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/94852413204
April 28, 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 - 1/27/23 (Attachment #1A)
- B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/13/22 (Attachment #1B)
- C. WCCMH Quality-Finance Committee Meeting Minutes and Actions from 2/13/22 (Attachment #1C)
- D. WCCMH Board Meeting Minutes and Actions-2/24/22 (Attachment #1D)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-2/8/23 (Attachment #1E)
- F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/8/23 (Attachment #1F)
- G. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 4/10/23 (Attachment #1G)
- H. Contracts and Leases (recommended approval by Qualify-Finance Committee on 4/10/23 (Attachment #1H)
- I. WCCMH Rights Annual Report (Attachment # 1I)
- J. Program Dashboard FY22 Quarter 4 2022 (Attachment #1J)
- K. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Medication Administration Storage Other Treatment (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**

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

VII. CMHPSM Regional Update (5 minutes)
- April 12, 2023, Regional Meeting Update
- CMHPSM Board Meeting Minutes and Actions from 2/8/23 (Attachment #4)

VIII. New Business (45 minutes)
- Legislative Advocacy Discussion - **T. Cortes**
- Annual Recipient Rights Training for Board members (Attachment #5) - **K. Snay**
- Annual Conflict of Interest Policy (Attachment #6)
- Annual Ethics Statement (Attachment #7)
- WCCMH Board Officers for 4/1/23-3/31/24 (Attachment #8) **ACTION**

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

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

  - Chair
  - Vice Chair
  - Secretary
  - Treasurer
- WCCMH Committee assignments 4/1/23-3/31/24 (Attachment #8) **ACTION**
  - WCCMH Quality-Finance Committee
  - WCCMH Millage Advisory Committee
  - WCCMH Executive Committee
  - CMHPSM Regional Board
- CMH Board/Commissioner Tours (7:30am – 3:00)
  - June 6
  - August 15
  - September 19th

IX. Old Business (30 minutes)
- Strategic Plan Update - **T. Cortes**
- WCCMH Recruitment and Retention (Attachment #9)– **T. Cortes – DOCUMENTS TO BE DISTRIBUTED AT THE MEETING**

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 (Next WCCMH Board Meeting: June 23, 2023)

****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/94852413204

Or One tap mobile:
+12678310333, 94852413204# US (Philadelphia)
+13126266799, 94852413204# US (Chicago)

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

Webinar ID: 948 5241 3204

International numbers available: https://zoom.us/u/ab12040jn

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

APRIL 28, 2023

CONSENT AGENDA

A. WCCMH Executive Committee Minutes and Actions - 1/27/23 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/13/22 (Attachment #1B)
C. WCCMH Quality-Finance Committee Meeting Minutes and Actions from 2/13/22 (Attachment #1C)
D. WCCMH Board Meeting Minutes and Actions-2/24/22 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-2/8/23 (Attachment #1E)
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-3/8/23 (Attachment #1F)
G. Executive Director Authorizations (recommended approval by Quality-Finance Committee on 4/10/23 (Attachment #1G)
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I. WCCMH Rights Annual Report (Attachment # 1I)
J. Program Dashboard FY22 Quarter 4 2022 (Attachment #1J)
K. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Medication Administration Storage Other Treatment (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/96402132290
January 27, 2023
9:30 am

K. Walker called the meeting to order at 9:34 am.

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

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

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, H. Linky, M. Taylor, T. Gavalier; K. Diebboll; S. Amos O'Neal; L Higle; E. Montgomery; K. Homan; A. Somerville, M. Taylor; N. Heine; S. Swisher; M. Creekmore

OTHERS PRESENT: L. Lutomski; F. Braebec; C. Reegan

I. Introductions
- A. Sommerville has replaced R. Jefferson on WCCMH Millage Advisory Committee.

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 9/23/22 were reviewed (Attachment #1).

MOTION BY B. KING, SUPPORTED BY A. DUSBIBER TO APPROVE THE MINUTES AND ACTIONS OF THE SEPTEMBER 23, 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.

- Local CMH Directors meeting with Gov. Stabenow regarding CCBHC support and legislation in Washington D.C.

V. Old Business
- Legislative Update
  - T. Cortes presented the legislative update.
  - Representative F. Braebec joined meeting discussion on legislative updates.
  - Workforce shortage issues continue

VI. New Business
- WCCMH 2023 Annual Board/Committee Calendar was reviewed. (Attachment #2)

MOTION BY B. KING, SUPPORTED BY A. LABARRE TO APPROVE WCCMH 2023 ANNUAL BOARD/COMMITTEE CALENDAR.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH Board Member terms expiring on March 31, 2023, was reviewed, and discussed.

VII. Items for Future Discussions
- Legislative updates

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 10:47 am.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
February 13, 2023
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/95962515678 (virtual)
3:30 pm

N. Graebner-Sundling called the meeting to order at 3:33 pm.

ROLL CALL:	A. Carlisle attending in person N. Graebner-Sundling attending in person B. Higman attending in person M. Udow-Phillips attending in person
MEMBERS ABSENT:	K. Walker, H. Heaviland, D. Jackson, R. Rion, A. Rooks, A Somerville, G. Waddles Jr
STAFF PRESENT:	R. Avedisian, T. Cortes, N. Phelps, M. Harding, L. Gentz, E. Montgomery, T. Florence, M. Tasker, S. Ray, M. Taylor, B. Hagaman
OTHERS PRESENT:	K. Roberts, L. Kintz, M. Schmidt, M. Creekmore

NO QUORUM – Due to calendar invite issue, some members did not receive invite and were unaware of meeting date/time.

I. Introductions
- K. Roberts, M. Schmidt from Miles Jeffery Roberts Foundation and L. Kintz, A. Kittendorf, R. Curran from 5 Healthy Towns Foundation here to present.

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 10/17/22 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 10/17/22 were reviewed.

NO QUORUM BUT RECOMMENDING APPROVAL TO THE WCCMH BOARD.

V. Discussion Items
- Millage Process, Investments and Progress Update (Attachment #2)
  - L. Gentz/T. Cortes presented the Millage Process, Investment and Progress Update to the Committee.
- CARES/CCBHC Data Report (Attachment #3)
  - M. Tasker presented the CARES/CCBHC Data Report to the Committee.

