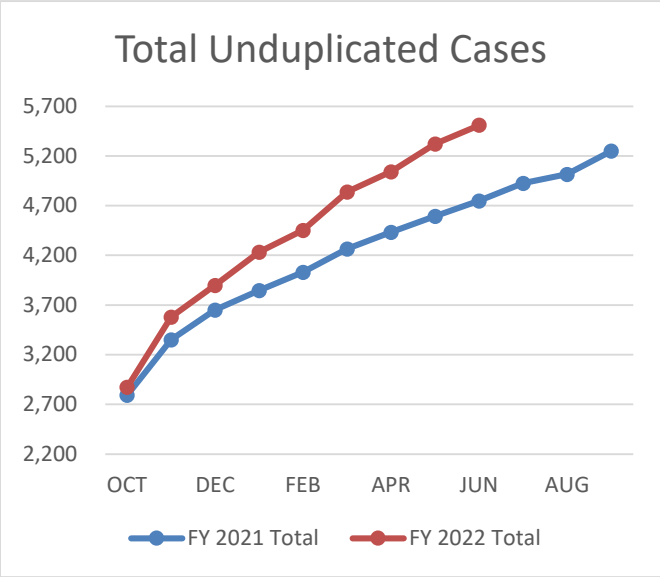




Medicaid consumers served through June 2022 are 3,941. This is 331 more consumers than the prior year (3,610 consumers were served through June 2021).

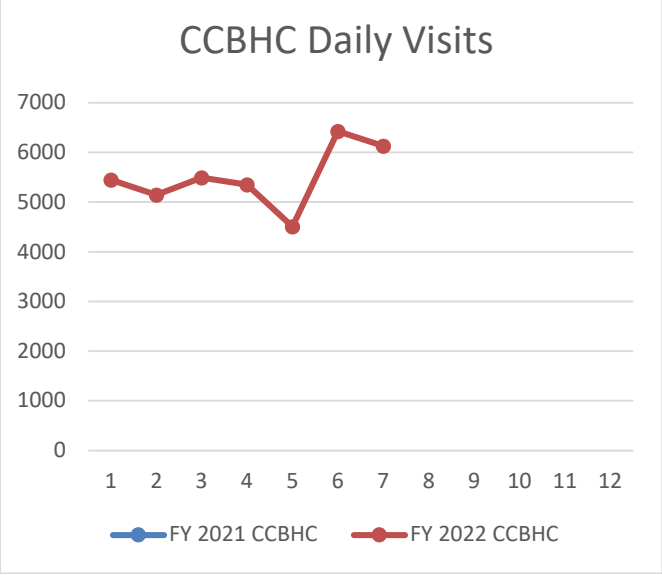
ABA Waiver consumers served through June 2022 are 244. This is 57 more consumers than prior year (187 consumers were served through June 2021).

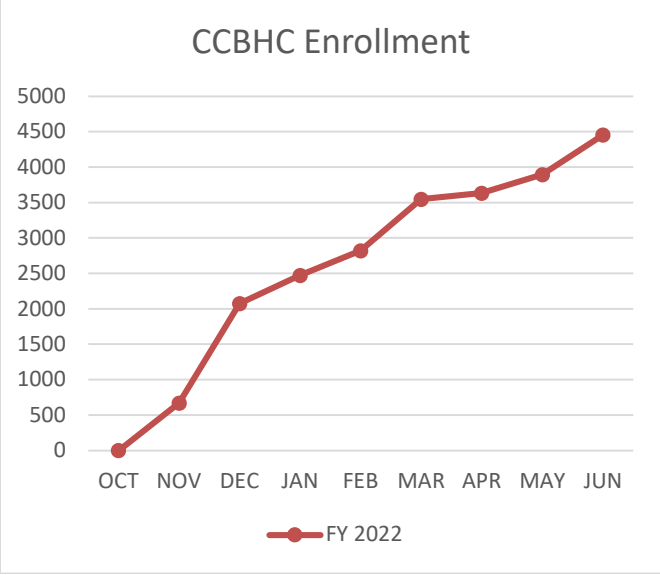




Healthy Michigan consumers served through June 2022 were 1,130. This is 230 more consumers than the same period last year.

The total unduplicated consumers served by WCCMH through June 2022 were 5,511. This is 762 more consumers than served last year.





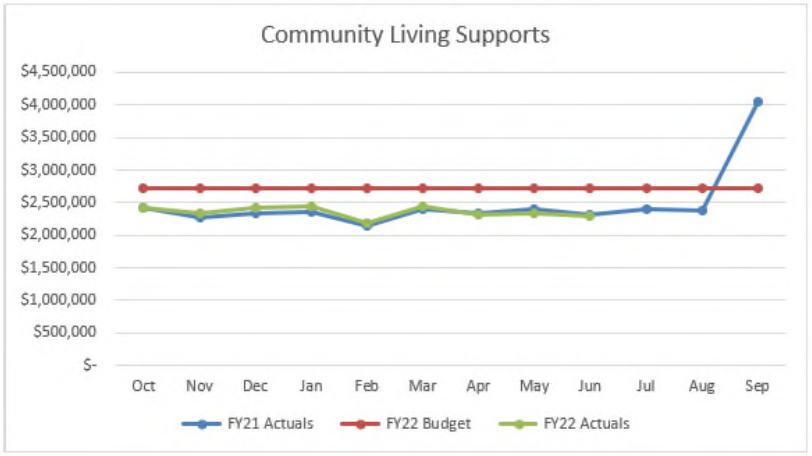
The CCBHC daily visit count for June 2022 were 6,205.

The YTD CCBHC Enrollment for FY 2022 as of June 2022 was 4,455.

3. Financial Statement Highlights

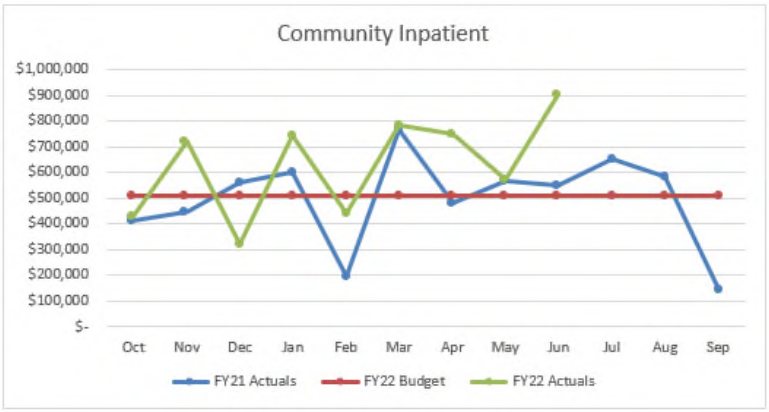
a. CLS service costs to date are estimated to be $21.2 Million and $3.2 Million under budget. The costs year to date are 3.3% less than this time last year. At the end of FY21 and in March FY22 there were additional provider stability payments made to CLS providers and are reflected in the graph below. 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
$ 2,425,825	2,711,968	$ 2,430,494	0.19%
2,264,769	2,711,968	2,344,515	1.80%
2,346,049	2,711,968	2,422,370	2.28%
2,365,368	2,711,968	2,434,147	2.44%
2,135,096	2,711,968	2,194,984	2.51%
2,408,780	2,711,968	2,437,557	2.28%
2,328,718	2,711,968	2,310,206	1.84%
2,410,288	2,711,968	2,334,158	1.20%
2,316,806	2,711,968	2,297,584	0.97%
2,393,966	2,711,968		
2,377,568	2,711,968		
4,042,059	2,711,968		



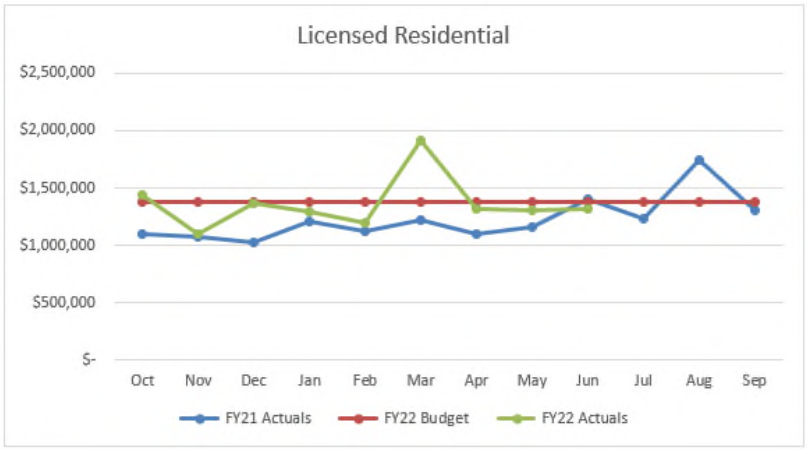
b. Community Inpatient costs to date are $5.6 Million. The costs year to date are 23.78% more than this time last year and $1.0 Million over budget.

	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	785,399	15.32%
Apr	480,817	508,333	751,136	21.00%
May	567,208	508,333	572,488	18.17%
Jun	548,208	508,333	904,625	23.78%
Jul	653,771	508,333		
Aug	584,676	508,333		
Sep	146,525	508,333		



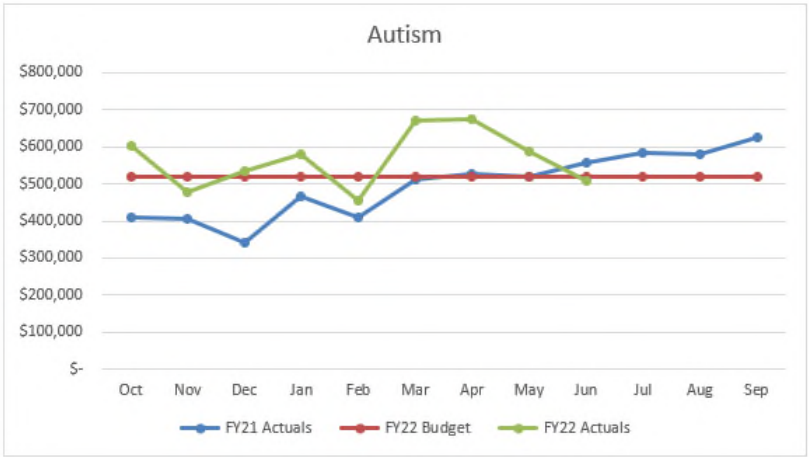
c. Licensed Residential costs to date are $11.7 Million and $650,000 under budget. The costs year to date are 12.75% more than this time last year. At the end of FY21 and March FY22 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary 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
$ 1,093,095	$ 1,375,450	$ 1,443,139	32.02%
1,073,263	1,375,450	1,095,322	17.18%
1,028,927	1,375,450	1,361,366	22.05%
1,211,062	1,375,450	1,294,721	17.89%
1,118,469	1,375,450	1,190,770	15.58%
1,225,127	1,375,450	1,913,982	22.95%
1,093,521	1,375,450	1,316,622	22.60%
1,159,115	1,375,450	1,302,494	21.28%
1,399,305	1,375,450	1,319,174	17.65%
1,228,220	1,375,450		
1,742,223	1,375,450		
1,304,444	1,375,450		



d. Applied Behavior Analysis/Autism service costs to date are $5.0 Million. The costs year to date are 22.82% more than this time last year and $405,000 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
$ 408,109	$ 520,861	$ 602,553	47.64%
404,662	520,861	479,479	33.13%
342,956	520,861	534,172	39.84%
464,654	520,861	580,372	35.56%
410,998	520,861	453,979	30.48%
512,641	520,861	672,143	30.61%
525,526	520,861	674,225	30.21%
518,865	520,861	587,988	27.77%
558,191	520,861	508,069	22.82%
584,957	520,861		
578,244	520,861		
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 $7.2 Million through June.
c. By funding source, HMP is showing a deficit of $298,000 through June.
d. Overall, the PIHP surplus is $6.9 Million through June.
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 $1.1 Million.

6. Local Key Points

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

b. Local Funds are showing a surplus of $142,000 through June.

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
JUNE 2022 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	35,118,937
HSW		19,679,724
DCW		6,015,249
Child Waiver/SED Waiver		1,336,265
Autism		4,415,042
Prior Year Adjustments		-
Care for Caid		29,717
Total Medicaid Revenue	$	66,594,934
Total Medicaid Expense	$	59,315,889
Medicaid Surplus/(Deficit)	$	7,279,044
CCBHC **		
Revenue	$	3,015,897
Expense		3,015,897
CCBHC Surplus/(Deficit)	$	0
Healthy Michigan **		
Revenue	$	4,713,662
Expense		5,011,707
Healthy MI Surplus/(Deficit)	$	(298,045)
General Fund		
Revenue		
CMH Operations	$	3,176,287
CMH Operations Contra		-
GF Carryforward		193,622
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		29,749
Total General Fund Revenue	$	3,399,658
Total General Fund Expense	$	2,283,628
General Fund Surplus/(Deficit)	$	1,116,030
Injectable Meds		
Revenue	$	111,147
Expense		101,943

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

		Total
Inj. Meds. Surplus/(Deficit)	$	9,204
Grants And Contracts		
Revenue	$	1,217,873
Expense		1,213,873
Grants & Cont. Surplus/(Deficit)	$	4,001
CMHSP To CMHSP		
Revenue	$	504,455
Redirect to GF		(29,749)
Expense		474,706
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,287,665
Expense		1,144,940
Local Surplus/(Deficit)	$	142,725
Private Grant & All NOR		
Revenue	$	164,980
Expense		164,980
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	81,100,276
Expense		72,847,316
Grand Total Surplus/(Deficit)	$	8,252,959

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	6,990,204
WCCMH Surplus/(Deficit)		1,262,756
	$	8,252,959

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending June 30, 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	$ 34,707,304	$ 35,118,937	$ 411,633	1.19%
HSW	27,372,824	20,529,618	19,679,724	(849,894)	-4.14%
Children & SED Waivers	1,044,210	783,158	1,336,265	553,108	70.63%
Healthy Michigan Capitation	6,284,880	4,713,660	4,713,662	2	0.00%
Autism Capitation	5,886,723	4,415,042	4,415,042	(0)	0.00%
Direct Care Worker Pass-Through	8,421,349	6,316,012	6,015,249	(300,763)	-4.76%
CCBHC Supplementary	4,059,000	3,044,250	3,015,897	(28,353)	-0.93%
TOTAL PIHP Revenue	$ 99,345,391	$ 74,509,043	$ 74,294,776	$ (214,267)	-0.29%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 3,176,288	$ 3,369,909	$ 193,622	6.10%
Grants & Earned Contracts	1,790,168	1,342,626	1,194,939	(147,687)	-11.00%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,313,821	$ 869,570	$ (444,251)	-33.81%
Project Revenue	847,984	635,988	553,948	(82,040)	-12.90%
All Other	1,917,652	1,438,239	1,807,287	369,048	25.66%
TOTAL Operating Revenue	**$ 109,888,006**	**$ 82,416,005**	**$ 82,090,429**	**$ (325,576)**	-0.40%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,598,359	$ 4,948,769	$ 4,705,582	$ (243,187)	-4.91%
Program Administration	3,355,568	2,516,676	3,208,521	691,845	27.49%
Residential Services					
Community Living Supports	$ 32,543,612	$ 24,407,709	$ 21,206,129	$ (3,201,580)	-13.12%
Licensed Residential	16,505,397	12,379,048	11,728,288	(650,760)	-5.26%
Outpatient Services					
Autism Services	$ 6,250,336	$ 4,687,752	$ 5,092,979	$ 405,227	8.64%
Case Management	5,000,662	3,750,497	3,191,686	(558,811)	-14.90%
Supports Coordination	2,948,825	2,211,619	1,722,834	(488,785)	-22.10%
Skill Building	4,688,790	3,516,593	2,735,162	(781,431)	-22.22%
Supported Employment	1,538,321	1,153,741	1,095,339	(58,402)	-5.06%
Psychiatry	3,307,258	2,480,444	2,305,373	(175,071)	-7.06%
Nursing Services	2,397,642	1,798,232	1,629,226	(169,006)	-9.40%
Therapy Services	2,194,098	1,645,574	1,379,287	(266,287)	-16.18%
All Other	9,327,130	6,995,348	6,043,870	(951,478)	-13.60%
CCBHC Services	4,059,000	3,044,250	-	(3,044,250)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 4,575,000	$ 5,665,456	$ 1,090,456	23.84%
Local Matches & Shelter	1,282,838	962,129	962,548	420	0.04%
Grants & Earned Contracts	1,790,168	1,342,626	1,165,189	(177,437)	-13.22%
TOTAL Operating Expenses	**$ 109,888,006**	**$ 82,416,005**	**$ 73,837,469**	**$ (8,578,536)**	-10.41%
Revenue Over/(Under) Expenses	-	-	8,252,960	8,252,960	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending June 30, 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	$ 35,118,937	$ 32,595,850	$ 2,523,087	7.74%
HSW	19,679,724	18,954,192	725,532	3.83%
Children & SED Waivers	1,336,265	800,891	535,374	66.85%
Healthy Michigan Capitation	4,713,662	4,384,407	329,255	7.51%
Autism Capitation	4,415,042	3,662,854	752,188	20.54%
Direct Care Worker Pass-Through	6,015,249	5,503,883	511,366	0.00%
CCBHC Supplementary	3,015,897	-	3,015,897	0.00%
TOTAL PIHP Revenue	$ 74,294,776	$ 65,902,077	$ 8,392,699	12.74%
MDHHS Revenue				
State General Funds	$ 3,369,909	$ 3,079,813	$ 290,096	9.42%
Grants & Earned Contracts	1,194,939	1,063,475	131,464	12.36%
All Other Revenue				
County Appropriation	$ 869,570	$ 670,572	$ 198,998	29.68%
Project Revenue	553,948	508,526	45,422	8.93%
All Other	1,807,287	1,756,111	51,176	2.91%
TOTAL Operating Revenue	**$ 82,090,429**	**$ 72,980,574**	**$ 9,109,855**	12.48%
Operating Expenses				
Administrative Expenses				
General Administration	$ 4,705,582	$ 3,716,243	$ 989,339	26.62%
Program Administration	3,208,521	2,113,713	1,094,808	51.80%
Residential Services				
Community Living Supports	$ 21,206,129	$ 21,928,916	$ (722,787)	-3.30%
Licensed Residential	11,728,288	10,401,883	1,326,405	12.75%
Outpatient Services				
Autism Services	$ 5,092,979	$ 4,146,602	$ 946,377	22.82%
Case Management	3,191,686	3,136,078	55,608	1.77%
Supports Coordination	1,722,834	1,725,786	(2,952)	-0.17%
Skill Building	2,735,162	1,804,581	930,581	51.57%
Supported Employment	1,095,339	988,243	107,096	10.84%
Psychiatry	2,305,373	2,003,978	301,395	15.04%
Nursing Services	1,629,226	1,498,479	130,747	8.73%
Therapy Services	1,379,287	1,273,254	106,033	8.33%
All Other	6,043,870	5,063,998	979,872	19.35%
CCBHC Services	-		-	0.00%
Other Expenses				
Community Inpatient	$ 5,665,456	$ 4,576,900	$ 1,088,556	23.78%
Local Matches & Shelter	962,548	1,067,760	(105,212)	-9.85%
Grants & Earned Contracts	1,165,189	1,012,995	152,194	15.02%
TOTAL Operating Expenses	**$ 73,837,469**	**$ 66,459,412**	**$ 7,378,057**	11.10%
Revenue Over/(Under) Expenses	8,252,960	6,521,162	1,731,798	

