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/94232762360
November 18, 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-8/26/22 (Attachment #1A)
- B. WCCMH Quality-Finance Committee Meeting Minutes and Actions-8/8/22 (Attachment #1B)
- C. WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/8/22 (Attachment #1C)
- D. WCCMH Executive Committee Meeting Minutes and Actions 5/9/22 (Attachment #1D)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/10/22 (Attachment #1E)
- F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-9/14/22 (Attachment #1F)
- G. WCCMH Fall 2021 Staff Quarterly Newsletter (Attachment #1G)
- H. WCCMH 2023 Annual Board/Committee Meeting Schedule (Attachment #1H)
- I. CMHPSM Psychotropic Medication Orders and Consents Policy (Attachment #1I)
- J. Sanctions for Breaches of Security or Confidentiality Policy (Attachment #1J)

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 (5 minutes)
- Recruitment Pilot for Direct Care Workers – **Heather Linky**
- WCCMH Recruitment and Retention (Attachment #4) **T. Cortes**
- Consumer Advisory Council - **M. Hershberger/B. Higman**

IX. Old Business (5 minutes)

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 (30 minutes)

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

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

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/94232762360

Or One tap mobile:
+12678310333, 94232762360# US (Philadelphia)
+13126266799, 94232762360# US (Chicago)

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

Webinar ID: 942 3276 2360

International numbers available: https://zoom.us/u/abdSx5dfnO

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

NOVEMBER 18, 2022

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-8/26/22 (Attachment #1A)
B. WCCMH Quality-Finance Committee Meeting Minutes and Actions-8/8/22 (Attachment #1B)
C. WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/8/22 (Attachment #1C)
D. WCCMH Executive Committee Meeting Minutes and Actions 5/9/22 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/10/22 (Attachment #1E)
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-9/14/22 (Attachment #1F)
G. WCCMH Fall 2021 Staff Quarterly Newsletter (Attachment #1G)
H. WCCMH 2023 Annual Board/Committee Meeting Schedule (Attachment #1H)
I. CMHPSM Psychotropic Medication Orders and Consents Policy (Attachment #1I)
J. Sanctions for Breaches of Security or Confidentiality Policy (Attachment #1J)

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/94922635037**
August 26, 2022
9:30am

K. Walker called the meeting to order at 9:35 am.

ROLL CALL: S. Antonow attending virtually
N. Graebner-Sundling attending in person
B. Higman attending in person
R. Jefferson attending person
B. King attending in person
A. LaBarre attending remotely
D. Strong attending remotely
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: A. Dusbiber, A. Rooks, K. Scott

STAFF PRESENT: R. Avedisian, T. Cortes, N. Phelps, S. Amos O'Neal, K. Diebboll, B. Byers, H. Linky, L. Lutomski, L. Gentz, M. Taylor, L. Arriaga, K. Hoener, K. Snay; L Lutomski, L. Higle, B. Hagaman

OTHERS PRESENT: E. George, R. Kellar, M. Billard, K. Greijalva, P. Saunders, C. Laronis, K. Kafafian, T. Harris, B. Byers

I. Introductions
- None

II. Audience Participation
- K. Greijalva addressed the Board regarding a letter sent to the Board regarding disposition of Ellsworth building and lack of programs due to pandemic for I/DD population.
- P. Saunders addressed the Board regarding shortage of support staff and need for programs for I/DD son
- C. Laronis addressed the Board regarding disposition of Ellsworth building and lack of programs due to pandemic for I/DD population.
- K. Kafafian requested another seat on the Board be opened to represent the I/DD population and the need to increase staff wages to help with retention.
- M. Martin-Holman addressed the Board about needed services for her son and the difficulty to get the services reinstated.
- T. Harris, attorney, spoke on the behalf of M. Martin-Holman surrounding shortfalls in services received by her son. – requested email addresses for Board members.
- B. Byers addressed the need for services for I/DD population

III. Board response to audience participation
- T. Cortes responded to the audience participation surrounding Ellsworth building.
- K. Walker responded to audience participation and how to submit communication/information to the Board.
- M. Udow-Phillips requested a means to provide follow-up for audience participation questions.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-6/24/22 (Attachment #1A)
- WCCMH Quality-Finance Committee Meeting Minutes and Actions-6/13/22 (Attachment #1B)
- Millage Advisory Committee Meeting Minutes and Actions-6/13/22 (Attachment #1C)
- Program Committee Dashboard-FY2022, Quarter 2 (recommend approval by Quality-Finance Committee on 8/8/2022) Attachment #1D)

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

MOTION BY M UDOW-PHILLPS, SUPPORTED BY N. GRAEBNER-SUNDLING TO ACCEPT AND APPROVE THE AUGUST 26, 2022, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Treasurer's Report

- WCCMH Financial Status Report
  - N. Phelps presented the Financial Status Report to the Board for the period ending August 2, 2022. (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	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**Y**	**KING**	**Y**
LABARRE	**--**	**ROOKS**	**N/A**
SCOTT	**N/A**	**STRONG**	**--**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH Millage and CCBHC Financial Status Report (Attachment #3)
  - N. Phelps presented the WCCMH Millage and CCBBHC Financial Status Report to the Board for the period ending June 30 ,2022.

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

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board.
- Provided updates on possible scenarios with the Shirkey Bill.
- CMH went through State CCBHC review, everything went well.

VII. CMHPSM Regional Update
- T. Cortes stated we have all 3 seats filled for this board
- Boards focus has been on budget approvals recently

VIII. New Business (Attachment #6)
- Oversight Policy Board (OPB) member reappointment review/approval (Attachment #4)
  - T. Cortes asked the WCCMH Board to review/approve reappointment of W. Marahar to the Oversight Policy Board for another term.

MOTION BY M UDOW-PHILLIPS, SUPPORTED BY B. KING TO APPROVE REAPPOINTMENT OF W. MARAHAR TO THE OVERSIGHT POLICY BOARD FOR ANOTHER TERM.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY2023 Budget (Attachment #5)
  - N. Phelps presented the FY2023 budget to the Board.

MOTION BY B. KING, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE WCCMH FY2023 BUDGET.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY2023 Annual Budget Book (Attachment #6)

- N. Phelps presented the FY2023 Annual Budget Book to the Board.

MOTION BY B. KING, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE WCCMH FY2023 BUDGET BOOK.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY2023 Master Contract List (Attachment #7)
  - M. Tasker presented the FY2023 Master Contract List to the Board.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO APPROVE THE WCCMH FY2023 MASTER CONTRACT LIST.

ROLL CALL VOTE:

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

MOTION CARRIED
TRININTY HEALTH ANTONOW REQUISE

IX. Old Business

- CCBHC Update
  - T. Cortes provided an update on CCBHC review during her executive report.

- Strategic Planning Update
  - T. Cortes requested the Board approve the strategic plan.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO APPROVE THE WCCMH STRATEGIC PLAN

ROLL CALL VOTE:

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

MOTION CARRIED

- Annual WCCMH Board Training Reminder
    - T. Cortes provided a reminder to Board and Committee members to complete Recipient Rights Training.
    - T. Cortes provided a reminder to Board and Committee members to complete the Annual Conflict of Interest Policy.
    - T. Cortes provided a reminder to Board and Committee members to read and sign the Annual Ethics Statement.

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

MOTION BY B. KING SUPPORTED BY M. UDOW-PHILLIPS TO MOVE THE WCCMH BOARD MEETING TO CLOSED SESSION.

MEETING MOVED TO CLOSED SESSION AT 11:03 AM.

CLOSED SESSION MINUTES:

Closed session ended at 11:45 AM.

PUBLIC MEETING RESUMED AT 11:47 AM

MOTION BY B. KING, SUPPORTED BY M. UDOW-PHILLIPS TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:51 AM.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

August 8, 2022

Learning Resource Center-Michigan Room (in person)

https://zoom.us/s/99399888269 (virtual)

2:00-3:30 pm

ROLL CALL: S. Antonow attending remotely from Washtenaw County
A. Dusbiber attending remotely from Washtenaw County
N. Graebner-Sundling attending in person
B. Higman attending remotely from Scio Township
M. Udow-Phillips attending remotely from Washtenaw County

MEMBERS ABSENT: D. Strong

STAFF PRESENT: R. Avedisian, T. Florence, N. Phelps, K. Snay, L. Higle, M. Taylor, S. Amos-O'Neal, B. Hagaman, K. Homan, K. Hoener, T. Cortes, K. Diebboll

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

N. Graebner-Sundling called the meeting to order at 2:11 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 6/13/22 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 6/13/22 were reviewed.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. DUSBIBER TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE JUNE 13, 2022, QUALITY-FINANCE COMMITTEE MEETINGS AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBERTO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING JUNE 30, 2022, AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Contracts and Leases
- NONE

VII. Executive Director Authorizations
- NONE

VIII. Regional Finance Update
- Discussed with the FY23 Operating Budget

IX. Old Business
- None

X. New Business
- Program Committee Dashboard- FY22, Quarter 2 (Attachment #3)
  - T. Florence/L. Higle provided an update on the Program Committee Dashboard for FY22, Quarter 2 to the Committee.
  - Numbers for MI Adult showed a significant jump due to CARES numbers now being included.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBER TO ACCEPT THE PROGRAM COMMITTEE DASHBOARD FOR THE SECOND QUARTER OF FY2022 AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- Semi-Annual Recipient Rights Report (Attachment #4)
  - K. Snay presented the Semi-Annual Recipient Rights Report the Committee.

MOTION BY A. DUSBIBER, SUPPORTED BY M. UDOD-PHILLIPS TO ACCEPT THE SEMI-ANNUAL RECIPIENT RIGHTS REPORT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- Recipient Rights Advisory Committee new member review/approval
    - K. Snay presented a request for L. Lutomski to be approved as a member of the Recipient Rights Advisory Committee (Attachment #5)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBER TO ACCEPT THE REQUEST FOR THE NEW MEMBER REVIEW/APPROVAL TO THE RECIPIENT RIGHTS ADVISORY COMMITTEE AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY21 Compliance Examination
    - N. Phelps provided and overview of results from the WCCMH FY21 Compliance Examination. (Attachment #6)
    - Only one item noted as needing corrective action. Corrective measures will be taken surrounding ability to pay forms.
    - Overall, very successful compliance exam and will be included on WCCMH Board consent agenda for final approval.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBER TO ACCEPT THE WCCMH FY21 COMPLIANCE EXAMINATION AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY23 ANNUAL OPERATING BUDGET
    - N. Phelps presented the WCCMH FY23 Annual Operating Budget. (Attachment #7)

B. Higman joined the meeting at 2:55 pm.

MOTION BY S. ANTOW, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT THE WCCMH FY23 ANNUAL OPERATING BUDGET AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH FY23 Master Contract List
  - M. Taylor provided the WCCMH FY23 Master Contract List to the committee for approval.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBER TO ACCEPT THE WCCMH FY23 MASTER CONTRACT LIST AS PRESNETED.

ROLL CALL VOTE:

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

MOTION CARRIED

ANTONOW REQUISED FROM TRINITY, ANNA FROM COMMUNITY LIVING NETWORK AND MICHIGAN REHABILITATION SERVICES GRAEBNER FROM ST. LOUIS CENTER, UDOW PHILLIPS FROM MI MEDICINE HIGMAN FROM NAMI

- Board Education: ACCESS/SUD
  - M. Tasker presentation on ACCESS/SUD was moved to next meeting agenda due to time constraints.

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 M. UDOW-PHILLIPS, SUPPORTED BY A. DUSBIBER, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 3:28 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
August 8, 2022
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/92652874627 (virtual)
3:30 pm

N. SUNDLING called the meeting to order at 3:33 pm.

ROLL CALL:
A. Carlisle attending in person
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending virtually
D. Jackson attending in person
R. Jefferson attending in person
R. Rion attending in person
M. Udow-Phillips attending virtually
G. Waddles, Jr. attending in person
K. Walker attending in person

MEMBERS ABSENT: A, Rooks

STAFF PRESENT: R. Avedisian, L. Gentz, N. Phelps, E. Savit, K. Snay

OTHERS PRESENT: K. Snodgrass, S. Hierman, S. Novara, L. Lutomski, M. Long, M. Creekmore, G. Powers

I. Introductions
- S. Hierman & S. Novara from WISD will be presenting the WISD Funding Request

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 6/13/22 (Attachment #1A)
- Millage Advisory Committee Minutes and Actions of 6/13/22 were reviewed.

MOTION BY G. WADDLES, SUPPORTED BY D. JACKSON TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE JUNE 13, 2022, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Discussion Items

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

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update ending June 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.
  - WeLive moving forward in relationship with St. Joseph Hospital and discussions have started to develop the process for building on the partnership.

VIII. New Business

- Funding Requests Summary (Attachment #4)
  - L. Gentz/S. Hierman presented the following funding requests to the Committee for approval totaling $2,435,437.00
    - S. Hierman presented WISD continuation request of previous Millage funded initiatives of YMHFA, 31N match and Anti-Stigma mini grant. (Attachment #4A)
      a. Identified ways to potentially expand initiatives for universal prevention, early intervention, and intensive/crisis responses.
      b. G. Waddles expressed concerns with Charter school language surrounding funding requests to the WISD. No direct funding will go to charter schools, support would come in terms of training.
      c. K. Walker inquired about addressing district abilities to evaluate student safety and potential threats.

MOTION BY K. WALKER, SUPPORTED BY A. CARLISLE TO RECOMMEND APPROVAL OF THE FUNDING CONTINUATION REQUEST BY THE WISD FOR YMHFA, 31N MATCH AND ANTI-STIGMA MINI GRANT.