VI. Financial Budget Update (Attachment #4)
- N. Phelps presented the Financial Budget update ending December 31, 2022, to the committee.

VII. Old Business
- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update

- No report was provided.

VIII. New Business

- L. Gentz presented the following funding requests to the committee for approval (Attachment #5) totaling $95,000.00.
  - 5 Healthy Towns Foundation funding request (Attachment #5A) **R. Curran/L.Kintz/A. Kittendorf/L.Gentz ACTION**

NO QUORUM BUT RECOMMENDING APPROVAL TO THE WCCMH BOARD.

  - Miles Jeffery Roberts Foundation funding request (Attachment #5B, #6) **K. Roberts, M. Schmidt, L. Gentz ACTION**

NO QUORUM BUT RECOMMENDING APPROVAL TO THE WCCMH BOARD.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis
- Interconnection of funding projects

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

Meeting adjourned at 4:18 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

February 13, 2023
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/92170831285 (virtual)
2:00-3:30 pm

ROLL CALL: S. Antonow attending virtually
B. Higman attending in person
N. Graebner-Sundling attending in person
D. Strong attending virtuallly
M. Udow-Phillips attending in person

MEMBERS ABSENT: A. Dusbiber

STAFF PRESENT: R. Avedisian, M. Harding, N. Phelps, M. Tasker, S. Ray; T. Cortes, L. Gentz; T. Florence; M. Taylor; L. Lutomski; S. Amos-O'Neal, T. Gavalier; L. Higle; E. Montgomery

OTHERS PRESENT:

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

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

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

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY S. ANTONOW TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE OCTOBER 17, 2022, QUALITY-FINANCE COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

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

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2022, AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

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

MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY S. ANTONOW TO RECOMMEND APPROVAL OF THE CONTRACTS AND LEASES TO THE COMMITTEE AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

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

MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

VIII. Regional Finance Update
- T. Cortes provided an update to the committee.

IX. Old Business

- CCBHC Data Overview (Attachment #5)
  - M. Harding presented the Cares and CCBHC Data Overview.
  - N. Graebner-Sundling inquired about adding age data to reporting.

X. New Business
- SUD/ACCESS Program Overview
  - M. Tasker presented the SUD/ACCESS Program Overview to the committee.
- Program Committee Dashboard- FY22, Quarter 3 (Attachment #6)
  - L. Higle presented the Program Dashboard FY22 Quarter 3 for the Committee.

MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF PROGRAM DASHBOARD FY22 QUARTER 3 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
STRONG	**Y**	**UDOW-PHILLIPS**	**Y**

MOTION CARRIED

XI. Items for Future Discussions
- Accounts Receivable
- Cost Per Case Comparisons
- Inpatient Financial Costs
- **ADD NEXT MEETING DATE TO AGENDAS**

MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY B. HIGMAN, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 3:15pm.

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
February 24, 2023
9:30am

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

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

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

STAFF PRESENT: R. Avedisian, T. Cortes, M. Harding, H. Linky, N. Phelps, S. Amos-O'Neal, L. Lutomski, M. Taylor, T. Gavalier, B. Hagaman, M. Tasker, L. Higle, E. Montgomery, M. Hershberger

OTHERS PRESENT: K. Kok, J. Gaskin, P. Saunders, S. Lorenz, J. Clayton

I. Introductions
- None

II. Audience Participation
- P. Saunders spoke to the Board about I/DD services/programs.
- S. Lorenz discussed concerns regarding shooting trends and encouraged "trigger points" book for review.
- K. Zager-Doxy spoke about parental concerns that university job websites will not allow any "in-home" job postings and is asking for assistance from the Board to help get these postings allowed.
- K. Grahalva spoke to lack of I/DD programs and to thank T. Cortes for meeting with them to hear concerns and work towards improving programs and providing services due to staff shortages.

Annie Somerville arrived 9:52 am

III. Board response to audience participation
- A. Labarre addressed audience participation concerns and encouraged them to continue advocating for the I/DD population.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Executive Committee Minutes and Actions-9/23/22 (Attachment #1A)
- WCCMH Millage Advisory Committee Meeting Minutes and Actions 10/17/22 (Attachment #1B)
- WCCMH Quality-Finance Committee Meeting Minutes and Actions from 10/17/22 (Attachment #1C)
- WCCMH Board Meeting Minutes and Actions-11/18/22 (Attachment #1D)
- WCCMH Board Meeting Minutes – 12/12/22 (Attachment #1E)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-12/14/22 (Attachment #1F)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-1/11/22 (Attachment #1G)
- WCCMH 2023 Annual Board Calendar (Attachment #1H)
- Executive Director Authorizations (recommended approval by Quality-Finance Committee on 2/13/23) (Attachment #1I)

- Contracts and Leases (recommended approval by Qualify-Finance Committee on 2/13/23) (Attachment #IJ)
- Program Dashboard FY22 Quarter 3 2022 (Attachment #1K)

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

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
KING	**N/A**	**LABARRE**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**STRONG**	**ATTENDING VIRTUALLY (NO VOTE)**
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 December 31, 2022. (Attachment #2).

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

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
KING	**N/A**	**LABARRE**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**STRONG**	**ATTENDING VIRTUALLY (NO VOTE)**
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	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
KING	**N/A**	**LABARRE**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**N/A**	**STRONG**	**ATTENDING VIRTUALLY (NO VOTE)**

UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Millage Advisory Committee Funding Requests Summary totaling $95,000.00.
    - L. Gentz presented 5 Healthy Towns Foundation funding request. ($50,000.00 1/year)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE 5 HEALTHY TOWNS FOUNDATION FUNDING REQUEST AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
KING	**N/A**	**LABARRE**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**STRONG**	**ATTENDING VIRTUALLY (NO VOTE)**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- L. Gentz presented Miles Jeffery Roberts Foundation funding request. ($45,000 3 years)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE MILES JEFFERY ROBERTS FOUNDATION FUNDING REQUEST AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
KING	**N/A**	**LABARRE**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**STRONG**	**ATTENDING VIRTUALLY (NO VOTE)**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VI. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board.
    - Will be presenting about CCBHC to a new committee at the State headed by F. Braebec.

