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 Towner Building, Room 2102B**
4135 Washtenaw Ave, Ann Arbor
OR
Virtually at **https://zoom.us/j/94566415221**
February 24, 2023
9:30 – 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 Executive Committee Minutes and Actions-9/23/22 (Attachment #1A)
- B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 10/17/22 (Attachment #1B)
- C. WCCMH Quality-Finance Committee Meeting Minutes and Actions from 10/17/22 (Attachment #1C)
- D. WCCMH Board Meeting Minutes and Actions-11/18/22 (Attachment #1D)
- E. WCCMH Board Meeting Minutes 12/12/22 (Attachment #1E)
- F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-12/14/22 (Attachment #1F)
- G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-1/11/22 (Attachment #1G)
- H. WCCMH 2023 Annual Board Calendar (Attachment #1H)
- I. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 2/13/23) (Attachment #1I)
- J. Contracts and Leases (recommended approval by Qualify-Finance Committee on 2/13/23) (Attachment #IJ)
- K. Program Dashboard FY22 Quarter 3 2022 (Attachment #1K)

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**
- Millage Advisory Committee Funding Requests Summary totaling $95,000.00 (non-quorum recommended to move forward for approval by MAC on 2/13/23) Attachment (#4) - **L. Gentz**
  - 5 Healthy Towns Foundation funding request (Attachment #4A) $50,000/1 year
  - Miles Jeffery Roberts Foundation funding request (Attachment #4B) $45,000/3 years

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

VII. CMHPSM Regional Update (5 minutes)
- February 8, 2023, Regional Meeting Update
- CMHPSM Board Meeting Minutes and Actions from 12/14/22 (Attachment #5)

VIII. New Business (60 minutes)
- Legislative Advocacy Discussion - **T. Cortes** (Attachment #6 & Attachment #7) (10 minutes)
- Consumer Advisory Council - **M. Hershberger/B. Higman** (10 minutes)
- Full Board Meeting Schedule Discussion - **K. Walker** (5 minutes)

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

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

- Board Works Training Discussion - **K. Walker** (5 minutes)
- Crisis Response Initiative – **K. Kok/J.Gaskin** (30 minutes)

IX. Old Business (10 minutes)
- August 26, 2022, Closed Session Minutes (Distributed at the Meeting) **ACTION**
- November 18, 2022, Closed Session Minutes (Distributed at the Meeting) **ACTION**

X. Items for Future Discussions (5 minutes)
- Development of Reserve Capital
- Employee Engagement Survey
- Single Point of Access
- Youth Assessment Center

XI. 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/94566415221

Or One tap mobile:
+19292056099, 94566415221# US (New York)
+12678310333, 94566415221# US (Philadelphia)

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

Webinar ID: 945 6641 5221

International numbers available: https://zoom.us/u/abUtaDyex8

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

FEBRUARY 24, 2023

CONSENT AGENDA

A. WCCMH Executive Committee Minutes and Actions-9/23/22 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 10/17/22 (Attachment #1B)
C. WCCMH Quality-Finance Committee Meeting Minutes and Actions from 10/17/22 (Attachment #1C)
D. WCCMH Board Meeting Minutes and Actions-11/18/22 (Attachment #1D)
E. WCCMH Board Meeting Minutes – 12/12/22 (Attachment #1E)
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-12/14/22 (Attachment #1F)
G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-1/11/22 (Attachment #1G)
H. WCCMH 2023 Annual Board Calendar (Attachment #1H)
I. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 2/13/23) (Attachment #1I)
J. Contracts and Leases (recommended approval by Qualify-Finance Committee on 2/13/23) (Attachment #IJ)
K. Program Dashboard FY22 Quarter 3 2022 (Attachment #1K)

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/99734756284

September 23, 2022
9:30 am

K. Walker called the meeting to order at 9:36 am.

ROLL CALL: A. Dusbiber attending virtually
B. King attending in person
A. LaBarre attending in person
K. Walker attending in person

MEMBERS ABSENT: S. Antonow, N, Graebner-Sundling

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, N. Phelps; H. Linky, B. Hagaman, M, Taylor, T. Gavalier

OTHERS PRESENT: L. Lutomski, T. Gavalier

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 5/9/22 were reviewed (Attachment #1).

MOTION BY A. LABARRE, SUPPORTED BY B. KING TO APPROVE THE MINUTES AND ACTIONS OF THE MAY 9, 2022, WCCMH EXECUTIVE COMMITTEE MEETINGS.

ROLL CALL VOTE:

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

MOTION CARRIED

IV. Executive Director Report
- T. Cortes presented the Executive Director Report to the committee.
- N. Marchand will be invited back to the next full board meeting to provide update – closed session.

V. Old Business
- Strategic Plan Update
  - T. Cortes and M. Harding presented an update on the Strategic Plan.
  - M. Harding requested Executive Committee input on front end for reporting purposes. K. Walker proposed Green/Yellow/Red versus a progress bar. A. LaBarre suggested no more than 10 measurables.

VI. New Business
- WCCMH 2023 Annual Board/Committee Meeting schedule was presented reflecting the change of meeting dates/days/time. (Attachment #2)

VII. Items for Future Discussions
- T. Cortes will continue to provide feedback on progress from public comments on I/DD population.

MOTION BY B. KING SUPPORTED BY A. LABARRE TO ADJURN THE PUBLIC MEETING OF THE WCCMH EXECUTIVE COMMITTEE.

The WCCMH Executive Committee Meeting was adjourned at 10:03 am.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
October 17, 2022
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/95414869401 (virtual)
3:30 pm

N. SUNDLING called the meeting to order at 3:36 pm.

ROLL CALL:
A. Carlisle attending virtually from Ann Arbor
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 in person
G. Waddles, Jr. attending in person
K. Walker attending in person

MEMBERS ABSENT: N. Graebner-Sundling, A. Rooks

STAFF PRESENT: R. Avedisian, T. Cortes, N. Phelps, M. Harding, L. Lutomski, T. Florence, L. Gentz, A. Carlisle

OTHERS PRESENT: A. Wilhelm, J. Brown, G. Powers, M. Creekmore, K. Homan, K. Snodgrass

I. Introductions
- A. Wilhelm & J. Brown from Student Advocacy Center will be presenting to the Committee.
- G. Powers from the University of Michigan will be presenting to the Committee.

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 8/8/22 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 8/8/22 were reviewed.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY G. WADDLES TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE AUGUST 8, 2022, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**GRAEBNER-SUNDLING**	**N/A**
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 to the Committee.
- CARES/CCBHC Data Report (Attachment #3)
  - M. Harding presented the CARES/CCBHC Data Report to the Committee.

VI. Financial Budget Update (Attachment #4)

- N. Phelps presented the Financial Budget update ending August 31, 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.

VIII. New Business

- Student Advocacy Center Presentation (Attachment #5)
  - A. Wilhelm, J. Brown presented about the Student Advocacy Center to the Committee.
- Millage Investment Video
  - G. Powers from CHRT, presented and shared the Millage Investment video to the Committee.
- Millage Impact Report
  - G. Powers from CHRT, presented the Millage Impact Report 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

MOTION BY K. WALKER, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

Meeting adjourned at 4:53 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

October 17, 2022
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/93497321246 (virtual)
2:00-3:30 pm

ROLL CALL: S. Antonow attending remotely from Washtenaw County
B. Higman attending remotely from Washtenaw County
D. Strong attending remotely from Washtenaw County
M. Udow-Phillips attending in person

MEMBERS ABSENT: N. Graebner-Sundling

STAFF PRESENT: R. Avedisian, M. Harding, E. Spring, S. Ray, T. Cortes, N. Phelps, S. Amos-O'Neal, T. Florence, B. Hagaman, H. Linky; L. Higle

OTHERS PRESENT: K. Homan, M. Creekmore, K. Walker

S. Antonow called the meeting to order at 2:09 pm.

I. Introductions
- A. Newsome, youth peer support specialist.

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 8/8/22 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 8/8/22 were reviewed.

MOTION BY D. STRONG SUPPORTED BY M. UDOW-PHILLIPS TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE AUGUST 8, 2022, QUALITY-FINANCE COMMITTEE MEETINGS AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Financial Status Report

- N. Phelps presented the Financial Status Report for the period ending August 31, 2022 (Attachment #2).

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY D. STRONG TO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING AUGUST 31, 2022, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**N/A**	**HIGMAN**	**Y**
STRONG	**Y**	**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
- CCBHC Data Overview (Attachment #3)
  o M. Harding presented the CCBHC Data Overview.

X. New Business
- Program Committee Dashboard- FY22, Quarter 2 (Attachment #3)
  - E. Spring & A. Newsome presented on ACCESS/SUD for the Committee.
  - Provided overview of what the Youth Peer Support Program is and does.

XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- CCBHC Performance Measures

B. Higman arrived at 2:40 pm – action items completed upon her arrival.

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

XII. Meeting adjourned at 3:04 pm.

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/94232762360
November 18, 2022
9:30am

K. Walker called the meeting to order at 9:36 am.

ROLL CALL:
A. Dusbiber attending virtually
N. Graebner-Sundling attending in person
B. Higman attending in person
B. King attending in person
A. LaBarre attending in person
A. Rooks attending virtually
D. Strong attending virtually
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: S. Antonow; K. Scott; R. Jefferson

STAFF PRESENT: T. Cortes, M. Harding, H. Linky, N. Phelps, R. Dornbos, K. Onyskin, S. Hungerford, N. Testorelli, D. Weston, M. Taylor, T. Gavalier, E. George, B. Hagaman, K. DeWeese, M. Hershberger, S. Ray

OTHERS PRESENT: C. Reuben, L. Lutomski, K. Homan

I. Introductions
- None

II. Audience Participation
- K. Grahalva, addressed the Board regarding Washtenaw Lifespan, a new group organized by I/DD Families.
- C. Lirones addressed the Board requested that K. Walker attend the Washtenaw Lifespan meetings.

III. Board response to audience participation
- K. Walker responded to audience participation regarding the composition of the Board regarding primary and secondary consumers.
- A. LaBarre responded to audience participation noting the BOC will be making new appointments to the board in January.

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE NOVEMBER 18, 2022, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
JEFFERSON	**N/A**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**ATTENDING VIRTUALLY**
SCOTT	**N/A**	**STRONG**	**ATTENDING VIRTUALLY**
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 31, 2022. (Attachment #2).

MOTION BY A. LABARRE, SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE WCCMH FINANCIAL STATUS REPORT AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH Millage and CCBHC Financial Status Report
  - N. Phelps presented the Millage and CCBHC financial status reports for FY22 (Attachment #3)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH MILLAGE AND CCBHC FINANCIAL STATUS REPORT FOR FY22 AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board.
  - Conversations around establishing behavioral health policy committee at the state level. Suggestion to work on a strategy for what Washtenaw County might be interested in contributing to this group. Future agenda item for Executive and/or full board meeting to discuss the behavioral health policy committee at the state level.
  - Consumer Celebration of Success was a phenomenal event with all populations represented. S. Amos-O'Neal and M. Hershberger along with the CAC group did a great job putting on this event.

VII. CMHPSM Regional Update
- T. Cortes presented the CMHPSM Regional Update to the Board.
  - B. King is now chair of the PIHP Board

VIII. New Business
- Recruitment Pilot for Direct Care Workers
  - H. Linky presented the update on the Recruitment Pilot for Direct Care Workers.
  - WCCMH and the Provider Advisory Group have been collaborating on the pilot.

- WCCMH Recruitment and Retention (Attachment #4)
  - T. Cortes presented the WCCMH Recruitment and Retention presentation.
-
- Consumer Advisory Council Update
  - M. Hershberger and B. Higman presented the Consumer Advisory Council Update to the Board.

IX. Old Business
- None

X. Items for future discussion
- Behavioral health policy committee discussion.
- Youth Assessment Center

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY N. GRAEBNER-SUNDLING TO MOVE THE WCCMH BOARD MEETING TO CLOSED SESSION.

ROLL CALL VOTE:

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

MEETING MOVED TO CLOSED SESSION AT 11:10 AM.

MOTION BY A. LABARRE SUPPORTED BY M. UDOW-PHILLIPS TO ADJOURN CLOSED SESSION
Closed session ended at 11:45AM.

PUBLIC MEETING RESUMED AT 11:46 AM

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

Meeting adjourned at 11:49 AM.

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/94254655041
December 12, 2022
3:00 pm

N. Graebner-Sundling called the meeting to order at 3:03 pm.

ROLL CALL:	S. Antonow attending virtually N. Graebner-Sundling attending in person B. Higman attending in person B. King attending virtually A. Rooks attending virtually M. Udow-Phillips attending in person
MEMBERS ABSENT:	K. Walker; A. LaBarre; D. Strong; A. Dusbiber; R. Jefferson; K. Scott.
STAFF PRESENT:	T. Cortes, M. Harding, N. Phelps; L. Lutomski; K. Homan, L. Gentz; H. Linky, L. Higle; M. Taylor; K. Hoener; S. Hungerford, S. Amos-O'Neal; E. Montgomery
OTHERS PRESENT:	M. Creekmore, K. Homan, T. Gavalier; C.S. Dhanam Reuben

There was not a quorum of WCCMH Board members present so no action was taken.

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Board Meeting Minutes and Actions-11/18/22 (Attachment #1A)

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

V. Treasurer's Report
- WCCMH Financial Status Report
  - N. Phelps presented the Financial Status Report to the Board for the period ending October 31, 2022. (Attachment #2).

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board.

VII. CMHPSM Regional Update
- T. Cortes presented the CMHPSM Regional Update to the Board.
  - M. Harding & T. Cortes will be presenting at next meeting on CCBHC.

VIII. New Business

- Legislative Advocacy Discussion
  - T. Cortes presented the update on Strengthening Partnerships between MDHHS and the Community Based Mental Health System (Attachment #3)
    a. Discussions around Behavioral Health Committee subcommittee is in the formation process.
  - Proposals to Address Michigan's BH Workforce Shortage (Attachment #3A)

IX. Old Business

- August 26, 2022, Closed Session Minutes (Distributed at the Meeting)

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

- November 18, 2022, Closed Session Minutes (Distributed at the Meeting)

THERE WAS NOT A QUORUM OF BOARD MEMBERS PRESENT SO THIS WILL BE VOTED ON AT A FUTURE MEETING.

X. Items for future discussion

- Employee Engagement Survey
- Legislative Advocacy Discussion

MOTION BY N. GRAEBNER-SUNDLING SUPPORTED BY M. UDOW-PHILLIPS TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 3:43 PM.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES

December 14, 2022

Members Present on the Call: Pam Rathbun (Chair), Lisa Porzondek (CoChair), Jason Zurawski (secretary), Leo Hanifin, Barb Higman, Alayna Manzanares.
Staff: Mert Hershberger (Liaison)
Prospective member: Andrea May
Guest: Roderick Bullard (with Public Sector Consultants)
Absent: Melissa Vaden, Anton Clark (illness)

I. Meeting called to order at: _12:33_ pm_.
MOTION BY _ Lisa_ - SUPPORTED BY _Alayna_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

II. Guest Presentation: Ann Arbor Unarmed Response Team with Roderick Bullard PSC. Interviewing, discussion group, collecting feedback to lay the groundwork for this:
Question 1: Who should this AAURT be led by: City of Ann Arbor or a non-profit? Would NOT be in Police/Sheriff. Several mentioned that Washtenaw County already has a Crisis & Cares Team. Roderick said there are no definite plans, but that they would try to coordinate. Leo suggested talking to Christine Holston. People may not want to engage with Ann Arbor Police, but the Sheriff's department has long had a de-escalation approach said Barb. Alayna asked if the city running such a group would be sustainable, depending on political winds changing. From the perspective of internationals and refugees, an NGO would be preferred. Some concern was expressed about what would happen if there was a change in politics whether they would just end it with the next political winds.
Question 2: How should the AAURT operate? Discussion centered on what ages would be served. Coordination with what WC-CMH currently does, and the sheriff's efforts to help and when to involve police efforts. Transportation. Some suggested mental health crises, substance abuse, homelessness, etc. Barb mentioned that NAMI-Washtenaw had a collection of numbers to handout that they were preparing.
Question 3: What are the challenges? What number should be called? How would it be decided that this AAURT would be called upon vs. the police? Leo, et al: This seems like a lot of reduplication of efforts by CMH. There would be communication problems and interface issues. Barb asked, with multiple numbers for crises of various sorts and various agencies addressing critical incidents, who decides what response is appropriate? Mert mentioned complaints he had heard from the community of total tolerance at the Robert J. Delonis Center resulting in an increase in hostile homeless community members. Barb said that the dispatcher would need to be very well trained. Lisa asked who determines when police are needed. Andrea asked what ages would be served, would youth & teens also be served? Roderick suggested all ages. Barb said CMH is working on development of a youth intervention for crises. Mert asked about incidents on busses before they escalate, would intervention be called?

Roderick mentioned the following community forum times: 1/9/23 1-3pm at Downtown Library. 1/12/23 6-7:45pm Pittsfield Library. 1/19/23 on Zoom.