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	$ 55,120,090	$ 63,981,784	$ 72,463,759	$ 82,090,429			
Total Expense	$ 7,658,696	$ 14,955,417	$ 22,766,179	$ 30,490,909	$ 38,411,183	$ 48,890,967	$ 56,747,933	$ 64,573,684	$ 73,837,469			
Surplus / (Deficit)	$ 1,449,337	$ 2,759,104	$ 3,720,708	$ 5,051,365	$ 5,876,360	$ 6,229,123	$ 7,233,851	$ 7,890,075	$ 8,252,960	$ -	$ -	$ -

(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 Advisory Committee
Millage Financial Update - For the Month Ending June 30, 2022

	Budget to Actuals				Commitments		
	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD	Committed Current Fiscal Year	Remaining Uncommitted Current Fiscal Year	Committed FY 2023
Community Wide Service Expansion							
CARES Team							
Access & Triage	$ 550,000	$ 275,000	$ 270,758	$ (4,242)	$ 550,000	$ -	$ 577,500
Treatment & Stabilization Services	550,000	275,000	276,109	1,109	550,000	-	577,500
Crisis Response	750,000	375,000	369,216	(5,784)	750,000	-	787,500
Crisis Stabilization Center	350,000	175,000	172,301	(2,699)	350,000	-	367,500
Other CARES Team	397,600	198,800	195,734	(3,066)	397,600	-	417,480
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 225,000	$ 146,920	$ (78,080)	$ 320,000	$ 130,000	$ 336,000
Supportive Housing							
Supportive Housing RFP	$ 400,000	$ 200,000	$ 67,081	$ (132,919)	$ 400,000	$ -	$ -
Supportive Housing Other	460,000	230,000	50,000	(180,000)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	90,000	90,000	-	180,000	-	180,000
Emergency Housing	50,000	25,000	25,390	390	50,000	-	50,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 227,780	$ 113,890	$ -	$ (113,890)	$ 227,780	$ -	$ -
Student Advocacy Center	190,195	95,098	93,097	(2,001)	190,195	-	-
Health Dept - Anti Stigma Campaign	170,000	85,000	48,295	(36,705)	170,000	-	170,000
WCCMH - Wraparound Staff	95,000	47,500	-	(47,500)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	175,000	-	(175,000)	20,000	330,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 82,500	$ 82,500	$ -	$ 165,000	$ -	$ 165,000
Other	250,000	125,000	82,283	$ (42,717)	125,000	125,000	-
TOTAL Community Wide Service Expansion	$ 5,585,575	$ 2,792,788	$ 1,969,684	$ (823,104)	$ 5,000,575	$ 585,000	$ 3,798,480

	Budget to Actuals				Commitments		
	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD	Committed Current Fiscal Year	Remaining Uncommitted Current Fiscal Year	Committed FY 2023
Education & Prevention							
Education & Outreach							
NAMI Contract	$ 193,725	$ 96,863	$ 79,200	$ (17,663)	$ 193,725	$ -	$ 169,425
MHFA Trainings	25,000	12,500	-	(12,500)	25,000	-	25,000
TOTAL Education & Prevention	$ 218,725	$ 109,363	$ 79,200	$ (30,163)	$ 218,725	$ -	$ 194,425
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 60,000	$ 30,000	$ -	$ (30,000)	$ 60,000	$ -	$ -
Communicate							
CHRT Contract	$ 300,000	$ 150,000	$ 8,292	(141,708)	$ 300,000	$ -	$ -
TOTAL Evaluation & Communication	$ 360,000	$ 180,000	$ 8,292	$ (171,708)	$ 360,000	$ -	$ -
Administration of the Millage							
WCCMH	$ 540,000	$ 270,000	$ 257,000	$ (13,000)	$ 540,000	$ -	$ 555,000
CHRT Contract	140,000	70,000	1,858	(68,142)	140,000	-	150,000
Grand Totals	**$ 6,844,300**	**$ 3,082,150**	**$ 2,057,176**	**$ (1,024,974)**	**$ 6,259,300**	**$ 585,000**	**$ 4,697,905**

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Partner Commitments Update - as of June 30, 2022

Partner Commitments	Budget Category(s)	Service Description	Total Amount	Effective Date	Expiration Date	FY22 Amount	FY23 Amount	FY24 Amount
Avalon Housing	Supportive Housing	Permanent Supported Housing	$180,000	10/1/2020	9/30/2022	$180,000	$180,000	
Center for Healthcare Research and Transformation (CHRT)	Evaluate & Administer	Millage Staff Activities	$106,640	4/1/2022	12/31/2022	$106,640		
Center for Healthcare Research and Transformation (CHRT)	Communicate	Millage Communications Plan	$282,888	4/1/2022	12/31/2022	$282,888		
CLR Academy	Youth Initiatives & Support	Beyong Sports Programming	$45,000	5/1/2022	4/30/2023	$30,000	$15,000	
Corner Health	Other CARES Team	Psychiatry Time	remaining balance of psych time (7hrs/wk)			$70,000		
Full Circle Community Center	Other CARES Team	Drop In Center, referral w/CARES	$25,000	10/1/2020	9/30/2022	$25,000		
Issue Media Group, LLC (Voices of Youth)	Youth Initiatives & Support	Youth development, mentors, supports	$12,000	6/1/2022	5/31/2022	$7,000	$5,000	
NAMI of Washtenaw County	Education & Outreach	Outreach, Social media campaigns, family groups	$183,000	10/1/2021	9/30/2022	$137,250		
NAMI of Washtenaw County	Education & Outreach	Outreach, Social media campaigns, family groups	$225,900	10/1/2022	9/30/2023	$56,475	$169,425	
National Assessment Center Association	CARES Team	Remote support for assessment center	$20,650	10/1/2021	9/30/2022	$20,650		
National Council for Behavioral Health	CARES Team	DLA-20 Training	$12,800	10/1/2021	9/30/2022	$12,800		
Ozone House	Youth Initiatives & Support	Psychiatry services	full balance of psych time (4hrs/wk)			$40,000		
Packard Health	Youth Initiatives & Support	YBMen Project	$250,000					
PCE Systems	Other CARES Team	Server for data reporting and CARES	$117,600	10/1/2020	9/30/2022	$88,200		
Shelter Association of Washtenaw County	Supportive Housing	COVID Crisis Stabilization - one time assistance	$50,000	10/1/2021	9/30/2022	$50,000		
Student Advocacy Center	Youth Initiatives & Support	Check and Connect	$139,695	10/1/2021	9/30/2022	$139,695		
Student Advocacy Center	Youth Initiatives & Support	Educational Advocate	$50,500	10/1/2021	9/30/2022	$50,500		
Teen Turn Challenge	Youth Initiatives & Support	Youth mentors and activities	$6,180	6/1/2022	5/31/2023	$6,180		
Washtenaw County Health Department	Youth Initiatives & Support	Anti-stigma campaign	$340,000	5/1/2022	4/30/2024	$113,333	$170,000	$56,667
Washtenaw County Trial Court	Criminal Justice Diversion	Trauma Therapist	remaining balance after $85,000/yr.			$10,000		
Washtenaw County - OCED - Homeless Diversion	Supportive Housing	One time assistance	$30,000	1/1/2022	12/31/2022	$30,000		
Washtenaw County - OCED - Family Empowerment	Supportive Housing	Supports Coordinator position for East side	$210,218	1/1/2022	12/31/2022	$69,573	$69,573	$69,573
Washtenaw County - OCED - Michigan Ability Partners	Supportive Housing	Leasing assistance and supportive services for low income, homeless,	$357,546	1/1/2022	12/31/2022	$357,546		
Washtenaw County - OCED - Supportive Housing RFP	Supportive Housing	Avalon, Shelter, Ozone House, Salvation Army, Ypsi Housing	$1,200,000			$400,000		
Washtenaw Health Plan	Other Service Expansion	Expand services in native language, outreach Latinx and youth	$330,000	10/1/2021	9/30/2023	$165,000	$165,000	
Washtenaw Intermediate School District	Youth Initiatives & Support	Anti-Stigma Mini Grants	$132,000	10/1/2021	9/30/2022	$99,000		
Washtenaw Intermediate School District	Youth Initiatives & Support	31n Match	$81,780	10/1/2021	9/30/2022	$61,335		
Washtenaw Intermediate School District	Youth Initiatives & Support	YMHFA Training	$14,000	10/1/2021	9/30/2022	$10,500		

Maureen (Molly) M. Welch Marahar

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WORK EXPERIENCE

Strategic Alignment & Engagement Section - Michigan Department of Health & Human Services
State Administrative Manager Lansing, MI
January 2022 – Present

- *Strategic Guidance* – Lead the development and implementation of MDHHS initiatives to promote Health in All Policies.
- *Team Leadership and Management* – Manage a team of senior analysts and policy specialists working on a variety of data, health IT, and social determinants of health projects and initiatives.
- *Engagement and Partnership Building* – Foster partnerships across silos both within the department and out in the community.

Policy & Strategic Initiatives Section - Michigan Department of Health & Human Services
***Senior Policy Analyst** 2019 – 2020, **Policy Specialist** 2021 - 2022* Lansing, MI
August 2019 –January 2022

- *Strategic Planning* - Develop and implement strategic recommendations for initiatives affecting justice-involved populations and individuals using drugs under Governor Whitmer's Opioid Task Force
- *Data Collection & Evaluation* - Lead development and analysis of surveys to inform strategy and investments.
- *Project Management* - Lead projects to integrate jails, state prisons, and social service entities into MDHHS IT infrastructure, and to streamline Medicaid continuity for individuals leaving carceral settings.
- *Intern Supervision* – Supervise teams of masters-level and bachelors-level student interns in the completion of projects to support MDHHS' work in substance use and opioid policy.

***COVID-19 Public Response – Deputy Lead for Content Development** 2020* Lansing, MI
March 2020 – July 2020

- *Management* - Co-lead a team of writers developing content and obtaining approval for its dissemination to answer questions from the public about COVID-19 and the State of Michigan's response
- *Content Expertise* - Provide technical support relating to COVID-19 state policies and best practices to teams charged with answering calls and emails from the public

Center for Health & Research Transformation (CHRT) – Michigan Medicine, University of Michigan
***Health Care Analyst** 2017 -2018, **Program Manager** 2018 - 2019* Ann Arbor, MI
June 2017 – August 2019

- *Project Development* - Explore strategies and partnerships to develop proposals in response to emerging funding opportunities.
- *Project/Program Management* - Managed several health policy-oriented projects with a focus on behavioral health.
- *Policy Analysis and Synthesis* - Contributed to health policy briefs, responded to press inquiries on emerging policy trends, conducted surveys, supported evaluation activities
- *Intern Supervision* – Regularly supervised teams of master's level student interns completing projects around community engagement and web design.

Spera Recovery Center - Dawn Farm Ann Arbor, MI
Recovery Support Specialist September 2016 – June 2017

- Case management to ensure stable housing, income, childcare, healthcare, and psychological services for a caseload of up to 40 women receiving substance use services.
- Represented clients on the treatment panel for Washtenaw County's 15th District Sobriety Court.

Counselor July 2013 – August 2016

- Represented Dawn Farm on the Washtenaw Health Initiative Opioid Project
- Worked on a team of counselors to intake clients, monitor vitals, dispense medication.
- Developed treatment plans in partnership with clients.
- Facilitated Dialectical Behavioral Therapy and 12 Step groups.

Washtenaw County Office of the Public Defender Ann Arbor, MI
Clerk/Investigator October 2013 - August 2015

- Compiled all felony files, requesting discovery and contacting witnesses to assist attorneys in the defense of clients.
- Drafted and filed motions on behalf of attorneys.
- Assisted in the courtroom, taking notes, and coordinating with clients to prepare for hearings and trials.

EDUCATION

University of Michigan, Gerald R. Ford School of Public Policy Ann Arbor, MI
Master of Public Policy May 2017

- Independent research project into Medication Assisted Treatment for Opioid Use Disorders

University of Michigan Ann Arbor, MI
Bachelor of General Studies August 2013

- Founding member of U of M's Students for Recovery and Collegiate Recovery Program

PUBLICATIONS

- **PCP Perspectives on Opioid Prescribing Policies and MAT in Michigan**, Molly Welch Marahar, MPP; Megan Slowey, MPH; Melissa Riba, MS; Marianne Udow-Phillips, MHSA. Center for Healthcare Research & Transformation. July, 2019.
- **Creating Sustainability through Public-Private Partnerships: The Future of New Primary Care Models**, Megan Foster Friedman, MPP; Jean Malouin, MD, MPH; Diane Marriot, DrPH, MHSA; Ezinne Ndukwe, MPH, Molly Welch Marahar, MPP; Marianne Udow-Phillips, MHSA. Center for Healthcare Research & Transformation. January, 2018.
- **Comparing Key Provisions: Affordable Care Act, American Health Care Act, and Better Care Reconciliation Act,** Megan Foster Friedman, MPP; Molly Welch Marahar, MPP; Marianne Udow-Phillips, MHSA. Center for Healthcare Research & Transformation. July, 2017.

CURRENT SERVICE

Families Against Narcotics (FAN), Washtenaw Chapter *Advisory Board Member* November 2021 – Present
Substance Use Transition Team, Office of the Washtenaw County Prosecutor October 2020 - Present
Oversight Policy Board, Community Mental Health Partnership of Southeast Michigan,
Regional Board Representative and Board Trustee June 2020 - Present
Packard Health *Board Trustee and Governance Committee Member* September 2019 - Present
Substance Abuse and Mental Health Services Administration (SAMHSA) *Peer Reviewer* June 2018 - Present
Proud Parents of Loss (PPL) *Secretary of the Board* February 2017 - Present
The Unicorn Project *Cofounder* November 2015 – Present

PAST SERVICE

Governor's Task Force on Child Abuse & Neglect, Plans of Safe Care Workgroup September 2020 - November 2021
Expert Panel: Chronic Pain and Opioid Use, University of Michigan November 2020 – February 2021
Rewrite the Script, Substance Use Disorder Workgroup, Michigan Medicine
Community/Patient Representative June 2019 – July 2021
Families Against Narcotics (FAN), Washtenaw Chapter *Secretary of the Board* September 2018 – November 2021
Breast Cancer Action *Policy Fellow* June 2016 – Augst 2016
Service Learning and Transdisciplinary Education (SLATE) *President* September 2015 – May 2017
Law Students for Sensible Drug Policy (LSSDP) *Secretary* September 2015 – May 2017

Street Outreach Court (SOC) *Legal Support* October 2014 - August 2015
Students for Recovery at the University of Michigan *Daily Thoughts Chair* September 2012 - August 2015

AWARDS, TRAINING AND CERTIFICATIONS

- **LEAN 2 –Day Healthcare Training,** University of Michigan, December 2018
- **Hackett Family Fellowship for Academic Excellence**, Gerald Ford School of Public Policy, 2016-2017
- **Omenn-Darling Health Policy Fund Fellowship**, Gerald Ford School of Public Policy, 2016
- **Connecticut Center for Addiction Recovery (CCAR) Peer Recovery Coach Training,** Dawn Farm, August 2017

Washtenaw County Community Mental Health
WCCMH

Fiscal Year 2023
Annual Operating Budget

Pg 2 FY 2023 Budgeted Revenues and Expenditures
Pg 3 FY 2023 Administrative Budget Details
Pg 4 FY 2023 Direct Services Budget Details
Pg 5 FY 2023 Contracted Services Budget Details
Pg 6 FY 2023 Budget by Fund Source

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

	FY 2023 Proposed Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
Revenues					
Medicaid (b) & 1115i	$ 48,979,046	$ 46,276,405	$ 2,702,641	$ 46,276,405	$ 2,702,641
Habilitation Supports Waiver	30,058,737	27,372,824	2,685,913	27,372,824	2,685,913
Children's & SED Waivers	1,200,000	1,044,210	155,790	1,044,210	155,790
Direct-Care Worker Pass-Through	9,263,483	8,421,349	842,134	8,421,349	842,134
Healthy Michigan Plan	6,913,368	6,284,880	628,488	6,284,880	628,488
Autism Medicaid	6,475,395	5,886,723	588,672	5,886,723	588,672
CCBHC Supplementary	4,059,000	4,059,000	-	4,059,000	-
State General Funds	4,597,669	4,235,050	362,619	4,235,050	362,619
Funding From Washtenaw County	1,751,761	1,751,761	-	1,751,761	-
Grants and Earned Contracts Incl. OBRA	1,790,168	1,790,168	-	1,790,168	-
CMHPSM/Affiliate & U of M Billings	847,984	847,984	-	847,984	-
All Other	1,917,652	1,917,652	-	1,917,652	-
Total Revenues	**$ 117,854,263**	**$ 109,888,006**	**$ 7,966,257**	**$ 109,888,006**	**$ 7,966,257**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 7,733,373	$ 6,598,359	$ 1,135,014	$ 6,472,677	$ 1,260,696
Total Administrative Expenses	$ 7,733,373	$ 6,598,359	$ 1,135,014	$ 6,472,677	$ 1,260,696
Direct Services					
WCCMH Direct Services	$ 34,765,450	$ 32,181,810	$ 2,583,640	$ 26,345,344	$ 8,420,106
Total Direct Services	$ 34,765,450	$ 32,181,810	$ 2,583,640	$ 26,345,344	$ 8,420,106
Contracted Services					
WCCMH Contracted Services	$ 72,474,000	$ 68,034,831	$ 4,439,169	$ 64,951,612	$ 7,522,388
Total Contracted Services	$ 72,474,000	$ 68,034,831	$ 4,439,169	$ 64,951,612	$ 7,522,388
Other Non-Service Costs					
Medicaid Local Match	$ 411,272	$ 689,948	$ (278,676)	$ 411,272	$ -
State Facilities Local Contribution	600,000	512,890	87,110	600,000	-
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 1,091,272	$ 1,282,838	$ (191,566)	$ 1,091,272	$ -
Grants And Contracts	$ 1,790,168	$ 1,790,168	$ -	$ 1,790,168	$ -
Total Expenses	**$ 117,854,263**	**$ 109,888,006**	**$ 7,966,257**	**$ 100,651,073**	**$ 17,203,190**
Revenue Over/(Under) Expenses	0	0	0	9,236,933	$ (9,236,933)

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

WCCMH Administrative Expenses

		FY 2023 Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
	Administration	$ 764,444	$ 656,936	$ 107,508	$ 964,677	$ (200,233)
(a)(b)	Compliance	154,668	140,607	14,061	145,000	9,668
(a)	Finance	1,410,294	1,172,153	238,141	965,000	445,294
	Human Resources	185,726	154,772	30,954	150,000	35,726
(a)	Information Management	189,073	145,441	43,632	110,000	79,073
(a)	Intake/Enrollment	867,730	754,548	113,182	575,000	292,730
(a)	Member Services	243,088	220,989	22,099	235,000	8,088
(a)	Network Management	742,849	605,000	137,849	498,000	244,849
(a)	Quality/Performance Imp.	404,696	320,000	84,696	215,000	189,696
(b)	Recipient Rights	1,492,715	1,357,014	135,701	1,345,000	147,715
(a)	Utilization Review	1,278,089	1,161,899	116,190	1,270,000	8,089
	TOTAL	$ 7,733,373	$ 6,689,359	$ 1,044,014	$ 6,472,677	$ 1,260,696

(a) All or a portion of this administrative category is a delegated function of the PIHP.