ROLL CALL VOTE:

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

MOTION CARRIED

- LEADD Prosecutor Position Funding Request (Attachment #4B)
  a. E. Savit presented how LEADD can change lives and the need for a prosecutor position as a key for success of the LEADD model.

MOTION BY G. WADDLES, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE LEAD PROSECUTOR POSTION FUNDING REQUEST.

ROLL CALL VOTE:

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

MOTION CARRIED

- Program name change - kNEWjoy (Attachment #5)
  - L. Gentz requested approval for a name change of YBmen to kNEWjoy and all approved funding for this program reflect the name change going forward.

MOTION BY A. CARLISE, SUPPORTED BY M. UDOW-PHILLIPS TO RECOMMEND APPROVAL OF THE NAME CHANGE OF YBMen TO kNEWjoy.

ROLL CALL VOTE:

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

MOTION CARRIED

- WISD Mini Grants Presentation
  - S. Novara presented the WISD Mini Grants presentation to the Committee.

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

N. GRAEBNER-SUNDLING MOTIONED TO ADJOURN.

Meeting adjourned at 4:53pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH EXECUTIVE COMMITTEE MEETING MINUTES *DRAFT*
In person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor
OR Virtually at https://zoom.us/j/98104157570
May 9, 2022
4:00 pm

K. Walker called the meeting to order at 4:03 pm.

ROLL CALL: A. Dusbiber attending in person
N. Graebner-Sundling attending in person
B. King attending in person
K. Walker attending in person
A. LaBarre attending remotely

MEMBERS ABSENT: S. Antonow

STAFF PRESENT: T. Cortes, R. Dornbos, R. Avedisian, M. Harding, N. Phelps, K. Diebboll, H. Linky, M. Taylor, S. Ray

OTHERS PRESENT: L. Lutomski, D. Leahy, K. Homan, T. Gavalier

I. Introductions
- K. Walker introduced R. Avedisian to the committee who will be taking over R. Dornbos' WCCMH Board duties after her retirement in June.

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 12/13/21 were reviewed (Attachment #1A).
- Executive Committee Minutes and Actions from 3/14/22 were reviewed (Attachment #1B).

MOTION BY B. KING, SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE MINUTES AND ACTIONS OF THE DECEMBER 31, 2021 AND MARCH 14, 2022 WCCMH EXECUTIVE COMMITTEE MEETINGS.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**N/A REMOTE**	**WALKER**	**Y**

MOTION CARRIED

IV. Executive Director Report
- T. Cortes presented the Executive Director Report to the committee.
- The House passed its version of the budget.

- There is little movement on the Shirkey bills. A. LaBarre, F. Brabec and T. Cortes had some main articles in the Ann Arbor Observer for the month of April.
- State level:
  - The primary focus is the continuing workforce issues. The workgroup at the state level has submitted recommendations on how the administrative burden is increasing and how to look at documentation and what is really needed.
  - Direct care worker wages look positive, and discussions are ongoing to increase amount again.
- Local:
  - Continuing initiatives with workforce. Arrow strategies is very helpful, and staff are able to go into talent acquisition and draw people that have worked in other areas

V. Old Business
- Strategic Plan Update
  - T. Cortes and M. Harding presented an update on the Strategic Plan.
  - Staff are still working on the first round of feedback. This should be ready to be presented at the next WCCMH Board meeting.

VI. New Business
- WCCMH Financial Status Report (Attachment #2)
  - N. Phelps presented the Financial Status Report for the period ending February 28, 2022.

MOTION BY N. GRAEBNER-SUNDLING SUPPORTED BY B. KING TO APPROVE THE FINANCIAL STATUS REPORT ENDING FEBRUARY 28, 2022 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**N/A REMOTE**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH Millage and CCBHC Financial Status Report (Attachment #3)
  - N. Phelps presented the WCCMH Millage and CCBHC Financial Status Report for the period ending February 28, 2022.

- Contracts and Leases (Attachment #4)
  - M. Taylor presented the Contracts and Leases to the committee.

MOTION BY A. DUSBIBER SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**N/A REMOTE**	**WALKER**	**Y**

MOTION CARRIED

- Executive Director Authorizations (Attachment #5)
  - M. Taylor presented the Executive Director Authorizations to the committee.

MOTION BY B. KING SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**N/A REMOTE**	**WALKER**	**Y**

MOTION CARRIED

- Millage Advisory Committee Funding Requests Summary (Attachment #6)
  - NAMI (Attachment #6a)
    - Funding request in the amount of $225,900.00 for continuation of NAMI's Peer Support Services for 1-year.
  - Public Health Anti-Stigma Campaign (Attachment #6b)
    - Funding request in the amount of $340,000.00 for the continuation of the Public Health Anti-Stigma Campaign for an additional 2 years.
  - CHRT Communications Plan
    - Funding request in the amount of $269,890.00 for the continuation of the CHRT Millage Communication Strategy for 1 year.

MOTION BY B. KING SUPPORTED BY A. DUSBIBER TO APPROVE MILLAGE FUNDING REQUESTS AS PRESENTED

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**N/A REMOTE**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH Board Officers and Committee assignments for 4/1/22-3/31/23 (Attachment #7)
  - K. Walker reviewed the Board Officers and Committee assignments with the committee.
  - Consensus was reached that the committees will meet virtually, with the exception of the Executive Committee that will meet in person when actions must be taken, and the WCCMH Board will be required to meet in person to count towards a quorum.
  - Officers:
    - Chair-K. Walker
    - Vice Chair-S. Antonow
    - Treasurer-N. Graebner-Sundling
    - Secretary-A. Dusbiber
  - Executive Committee Members:
    - K. Walker-Chair
    - S. Antonow
    - A. Dusbiber
    - N. Graebner-Sundling
    - B. King
    - A. LaBarre

- Quality-Finance Committee
  - S. Antonow-Co-Chair
  - N. Graebner-Sundling-Co-Chair
  - A. Dusbiber
  - B. Higman
  - D. Strong
  - M. Udow-Phillips

- Millage Advisory Committee
  - N. Graebner-Sundling-Chair
  - A. Carlisle
  - H. Heaviland
  - B. Higman
  - D. Jackson (ex-officio)
  - R. Jefferson
  - J. Martin
  - R. Rion
  - A. Rooks
  - M. Udow-Phillips
  - G. Waddles, Jr.
  - K. Walker

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

MOTION BY B. KING SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE OFFICERS AND WCCMH BOARD COMMITTEES FOR THE TERM OF APRIL 1, 2022 THROUGH MARCH 31, 2023.

ROLL

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**N/A REMOTE**	**WALKER**	**Y**

CALL VOTE:

MOTION CARRIED

VII. Items for Future Discussions
- None

VIII. Adjourn to closed session to discuss the WCCMH Executive Director Evaluation

MOTION BY A. DUSBIBER SUPPORTED BY B. KING TO MOVE THE WCCMH EXECUTIVE COMMITTEE MEETING TO CLOSED SESSION TO DISCUSS THE WCCMH EXECUTIVE DIRECTOR EVALUATION.

MEETING MOVED TO CLOSED SESSION AT 4:19.

PUBLIC MEETING RESUMED AT 4:41

MOTION BY B. KING SUPPORTED BY N. GRAEBNER-SUNDLING TO ADJURN THE PUBLIC MEETING OF THE WCCMH EXECUTIVE COMMITTEE.

The WCCMH Executive Committee Meeting was adjourned at 4:42 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES
August 10, 2022

Members (potentially) Present on the Call: Pam Rathbun (Chair), Lisa Porzondek (CoChair), Jason Zurawski (secretary), Anton Clark, Leo Hanifin, Barb Higman, Alayna Manzanares.
Staff: Mert Hershberger (Liaison)
Absent: Melissa Vaden; Courtney Blake (Prospective new member);

I. Meeting called to order at: _ 12:30 pm_.
MOTION BY _ Lisa _- SUPPORTED BY _ Leo _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

II. Report from the RISAC: Training:

November 9, 2022 – 9:45 breakfast.

1. Jen Durell + Mert H: How to run an efficient Meeting. 10am
2. Melissa V: MiABLE accounts + Lisa P: Advanced Directive. 11am
   Lunch - NOON.
3. Mark Creekmore: Story Jam.
4. Connie Conklin: Legislative Update.
   https://www.washtenaw.org/1247/State-Representatives-Senators

III. Patient Portal: Right now it is just Test Consumers. There were folks on the PATH team who reviewed it, as has Melissa. It is an online interface to view your own health record for CMH services, medications, messaging, etc. Anton Clark asked about what would be done about emergency calls: would the notes from emergencies be available? Leo shared how notes have to actually be released to the patient portal. We discussed the relevance of computer illiteracy. This portal is not ideal for those at acute risk for suicide. Concerns of immediate risk for suicide should be reported through a phone call.

IV. Story Jam & Speaker's Bureau:
Speaker's Bureau Tuesday, August 16 @10am with Lunch and listening. Mert will speak with prospective new speakers if you have questions about preparing your story. There will be food and should be plenty of time to share your stories.
Story Jam: Is on Hold.

V. Walk-A-Mile - https://cmham.org/education-events/walk-a-mile-rally/ September 15, 2022. Leo showed the design he had developed. We agreed on a black color T-Shirt. Motto: "I think I can. I think I can. I know I can." Based on the book, the Little Engine that Could. Anton was by consensus acclaimed as the speaker. Jason and Lisa will carry the flag. We will meet at Ellsworth at 9am

VI. Newsletter: Anton asked about what genre and variety of topics he could share in the newsletter. Anton mentioned a poem on "The Power of a Smile" which will be published when sufficient material is available.

VII. Celebration Of Success: Alayna will be working. Pam might be homebound. Anton wants to be there to share his "Power of a Smile."

VIII. **Legislators:** Barb said we are still waiting to hear back from Sen. Theis with help from Connie Conklin of Livingston Co. Others will be invited after the 8th of November elections.

IX. **NAMI:** Per Alayna: We are in between classes: in fall: Family-to-Family event; Volunteer event in October; Peer-to-peer class potentially happening in person at Ellsworth starting in October.

X. **New Business/Agenda Items** for next month:
Anton talked about his desire to address the CMH Board regarding legislation, the social work curriculum. We talked about the matters of massive inflation, employers competing for workers, working conditions and pay, etc, and efforts by Washtenaw County to have a more competitive pay scale.
Meeting adjourned at _1:36 _pm_, motion by _ Alayna _ supported by _Lisa _.

The next meeting will be September 14, 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 AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES
September 14, 2022

Members Present on the Call/in Person: Pam Rathbun (Chair), Lisa Porzondek (CoChair), Jason Zurawski (secretary), Anton Clark, Leo Hanifin, Barb Higman, Alayna Manzanares, Melissa Vaden.
Staff: Mert Hershberger (Liaison)
Prospective member: Courtney Blake.

I. Meeting called to order at: _ 12:37 pm_.

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

II. Mike Harding will be at the December meeting.

III. Report from the RISAC: Training:

November 9, 2022 – 9:30 breakfast; 9:45 meet & greet; 10am start. 3pm finish.
Learning Resource Center - 4135 Washtenaw Ave, Ann Arbor, MI 48108

AmyJ bringing bagels & Cheese. Mert bringing juice & setting up coffee.
10am - Jen Durell + Mert H: How to run an efficient Meeting. (Short break)
11am - Lisa Porzondek: Advance Directives & MiABLE accounts.
NOON - Lunch ***(Let your Customer Service Liaison know your preference from Panera: Vegetarian, Beef, Turkey, or Ham)***
12:45pm - Connie Conklin: Legislative Update / State Policies in pipeline.
1pm - Mark Creekmore: Story Jam. … Come with an Ask: something you would like legislators or leaders to do for you. (Short break)
2pm - County Updates & business plans for new year.
3pm - Cleanup.

https://www.washtenaw.org/1247/State-Representatives-Senators

IV. Story Jam & Speaker's Bureau: Speaker's Bureau Tuesday, September 20 @10am @LRC on Washtenaw. **Story Jam:** On hold for now. Prelude at November Training. Barb will update us as able. 3-4 new speakers, Lisa who only spoke a few times and revised what she wrote would like to practice.

V. **Walk-A-Mile -** https://cmham.org/education-events/walk-a-mile-rally/ September 15, 2022. By @9am @2140 E. Ellsworth – Lunch & T-Shirts provided. Leo did a fine job designing them and transporting them to Ellsworth. Anton requested an XL. Leo's shirts will be delivered in person. Fresh Start will be coming in transportation arranged with the county by Lucas Webb.

VI. **Newsletter:** Anton's "Smile" + something from writing group perhaps, Melissa and Lisa offered to also write something. Mert will get something from the writing group at the Annex.

VII. **Celebration Of Success:** Alayna will be working and so she will not be there. Anton wants to be there to share his smile prose poem**. All CAC members who are able are encouraged to participate and help with the set up and clean up of the event.**

VIII. NAMI: Family to Family is running virtually, as will the Peer to Peer class in October. Anton advocated for himself in seeking special accommodations for accessing the virtual

training since he has difficulty accessing things on computers. Alayna gave Mert the contact information for Gizem (gizem@umich.edu) who is the Peer-to-Peer Coordinator to help work through finding these special accommodations so that Anton could try to get training, etc, sooner rather than later. Anton was grateful for the help.

IX. **Worker Retention**: CMH will be issuing a worker retention bonus. Likely in the new year: all county staff will receive a raise/potential to have higher pay for the long term if they stay with the county long term … Up to 14 annual pay raises over 15 years rather than just 7 annual raises over 8 years, in addition to the annual cost-of-living increases. Peers now have been bumped up in the pay-scale. Anton applauded these improvements, as did others. It was emphasized that these pay improvements are designed to improve worker retention by the County in general & by CMH in particular.