VII. CMHPSM Regional Update

- No update given

VIII. New Business

- Legislative Advocacy Discussion
    - T Cortes presented Strengthening partnerships between MDHHS and the Community based mental health system.
    - T. Cortes presented Proposals to address Michigan's BH workforce shortage.
- Consumer Advisory Council Quarterly Update
    - M. Hershberger and B. Higman presented the Consumer Advisory Council Quarterly update to the Board.
    - Discussions at Regional Advisory Council surrounding "language" and stigmas.

- New Advisory Council member, Andrea May.
- Full Board Meeting Schedule Discussion
  - K. Walker discussed the full Board meeting schedule.
  - UMHS board schedule is posted 2 years in advance, is it possible to avoid those meeting dates?
  - A. LaBarre, T. Cortes, A. Somerville to discuss potential of attending Board meetings remotely, A. LaBarre suggested they speak with Corporate Counsel.
- Board Works Training Discussion
  - K. Walker discussed the Board Works Training and provided information to the Board.
  - Link to be distributed to the Board.
  - Board members will need to forward training completion certificates to R. Avedisian
- Crisis Response Initiative
  - K. Kok & J. Gaskin presented the Crisis Response Initiative presentation to the Board.
  - J. Clayton provided update on Crisis Response Initiative to the Board on the collaboration with the Sheriff's department and Washtenaw County CMH.
  - L. LaBarre requested this information be shared with other municipalities to promote this program.
  - K. Walker requested a copy of the slides be sent to the board.

IX. Old Business

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE AUGUST 26, 2022 & NOVEMBER 18, 2022, CLOSED SESSION MINUTES AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
GRAEBNER-SUNDLING	**Y**	**HIGMAN**	**Y**
KING	**N/A**	**LABARRE**	**Y**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**STRONG**	**ATTENDING VIRTUALLY (NO VOTE)**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

X. Items for future discussion

- Development of Reserve Capital at the CMHSP level
- COVID-19 Related Priorities Discussion
- Employee Engagement Survey
- Single Point of Access
- Behavioral health policy committee-executive and full board
- 100K in amendment for youth enforcement center-Andy will keep working with Trish and team

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

Meeting adjourned at 11:49 AM.

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

February 8, 2023

<u>Members Present on the Call</u>: Lisa Porzondek (Chair, experienced technical difficulties, so the Mert took the lead), Jason Zurawski (secretary), Leo Hanifin, Barb Higman, Alayna Manzanares, Andrea May, Pam Rathbun.
<u>Staff</u>: Mert Hershberger (Staff Liaison)
<u>Absent:</u> Anton Clark (ill), Melissa Concannon (getting CPSS training)

Meeting called to order at: _ 12:35_ pm_.
MOTION BY _Alayna _ - SUPPORTED BY _ Leo_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

- **II.** **Newsletter:** Newsletter - March or April 2023. Lisa on MiABLE accounts/Psychiatric Advance Directive … Andrea would like to submit something related to support groups with NAMI and a Peer-To-Peer. Mert may put in article.
- **III.** **NAMI:** Peer-To-Peer Class just held its 5th class, online; NAMI will hold an in-person class starting in March at Genesis; NAMI Campuses In Color 1st & 3rd Sundays 3-5pm led by Andrea. Andrea to hold a Peer-to-Peer class in may at Genesis. Rotating between in person and virtual; NAMI will hold its advocacy meeting at 5pm on Zoom on Tuesdays … an intense group. Barb will send out the link or NAMI meetings.
- **IV.** **Fresh Start is still looking for a new home.** No other news at this time.
- **V.** **By-Laws**: We reviewed membership and by-laws. To aim for 10-12 members. Edits were finalized and will be forwarded to the Board & Administration for finalization before publication to different locations once again.
- **VI.** **Policy review from the Regional Meeting**: RE language choices: Recipient, Consumer, Person served, Member. There was a general preference for "recipient," though most felt that it was not so important what word was used as it was to discuss how stigmatizing language can be and as Barb pointed out: any language can be stigmatizing if mis-used.
- **VII.** **Council Leadership:** Nominate a co-chair and assistant secretary in case Lisa and/or Jason are unavailable. We also need additional members. **DISCUSSION TABLED**.
- **VIII.** **Elected Officials:** Senator Theis has not responded to a March meeting invite. Barb was commissioned to invite Representative Brabec.
- **IX.** **NEW BUSINESS**:
    a. Speaker's Bureau Training – August. Andrea is interested. Mert may soon rejoin the circuit.
    b. Regional Picnic – August. Mert will work to reserve a pavilion and make a Map to the particular location. Ensure that all supplies are appointed and brought for the picnic, including the lighter fluid and charcoal, as well as varieties of food.
    c. Walk-A-Mile – September 13, 2023. Cars are starting to be reserved. The CPSS-Liaison was appointed to start attending to organizing this event.

d. Celebration of Success – October. Send out text of nominations to recipients in the future. Ask Sally + Administration to consider monthly recognition of recipients in CMH. Mert will meet with Sally to discuss this and other matters more in depth to see if we can get administration buy-in, and how much. Some discussion centered on the possibility of getting gift cards for monthly awardees, including the text of what they are being nominated for, and then getting certificates printed. Several people reiterated the importance of giving the text of what people are being nominated for to the nominees for the celebration of success Leo offered to design a poster for the sites, potentially with a revolving set of spots for recognizing awardees.
e. Regional Training – November. People wanted to do this again this year … on November 8th seemed fine with all.
f. People are looking forward to springtime and surviving a mild winter.

_Alayna _ motioned to adjourn the meeting at _ 1:20 pm_, Supported by _Barb _.

The next meeting will be March 8, 2023 at 12:30pm – 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 (12:20) if possible, or join a few minutes early via Zoom to help us set up and iron-out any technical details.