(b) Revenue contracts exist with Affiliate Partner CMH's for the purchase of these administrative functions.

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

WCCMH Direct Service Expenses

	FY 2023 Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
Program Support	$ 4,150,194	$ 3,355,568	$ 794,626	$ 4,278,028	$ (127,835)
ACT	1,728,427	1,502,971	225,456	1,398,148	330,279
Autism	510,000	-	510,000	-	510,000
Behavior Management	669,922	585,188	84,734	565,663	104,259
CCBHC	-	4,059,000	(4,059,000)	-	-
Crisis Stabilization	2,598,368	1,259,450	1,338,918	1,362,975	1,235,393
Health Home	307,418	-	307,418	-	307,418
Home Based	1,480,511	1,270,236	210,275	1,149,981	330,530
Jail Services	656,823	597,112	59,711	527,936	128,887
Jail Diversion	119,261	63,800	55,461	60,155	59,106
Nursing	2,509,925	2,281,750	228,175	2,160,256	349,669
Nursing Home Services	146,023	132,748	13,275	125,921	20,102
Outpatient	2,746,251	2,088,044	658,207	1,835,443	910,808
Peer Supports	664,040	603,673	60,367	532,226	131,814
Psychiatric Services	4,134,073	3,307,258	826,815	2,885,831	1,248,242
Skill Building	1,804,548	1,772,000	32,548	1,648,013	156,535
Specialty Services	282,493	256,812	25,681	194,133	88,360
Supported Employment	1,021,862	928,965	92,897	758,261	263,601
Supports Coordination	3,243,708	2,948,825	294,883	2,299,241	944,467
Targeted Case Management	5,750,761	5,000,662	750,099	4,354,184	1,396,577
Wraparound	240,844	167,748	73,096	208,949	31,895
TOTAL	$ 34,765,450	$ 32,181,810	$ 2,583,640	$ 26,345,344	$ 8,420,106

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

WCCMH Contracted Service Expenses

	FY 2023 Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
Access/Assessments	$ 150,000	$ 50,000	$ 100,000	$ 110,000	$ 40,000
Autism Services	7,700,000	6,250,336	1,449,664	6,800,000	900,000
Community Inpatient	7,550,000	6,100,000	1,450,000	6,043,000	1,507,000
Community Living Supports	34,600,000	33,804,808	795,192	32,600,000	2,000,000
Licensed Facilities	16,600,000	16,505,397	94,603	16,240,000	360,000
Nursing	150,000	150,000	-	125,000	25,000
Outpatient	12,500	7,500	5,000	7,500	5,000
Peer Supports/Drop-In	346,500	315,000	31,500	215,000	131,500
PERS	150,000	150,000	-	148,212	1,788
PSR/Clubhouse	495,000	450,000	45,000	250,000	245,000
Respite	715,000	650,000	65,000	475,000	240,000
Skill Building	3,200,000	2,916,790	283,210	1,470,900	1,729,100
Specialty Services	150,000	30,000	120,000	110,000	40,000
Supported Employment	535,000	535,000	-	132,000	403,000
All Other Contracted Services	120,000	120,000	-	225,000	(105,000)
TOTAL	$ 72,474,000	$ 68,034,831	$ 4,439,169	$ 64,951,612	$ 7,522,388

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget by Fund Source

		Total
Medicaid **		
Revenue		
Medicaid (b), 1115i, Waivers, Autism, CCBHC & DCW	$	100,035,661
Total Medicaid Revenue	$	100,035,661
Expense		
Service Costs	$	100,035,661
Total Medicaid Expense	$	100,035,661
Medicaid Surplus/(Deficit)	$	-
Healthy Michigan Plan **		
Revenue		
Healthy Michigan Plan	$	6,913,368
Total Healthy Michigan Revenue	$	6,913,368
Expense		
Service Costs	$	6,913,368
Total Healthy Michigan Expense	$	6,913,368
Total Healthy Michigan Surplus/(Deficit)	$	-

** Denotes PIHP Medicaid Subcontracting Agreement Funds

General Fund		
Revenue		
CMH Operations	$	4,597,669
Funding from Other Sources		-
Total General Fund Revenue	$	4,597,669
Total General Fund Expense	$	4,597,669
General Fund Surplus/(Deficit)	$	-
Grants and Contracts		
Revenue	$	3,707,820
Expense		3,707,820
Grants & Cont. Surplus/(Deficit)	$	-
Local		
Revenue	$	1,751,761
Expense		1,751,761
Local Surplus/(Deficit)	$	-
CMHSP to CMHSP		
Revenue	$	847,984
Expense		847,984
All Other Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	117,854,263
Expense		117,854,263
Grand Total Surplus/(Deficit)	$	-

ATTACHMENT #6
AUGUST 2022

ANNUAL BUDGET

FISCAL YEAR 2023

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MISSION, VISSION AND VALUES

MISSION

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

VISION

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

VALUES

Excellence

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

Growth

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

Well-being

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

Inclusion

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

Community

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

Accountability

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

Equity

Services will be delivered with a focus on eliminating health inequities by addressing and reducing the racial and economic disparities frequently impacting Black, Indigenous and People of Colors' health status, access, and outcomes.

GUIDING DEFINITIONS

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

SAMSHA, Wellness Overview, 2016

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

SAMSHA, Recovery defined, August 2010

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

The ARC, Quality of Life Position Statement, November 2009

STRATEGIC PLAN

Environmental Drivers

Access to Care

- There is a shortage of staff statewide with long waiting times, difficulty in accessing care or needs not getting met.
- CMH system reform efforts are being driven by concerns about access and inconsistent statewide availability of services - encouraged to find ways to increase/improve access
- There is a lack of access to youth behavioral health services
- A severe statewide psychiatric hospital bed shortage with long waits for care
- A lack of a single point of access for all behavioral health services including substance use disorders

Performance/Quality

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

Expansion of Services

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

Other Drivers

- Inconsistency of support for Behavioral Health services by the State of Michigan
- Importance of telemedicine and the infrastructure to support it (i.e., broadband internet, county infrastructure and internet)
- Workforce recruitment and retention challenges
- The pandemic has forced isolation and created other stresses.

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

STRATEGIC GOALS

Ensure availability of behavioral health services through a single point of entry.

Tactic:

- Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities
  Completed by: January 2023
  Responsible Party: Melisa Tasker
  Measurement: TBD work with PIHP on evaluation criteria
- Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County
  Completed by: January 2025
  Responsible Party: Trish Cortes, Heather Linky, Dr. Florence
  Measurement: Care Coordination with key stakeholders. Examples may include Packard Health, Corner Health, Ozone, Catholic Social Services, Jewish Family Services, etc.

Promote wellness through the integration of physical and behavioral health.

Tactic:

- Achieve successful implementation of State of Michigan Behavioral Health Home
  Completed by: October 2023
  Responsible Party: Brandie Hagaman, Michael Harding
  Measurement: 200 Washtenaw County individuals enrolled through the State of Michigan. Ongoing qualitative measure TBD in partnership with the State of Michigan.

- Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic (CCBHC)
  Completed by: October 2023
  Responsible Party: Michael Harding
  Measurement:
  1. Successful State certification
  2. 95% of individuals receiving qualified CCBHC services are enrolled in in the State Demonstration.

3. Percent of the number of individuals requesting services that are assessed for medical necessity are provided services either through community partnerships or directly

Provide an array of crisis services that promotes care in the least restrictive setting.

Tactic:

- Complete full implementation of crisis 23 Hour Observation site
  Completed by: January 2023
  Responsible Party: Melisa Tasker
  Measurement: Maintain monthly capacity of 80%
- Partner in the development of a community plan to establish a youth assessment center
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Presentation of the community plan to the WCCMH board
- Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders
  Completed by: January 2022
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: TBD CHRT Evaluation
- In partnership with Washtenaw County Sherriff's office, develop protocols for metro dispatch to deploy a mobile mental health crisis team as an alternative to law enforcement response.
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: TBD Chicago Health Labs evaluation

Break down the barriers for all to reduce mental health disparities in access to care and improve health equity within Washtenaw County.

Tactic:

- Utilize existing studies and reports to identify health inequities within Washtenaw County. These studies will be utilized to develop a workplan that is specific to how WCCMH can impact health inequities within Washtenaw County.
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz, BLM Taskforce, Public Health
  Measurement: Work plan finalized and presented to key stakeholders.

- Create interventions based on the work plan that target stigma, increase health education and trainings that aid in reducing health inequities.
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Measurements will be developed based on the workplan and will identify the impact the interventions that WCCMH has implemented to reduce health inequities.

Braid diversified revenue streams to support prevention, treatment, outreach, and equitable access to behavioral health services.

Tactic:

- Expand youth services through outreach and partnerships by leveraging all funding streams
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Either directly or through agreements increase youths served by 25%
- Expand the adult service array through primary care agreements
  Completed by: January 2024
  Responsible Party: Trish Cortes, Dr. Florence
  Measurement: Agreements with primary care safety net clinics.
- Implement 31N WISD School Mental Health Project to expand services within Washtenaw School districts.
  Completed by: January 2023
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Number of schools receiving mental health resources
- Prioritize available resources to broaden outreach, education, and prevention efforts to address health inequities
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Number of community events and trainings in geographic areas of need. No show rates for African Americans

Improve recruitment and retention of the behavioral health workforce.

Tactic:

- Advocate with MDHHS leadership and legislators to address behavioral health workforce shortages
  Completed by: January 2025
  Responsible Party: Trish Cortes
  Measurement: Additional funding allocated from the State for behavioral health staffing or decrease vacancies from 10% to 5%.
- Collaborate with Washtenaw County administration and labor partners to strategize local efforts
  Completed by: January 2025
  Responsible Party: Trish Cortes, Nicole Phelps, Sally Amos O'Neal
  Measurement: County Implementation of MAG Study
- Partner with provider network to address direct care workforce challenges
  Completed by: January 2022
  Responsible Party: Heather Linky
  Measurement: Implementation of direct care worker training reciprocity and/or increased funding for direct care workers.

Thank you to the following groups that contributed to the WCCMH Strategic Plan:

Consumer Advisory Group
WCCMH All Staff
WCCMH Board
WCCMH Millage Advisory Group
WCCMH Black Lives Matter Taskforce
WCCMH Recipient Rights Committee
WCCMH Provider Network

The Following reports informed the WCCMH Strategic Plan:

CHRT Behavioral Health Environmental Analysis
Unite Report
WCCMH Staff Survey
Millage Advisory Committee Survey Results

WCCMH ENABLING LEGISLATION

Washtenaw County Community Mental Health (WCCMH)

The WCCMH has been designated by the State of Michigan as the Community Mental Health Services Program (CMHSP) as an agency model for Washtenaw County in accordance with Section 232a of the Michigan Mental Health Code.

Certified Community Behavioral Health Clinic (CCBHC)

The WCCMH is a Michigan Certified CCBHC Demonstration Site. A CCBHC is a new provider type in Medicaid and designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

State Innovation Model (SIM)

The WCCMH is an approved hublet site through the Washtenaw/Livingston Community Health Innovation Region (CHIR). CHIRs (pronounced “shires”) are intended to build community capacity to drive improvements in population health. The Care Delivery component includes the Patient-Centered Medical Home (PCMH) Initiative and the promotion of alternative payment models.

Behavioral Health Home (BHH)

The BHH provides comprehensive care management and coordination services to Medicaid beneficiaries with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. For enrolled beneficiaries, the BHH functions as the central point of contact for directing patient-centered care across the broader health care system.

FUNDING SOURCES

State General Funds

- The Michigan Department of Health and Human Services (MDHHS) authorizes State General Funds for community services. These authorizations may be adjusted throughout the year and may also include transfers pursuant to section 236 and section 307 of the Mental Health Code (MH Code). Funding is also contingent upon the funding contained in the current year state legislative Appropriations Act.

- The CMHSP is also obligated to provide local matching funds as stipulated in the MH Code.
    - Revenue sources for this local obligation include
        - County Appropriations
        - Appropriations from other local governments such as cities and townships
        - Gifts and donations
        - Earned interest
        - First and third-party reimbursement reported under the Special Fund Account pursuant to section 226a of the Michigan Mental Health Code qualify as local matching funds
    - The local obligation is ten percent of service costs. The following exclusions apply:
        - Residential programs, including mental health services provided in the residency of the recipient and are part of a comprehensive individual plan of services (IPOS).
        - Services provided to people whose residency is transferred according to section 307 of the MH Code.
        - Programs that are State responsibilities and that the State has transferred to the CMHSP.
        - Services provided to an individual under criminal sentence to a state prison.

- At the conclusion of the fiscal year, the CMHSP may carry forward up to 5% of the State General Funds into the next fiscal year. The succeeding fiscal year budget will include planned expenditures of the full amount carried forward. Unexpended funds in that succeeding year must be returned to MDHHS.

- No Internal Services Fund (risk protection) may be maintained with State General Fund dollars.

Medicaid

- MDHHS administers the Medicaid Managed Specialty Supports and Services 1115 Medicaid Demonstration Waiver. Under this waiver, select state plan specialty services related to mental health and intellectual/developmental disability services as well as certain covered substance abuse services, have been carved out (removed) from Medicaid primary physical health care plans and arrangements. The 1115 Waiver includes Michigan's 1915(c) Habilitation Supports Waiver (HSW) for persons with intellectual/developmental disabilities, Children's Waiver Program (CWP), Children with Serious Emotional Disturbance Waiver (SED) and 1915(i) Waiver (previously identified as 1915(b)(3)). The concurrent 1915(i)/(c) programs are managed on a shared risk basis by Prepaid Inpatient Health Plans (PIHP) that have been selected through the Application for Participation (AFP) process.

- Medicaid funding is a shared risk arrangement whereby the PIHP may set aside a risk pool (Internal Service Fund - ISF) to cover potential future shortfalls of Medicaid funding and to cover unforeseen Medicaid expenses. The PIHP's shared risk is up to 7.5% of the total deficit: the first 5% is the PIHP's responsibility, the second 5% is shared equally with the state, and the remaining deficit is borne totally by the state.

- Capitated payments are set by the state and issued to the PIHP a monthly basis. The rate of payment is based on numerous factors relating to Medicaid beneficiaries developed by the actuary agency, Milliman, Inc. **[APPENDIX A]**

  Factors Include but not limited to:
  - Number of TANF (Temporary Assistance for Needy Families) beneficiaries
  - Number of DAB (Disabled, Aged & Blind) beneficiaries
  - Number of HMP (Healthy Michigan Plan) beneficiaries
  - Age
  - Gender
  - Entity Specific Factor
  - Autism
  - Enrollment in the Habilitation Supports Waiver
  - Enrollment in the Children's Model Waiver

Children's Model and SED Waivers

MDHHS determines if an individual meets the criteria to participate in these Waiver's. Up until 2019, the programs operated as a fee-for-service arrangement between the CMHSP and MDHHS. The Waiver programs have since been incorporated into the PIHP's Medicaid contract and are funded through the capitated funding model.

Grants and Earned Contracts

- The WCCMH actively seeks additional funding through grants and earned contracts. In addition to Block Grants from the state, the WCCMH has been awarded several million dollars in other Federal and Private grants. These grants allow the WCCMH to be innovative and provide additional behavioral health services to individuals in Washtenaw County.

Appropriation from Washtenaw County

- An annual appropriation is provided to WCCMH by Washtenaw County to meet the local match requirements of the CMHSP.

Other Revenue

- WCCMH participates in several contractual arrangements for which staff time is reimbursed to provide supports within the community. For many years, the Washtenaw County Sheriff's Office has contracted with WCCMH to provide mental health services to individuals within the jail. Other arrangements exist with partners such as Packard Health and Washtenaw County Courts.

WHO WE SERVE

Who We Serve

- Services are provided to individuals who have a mental illness, emotional disturbance, intellectual/developmental disability, or have a co-occurring disorder.
- An individual shall not be denied service because an individual is unable to pay for the service.
- Crisis and stabilization behavioral health services are provided to individuals who are under/uninsured.

Medicaid Eligible

- Medicaid beneficiaries whose needs render them eligible for specialty services and supports are served through the PIHP/CMHSP, its Provider Network and/or its Lead Agency. Those who are experiencing or demonstrating mild or moderate psychiatric symptoms are not eligible for specialty services and are covered through the State's fee-for-service Medicaid Program.
- The number of Medicaid beneficiaries in Washtenaw County has averaged 34,000 plus or minus every month. The number of Healthy Michigan Plan beneficiaries averages 17,000 plus or minus each month.

Numbers Served

- 3953 Medicaid covered individuals were served in 2021.
- 1098 Healthy Michigan Plan (HMP) covered individuals were served in 2021.
- 371 individuals not covered by Medicaid/HMP were served in 2021.

PURPOSE AND SERVICES

State General Fund Supports and Services

- The purpose of the Community Mental Health Services Program (CMHSP) is to provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area regardless of an individual's ability to pay.
- The array of services includes the following:
    - Crisis stabilization and emergency services that can respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment
    - Assessment and diagnosis
    - Planning, linking, coordinating, follow-up, and monitoring
    - Specialized mental health services
        - Training, treatment, support
        - Therapeutic clinical interactions
        - Socialization and adaptive skill and coping skills training
        - Health and rehabilitative services
        - Pre-vocational and vocational services
    - Recipient Rights
    - Mental Health advocacy
    - Prevention action

Medicaid Supports and Services

- Medicaid-covered services and supports selected jointly by the beneficiary, clinician, and others during the person-centered planning process and identified in the Individual Plan of Services (IPOS) must meet medical necessity criteria, be appropriate to the individual's needs, and meet the standards set forth in the Medicaid Provider Manual.
- Services selected and included in the IPOS must be determined through the persons-centered planning process in accordance the state guidelines.
- Medical Necessity is the determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with the clinical standards of care. Medical necessity shall be documented in the IPOS. **[APPENDIX B]**

1915 (i)

- Services are aimed at providing a wider, more flexible, and mutually negotiated set of supports and services that will enable individuals to exercise and experience greater choice and control over their individual plan of services.
- Services are intended to be more individualized and cost-effective and in accordance with the beneficiary's needs and requests.
- Services are outlined in detail in the Michigan Provider Manual
    - Inpatient Psychiatric Services
    - Psychiatric Partial Hospitalization
    - Mental Health Clinic Services
    - Community Rehabilitation Services
    - Crisis Residential and Crisis Stabilization Services
    - Psychosocial Rehabilitation Program
    - Substance Abuse Rehabilitative Services
    - Targeted Case Management
    - Personal Care in Specialized Residential Settings
    - Specialty services to treat, correct or ameliorate an illness

1915 (c) Services

- Covered services in this waiver include:
    - Chore Service
    - Community Living Supports
    - Enhanced Dental
    - Enhanced Pharmacy
    - Enhanced Medical Equipment and Supplies
    - Environmental Modifications
    - Family Training
    - Out of home Non-Vocational Habilitation
    - Personal Emergency Response System
    - Pre-Vocational Habilitation
    - Private Duty Nursing
    - Respite Care
    - Supports Coordination
    - Supported Employment
    - Assertive Community Treatment Programs (ACT)
    - Clubhouse Psychosocial Rehabilitation Programs
    - Crisis Residential Programs
    - Day Program Sites
    - Crisis Observation Care
    - Home-Based Services

- Intensive Crisis Stabilization
- Wraparound

CCBHC Services

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.
- Screening, assessment, and diagnosis, including risk assessment.
- Patient-centered treatment planning or similar processes, including risk assessment and crisis planning.
- Outpatient mental health and substance use services.
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
- Targeted case management.
- Psychiatric rehabilitation services.
- Peer support and counselor services and family supports.
- Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas.