X. **Items** for next month:

Anton would like to discuss peers. Mert suggested putting peer roles on the agenda for the new month. Leo reminded all that certain requirements are set up by the state of Michigan. Anton was directed for further advocacy related to job requirements for Peer roles to his legislative representative (Rep. Ronnie Peterson [D] District 54 – 517-373-1771). Mert will help him coordinate this contact. The different Peer roles of Peer Mentor; Peer Support Specialist; and Peer Recovery Coach were delineated briefly and these will be explored more in depth in our next meeting.

Melissa Motioned to adjourn the meeting at 1:54pm. Leo seconded the motion.

The next meeting will be October 12, 2022 preferably in person. Mert will do his best to secure a room set up with video conferencing capabilities
You may join to join via Zoom or in person at 2140 Ellsworth (for now) at 12:30pm, but hopefully a better room will be found before October 12. (If joining via Zoom, please log in by 12:20pm to make sure we are all ready to participate by 12:30pm.)

CMH Quarterly

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH, FALL 2022

LET'S BEGIN - CARE BASKET WINNERS

The Care Basket Lottery is still going strong!

Remember, the Employee Activities Team (EAT) picks 5 winners every month using a random number generator application and spreadsheet of CMH staff. When the number of your line is picked, you're contacted to give your top 3 choices of baskets to receive.

Our basket options

- Women's care
- Men's Care
- Self-Care/Relaxation
- Tea
- Coffee
- Ice Cream Sundae
- Gardening
- Movie Night

And Our June & July Basket Winners:

- Darren B
- James D
- Joseph G
- Karen H
- Nicole M
- Shameka B
- Shana L
- Stacey B
- Steve P

Congratulations all!!

HELLO! & HOORAY!

{June 1- August 31}

Welcome! - New Hires:

Alissa S
Andrew S
Barbara H
Brooke C
Chelsea C
Devon B
Elise B
Gracie O
Holly D
Janine C
Joel H
John W
Kathryn S
Kyle R
LaKisha V
Lora A
Louis S
Melissa V
Taylor C

Congratulations! - Transfers/Promotions:

Ann I
Jacquelyn C
Keisha T
Laura G

WALKING TOGETHER AT WALK-A-MILE

Each year, CMH's across Michigan draw more than 2,500 advocates to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas.

This Year's Rally on September 15th was another rousing success and CMH has a lot of gratitude for a lot of staff who pitched in to make it so:

- Angela D (a van, no less!)
- Danielle H (how do you do it all?!)
- Nicole M (you helped make some folks' day!)
- Leo H (… thanks for saving the county a car for the day!)
- Thanks to Webb L and Ashley S from Fresh Start for helping coordinate some pictures and several participants … and for helping with photos!!
- Thanks for Darren B and Cristobal for helping me get sandwich material & chips and service items at the last minute!!
- Thanks to Leo for a great T-Shirt design!
- Thanks to the Advisory Council for working together to present a great speech and for boldly carrying the flag!
- Thanks to the administration (especially Sally O) for giving us all an opportunity to take time to go and making this a priority!
- Thanks to the state folks who made it possible to have an in person Walk-A-Mile Rally again!
- People from our neighboring county CMHs (Livingstone & Lenawee) in the region send their greetings as they were also present with us!!

May those who most need help in getting mental health care, continue to get appropriate care (not too much, and not too little) on their journey to a life of personal health and freedom, without profit motives interfering with the journey.

WHY IS JOINT COMMISSION SUCH A BIG DEAL?

A Message from Our Performance Improvement Guru, Laura H

Michigan Department of Health and Human Services (MDHHS) requires all Community Mental Health Service Providers (CMHSP) to achieve and maintain accreditation through an independent accrediting body. We must be accredited in order to provide services via the MDHHS/ CMHSP Medicaid environment. Possible accrediting bodies include the Commission on Accreditation of Rehabilitation Facilities (CARF), Social Current (previously known as Council on Accreditation – COA) and the Joint Commission (JC). A CMHSP evaluates which accrediting body aligns well with the organization's services, philosophy and culture and chooses to seek accreditation / reaccreditation by them. There are hundreds of standards guiding the organization and each standard has elements which also must be met. There can easily be thousands of standards that an organization must be in compliance with.

Our last reaccreditation occurred April of 2019. JC announces the survey to us 10 calendar days in advance. Typically there is a six month window prior to the end of the accrediting period for the survey to occur. We were ready for this accreditation since November 1, 2021. However, JC did not inform us of the survey until July 2022. By then we were ready to have the survey completed.

The survey itself was virtual and went very well. I sent out daily emails with updates about the survey and the a final email with overall results. There were only 5 findings in this review. Two regarding the use of glucometers, two regarding our Nutrition Screen and one regarding the timeliness of the PHR. This is an outstanding outcome. We are currently working on the corrective action plan. Additionally, we all know we have more challenges and demands than ever before. The survey does not always capture the "blips". That does not mean the process loses credibility. As mentioned earlier, the most frequently cited area of standards involves suicide risk screening. Your hard work and focus on the Suicide Standards via the Columbia was very evident and impressive. We had no findings in this area. Overall, it the surveyor could easily see the complexity of cases, our arduous focus and impactful service delivery and our approach to integrated healthcare. Despite the significant resource challenges, COVID, increased caseloads, and ongoing challenges, we still impact the lives of those we serve. JC saw our systems, our expectations, our commitment to the consumer and their family. The surveyor was (again) very impressed by our organization. I know this is due to the commitment and passion you all have for the work we do. Great job and you are very appreciated!

So, reaccreditation is a big deal because it is required in order to continue those we serve. It is arduous and demanding. Once again, we did very well during the survey and are now just waiting on the final approval of our corrective action plan so that we are good to go for the next three years

Health&Wellness

WELLNESS BEGINS WITHIN

WCCMH launched the MDHHS Behavioral Health Home (BHH) in May of 2022. The Health and Wellness team members are working hard to get consumers enrolled and get BHH services started.

The program named *Wellness Begins Within* offers coordination services for those that have chronic health conditions and need more coordination or health education services. The nurses and peers on this team can provide this support and services in conjunction with the WCCMH treatment team and community partners that include physicians' offices. Eligibility for the program is determined by the state which includes a major mental illness diagnosis and Medicaid, but WCCMH has added our own determination of ER use and the presence of a chronic health conditions.

If you have consumers that could use more support around their chronic health conditions, please fill out a referral for the Health and Wellness Team, who will check eligibility and place consumers into the appropriate programs offered by Health & Wellness.

DON'T FORGET YOUR MIDWEEK, MIDDAY YOU TIME

WCCMH has teamed up with Verapose Yoga House in downtown Dexter to offer a few minutes (15 to be exact!) each Wednesday at 12:30pm to deeply reset.

It is found the practice of yoga and meditation to be especially helpful to anyone in a caregiving role, like yourself. As you know, focusing so intently on others makes time for self-care often daunting. Think of our 15 minutes together as time to profoundly care for yourself! If you are able , please click on the ZOOM link at 12:30pm on Wednesdays and come as you are. (Check your Outlook for the link)

It's ok if you're wearing more formal clothing, yoga pants or even jeans. We will be staying seated for this first class. Our instructor Courtney asks that you set aside as many distractions as possible - though she understands that many of you will be on-call.

Try to give yourself this time to focus on YOU. You are more than worth it!

ORR QUARTERLY UPDATE

WHY IS THE RIGHTS OFFICE CALLING ME?!

There are many reasons why the Rights Office may call you. Here are a few examples:

1. You are the expert! Sometimes when doing a rights investigation the Mental Health Code requires us to interview Supports Coordinators, Case Managers, Nurses, Psychologists, Psychiatrists, etc. to:
   - · clarify an IPOS, Behavior Plan, Medication Order or other written standard
   - · rule out/confirm neglect (risk of physical harm to a recipient)
   - · determine the type of harm a consumer sustained (serious or non-serious)
   - · have you weigh in on a behavioral response and help to determine appropriateness
2. To help us determine if a recipient can accurately report an incident to us
3. You were a named witness in a rights investigation
4. You were accused of violating a recipient's rights

A friendly reminder for all WCCMH staff:

Training in Recipient Rights is an ANNUAL requirement and it can easily be met through Relias. Please ensure your own compliance by checking your Relias "Assignments" and completing this training every year.

An invite for WCCMH new hires:

Our next "Rights Office Hours" for WCCMH new hires who may be less familiar with the Rights system, will be held on Tuesday, October 25th from 9:30am-10:30am via Microsoft Teams. This is an opportunity for our newest staff members to ask questions, learn how and when to report to the ORR, and to meet one of our friendly Recipient Rights Officers (Jessica, Leah, Sarah, or Shaun👏). Look for an email invite in the coming weeks.

SDC QUARTERLY UPDATE

Most Popular or Common Question or Complaint this quarter:

I have a problem

Most Popular or Common Solution:

I'm sorry to hear that...???

No, really. There is in fact a way to ask your question to get just the solution you need in a fair amount of time while saving time and reducing stress.

Simply begin with the end in mind when asking your question and include the following:

1. What are you trying to achieve?/ What outcome are you trying to get?
2. What have your tried so far and what were the results?
3. Bonus! - Share screenshots

The clearer your question and the more information you can share, the better results you will get and you'll likely get your response a little faster.

But patience is still important!

Asking a question, then immediately following up with "Did you get my question?" only slows things down. Our Learning Management tools (PD Made EZ and Relias) are very different from each and neither is absolutely perfect. Troubleshooting can involve many (many) steps. Drafting a reply which may include detailed instructions takes time. And at any given time there can be a number of staff seeking help all from one person who is also responsible for other tasks in addition to your Staff Development needs.

Consider first trying the cheat sheets for PD Made EZ and Relias along with the detailed, illustrated guide to Relias on the M Drive in the CMH Staff Development Resources folder that many have found helpful.

If those don't work for you can still pose your good, clear question and rest assured that your problem is being explored and a good, clear answer is on the way.

CELEBRATION OF SUCCESS IS JUST AROUND THE CORNER

WCCMH is so pleased to announce the 2022 IN PERSON Celebration of Success 6:00pm, on October 19, 2022 at St Luke Church on Washtenaw Ave.

This year we will be honoring individuals that have shown strength, determination, resiliency and perseverance.

It is an amazing night for all involved. A time to reconnect with the purpose and spirit of Washtenaw Community Mental Health.

I hope you were able to nominate someone it’s a great time to see them shine. If you were not able to nominate, it is still a great night to recharge on the mission, vision and values of WCCMH.

See you there!

THANKS TO OUR CONTRIBUTORS

Brandie H
Candy C
Krista D
Laura H
Leah R
Mert H
Sally O
Sarah S

THANKS FOR READING!!

ATTACHMENT #1H
NOVEMBER 2022

2023 WCCMH BOARD AND BOARD COMMITTEE MEETING SCHEDULE

***VIRTUAL MEETING LINKS WILL BE POSTED ON THE WEBSITES AND INCLUDED ON THE MEETING AGENDAS

WCCMH Board	Executive Committee	Millage Advisory Committee	Quality-Finance Committee
NO MEETING SCHEDULED FOR JANUARY 2023	**January 27, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-10:30am	**NO MEETING SCHEDULED FOR JANUARY 2023**	**NO MEETING SCHEDULED FOR JANUARY 2023**
February 24, 2023 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR FEBRUARY 2023**	**February 13, 2023** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**February 13, 2023** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR MARCH 2023	**March 24, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-10:30am	**NO MEETING SCHEDULED FOR MARCH 2023**	**NO MEETING SCHEDULED FOR MARCH 2023**
April 28, 2023 Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR APRIL 2023**	**April 10, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**April 10, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR MAY 2023	**May 26, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-10:30am	**NO MEETING SCHEDULED FOR MAY 2023**	**NO MEETING SCHEDULED FOR MAY 2023**
June 23, 2023 Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR JUNE 2023**	**June 12, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**June 12, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR JULY 2023	**July 28, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-10:30	**NO MEETING SCHEDULED FOR JULY 2023**	**NO MEETING SCHEDULED FOR JULY 2023**
August 25, 2023 Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR AUGUST 2023**	**August 14, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**August 14, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR SEPTEMBER 2023	**September 22, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-10:30am	**NO MEETING SCHEDULED FOR SEPTEMBER 2023**	**NO MEETING SCHEDULED FOR SEPTEMBER 2023**
October 27, 2023 Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR OCTOBER 2023**	**October 8, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**October 8, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR NOVEMBER 2023	**November 24, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-10:30am	**NO MEETING SCHEDULED FOR NOVEMBER 2023**	**NO MEETING SCHEDULED FOR NOVEMBER 2023**
December 22, 2023 Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR DECEMBER 2022**	**December 11, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**December 11, 2023** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm

WCCMH BOARD MEMBERS ARE REQUIRED TO ATTEND IN PERSON TO COUNT TOWARDS A QUORUM.
ALL OTHERS ARE ENCOURAGED TO ATTEND VIRTUALLY IN ORDER TO ASSIST IN ADHERING TO SOCIAL DISTANCING GUIDELINES.

9/15/22 rla

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy Psychotropic Medication Orders and Consents
Committee: Clinical Performance Team	**Local Policy Number (if used)**
Implementation Date	**Regional Approval Date**

Reviewed by:	Recommendation Date:
ROC	06/27/2022
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish regional practice standards for the safe prescribing and monitoring of psychotropic medications.