III. **Review of the RISAC Training:** November 9, 2022 . Great job, Mert and Lisa. - Barb. Jason, Leo said: Convenient location. Let's do it again.

IV. Fresh Start: Will be an independent NGO starting in January, followed by at least several months of operating out of the same space … if revenue allows, then FS would resettle in a new space. If FS did resettle, then the initial space may be temporary.

V. **NAMI:** Workforce Shortage is a major concern-Barb. Mention was made of a need to hire more peer support Specialists. Andrea talked about leading the NAMI-Campuses in Color-Support Group Starting January 15: 1st & 3rd Sundays 3-5pm. Starting January 15. Located at EMU Student Center, Room 207.

VI. **Newsletter:** Alayna has sent something in. Consensus was to share the piece Alayna had written on the 988 number. Mert will coordinate with Leo to get it distributed at the Annex and with Pam to get it distributed at both Ellsworth locations: I/DD & Youth/Family.

VII. New Business: Reflect on the year:

a. What was the best part of 2022?

Walk-A-Mile said Several. One said Speaker's Bureau. Mert talked about how relieved he was to see all the fall events wrap up neatly after several months of intense work.

b. What would you like to accomplish individually and together in 2023?

Barb: Invite Rep. Brabec or Sen. Theis in new year (February-Theis, April-Brabec). - Andrea: Seeing a Women of Color group start in March NAMI. - Jason: Getting a driver's license. - Mert: seeing several apartment groups grow + 1 start. - Leo: keeping up with personal physical health.

Lisa motioned to adjourn the meeting at 1:36pm, Supported by Alayna.

The next meeting will be January 11, 2023 – Pam will be helping coordinate this from 2140 East Ellsworth and Sally Amos-ONeal will likely join in to give some leadership as well. Please arrive a few minutes early or try to join a few minutes early via Zoom.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MEETING – MINUTES

January 11, 2023

Members Present on the Call: Lisa Porzondek (Chair), Jason Zurawski (secretary), Leo Hanifin, Barb Higman, Pam Rathbun.
Staff: Sally Amos-O'Neal (Customer Service Director)
Prospective member present: Andrea May
Absent: Melissa Concannon, Anton Clark (illness), Alayna Manzanares

I. Meeting called to order at: _12:48_ pm_.

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

II. **Fresh Start Clubhouse:** Looking for new Executive Director. Everyone has done a lot of hard work to move forward. They are looking for a new space.
III. **Newsletter:** New Newsletter will probably be released in March or April 2023. Leo posted the last newsletter, Lisa may share more about MiABLE accounts or the Psychiatric Advance Directive.
IV. **NAMI:** Just put out a new resource booklet: "Taking Care" on accessing mental healthcare locally. The story Jam Project continues that Mark Creekmore talked about at the Training. There is a Workforce Shortage of nurses, supports coordinators, case managers, etc. The goal is to retain current staff and recruit new staff and to promote CMH as a vital place to work.
V. New Business:
   A. We reviewed membership and by-laws. To aim for 10-12 members. Now to change the term to "Advisory Council / AC" as the name for the group, removing "Consumer" from the text of the name throughout. Next meeting we need to nominate a co-chair and assistant secretary in case Lisa and Jason are unavailable.
   B. Mike Harding would like to come to the February meeting and talk about the CCBHC. Mert will send Mike the link to the Zoom meeting.
   C. Senator Theis will hopefully also join the February meeting for an update.
   D. Andrea was voted in overwhelmingly to join the council.

Leo motioned to adjourn the meeting at 1:12pm, Supported by _Barb_.

The next meeting will be February 8, 2023 – Mert will be present at 2140 East Ellsworth with Pam and any other people who choose to attend in person. Please arrive a few minutes early or try to join a few minutes early via Zoom.

Washtenaw County Community Mental Health (WCCMH) Board
2023 Annual Calendar

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

BOC=Board of Commissioners

Executive Director Contract Authorizations
February 2023 Quality-Finance Committee Meeting

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

Contractor	Amount	Term	Purpose	Approval Date
Lakeway Consulting	$1,500	January 1, 2023-September 30, 2023	Workplace Violence Prevention Trainings	
CPDA Initiatives	$10,000	February 1, 2023-September 30, 2023	Will provide Medication Administration Trainings	
Irvin Daphnis	$275	February 16, 2023	Black Lives Matter Chat and Chew Speaker	
LaShawn Gary	$250	February 26, 2023	Performer at a Black Lives Matter Event	
Ryheem Johnson	$1,590	February 19, 2023	Performer at a Black Lives Matter Event	
Washtenaw Community College	$815	February 8, 2023 & February 26, 2023	Facility reservations for "Sounds of Blackness" and "Emancipation".	
Shannell Farris	$500	February 19, 2023	Performer at a Black Lives Matter Event	
Mike Chase	$250	February 19, 2023	Performer at a Black Lives Matter Event	
DP Interactive LLC	$200	February 6, 2023	Will provide media graphic video for Black Lives Matter Task Force	

Richard Parris	$200	February 26, 2023	Performer and Paneled Speaker for Black Lives Matter Event	
Staffy Blakely	$175	February 26, 2023	Performer, Moderator, and Mistress of Ceremony for a Black Lives Matter Event	
Marvin Miller	$250	February 26, 2023	Performer and Panelist at a Black Lives Matter Event	
Lonnie Chapman	$375	February 1, 2023-February 28, 2023	Will provide Black Lives Matter Task Force Event Flyers	
Jamall Bufford	$450	February 19, 2023-February 26, 2023	Performer, Panelist, and DJ at two Black Lives Matter Events	
Athena Johnson	$250	February 26, 2023	Performer and Panelist at a Black Lives Matter Event	

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

BACKGROUND:

1. Skill and Ability Education LLC: provides skill building/supported employment services.
2. Mercy Plus Healthcare Services, LLC: provides private duty nursing services.
3. Services to Enhance Potential (STEP): provides skill building/supported employment services.
4. Jodes Foster Family Home: provides licensed residential services.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Skill and Ability Education LLC	Medicaid	Per Consumer Authorizations	February 1, 2023-September 30, 2023	Skill Building & Supported Employment Services
2. Mercy Plus Healthcare Services, LLC	Medicaid	Per Consumer Authorizations	February 1, 2023-September 30, 2023	Private Duty Nursing Services
3. Services to Enhance Potential (STEP)	Medicaid	Per Consumer Authorizations	February 1, 2023-September 30, 2023	Skill Building & Supported Employment Services
4. Jodes Foster Family Home	Medicaid	Per Consumer Authorizations	March 1, 2023-September 30, 2023	Licensed Residential Services

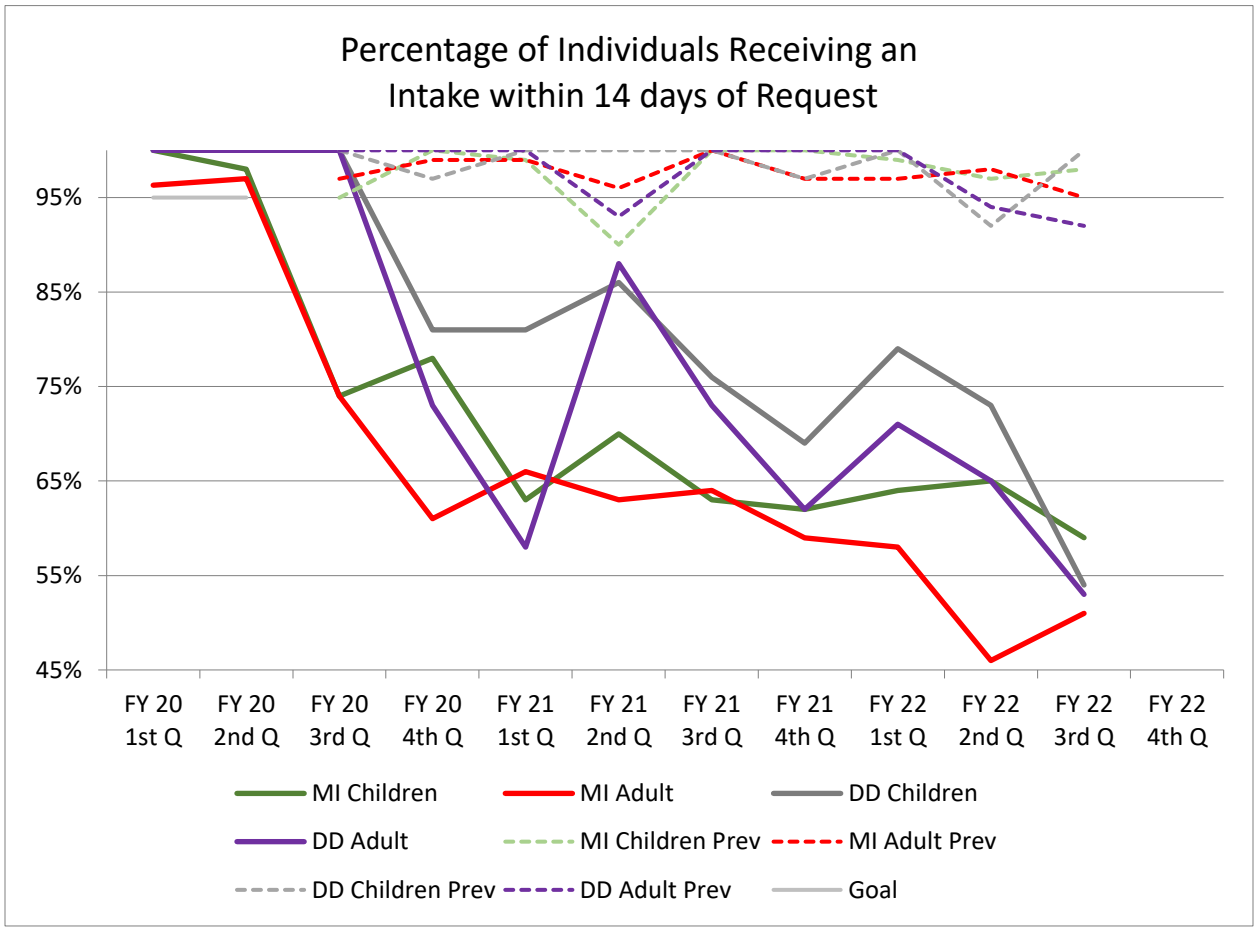
Program and Quality Board Committee
Dashboard Data FY 2022 3rd Qtr (Apr – June 2022)

3rd quarter Human Resources Turnover Rate: 5.5%
20 terminations divided by average number of active positions during the quarter (362).

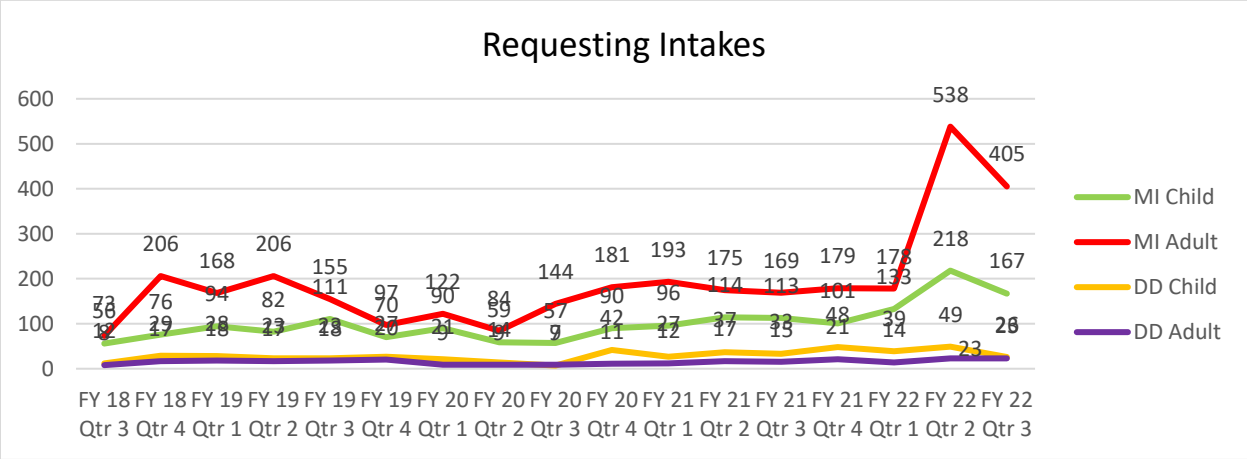
Michigan Department of Health and Human Service (MDHHS) Performance Indicators:
As of April 1 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

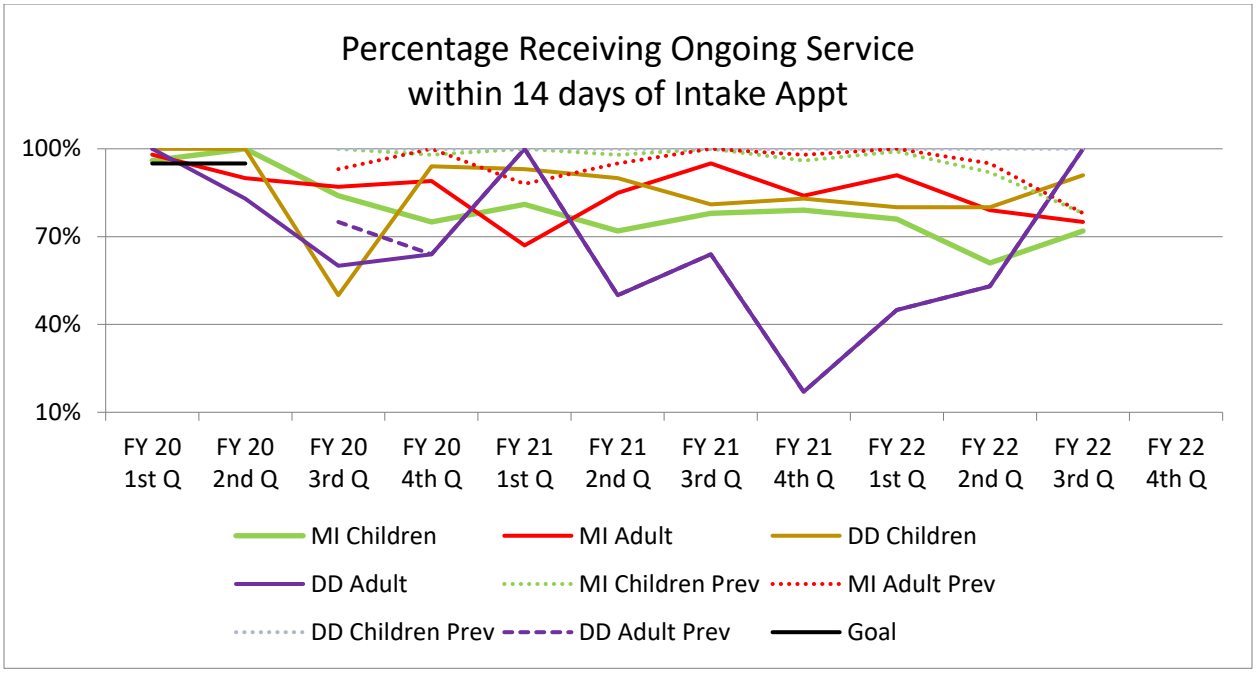
The major change in the operational definition does not allow accounting for consumer choice and for counting every request of service. Consumer choice is indicated by requesting an appointment outside of the 14 day window, rescheduling, canceling or not attending an appointment. If an individual requests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