SERVICE DELIVERY SYSTEM

Basic Organization Structure

- Administrative Functions are intended to support the Service Delivery System and to meet all the legal and regulatory requirements of a Managed Care and Clinical Delivery System.
  - Executive and Managing Levels of Operations
  - Budget and Finance
  - Provider Acquisition, Requirements, Compliance
  - Policy, Risk, Quality
  - Recipient Rights, Customer Services, Fair Hearings
  - Information Management
  - Service System Management
- Services are provided through WCCMH and the network of contracted providers.
- The Service Delivery System needs to meet the changing needs of the individuals served. Healthcare delivery and funding across the nation and state are ever changing and WCCMH must be flexible and able to adapt quickly to be sustainable.
- Utilization Management is a key component of management care system. It requires a systematic set of processes from prescreening and prior authorization for treatment as well as ongoing, retrospective service utilization review.

Access

- The Access System is available and accessible to all individuals seeking assistance or service. Access is by telephone or face-to-face. Access also includes a community outreach function.
- The basic philosophy of the organization is to provide a welcoming environment for consumers: person-centered, self-determined, and recovery oriented.
- Basic functions include screening, determination of eligibility for the various benefit packages, timely referral to the appropriate mental health or other community service, and outreach to under-served and hard-to reach populations.

Person-Centered Planning

- The Mental Health Code establishes the right for all individuals to have their Individual Plan of Service developed through a person-centered planning process regardless of age, disability, or residential setting. In this process, the individual directs the planning with a focus on what he/she wants and needs, including the identification of possible services. This interactive strategy is intended to ensure that individuals are provided with the most appropriate services necessary to achieve the desired outcomes.
- When an individual expresses a choice or preference for a support, service and/or treatment for which an appropriate alternative of lesser cost exists, and compromise fails, the individual may employ a process for dispute resolution and appeal.
- Self-determination incorporates a set of concepts and values that emphasize participation by the individual and achievement of personal control over his/her life. Person-centered planning is a central element of a self-determination.
- The person-centered planning process is highly individualized and designed to respond to the expressed needs/desires of the individual.
- The process encourages strengthening and developing natural supports by inviting family and friends to participate in the planning. Developing natural supports is an equal responsibility of the CMHSP and the individual.

Individual Plan of Services (IPOS)

- Services must be delivered according to an individual plan of service based on an assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the beneficiary (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning as determined by the needs of the beneficiary. The Case Manager must be involved in the treatment as soon as possible and must be involved in the follow-up services.

- The IPOS must clearly state goals and measurable objectives derived from the assessment of immediate need and stated in terms of specific observable changes in behavior, skills, attitudes, and circumstances.
- The array of covered services to meet the needs and desires of the individual are addressed in at the planning meeting and a copy of the plan is provided to the individual within 15 business days after the meeting.

Provider Agencies [APPENDIX C]

- To meet service obligations, the WCCMH/CMHSP contracts with a number of provider agencies that provide a range of services.

Contract Services include:

  - Psychiatric Inpatient Hospitals
  - Partial Inpatient Hospitals
  - Licensed Residential
  - Community Living Supports
  - Clubhouse Psychosocial Rehabilitation
  - Peer-Operated Drop-In Center
  - Vocational Services
  - Applied Behavioral Analysis
  - Miscellaneous Clinical Services

WCCMH DIRECT SERVICE DELIVERY

Assessments

- Health Assessments are provided by a registered nurse or nurse practitioner to determine the individual's need for medical services and to recommend a course of treatment within the scope of the practice of the nurse or dietician.
- Psychiatric Evaluations are comprehensive, face-to-face evaluations provided by a psychiatrist that includes current clinical status, historical psychiatric, physical, and medication information, relevant personal and family history, personal strengths and assets, and a mental status examination.
- Psychological testing includes standardized tests and measures rendered by full, limited-licensed, or temporary-limited-licensed psychologists.
- Another assessment used is the Child and Adolescent Functional Assessment Scale (CAFAS)

Case Management/Supports Coordination

- This covered service is to assist beneficiaries in designing and implementing strategies for obtaining the services and supports that are goal-oriented and individualized. To assist in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports, the responsibilities of the case manager include:
    - Assessment
    - Planning
    - Linkage
    - Advocacy
    - Coordinating and Monitoring
- The case manager must review services at intervals defined in the IPOS and update the IPOS as needed.
- The case manager must determine, on an ongoing basis, if the services and supports have been delivered and if they are adequate to meet the needs/wants of the beneficiary.
- Monitoring (frequency and scope of case management service) must reflect the intensity of the beneficiary's health and welfare needs identified in the IPOS.

Assertive Community Treatment Program (ACT)

- ACT is a set of intensive clinical, medical, and psychosocial services provided by a mobile multi-disciplinary treatment team.
- ACT provides basic services and supports essential to maintain the beneficiary's ability to function in community settings, including assistance with accessing basic needs through available community resources, such as food, housing, medical care and supports to allow beneficiaries to function in social, educational, and vocational settings.
    - Services are based on the principles of recovery and person-centered practice and are individually tailored to meet the needs of the individual.

Individual/Group Therapy

- Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control, or restore normalized psychological functions, reality oriented, re-motivation and emotional adjustment.
- Expected treatment outcome is improved functioning and more appropriate interpersonal and social relationships

Medication Review/Administration

- Medication administration is the process of giving a physician-prescribed oral medication, injection, intravenous or topical medication treatment to an individual.
- Medication review is the evaluation and monitoring of medications, their effects, and the need to continue or change the medication regimen.

Home-Based Services

- Mental health home-based services are designed to provide intensive services to children (birth through age 17) and their families with multiple service needs who require access to an array of mental health services.
- Primary goal of this program is to promote normal development, promotion healthy family functions, support and preserve families, reunite families who have been separated, reduce the use of, or shorten, the length of stay in psychiatric hospitals.

Health Services

- Health Services include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person's mental health condition. A person's primary doctor will treat any other health conditions they may have.

Peer Delivered Services

- Peers offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer Mentors help individuals with developmental disabilities.

Skill Building Assistance

- Skill Building assistance includes supports, services, and training to help an individual participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.

Supported/Integrated Employment Services

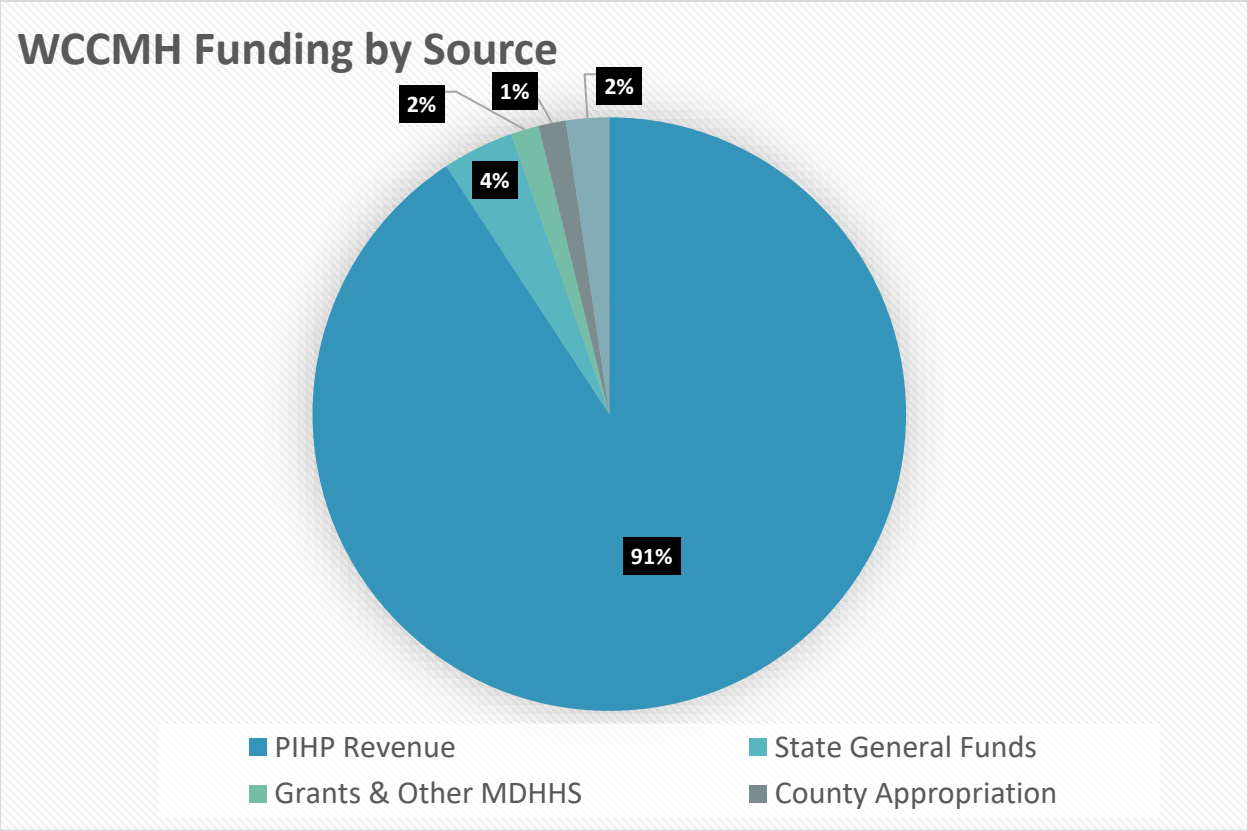
- Supported/Integrated employment services provide initial and ongoing supports, services, and training at the job site to help adults who are eligible for behavioral health services find and keep paid employment in the community.

Wraparound Services for Children and Adolescents

- Wraparound services are for individuals with serious emotional disturbance and their families that includes treatment and supports necessary to maintain the child in the family home.

BUDGET DEVELOPMENT

REVENUES:

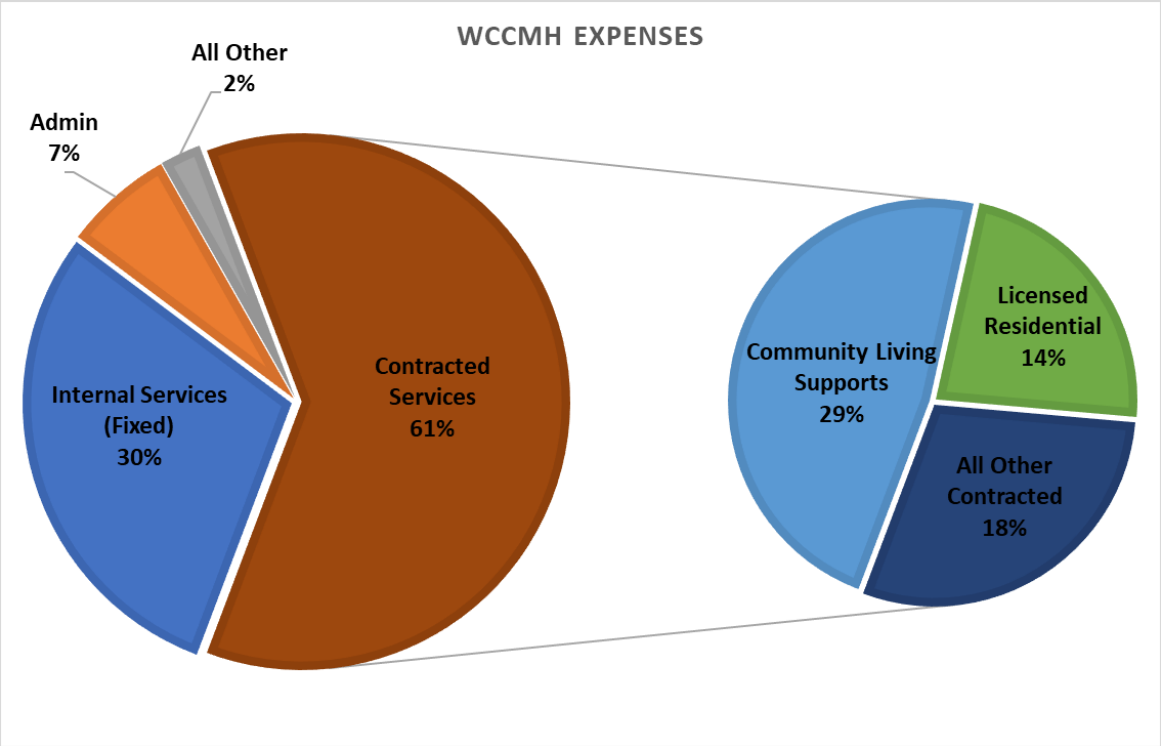


PIHP Revenue Assumptions:

- Community Mental Health Partnership of Southeast Michigan (CMHPSM/PIHP) prepared a FY 2023 Operating Budget assuming flat Medicaid revenues and the use of the maximum allowed carryforward from surplus FY 2022 Medicaid revenues. At the regional level, the Internal Service Fund, which is the PIHPs Medicaid risk reserve is fully funded at the allowable level.

- The WCCMH FY 2023 Annual Operating Budget reflects a total of $107 million being distributed under the Medicaid Sub-Contracting Agreement from CMHPSM (PIHP) to WCCMH.

EXPENSES:



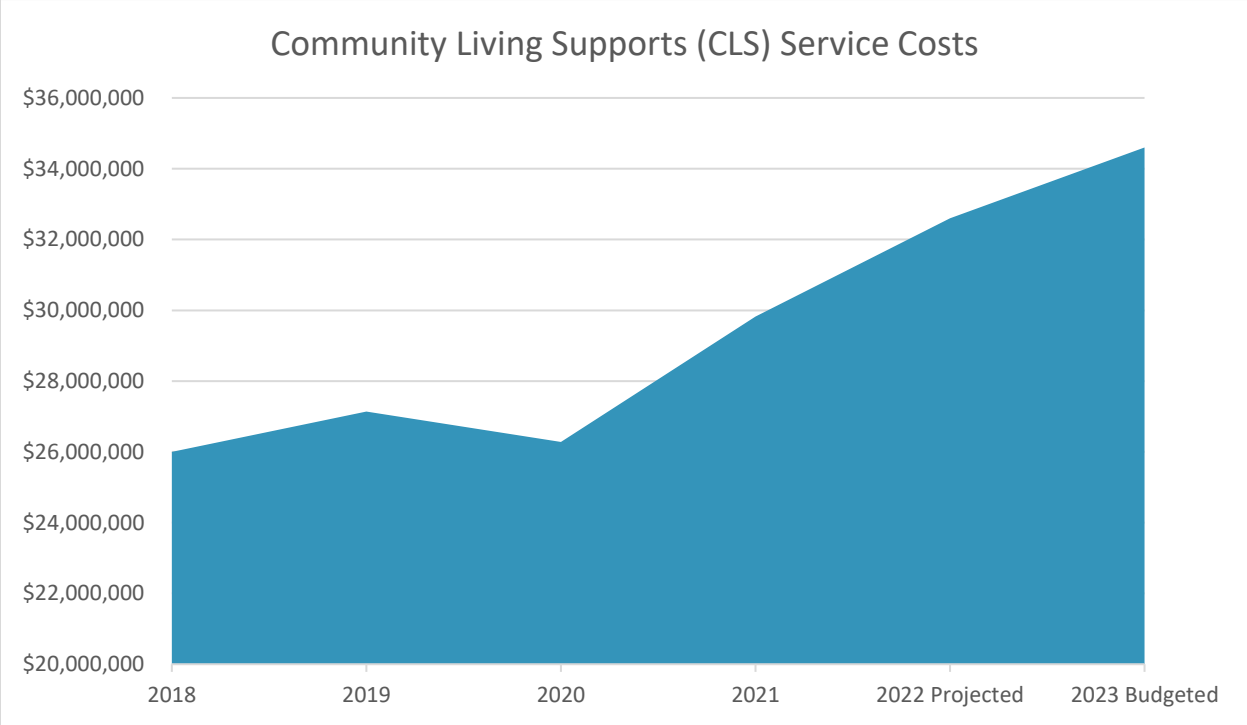
Internal Services and Administration Assumptions:

Internal services and administrative assumptions were built on current staffing levels and includes adequate resources to respond to growing service demands. There are also adequate resources accounted for in the budget for the implementation of the County compensation study.

Contracted Services Assumptions:

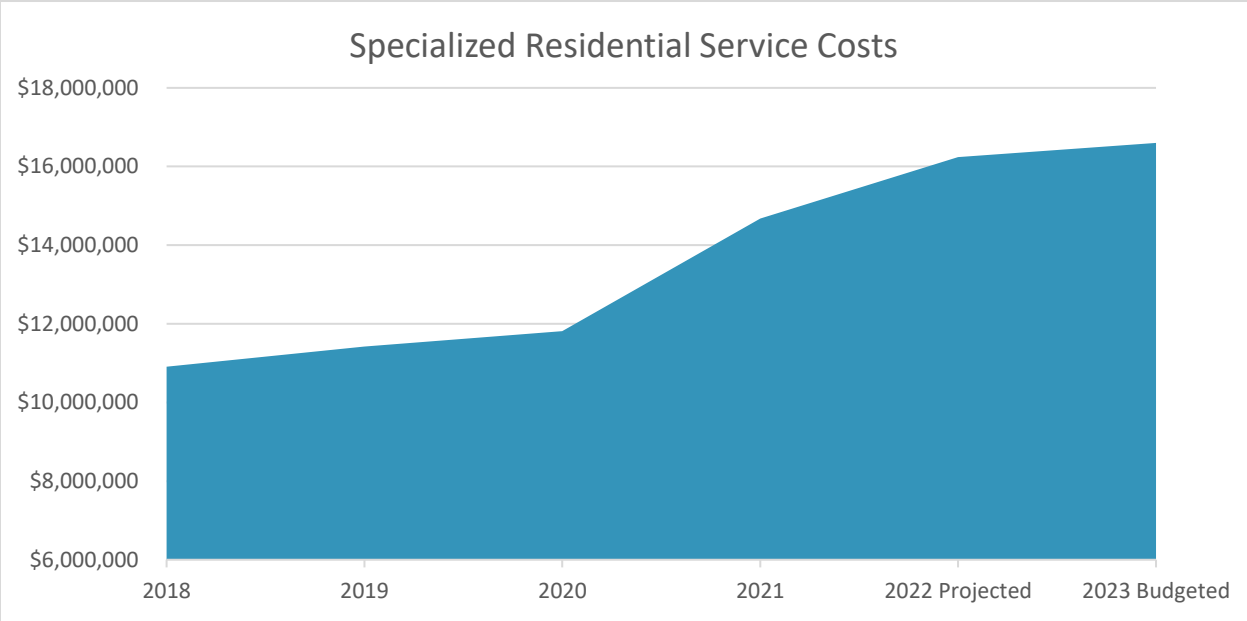
Contracted service costs are estimated at pre-pandemic utilization levels and the projected growth. Residential and community support services include the continuation of the Direct Care Worker temporary wage increase as well as a planned structural rate increase and/or the continuation of the retrospective rate adjustments.