II. REVISION HISTORY

DATE	MODIFICATION
03/08/2017	New regional policy (formerly local)
06/18/2018	Updated to address Public Acts 246-255 of 2017 (Michigan Opioid Laws)
Will be the regional approval date	3-year review

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

Medication and medical treatments shall be administered only at the order of a physician or a prescriber who is a medical professional vested with legal authority through professional licensing or certification to prescribe medications.

Psychotropic medications will be prescribed only following informed consent by the recipient, legal representative, or pursuant to a court order authorizing treatment.

V. DEFINITIONS

Chemotherapy: The use of psychotropic medications.

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

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

Delegated Prescribing Authority: A licensed physician who is a credentialed and privileged member of the CMH may delegate the authority to prescribe medications to a Mental Health Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17076; 17210; 17708(2).

Informed Consent: Informed consent is defined as either of the following:

1. A written agreement signed by a recipient, unless the recipient has a designated legal representative with authority to execute consent. If the recipient has a designated legal representative, the legal representative must provide written agreement.
2. A verbal agreement of a recipient, unless the recipient has a designated legal representative with authority to execute a consent, that is witnessed and documented by an individual other than the individual providing treatment. If the recipient has a designated legal representative, the legal representative must provide verbal agreement.

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

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

Michigan Automated Prescription System (MAPS): Michigan's prescription monitoring program. MAPS is used to track controlled substances, schedules 2-5 drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

Medication Order: A written direction provided by a prescribing practitioner for a specific medication to be administered to a consumer/individual served. The prescribing practitioner may also give a medication order verbally to a **licensed person** such as a pharmacist or a nurse. **Examples of some different types of medication orders are:**

- Copy of a written prescription
- Written order on a consultation form, signed by the practitioner
- Written list of medication orders, signed by the practitioner
- Copy of a pharmacy call-in order, given to you by the pharmacist
- A verbal order given to a **licensed** person
- Electronic prescriptions signed electronically via a secured system

Nurse Practitioner or Clinical Nurse Specialist: An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan.

Physician: An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts

of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws. The "practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333.17001(1)(f)).

Physician Assistant: An individual licensed to practice as a physician assistant by the State of Michigan.

Prescriber: A Physician who is licensed to prescribe medications, or Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist with delegated prescribing authority who is licensed to prescribe medications. A licensed physician who is a credentialed and privileged member of CMH may delegate the authority to prescribe medications to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17076, 17210, 17708(2).

Psychotropic Medications: Medications prescribed to treat or ameliorate disorders of thought, mood or behavior.

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

VI. STANDARDS

A. Prescribers will be familiar with psychotropic medication through specific training and/or experience. Medication references, such as the Physicians' Desk Reference, are available.

B. Psychotropic chemotherapy shall not be administered unless: (1) the recipient gives informed consent; (2) there is a court order; (3) the administration is necessary to prevent physical injury to the recipient or others. A provider may administer chemotherapy to prevent physical harm or injury after signed documentation of the physician is placed in the recipient's clinical record and when the actions of a recipient or other objective criteria clearly demonstrate to the physician that a recipient poses a risk to him/herself or others. The initial course of medication may not extend beyond 48 hours unless there is consent. The duration of psychotropic chemotherapy shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The medication shall be terminated as soon as there is little likelihood that the recipient will pose a substantial risk to him/herself or others.

C. Medication Orders will include the name of the recipient and at least one other identifier, the name of the medication, dose and timing of medication administration, method of drug administration, number/amount of medication to be dispensed, number of refills allowed and special instructions, when indicated.

D. Psychotropic medication will be selected by the prescriber based on best research evidence of effectiveness and safety, prescriber expertise, and recipient preference.

E. Medications are selected from a list of medications, maintained in the medical record, which comprises the formulary. The CMH maintains an open formulary to ensure that medication determined by the Medical Staff to meet the selection criteria noted above

is available to the recipient.

F. Staff will identify the diagnosis, condition, or indication-for-use for each medication ordered.

G. Medication orders are completed in the Psychiatric Evaluation or Medication Review Note and maintained in the recipient record, showing the prescribed medication use/history. The recipient's medication history prior to involvement with the CMH is documented in the Psychiatric Evaluation.

H. The prescriber will determine for each consumer/individual served the initial psychotropic medication dosage for treatment by considering the recipient's, age, sex, weight, physical condition and any previous adverse reactions to medication.

I. All orders for medication shall be in effect only for the specific number of days indicated by the prescriber.

J. All new or discontinued medications will be documented by the prescriber in the medical record.

K. The use of all medications will follow Physician's Desk Reference (PDR) guidelines regarding contraindications, warnings, precautions, adverse effects, dosing and administration. If a prescriber departs from these guidelines, the clinical justification for it shall be documented in the Psychiatric Evaluation or Medication Review Note in the medical record.

L. Justification and rationale for the concomitant use of two or more psychotropic medications from the same category (e.g., Antipsychotic, Antidepressants), use of high dose pharmacotherapy (i.e., dosage greater than that recommended in the PDR), or prescription of controlled substances (i.e., benzodiazepines, psycho-stimulants) must be recorded in the Psychiatric Evaluation or Medication Review Note.

M. Before initiating a course of treatment with psychotropic medication, the prescriber or another licensed health professional acting under his/her delegated authority, will explain the specific risks and potential side effects associated with the medication and shall provide the recipient with a written summary of the most common adverse effects.

N. Except as delineated above (IV. Standard B.), informed consent is required prior to the initiation of psychotropic medication. The recipient or recipient's legal representative signify their consent to the use of psychotropic medication by signing the Consumer Medication Consent form (Exhibit A). The consent form can be revoked by the recipient at any time.

O. All apparent adverse reactions/side effects from psychotropic medications such as leukopenia, extra-pyramidal syndromes, etc. and action taken as a result of an adverse reaction/side effect will be documented in the medical record.

P. Effects of the medication(s) on target symptoms will be recorded in the medical record each time the recipient is evaluated by the prescriber. CMH Nurses administering

medication document recipient-reported and observed effects of medication(s), and CMH staff in contact with recipients monitor effects of medication(s) on an ongoing basis. CMH staff has immediate access to CMH health professionals for consultation and/or triage in situations of potential adverse effects.

Q. For those recipients taking antipsychotic medications associated with the potential to induce tardive dyskinesia, an AIMS test will be performed at least quarterly, or at each appointment with a prescriber if appointments occur less than quarterly.

R. Medication use will be reviewed at least quarterly, or as indicated in the consumer/individual's plan of services or based upon the recipient's clinical status, and either continued, revised, or discontinued.

The following types of orders will be used as noted:

a. Standing Orders are medication orders written for over-the-counter medications prescribed by the primary care physician for recipients living in residential programs. These medications are reviewed by the CMH prescriber during the medication reconciliation process.
b. Taper Orders and/or Titration Orders are written by CMH prescribers when recommended by the manufacturer and/or as recommended in the Physicians' Desk Reference to minimize side effects when instituting a medication or to minimize withdrawal symptoms when terminating a medication.
c. The rationale or justification for the use of a psychotropic medication prescribed on an "as needed" basis must be documented in the Medication Review. The medication order will also document general indications for its use and length of time it is in effect.

S. Verbal/telephone orders for medication are allowed. The order is to be given to a CMH nurse by the prescriber, recorded in the medical record/Nurses Progress Note, read back verbatim to the prescriber, signed by the RN and co-signed by the prescriber.

T. For telephonic reporting of critical test results, the prescriber or nurse receiving the test results will record the value in the medical record, read it back verbatim to the caller, and have the caller confirm the accuracy of the read back. A facsimile may be requested in order to ensure accuracy. Results shall be immediately given to the prescribing practitioner and follow-up with the recipient will occur, if directed by the practitioner.

U. All forms referenced in this policy will become a part of the recipient's clinical record.

V. Prescribers will not prescribe medications for non-behavioral health conditions (including seizure disorders). Recipients that have known medical illness, or that are determined to have symptoms suggestive of medical illness by history, response to the Personal Health Review, or routine laboratory screening, will be referred to a primary care provider for medical assessment and treatment.

W. Opioid controlled substances shall not be prescribed by any prescribers employed or under contact with the CMHPSM.

X. All prescribers must be enrolled in the Michigan Automated Prescribing System (MAPS).

Y. Before prescribing a controlled substance for a recipient in a quantity that exceeds a 3-day supply, a prescriber shall obtain and review a MAPS report pertaining to the recipient and signify in the electronic health record (EHR) that the MAPS report was reviewed.

Z. Prescriber delegates may run MAPS reports on behalf of a prescriber. The reports must be reviewed by the prescriber.

AA. MAPS reports may not be uploaded into the EHR or provided to the recipient.

BB. MAPS findings and information may be included within the EHR note and may be discussed with the recipient.

CC. While providing on call coverage for the physician/nurse practitioner group, the on call provider may not prescribe a controlled substance to a recipient in a quantity that exceeds a 3-day supply unless the on call provider is also the prescriber of record and has a pre-existing prescriber-patient relationship.

DD. During a prescriber vacation or leave of absence, the covering prescriber may provide medication refills until the return of the away prescriber. Based on clinical judgment, the covering prescriber may request to face-to-face visit with the recipient prior to granting refills and may adjust, taper, or discontinue medications according to the clinical and safety needs of the recipient.

EE. Incomplete or unclear medication orders will be brought to the prescriber's attention when identified. The prescriber will rewrite the orders for clarity.

FF. Use of abbreviations, acronyms and symbols are to be avoided and a list of abbreviations to be avoided is available to prescribers and medication certified staff.

GG. The medical record will contain medication history information to reduce risks associated with medication. Information includes: current medications; allergies to medication, food, environment; sensitivities to medication; age; gender; height/weight; vital signs; use of alcohol/illicit substances; pregnancy/lactation status; any other relevant health/medication history.

HH. Use of abbreviations on the Joint Commission official DO NOT USE list is prohibited. The list will be printed on bright paper and posted in prescriber and nurse offices and in medication rooms. The list will be reviewed for revisions annually by the Medical Director or designee (see Exhibit B).

II. Prescribers, nurses, and staff trained in medication safety will be aware of the potential danger of "Look-alike & Sound-alike" medications. A list of "Look-alike & Sound-alike" medications will be printed on bright paper and posted in prescriber and nurse offices and in medication rooms. The list will be reviewed annually by the Medical Director or designee (see Exhibit C).

JJ. Prescribers, nurses and staff trained in medication safety will be aware of the potential danger of "High Alert Medications." A list of high-alert medications relevant to the medications utilized by staff will be printed on bright paper and posted in the prescriber

and nurse offices and in medication rooms. The list will be reviewed annually by the Medical Director or designee.

VII. EXHIBITS

A. Medication Consent form
B. Joint Commission "Do Not Use" abbreviation list
C. "Look alike and sound alike" medication list
D. High Alert medication list

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
The Joint Commission	X	MM 4.10-5.20
MDHHS Administrative Rules	X	AR 7158
MDHHS Policy	X	Psychotropic Medications, III-7158-R-GL
Michigan Public Health Code	X	
Physician's Desk Reference	X	

Exhibit A

Organization Name

CONSENT FOR THE USE OF MEDICATION

Name: John Doe (Test) **Case Number:** 0000000011

It has been explained to me that I have a psychiatric illness. To treat my illness, the doctor recommends initiation or continued treatment with:

Medication	Class	Dosage Range mg/day
Abilify	Antipsychotic	2 - 30
Adderall XR	Central Nervous System Agent	5 - 60
Ativan	Antianxiety	0.5 - 10
Depakote	Anticonvulsant	125 - 4500
Escitalopram Oxalate	Antidepressant	5 - 20
Haldol Decanoate	Antipsychotic	Max 400 mg IM/month
Metformin XR	Antidiabetic	500 - 2000
Narcan	Opioid Antagonist	
Nardil	Antidepressant	45 - 90
Risperdal Consta	Antipsychotic	12.5mg IM q2w - 50mg IM q2w
Valium	Antianxiety	2 - 40

I and/or Guardian was provided with both a verbal explanation and a written summary of the benefits, specific risks, and most common adverse effects associated with the prescribed medication.
While medications of this type have been used successfully in the treatment of others with symptoms similar to mine, I understand that no guarantee can be made that any of these agents will be effective in the treatment of my particular symptoms. If I think the medication is not helping me within the time the doctor has said I should, or if I have any other problems with the medication, I understand I should contact my doctor.
Also, I will inform my doctor if I have a change in my physical health status.

Female Consumers only: ☐ I am pregnant ☐ I am not pregnant (Also, I will inform my doctor if I am pregnant or plan to become pregnant to avoid any ill effects to my unborn child.)