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

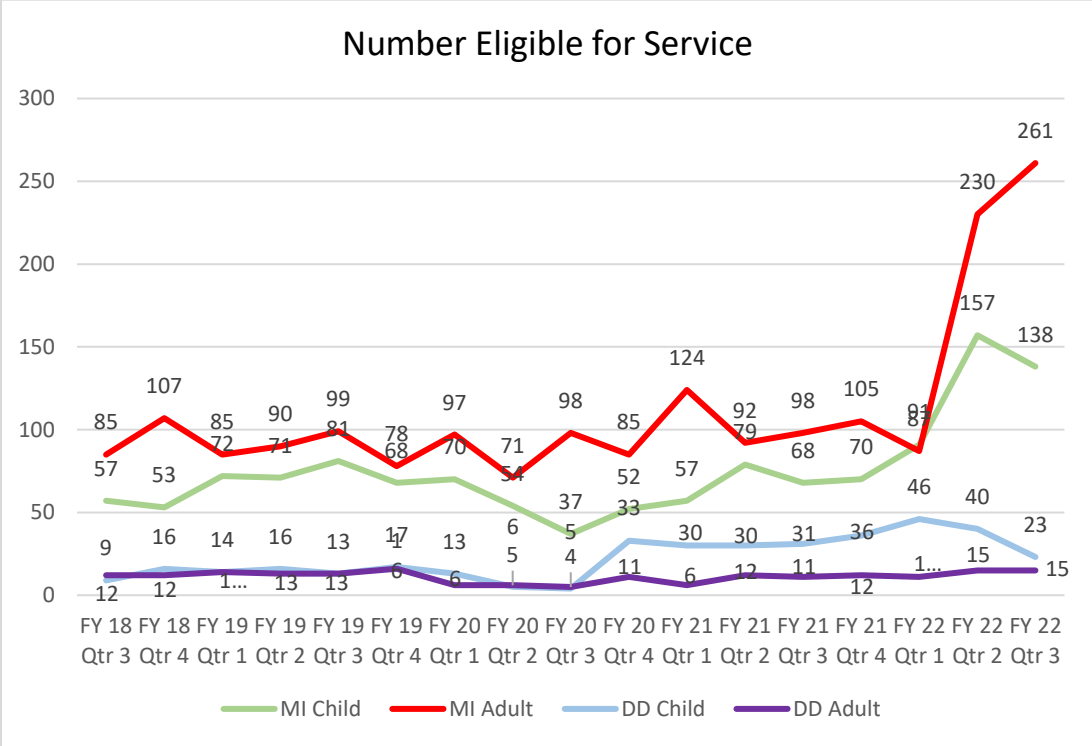


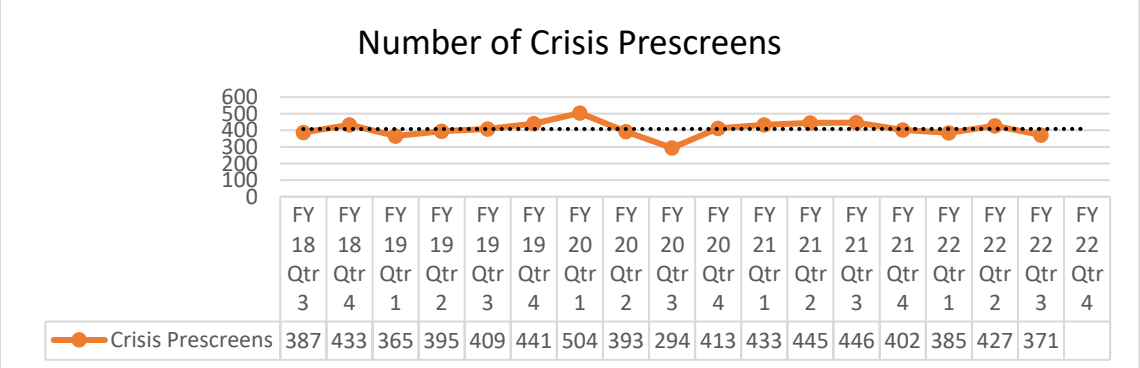
FY 22 3rd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	167	99	68	66	59%	98%
MI Adult	405	207	198	188	51%	95%
DD Child	26	14	12	12	54%	100%
DD Adult	23	12	11	10	53%	92%

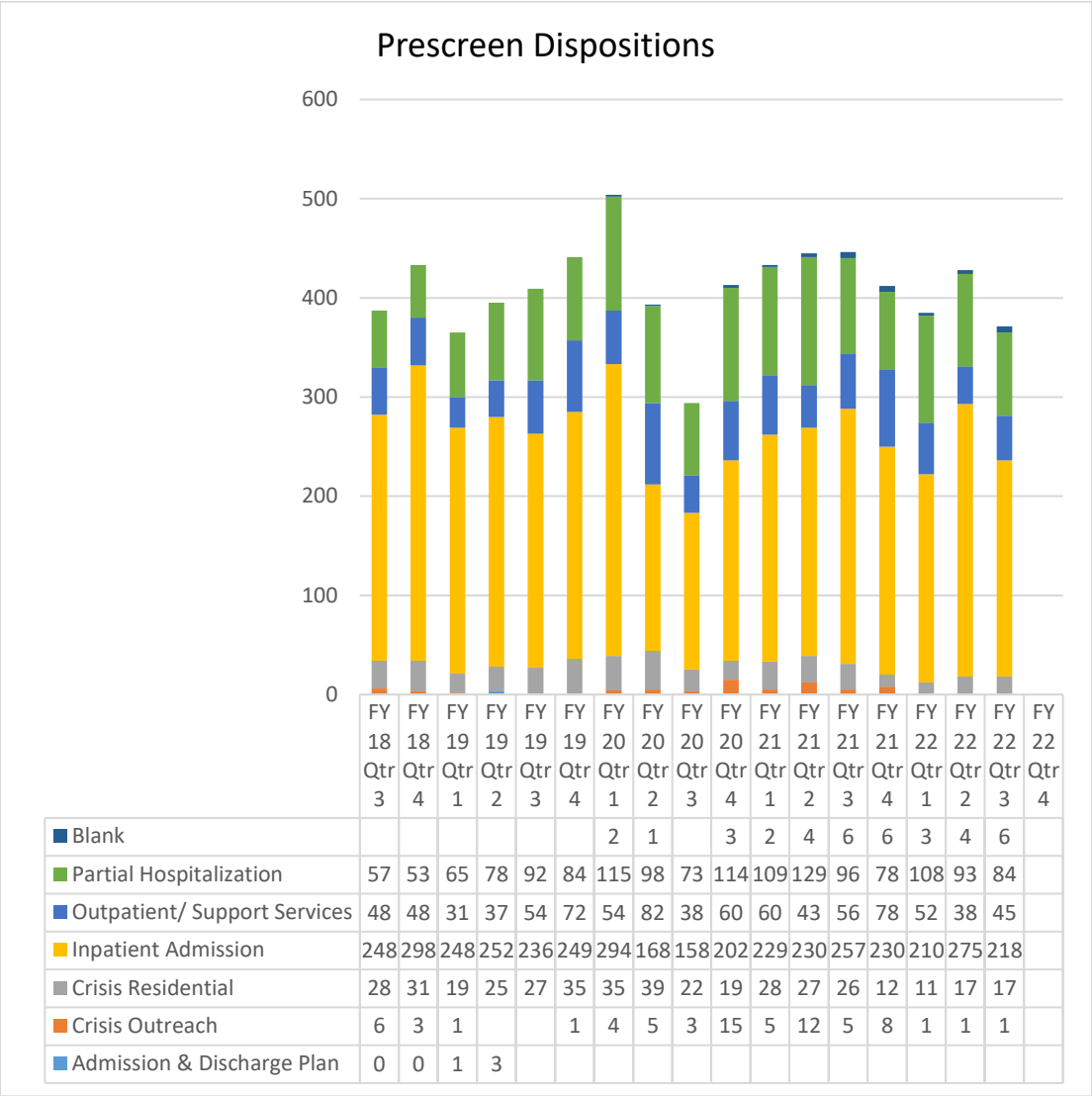




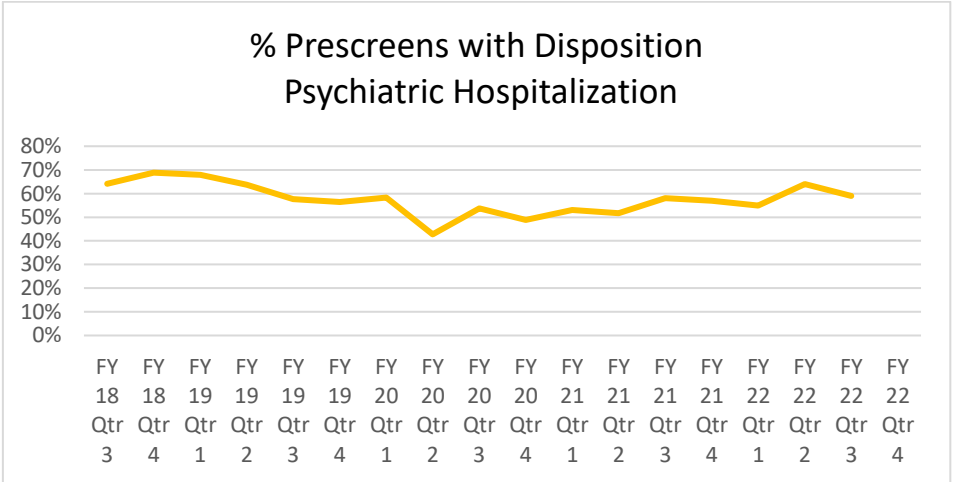
FY 22 3rd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	138	99	39	11	72%	78%
MI Adult	261	196	65	11	75%	78%
DD Child	23	21	2	2	91%	100%
DD Adult	15	15	0	0	100%	100%

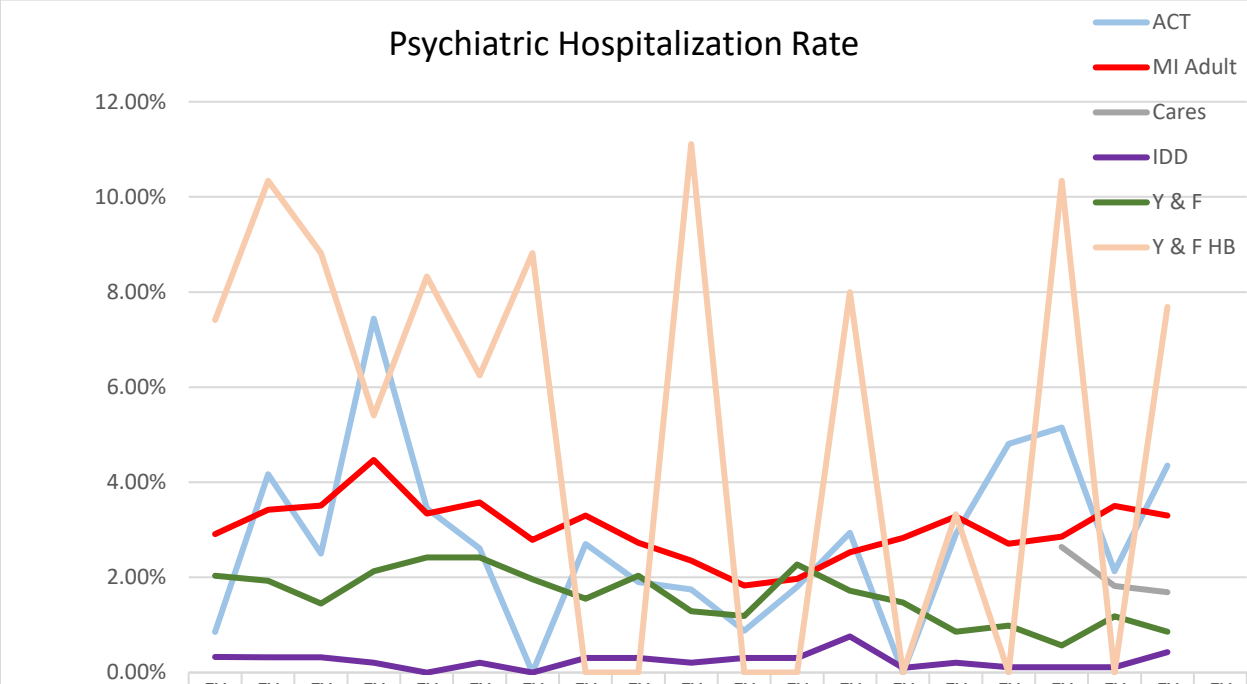






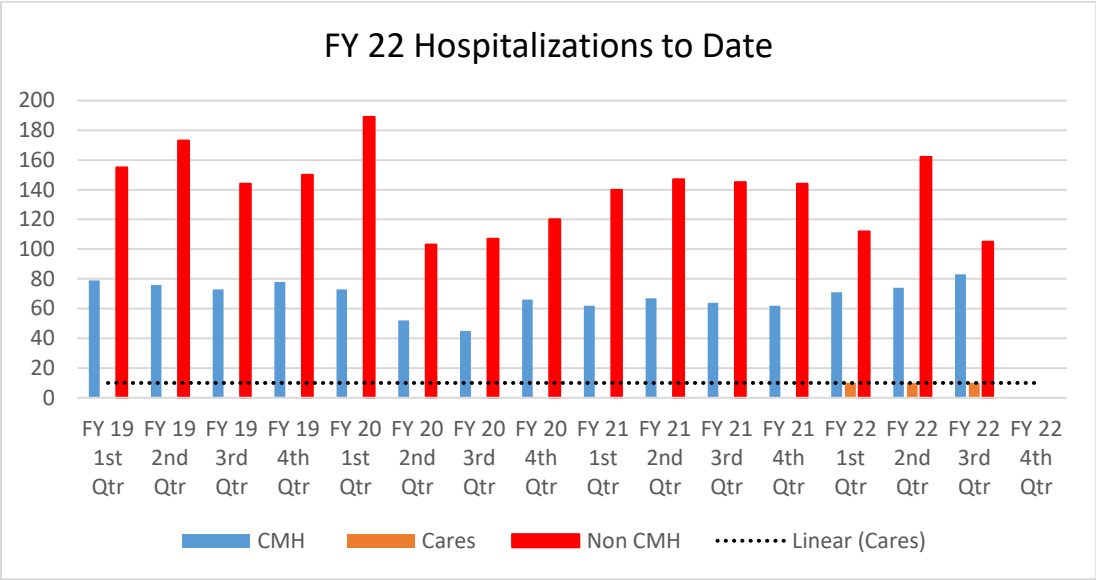
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Blank							2	1		3	2	4	6	6	3	4	6	
Partial Hospitalization	57	53	65	78	92	84	115	98	73	114	109	129	96	78	108	93	84	
Outpatient/ Support Services	48	48	31	37	54	72	54	82	38	60	60	43	56	78	52	38	45	
Inpatient Admission	248	298	248	252	236	249	294	168	158	202	229	230	257	230	210	275	218	
Crisis Residential	28	31	19	25	27	35	35	39	22	19	28	27	26	12	11	17	17	
Crisis Outreach	6	3	1			1	4	5	3	15	5	12	5	8	1	1	1	
Admission & Discharge Plan	0	0	1	3														