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

March 8, 2023

Members Present on the Call: Lisa Porzondek (Chair), Jason Zurawski (secretary), Melissa Concannon, Barb Higman, Andrea May, Pam Rathbun.
Staff: Mert Hershberger (Staff Liaison); Mike Harding (BHH report)
Absent: Anton Clark (illness), Alayna Manzanares (meeting conflict), Leo Hanifin.

Meeting called to order at: _ 12:32 _ pm_.
MOTION BY _ Pam_ - SUPPORTED BY _Lisa _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

II. **CCBHC Report**: Mike Harding: Year two. 5,000-6,000 phone calls/day. CMH is paid a daily rate. 2015: 300 uninsured individuals were served. 2023: 645 uninsured individuals were served thanks to CCBHC and Millage. Prospectively through 2027. Same basic demographics as before in terms of age, race, gender, residency. Mostly in Ypsilanti & Ann Arbor, more rural access. Mostly 18-29. Administration is seeking to ensure that the state pays the fair portion of benefaction from the feds for the work done at the county level. Staff recruiting is struggling. A site visit in March is pending to see that all protocols are carried out effectively. Depression screening, PHQ9, PHQ2. Doctors & Case managers meet w/ consumer for 30 minutes. Dr. Audio only will drop off in May. CCBHC only covers MI population.

III. **Council Leadership:** Nominate a co-chair and assistant secretary in case Lisa and/or Jason are unavailable. Andrea is looking for a replacement. We also need additional members. DISCUSSION TABLED.

IV. **Elected Officials:** Barb has reached out to Sen. Theis and Rep. Brabec, but both seem busy. She asked for help. Melissa offered to assist with the contacting.

V. **NAMI:** Peer-To-Peer Class just held its 5th class, online; NAMI will hold an in-person class starting starting March 9 from 6-8pm at Genesis on Packard in Ann Arbor. Mert offered to notify Anton Clark of this opportunity. NAMI Campuses In Color 1st & 3rd Sundays 3-5pm led by Andrea. Andrea to hold a Peer-to-Peer class in May at Genesis. Rotating between in person and virtual; NAMI will hold its advocacy meeting at 5pm on Zoom on Tuesdays … an intense group. Barb will send out the link or NAMI meetings.

VI. **Fresh Start** is still looking for a new home. Mert will reach out Webb Lucas of Fresh Start staff to try to coordinate finding additional volunteers for the Advisory Council from Fresh Start.

VII. **Speaker's Bureau Training** – August if there are interested Trainees. Mert offered to give the training to Andrea before then 1:1 in order to help her get into the circuit of speaking to schools and colleges.

VIII. **Celebration of Success** – October. Several were in favor of a monthly recognition opportunity. Mert will follow-up with Sally on seeing if there would be a way to recognize the accomplishments of those receiving services at CMH on a more frequent basis.

IX. **Newsletter:** Newsletter - March or April 2023. Andrea submitted something related to support groups with NAMI and a Peer-To-Peer and Mert will revise it. Coe from Writing Group submitted an article on fear and may revise it further before the newsletter goes to press. If there are additional needs for copy, Mert may include some of what Lisa has written on MiABLE or Psychiatric Advance Directives.

X. **Regional Picnic** – August. Mert will work to reserve a pavilion at Gallup Park on the first Wednesday of August, 2. The CPSS heard from Connie Conklin, Regional RISAC coach that the region could pay for the cost of the pavilion and hotdogs and hamburgers. Mert will make a Map to the particular location. Mert will also create a Google Doc to ensure that all supplies are spoken for an brought to the picnic, including the lighter fluid and charcoal, as well as varieties of food.

XI. **Walk-A-Mile** – September 13, 2023. Cars are starting to be reserved. The CPSS-Liaison was appointed to start attending to organizing this event.

XII. **Regional Training** – Topics you would like to learn about this fall? DISCUSSION TABLED

XIII. **New Business**:

a. Barb asked if there was any feedback on how many calls to 988 had been routed to CMH. Mert has followed-up asking Mike Harding this question.

_Andrea _ motioned to adjourn the meeting at _ 1:12 pm_, Supported by _Barb _.

The next meeting will be April 12, 2023 at 12:30pm – 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 (12:20) if possible, or join a few minutes early via Zoom to help us set up and iron-out any technical details.

Executive Director Contract Authorizations
April 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	2/24/2023
CPDA Initiatives	$10,000	February 1, 2023-September 30, 2023	Will provide Medication Administration Trainings	2/24/2023
Irvin Daphnis	$275	February 16, 2023	Black Lives Matter Chat and Chew Speaker	2/24/2023
LaShawn Gary	$250	February 26, 2023	Performer at a Black Lives Matter Event	2/24/2023
Ryheem Johnson	$1,590	February 19, 2023	Performer at a Black Lives Matter Event	2/24/2023
Washtenaw Community College	$815	February 8, 2023 & February 26, 2023	Facility reservations for "Sounds of Blackness" and "Emancipation".	2/24/2023
Shannell Farris	$500	February 19, 2023	Performer at a Black Lives Matter Event	2/24/2023
Mike Chase	$250	February 19, 2023	Performer at a Black Lives Matter Event	2/24/2023
DP Interactive LLC	$200	February 6, 2023	Will provide media graphic video for Black Lives Matter Task Force	2/24/2023

Richard Parris	$200	February 26, 2023	Performer and Paneled Speaker for Black Lives Matter Event	2/24/2023
Staffy Blakely	$175	February 26, 2023	Performer, Moderator, and Mistress of Ceremony for a Black Lives Matter Event	2/24/2023
Marvin Miller	$250	February 26, 2023	Performer and Panelist at a Black Lives Matter Event	2/24/2023
Lonnie Chapman	$375	February 1, 2023-February 28, 2023	Will provide Black Lives Matter Task Force Event Flyers	2/24/2023
Jamall Bufford	$450	February 19, 2023-February 26, 2023	Performer, Panelist, and DJ at two Black Lives Matter Events	2/24/2023
Athena Johnson	$250	February 26, 2023	Performer and Panelist at a Black Lives Matter Event	2/24/2023
Deborah Kennard	$3,150	April 1, 2023-September 30, 2023	Eye Movement Desensitization and Reprocessing Therapy (EMDR) training	
Ryan Lindsay	$1,800	June 1, 2023-August 31, 2023	Motivational Interviewing & Communication Styles Training	