Community Living Supports:



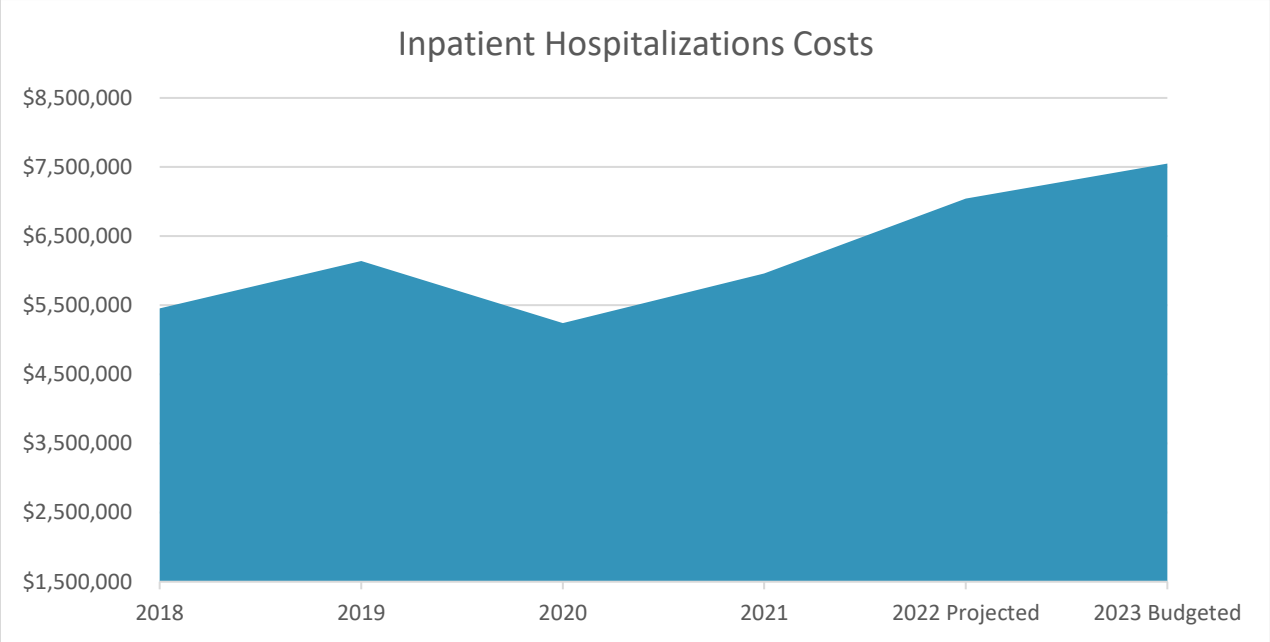
Community Living Supports (CLS) are a residential and community-based support provided to individuals in an unlicensed setting. A temporary direct care worker wage increase has been passed through to the CLS providers since the early onset of the COVID-19 pandemic. The continuation of this wage increase is assumed in the FY 2023 budget assumptions. At the regional level, over the past few years there has been additional support for the CLS providers through the mechanism of retrospective rate increases to aide in provider financial stability. The budget assumes the continuation of provider financial stability as available funding allows.

Specialized Residential:



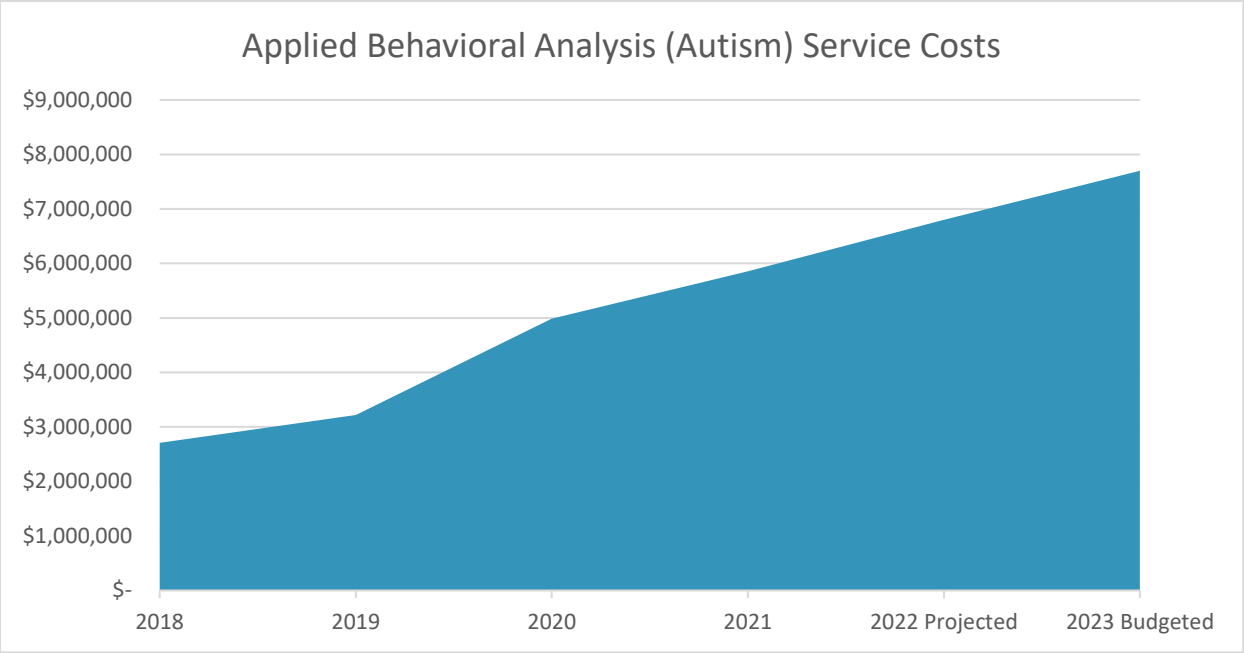
Specialized Residential services are a residential and community-based support provided to individuals in a licensed setting. A temporary direct care worker wage increase has been passed through to the residential providers since the early onset of the COVID-19 pandemic. The continuation of this wage increase is assumed in the FY 2023 budget assumptions. At the regional level, over the past few years there has been additional support for the residential providers through the mechanism of retrospective rate increases to aide in provider financial stability. The budget assumes the continuation of provider financial stability as available funding allows.

Inpatient Hospitalizations:



Inpatient Hospitalization costs have been on a slow rise since emerging from the COVID-19 pandemic. The budget assumes the projected growth in psychiatric hospitalization costs.

Applied Behavioral Analysis (Autism) Services:



Autism services and the number of individuals served has been on a steady increase since the inclusion of applied behavioral analysis in the CMH eligible service array. The FY 2023 budget assumes the continuing growth of these services.

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

	FY 2023 Proposed Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
Revenues					
Medicaid (b) & 1115i	$ 48,979,046	$ 46,276,405	$ 2,702,641	$ 46,276,405	$ 2,702,641
Habilitation Supports Waiver	30,058,737	27,372,824	2,685,913	27,372,824	2,685,913
Children's & SED Waivers	1,200,000	1,044,210	155,790	1,044,210	155,790
Direct-Care Worker Pass-Through	9,263,483	8,421,349	842,134	8,421,349	842,134
Healthy Michigan Plan	6,913,368	6,284,880	628,488	6,284,880	628,488
Autism Medicaid	6,475,395	5,886,723	588,672	5,886,723	588,672
CCBHC Supplementary	4,059,000	4,059,000	-	4,059,000	-
State General Funds	4,597,669	4,235,050	362,619	4,235,050	362,619
Funding From Washtenaw County	1,751,761	1,751,761	-	1,751,761	-
Grants and Earned Contracts Incl. OBRA	1,790,168	1,790,168	-	1,790,168	-
CMHPSM/Affiliate & U of M Billings	847,984	847,984	-	847,984	-
All Other	1,917,652	1,917,652	-	1,917,652	-
Total Revenues	**$ 117,854,263**	**$ 109,888,006**	**$ 7,966,257**	**$ 109,888,006**	**$ 7,966,257**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 7,733,373	$ 6,598,359	$ 1,135,014	$ 6,472,677	$ 1,260,696
Total Administrative Expenses	$ 7,733,373	$ 6,598,359	$ 1,135,014	$ 6,472,677	$ 1,260,696
Direct Services					
WCCMH Direct Services	$ 34,765,450	$ 32,181,810	$ 2,583,640	$ 26,345,344	$ 8,420,106
Total Direct Services	$ 34,765,450	$ 32,181,810	$ 2,583,640	$ 26,345,344	$ 8,420,106
Contracted Services					
WCCMH Contracted Services	$ 72,474,000	$ 68,034,831	$ 4,439,169	$ 64,951,612	$ 7,522,388
Total Contracted Services	$ 72,474,000	$ 68,034,831	$ 4,439,169	$ 64,951,612	$ 7,522,388
Other Non-Service Costs					
Medicaid Local Match	$ 411,272	$ 689,948	$ (278,676)	$ 411,272	$ -
State Facilities Local Contribution	600,000	512,890	87,110	600,000	-
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 1,091,272	$ 1,282,838	$ (191,566)	$ 1,091,272	$ -
Grants And Contracts	$ 1,790,168	$ 1,790,168	$ -	$ 1,790,168	$ -
Total Expenses	**$ 117,854,263**	**$ 109,888,006**	**$ 7,966,257**	**$ 100,651,073**	**$ 17,203,190**
Revenue Over/(Under) Expenses	0	0	0	9,236,933	$ (9,236,933)

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

WCCMH Administrative Expenses

		FY 2023 Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
	Administration	$ 764,444	$ 656,936	$ 107,508	$ 964,677	$ (200,233)
(a)(b)	Compliance	154,668	140,607	14,061	145,000	9,668
(a)	Finance	1,410,294	1,172,153	238,141	965,000	445,294
	Human Resources	185,726	154,772	30,954	150,000	35,726
(a)	Information Management	189,073	145,441	43,632	110,000	79,073
(a)	Intake/Enrollment	867,730	754,548	113,182	575,000	292,730
(a)	Member Services	243,088	220,989	22,099	235,000	8,088
(a)	Network Management	742,849	605,000	137,849	498,000	244,849
(a)	Quality/Performance Imp.	404,696	320,000	84,696	215,000	189,696
(b)	Recipient Rights	1,492,715	1,357,014	135,701	1,345,000	147,715
(a)	Utilization Review	1,278,089	1,161,899	116,190	1,270,000	8,089
	TOTAL	$ 7,733,373	$ 6,689,359	$ 1,044,014	$ 6,472,677	$ 1,260,696

(a) All or a portion of this administrative category is a delegated function of the PIHP.
(b) Revenue contracts exist with Affiliate Partner CMH's for the purchase of these administrative functions.

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

WCCMH Direct Service Expenses

	FY 2023 Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
Program Support	$ 4,150,194	$ 3,355,568	$ 794,626	$ 4,278,028	$ (127,835)
ACT	1,728,427	1,502,971	225,456	1,398,148	330,279
Autism	510,000	-	510,000	-	510,000
Behavior Management	669,922	585,188	84,734	565,663	104,259
CCBHC	-	4,059,000	(4,059,000)	-	-
Crisis Stabilization	2,598,368	1,259,450	1,338,918	1,362,975	1,235,393
Health Home	307,418	-	307,418	-	307,418
Home Based	1,480,511	1,270,236	210,275	1,149,981	330,530
Jail Services	656,823	597,112	59,711	527,936	128,887
Jail Diversion	119,261	63,800	55,461	60,155	59,106
Nursing	2,509,925	2,281,750	228,175	2,160,256	349,669
Nursing Home Services	146,023	132,748	13,275	125,921	20,102
Outpatient	2,746,251	2,088,044	658,207	1,835,443	910,808
Peer Supports	664,040	603,673	60,367	532,226	131,814
Psychiatric Services	4,134,073	3,307,258	826,815	2,885,831	1,248,242
Skill Building	1,804,548	1,772,000	32,548	1,648,013	156,535
Specialty Services	282,493	256,812	25,681	194,133	88,360
Supported Employment	1,021,862	928,965	92,897	758,261	263,601
Supports Coordination	3,243,708	2,948,825	294,883	2,299,241	944,467
Targeted Case Management	5,750,761	5,000,662	750,099	4,354,184	1,396,577
Wraparound	240,844	167,748	73,096	208,949	31,895
TOTAL	$ 34,765,450	$ 32,181,810	$ 2,583,640	$ 26,345,344	$ 8,420,106

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget

WCCMH Contracted Service Expenses

	FY 2023 Budget	FY 2022 Final Budget	FY 2023 Budget Over / (Under) FY 2022 Budget	FY 2022 Projected YE	FY 2023 Budget Over / (Under) FY 2022 Projections
Access/Assessments	$ 150,000	$ 50,000	$ 100,000	$ 110,000	$ 40,000
Autism Services	7,700,000	6,250,336	1,449,664	6,800,000	900,000
Community Inpatient	7,550,000	6,100,000	1,450,000	6,043,000	1,507,000
Community Living Supports	34,600,000	33,804,808	795,192	32,600,000	2,000,000
Licensed Facilities	16,600,000	16,505,397	94,603	16,240,000	360,000
Nursing	150,000	150,000	-	125,000	25,000
Outpatient	12,500	7,500	5,000	7,500	5,000
Peer Supports/Drop-In	346,500	315,000	31,500	215,000	131,500
PERS	150,000	150,000	-	148,212	1,788
PSR/Clubhouse	495,000	450,000	45,000	250,000	245,000
Respite	715,000	650,000	65,000	475,000	240,000
Skill Building	3,200,000	2,916,790	283,210	1,470,900	1,729,100
Specialty Services	150,000	30,000	120,000	110,000	40,000
Supported Employment	535,000	535,000	-	132,000	403,000
All Other Contracted Services	120,000	120,000	-	225,000	(105,000)
TOTAL	$ 72,474,000	$ 68,034,831	$ 4,439,169	$ 64,951,612	$ 7,522,388

Washtenaw County Community Mental Health
Fiscal Year 2023 Budget by Fund Source

		Total
Medicaid **		
Revenue		
Medicaid (b), 1115i, Waivers, Autism, CCBHC & DCW	$	100,035,661
Total Medicaid Revenue	$	100,035,661
Expense		
Service Costs	$	100,035,661
Total Medicaid Expense	$	100,035,661
Medicaid Surplus/(Deficit)	$	-
Healthy Michigan Plan **		
Revenue		
Healthy Michigan Plan	$	6,913,368
Total Healthy Michigan Revenue	$	6,913,368
Expense		
Service Costs	$	6,913,368
Total Healthy Michigan Expense	$	6,913,368
Total Healthy Michigan Surplus/(Deficit)	$	-

** Denotes PIHP Medicaid Subcontracting Agreement Funds

General Fund		
Revenue		
CMH Operations	$	4,597,669
Funding from Other Sources		-
Total General Fund Revenue	$	4,597,669
Total General Fund Expense	$	4,597,669
General Fund Surplus/(Deficit)	$	-
Grants and Contracts		
Revenue	$	3,707,820
Expense		3,707,820
Grants & Cont. Surplus/(Deficit)	$	-
Local		
Revenue	$	1,751,761
Expense		1,751,761
Local Surplus/(Deficit)	$	-
CMHSP to CMHSP		
Revenue	$	847,984
Expense		847,984
All Other Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	117,854,263
Expense		117,854,263
Grand Total Surplus/(Deficit)	$	-

Appendices

APPENDIX A

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SFY 2023 BH Capitation Rate Development – DRAFT

State of Michigan, Department of Health and Human Services

Jeremy Cunningham, FSA, MAAA
Jaime Fedeler, ASA, MAAA

JUNE 23, 2022

Presentation Disclaimer

This presentation is intended to facilitate live discussion and should not be relied upon as a stand-alone document. The information is being presented in draft as there are components of the rate development that are still under review by MDHHS and Milliman.

Agenda

1	Summary of Draft SFY 2023 Rate Development
2	Base Data Adjustments
3	PHE Impacts – Enrollment and Acuity
4	Summary of Rate Impacts
5	CCBHC Supplemental Payments
6	Next Steps

Summary of Draft SFY 2023 Rate Development

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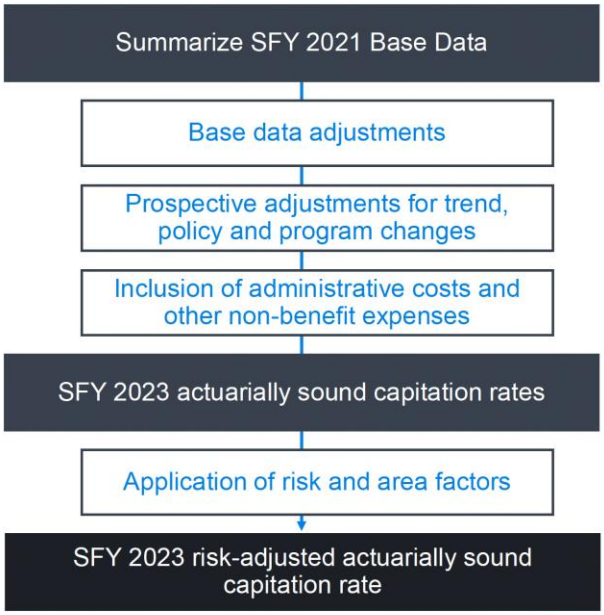
Key themes from 1-on-1 meetings with PIHPs

- Workforce challenges are present across the state for many positions. A considerable portion of services are requiring overtime.
- Workforce recruitment and retention efforts have increased wages. PIHPs reported that they have increased or will be increasing reimbursement.
- Many noted concerns with future Medicaid enrollment given an uncertain PHE end date.
- Utilization has returned to pre-pandemic levels in some cases, but is still materially lower for select service categories.