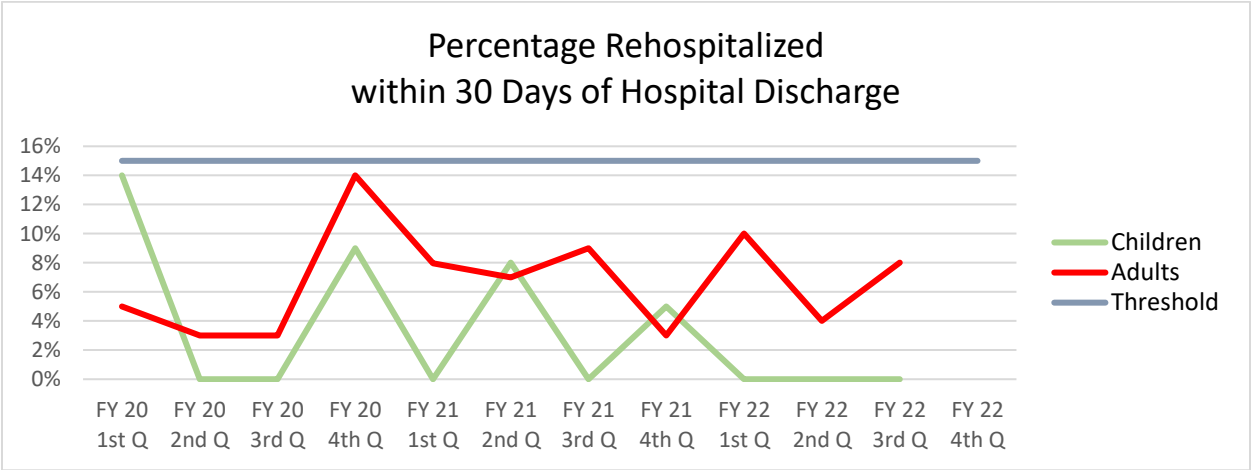




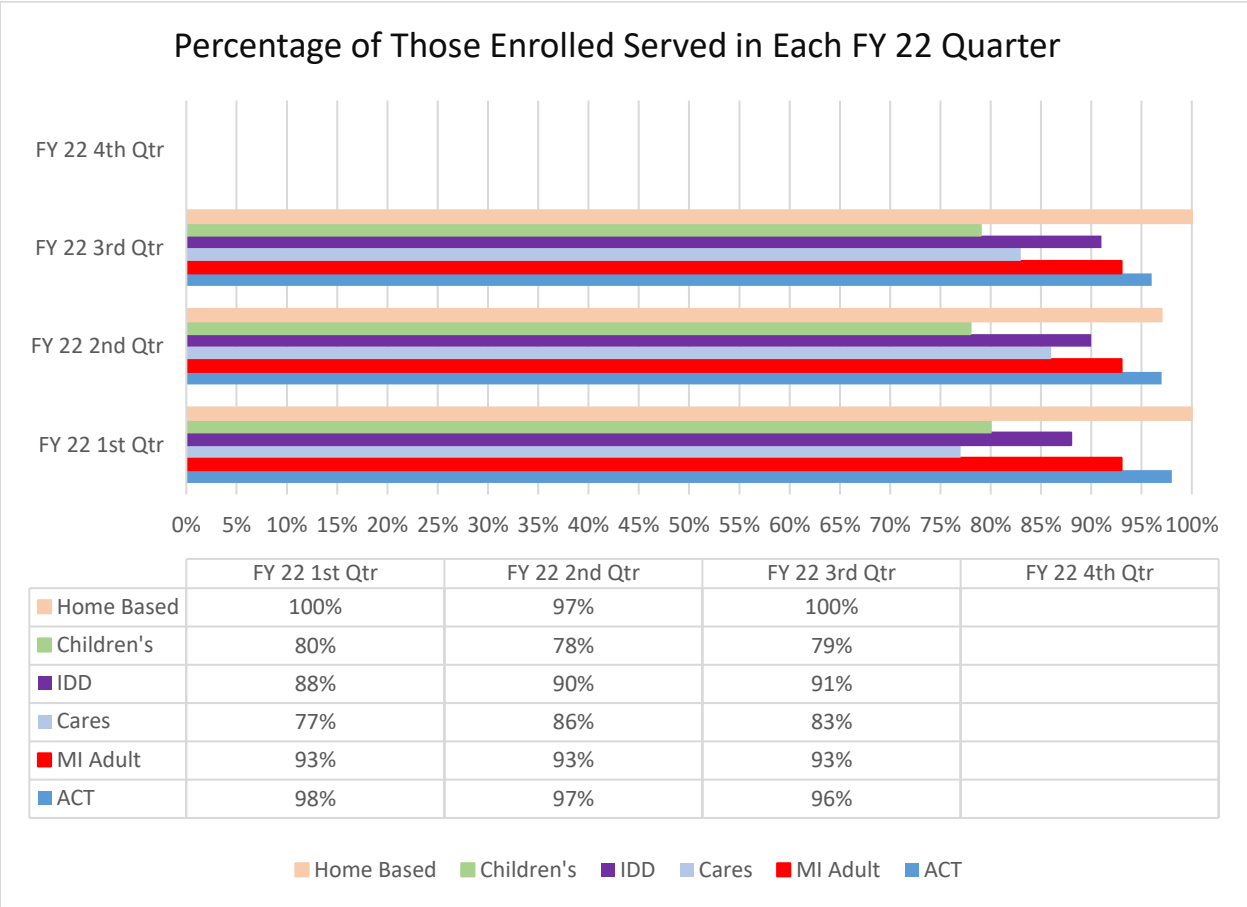
	FY 18 1st Qtr	FY 18 2nd Qtr	FY 18 3rd Qtr	FY 18 4th Qtr	FY 19 1st Qtr	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
ACT	0.85	4.17	2.50	7.44	3.45	2.61	0.00	2.70	1.90	1.75	0.88	1.80	2.94	0.00	2.91	4.81	5.15	2.13	4.35	
MI Adult	2.91	3.42	3.51	4.47	3.34	3.58	2.79	3.30	2.73	2.35	1.83	1.97	2.53	2.83	3.28	2.71	2.86	3.50	3.30	
Cares																	2.64	1.82	1.69	
IDD	0.33	0.32	0.32	0.21	0.00	0.21	0.00	0.31	0.31	0.21	0.31	0.31	0.76	0.10	0.21	0.11	0.11	0.11	0.43	
Y & F	2.04	1.93	1.45	2.13	2.42	2.42	1.96	1.55	2.04	1.29	1.19	2.27	1.72	1.47	0.86	0.99	0.57	1.18	0.86	
Y & F HB	7.41	10.3	8.82	5.41	8.33	6.25	8.82	0.00	0.00	11.1	0.00	0.00	8.00	0.00	3.33	0.00	10.3	0%	7.69	

FY 22 3rd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	96	4 (0)	4.35%
MI Adult	1767	65 (11)	3.30%
Cares	472	10 (2)	1.69%
IDD	941	1 (0)	0.43%
Y & F	818	7 (0)	0.86%
Y & F Home Based	26	2 (0)	7.69%





FY 22 3rd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	19	0	0%
Adult	100	8	8%



	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
Home Based	100%	97%	100%	
Children's	80%	78%	79%	
IDD	88%	90%	91%	
Cares	77%	86%	83%	
MI Adult	93%	93%	93%	
ACT	98%	97%	96%	

Critical Event Data Reported Thru Qtr 3 FY 2022

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

	Team at Event	Type	Total
Qtr 1	IDD	Non Suicide Death	8
	MI Adult	Non Suicide Death	5
		Suicide	1
Qtr 1 Total			14
Qtr 2	IDD	Non Suicide Death	3
	MI Adult	Non Suicide Death	6
	ACT	Non Suicide Death	2
Qtr 2 Total			11
Qtr 3	IDD	Non Suicide Death	5
	MI Adult	Non Suicide Death	6
	CARES	Non Suicide Death	1
Qtr 3 Total			12

Mortality Data Thru Qtr 3 FY 2022

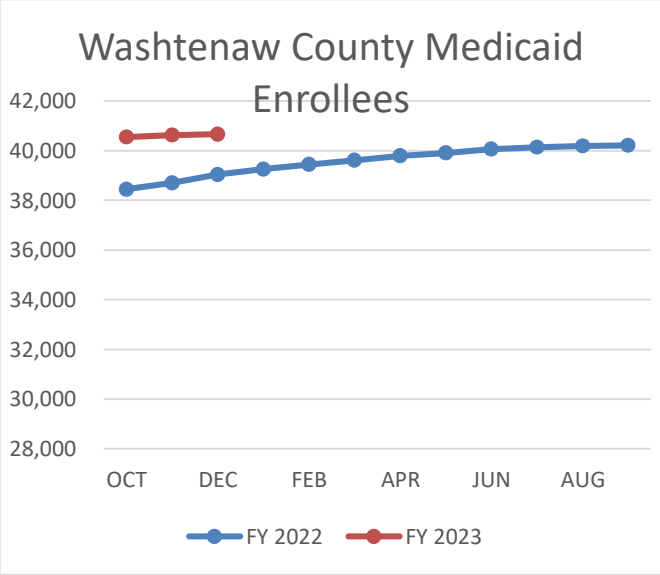
Cause of Death	Number of Deaths FY 17	Number of Deaths FY 18	Number of Deaths FY 19	Number of Deaths FY 20	Number of Deaths FY 21	Number of Deaths FY 22
Aspiration Pneumonia			1	2	2	2
Cancer	10	8	9	7	10	3
Cardiovascular	8	13	14	14	5	6
Dehydration		1				
Drug Abuse	6	12	5	8	2	5
Endocrine System (Diabetes)					1	
Environmental Hypothermia			1			
Gastrointestinal				3	1	
Hip Fracture Complications		1				
Homicide	1	3				
Hyponatremia						1
Inanition				2		
Infection				4	5 (4 - COVID 19)	4 (3 - COVID 19)
Kidney Disease	1	1		1		
Liver Disease	1	2		2	3	1
Metabolic			1			
Muscular Dystrophy						
Natural/Other	3	1				
Neurological	2	2	1	3	7	3
Respiratory	4	5	9	10	4	3
Sturge Weber Syndrome						
Suicide	3	2	2	5	2	1
Trauma		1	2		2	3
Unknown	3	9	10	8	10	6
Grand Total	**47**	**65**	**55**	**67**	**54**	**38**

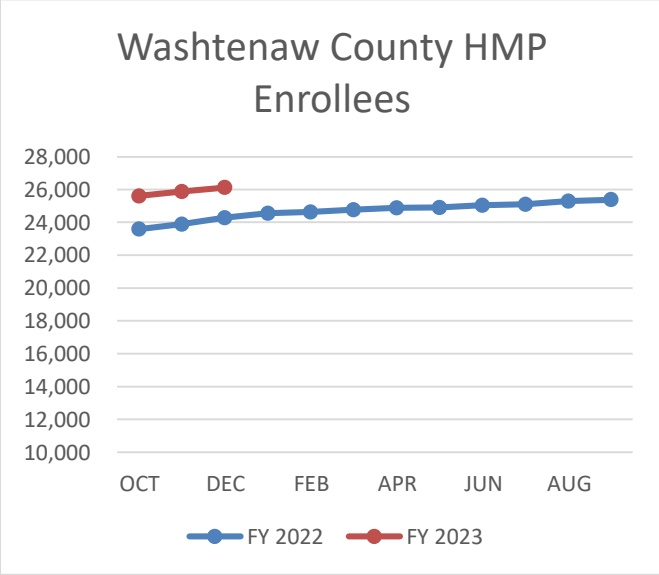
Sentinel Events: There were no sentinel events in the third quarter.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2023: For the period ending December 31, 2022
Prepared: February 6, 2023

1. Washtenaw County Enrollees

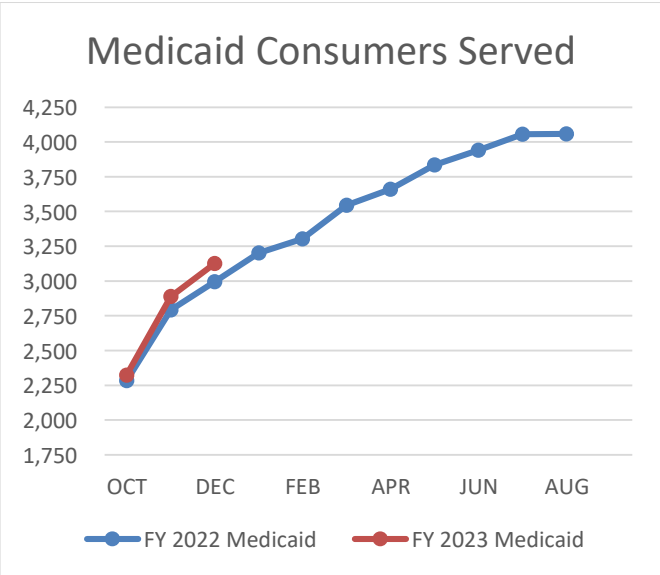
A summary of FY 2023 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

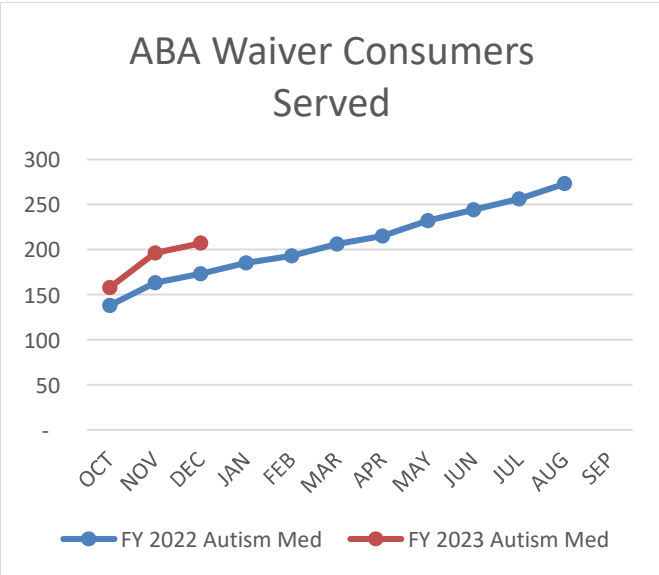




Washtenaw County Medicaid Enrollees were 40,669 in December 2022. This is a 4.20% increase from the same time last year (1,638 more enrollees than in December 2021). Healthy Michigan enrollment in December 2022 was 26,129. This is a 7.64% increase from the same time last year (1,855 more enrollees than in December 2021).

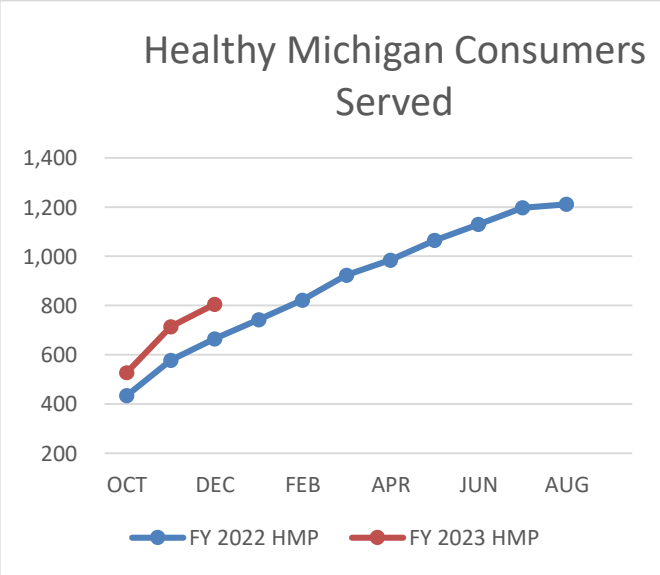
2. WCCMH Consumers Served to Date

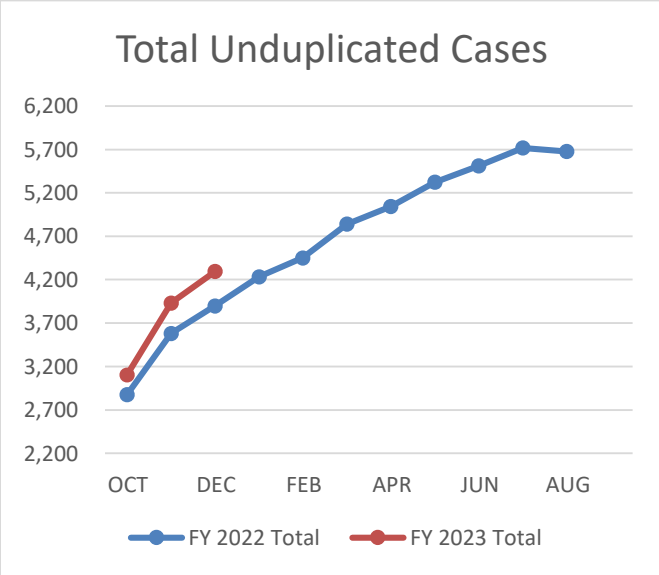




Medicaid consumers served through December 2022 are 3,126. This is 132 more consumers than the prior year (2,994 consumers were served through December 2021).

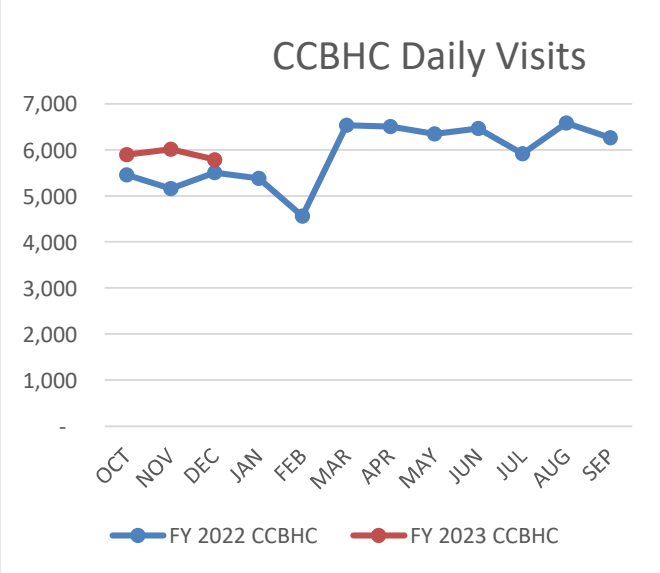
ABA Waiver consumers served through December 2022 are 207. This is 34 more consumers than prior year (173 consumers were served through December 2021).

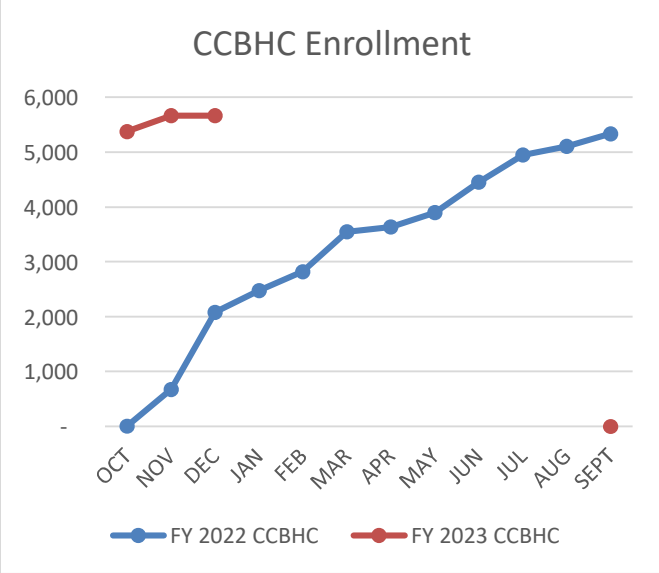




Healthy Michigan consumers served through December 2022 were 806. This is 140 more consumers than the same period last year.

The total unduplicated consumers served by WCCMH through December 2022 were 4,294. This is 228 more consumers than served last year.