Mission Hills Consulting LLC	$1,500	January 1, 2023-October 31, 2023	Workplace Violence Prevention Trainings & Consultation Services	
Qualigence International	Up to $10,000	April 1, 2023-September 30, 2023	Recruitment Services	
Esteemed Provision LLC	$575	April 5, 2023	Human Trafficking Training	

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

BACKGROUND:

1. DBT Institute of Michigan: provides licensed residential services.
2. Camp Fish Tales: provides respite services.
3. The 5 Healthy Towns Foundation (5HT)- One Big Thing: will fund a .5 FTE to increase collaboration and communication between service providers and other community organizations to improve social determinants of health and mental health outcomes for the 5 towns region of Dexter, Manchester, Stockbridge, and Chelsea.
4. Miles Jeffrey Roberts Foundation (MJRF)- Mental Health Champions: pilot between MJRF, Skyline High School, and the UM Depression Center that will promote mental well-being and suicide prevention in the youth athlete community in Washtenaw County.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. DBT Institute of Michigan	Medicaid	As Authorized	April 1, 2023-September 30, 2023	Licensed Residential Services
2. Camp Fish Tales	Medicaid	As Authorized	April 1, 2023-September 30, 2023	Respite Services
3. The 5 Healthy Towns Foundation (5HT)- One Big Thing	Millage	$50,000	April 1, 2023-March 30, 2024	Will fund a .5 FTE to increase collaboration and communication between service providers and other community organizations to improve social determinants of health and mental health outcomes for the 5 towns region of Dexter, Manchester, Stockbridge, and Chelsea
4. Miles Jeffrey Roberts Foundation (MJRF)-Mental Health Champions	Millage	$45,000	April 1, 2023-March 30, 2026	Pilot between Skyline High School and the UM Depression Center that will promote mental well-being and suicide prevention in the youth athlete community in Washtenaw County

WCCMH - Office of Recipient Rights

Quarter IV- FY 21/22

Executive Summary

ORR Program Overview:

- The Rights Office attended the Annual Recipient Rights Conference in September 2022.
- Pat Root, RRAC Chair, also attended the conference.

Report Complaint Data:

- Cases overall are starting to trend back to pre-COVID levels.

Aggregate Summary

Fiscal Year	21/22	20/21	19/20	18/19
Complaints Received	**150**	123	142	233
Allegations Involved	**202**	164	206	337
Allegations Investigated	**183**	157	190	324
Allegations Resolved by Intervention	**0**	0	0	0
Allegations Substantiated	**81**	63	65	116
Percentage of allegations substantiated	44.00%	40.12%	34.21%	33.64%

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

	FY 21/22		FY 20/21		FY 19/20		FY 18/19	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**26**	**6**	**19**	**5**	**23**	**3**	**28**	**7**
Class III	**10**	**4**	**13**	**4**	**18**	**1**	**23**	**8**
Sexual Abuse	**1**	**0**	**0**	**0**	**2**	**0**	**1**	**0**
Neglect:								
Class I	**1**	**0**	**0**	**0**	**1**	**1**	**1**	**0**
Class II	**0**	**0**	**3**	**1**	**3**	**1**	**2**	**1**
Class III	**54**	**35**	**45**	**26**	**60**	**33**	**75**	**36**

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

FY 21/22	(Received) **Substantiated**	**FY 20/21**	(Received) **Substantiated**	**FY 19/20**	(Received) **Substantiated**	**FY 18/19**	(Received) **Substantiated**
Neglect Class III	(54) **35**	Neglect Class III	(45) **26**	Neglect Class III	(60) **33**	Neglect Class III	(75) **36**
Mental Health Services Suited to Condition	(21) **13**	Dignity and Respect	(31) **8**	Neglect Class III: Failure to Report	(8) **8**	Mental Health Services Suited to Condition	(70) **26**
Dignity and Respect	(38) **7**	Mental Health Services Suited to Condition *and* Abuse Class II	(20) **5** (19) **5**	Mental Health Services Suited to Condition	(19) **6**	Dignity and Respect	(68) **15**

Neglect Class III

Staff fail to follow a written standard AND caused or contributed to:
Harm
Risk of Harm
Failure to report Abuse/Neglect

Mental Health Services Suited to Condition

Staff fail to follow a written standard
(ex: IPOS, doctor's order, policy, etc.)

- No harm or risk of harm

Dignity and Respect

Treat recipients with consideration, politeness, appreciation
Provide recipients with privacy & choices
Examples:

- Use preferred name
- Give personal space & privacy
- Use positive and kind language
- Honor cultural/other differences
- Let recipients speak for themselves
- Actively listen and respond
- Put recipient's interest and needs first

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

Service location type/Code	Number of substantiations
Outpatient services (01)	0
Residential Group home – MI (02)	1
Residential Group Home – DD (03)	9
Mixed Residence (02,03)	7
Inpatient (5)	0
Day Program MI (6)	0
Day Program DD (7)	0
Workshop (Prevocational)	0
Supported Employment (08)	0
Assertive Community Treatment (09)	3
Case Management (10)	8
Psychosocial Rehabilitation	0
Partial Hospitalization (12)	0
Supported Living (13)	50
Other (14)	1

Complaint Data for: Washtenaw County

Rights Office Director: Katie Snay

Reporting Period: FY22

CMH	4635	# of Consumers Served CMH (unduplicated count)	CMH	4	Rights Office FTEs
LPH		Number of Admissions	LPH		Hours/40

Section I: Complaint Data Summary

Part A: Agency Totals

Complaints	150	DO NOT TYPE HERE - IT WILL AUTO FILL
Allegations	202	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions	0	DO NOT TYPE HERE - IT WILL AUTO FILL
Interventions Substantiated	0	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations	183	DO NOT TYPE HERE - IT WILL AUTO FILL
Investigations Substantiated	81	DO NOT TYPE HERE - IT WILL AUTO FILL