SFY 2023 rate development guiding principles

INSIGHT	ADDITIONAL DETAIL
SFY 2021 BASE DATA	➢ Utilizing SFY 2021 experience as the base data, which reflects the most current experience for the population projected to be covered by the program in SFY 2023
COMPARISON TO PRIOR EXPERIENCE	➢ For select service categories, service utilization and cost has reduced relative to SFY 2019 experience ➢ Rates anticipate that utilization in these service categories will rebound in SFY 2023, but will not fully return to pre-pandemic levels
PUBLIC HEALTH EMERGENCY (PHE)	➢ Current rate development assumes the PHE remains in effect through the end of SFY 2023 ➢ **If the PHE ends during SFY 2023, the rates will need to be amended to reflect the redetermination strategy implemented by MDHHS**

Capitation Rate Methodology Overview



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Key Data Sources

Unadjusted Base Data for Cost Models
- Eligibility and incurred claims from encounter data for SFY 2021
- Limits the amount of necessary data quality and retrospective adjustments

Other Data Sources
- SFY 2021 FSR
- SFY 2021 EQI
- SFY 2019 MUNC
- Supplemental rate setting survey responses
- Federal Reserve Economic Data[1]

Milliman 1. https://fred.stlouisfed.org/ June 23, 2022 DRAFT 9

Review of PIHP Reported Experience

PIHP COST REPORT ADJUSTED DATA SUMMARY – 2019 MUNC VS 2021 EQI

	MEMBER MONTHS			EXPENDITURES (MILLIONS)			PMPM		
POPULATION	2019	2021	PERCENT CHANGE	2019	2021	PERCENT CHANGE	2019	2021	PERCENT CHANGE
DAB	5,978,575	6,221,151	4.1%	$ 1,700.4	$ 1,773.1	4.3%	$ 284.42	$ 285.01	0.2%
TANF	14,572,195	16,120,636	10.6%	333.9	416.4	24.7%	22.91	25.83	12.7%
HMP	7,872,213	10,331,343	31.2%	345.2	377.4	9.3%	43.85	36.53	(16.7%)
CWP	4,672	5,076	8.6%	14.7	10.6	(27.6%)	3,140.45	2,093.10	(33.4%)
HSW	89,005	91,276	2.6%	420.8	469.8	11.6%	4,728.26	5,147.21	8.9%
SED	4,921	5,363	9.0%	8.5	6.9	(18.7%)	1,736.93	1,295.34	(25.4%)
Composite	**28,521,581**	**32,774,846**	**14.9%**	**$ 2,823.5**	**$ 3,054.2**	**8.2%**	**$ 99.00**	**$ 93.19**	**(5.9%)**

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Base Data Adjustments

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SFY 2023 Retrospective Adjustments

- EQI Utilization and Unit Cost
- DCW Removal From Base
- ABA Fee Schedule
- IMD Uncovered Expenditures

SFY 2023 Prospective Adjustments

- Trend
- SUD Assessment Reimbursement Increase
- Autism Treatment Prevalence
- Projected Utilization Adjustments
- PHE Enrollment Morbidity Adjustment
- DCW Revenue Add Back (Reconciled)

Trend Selection Methodology

Base Utilization Trend	Targeted Utilization Trend	Cost Per Unit Trend
▪ Captures expected baseline annualized increase in service comparable to historic methodology	▪ Compared SFY 2019 MUNC and SFY 2021 EQI utilization by service category ▪ Additional utilization trends for service expected to start returning to pre-PHE levels	▪ Utilize Federal Reserve Economic Data ▪ Analyze October 2020 to current annualized wage trends ▪ Analyze emerging wage trends from the last 6 months ▪ Prospective trend utilizes an average of historic and emerging trends

Key Capitation Rate Impacts – Prospective Trend
Inclusive of both Utilization and Unit Cost

BENEFIT	DAB	TANF	HMP	1915(c) Waiver	COMPOSITE
Autism	1.0%	1.0%	1.0%		**1.0%**
Mental Health 1915(i)	5.0%	6.6%	0.0%		**5.0%**
Mental Health State Plan	5.0%	5.3%	7.0%		**5.5%**
Substance Abuse State Plan	10.0%	6.2%	6.7%		**7.1%**
Children's Waiver Program				12.3%	**12.3%**
Serious Emotional Disturbances				9.5%	**9.5%**
Habilitative Supports Waiver				4.3%	**4.3%**
Composite	**4.8%**	**4.6%**	**6.9%**	**4.6%**	**5.0%**

Insight Annual trends illustrated here are applied for 24 months to the SFY 2023 rating period

DCW Wage Increase

KEY INSIGHTS	ADDITIONAL DETAIL
Assumptions	• Wage increase reflects $2.64 increase per hour inclusive of the corresponding 12% add-on for employer-related costs, consistent with SFY 2022 rates.
Changes from SFY 2022	• Retrospective adjustment to remove the DCW expenditures reported in the FSR of approximately $165M. • Projected DCW revenue is then included consistent with historic methods to add $212M back into SFY 2023 rates. • The $212M add back does not include the 6% managed care admin.

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PHE Impacts – Enrollment and Acuity

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SFY 2023 Total Medicaid Projected Enrollment

MONTH	PROJECTED TOTAL MEDICAID MEMBERSHIP	BH PROGRAM ENROLLMENT EXPERIENCE DAB	TANF	HMP	TOTAL
October 2021	2,912,000	532,268	1,432,254	947,617	2,912,139
November 2021	2,931,000	535,741	1,441,598	953,800	2,931,139
December 2021	2,951,000	539,397	1,451,435	960,308	2,951,139
January 2022	2,968,000	542,504	1,459,796	965,840	2,968,139
February 2022	2,978,000	544,240	1,464,468	968,931	2,977,639
March 2022	2,986,000	545,794	1,468,648	971,697	2,986,139
April 2022	2,992,000	546,799	1,471,353	973,487	2,991,639
May 2022	2,997,000	546,834	1,473,691	975,986	2,996,511
June 2022	3,002,000	546,868	1,476,028	978,486	3,001,382
July 2022	3,009,000	546,917	1,479,300	981,986	3,008,203
August 2022	3,014,000	546,952	1,481,637	984,485	3,013,074
September 2022	3,017,000	546,973	1,483,039	985,985	3,015,997
October 2022	3,017,000	546,973	1,483,039	985,985	3,015,997
November 2022	3,017,000	546,973	1,483,039	985,985	3,015,997
December 2022	3,017,000	546,973	1,483,039	985,985	3,015,997
January 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
February 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
March 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
April 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
May 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
June 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
July 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
August 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
September 2023	3,017,000	546,973	1,483,039	985,985	3,015,997
SFY 2023 TOTAL	**36,204,000**	**6,563,671**	**17,796,474**	**11,831,822**	**36,191,967**

BH Program Enrollment Comparison
SFY 2021 vs Projected SFY 2023

POPULATION	SFY 2021 ENROLLMENT (AVERAGE MONTHLY MEMBERS)	DRAFT SFY 2023 PROJECTED ENROLLMENT (AVERAGE MONTHLY MEMBERS)	INCREASE/DECREASE
State Plan/EPSDT/1915(i) Waiver			
DAB	518,417	547,000	5.5%
TANF	1,343,417	1,483,000	10.4%
HMP	860,917	986,000	14.5%
1915(c) Waiver			
CWP	423	423	0.0%
HSW	7,606	7,606	0.0%
SED	447	447	0.0%

PHE Enrollment Acuity Adjustment

PHE ENROLLMENT ACUITY ADJUSTMENT IMPACT

	DAB				TANF				HMP			
TRIC	LEAVERS	STAYERS	JOINERS	TOTAL/ COMPOSITE	LEAVERS	STAYERS	JOINERS	TOTAL/ COMPOSITE	LEAVERS	STAYERS	JOINERS	TOTAL/ COMPOSITE
Y 2021 Enrollment	199,862	5,784,633	238,435	**6,222,930**	194,677	14,839,505	1,086,554	**16,120,736**	232,625	8,987,808	1,111,457	**10,331,890**
Y 2023 Projected Enrollment	202,503	5,928,820	432,347	**6,563,671**	196,172	15,715,354	1,884,948	**17,796,474**	261,181	9,867,662	1,702,979	**11,831,822**
Y 2021 Enrollment Distribution	3.2%	93.0%	3.8%	**100.0%**	1.2%	92.1%	6.7%	**100.0%**	2.3%	87.0%	10.8%	**100.0%**
Y 2023 Projected Enrollment tribution	3.1%	90.3%	6.6%	**100.0%**	1.1%	88.3%	10.6%	**100.0%**	2.2%	83.4%	14.4%	**100.0%**
Y 2021 Baseline PMPM	$ 149.50	$ 297.07	$ 85.13	**$ 284.21**	$ 21.20	$ 26.90	$ 11.01	**$ 25.76**	$ 38.13	$ 35.22	$ 45.81	**$ 36.43**
Y 2023 Morbidity Adjusted PMPM	$ 149.50	$ 297.07	$ 85.13	**$ 278.56**	$ 21.20	$ 26.90	$ 11.01	**$ 25.15**	$ 38.13	$ 35.22	$ 45.81	**$ 36.81**
Y 2023 Morbidity Adjustment Factor				**98.0%**				**97.6%**				**101.1%**

: SFY 2023 Morbidity Adjusted PMPM reflects the SFY 2023 projected enrollment mix. The factors outlined above result in a composite rate impact factor of 98.4%.

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Summary of Rate Impacts

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Draft SFY 2023 Capitation Rates

Comparison of capitation rate PMPM including HRA/IPA

POPULATION	SFY 2022 CAPITATION RATES	SFY 2023 CAPITATION RATES	INCREASE/DECREASE
Specialty Services			
DAB - Enrolled	$ 344.53	$ 337.18	(2.1%)
DAB - Unenrolled	361.21	344.17	(4.7%)
HMP - Enrolled	50.93	49.80	(2.2%)
HMP - Unenrolled	67.76	45.85	(32.3%)
TANF - Enrolled	31.31	32.57	4.0%
TANF - Unenrolled	20.42	22.75	11.4%
1915(c) Waiver			
Children's Waiver Program	4,022.46	2,802.64	(30.3%)
Habilitative Supports Waiver	5,907.67	5,939.14	0.5%
Serious Emotional Disturbances	2,096.31	1,635.37	(22.0%)
Composite	**111.93**	**108.67**	**(2.9%)**

Notes:
1. **SFY 2022 and SFY 2023 rates include the direct care worker wages increases.**
2. **Reflects composite rates for all services (MH, SUD, Autism) based on projected SFY 2023 enrollment.**
3. **HRA values have not been updated to reflect projected SFY 2023 PMPM.**

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CWP/SED Waiver Rate Change

PIHP COST REPORT ADJUSTED DATA SUMMARY – 2019 MUNC VS 2021 EQI

	MEMBER MONTHS			EXPENDITURES (MILLIONS)			PMPM		
POPULATION	2019	2021	PERCENT CHANGE	2019	2021	PERCENT CHANGE	2019	2021	PERCENT CHANGE
CWP	4,672	5,076	8.6%	14.7	10.6	(27.6%)	3,140.45	2,093.10	(33.4%)
SED	4,921	5,363	9.0%	8.5	6.9	(18.7%)	1,736.93	1,295.34	(25.4%)

- SFY 2019 experience used for the SFY 2022 capitation rates reflected FFS experience (we relied upon the FSR instead of the MUNC)
- Revisions to the code sets identified that previously identified Waiver services were state plan. These services were transitioned to being included in the DAB and TANF populations in the SFY 2021 EQI.
- CWP and SEDW are included in the global behavioral health program risk corridor.

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Comparison of Projected Capitation Rate Expenditures

Values illustrated in $ millions including HRA and IPA

BENEFIT	SFY 2022 DCW AMENDED RATES	DRAFT SFY 2023 RATES	INCREASE/ DECREASE	PERCENTAGE CHANGE
Mental Health/HSW	$ 3,469.2	$ 3,430.5	($ 38.7)	(1.1%)
Substance Abuse	$ 265.8	$ 213.0	($ 52.7)	(19.8%)
Autism	$ 284.3	$ 266.5	($ 17.8)	(6.3%)
CWP/SED	$ 31.7	$ 23.0	($ 8.7)	(27.4%)
Total State and Federal	**$ 4,050.9**	**$ 3,933.0**	**($ 117.9)**	**(2.9%)**
Total State Only	**$ 1,046.6**	**$ 1,023.6**	**($ 23.0)**	**(2.2%)**

Note:
1. **SFY 2022 and SFY 2023 draft rates reflect the projected SFY 2023 enrollment**
2. **Numbers do not include CCBHC supplemental revenue**
3. **HRA values have not been updated to reflect projected SFY 2023 PMPM**

SUD Rate Change Illustration

Key Changes to SUD Rate Development – SFY 2022 to SFY 2023

The SFY 2021 covered population reflected a lower PMPM cost than the SFY 2019 covered population

PHE enrollment increases have a smaller impact for the SFY 2023 capitation rates and increased projected enrollees have a lower acuity than estimated in the SFY 2022 capitation rates

The projected experience adjustments are lower in SFY 2023 relative to SFY 2022

The SUD Corrections population is assumed to be included in the SFY 2021 base experience and is not being added into the SFY 2023 capitation rates as an adjustment

SFY 2022 vs. SFY 2023 SUD Rate Change for all Populations

	PMPM Comparison				Revenue Comparison (Millions)		
Adjustment	SFY 2022 Rates	SFY 2023 Rates	Impact	Percentage Change	SFY 2022 Rates	SFY 2023 Rates	Impact
Cost Report Adjusted Benefit Expense	**$ 5.12**	**$ 4.58**	**$ (0.54)**	**(10.6%)**	**$ 145.5**	**$ 149.6**	**$ 4.1**
PHE Adjusted Benefit Expense	(0.09)	(0.08)	0.01		25.6	13.1	(12.5)
Trended Benefit Expense	0.90	0.67	(0.23)		30.5	24.3	(6.2)
Projected Benefit Expense	0.84	0.28	(0.56)		28.7	10.0	(18.6)
Total	**$ 6.76**	**$ 5.44**	**$ (1.32)**	**(19.5%)**	**$ 230.3**	**$ 197.1**	**($ 33.2)**

Summary of SFY 2023 Capitation Rate Development

SUMMARY OF SFY 2023 CAPITATION RATE DEVELOPMENT

DESCRIPTION	RATE IMPACT (MILLIONS)	RATE IMPACT PERCENTAGE	RATE IMPACT PMPM
SFY 2021 Base Encounter Experience	$ 2,775.0		$ 76.67
SFY 2021 Retrospective Adjustments			
EQI Repricing - Utilization	($ 10.2)	(0.4%)	$ (0.28)
EQI Repricing - Unit Cost	$ 289.1	10.5%	$ 7.99
Direct Care Worker Increase	($ 164.5)	(5.4%)	$ (4.55)
ABA Fee Schedule Repricing	($ 8.7)	(0.3%)	$ (0.24)
Removal of IMD Stays over 15 Days	($ 18.9)	(0.7%)	$ (0.52)
SFY 2023 Prospective Adjustments			
Increased Projected Eligibility	$ 179.2	6.3%	$ 4.95
Utilization and Unit Cost Trend	$ 265.7	8.7%	$ 7.34
Additional Utilization Trend	$ 47.4	1.4%	$ 1.31
Autism Treatment Prevalence Growth	$ 17.0	0.5%	$ 0.47
SUD Assessment Unit Cost Increase	$ 4.7	0.1%	$ 0.13
Morbidity	($ 55.8)	(1.7%)	$ (1.54)
Covid-19 Hazard Pay	$ 212.3	6.4%	$ 5.86
Non-Benefit Expense Add-Ons			
Managed Care Administration	$ 254.7	7.2%	$ 7.04
Cap to Elig Ratio	$ 19.0	0.5%	$ 0.52
IPA	$ 43.4	1.1%	$ 1.20
HRA	$ 83.7	2.2%	$ 2.31
SFY 2023 Total Projected Expenditures	$ 3,933.0		$ 108.67

Notes:
1. CCBHC supplemental revenue is not reflected in the table above
2. HRA values have not been updated to reflect projected SFY 2023 PMPM

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CCBHC Supplemental Payments

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Operational Plan for CCBHC PPS-1 Payments

STEP	ADDITIONAL DETAIL
MDHHS PAYS BASE CAPITATION TO PIHP CONSISTENT WITH HISTORICAL METHODS	➢ Behavioral health system continues to reimburse providers consistent with historical methods ➢ Base capitation payment reflects **portion** of the PPS-1 payment
MDHHS PAYS ADD-ON CAPITATION TO PIHP FOR CCBHC SUPPLEMENTAL PAYMENT	➢ Supplemental payment initially calculated as PPS-1 rate less the projected benefit cost included in the capitation rate at the CCBHC and PIHP level ➢ Add-on capitation rate for each PIHP reflects sum of supplemental payments for each CCBHC within the PIHP's region
SUPPLEMENTAL PAYMENT IS DISTRIBUTED FROM THE PIHP TO THE CCBHC	➢ **Percentage allocations** provided by MDHHS based on initial supplemental payment calculations ➢ Supplemental payments provided monthly by PIHP to CCBHC to support **cash flow**
MDHHS RECONCILIATION OF ACTUAL VS PROJECTED SUPPLEMENTAL PAYMENTS	➢ **Actual supplemental payments required** = PPS rate less the amount that would have been paid for CCBHC services absent the Section 223 demonstration ➢ Reconciliation payment = **Actual supplemental payments required** less initial supplemental payments included in the capitation rates

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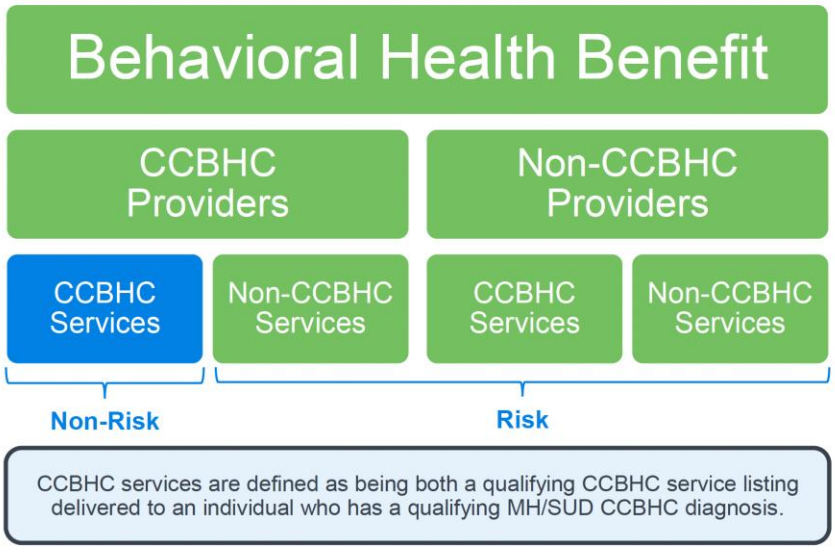
PIHP Risk with the Section 223 CCBHC Demonstration



CCBHC services are defined as being both a qualifying CCBHC service listing delivered to an individual who has a qualifying MH/SUD CCBHC diagnosis.