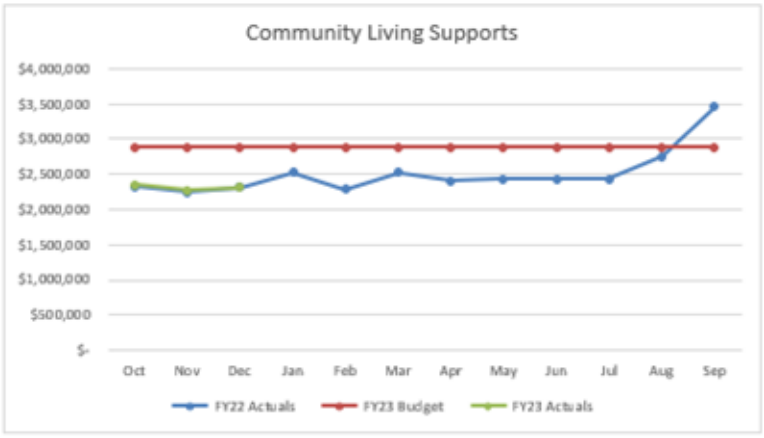
The CCBHC daily visit count for December 2022 were 5,787.

The YTD CCBHC Enrollment for FY 2023 as of December 2022 was 5,664.

3. Financial Statement Highlights

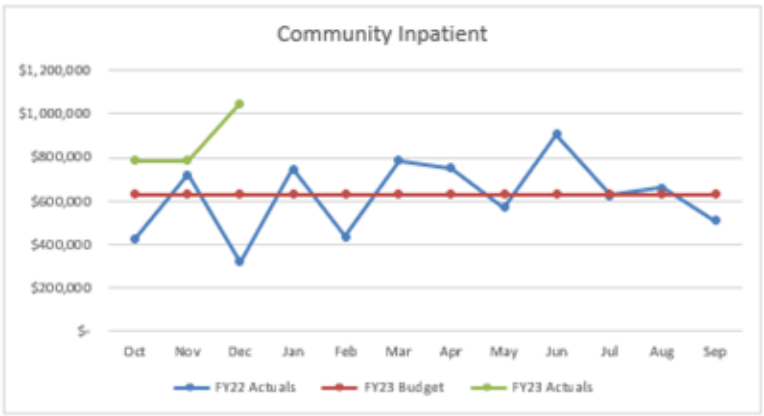
a. CLS service costs to date are estimated to be $7.7 Million. The costs year to date are 12.89% more than this time last year. A 5% increase to CLS rates has been implemented as of 10/1/2022.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 2,325,336	2,883,333	$ 2,348,508	1.00%
Nov	2,240,096	2,883,333	2,266,179	1.08%
Dec	2,317,212	2,883,333	2,307,370	0.57%
Jan	2,524,996	2,883,333		
Feb	2,285,682	2,883,333		
Mar	2,529,180	2,883,333		
Apr	2,406,148	2,883,333		
May	2,431,396	2,883,333		
Jun	2,431,870	2,883,333		
Jul	2,436,133	2,883,333		
Aug	2,746,122	2,883,333		
Sep	3,451,817	2,883,333		



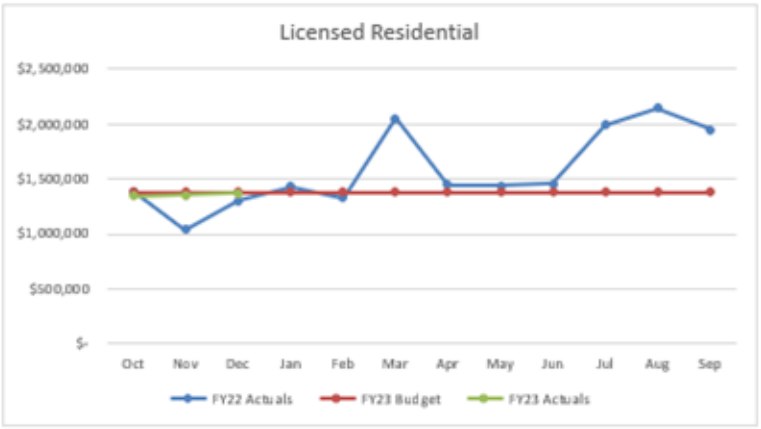
b. Community Inpatient costs to date are $2.6 Million. The costs year to date are 78.36% more than this time last year and $729,000 over budget.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 428,747	$ 629,167	$ 783,838	82.82%
Nov	719,608	629,167	786,506	36.75%
Dec	318,967	629,167	1,046,711	78.36%
Jan	745,851	629,167		
Feb	438,634	629,167		
Mar	785,399	629,167		
Apr	751,136	629,167		
May	572,488	629,167		
Jun	904,625	629,167		
Jul	624,231	629,167		
Aug	661,279	629,167		
Sep	508,767	629,167		



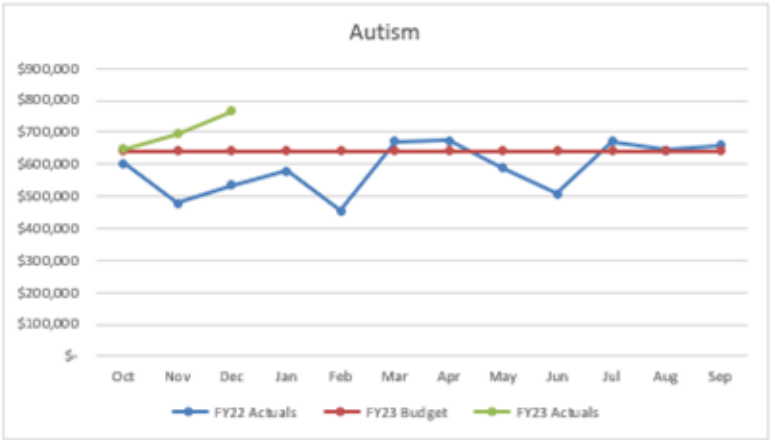
c. Licensed Residential costs to date are $4.0 Million and $79,000 under budget. The costs year to date are 9.13% less than this time last year. A 5% increase was implemented as of 10/1/2022 for local providers.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 1,386,550	$ 1,383,333	$ 1,348,498	-2.74%
Nov	1,038,733	1,383,333	1,351,230	11.32%
Dec	1,304,777	1,383,333	1,371,021	9.13%
Jan	1,429,675	1,383,333		
Feb	1,325,725	1,383,333		
Mar	2,048,936	1,383,333		
Apr	1,451,576	1,383,333		
May	1,437,448	1,383,333		
Jun	1,454,128	1,383,333		
Jul	1,995,132	1,383,333		
Aug	2,141,085	1,383,333		
Sep	1,952,399	1,383,333		



d. Applied Behavior Analysis/Autism service costs to date are $2.1 Million. The costs year to date are 30.43% more than this time last year and $183,000 over budget.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 602,553	$ 641,667	$ 648,805	7.68%
Nov	479,479	641,667	694,140	24.11%
Dec	534,172	641,667	765,065	30.43%
Jan	580,372	641,667		
Feb	453,979	641,667		
Mar	672,143	641,667		
Apr	674,225	641,667		
May	587,988	641,667		
Jun	508,069	641,667		
Jul	670,422	641,667		
Aug	643,331	641,667		
Sep	658,111	641,667		



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

4. PIHP Revenue Key Points

a. Medicaid, CCBHC and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid and CCBHC is showing a surplus of $396,000 through December.
c. By funding source, HMP is showing a deficit of $188,000 through December.
d. Overall, the PIHP surplus is $207,000 through December.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $679,000.

6. Local Key Points

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

b. Local Funds are showing a deficit of $45,000 through December.

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 2023.

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

		Total
Medicaid **		
Revenue		
B & B3	$	14,460,413
HSW		6,767,169
DCW		-
Behavioral Health Home		78,930
Child Waiver/SED Waiver		269,537
Autism		1,618,849
Prior Year Adjustments		-
Care for Caid		140,392
Total Medicaid Revenue	$	23,335,291
Total Medicaid Expense	$	19,839,316
Medicaid Surplus/(Deficit)	$	3,495,974
CCBHC **		
Revenue	$	1,447,788
Expense		4,547,679
CCBHC Surplus/(Deficit)	$	(3,099,891)
Healthy Michigan **		
Revenue	$	1,728,343
Expense		1,916,793
Healthy MI Surplus/(Deficit)	$	(188,450)
General Fund		
Revenue		
CMH Operations	$	1,149,417
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		(1,355)
Funding Fr. Other Local Sources		(9,350)
Total General Fund Revenue	$	1,138,712
Total General Fund Expense	$	458,750
General Fund Surplus/(Deficit)	$	679,962
Injectable Meds		
Revenue	$	57,946

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

		Total
Expense		57,946
Inj. Meds. Surplus/(Deficit)	$	-
Grants And Contracts		
Revenue	$	533,396
Expense		533,396
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	179,028
Redirect to GF		9,350
Expense		188,378
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	304,418
Expense		349,816
Local Surplus/(Deficit)	$	(45,398)
Private Grant & All NOR		
Revenue	$	22,512
Expense		19,731
Priv. Grant & NOR Surplus/(Deficit)	$	2,781
Grand Total		
Revenue	$	28,787,687
Expense		27,942,709
Grand Total Surplus/(Deficit)	$	844,978

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	207,634
WCCMH Surplus/(Deficit)		637,345
	$	844,978

Washtenaw County Community Mental Health
Budget to Actuals
For Three Months Ending December 31, 2022

	Current Fiscal Year				
	FY 2023 Approved Budget	FY 2023 Approved Budget YTD	FY 2023 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 48,979,046	$ 12,244,762	$ 14,460,413	$ 2,215,652	18.09%
HSW	30,058,737	7,514,684	6,767,169	(747,515)	-9.95%
Children & SED Waivers	1,200,000	300,000	269,537	(30,463)	-10.15%
Healthy Michigan Capitation	6,913,368	1,728,342	1,728,343	1	0.00%
Autism Capitation	6,475,395	1,618,849	1,618,849	0	0.00%
Direct Care Worker Pass-Through	9,263,483	2,315,871	-	(2,315,871)	-100.00%
CCBHC Supplementary	4,059,000	1,014,750	1,447,788	433,038	42.67%
Behavioral Health Home	-	-	78,930	78,930	0.00%
TOTAL PIHP Revenue	$ 106,949,029	$ 26,737,257	$ 26,371,029	$ (366,228)	-1.37%
MDHHS Revenue					
State General Funds	$ 4,597,669	$ 1,149,417	$ 1,149,417	$ (0)	0.00%
Grants & Earned Contracts	1,790,168	447,542	424,716	(22,826)	-5.10%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 437,940	$ 26,148	$ (411,792)	-94.03%
Project Revenue	847,984	211,996	159,912	(52,084)	-24.57%
All Other	1,917,652	479,413	805,470	326,057	68.01%
TOTAL Operating Revenue	**$ 117,854,263**	**$ 29,463,566**	**$ 28,936,692**	**$ (526,874)**	-1.79%
Operating Expenses					
Administrative Expenses					
General Administration	$ 7,733,373	$ 1,933,343	$ 1,935,931	$ 2,588	0.13%
Program Administration	4,150,194	1,037,549	554,598	(482,951)	-46.55%
Residential Services					
Community Living Supports	$ 34,600,000	$ 8,650,000	$ 7,711,393	$ (938,607)	-10.85%
Licensed Residential	16,600,000	4,150,000	4,070,750	(79,250)	-1.91%
Outpatient Services					
Autism Services	$ 7,700,000	$ 1,925,000	$ 2,108,010	$ 183,010	9.51%
Case Management	5,750,761	1,437,690	1,223,654	(214,036)	-14.89%
Supports Coordination	3,243,708	810,927	668,131	(142,796)	-17.61%
Skill Building	5,004,548	1,251,137	980,453	(270,684)	-21.64%
Supported Employment	1,556,862	389,216	466,492	77,277	19.85%
Psychiatry	4,134,073	1,033,518	1,058,678	25,160	2.43%
Nursing Services	2,659,925	664,981	574,528	(90,453)	-13.60%
Therapy Services	2,758,751	689,688	609,115	(80,573)	-11.68%
All Other	11,339,062	2,834,766	2,739,749	(95,017)	-3.35%
Other Expenses					
Community Inpatient	$ 7,550,000	$ 1,887,500	$ 2,617,056	$ 729,556	38.65%
Local Matches & Shelter	1,282,838	320,710	367,233	46,524	14.51%
Grants & Earned Contracts	1,790,168	447,542	405,943	(41,599)	-9.29%
TOTAL Operating Expenses	**$ 117,854,263**	**$ 29,463,566**	**$ 28,091,714**	**$ (1,371,852)**	-4.66%
Revenue Over/(Under) Expenses	-	-	844,978	844,978	

Washtenaw County Community Mental Health
Budget to Actuals
For Three Months Ending December 31, 2022

	Prior Year Comparison			
	FY 2023 YTD Actuals	FY 2022 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 14,460,413	$ 10,869,833	$ 3,590,580	33.03%
HSW	6,767,169	6,650,331	116,838	1.76%
Children & SED Waivers	269,537	453,928	(184,391)	-40.62%
Healthy Michigan Capitation	1,728,343	1,571,221	157,122	10.00%
Autism Capitation	1,618,849	1,471,681	147,168	10.00%
Direct Care Worker Pass-Through	-	2,005,083	(2,005,083)	0.00%
CCBHC Supplementary	1,447,788	1,032,500	415,288	0.00%
Behavioral Health Home	78,930	-	78,930	0.00%
TOTAL PIHP Revenue	$ 26,371,029	$ 24,054,577	$ 2,316,452	9.63%
MDHHS Revenue				
State General Funds	$ 1,149,417	$ 1,058,761	$ 90,656	8.56%
Grants & Earned Contracts	424,716	408,670	16,046	3.93%
All Other Revenue				
County Appropriation	$ 26,148	$ 220,488	$ (194,340)	-88.14%
Project Revenue	159,912	181,974	(22,062)	-12.12%
All Other	805,470	562,417	243,053	43.22%
TOTAL Operating Revenue	**$ 28,936,692**	**$ 26,486,887**	**$ 2,449,805**	9.25%
Operating Expenses				
Administrative Expenses				
General Administration	$ 1,935,931	$ 1,506,797	$ 429,134	28.48%
Program Administration	554,598	827,012	(272,414)	-32.94%
Residential Services				
Community Living Supports	$ 7,711,393	$ 6,831,163	$ 880,230	12.89%
Licensed Residential	4,070,750	3,730,060	340,690	9.13%
Outpatient Services				
Autism Services	$ 2,108,010	$ 1,616,204	$ 491,806	30.43%
Case Management	1,223,654	1,044,238	179,416	17.18%
Supports Coordination	668,131	502,277	165,854	33.02%
Skill Building	980,453	633,456	346,997	54.78%
Supported Employment	466,492	368,241	98,251	26.68%
Psychiatry	1,058,678	789,552	269,126	34.09%
Nursing Services	574,528	539,654	34,874	6.46%
Therapy Services	609,115	450,370	158,745	35.25%
All Other	2,739,749	1,702,237	1,037,512	60.95%
Other Expenses				
Community Inpatient	$ 2,617,056	$ 1,467,322	$ 1,149,734	78.36%
Local Matches & Shelter	367,233	349,321	17,912	5.13%
Grants & Earned Contracts	405,943	408,275	(2,332)	-0.57%
TOTAL Operating Expenses	**$ 28,091,714**	**$ 22,766,179**	**$ 5,325,535**	23.39%
Revenue Over/(Under) Expenses	844,978	3,720,708	(2,875,730)	

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

Prior 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	$ -

Current Year FY 2023	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 9,875,989	$ 19,322,884	$ 28,936,692									
Total Expense	$ 8,365,850	$ 17,703,428	$ 28,091,714									
Surplus / (Deficit)	$ 1,510,139	$ 1,619,456	$ 844,978									

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Twelve Months Ending December 31, 2022

	Budget to Actuals				Commitments		
	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD	Committed Current Fiscal Year	Remaining Uncommitted Current Fiscal Year	Committed FY 2023
Community Wide Service Expansion							
CARES Team							
Access & Triage	$ 550,000	$ 550,000	$ 564,110	$ 14,110	$ 550,000	$ -	$ 577,500
Treatment & Stabilization Services	550,000	550,000	542,956	(7,044)	550,000	-	577,500
Crisis Response	750,000	750,000	744,312	(5,688)	750,000	-	787,500
Crisis Stabilization Center	350,000	350,000	340,177	(9,823)	350,000	-	367,500
Other CARES Team	397,600	397,600	428,522	30,922	397,600	-	417,480
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 450,000	$ 206,109	$ (243,891)	$ 400,000	$ 50,000	$ 450,000
Prosecutting Attorney Office	$ 30,750	$ 30,750	$ 31,290	$ 540	$ 124,000	$ (93,250)	$ 129,000
Supportive Housing							
Supportive Housing RFP	$ 400,000	$ 400,000	$ 400,000	$ -	$ 400,000	$ -	$ -
Supportive Housing Other	460,000	460,000	114,267	(345,733)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	180,000	180,000	-	180,000	-	180,000
Emergency Housing	50,000	50,000	77,324	27,324	50,000	-	50,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 227,780	$ 227,780	$ 152,348	$ (75,432)	$ 227,780	$ -	$ -
Student Advocacy Center	190,195	190,195	124,130	(66,065)	190,195	-	-
Health Dept - Anti Stigma Campaign	170,000	170,000	81,437	(88,563)	170,000	-	170,000
WCCMH - Wraparound Staff	95,000	95,000	38,120	(56,880)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	350,000	66,000	(284,000)	140,000	210,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 165,000	$ 165,000	$ -	$ 165,000	$ -	$ 165,000
Other	250,000	250,000	242,879	$ (7,121)	125,000	125,000	-
TOTAL Community Wide Service Expansion	$ 5,616,325	$ 5,616,325	$ 4,498,981	$ (1,117,344)	$ 5,324,575	$ 291,750	$ 4,041,480

	Budget to Actuals				Commitments		
	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD	Committed Current Fiscal Year	Remaining Uncommitted Current Fiscal Year	Committed FY 2023
Education & Prevention							
Education & Outreach							
NAMI Contract	$ 193,725	$ 193,725	$ 158,400	$ (35,325)	$ 193,725	$ -	$ 169,425
MHFA Trainings	25,000	25,000	-	(25,000)	25,000	-	25,000
TOTAL Education & Prevention	$ 218,725	$ 218,725	$ 158,400	$ (60,325)	$ 218,725	$ -	$ 194,425
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 60,000	$ 60,000	$ 11,172	$ (48,828)	$ 60,000	$ -	$ -
Communicate							
CHRT Contract	$ 300,000	$ 300,000	$ 285,342	(14,658)	$ 180,000	$ 120,000	$ 210,000
TOTAL Evaluation & Communication	$ 360,000	$ 360,000	$ 296,514	$ (63,486)	$ 240,000	$ 120,000	$ 210,000
Administration of the Millage							
WCCMH	$ 540,000	$ 540,000	$ 541,208	$ 1,208	$ 540,000	$ -	$ 555,000
CHRT Contract	140,000	140,000	12,180	(127,820)	140,000	-	150,000
Grand Totals	**$ 6,875,050**	**$ 6,875,050**	**$ 5,507,283**	**$ (1,367,767)**	**$ 6,463,300**	**$ 411,750**	**$ 5,150,905**

Millage Funding Summary February 2023

Miles Jeffrey Roberts Foundation (MJRF)-Mental Health Champions:

Goals: MJRF Mental Health Champion pilot program will promote mental well-being and suicide prevention in the youth athlete community in Washtenaw County.