Part B: Detailed Summary

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - nonaccidential act	12	12	2
72222	Abuse class II - unreasonable force	9	9	2
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	5	5	2
7223	Abuse - class III	10	10	4
7224	Abuse class I - sexual abuse	1	1	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	1	1	0
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	0	0	0
72262	Neglect class II - failure to report	1	1	1
72271	Neglect class III	54	54	35
72272	Neglect class III - failure to report	3	3	3

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7550	Right Protection System	2	0	0	2	2
7555	Retaliation/harassment	0			0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7040	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0
7044	Religious practice	0	0	0	0	0
7045	Voting	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	21	0	0	21	13
7082	Safe, Sanitary Humane Treatment Environment	9	0	0	9	3
7083	Least restrictive setting					
7084	Dignity and Respect	38	0	0	38	7

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	8	0	0	8	1
7120	Individual Written Plan of Service (Person-Centered Process)	0	0	0	0	0
7130	Choice of Physician/Mental Health Professional	1	0	0	1	0
7140	Notice of Clinical Status/Progress	0	0	0	0	0
7150	Services of a Mental Health Professional (External to the Agency/Hospital)	0	0	0	0	0
7160	Surgery	0	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0	0
7180	Psychotropic drugs (AR 7158)	0	0	0	0	0
7190	Medication Side Effects	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7240	Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass	1	0	0	1	1
7249	Video Surveillance	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7480	Communications-Visits	0	0	0	0	0
7481	Communications-Telephone	0	0	0	0	0
7263	Communications-Mail	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7281	Property-Possession and use	0	0	0	0	0
7286	Personal Property – Limitations	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7300	Safeguarding Money (For Use in State Hospitals Only)	0	0	0	0	0
7360	Labor and Compensation	0	0	0	0	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7440	Freedon of Movement	1	0	0	1	0
7400	Restraint	0	0	0	0	0
7420	Seclusion	1	0	0	1	0

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated
7460	Complete Record	0	0	0	0	0
7480	Disclosure of Confidential Information	6	0	0	6	5
7481	Withhold of Confidential Information (Includes Denying Recipient Access to Records)	0	0	0	0	0
7490	Correction of Record	0	0	0	0	0
7500	Privileged communication	0	0	0	0	0

TOTALS	183	0	0	183	81

Code	Category	Received
0000	No right involved	10

Code	Category	Received
0001	Outside provider jurisdiction	9

Annual Appeals Data for: Washtenaw County

APPEALS INFORMATION (if agency has local appeals committee)

Appeals Type	# of Appeals
Number of Appeal Requests Received	0
Number of Appeals Accepted	0
Number Number of Appeals Upheld	0
Number of Appeals Sent Back for Reinvestigation	0
Number of Appeals Requesting External Investigation by DHHS	0
Number of Appeals Sent Back for Further Action	0
Total Number of Appeals Reviewed by the Appeals Committee	0

ATTACHMENT #1I

APRIL 2023

Section II: Intervention and Investigation remediation data for: Washtenaw County

Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action	Specific Remedial Action	SED	SED-W	DD-CWP	HSW
Disclosure of Confidential Information	Case Management	Training		1	0	0	
Neglect, Class III	SIP	Written Reprimand	Verbal Counseling	0	2	2	1
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Verbal Counseling	Written Reprimand	0	2	2	1
Neglect, Class III	SIP	Written Reprimand	Training	0	1	1	1
Dignity and Respect	SIP	Written Reprimand	Training	0	1	1	1
Neglect, Class III	Case Management	Training	Written Reprimand	1	0	0	
Safe, Sanitary Humane Treatment Environment	Residential DD	Written Reprimand	Written Counseling	0	2	2	2
Abuse, Class II – Unreasonable force	SIP	Employment Termination		0	1	1	1
Dignity and Respect	SIP	Employment Termination		0	1	1	1
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	Residential DD	Written Reprimand		1	0	0	
Neglect, Class III	Case Management	Written Reprimand	Verbal Counseling	1	0	0	
Neglect, Class III	SIP	Written Reprimand	Training	0	3	3	3
Neglect, Class III	SIP	Verbal Counseling	Training	0	2	2	2
Neglect, Class III (Failure to Report)	SIP	Verbal Counseling	Training	0	2	2	2
Neglect, Class III	Outpatient	Verbal Counseling	Training	0	2	2	2
Neglect, Class III (Failure to Report)	Outpatient	Verbal Counseling	Training	0	2	2	2
Neglect, Class III	SIP	Written Reprimand	Training	0	2	2	2
Neglect, Class III	Residential DD	Written Reprimand	Training	0	1	1	1
Neglect, Class III	SIP	Employment Termination		0	1	1	1
Neglect, Class III	SIP	Employment Termination		0	1	1	1
Abuse, Class II - Nonaccidental act	Residential MI & DD	Employment Termination		0	1	1	1
Abuse, Class II – Unreasonable force	SIP	Employment Termination		0	1	1	1
Neglect, Class III	SIP	Employee left the agency, but substantiated	Written Counseling	0	1	1	1
Neglect, Class III	SIP	Written Reprimand	Training	3	0	0	
Neglect, Class III	SIP	Verbal Counseling	Written Reprimand	0	2	2	2
Neglect, Class III	SIP	Employee left the agency, but substantiated		0	3	3	2
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Employee left the agency, but substantiated		0	3	3	2
Dignity and Respect	SIP	Employee left the agency, but substantiated		0	3	3	2
Neglect, Class III	SIP	Written Reprimand	Training	0	3	3	2
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Employee left the agency, but substantiated		0	1	1	1
Abuse, Class III	Residential MI & DD	Employment Termination		0	1	1	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	Case Management	Employee left the agency, but substantiated		0	1	1	
Neglect, Class III	SIP	Written Reprimand	Training	0	3	3	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Written Reprimand	Staff Transfer	0	1	1	1
Dignity and Respect	SIP	Verbal Counseling		0	1	1	1
Neglect, Class III	Residential MI	Employment Termination		1	0	0	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Written Counseling	Other	0	1	1	
Neglect, Class III	SIP	Verbal Counseling	Suspension	0	1	1	1
Neglect, Class III	SIP	Written Reprimand	Verbal Counseling	0	1	1	1
Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass	SIP	Employee left the agency, but substantiated		0	1	1	
Rights Protection System	SIP	Training		0	1	1	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	Case Management	Training		1	0	0	
Neglect, Class III (Failure to Report)	SIP	Written Reprimand	Training	3	0	0	
Neglect, Class III	Residential MI & DD	Written Reprimand	Training	0	1	1	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Written Reprimand	Other	0	2	2	2
Neglect, Class III	Other	Employment Termination		0	1	1	
Neglect, Class III	SIP	Written Reprimand		0	1	1	1
Abuse, Class III	Case Management	Written Reprimand	Training	0	0	0	
Neglect, Class III	SIP	Written Reprimand	Training	0	1	1	
Neglect, Class III	SIP	Employee left the agency, but substantiated		0	1	1	1
Neglect, Class III	Residential DD	Employee left the agency, but substantiated		0	6	6	5