- MDHHS is required by the Section 223 demonstration to pay the PPS-1 rate for each daily visit, a portion of which is included in the base capitation
- The amount of funding provided in the base capitation will be calculated and determined by the PIHP based on what would have been provided to the CCBHC absent the demonstration
- The PIHP is at risk for the remaining base capitation funding being sufficient to cover non-CCBHC service cost

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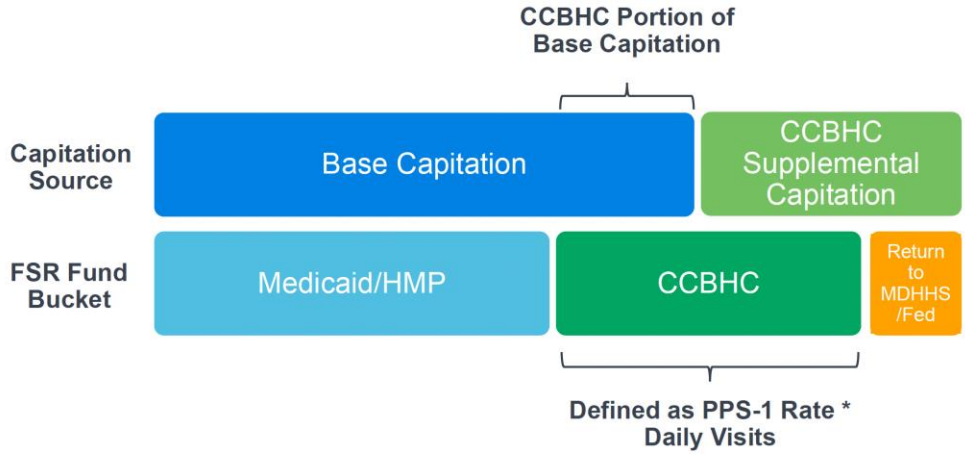
CCBHC Overfunded Scenario – Revenue Perspective



The *CCBHC Portion of Base Capitation* is critical to calculate to determine the portion of revenue that should be retained to cover non-CCBHC demonstration expenses versus returning to MDHHS/Federal Government given non-CCBHC expenses are ***at risk***.

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Determination of CCBHC Portion of Base Capitation
Differences by PIHP-CCBHC Funding Arrangement

CCBHC Portion of Base Capitation reflects the amount that would have been paid absent the demo

Fee-for-service (Fee Schedule)	Alternative Payment Model	Sub-Capitation without Fee Schedule
• Reflects the fee schedule amount paid based on the SFY 2022 fee schedule for the covered services	• Requirement for PIHP to determine what would have been paid to the CCBHC for the CCBHC services under the APM that would have been in place absent the Demonstration	• The portion of sub-capitated revenue attributable to CCBHC • PIHPs have not historically determined what portion of sub-capitation is attributable to individual services • Propose to utilize the EQI to determine the CCBHC portion of sub-capitation

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Next Steps

Finalize approach with MDHHS

Approach may require supplemental payments to be recalculated in mid-SFY 2023 based on DY 1

☆ **Issue** DY 1 CCBHC Cost Report is not due until February 28, 2023, but the DY 1 PPS-1 rate may be used as the basis for DY 2

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Next Steps

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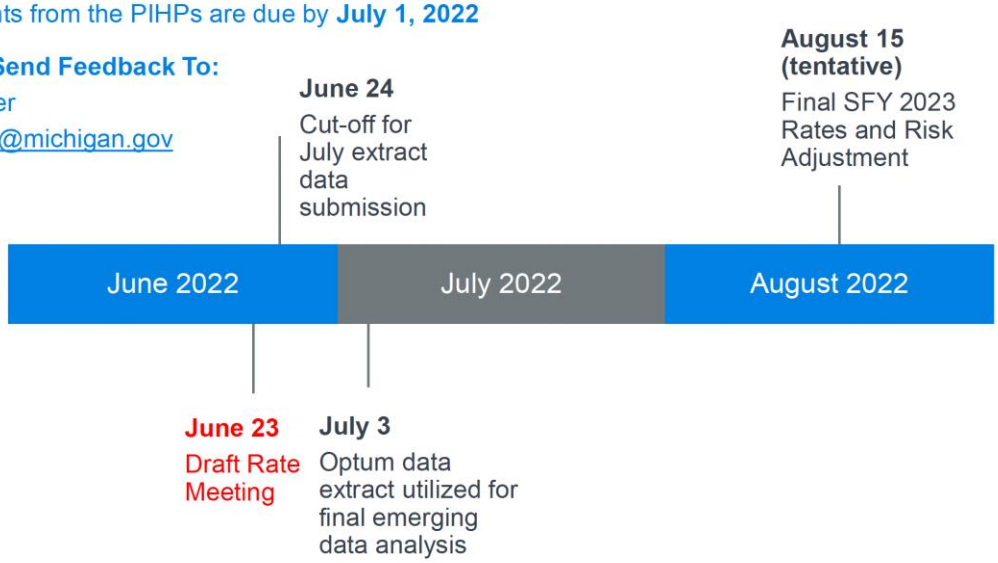
Timeline of Rating Activities

Comments from the PIHPs are due by **July 1, 2022**

Please Send Feedback To:
Teri Baker
BakerT3@michigan.gov



Next Steps

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Thank you

APPENDIX B

Michigan Medicaid Medical Necessity Criteria:

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability, or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability, or substance use disorder; and/or
- Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness, developmental disability, or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

2.5.B. DETERMINATION CRITERIA

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope, and duration of the service(s) to reasonably achieve its/their purpose; and
- Documented in the individual plan of service.

2.5.C. SUPPORTS, SERVICES AND TREATMENT AUTHORIZED BY THE PIHP

Supports, services, and treatment authorized by the PIHP must be:

- Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary;
- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner;
- Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations;
- Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and
- Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices and standards of practice issued by professionally recognized organizations or government agencies.

2.5.D. PIHP DECISIONS

Using criteria for medical necessity, a PIHP may:

- Deny services:
    - that are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
    - that are experimental or investigational in nature; or
    - for which there exists another appropriate, efficacious, less restrictive, and cost-effective service, setting or support that otherwise satisfies the standards for medically necessary services; and/or
- Employ various methods to determine amount, scope, and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

A PIHP may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

APPENDIX C

Service Contracts

Applied Behavioral Analysis Services	Start Date	End Date
ABA Insight	10/1/2022	09/30/2023
ABA Pathways, LLC	10/1/2022	09/30/2023
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2022	09/30/2023
BlueMind Therapy LLC	10/1/2022	09/30/2023
Centria Healthcare	10/1/2022	09/30/2023
Creating Brighter Futures	10/1/2022	09/30/2023
Early Autism Services, LLC	10/1/2022	09/30/2023
EMU Autism Collaborative Center	10/1/2022	09/30/2023
Illuminate ABA Services, LLC	10/1/2022	09/30/2023
IvyRehab Michigan, LLC	10/1/2022	09/30/2023
Judson Center	10/1/2022	09/30/2023
Metropolitan Speech, Sensory & ABA Centers	10/1/2022	09/30/2023
Michigan Learning Community, LLC	10/1/2022	09/30/2023
Residential Options, LLC	10/1/2022	09/30/2023
Strident Healthcare	10/1/2022	09/30/2023
Trumpet Behavioral Health	10/1/2022	09/30/2023
Clubhouse/Drop-In Center		
Fresh Start	10/1/2022	09/30/2023
Full Circle Drop-In Center	10/1/2022	09/30/2023
Training & Treatment Innovations, Inc.	10/1/2022	09/30/2023
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2022	09/30/2023
Forest View Hospital	10/1/2022	09/30/2023
Harbor Oaks	10/1/2022	09/30/2023
Havenwyck Hospital	10/1/2022	09/30/2023
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2022	09/30/2023
Hillsdale Medical Center	10/1/2022	09/30/2023
Madison Community Hospital dba Samaritan Behavioral Center	10/1/2022	09/30/2023
Mercy Memorial Hospital	10/1/2022	09/30/2023
New Oakland Family Center	10/1/2022	09/30/2023
The Regents of The University of Michigan	10/1/2022	09/30/2023
Trinity Health-Michigan	10/1/2022	09/30/2023
Community Living Supports- Unlicensed		
CABB Community Supports, LLC	10/1/2022	09/30/2023
CHS Group, LLC	10/1/2022	09/30/2023
Community Residence Corporation	10/1/2022	09/30/2023
ExpertCare	10/1/2022	09/30/2023
Full Life Independence	10/1/2022	09/30/2023
His Eye Is on the Sparrow	10/1/2022	09/30/2023

Home Sweet Home Care Services	10/1/2022	09/30/2023
INI Group, Inc.	10/1/2022	09/30/2023
JOAK American Homes	10/1/2022	09/30/2023
JYB Homecare, LLC	10/1/2022	09/30/2023
Michigan Agency with Choice	10/1/2022	09/30/2023
Progressive Residential Services	10/1/2022	09/30/2023
Renaissance Community Homes, Inc.	10/1/2022	09/30/2023
Saints, Inc.	10/1/2022	09/30/2023
Sharon Ragland-Keys Enterprises, Inc. dba College, Nannies, & Tutors	10/1/2022	09/30/2023
Specially Made Co. LLC	10/1/2022	09/30/2023
Spectrum Community Services	10/1/2022	09/30/2023
Synod Community Services	10/1/2022	09/30/2023
Y-PCS Group, Inc.	10/1/2022	09/30/2023
Crisis Residential		
Beacon Specialized Living Services	10/1/2022	09/30/2023
Synod Community Services	10/1/2022	09/30/2023
Fiscal Intermediaries		
Community Living Network	10/1/2022	09/30/2023
Guardian Trac LLC	10/1/2022	09/30/2023
Licensed Residential Services		
Adult Learning Systems	10/1/2022	09/30/2023
Beacon Specialized Living Services	10/1/2022	09/30/2023
CBI Rehabilitation Services, Inc.	10/1/2022	09/30/2023
Christ Centered Homes, Inc.	10/1/2022	09/30/2023
CHS Group, LLC.	10/1/2022	09/30/2023
Courtyard Manor of Wixom, Inc.	10/1/2022	09/30/2023
Elite AFC, LLC	10/1/2022	09/30/2023
Henlyn Care	10/1/2022	09/30/2023
Hope Network Behavioral Health Services	10/1/2022	09/30/2023
Hope Network West Michigan	10/1/2022	09/30/2023
JOAK American Homes	10/1/2022	09/30/2023
Moriah Inc. DBA Eisenhower Center	10/1/2022	09/30/2023
NeuroRestorative (formerly Resilient Life Care, LLC)	10/1/2022	09/30/2023
PAL's Place	10/1/2022	09/30/2023
Prader Willi Homes of Oconomowoc, LLC	10/1/2022	09/30/2023
Progressive Residential Services	10/1/2022	09/30/2023
Renaissance Community Homes, Inc.	10/1/2022	09/30/2023
Renaissance House, Inc.	10/1/2022	09/30/2023
Rose Hill Center, Inc.	10/1/2022	09/30/2023
Saints, Inc.	10/1/2022	09/30/2023
Spectrum Community Services	10/1/2022	09/30/2023
St. Louis Center	10/1/2022	09/30/2023
Synod Community Services	10/1/2022	09/30/2023

Tender Hearts, Inc.	10/1/2022	09/30/2023
Toepfer Home	10/1/2022	09/30/2023
Turning Leaf Behavioral Health Services	10/1/2022	09/30/2023
Umbrellex Behavioral Health Services	10/1/2022	09/30/2023
Vintage Specialized Services, LLC dba Creekside West Residential	10/1/2022	09/30/2023
Pharmacy/Enhanced Pharmacy		
CareLinc Medical Equipment & Supply Co., LLC	10/1/2022	09/30/2023
Genoa Healthcare, LLC	10/1/2022	09/30/2023
Nutritional Healing of Ann Arbor	10/1/2022	09/30/2023
Pharmacy Solutions	10/1/2022	09/30/2023
Private Duty Nursing		
A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2022	09/30/2023
HealthCall of Detroit	10/1/2022	09/30/2023
Maxim Healthcare	10/1/2022	09/30/2023
Respite/Respite Camps		
CABB Community Supports, LLC	10/1/2022	09/30/2023
CHS Group, LLC	10/1/2022	09/30/2023
Eagle Village	10/1/2022	09/30/2023
ExpertCare	10/1/2022	09/30/2023
Home Sweet Home Cares Services, LLC	10/1/2022	09/30/2023
Howell Nature Center	10/1/2022	09/30/2023
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2022	09/30/2023
Just Us Club	10/1/2022	09/30/2023
Judson Center	10/1/2022	09/30/2023
JYB Homecare	10/1/2022	09/30/2023
Methodist Children's Home Society	10/1/2022	09/30/2023
Michigan Agency with Choice, LLC	10/1/2022	09/30/2023
St. Louis Center	10/1/2022	09/30/2023
Y-PCS Group, Inc.	10/1/2022	09/30/2023
Skill Building Services		
CHS Group, LLC	10/1/2022	09/30/2023
Community Works Opportunities	10/1/2022	09/30/2023
E3 Achievement	10/1/2022	09/30/2023
Just Us Club	10/1/2022	09/30/2023
Life Enrichment Academy	10/1/2022	09/30/2023
Work Skills Corporation	10/1/2022	09/30/2023
Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, Etc.)		
ABA Insight	10/1/2022	09/30/2023
ABA Pathways, LLC	10/1/2022	09/30/2023
Advanced Therapeutic Solutions	10/1/2022	09/30/2023
Avalon Housing	10/1/2022	09/30/2023

Creating Brighter Futures	10/1/2022	09/30/2023
EMU Autism Collaborative Center	10/1/2022	09/30/2023
Guardian Medical Monitoring	10/1/2022	09/30/2023
HealthCall of Detroit	10/1/2022	09/30/2023
Metropolitan Speech, Sensory & ABA Centers	10/1/2022	09/30/2023
Michigan State University Community Music School	10/1/2022	09/30/2023
Psych Resolutions	10/1/2022	09/30/2023
Sharon O'Bryan	10/1/2022	09/30/2023
Therapeutic Concepts, LLC	10/1/2022	09/30/2023

Supported Employment Services

CHS Group, LLC	10/1/2022	09/30/2023
Community Works Opportunities	10/1/2022	09/30/2023
Life Enrichment Academy	10/1/2022	09/30/2023
Work Skills Corporation	10/1/2022	09/30/2023

County of Financial Responsibility (Revenue)

Macomb County CMH	10/1/2022	09/30/2023
Pathways CMH	10/1/2022	09/30/2023
Saginaw CMH	10/1/2022	09/30/2023

*****The contracts listed above have no budget associated with them because they are contingent upon consumer utilization.**

WCCMH Vocational Contracts

Expense	Start Date	End Date	Budget
A.M. Services, INC	10/1/2022	03/31/2023	$15,000
American Building Services	10/1/2022	09/30/2023	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2022	09/30/2023	$9,200
Mobility Transportation Services, Inc.	10/1/2022	09/30/2023	$5,000
Republic Waste	10/1/2022	09/30/2023	$3,500
Vertex System	10/1/2022	09/30/2023	$2,600
Revenue			
Ace Hardware	10/1/2022	09/30/2023	***
Arbor Bridge Church	10/1/2022	09/30/2023	***
Barr, Anhut & Associates	10/1/2022	09/30/2023	***
Chinmaya Mission	10/1/2022	09/30/2023	***
Full Circle Community Center	10/1/2022	09/30/2023	***
Shelter Association of Washtenaw County	10/1/2022	09/30/2023	***
SourceAmerica	10/1/2022	03/31/2023	***
Washtenaw County Facilities Management	10/1/2022	09/30/2023	***
Washtenaw County Parks and Rec	10/1/2022	09/30/2023	***
Ypsilanti Senior Center	10/1/2022	09/30/2023	***
Ypsilanti Thrift Shop	10/1/2022	09/30/2023	***

***** The revenue is contingent upon the frequency of services provided by consumer vocational groups.**

Administrative Contracts

Revenue Contracts	Start Date	End Date	Budget
15th District Court (Mental Health Court & Sobriety Court)	10/1/2022	09/30/2023	Per Budget
Blue Care Network	10/1/2022	09/30/2023	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2022	09/30/2023	Per Budget
Corner Health	10/1/2022	09/30/2023	Per Actual Cost
Hope Clinic	10/1/2022	09/30/2023	Per Actual Cost
Lenawee County CMH	10/1/2022	09/30/2023	Per Actual Cost
Livingston County CMH	10/1/2022	09/30/2023	Per Actual Cost
MDHHS (GF Contract)	10/1/2022	09/30/2023	Per Budget
Michigan Rehabilitation Services	10/1/2022	09/30/2023	Per Budget
Monroe County CMH	10/1/2022	09/30/2023	Per Actual Cost
Packard Health	10/1/2022	09/30/2023	Per Actual Cost
University of Michigan (ORR)	10/1/2022	09/30/2023	Per Actual Cost
Washtenaw County Sherriff's Office	10/1/2022	09/30/2023	$300,572
Washtenaw County Children's Services	10/1/2022	09/30/2023	$156,988
Washtenaw County Trial Court	10/1/2022	09/30/2023	$100,000

Medicaid/General Fund Expense Contracts	Start Date	End Date	Budget
DHHS Liaison	10/1/2022	09/30/2023	$72,150
Drug and Laboratory Disposal	10/1/2022	09/30/2023	$2,500
Dummies on the Run	10/1/2022	09/30/2023	$5,000
Griffin Pest Solutions	10/1/2022	09/30/2023	$5,000
Human Resource Opportunities, Inc.	10/1/2022	09/30/2023	$480,000
Michigan Green Cabs Ann Arbor, LLC	10/1/2022	09/30/2023	$22,000
Michigan Rehabilitative Services	10/1/2022	09/30/2023	$10,000
Monroe County CMH	10/1/2022	09/30/2023	Per Actual Cost
NAMI of Washtenaw County	10/1/2022	09/30/2023	$31,000
PCE Systems	10/1/2022	09/30/2023	$12,000
Relias Learning	10/1/2022	09/30/2023	$44,883
Regents of the University of Michigan	10/1/2022	09/30/2023	$59,933
Roslund Prestage & Company	10/1/2022	09/30/2023	$13,100
Shelter Association of Washtenaw County	10/1/2022	09/30/2023	$80,000
Student Advocacy Center	10/1/2022	09/30/2023	$50,500
Toby's Instrument Shop	10/1/2022	09/30/2023	$2,000
Underground Printing	10/1/2022	09/30/2023	$1,000
UptoDate	10/1/2022	09/30/2023	$9,051
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Washtenaw County Sherriff's Office	10/1/2022	09/30/2023	$17,000