I voluntarily consent to take this medication. I also understand I have the right to withdraw my consent and stop taking the medication at anytime. **By signing I acknowledge that I have received a copy of this form for my personal reference.**

Special Remarks (Other known physical and/or medical issues related to the medication(s) prescribed above)

Consumer Date Date

☐ Parent ☐ Guardian Date Witness Signature Date

Exhibit B

JOINT COMMISSION OFFICIAL “Do not Use “List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod(every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO_4 and $MgSO_4$	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate

Exhibit C

LOOK-ALIKE & SOUND-ALIKE MEDS

USE CAUTION WITH THESE MEDICATIONS PLEASE

Medication	Confused with
Adderall	Inderal
Alprazolam	Lorazepam
Artane	Altace
Benadryl	Benazepril
Bupropion	Buspirone
Carbamazepine	Oxcarbazepine
Celexa	Celebrex; Zyprexa; Cerebyx
Chlorpromazine	Chlordiazepoxide; Chlorpropamide
Clomipramine	Clomiphene
Clonazepam	Lorazepam, Clonidine
Clozaril	Colazal, Clonidine
Cymbalta	Symbyax
Depakote	Depakote ER
Desipramine	Disopyramide
Diphenhydramine	Dimenhydrinate
Duloxetine	Fluoxetine
Effexor	Effexor XR
Fluoxetine	Paroxetine; Duloxetine
Fluvoxamine	Flavoxate
Hydroxyzine	Hydralazine
Klonopin	Clonidine
Lamictal	Lamisil, Lomotil
Lamotrigine	Lamivudine; Levothyroxine
Lexapro	Loxitane
Lorazepam	Alprazolam; Clonazepam; Lovaza
Loxitane	Lexapro; Soriatane;
Lunesta	Neulasta
Luvox	Lasix
Lyrica	Lopressor
Naloxone	Lanoxin

Medication	Confused with
Neurontin	Motrin; Noroxin
Norpramin	Normodyne
Olanzapine	Quetiapine
Oxcarbazepine	Carbamazepine
Pamelor	Panlor DC; Tambocor
Paroxetine	Fluoxetine
Paxil	Doxil; Taxol; Plavix
Prozac	Prograf; Provera; Prilosec
Quetiapine	Olanzapine
Restoril	Risperdal
Risperdal	Restoril
Risperidone	Ropinirole
Ritalin	Ritodrine
Ritalin LA	Ritalin SR
Rozerem	Razadyne
Sarafem	Serophene
Seroquel	Seroquel XR; Serzone; Sinequan
Sertraline	Cetirizine; Soriatane;
Serzone	Seroquel
Sinequan	Saquinavir; Singulair; Zonegran; Seroquel
Topamax	Toprol-XL
Tegretol	Tegretol XR; Tequin; Trental
Trazodone	Tramadol
Wellbutrin XL	Wellbutrin SR
Xanax	Zantac
Zyban	Diovan
Zyprexa	Celexa; Reprexain; Zestril; Zyrtec
Zyprexa zydis	Zelepar; Zydis

Exhibit D

HIGH ALERT MEDICATON LIST

BENZODIAZEPINES

addiction potential; abuse potential; street value

Alprazolam (Xanax)
Lorazepam (Ativan)
Clonazepam (Klonopin)
Diazepam (Valium)
Chlordiazepoxide (Librium)
Temazepam (Restoril)
Triazolam (Halcion)
Flurazepam (Dalmane)

OPIOIDS

addiction potential; abuse potential; street value

Methadone
Meperidine (Demerol)

Buprenorphine (Suboxone, Subutex)
Fentanyl (Duragesic, Actiq)
Oxycodone (OxyContin)
Hydrocodone (Vicodin)
Codeine
Tramadol (Ultram)

STIMULANTS

addiction potential; abuse potential; street value

Amphetamines (Adderall, Dexedrine)
Methylphenidate (Concerta, Ritalin)
Dexmethylphenidate (Focalin XR)
Lisdexamfetamine (Vyvanse)
Diet aids (Adipex, Ephedra, Hydroxycut, Plenity, Fastin-XR, Phentramine)

OTHER SPECIFIC MEDICATIONS

Naltexone	(ReVia, Vivitrol)	*causes opioid withdrawal*
CarBAMazepine	(Tegretol, Equetro, Carbatrol)	*fetal toxicity*; *drug/drug interactions*
Divalproex	(Depakote)	*fetal toxicity; drug/drug interactions*
LamoTRIgine	(Lamictal)	*severe rash; drug/drug interactions*
Gabapentin	(Neurontin)	*abuse potential*
Insulin		*narrow dosing margins; dangerous in overdose*
Lithium		*narrow therapeutic index; dangerous in overdose*

ORAL HYPOGLYCEMICS

Metformin (Glucophage)
Meglitinides (Repaslinide, Nateglinde)

Sulfonylureas (Glyburide, Glipizide)
Thiazolidinediones (Rosiglitazone, Piglithazone)

ANTICOAGULANTS

Heparin
Warfarin (Coumadin)
Enoxaparin (Lovenox)
Pivaroxaban (Xarelto)
Apixaban (Eliquis)
Dabigatran (Pradaxa)

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN/PIHP	***Policy* *Sanctions for Breaches of Security or Confidentiality***
Committee/Department: EOC	**Local Policy Number (if used)**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

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

I. PURPOSE

To establish sanctions for violations of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) policies that protect confidentiality and integrity of protected health information (PHI).

II. REVISION HISTORY

DATE	MODIFICATION
2015	Revised to reflect the new regional entity effective January 1, 2014.
Will be Regional Approval Date	Revisions to reflect updated definitions, exclusions, and sanctions language

III. APPLICATION

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

IV. POLICY

It is the responsibility of all staff, students, volunteers, board members, and contractual organizations within the provider network of the CMHPSM to protect the integrity and confidentiality of Protected health information (PHI) and/or Individually Identifiable Health Information (IIHI): pertaining to its consumers. Violations will constitute grounds for sanctions and disciplinary action up to and including termination, professional discipline, criminal prosecution, and/or civil action to recover any fines or penalties levied against the CMHPSM and/or CMHSPs that result from a failure to

comply with relevant state and federal legal requirements.

V. DEFINITIONS

Breach: the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. Categories of breaches are as follows:

Category 1:. No Knowledge or unintentional violation caused by carelessness, lack of adequate training or human error.

Category 2: Reasonable Cause: Violations attributed to poor job performance or failure to understand/follow policies

Category 3: Willful Neglect- Corrected: Intentional violations causing individuals/consumers served or organizational harm, but is timely corrected within 30 days.

Category 4: Willful Neglect- Not Corrected: Intentional violations causing individuals/consumers served or organizational harm.

Exclusions not Considered a Breach:

a. Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or a business associate, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under subpart E of this part.

b. Any inadvertent disclosure by a person who is authorized to access protected health information at a covered entity or business associate to another person authorized to access protected health information at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under 45 CFR 164 Subpart E.

c. A disclosure of protected health information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Business Associate- a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. A member of the covered entity's workforce is not a business associate. A covered health care provider, health plan, or health care clearinghouse can be a business associate of another covered entity. A business associate is held to all aspects of organizational requirements for uses and disclosures of PHI related to HIPPA laws, as specified in 45 CFR 164.504(e).

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The

Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

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

Covered Entity – per 160.103 of title 45, Code of Federal Regulations, Section 160.103, any entity that is:

1. A health plan.
2. A health care clearinghouse.
3. A health care provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA/HITECH

For the purposes of this policy, the CMHPSM, the CMHSPs, and contractual providers/bodies that meet the above definition, are considered covered entities and will be held to this policy as such.

Individually Identifiable Health Information (IIHI): A subset of health information, including demographic data, that is created or received by a health care provider, health plan, employer, or health care clearinghouse that relates to the individual's past, present, or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual. Said IIHI must identify the individual or for which there is a reasonable basis to believe IIHI can be used to identify the individual.

Protected Health Information (PHI): Protected health information means individually identifiable health information that is:

1. Transmitted by electronic media,
2. Maintained in electronic media, or
3. Transmitted or maintained in any other form or medium.

Sanction: An action or penalty taken for the violation of rules, of procedures, or some coercive measure intended to ensure compliance.

The covered entity has the responsibility and authority to determine which sanctions to apply based on the category of the violation and the specific circumstances of the violation. The CE will ensure sanction decisions are clearly documented an imposed fairly and consistently, including addressing repeat .

Sanction parameters corresponding to the 4 categories of breaches are as follows:

Category 1: No Knowledge: Unintentional violation caused by carelessness, lack of adequate training or human error

a. ***Example Violations***:
   i. Fax, mail or email to the wrong individuals/consumers served
   ii. Leaving paper documents unsecured
   iii. Verbal discussions in inappropriate places
b. ***Examples of Potential Disciplinary Action***:
   i. Mandatory remedial education course
   Verbal or written warning
   i. Subject to a potential fine per 1176(a) of the Social Security Act

Category 2: Reasonable Cause: Violations attributed to poor job performance or failure to understand/follow policies

a. ***Example Violations***:

i. Releasing PHI without proper individuals/consumers served authorization
ii. Failure to log off from an IT application
ii. Failure to safeguard portable devices
iii. Sharing user ID and/or passwords
iv. Transmitting PHI using an unsecured method
v. Improper disposal
vi. Failure to report a privacy or security violation
vii. Leaving detailed PHI on an answering machine
viii. Discussing PHI in a public area inside or outside of the PIHP/CHMSPs without legitimate business reason
ix. Failure to register an information system for certification

b. ***Examples of Potential Disciplinary Action***:

i. Written warning
ii. Mandatory remedial education course
iii. Subject to a potential fine per 1176(a) of the Social Security Act

Category 3: Willful Neglect- Corrected: Intentional violations causing individuals/consumers served or organizational harm corrected in 30-days

a. ***Example Violations***:

i. Unauthorized disclosure of PHI for identity theft, fraud, or other intent to use or sell for personal or financial gain.
ii. Unauthorized access of PHI to use against the individuals/consumes served in a dispute, legal proceeding or to otherwise extort, embarrass or humiliate a individuals/consumes served.

*b****. Examples of Potential Disciplinary Action***:

i. Termination, depending on the circumstances
ii. Subject to a potential fine per 1176(a) of the Social Security Act.

Category 4: Willful Neglect- Not Corrected: Intentional violations causing individuals/consumers served or organizational harm

a. ***Example Violations***:

i. Unauthorized disclosure of PHI for identity theft, fraud, or other intent to use or sell for personal or financial gain
ii. Unauthorized access of PHI to use against the individuals/consumers served in a dispute, legal proceeding or to otherwise extort, embarrass or humiliate a individuals/consumes served.

b. ***Examples of Potential Disciplinary Action***:

i. Termination
ii. Subject to a potential fine per 1176(a) of the Social Security Act.

VI. STANDARDS

A. All persons to whom this policy applies shall be trained on those policies and procedures protecting the confidentiality and integrity of PHI, including potential sanctions and fines.

B. All persons to whom this policy applies are required to sign a statement of adherence to security policy and procedures as a prerequisite to employment. The statement shall include an acknowledgement that violations of security policies and procedures may lead to disciplinary action, up to and including termination.

C. Any persons to whom this policy applies shall immediately report suspected breaches to his or her supervisor and to the CMHSP Privacy Officer.

D. The CMHSP Privacy Officer shall notify the CMHSP Compliance Officer/Compliance Liaison of breaches. The CMHSP Compliance Officer/Compliance Liaison shall notify the CMHPSM Compliance Officer if a breach indicates any regional or CMHPSM-related risks.

E. The CMHPSM as the PIHP will ensure breaches that affect 500 or more individuals served are reported within required timeframes to the federal Health and Human Services (HSS) Department.

F. The CMHSP Privacy Officer shall conduct a thorough and confidential investigation of the allegation and recommend corrective action to the CMHSP Compliance Officer/Compliance Liaison. Any regional or CMHPSM-related investigation shall be conducted by the CMHPSM Compliance Officer. The investigation shall be completed without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. Depending on the type of breach, the investigator may collaborate and coordinate the investigation with other roles such as the entity Security Officer and/or the assigned Recipient Rights Officer.
The responsible investigator shall inform the responsible department/administrator of the results of the investigation.

G. Neither the CMHSP nor the CMHPSM shall retaliate against or permit reprisals against any staff, student, volunteer, board member, or contractual organization who reports a suspected violation in good faith. Allegations not made in good faith or that involve the reporter, may result in disciplinary action, up to and including termination.

H. Individuals who violate this policy are subject to discipline up to and including professional discipline, termination from employment, or criminal prosecution in accordance with state and federal law. This policy does not mandate the use of progressive discipline or the imposition of lesser sanctions before the CMHSP or the CMHPSM terminates an employee, student, or volunteer for violating its policies protecting the confidentiality and integrity of its clients' personal medical information. At the discretion of the CMHSP or the CMHPSM Executive Director, an employee, student, or volunteer may be terminated for the first substantiated breach of confidentiality and security policies if warranted by the seriousness of that breach. In addition, the CMHSP or CMHPSM will address violations by contractors and contractors compliance with confidentiality and sanctions as part of functions related to monitoring, oversight, and contract sanctions with any compliance issues where indicated.