REMEDIATION TOTALS	
Verbal Counseling	19
Written Counseling	5
Verbal Reprimand	0
Written Reprimand	35
Suspension	5
Demotion	0
Staff Transfer	1
Training	32
Employment Termination	15
Employee left the agency, but substantiated	13
Contract Action	0
Policy Revision/Development	0
Environmental Repair/Enhancement	0
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	4
Pending	0
None	0

POPULATION TOTALS	
SED	19
SED-W	99
DD-CWP	99
HSW	67

PROVIDER TOTALS	
Out Patient	0
Residential MI	1
Residential DD	9
Residential MI & DD	7
Inpatient	0
Day Program MI	0
Day Program DD	0
Workshop (prevocational)	0
Supported Employment	0
ACT	3
Case Management	8
Psychosocial Rehabilitation	0
Partial Hospitalization	0
SIP	50
Crisis Center	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Respite Homes	0
Other	1

Abuse, Class III	Residential MI & DD	Suspension	Employment Termination	0	1	1	1
Dignity and Respect	Residential MI & DD	Suspension	Employment Termination	0	1	1	1
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	Residential MI & DD	Written Reprimand	Verbal Counseling	0	1	1	
Neglect, Class III	SIP	Written Reprimand	Other	0	1	1	
Neglect, Class II (Failure to Report)	Residential MI & DD	Employee left the agency, but substantiated		1	0	0	
Neglect, Class III	SIP	Suspension	Written Counseling	0	1	1	1
Neglect, Class III	SIP	Written Reprimand		0	1	1	1
Neglect, Class III	SIP	Employee left the agency, but substantiated	Training	0	2	2	2
Neglect, Class III	SIP	Written Reprimand		0	1	1	
Abuse, Class III	SIP	Employment Termination		0	1	1	
Disclosure of Confidential Information	SIP	Employment Termination		0	1	1	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	SIP	Employee left the agency, but substantiated	Other	0	1	1	
Disclosure of Confidential Information	Case Management	Training		1	0	0	
Rights Protection System	Case Management	Training		1	0	0	
Abuse, Class II - Nonaccidental act	Residential DD	Employment Termination	Training	0	1	1	1
Dignity and Respect	Residential DD	Employment Termination	Training	0	1	1	1
Neglect, Class III	Residential DD	Written Reprimand	Verbal Counseling	0	1	1	
Neglect, Class III	Residential DD	Written Reprimand		0	1	1	
Neglect, Class III	Residential DD	Written Reprimand		0	1	1	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	Outpatient	Written Reprimand	Employee left the agency, but substantiated	0	1	1	
Abuse, Class II - Exploitation	SIP	Written Reprimand	Verbal Counseling	0	1	1	
Mental Health Services Suited to Condition (Includes Chapter 4 Violations)	ACT	Written Counseling	Verbal Counseling	1	0	0	
Disclosure of Confidential Information	ACT	Verbal Counseling		1	0	0	
Disclosure of Confidential Information	Outpatient	Training	Verbal Counseling	1	0	0	
Family Rights	SIP	Verbal Counseling		0	1	1	
Neglect, Class III	ACT	Training	Written Reprimand	1	0	0	
Neglect, Class III	SIP	Suspension	Training	0	1	1	
Neglect, Class III (Failure to Report)	SIP	Written Reprimand	Training	0	2	2	2
Safe, Sanitary Humane Treatment Environment	SIP	Training		0	2	2	2
Safe, Sanitary Humane Treatment Environment	SIP	Training		0	2	2	2
Dignity and Respect	SIP	Training		0	2	2	2
Abuse, Class II - Exploitation	SIP	Verbal Counseling	Written Reprimand	0	1	1	

ATTACHMENT #1I
APRIL 2023

Washtenaw County

SECTION II: ANNUAL TRAINING ACTIVITY

Part A: Training Received by Office Staff (Please only list trainings related to rights protection)

LIST THE NAMES OF ALL STAFF HERE
Jessica Krefman
Leah Raehtz
Sarah Smith
Shaun Thompson