Millage Expense Contracts	Start Date	End Date	Budget
Avalon	10/1/2022	09/30/2023	$180,000
Full Circle Community Center	10/1/2022	09/30/2023	$25,000
kNEWjoy	10/1/2022	09/30/2023	$250,000
NAMI	10/1/2022	09/30/2023	$225,900
National Assessment Center Association	10/1/2022	09/30/2023	$10,325
PCE Systems	10/1/2022	09/30/2023	$117,600
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RDBZ II, LLC	10/1/2022	09/30/2023	$33,600
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Legacy XII Limited Partnership	10/1/2022	09/30/2023	$35,139
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Southlawn Avenue LDHA	10/1/2022	09/30/2023	$24,480
Spectrum Community Services	10/1/2022	09/30/2023	$11,259
Synod Community Services	10/1/2022	09/30/2023	$29,400

Contracts in FY22 that we will no longer have in FY23:

Carlisle Wortman
Flatrock Manor
Florida Autism Center, LLC dba Blue Sprig Pediatrics
Friends Who Care
Oconomowoc Developmental Training Center

Service Contracts

Applied Behavioral Analysis Services	**Start Date**	**End Date**
ABA Insight	10/1/2022	09/30/2023
ABA Pathways, LLC	10/1/2022	09/30/2023
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2022	09/30/2023
BlueMind Therapy LLC	10/1/2022	09/30/2023
Centria Healthcare	10/1/2022	09/30/2023
Creating Brighter Futures	10/1/2022	09/30/2023
Early Autism Services, LLC	10/1/2022	09/30/2023
EMU Autism Collaborative Center	10/1/2022	09/30/2023
Illuminate ABA Services, LLC	10/1/2022	09/30/2023
IvyRehab Michigan, LLC	10/1/2022	09/30/2023
Judson Center	10/1/2022	09/30/2023
Metropolitan Speech, Sensory & ABA Centers	10/1/2022	09/30/2023
Michigan Learning Community, LLC	10/1/2022	09/30/2023
Residential Options, LLC	10/1/2022	09/30/2023
Strident Healthcare	10/1/2022	09/30/2023
Trumpet Behavioral Health	10/1/2022	09/30/2023
Clubhouse/Drop-In Center		
Fresh Start	10/1/2022	09/30/2023
Full Circle Drop-In Center	10/1/2022	09/30/2023
Training & Treatment Innovations, Inc.	10/1/2022	09/30/2023
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2022	09/30/2023
Forest View Hospital	10/1/2022	09/30/2023
Harbor Oaks	10/1/2022	09/30/2023
Havenwyck Hospital	10/1/2022	09/30/2023
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2022	09/30/2023
Hillsdale Medical Center	10/1/2022	09/30/2023
Madison Community Hospital dba Samaritan Behavioral Center	10/1/2022	09/30/2023
Mercy Memorial Hospital	10/1/2022	09/30/2023
New Oakland Family Center	10/1/2022	09/30/2023
The Regents of The University of Michigan	10/1/2022	09/30/2023
Trinity Health-Michigan	10/1/2022	09/30/2023
Community Living Supports- Unlicensed		
CABB Community Supports, LLC	10/1/2022	09/30/2023
CHS Group, LLC	10/1/2022	09/30/2023
Community Residence Corporation	10/1/2022	09/30/2023
ExpertCare	10/1/2022	09/30/2023
Full Life Independence	10/1/2022	09/30/2023
His Eye Is on the Sparrow	10/1/2022	09/30/2023
Home Sweet Home Care Services	10/1/2022	09/30/2023
INI Group, Inc.	10/1/2022	09/30/2023

JOAK American Homes	10/1/2022	09/30/2023
JYB Homecare, LLC	10/1/2022	09/30/2023
Michigan Agency with Choice	10/1/2022	09/30/2023
Progressive Residential Services	10/1/2022	09/30/2023
Renaissance Community Homes, Inc.	10/1/2022	09/30/2023
Saints, Inc.	10/1/2022	09/30/2023
Sharon Ragland-Keys Enterprises, Inc. dba College, Nannies, & Tutors	10/1/2022	09/30/2023
Specially Made Co. LLC	10/1/2022	09/30/2023
Spectrum Community Services	10/1/2022	09/30/2023
Synod Community Services	10/1/2022	09/30/2023
Y-PCS Group, Inc.	10/1/2022	09/30/2023

Crisis Residential

Beacon Specialized Living Services	10/1/2022	09/30/2023
Synod Community Services	10/1/2022	09/30/2023

Fiscal Intermediaries

Community Living Network	10/1/2022	09/30/2023
Guardian Trac LLC	10/1/2022	09/30/2023

Licensed Residential Services

Adult Learning Systems	10/1/2022	09/30/2023
Beacon Specialized Living Services	10/1/2022	09/30/2023
CBI Rehabilitation Services, Inc.	10/1/2022	09/30/2023
Christ Centered Homes, Inc.	10/1/2022	09/30/2023
CHS Group, LLC.	10/1/2022	09/30/2023
Courtyard Manor of Wixom, Inc.	10/1/2022	09/30/2023
Elite AFC, LLC	10/1/2022	09/30/2023
Henlyn Care	10/1/2022	09/30/2023
Hope Network Behavioral Health Services	10/1/2022	09/30/2023
Hope Network West Michigan	10/1/2022	09/30/2023
JOAK American Homes	10/1/2022	09/30/2023
Moriah Inc. DBA Eisenhower Center	10/1/2022	09/30/2023
NeuroRestorative (formerly Resilient Life Care, LLC)	10/1/2022	09/30/2023
PAL's Place	10/1/2022	09/30/2023
Prader Willi Homes of Oconomowoc, LLC	10/1/2022	09/30/2023
Progressive Residential Services	10/1/2022	09/30/2023
Renaissance Community Homes, Inc.	10/1/2022	09/30/2023
Renaissance House, Inc.	10/1/2022	09/30/2023
Rose Hill Center, Inc.	10/1/2022	09/30/2023
Saints, Inc.	10/1/2022	09/30/2023
Spectrum Community Services	10/1/2022	09/30/2023
St. Louis Center	10/1/2022	09/30/2023
Synod Community Services	10/1/2022	09/30/2023
Tender Hearts, Inc.	10/1/2022	09/30/2023
Toepfer Home	10/1/2022	09/30/2023

Turning Leaf Behavioral Health Services	10/1/2022	09/30/2023
Umbrellex Behavioral Health Services	10/1/2022	09/30/2023
Vintage Specialized Services, LLC dba Creekside West Residential	10/1/2022	09/30/2023

Pharmacy/Enhanced Pharmacy

CareLinc Medical Equipment & Supply Co., LLC	10/1/2022	09/30/2023
Genoa Healthcare, LLC	10/1/2022	09/30/2023
Nutritional Healing of Ann Arbor	10/1/2022	09/30/2023
Pharmacy Solutions	10/1/2022	09/30/2023

Private Duty Nursing

A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2022	09/30/2023
HealthCall of Detroit	10/1/2022	09/30/2023
Maxim Healthcare	10/1/2022	09/30/2023

Respite/Respite Camps

CABB Community Supports, LLC	10/1/2022	09/30/2023
CHS Group, LLC	10/1/2022	09/30/2023
Eagle Village	10/1/2022	09/30/2023
ExpertCare	10/1/2022	09/30/2023
Home Sweet Home Cares Services, LLC	10/1/2022	09/30/2023
Howell Nature Center	10/1/2022	09/30/2023
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2022	09/30/2023
Just Us Club	10/1/2022	09/30/2023
Judson Center	10/1/2022	09/30/2023
JYB Homecare	10/1/2022	09/30/2023
Methodist Children's Home Society	10/1/2022	09/30/2023
Michigan Agency with Choice, LLC	10/1/2022	09/30/2023
St. Louis Center	10/1/2022	09/30/2023
Y-PCS Group, Inc.	10/1/2022	09/30/2023

Skill Building Services

CHS Group, LLC	10/1/2022	09/30/2023
Community Works Opportunities	10/1/2022	09/30/2023
E3 Achievement	10/1/2022	09/30/2023
Just Us Club	10/1/2022	09/30/2023
Life Enrichment Academy	10/1/2022	09/30/2023
Work Skills Corporation	10/1/2022	09/30/2023

Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, Etc.)

ABA Insight	10/1/2022	09/30/2023
ABA Pathways, LLC	10/1/2022	09/30/2023
Advanced Therapeutic Solutions	10/1/2022	09/30/2023
Avalon Housing	10/1/2022	09/30/2023
Creating Brighter Futures	10/1/2022	09/30/2023
EMU Autism Collaborative Center	10/1/2022	09/30/2023

Guardian Medical Monitoring	10/1/2022	09/30/2023
HealthCall of Detroit	10/1/2022	09/30/2023
Metropolitan Speech, Sensory & ABA Centers	10/1/2022	09/30/2023
Michigan State University Community Music School	10/1/2022	09/30/2023
Psych Resolutions	10/1/2022	09/30/2023
Sharon O'Bryan	10/1/2022	09/30/2023
Therapeutic Concepts, LLC	10/1/2022	09/30/2023

Supported Employment Services

CHS Group, LLC	10/1/2022	09/30/2023
Community Works Opportunities	10/1/2022	09/30/2023
Life Enrichment Academy	10/1/2022	09/30/2023
Work Skills Corporation	10/1/2022	09/30/2023

County of Financial Responsibility (Revenue)

Macomb County CMH	10/1/2022	09/30/2023
Pathways CMH	10/1/2022	09/30/2023
Saginaw CMH	10/1/2022	09/30/2023

*****The contracts listed above have no budget associated with them because they are contingent upon consumer utilization.**

WCCMH Vocational Contracts

Expense	Start Date	End Date	Budget
A.M. Services, INC	10/1/2022	03/31/2023	$15,000
American Building Services	10/1/2022	09/30/2023	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2022	09/30/2023	$9,200
Mobility Transportation Services, Inc.	10/1/2022	09/30/2023	$5,000
Republic Waste	10/1/2022	09/30/2023	$3,500
Vertex System	10/1/2022	09/30/2023	$2,600
Revenue			
Ace Hardware	10/1/2022	09/30/2023	***
Arbor Bridge Church	10/1/2022	09/30/2023	***
Barr, Anhut & Associates	10/1/2022	09/30/2023	***
Chinmaya Mission	10/1/2022	09/30/2023	***
Full Circle Community Center	10/1/2022	09/30/2023	***
Shelter Association of Washtenaw County	10/1/2022	09/30/2023	***
SourceAmerica	10/1/2022	03/31/2023	***
Washtenaw County Facilities Management	10/1/2022	09/30/2023	***
Washtenaw County Parks and Rec	10/1/2022	09/30/2023	***
Ypsilanti Senior Center	10/1/2022	09/30/2023	***
Ypsilanti Thrift Shop	10/1/2022	09/30/2023	***

***** The revenue is contingent upon the frequency of services provided by consumer vocational groups.**

Administrative Contracts

Revenue Contracts	Start Date	End Date	Budget
15th District Court (Mental Health Court & Sobriety Court)	10/1/2022	09/30/2023	Per Budget
Blue Care Network	10/1/2022	09/30/2023	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2022	09/30/2023	Per Budget
Corner Health	10/1/2022	09/30/2023	Per Actual Cost
Hope Clinic	10/1/2022	09/30/2023	Per Actual Cost
Lenawee County CMH	10/1/2022	09/30/2023	Per Actual Cost
Livingston County CMH	10/1/2022	09/30/2023	Per Actual Cost
MDHHS (GF Contract)	10/1/2022	09/30/2023	Per Budget
Michigan Rehabilitation Services	10/1/2022	09/30/2023	Per Budget
Monroe County CMH	10/1/2022	09/30/2023	Per Actual Cost
Packard Health	10/1/2022	09/30/2023	Per Actual Cost
University of Michigan (ORR)	10/1/2022	09/30/2023	Per Actual Cost
Washtenaw County Sherriff's Office	10/1/2022	09/30/2023	$300,572
Washtenaw County Children's Services	10/1/2022	09/30/2023	$156,988
Washtenaw County Trial Court	10/1/2022	09/30/2023	$100,000

Medicaid/General Fund Expense Contracts	Start Date	End Date	Budget
DHHS Liaison	10/1/2022	09/30/2023	$72,150
Drug and Laboratory Disposal	10/1/2022	09/30/2023	$2,500
Dummies on the Run	10/1/2022	09/30/2023	$5,000
Griffin Pest Solutions	10/1/2022	09/30/2023	$5,000
Human Resource Opportunities, Inc.	10/1/2022	09/30/2023	$480,000
Michigan Green Cabs Ann Arbor, LLC	10/1/2022	09/30/2023	$22,000
Michigan Rehabilitative Services	10/1/2022	09/30/2023	$10,000
Monroe County CMH	10/1/2022	09/30/2023	Per Actual Cost
NAMI of Washtenaw County	10/1/2022	09/30/2023	$31,000
PCE Systems	10/1/2022	09/30/2023	$12,000
Relias Learning	10/1/2022	09/30/2023	$44,883
Regents of the University of Michigan	10/1/2022	09/30/2023	$59,933
Roslund Prestage & Company	10/1/2022	09/30/2023	$13,100
Shelter Association of Washtenaw County	10/1/2022	09/30/2023	$80,000
Student Advocacy Center	10/1/2022	09/30/2023	$50,500
Toby's Instrument Shop	10/1/2022	09/30/2023	$2,000
Underground Printing	10/1/2022	09/30/2023	$1,000
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Washtenaw County Community Mental Health Strategic Plan 2022- 2027

MISSION

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

VISION

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

VALUES

Excellence

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

Growth

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

Well-being

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

Inclusion

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

Community

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

Accountability

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

Equity

Services will be delivered with a focus on eliminating health inequities by addressing and reducing the racial and economic disparities frequently impacting Black, Indigenous and People of Colors' health status, access, and outcomes.

Environmental Drivers

Access to Care

- There is a shortage of staff statewide with long waiting times, difficulty in accessing care or needs not getting met.
- CMH system reform efforts are being driven by concerns about access and inconsistent statewide availability of services - encouraged to find ways to increase/improve access
- There is a lack of access to youth behavioral health services
- A severe statewide psychiatric hospital bed shortage with long waits for care
- A lack of a single point of access for all behavioral health services including substance use disorders

Performance/Quality

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

Expansion of Services

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

Other Drivers

- Inconsistency of support for Behavioral Health services by the State of Michigan
- Importance of telemedicine and the infrastructure to support it (i.e. broadband internet, county infrastructure and internet)
- Workforce recruitment and retention challenges
- The pandemic has forced isolation and created other stresses.
- Racial and economic disparities in health status and in access to health care have become more obvious as people of color and lower income people bore disproportionate risks from COVID.
- Excessive use of force and underutilization of behavioral science principles on the part of police officers and especially in interactions of white officers and citizens of color have led to a growing public chorus for reform of how society deals with people in crisis.

STRATEGIC GOALS

Ensure availability of behavioral health services through a single point of entry.

Tactic:

- Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities
  Completed by: January 2023
  Responsible Party: Melisa Tasker
  Measurement: TBD work with PIHP on evaluation criteria
- Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County
  Completed by: January 2025
  Responsible Party: Trish Cortes, Heather Linky, Dr. Florence
  Measurement: Care Coordination with key stakeholders. Examples may include Packard Health, Corner Health, Ozone, Catholic Social Services, Jewish Family Services, etc.

Promote wellness through the integration of physical and behavioral health.

Tactic:

- Achieve successful implementation of State of Michigan Behavioral Health Home
  Completed by: October 2023
  Responsible Party: Brandie Hagaman, Michael Harding
  Measurement: 200 Washtenaw County individuals enrolled through the State of Michigan. Ongoing qualitative measure TBD in partnership with the State of Michigan.

- Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic (CCBHC)
  Completed by: October 2023
  Responsible Party: Michael Harding
  Measurement:
  1. Successful State certification
  2. 95% of individuals receiving qualified CCBHC services are enrolled in in the State Demonstration.
  3. xx% of the number of individuals requesting services that are assessed for medical necessity are provided services either through community partnerships or directly

Provide an array of crisis services that promotes care in the least restrictive setting.

Tactic:

- Complete full implementation of crisis 23 Hour Observation site
  Completed by: January 2023
  Responsible Party: Melisa Tasker
  Measurement: Maintain monthly capacity of 80%
- Partner in the development of a community plan to establish a youth assessment center
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Presentation of the community plan to the WCCMH board
- Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders
  Completed by: January 2022
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: TBD CHRT Evaluation
- In partnership with Washtenaw County Sherriff's office, develop protocols for metro dispatch to deploy a mobile mental health crisis team as an alternative to law enforcement response.
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: TBD Chicago Health Labs evaluation

Break down the barriers for all to reduce mental health disparities in access to care and improve health equity within Washtenaw County.

Tactic:

- Utilize existing studies and reports to identify health inequities within Washtenaw County. These studies will be utilized to develop a workplan that is specific to how WCCMH can impact health inequities within Washtenaw County.
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz, BLM Taskforce, Public Health
  Measurement: Work plan finalized and presented to key stakeholders.

- Create interventions based on the work plan that target stigma, increase health education and trainings that aid in reducing health inequities.
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Measurements will be developed based on the workplan and will identify the impact the interventions that WCCMH has implemented to reduce health inequities.

Braid diversified revenue streams to support prevention, treatment, outreach, and equitable access to behavioral health services.

Tactic:

- Expand youth services through outreach and partnerships by leveraging all funding streams
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Either directly or through agreements increase youths served by 25%
- Expand the adult service array through primary care agreements
  Completed by: January 2024
  Responsible Party: Trish Cortes, Dr. Florence
  Measurement: Agreements with primary care safety net clinics.
- Implement 31N WISD School Mental Health Project to expand services within Washtenaw School districts.
  Completed by: January 2023
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Number of schools receiving mental health resources
- Prioritize available resources to broaden outreach, education, and prevention efforts to address health inequities
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Number of community events and trainings in geographic areas of need. No show rates for African Americans

Improve recruitment and retention of the behavioral health workforce.

Tactic:

- Advocate with MDHHS leadership and legislators to address behavioral health workforce shortages
  Completed by: January 2025
  Responsible Party: Trish Cortes
  Measurement: Additional funding allocated from the State for behavioral health staffing or decrease vacancies from 10% to 5%.
- Collaborate with Washtenaw County administration and labor partners to strategize local efforts
  Completed by: January 2025
  Responsible Party: Trish Cortes, Nicole Phelps, Sally Amos O'Neal
  Measurement: County Implementation of competitive wage increases
- Partner with provider network to address direct care workforce challenges
  Completed by: January 2022
  Responsible Party: Heather Linky
  Measurement: Implementation of direct care worker training reciprocity and/or increased funding for direct care workers.

Thank you to the following groups that contributed to the WCCMH Strategic Plan:

Consumer Advisory Group
WCCMH All Staff
WCCMH Board
WCCMH Millage Advisory Group
WCCMH Black Lives Matter Taskforce
WCCMH Recipient Rights Committee
WCCMH Provider Network

The Following reports informed the WCCMH Strategic Plan:

CHRT Behavioral Health Environmental Analysis
Unite Report
WCCMH Staff Survey
Millage Advisory Committee Survey Results