I. Further, substantiated violations of this policy may constitute violations of professional ethics and be grounds for professional discipline. Any individual subject to professional ethics guidelines and/or professional discipline will be reported to the appropriate licensure/accreditation agencies, and the CMHSP or the CMHPSM will cooperate with any professional investigation or disciplinary proceedings.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
45 CFR 164 Subpart E 45 CFR § 164.402 45 CFR §160.103 45 CFR §§ 164.400		
42CFR § 290dd–2(f):		
13410(d) of the HITECH Act 1176 and 1177) of the Social Security Act (42 U.S.C. 1320d–5 and 42 U.S.C. 1320d–6)		
Michigan Mental Health Code Act 258 of 1974 as amended		
MDHHS/PIHP Medicaid Contract and Attachments		
CMHPSM Communication by Mail, Telephone, and Visits Policy		
CMHPSM Confidentiality and Access to Consumer Records Policy		
CMHPSM Consent to Treatment and Services Policy		
CMHPSM Coordination of Integrated Healthcare Policy		
CMHPSM Privacy & Security of Workstations Policy		
CMHSPM Security of Consumer Related Information Policy		

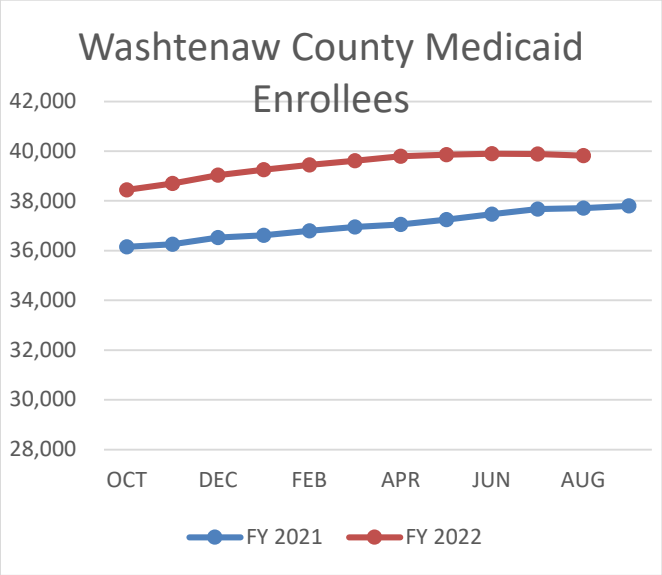
IX. PROCEDURES

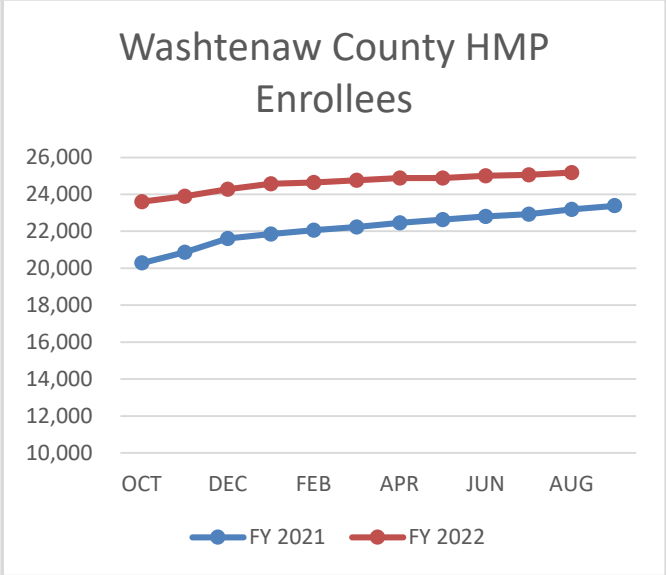
None

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending August 31, 2022
Prepared: October 11, 2022

1. Washtenaw County Enrollees

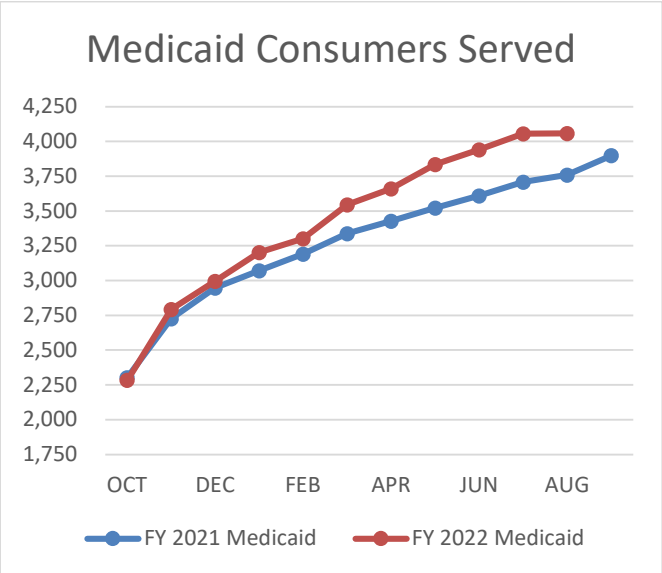
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

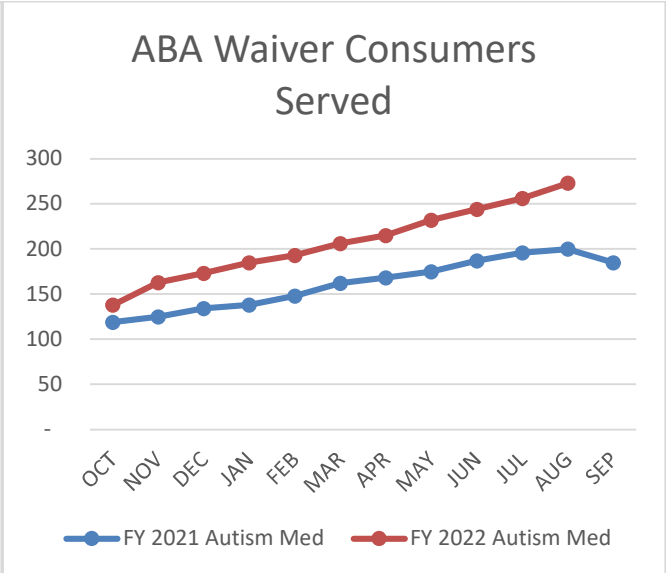




Washtenaw County Medicaid Enrollees were 39,824 in August 2022. This is a 5.61% increase from the same time last year (2,117 more enrollees than in August 2021). Healthy Michigan enrollment in August 2022 was 25,177. This is a 8.63% increase from the same time last year (2,001 more enrollees than in August 2021).

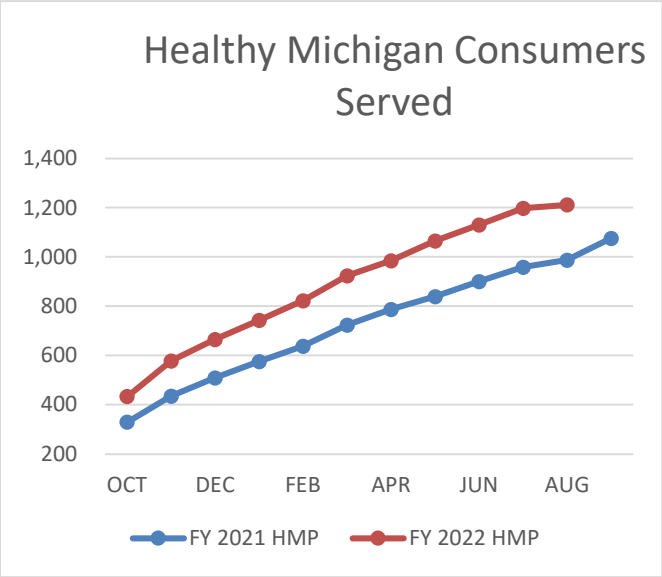
2. WCCMH Consumers Served to Date

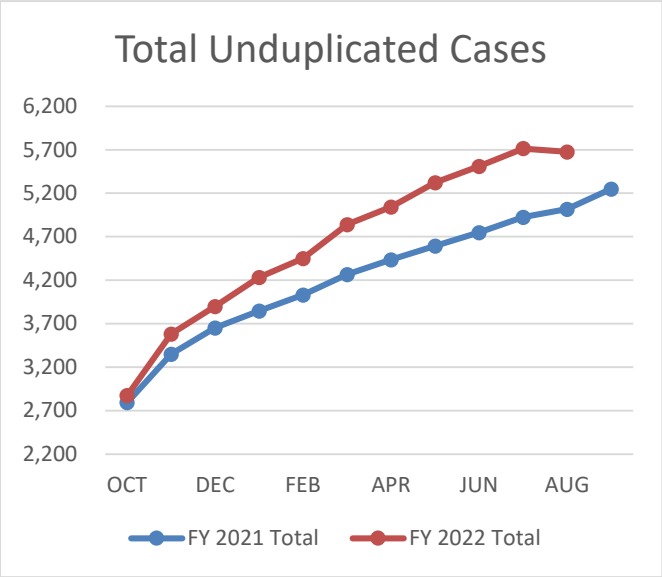




Medicaid consumers served through August 2022 are 4,058. This is 299 more consumers than the prior year (3,759 consumers were served through August 2021).

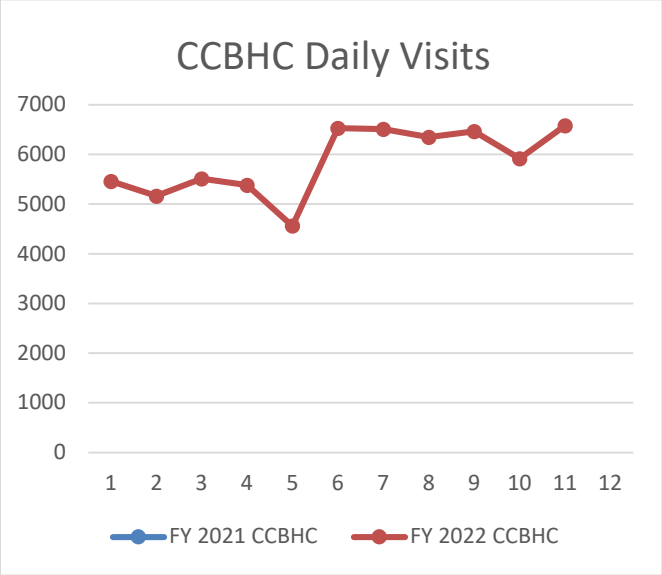
ABA Waiver consumers served through August 2022 are 273. This is 73 more consumers than prior year (273 consumers were served through August 2021).

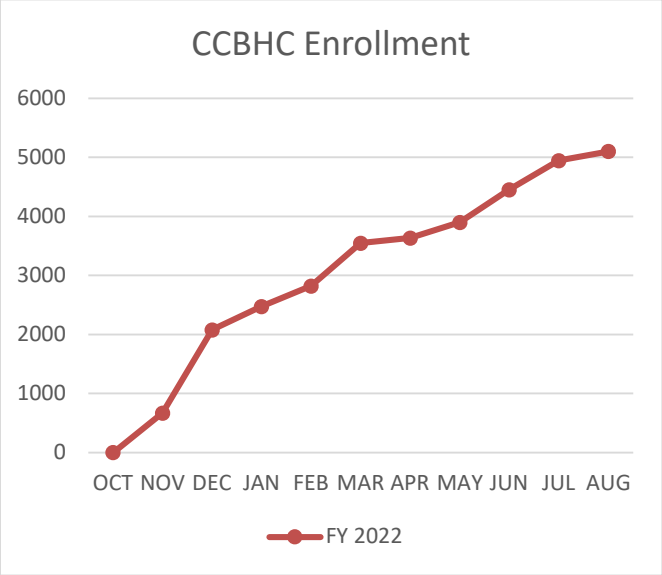




Healthy Michigan consumers served through August 2022 were 1,212. This is 224 more consumers than the same period last year.

The total unduplicated consumers served by WCCMH through August 2022 were 5,676. This is 659 more consumers than served last year.





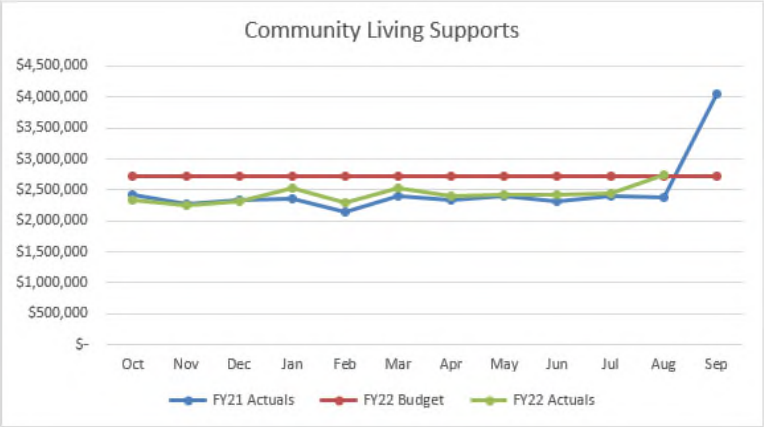
The CCBHC daily visit count for August 2022 were 6,583.

The YTD CCBHC Enrollment for FY 2022 as of August 2022 was 5,103.

3. Financial Statement Highlights

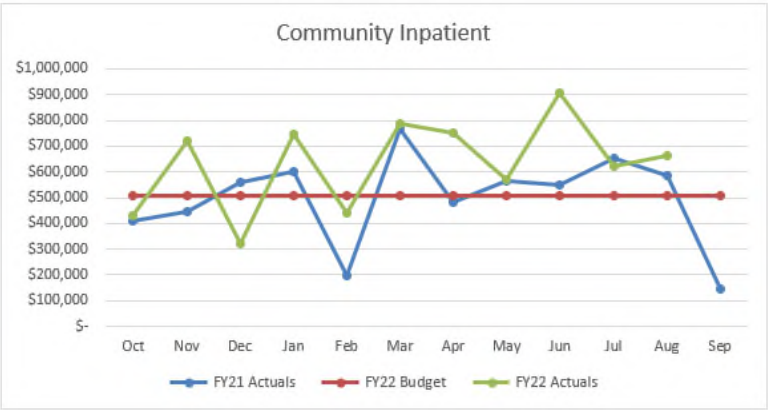
a. CLS service costs to date are estimated to be $28.2 Million and $1.6 Million under budget. The costs year to date are 3.5% more than this time last year. Provider stabilization payments have been made to CLS providers on a quarterly basis utilizing a retrospective rate adjustment. The stability payments along with the Direct Care Worker pass through funds are reflected in the graph below.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 2,425,825	2,711,968	$ 2,325,336	-4.14%
Nov	2,264,769	2,711,968	2,240,096	-2.67%
Dec	2,346,049	2,711,968	2,317,212	-2.19%
Jan	2,365,368	2,711,968	2,524,996	0.06%
Feb	2,135,096	2,711,968	2,285,682	1.35%
Mar	2,408,780	2,711,968	2,529,180	1.98%
Apr	2,328,718	2,711,968	2,406,148	2.18%
May	2,410,288	2,711,968	2,431,396	2.01%
Jun	2,316,806	2,711,968	2,431,870	2.33%
Jul	2,393,966	2,711,968	2,436,133	2.28%
Aug	2,377,568	2,711,968	2,746,122	3.50%
Sep	4,042,059	2,711,968		



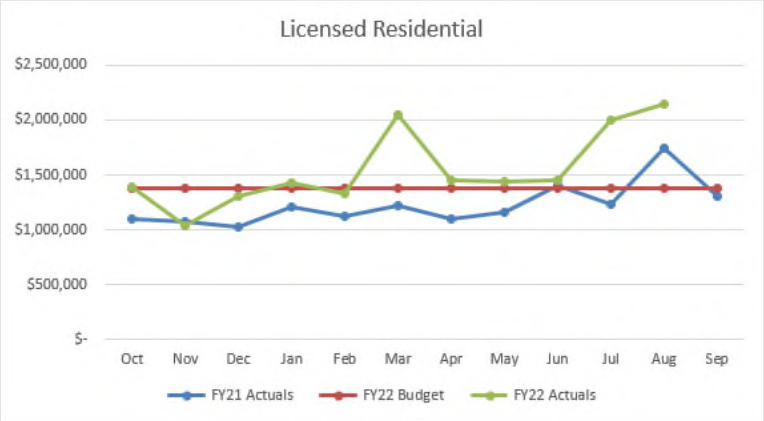
b. Community Inpatient costs to date are $7 Million. The costs year to date are 19.53% more than this time last year and $1.4 Million over budget.