What: MJRF is requesting $15,000 per year for three years from the Washtenaw County Public Safety and Mental Health Preservation Millage to pilot a collaborative project between the Foundation, Skyline High School and the UM Depression Center.
Activities will include building key skills, relationships, and connections between students and their sports communities. Peers, coaches, parents, and teachers will be empowered to advocate for students who demonstrate warning signs for mental illness and suicide ideation, connect them with vital resources, and increase their knowledge of strategies to support mental health.

Pilot Phases and Intervention Objectives:
Pilot phase 1 would include interventions at Ann Arbor Skyline High School, where more than 30% of the student body is
involved in athletics.
Pilot phase 2 would include expansion to a second Washtenaw County high school TBD. Pilot phase funding would support compensation for staff at Skyline High School and the UM Depression Center to implement key deliverables and align with the community partner resources.
Intervention Objectives:
1. Demonstrate measurable success in promoting social and emotional well-being across the student-athlete target population.
population
2. Develop and lead awareness events, training, baseline, and follow-up surveys to connect and engage key stakeholders.
3. Explore partnership opportunities with other funding agencies and high schools to expand MJRF Mental Health Champions within local high schools in Washtenaw County.

Funding Amount: 3-year contract total $45,000

The 5 Healthy Towns Foundation (5HT)- One Big Thing:
Goals: Increase collaboration and communication between service providers and other community organizations to improve social determinants of health (SDOH) and mental health outcomes for the 5 towns region of Dexter, Manchester, Stockbridge, and Chelsea.

What: Fund a .5 FTE and provide seed money to action teams to implement logic model. Major goals of the project include:

- Action Team #1: Social Isolation and Sense of Purpose
    - Learn about successful intergenerational programs in other rural communities to replicate here.
    - Identify data collection needs to understand disparities and identify the most isolated populations in the region.

  - Assess current volunteer opportunities and systems for recruiting, training and retaining volunteers in the region. Learn about successful rural volunteer programs.
  - Explore opportunities for more adult intramural sports. Pilot one new program in 2023 that is inclusive and accessible.
  - Create workplace wellness initiatives with the area Chambers of Commerce.
- Action Team #2: Social Determinants of Health and Barriers to Resources
  - Train service providers to use the findhelp.org resource directory (tool embedded in EMR system at Chelsea Hospital, IHA and Michigan Medicine).
  - Amplify anti-stigma campaigns developed by area youth.
  - Expand food assistance programs at area farmers markets and grocery stores, and increase enrollment in the Supplemental Nutrition Assistance Program and Double Up Food Bucks.
  - Raise awareness of transportation assistance available through Washtenaw Area Value Express/WAVE and other transportation providers, and how to access these services.
  - Advocate for more affordable housing and broadband access in rural areas.
- Action Team #3: Alcohol and Other Drugs
  - Increase availability of Naloxone and training in how to use it
  - Educate patients and the general public on the interactions between alcohol, marijuana and some prescription medications.
  - Encourage safe disposal of unused medications.
  - Explore opportunities to make community events more welcoming to those in recovery, and less centered around alcohol.
  - Advocate for policies to reduce the negative impacts of marijuana on youth, including outdoor advertising and outlet density and location.

Funding Amount: 1-year contract total- $50,000

EXECUTIVE SUMMARY

The rural communities of western Washtenaw County have lost six young people to suicide since 2016. One is too many anywhere; in small towns like ours – Chelsea, Dexter, Grass Lake, Manchester and Stockbridge – it feels incomprehensible. Each loss is felt by all residents, whether they knew the young person directly or not. Stress, anxiety, depression and other mental illness all play a role in the health and vitality of our communities. Everyone recognizes that this is a problem that has only grown since the pandemic started. There is significant energy among grassroots volunteers, and a meaningful commitment on the part of key institutions and their leaders to work together to address this issue. These leaders recognize that by focusing our energy and resources on "one big thing" like mental health, we can have a meaningful impact in the overall health and well-being of our communities.

Over the past three years, 5 Healthy Towns Foundation (5HF), Chelsea Hospital (CH), Michigan Medicine Department of Family Medicine (MM) and Washtenaw County Community Mental Health (WCCMH) have been working together under the name of “One Big Thing” (OBT). The one big thing we are focused on is the mental health and well-being of all residents in our region. This work has focused on shifting energy and resources upstream to prevent the negative impacts of mental health crises and substance use disorder. In 2022, OBT developed an evidence-based logic model to address Social Determinants of Health (SDOH) and other root causes of mental illness. We shared this logic model with more than 50 community partners at three recent meetings with an invitation to join the OBT as we move into action in 2023.

Today, we are applying for a one-year Pilot Grant would provide much needed resources to strengthen community engagement, put these plans into action, and build community capacity to sustain this work into 2024 and beyond. Professional organization and facilitation will allow the OBT collaborative to take the evidence-based logic model and turn it into action plans that can be implemented with our partners starting this summer. If funded, this Pilot Grant will support a part-time staff person to facilitate the OBT Action Teams, and seed money for each team to get their plans off the ground. Our short-term outcomes include the formation of three action teams, establishing milestones and deliverables, increasing awareness of resources and decreasing barriers to accessing those resources. Our mid to long-term outcomes include increasing access to food, housing and transportation, strengthening positive social norms around substance use, and increasing social connectedness and personal sense of purpose.

Ultimately, we aim to reduce depression and anxiety, suicide ideation and attempts, and overdose deaths among youth and adults.

PROJECT DESCRIPTION

Problem Statement: Too many people are experiencing the negative outcomes of mental health crisis and substance use disorder. These include:

- High rates of suicide ideation and attempts among youth (Source: Michigan Profile for Youth/MiPHY)
- Death by suicide (Source: Washtenaw County Health Department)
- Fatal and non-fatal opioid overdoses (Source: Washtenaw County Health Department)
- Alcohol, marijuana, tobacco and other drug use among youth (Source: MiPHY survey)
- Substance use disorder (SUD) and binge drinking among adults (Source: 5 Healthy Towns Survey)
- Depression and anxiety among youth (Sources: MiPHY survey, Chelsea ATOD survey)
- Poor mental health status among adults (Source: 5 Healthy Towns Survey)

The target population is the five-town region of Chelsea, Dexter, Grass Lake, Manchester, and Stockbridge, Michigan. This is the primary service area of 5 Healthy Towns Foundation (5HF) and Chelsea Hospital (CH), and an important underserved region in the county. The total area population is 59,418 (Source: 2020 Census). There are over 9,000 students in the five public school districts. The average race distribution is 95% Caucasian, 2.1% Hispanic, and less than one percent each of other races.

Because this region includes portions of four counties, five school districts and six zip codes, it is difficult to aggregate data points into one number or rate for the region as a whole. Some data are available at the county level, some by zip code and some by school district. The One Big Thing partners reviewed all the measures listed above and in the objectives section of this narrative throughout the assessment and planning process.

The population will benefit by increased collaboration and communication between service providers and other community organizations, as well as these organizations' focused effort to improve social determinants of health (SDOH) and mental health outcomes.

Description of the intervention, objectives and evidence base consideration

In forming and launching the One Big Thing (OBT) Action Teams, this project brings together roughly fifty partners across five communities to work together to improve mental health and well-being. The idea for this collaborative work started in early 2019 at the 5 Healthy Towns Foundation and was established with a grant from the Rippel Foundation. The grant funded facilitation and organizational support from ReThink Health, a group that works with regional coalitions to "design and execute transformative change and produce better health and well-being for all." (source: www.rethinkhealth.org/about). 5HF engaged the leaders of Chelsea Hospital (CH), Michigan Medicine Department of Family Medicine (MM) and Washtenaw County Community Mental Health (WCCMH) to form what came to be known as One Big Thing (OBT).

Washtenaw County Community Mental Health has been instrumental in our work over the past three years. They have supported our work to help us strengthen relationships, develop a common language around stewardship and prevention, and start to picture an ideal future state in which our communities' environments supported good mental health for all. Now that ReThink Health has wrapped up its work, we are creating new strategies to keep our momentum moving forward.

In 2022 OBT moved into the planning phase, and a logic model was developed using the format from the Community Anti-Drug Coalitions of America (CADCA). This format has been useful to assist the leadership team to establish core objectives and measure for evaluation. The CADCA planning guidelines recommend including a mix of seven strategies for behavior change to maximize impact. Four of the seven impact individuals (I) while the other three impact the environment (E):

1. Provide Information (I)
2. Build Skills (I)
3. Provide Support (I)
4. Enhance Access (I)
5. Modify the Physical Design (E)
6. Change Consequences/Incentives (E)
7. Modify Policies (E)

The OBT Logic Model defines the goals, objectives, strategies and activities that will guide the work of this collaborative group over the next five years. It ensures our work is data-driven and all activities can be tied back to the root causes of poor mental health in our communities. The Core Team developed the current draft of the OBT Logic Model to share with community partners and obtain input on how it can be improved and strengthened as we move forward together. It will be the basis for annual action plans and evaluation plans. The full document is seven pages long, but the key high-level points are outlined below.

Goal: Strengthen community capacity to improve mental health by addressing social determinants of health.

Long-term objectives for the five-town region are to:

1. Reduce suicide ideation among high school students from 19% to 14% by June 2028. (Source: MiPHY)
2. Reduce fatal and non-fatal opioid overdoses among adults by June 2028. (Source Washtenaw, Jackson and Ingham County Health Departments)
3. Increase the percentage of adults who rate their overall life satisfaction as very good or excellent by June 2028. (Source: 5HF Survey, baseline to be established from survey conducted fall 2022)

Mid-term objectives for the five-town region are to achieve the following by June 2026:

1. Decrease the percentage of patients in the region who report experiencing social isolation, food insecurity, transportation as a barrier to accessing services, or housing instability in past month (Source: CH and MM Electronic Medical Record)
2. Decrease the percentage of adults who report they lack community connections (Source: 5HFS)
3. Decrease the percentage of adults who report they rarely or never get the social or emotional support needed. (Source: 5HFS)
4. Increase the percentage of adults who agree they lead a purposeful and meaningful life. (Source: 5HFS)
5. Decrease the percentage of high school students who report they don't have an adult they could talk to about something important (Source: ATOD survey)
6. Decrease the number of students classified as homeless or housing unstable by the five school districts. (Source: School District Records)
7. Decrease the percentage of youth reporting regular use of alcohol and marijuana (Source: MiPHY survey)
8. Decrease the percentage of adults who report regular binge drinking and marijuana use (Source: 5HFS)

The Core Team organized two community meetings in the Fall of 2022, and most recently a third meeting in January 2023. Approximately 50 people participated, representing an additional 26 organizations. The first meeting focused on the history of OBT, our work and progress for the past three years, and why we are inviting

more people to get involved now. The second meeting focused on prevention and SDOH, and how we can have a greater collective impact by shifting resources upstream.

At the January 2023 meeting, we began discussions of how Action Teams will implement the strategies outlined. Based on feedback from attendees, three Action Teams will begin work this year:

- Action Team #1: Social Isolation and Sense of Purpose
- Action Team #2: Social Determinants of Health and Barriers to Resources
- Action Team #3: Alcohol and Other Drugs

Project timetable

Action Teams will form in early 2023, and began to establish milestones, deliverables, and the meeting cadence for the year. Each Action Team will elect two Co-Chairs from the community.

One of the first deliverables each Action Team will be responsible for is a one-year action plan. These plans will be based off the OBT logic model and will include a mix of strategies and activities aimed at the environment and the individual. Some of the activities that will be included on these first action plans may include:

- Action Team #1: Social Isolation and Sense of Purpose
  - Learn about successful intergenerational programs in other rural communities to replicate here.
  - Identify data collection needs to understand disparities, and identify the most isolated populations in the region.
  - Assess current volunteer opportunities and systems for recruiting, training and retaining volunteers in the region. Learn about successful rural volunteer programs.
  - Explore opportunities for more adult intramural sports. Pilot one new program in 2023 that is inclusive and accessible.
  - Create workplace wellness initiatives with the area Chambers of Commerce.
- Action Team #2: Social Determinants of Health and Barriers to Resources
  - Train service providers to use the findhelp.org resource directory (tool embedded in EMR system at Chelsea Hospital, IHA and Michigan Medicine).
  - Amplify anti-stigma campaigns developed by area youth.
  - Expand food assistance programs at area farmers markets and grocery stores, and increase enrollment in the Supplemental Nutrition Assistance Program and Double Up Food Bucks.
  - Raise awareness of transportation assistance available through Washtenaw Area Value Express/WAVE and other transportation providers, and how to access these services.
  - Advocate for more affordable housing and broadband access in rural areas.
- Action Team #3: Alcohol and Other Drugs
  - Increase availability of Naloxone and training in how to use it
  - Educate patients and the general public on the interactions between alcohol, marijuana and some prescription medications.
  - Encourage safe disposal of unused medications.
  - Explore opportunities to make community events more welcoming to those in recovery, and less centered around alcohol.
  - Advocate for policies to reduce the negative impacts of marijuana on youth, including outdoor advertising and outlet density and location.

The Action Team Coordinator/Facilitator, funded by this grant, will be responsible for supporting the implementation and evaluation of each annual action plan. One Big Thing leaders are confident these efforts will be successful. When the Action Teams form in 2023, each will be tasked with identifying additional organizations, individuals or community sectors that need to be invited to participate.

OBT partners have engaged safety net organizations that provide food, housing assistance, and transportation to low-income residents, including Faith in Action, the Manchester Community Resource Center, Stockbridge Community Outreach, and the WAVE transit system. The Community Outreach Coordinators for Washtenaw and Jackson Counties for the VA Healthcare System of Ann Arbor have also joined the effort. These groups work with the most vulnerable populations every day; they have a clear understanding of the needs and the challenges addressing those needs. We are also working to engage more community members with lived experience. Some of the attendees at the OBT community meetings that happened in the fall of 2022 have struggled or are struggling with mental health, isolation, housing, food, or transportation insecurity. They provide vital insight to the work of OBT and help ensure our efforts are culturally aware and responsive.

List of organizations that have participated in one or more OBT meetings to date, in addition to the Core Team:

Michigan Medicine Community Health Services
Chelsea School District
Stockbridge Community Schools
Washtenaw County Sheriff
Faith in Action
Stockbridge Community Outreach
Manchester Community Resource Center
5 Healthy Towns Wellness Coalitions
SRSLY coalitions in Chelsea, Dexter, Manchester and Stockbridge
Faith Community Nurses
Western-Washtenaw Area Value Express (WAVE)
National Alliance on Mental Illness (NAMI) of Washtenaw County
Henry Ford Health System

EVALUATION PLAN AND SUSTAINABILITY

The OBT collaborative will evaluate success using multiple data sources and methods. Success is defined as a measurable decrease in the negative impacts of mental health crises and substance use disorder.