	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	624,231	20.25%
Aug	584,676	508,333	661,279	19.53%
Sep	146,525	508,333		



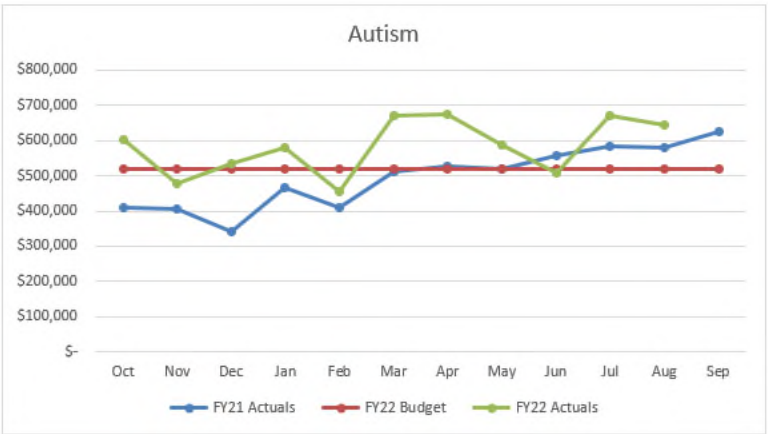
c. Licensed Residential costs to date are $15.5 Million and $350,000 over budget. The costs year to date are 27.23% more than this time last year. Provider stabilization payments have been made to Licensed Residential providers on a quarterly basis utilizing a retrospective rate adjustment. The stability payments along with the Direct Care Worker pass through funds are reflected in the graph below.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 1,093,095	$ 1,375,450	$ 1,386,550	26.85%
Nov	1,073,263	1,375,450	1,038,733	11.95%
Dec	1,028,927	1,375,450	1,304,777	16.74%
Jan	1,211,062	1,375,450	1,429,675	17.10%
Feb	1,118,469	1,375,450	1,325,725	17.39%
Mar	1,225,127	1,375,450	2,048,936	26.44%
Apr	1,093,521	1,375,450	1,451,576	27.32%
May	1,159,115	1,375,450	1,437,448	26.89%
Jun	1,399,305	1,375,450	1,454,128	23.80%
Jul	1,228,220	1,375,450	1,995,132	27.88%
Aug	1,742,223	1,375,450	2,141,085	27.23%
Sep	1,304,444	1,375,450		



d. Applied Behavior Analysis/Autism service costs to date are $4.4 Million. The costs year to date are 20% more than this time last year and $677,000 over budget.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 408,109	$ 520,861	$ 602,553	47.64%
Nov	404,662	520,861	479,479	33.13%
Dec	342,956	520,861	534,172	39.84%
Jan	464,654	520,861	580,372	35.56%
Feb	410,998	520,861	453,979	30.48%
Mar	512,641	520,861	672,143	30.61%
Apr	525,526	520,861	674,225	30.21%
May	518,865	520,861	587,988	27.77%
Jun	558,191	520,861	508,069	22.82%
Jul	584,957	520,861	670,422	21.81%
Aug	578,244	520,861	643,331	20.66%
Sep	624,950	520,861		



e. Internal staffing expenses are trending under budget due to the difficulty recruiting for budgeted vacant positions.

4. PIHP Revenue Key Points

a. Medicaid and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid is showing a surplus of $7.0 Million through August.
c. By funding source, HMP is showing a deficit of $858,000 through August.
d. Overall, the PIHP surplus is $5.5 Million through August.
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 $1.2 Million.

6. Local Key Points

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

b. Local Funds are showing a deficit of $426,000 through August.

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
AUGUST 2022 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	44,237,347
HSW		24,098,570
DCW		7,351,971
Behavioral Health Home		34,005
Child Waiver/SED Waiver		1,583,877
Autism		5,396,163
Prior Year Adjustments		-
Care for Caid		29,717
Total Medicaid Revenue	$	82,731,650
Total Medicaid Expense	$	75,660,327
Medicaid Surplus/(Deficit)	$	7,071,323
CCBHC **		
Revenue	$	3,698,046
Expense		4,375,536
CCBHC Surplus/(Deficit)	$	(677,490)
Healthy Michigan **		
Revenue	$	5,761,142
Expense		6,619,652
Healthy MI Surplus/(Deficit)	$	(858,510)
General Fund		
Revenue		
CMH Operations	$	3,882,129
CMH Operations Contra		-
GF Carryforward		193,622
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		42,706
Total General Fund Revenue	$	4,118,457
Total General Fund Expense	$	2,846,173
General Fund Surplus/(Deficit)	$	1,272,284
Injectable Meds		
Revenue	$	153,313

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

		Total
Expense		139,430
Inj. Meds. Surplus/(Deficit)	$	13,883
Grants And Contracts		
Revenue	$	1,556,553
Expense		1,552,796
Grants & Cont. Surplus/(Deficit)	$	3,757
CMHSP To CMHSP		
Revenue	$	629,797
Redirect to GF		(42,706)
Expense		587,091
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,290,835
Expense		1,717,156
Local Surplus/(Deficit)	$	(426,321)
Private Grant & All NOR		
Revenue	$	173,245
Expense		173,245
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	100,227,718
Expense		93,828,793
Grand Total Surplus/(Deficit)	$	6,398,926

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,549,206
WCCMH Surplus/(Deficit)		849,720
	$	6,398,926

Washtenaw County Community Mental Health
Budget to Actuals
For Eleven Months Ending August 31, 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	$ 42,420,038	$ 44,237,347	$ 1,817,309	4.28%
HSW	27,372,824	25,091,755	24,098,570	(993,185)	-3.96%
Children & SED Waivers	1,044,210	957,193	1,583,877	626,685	65.47%
Healthy Michigan Capitation	6,284,880	5,761,140	5,761,142	2	0.00%
Autism Capitation	5,886,723	5,396,163	5,396,163	0	0.00%
Direct Care Worker Pass-Through	8,421,349	7,719,570	7,351,971	(367,599)	-4.76%
CCBHC Supplementary	4,059,000	3,720,750	3,698,046	(22,704)	-0.61%
Behavioral Health Home	-	-	34,005	34,005	0.00%
TOTAL PIHP Revenue	$ 99,345,391	$ 91,066,608	$ 92,161,121	$ 1,094,513	1.20%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 3,882,129	$ 4,075,751	$ 193,622	4.99%
Grants & Earned Contracts	1,790,168	1,640,987	1,488,877	(152,110)	-9.27%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,605,781	$ 397,822	$ (1,207,959)	-75.23%
Project Revenue	847,984	777,319	660,993	(116,326)	-14.96%
All Other	1,917,652	1,757,848	2,581,707	823,859	46.87%
TOTAL Operating Revenue	**$ 109,888,006**	**$ 100,730,672**	**$ 101,366,271**	**$ 635,599**	0.63%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,598,359	$ 6,048,496	$ 5,821,390	$ (227,106)	-3.75%
Program Administration	3,355,568	3,075,937	3,824,523	748,586	24.34%
Residential Services					
Community Living Supports	$ 32,543,612	$ 29,831,644	$ 28,220,327	$ (1,611,317)	-5.40%
Licensed Residential	16,505,397	15,129,947	15,481,419	351,472	2.32%
Outpatient Services					
Autism Services	$ 6,250,336	$ 5,729,475	$ 6,406,732	$ 677,257	11.82%
Case Management	5,000,662	4,583,941	3,966,147	(617,794)	-13.48%
Supports Coordination	2,948,825	2,703,090	2,165,206	(537,884)	-19.90%
Skill Building	4,688,790	4,298,058	3,407,455	(890,603)	-20.72%
Supported Employment	1,538,321	1,410,128	1,361,557	(48,571)	-3.44%
Psychiatry	3,307,258	3,031,654	2,885,432	(146,222)	-4.82%
Nursing Services	2,397,642	2,197,839	2,034,994	(162,845)	-7.41%
Therapy Services	2,194,098	2,011,257	1,740,282	(270,975)	-13.47%
All Other	9,327,130	8,549,869	7,733,689	(816,180)	-9.55%
CCBHC Services	4,059,000	3,720,750	-	(3,720,750)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 5,591,667	$ 6,950,966	$ 1,359,299	24.31%
Local Matches & Shelter	1,282,838	1,175,935	1,521,056	345,121	29.35%
Grants & Earned Contracts	1,790,168	1,640,987	1,446,171	(194,816)	-11.87%
TOTAL Operating Expenses	**$ 109,888,006**	**$ 100,730,672**	**$ 94,967,346**	**$ (5,763,326)**	-5.72%
Revenue Over/(Under) Expenses	-	-	6,398,925	6,398,925	

Washtenaw County Community Mental Health
Budget to Actuals
For Eleven Months Ending August 31, 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	$ 44,237,347	$ 41,288,976	$ 2,948,371	7.14%
HSW	24,098,570	23,151,132	947,438	4.09%
Children & SED Waivers	1,583,877	954,952	628,925	65.86%
Healthy Michigan Capitation	5,761,142	5,383,740	377,402	7.01%
Autism Capitation	5,396,163	4,514,882	881,281	19.52%
Direct Care Worker Pass-Through	7,351,971	6,840,605	511,366	0.00%
CCBHC Supplementary	3,698,046	-	3,698,046	0.00%
Behavioral Health Home	34,005	-	34,005	0.00%
TOTAL PIHP Revenue	$ 92,161,121	$ 82,134,287	$ 10,026,834	12.21%
MDHHS Revenue				
State General Funds	$ 4,075,751	$ 3,725,219	$ 350,532	9.41%
Grants & Earned Contracts	1,488,877	1,320,012	168,865	12.79%
All Other Revenue				
County Appropriation	$ 397,822	$ 745,506	$ (347,684)	-46.64%
Project Revenue	660,993	630,697	30,296	4.80%
All Other	2,581,707	2,262,775	318,932	14.09%
TOTAL Operating Revenue	**$ 101,366,271**	**$ 90,818,496**	**$ 10,547,775**	11.61%
Operating Expenses				
Administrative Expenses				
General Administration	$ 5,821,390	$ 4,610,064	$ 1,211,326	26.28%
Program Administration	3,824,523	2,594,363	1,230,160	47.42%
Residential Services				
Community Living Supports	$ 28,220,327	$ 28,599,399	$ (379,072)	-1.33%
Licensed Residential	15,481,419	13,372,327	2,109,092	15.77%
Outpatient Services				
Autism Services	$ 6,406,732	$ 5,309,804	$ 1,096,928	20.66%
Case Management	3,966,147	3,859,595	106,552	2.76%
Supports Coordination	2,165,206	2,134,322	30,884	1.45%
Skill Building	3,407,455	2,427,519	979,936	40.37%
Supported Employment	1,361,557	1,219,449	142,108	11.65%
Psychiatry	2,885,432	2,496,353	389,079	15.59%
Nursing Services	2,034,994	1,859,555	175,439	9.43%
Therapy Services	1,740,282	1,577,097	163,185	10.35%
All Other	7,733,689	6,367,365	1,366,324	21.46%
CCBHC Services	-	-	-	0.00%
Other Expenses				
Community Inpatient	$ 6,950,966	$ 5,815,347	$ 1,135,619	19.53%
Local Matches & Shelter	1,521,056	1,375,864	145,192	10.55%
Grants & Earned Contracts	1,446,171	1,256,839	189,332	15.06%
TOTAL Operating Expenses	**$ 94,967,346**	**$ 84,875,262**	**$ 10,092,084**	11.89%
Revenue Over/(Under) Expenses	6,398,925	5,943,234	455,691	