The Core Team will also develop capacity measures to monitor the strength of the OBT collaboration and identify areas for improvement. Capacity measures will include quantitative and qualitative input from OBT participants, including the decision-making and implementation process, and opportunities for improvement.

Long-term strategies for funding this project beyond the grant period

The intent of this Pilot Grant is to launch the Action Teams. With 30 organizations at the table, this will require professional support and facilitation to stay on track and be productive. A half-time coordinator will work with each Action Team's co-chairs to plan monthly meetings, assign follow-up items, recruit and onboard new members as needed, and maintain records (meeting minutes, evaluation data collected, earned media, etc.).

To sustain our efforts beyond the first year, we are requesting funding from Michigan Medicine's Community Health Services Grant Program. If awarded, an additional $50,000 will extend our work through June 2025. This funding, in addition to the in-kind contributions from the One Big Thing Stewardship Council member organizations, will be adequate to assure that the Action Teams have a solid foundation of support following this finite period of development. Starting in the second half of 2024, the Core Team and Stewardship Council will evaluate resource needs and determine strategies for funding beyond the 2-year period if necessary. This may include new grant applications to other funding sources, opportunities for matching grants, or local philanthropy.

ABOUT 5HF

The establishment of 5 Healthy Towns Foundation in 2009, formerly Chelsea-Area Wellness Foundation (CWF), represented a remarkable opportunity for communities in western Washtenaw County and its surrounding community. The Foundation, established because of the merger between Chelsea Community Hospital (CCH) and Saint Joseph Mercy Health System (SJMHS), was an opportunity to continue the health education and prevention work of both hospitals. The Foundation draws upon its community assets to impact health and wellness, including the original corpus, ownership of three local wellness centers, and a 50% partnership in Silver Maples of Chelsea. 5HF is a 501c3 tax exempt organization.

The mission of 5 Healthy Towns Foundation is to cultivate improvements in personal and community wellness, with the goal of making our communities a *healthy* place for all residents. Funded interventions include proposals focused on four pillars: Move More, Eat Better, Connect with Others in Healthy Ways, and Avoid Unhealthy Substances. For the One Big Thing initiative, this also includes values of optimism, resilience, and community engagement through which our work is demonstrated. The Foundation's focus is on individuals, families and older adults who reside within the school districts of Chelsea, Dexter, Grass Lake, Manchester, and Stockbridge.

Current programs and activities are those community health and wellness initiatives funded and executed by five community wellness coalitions and community partners. Programs include but are not limited to community walking paths and infrastructure, Farm to Table event support for farmers markets, Walk to School programming, school farm to table initiatives, youth recreation, workplace wellness and well-being, running clubs, storybook trails and preschool physical activity initiatives, playground development and health ministry with local faith organizations. Most recently, funding was provided to expand regional partnerships with senior centers and other non-profits to create dementia-friendly communities, adaptive movement programming for individuals with cognitive, emotional, or physical disabilities, and increased food access in all five communities. The 5HF-owned wellness centers represent a commitment to medically integrated programming, including eight clinical modules for patients referred by their medical providers designed to improve the level of physical activity for individuals living with chronic disease.

5HF provides approximately $1M annually to support these various community initiatives as well as any necessary technical assistance to the various organizations who deliver programs to residents in our service area. Surveys are conducted every two years among the 29,000 households in our service area and we have historically supported efforts to collect local data through PAC/Promoting Active Communities and NEAT/Nutritional Environment and Assessment Tools. This information is used by 5HF and our partners to make data-driven decisions at all levels.

The Foundation also publishes a semi-annual magazine, Connected, to showcase local stories of health, wellness, and community partnerships. See www.5healthytowns.org

Our accomplishments are demonstrated by our growing regional impact, our continued credibility and support from local organizations, and our growth over the decade to become an industry expert in comprehensive wellness programming, focused on best practices and innovative offerings to all community members. An additional achievement has been the sustained grassroots support from five community wellness coalitions, who guide the Foundation on understanding local needs and ensuring foundation resources are invested efficiently. 5HF prides itself on its ability to be proactive in our strategic direction.

Over our history, we have supported more than 70 coalition-sponsored programs, received more than $3 million in additional grant revenue to supplement local health and wellness opportunities, and worked effectively with hundreds of local volunteers. 5HF was recognized by the Governor's Fitness Council with the 2016 Active Communities Award and was recently awarded the 2022 Non-Profit Organization of the Year by the Chelsea Chamber of Commerce for our demonstrated commitment and work in the local community.

During the pandemic, One Big Thing partners were assessing the changing needs of our community residents and believe that this continued work will help our community members in the long run find the resources they need when they need them.

BUDGET NARRATIVE AND JUSTIFICATION – Total Request: $50,000

1. Personnel: $35,000
    a. Community Action Teams Coordinator - .5 FTE. The individual in this position would be responsible for the direct facilitation and engagement with, and between each of the Action Teams, and the greater collective priorities identified in the logic model. – $35,000 for a 20-hour per week position to be housed at 5HF. $35,000 is inclusive of salary and related taxes.
    b. In-Kind Staff Time on Core Team and Stewardship Council – each member of these teams contributes two to six hours per month to this work. Additionally, if this proposal is funded, 5HF

will dedicate .20 FTE of the Community Outreach Coordinator, Lori Kintz's time in providing direct support and supervision to the OBT Action Team Coordinator. (in-kind)

2. Travel: $3,000
    a. These funds will go towards local travel between meetings, including reimbursements for community members who require transportation to attend meetings. Targeted recruitment of individuals with lived experience in understanding systemic barriers to SDOH is a priority for our coalition, and we recognize some of these individuals may not be able to travel to meetings without financial compensation.
3. Supplies and Materials: $12,000
    a. These funds will be equally distributed between the three Action Teams as seed funding to support activities related to data collection and community assessments, pilot campaigns and activities, training and development, awareness building, education and advocacy. These funds will help the Action Teams get their plans off the ground. Each team may also choose to apply for other grants or funding sources based on priorities, needs and timeframes.

Conclusion

One Big Thing envisions a community that is connected, optimistic, resilient, and engaged (CORE). Our shared work with the original partners acknowledges the need to identify organizations committed to linking people, organization, information, and action.

Thank you for this opportunity.

MJRF Mental Health Champion Proposal 23-Jan-23

Executive Summary

Brief Summary – The goal of the MJRF Mental Health Champion pilot program is to promote mental well-being and suicide prevention in the youth athletic community in Washtenaw County. Through activities that build key skills, relationships, and connections between students and their sports communities, we believe that peers, coaches, parents, and teachers can be empowered to advocate for students who demonstrate warning signs for mental illness and suicide ideation, connect them with vital resources, and increase their knowledge of strategies to support mental health.

Pilot phase 1 would include interventions at Ann Arbor Skyline High School, where more than 30% of the student body is involved in athletics.

Pilot phase 2 would include expansion to a second Washtenaw County high school TBD.

Pilot phase funding would support compensation for staff at Skyline High School and the UM Depression Center to implement key deliverables and align with the community partner resources.

Intervention Objectives:

1. Demonstrate measurable success in promoting social and emotional well-being across the student-athlete target population;
2. Develop and lead awareness events, training, baseline and follow-up surveys to connect and engage key stakeholders;
3. Explore partnership opportunities with other funding agencies and high schools to expand MJRF Mental Health Champions within local high schools in Washtenaw County.

Fiscal Agent – Miles J Roberts Foundation

TAX Exempt ID: 84-2912363

Implementation Contacts:

Kristen Roberts – Kristen@mjrfoundation.org

Jeff Roberts – Jeff@mjrfoundation.org

Skyline contacts — melissa@mjrfoundation.org & analepa@mjrfoundation.org

UM Depression Center contact — will@mjrfoundation.org

Total Funding Requested

WCCMH Millage - $15,000 per year for 3 years for $45,000 total funding covering (School Year 2022-2023, 2023-2024 & 2024-2025) to support 3 year pilot @ Skyline and pilot year 1 @ second HS in Washtenaw County

MJRF - $122,548 to support .20 FTE from Skyline and .10 FTE from UM Depression Center for 3 years Skyline pilot and pilot year 1 @ TBD Washtenaw County HS

Other - Pursuing grants through Ann Arbor Area Community Foundation, United Way of Washtenaw County, Kevin's Song

Date Funding Required: Spring 2023 with Estimated Completion Date December 2025

Collaborators/Partners – MJR Foundation, Ann Arbor Public Schools/Skyline High School, UM Depression Center, community partners

Attachment #1 – February 2023

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
December 14, 2022

Members Present: Judy Ackley, Patrick Bridge, Roxanne Garber, Bob King, Sandra Libstorff, Molly Welch Marahar, Alfreda Rooks, Mary Serio, Holly Terrill, Ralph Tillotson

Members Absent: Randy Richardville, Katie Scott

Staff Present Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Trish Cortes, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Mike Harding

Guests Present:

I. Call to Order
Meeting called to order at 6:01 p.m. by Board Chair B. King.

II. Roll Call
- Quorum confirmed.

III. Consideration to Adopt the Agenda as Presented
Motion by R. Tillotson, supported by R. Garber, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the 10-12-2022 Meeting and Waive the Reading Thereof
Motion by M. Welch Marahar, supported by R. Garber, to approve the minutes of the 10-12-2022 meeting and waive the reading thereof
Motion carried

V. Audience Participation
None

VI. Old Business
a. Board Information: November Finance Report – FY2023 as of October 31st
   - M. Berg presented. Discussion followed.
   - The Regional Board requested that around advocacy regarding direct care wages and amending the public meetings act to allow for remote participation for board members.
   - B. King requested that board members have the discussion locally and bring any feedback and ideas to the February regional board meeting.

VII. New Business
a. Board Information – WCCMH Presentation CCBHC Presentation
   - M. Harding and T. Cortes presented. Discussion followed.
b. Board Information – Contracts CEO Authority
   - No action required.
c. Board Action – Contracts

Motion by J. Ackley, supported by M. Welch Marahar, to authorize the CEO to execute the contracts and amendments as presented in the board action request
Motion carried

d. Board Action – Position Request Grant Funded Priority Population Care Manager
Motion by M. Welch Marahar, supported by R. Garber, to move position G131 from salary tier 2A to 2B to reflect a revised job description with additional job qualifications and new position title (SUD Care Navigator)
Motion carried

e. Board Action – FY2023 Quality Assurance and Performance Improvement Plan (QAPIP)
Motion by M. Welch Marahar, supported by M. Serio, to Approve the annual plan for quality assessment and improvement plan activities during the FY2023
Motion carried
- S. Libstorff questioned how the state and federal auditors determined the definitions and parameters of racial disparities.
  - The region was required to include the disparities where they existed with reducing the disparity in attending the initial intake.
  - This is a nationwide movement in healthcare overall and not based on any local issue or performance findings with the region.
- M. Welch Marahar suggested exploring SUD access issues for the LGBTQ+ trans community. C. Witherow will take this suggestion back to the Regional Clinical Performance Team.
- The Board will receive quarterly status reports for the FY23 QAPIP.
- The FY22 QAPIP evaluation will come to the February 2023 Regional Board meeting for approval.

f. Board Action – Sharon Slaton Acknowledgement
Motion by R. Garber, supported by M. Serio, to authorize the CMHPSM Board Chair to sign a formal proclamation acknowledging the six years of service by Sharon Slaton to the PIHP region as a CMHPSM Regional Board member
Motion carried

g. Board Information – FY2023 Risk Management Strategy
- J. Colaianne presented.

VIII. Reports to the CMHPSM Board
a. SUD Oversight Policy Board
- OPB refined the PA2 mini grant program parameters.
- OPB discussed strategic planning.
- OPB considered ideas for getting feedback from the community.

b. CEO Report to the Board
- J. Colaianne's written report includes updates from staff, regional and state levels. Please see the report in the board packet for details.

IX. Adjournment

Motion by R. Tillotson, supported by M. Welch Marahar, to adjourn the meeting
Motion carried

- Meeting adjourned at 7:39 p.m.

_____
Sandra Libstorff, CMHPSM Board Secretary

Community Mental Health Association of Michigan

Advancing Michigan's mental health system by strengthening the partnership between MDHHS and Michigan's community based mental health system [1]

September 2022

This document, developed by the Community Mental Health Association of Michigan (CMHA) and its members, outlines a number of recommendations designed to advance the state's public mental health system by strengthening the partnership between the Michigan Department of Health and Human Services (MDHHS) and the state's community based mental health system – the state's Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP), and the private providers in the networks of the state's CMHSPs and PIHPs. These parties - MDHHS and the community-based mental health system - make up the state's public mental health system.

The nationally recognized development, design, and work of Michigan's public mental health system have been the result of a number of factors, **chief among them the longstanding partnership between the State of Michigan and the state's community based mental health system**. Given this, steps to strengthen that relationship are outlined below.

Partnership strengthening and system advancement recommendations

Below is a set of **concrete recommendations**, designed to address the observations cited above.

Given the urgency of the issues faced by the system and the growing needs of Michiganders for ready access to high quality mental health care, these recommendations are **not intended as long term goals, but, instead, as actions to be taken immediately and in the near future.**

1. Vision of public system – co-developed and widely circulated: The changing healthcare landscape in Michigan and across the country (with the emergence of a number of innovative clinical, financing, and partnering developments), the impact of the COVID pandemic, the reorganization of the behavioral health operations within MDHHS, and growing recognition, among Michiganders, of the central importance of mental health and mental health care call for a clear vision for the state's public mental health system.

Such a vision, containing concrete actions to fulfill that vision, and widely circulated:

- Is key to the advancement of the state's public mental health system
- Will close the currently existing vision vacuum that invites a range of system change and redesign proposals that are, at times, well-intended but not linked to sound practice, financing, nor structure nor to the desires articulated by the persons served by that system.
- Unifies the work of the system by preventing system fragmentation, and project conflict, and a sense of continual system threat or erosion

[1] For ease in reading, the terms "mental health system" and "behavioral health system", when used in this document, refer to the system that serves persons with mental illness, emotional disturbance, intellectual/developmental disabilities, and persons with substance use disorders.

This vision, to be sound and supported by the large and diverse set of system stakeholders, should be co-developed, under the leadership of MDHHS, by MDHHS, representatives of the community based system, and representatives of other stakeholder groups, develop a written vision for the state's public mental health system.

2. Designate behavioral health lead within MDHHS: Clearly identify the lead, within MDHHS, for the department's behavioral health (BH and IDD) work. This person would: hold the responsibility and authority for the Department's mental health work; serve as the point person, within the Department, for the system; have the responsibility for ensuring that the efforts led by MDHHS, on the behavioral health front are driven by the co-developed vision for the state's public mental health system; ensure that the Department's behavioral efforts are in sync with each other and not in conflict.

3. Focus on a small number of high leverage efforts: MDHHS to prioritize its major initiatives, relative to the community system, to focus on a smaller number of issues and initiatives – driven by the vision described above. This effort would prioritize those of central importance to the work of that system and those with the greatest potential positive impact on the system and those served by the system. This prioritization would be driven by a focus on the persons served – their access to quality care, health, safety, and their experience of care/services/supports.

Such prioritization is key in recognition of the system's scarce staff and time resources must be focused on core issues and not fragmented and depleted with the pursuit of more minor, less central issues.

With such prioritization, MDHHS and the community based system will be able to allocate staff and other resources to those prioritized issues, leaving other initiatives, with lower priority, in abeyance until significant progress has been made on the high priority issues and projects.

4. Use of a co-development approach to policy and practice development and decision making: Based on the view that MDHHS and the community-based mental health system are partners, pursue a co-development approach to policy and practice development and implementation.

The co-development approach is based on several assumptions:

- MDHHS holds the final responsibility, authority, and expertise for a range of issues
- The community system holds a parallel set of responsibilities, authorities, and expertise on many if not all of these issues. This expertise is grounded in years of experience in the field and the current real-time knowledge of the behavioral health needs of their communities and the dynamics within their organizations and their communities.
- Integrating these responsibilities, authority, and expertise into the decision making process will ensure a sound and actionable set of policies and practices

This approach consists of two components:

A. MDHHS drawing in subject matter experts, from the community system, through the appointment to MDHHS workgroups of staff identified by CMHA and its members, with those representatives of the system being seen as active participants (not merely advisors) in a process that is open to revision and refinement of the aim, content, and core premises and constructs of proposed policies or practices.

B. A parallel se of regular discussions with CMHA and the leaders of the state's CMHSPs, PIHPs, and providers in the CMHSP and PIHP networks, of the progress of these co-development efforts. This discussion would be an active dialogue with the aim of integrating the views, revisions of the draft policy and/or practices, and alternate approaches, raised by these system leaders, on the content and core premises and constructs of the emerging policies and practices – views that only leaders can provide, given their organization-wide and system-wide perspective.