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

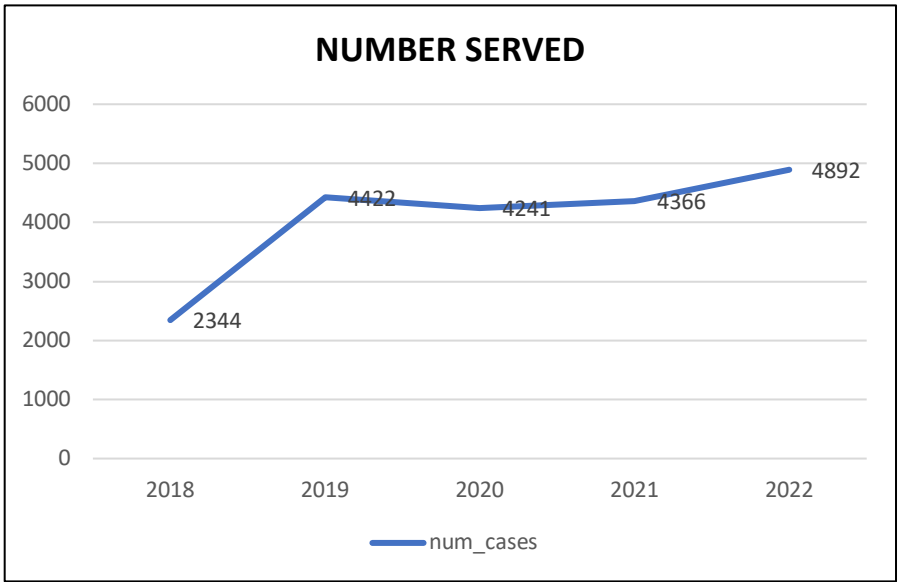
Prior Year FY 2021	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 7,755,401	$ 15,310,244	$ 23,580,591	$ 31,333,092	$ 38,921,338	$ 47,115,196	$ 56,134,326	$ 64,236,863	$ 72,980,573	$ 81,144,669	$ 90,818,496	$ 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	$ 92,538,826	$ 101,366,272	
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	$ 84,080,232	$ 94,967,346	
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	$ 8,458,594	$ 6,398,926	$ -

(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

ATTACHMENT #3
NOVEMBER 2022

DRAFT CARES/CCBHC 2022 DATA REVIEW



ENROLLMENT

NUMBER ENROLLED: **5307**
ACTIVELY SERVED AND ENROLLED: **4314**

ENCOUNTERS

TOTAL T1040 ENCOUNTERS THRU AUGUST 2022: **64,425**

MILD TO MODERATE

MONTHLY AVERAGE: **319**
TOTAL SERVED: **911**
SERVED MORE THAN 14 DAYS: **898**
SERVED MORE THAN 30 DAYS: **855**

CRISIS LINE INCOMING CALLS

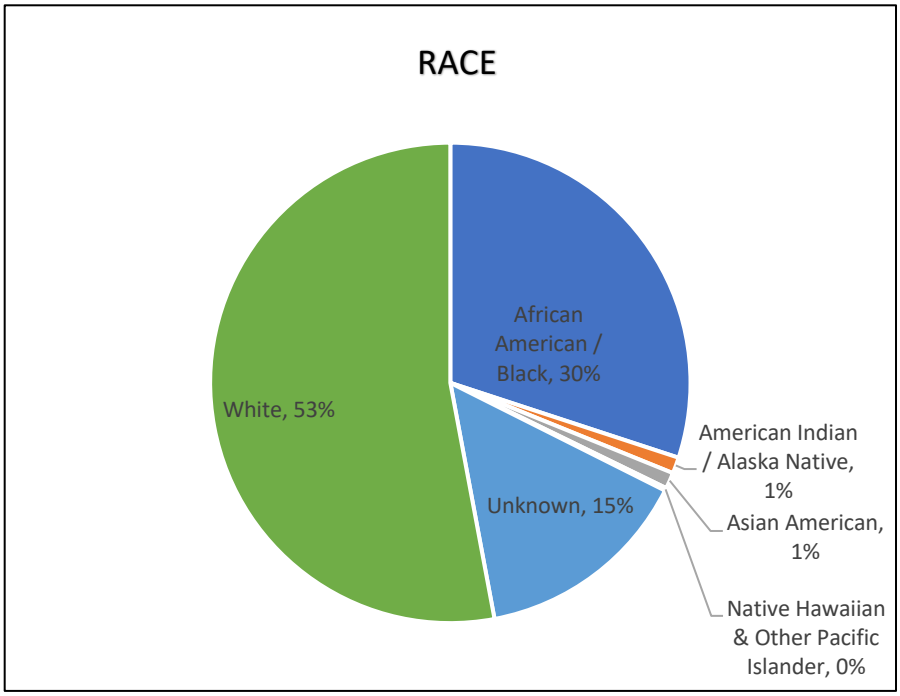
MONTHLY AVERAGE: **5,000 – 6,000**
SEPTEMBER TOTAL: **8,284**

INSURANCE

MEDICAID: **3616**
NON-MEDICAID: **645**

HAS PRIMARY CARE PHYSICIAN

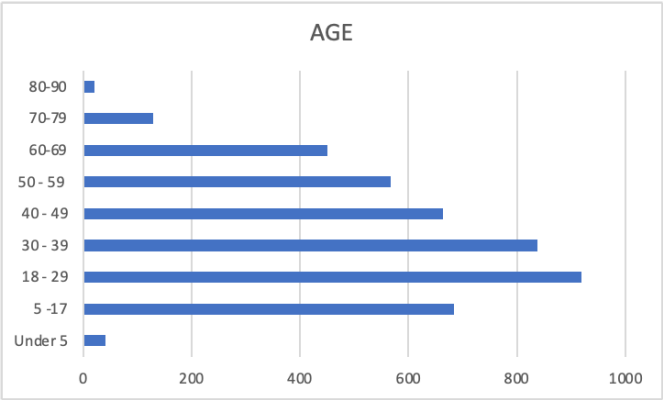
YES: **2153**
NO: **2161**



WASHTENAW RACE CENSUS DATA

AFRICAN AMERICAN / BLACK:	12%
AMERICAN INDIAN/ ALASKA NATIVE:	.4%
ASIAN AMERICAN:	9%
NATIVE HAWAIIAN & OTHER PACIFIC ISLANDER:	.1%
WHITE:	74%

80 - 90	**21**
70 - 79	**129**
60 - 69	**450**
50 - 59	**568**
40 - 49	**663**
30 - 39	**838**
18 - 29	**920**
5 -17	**684**
Under 5	**41**



CITY	SERVED
Ann Arbor	**1385**
Belleville	**35**
Chelsea	**85**
Dexter	**68**
Manchester	**47**
Milan	**62**
Saline	**135**
Whitmore Lake	**48**
Ypsilanti	**1948**
Other	**501**

WCCMH RECRUITMENT AND RETENTION

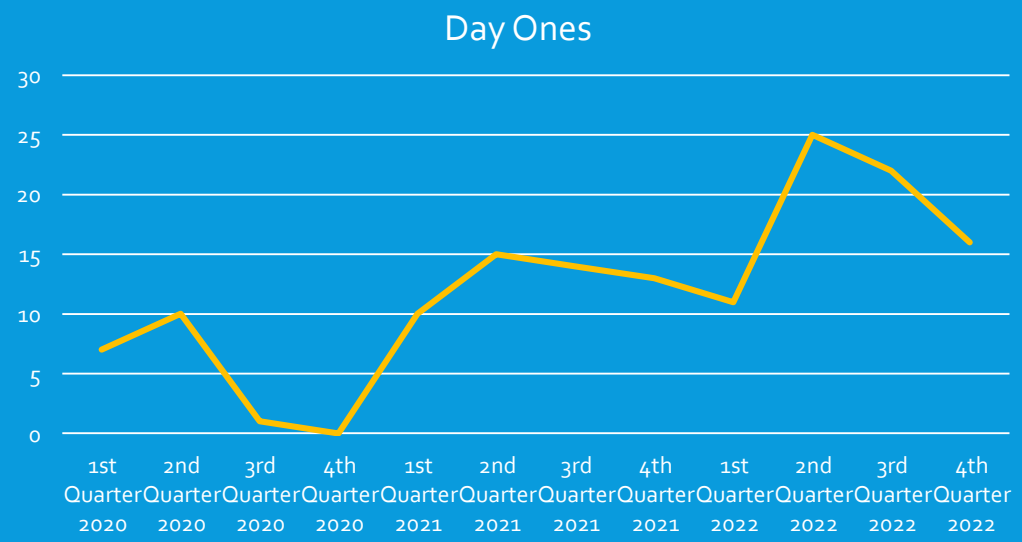
Washtenaw County Community Mental Health (WCCMH) Board Meeting

HIRING DATA OVERVIEW – DAY ONES

Day Ones

Staff that started employment with WCCMH

Quarter	Day Ones
1st Quarter 2020	7
2nd Quarter 2020	10
3rd Quarter 2020	1
4th Quarter 2020	0
1st Quarter 2021	10
2nd Quarter 2021	15
3rd Quarter 2021	14
4th Quarter 2021	13
1st Quarter 2022	11
2nd Quarter 2022	25
3rd Quarter 2022	22
4th Quarter 2022	16



JOB DESCRIPTION UPDATES

- Bachelor's level clinical job descriptions were updated as of January 2022
  - Changes were a result of updates to the State of Michigan provider qualifications
  - Updated qualifications for billing code T1017 "Targeted Case Management"
- Changes allowed for non licensed candidates with bachelor's degrees in specific social work/human service fields to provide targeted case management to clients
- WCCMH partnered with other CMHs in the State to update our job descriptions and credentialing procedures for positions impacted by these changes
  - Client Service Managers – Adult MI Programs
  - Client Service Manager – Youth and Family Programs
  - Support Coordinators – I/DD Programs
- Changes have allowed for a broader, at times more experienced candidate pool

RECRUITMENT EFFORTS

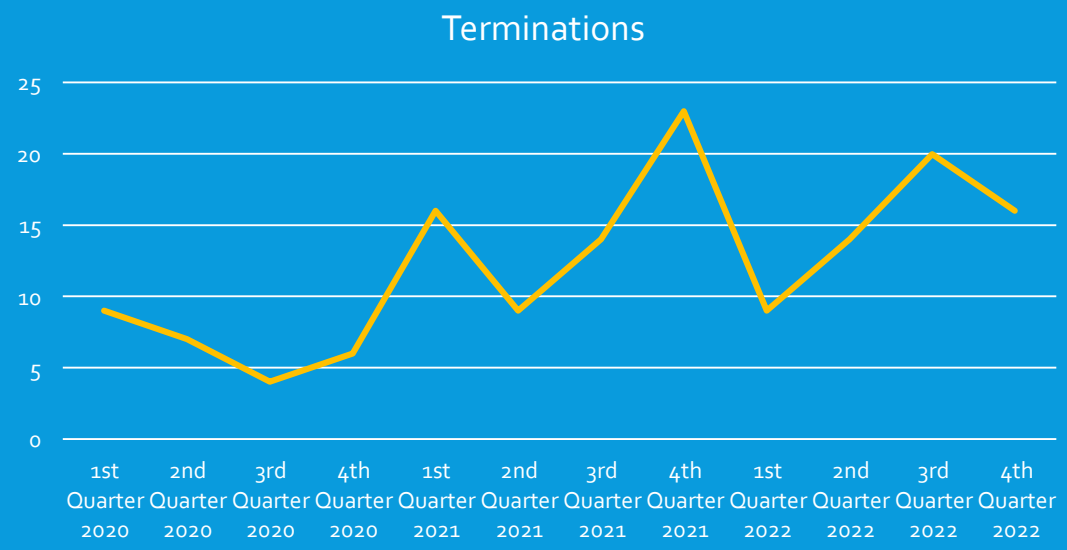
- Job posting boards
- Internships
- Mental Health agencies and boards
- College and University Recruitment Boards
- Indeed and Zip Recruiter
- Recruitment Agency, Arrow Strategies
  - Began in February 2022, focus on Client Service Managers and Supports Coordinators
  - 63 total staff started employment between 1/1/22 and 9/30/22, 15 were recruited through Arrow
    - Approximately 24% of staff recruited through Arrow

CONTINUED CHALLENGES

Terminations

Staff that have ended employment with CMH for any reason

Quarter	Terminations
Quarter	Terminations
1st Quarter 2020	9
2nd Quarter 2020	7
3rd Quarter 2020	4
4th Quarter 2020	6
1st Quarter 2021	16
2nd Quarter 2021	9
3rd Quarter 2021	14
4th Quarter 2021	23
1st Quarter 2022	9
2nd Quarter 2022	14
3rd Quarter 2022	20
4th Quarter 2022	16



CONTINUED CHALLENGES

- Average of 12 staff per quarter separating employment (1st Quarter 2020 – 4th Quarter 2022)
- Salary
  - Recruiting and Retention challenges
  - Starting salary can be a barrier in recruiting new staff
- Exit Interview feedback
  - Pay is the leading factor for staff leaving WCCMH for external employment
- Additional impacts of staff departures
  - Higher caseloads for remaining staff
  - Burnout, stress

CONTINUED CHALLENGES

- Vacancy Data
  - Approximately 362 active positions within CMH
  - Approximately 40 currently vacant, posted and recruited for
  - 11 % vacancy rate
- Staff rescinding prior to Day Ones
  - 9 candidates have rescinded or had to have their offer's rescinded since September 2022
  - Majority of these candidates were offered other positions outside of the County
  - Impacts clinical teams, administration, County support teams
    - Interviewing time
    - Onboarding and credentialing prep
    - Tech and Space planning
    - IT/HR/Finance supports

EMPLOYEE RETENTION EFFORTS

Retention bonuses in April and September

Letters of Understanding

- Overtime
- Shift Premiums
- ACT

Employee appreciation events

WCCMH apparel store created

WCCMH appreciation T-Shirts for all staff

Monthly Directors update meetings

Yoga and meditation weekly

Raffle baskets for self care

Spirit week

CLOSING THOUGHTS / QUESTIONS?