This co-development approach leads to the timely development of sound, inclusive, dialogue-rich, transparent and actionable/realistic policies, practices, and decisions.

5. Identify, for each MDHHS initiative, a clear lead and decision maker: A single lead for each MDHHS initiative – and, where appropriate, the lead for the community based system on these initiatives - would improve the clarity of the decision making process, the timeliness of that process. This lead, while holding the final responsibility and authority for a given initiative, could, of course, work with a team within MDHHS to guide that decision making.

The designation of a single lead for a given initiative would:

- Foster real-time dialogue and the prompt resolution of issues, as part of – and not outside of – the dialogue or workgroup process
- Provide a reliable source for the provision of answers to questions, from the field, on policy or initiative development and implementation.
- Clarify from whom the written confirmation of a decision, related to a given initiative, is to come and, when needed, changes to that decision.

6. Ensure that all involved recognize the unique government-to-government relationship between MDHHS and the community based system and the foundational constructs of this relationship: Ensure that all involved in the leadership of the state's public mental health system – MDHHS and the community based system have a clear understanding of the fact that the MDHHS relationship with the CMHSPs and PIHPs is a government-to-government partnership relationship – one intentionally designed to be a system with each party playing a key role - and not a payer-to-vendor relationship.

This relationship is the foundation of the system and has been for been for the past fifty years. In addition to the description of this relationship in statute, this government-to-government relationship has been reiterated, since 1997, in the Medicaid managed care waivers that undergird the state's Medicaid managed behavioral healthcare system.

This relationship drives contracting, contract negotiations, system financing and every part of the work of the MDHHS-community based system partnership.

Additionally, it is key that the leaders and staff of MDHHS and the community based system have a sound grasp of core constructs of Michigan's unique system – constructs contained in a range of archival sources – including :

- The history and context of the state's Medicaid waivers
- The formation of the state's PIHP system (as public/governmental regional entities created and governed by the state's CMHSPs)
- The breadth of roles played by the CMHSP and PIHP systems, as outlined in statute, rule, Medicaid waivers, and contracts

- The value of the modern/pioneering capitation payment system that is at the heart of the financing of the state's community based system.

The development of such a common understanding could be done as part of the policy and practice co-development efforts or through dialogues built specifically around the development of this common understanding.

7. Ensure that all parties, within and outside of MDHHS, are aware of key initiatives and their development to avoid conflict or duplication: Develop cross-project communication and coordination systems to ensure that MDHHS-led initiatives are working complementarily and not at cross nor duplicative purposes.

8. Collaborative legislative advocacy between MDHHS and the community system: MDHHS, CMHA and its members and allies should plan and carry out joint legislative, public, and media advocacy on a range of issues.

9. MDHHS to ensure that it retains expertise and authority even when using outside consultants: It is key that MDHHS, in partnership with the community based system, works to retain the expertise and authority of MDHHS, even when outside consultants are used to provide technical expertise.

10. Use of external management and process consultants: Use ARPA and COVID-relief dollars to bring in consultants to strengthen the project management, cross-project communication, and co-development skills of MDHHS and the community based system.

11. Joint media relations touting strength of system: MDHHS to develop, jointly with CMHA, its members, and allies, a public education/media relations effort that highlights the performance, cutting edge practices, and positive impact of MDHHS and the community based system.

This effort could include the development of a description of the public mental health system that captures is full set of roles and responsibilities including its safety net and community convener roles, and its unique and central place in the life and health of the community.

12. Develop the relations and the political influence to impact the decisions, by other state departments, that directly impact Michigan's public mental health system: MDHHS and the community based system to develop intentional and coordinated approaches to improving cross-department collaboration – with LARA, MDE, MSP, and SCAO as the most frequent collaborators.

13. Process shepherding/oversight group: To support this effort, form an on-going group, made up of leaders within MDHHS and the community-based system, to shepherd this partnership strengthening effort. This group would work to ensure that key parties within MDHHS and the community based system are aware of this effort and to guide and rethink the design and processes of this effort as needed.

Community Mental Health Association of Michigan

Addressing Michigan's behavioral healthcare workforce shortage

May 2022

Summary of issue to be addressed

The behavioral health workforce shortage, across all disciplines and job categories, is prolonged and deep. This shortage, being experienced in Michigan and across the country, has hindered the ability of the public and private mental health systems in Michigan to ensure access to care and the proper intensity and duration of that care while also hindering the system's ability to effectively manage the system. Additionally, the ability of these systems to pursue opportunities for system advancement has been significantly harmed by this workforce shortage.

Other resources

This document does not intend to outline all of the dimensions of nor solutions to Michigan's behavioral health workforce shortage. Recently released resources, such as those listed below, on this topic provide additional context for addressing this issue.

- Forging a Path Forward to Strengthen Michigan's Direct Care Workforce (Center for Health Care Strategies; December 2021) https://www.chcs.org/media/Forging-a-Path-Forward-to-Strengthen-Michigans-Direct-Care-Workforce.pdf

- Strengthening the Direct Care Workforce: Scan of State Strategies (Center for Health Care Strategies; December 2021) https://www.chcs.org/media/Strengthening-the-Direct-Care-Workforce-Scan-of-State-Strategies.pdf

- Michigan's Direct Care Workforce: Living Wage and Turnover Cost Analysis (Public Sector Consultants; August 2021) https://www.cmham.org/wp-content/uploads/2022/04/PSCMichigans-Direct-Care-Workforce-Living-Wage-and-Turnover-Cost-Analysis-2-1-2022.pdf

- Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States (Health Management Associates; October 2021): https://www.healthmanagement.com/wp-content/uploads/HMA-NCMW-Issue-Brief-10-27-21.pdf

- Certified Community Behavioral Health Clinic Workforce and Service Delivery Trends (Behavioral Health Workforce Research Center; National Council for Mental Wellbeing; August 2019) https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/NC-CCBHC_Brief-Report.pdf

Approaches to addressing the shortage across the entire behavioral health workforce

Recommendation 1: Cross-sector efforts: Because the behavioral workforce shortage faced by Michigan's CMH, PIHP, and providers is also being faced by Michigan schools (made clearer and more acute by increased, and sorely needed, funding for behavioral health staff within Michigan's schools), any

behavioral health workforce plan should be jointly developed and implemented by MDHHS, MDE, and their stakeholders in communities across the state.

Recommendation 2: Reduction in paperwork and administrative burden workforce: A chief barrier to the recruitment and retention of behavioral healthcare staff in the CMH, PIHP, and the providers in their networks are the very high paperwork and administrative-related demands. Persons who have sought careers in health and human services to provide service often express concern and fatigue related to these demands. While some paper and administrative-related demands are expected, the excessive levels of non-value-added demands causes these health and human services professionals to leave the system and, too often, the field.

Needed is an overhaul of the paperwork and administrative-related demands that are currently borne by the state's behavioral healthcare workforce, with the aim of reducing those demands to those with value to the provision of high-quality care.

Concrete recommendations on this front are contained in the paper, "Reducing administrative burden on Michigan's public mental health system (CMHA; April 2022).

Recommendation 3: Promotion campaign underscoring value of behavioral health work: Several years ago, the Section 1009 study group (called together in fulfillment of the requirements of Section 1009 of the MDHHS Budget Bill) issued the 1009 report that provided recommendations to address the recruitment and retention of direct support professionals. While those recommendation, in the main, address the needs of this classification of workers, one of the recommendations would apply to the issue that we discussed**.**

> *Develop and fund a promotional campaign to build public awareness and appreciation of people with disabilities and those who chose a career to support them.*
>
> *The campaign should build off the system's mission of inclusion and stigma elimination. MDHHS, the PIHPs, employers, direct support staff, and people with disabilities should participate in the creation and execution of the campaign.*
>
> *There are numerous successes and positive stories of individuals with disabilities that could be crafted to both educate and change attitudes of community members. There are likewise many individual employees who demonstrate the passion, commitment and resilience which*

Approaches to addressing the Direct Support Professional/Direct Care Worker shortage

The approaches to addressing the Direct Support Professional/Direct Care Worker (DSP/DCW) issue were outlined in the Section 1009 report and have been expanded since then, by the Direct Care Worker Coalition, the Impact Alliance, and other coalitions of which CMHA is an active member. attached. These recommendations are summarized below, with those drawn from or based on the recommendations of the Section 1099 report marked with an asterisk:

A. Immediate Actions Needed to Improve DSP/DCW Wages and Benefits:

The Michigan Legislature and Governor need to make additional investments into all the named Medicaid covered supports and services to assure that:

Recommendation 1: Increase the starting wages of DSP/DCW staff to $18 per hour*, not through wage pass throughs that require dollar-specific hourly wage increases, but through increases in the Medicaid and General Fund dollars provided to the state's PIHPs and CMHSPs. This is the recommendation of the statewide Direct Care Worker Coalition, of which CMHA is a core member.*

These funds, retaining their earmark for use to pay DSP/DCW staff, could be used by the state's CMHSPs, PIHPs, and providers to raise starting pay to $18 per hour for all DSP/ DCW staff.

Note that a growing number of stakeholders are calling for a minimum starting wage for all DSPs/DCWs as the mechanism for determining the dollars needed to fund this DCW/DSP wage goal.

The level of this increased funding determined based on the costs of covering all employer costs associated with the increased DSP/DCW wages including FICA, worker's compensation, and other payroll-related costs, as well as overtime.

Recommendation 2*:* ***Permanent increases in the Medicaid capitation and General Fund dollars*** *provided to the state's PIHPs and CMHSPs to* ***fund increases to the entire DSP/DCW wage scale*** *and the* ***wage scale of DSP/DCW supervisors*** *to align with the increased DSP/DCW starting wage.*

Recommendation 3: Paid leave: Direct support staff earn paid leave time at the minimum rate of 1 hour for every 37 hours worked (i.e., 10 days a year for full-time employment).

B. Longer range solutions to address DSP/DCW shortage

Recommendation 4: * **Change background check requirements:** Change Michigan's current laws and policies on criminal background checks to include a "rehabilitation review" similar to those authorized in 17 other states in order to increase the potential pool of applicants for direct support careers. Implementing a review process would allow people with a disqualifying criminal conviction to demonstrate that they no longer represent a threat to people needing supports and services or to their property.

Recommendation 5: * **Provide publicly financed tuition reimbursement** or incentives to direct support workers who are actively studying to become clinicians who serve people with intellectual and developmental disabilities, mental illness, and substance use disorders in order to increase the number of

people interested in doing direct support work. This effort will also improve the frontline skills and broaden the experiences of other health care occupations serving these populations.

Recommendation 6: Support the development of a voluntary **DSP/DCW career pathway and credentialing program** – as outlined by the Impart Alliance, incompass Michigan, MALA, and CMHA. This proposal is outlined in the document, "Immediate Solution to the Direct Care Worker Shortage: Build a Sustainable Training Infrastructure" found at: https://www.cmham.org/wp-content/uploads/2022/04/MI-DCW-Training-Infrastructure-Proposal-10.14.21.pdf

A number of potential sources exist for this training including community colleges and DSP/DCW-specific training organizations. A pay differential could be provided (if funded) for those DSP/DCW staff attaining such credentials.

Approaches to addressing the peer workforce shortage

Recommendation 1: Broaden definition of peer: *For Peer Support Specialist positions, MDHHS currently requires that the individual have a history of participation in services through the public mental health system. This excludes a significant number of otherwise qualified candidates, which is significant now that providers are experiencing deep workforce shortages. Recommended is a change in this requirement to allow persons with histories of serious mental illness, intellectual and developmental disabilities, or substance use disorders become peer support specialists/mentors/recovery coaches, regardless of where and from whom their services and supports were provided.*

Recommendation 2: *Provide funding and earmark to extend a* ***minimum direct care wage of $18 per hour*** *to recovery coaches, peer support specialists, and behavior tech positions.*

Recommendation 3*: Two separate training process exists for Youth Peer Supports Specialist and Certified Peer Support Specialist. However, when Youth Peer Support Specialists reach age 28, they can no longer be peers and must start over in obtaining certification as Peer Support Specialists. Needed is a process to provide* ***shorter training designed to transition Youth Peer Supports Specialists to Peers Support Specialists.***

Recommendation 4: *Allow persons who formerly had a substance use disorder and have* ***attained a defined period of sobriety, even without participating in formal treatment****, to become Peer Recovery Coaches, through an internship/apprenticeship process in addition to training, to become Peer Recovery Coaches.*

Approaches to addressing the clinical workforce shortage

Recommendation 1*:* ***Revise specific regulatory and licensing barriers to recruitment***

= Revise the current Michigan Qualified Mental Health Professional (QMHP) and Children's Mental Health Professional (CMHP) standards to shorten the number of years of experience requirement.

= Allow BA level staff, working as case managers/supports coordinators, to provide a number of the more common Medicaid crisis service encounters.

= Extend Child Mental Health Professional eligibility to Bachelor's level staff – with supervision by fully certified, masters level CMHP staff

- Reduce the number of hours of clinical practice, post graduate school graduation, required for full licensure of behavioral health clinicians (primarily social workers, licensed professional counselors, and psychologist) to reflect experience obtained prior to graduation – via work experience and internships/practicums prior to or while enrolled in graduate school.

***Recommendation 2**: **Establish a Behavioral Health Workforce Student Recruitment Fund** to provide a temporary financial benefit/stipend to 1000 individuals (333 per year) who obtained a bachelor's degree in social work (BSW) and commit to ongoing education in accelerated masters' programs that would award a MSW in three continuous semesters.*

These accelerated MSW programs are already in existence at many universities across Michigan (i.e., EMU, MSU, WSU, WMU, UM). However, program requirements are intense, including 16 – 24 hours per week in an unpaid internship. Given tuition costs, outstanding debt from the BSW program, the need to maintain employment, and the low level of scholarships available, students may opt to forgo ongoing social work education. Providing students with funds that might offset these barriers could quickly accelerate the number of professionals in the field in a short period of time. (Proposal by NASW, Wayne State University School of Social Work, and CMHA)

***Recommendation 3: Create the Behavioral Health Crisis Continuum Workforce Sign-On Bonus**, Akin to what is being developed for first responders and teachers in Michigan, this program would provide a sign-on bonuses of $3000 for social workers, licensed professional counselors, and other behavioral health clinicians entering into a public sector behavioral health (i.e. community mental health, substance abuse programs, crisis intervention, local crisis call centers, mobile crisis care, crisis stabilization, psychiatric emergency services, rapid post-crisis etc.). Through such a program, these clinicians would be required to remain at the employer for a minimum of 3 years.*

Recommendation 4 : Expedite licensing process for LMSWs:

- Use the LMSW testing process as a learning opportunity by providing feedback to the applicant as the questions that they did not answer correctly
- Reduce the wait time to retest (currently 90 days)

***Recommendation 5: Expand federal (National Health Services Corps) and the Michigan State Loan Repayment Program (MSLRP)** to attract psychiatrists, social workers, psychologists, and other clinicians to underserved Michigan communities. While his program is proposed for expansion in the Governor's proposed FY 2023 budget, the expansion is modest and of the magnitude needed to address the behavioral health workforce shortage.*

Expedite the promulgation of the rule that has been requested to align Michigan's ability to pay schedule with that of the federal government – a NHSC requirement.

Recommendation 6: Create a loan repayment program for behavioral health care workers, with a commitment to work in the public mental health system after graduation but **not tied to the federal Health Professional Shortage Areas (HPSAs).** This requirement, because it is based on only one discipline within the behavioral healthcare workforce, does not reflect the shortage in the broader behavioral health workforce.

Recommendation 7: Provide funding to the system to allow CMHs and providers to provide **tuition reimbursement for BA level employees pursuing their Masters degree in a behavioral health clinical discipline tied to a commitment to work in the public mental health system** - serving as both a recruitment and retention incentive for these employees.

Recommendation 8: *Recognize that increased wages that have been required, over the past year, to attract and retain behavioral health clinicians and administrative staff, and their supervisors, are now the permanent expected wage levels.* ***These increased wage rates must be reflected, permanently, in the Medicaid capitation payments made to the state's PIHPs.***

Recommendation 9: Revise provider qualifications and encounters to leverage scarce staff resources*:*

= Allow ACT crisis encounters to occur outside ACT, conducted by other crisis staff agency wide – thus ensuring ACT crisis capacity

= Align provider qualifications for case management and crisis codes to permit all QMHPs to provide both services

Recommendation 10*: Allow clinical team Leads to participate in the capacity of Supervisor at EBP trainings and/or or eliminate the need for Supervisors to attend additional cohorts if they have already successfully completed a cohort.*

Recommendation 11: Strengthen the hands-on clinical skills taught in graduate behavioral health clinical programs (MSW, MA is Psychology) including: diagnostic skills (both mental health and substance use disorders), knowledge of available community resources (income supports and entitlements), and several evidence-based practices (e.g. CBT, DBT, Motivational Interviewing, etc.)