Staff Name (drop down: you have to scroll up to see the names)	MDHHS-ORR Course Number	Topic of Training Received	CEU Type (drop down)	# Hours
Sarah Smith	RC22-GSI	Healing Neen	IV - Augmented Training	1.50
Sarah Smith	RC22-01	What's Going on in Lansing	I - Operations	1.50
Sarah Smith	RC22-03	Disrupting the Impacts of Implicit Bias and Microagressions: Being Respectful and	IV - Augmented Training	1.50
Sarah Smith	RC22-06	What to Say, What to do: Interviewing with a Trauma Sensitive Approach	I - Operations	1.50
Sarah Smith	RC22-09	The Emergency Room Psychiatric Setting: A Rapidly Growing Mental Health Setting	IV - Augmented Training	1.50
Sarah Smith	RC22-11	The Police are at the Door? Now, What Do I Do?	I - Operations	1.50
Sarah Smith	RC22-15	Recipient Rights Advisory Committee Recipient Rights Appeals Committee:	II - Legal Foundations	1.50
Sarah Smith	RC22-17	Working Relationships Between CMH and Health Systems	I - Operations	1.50
Sarah Smith	RC22-GSII	Updates from Michigan Department of Health and Human Services	I - Operations	0.50
Sarah Smith	RC22-19	Assisted Outpatient Treatment: Clinical, Legal and Local Perspectives	II - Legal Foundations	1.50
Jessica Krefman	RC22-GSI	Healing Neen	IV - Augmented Training	1.50
Jessica Krefman	RC22-01	What's Going on in Lansing	I - Operations	1.50
Jessica Krefman	RC22-03	Disrupting the Impacts of Implicit Bias and Microagressions: Being Respectful and	IV - Augmented Training	1.50
Jessica Krefman	RC22-06	What to Say, What to do: Interviewing with a Trauma Sensitive Approach	I - Operations	1.50
Jessica Krefman	RC22-09	The Emergency Room Psychiatric Setting: A Rapidly Growing Mental Health Setting	IV - Augmented Training	1.50
Jessica Krefman	RC22-12	Accurate Body Language: Gets You Closer to the Truth	IV - Augmented Training	1.50
Jessica Krefman	RC22-13	CMH Roundtable	I - Operations	1.50
Jessica Krefman	RC22-17	Working Relationships Between CMH and Health Systems	I - Operations	1.50
Jessica Krefman	RC22-GSII	Updates from Michigan Department of Health and Human Services	I - Operations	0.50
Jessica Krefman	RC22-18	When Working Together Hurts: How to Support Teams in Moving from Conflict to	III - Leadership	1.50
Leah Raehtz	RC22-GSI	Healing Neen	IV - Augmented Training	1.50
Leah Raehtz	RC22-03	Disrupting the Impacts of Implicit Bias and Mi	IV - Augmented Training	1.50
Leah Raehtz	RC22-06	What to Say, What to do: Interviewing with a	I - Operations	1.50
Leah Raehtz	RC22-09	The Emergency Room Psychiatric Setting: A	IV - Augmented Training	1.50
Leah Raehtz	RC22-11	The Police are at the Door? Now, What Do I	I - Operations	1.50
Leah Raehtz	RC22-13	CMH Roundtable	I - Operations	1.50
Leah Raehtz	RC22-17	Working Relationships Between CMH and He	I - Operations	1.50
Leah Raehtz	RC22-GSII	Updates from Michigan Department of Health	I - Operations	0.50
Leah Raehtz	RC22-18	When Working Together Hurts: How to Supp	III - Leadership	1.50
Shaun Thompson	RC22-GSI	Healing Neen	IV - Augmented Training	1.50
Shaun Thompson	RC22-01	What's Going on in Lansing	I - Operations	1.50
Shaun Thompson	RC22-03	Disrupting the Impacts of Implicit Bias and Microagressions: Being Respectful and	IV - Augmented Training	1.50
Shaun Thompson	RC22-06	What to Say, What to do: Interviewing with a Trauma Sensitive Approach	I - Operations	1.50
Shaun Thompson	RC22-11	The Police are at the Door? Now, What Do I	I - Operations	1.50
Shaun Thompson	RC22-13	CMH Roundtable	I - Operations	1.50
Shaun Thompson	RC22-17	Working Relationships Between CMH and He	I - Operations	1.50
Shaun Thompson	RC22-19	Assisted Outpatient Treatment: Clinical, Legal and Local Perspectives	II - Legal Foundations	1.50

CATEGORY TOTALS	
I - Operations	27.00
II - Legal Foundations	4.50
III - Leadership	3.00
IV - Augmented Training	18.00
Non-CEU	0.00

THESE NUMBERS WILL AUTO-FILL

Washtenaw County

SECTION II: ANNUAL TRAINING ACTIVITY

Part B: Training Provided by Rights Office

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
Recipient Rights Online Training	3.00	75	700				Computer	# estimated for contractual due to use of online training
WCCMH Board Training	0.50					11	Video & Face-to-Face	

Type of Training Totals		Agency Staff	Contractual Staff	Consumers	Other Staff
Face-to-Face	0	0	0	0	0
Video	0	0	0	0	0
Computer	1	75	700	0	0
Paper	0	0	0	0	0
Video & Face-to-Face	1	0	0	0	0
Computer & Face-to-Face	0	0	0	0	0
Paper & Face-to-Face	0	0	0	0	0
Teams/Zoom, etc	0	0	0	0	0
Other (please describe)	0	0	0	0	0

These Numbers will self-fill

Washtenaw County

SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES

Progress on Outcomes established by the office for FY 22. Pick from the drop-down in Outcome and indicate if goal was accomplished, was accomplished, discontinued, or remains ongoing. Checking ongoing will result in that outcome being self-populated in the FY 23 goal section below.

	Outcomes	Status
1	**The RRAC would like to review the technical summary for appeals and find an appropriate way to request WCCMH follow up from concerns that are expressed during appeals.**	Accomplished
2	**The RRAC would like to invite Michigan Medicine Rights Officer Matt Zugel and his RRAC chair, David, to speak about their RRAC, appeals and hospital rights perspective.**	Accomplished
3	**The RRAC would like to hear Katie Snay's goals as the new rights director and have her share new initiatives she and the Rights Officers will create through work plans.**	Accomplished
4	**RRAC members would like to invite people to share their personal stories regarding recipient rights during the public comment portion at the WCCMH Board meeting.**	Accomplished
5	**Recruit new/additional RRAC committee members.**	Ongoing

	Outcomes established by the office for NEXT FY
1	**Invite Sally Amos-O'Neal, WCCMH Director of Customer Service, to discuss ORR and CS relationship. Also address how recipients' needs are still being met this deep into the pandemic.**
2	**Reach out to closely related agencies, (LARA, APS, CPS…) to dicuss their role in investigations and the the guidelines they must follow.**
3	**Invite Katie Hoerner, WCCMH Program Administrator, about how county and local law enforcement work together for mental health crisis situations in the community.**
4	**Recruit new/additional RRAC committee members.**
5	

Washtenaw County

SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD

The ORR & Advisory Committee recommends the following:

1	The RRAC recommends that the WCCMH Board supports the 2022/2023 outcomes for the WCCMH Rights Office and continues to support and fund the WCCMH Rights Office at the level it needs to be effective.
2	
3	
4	
5	

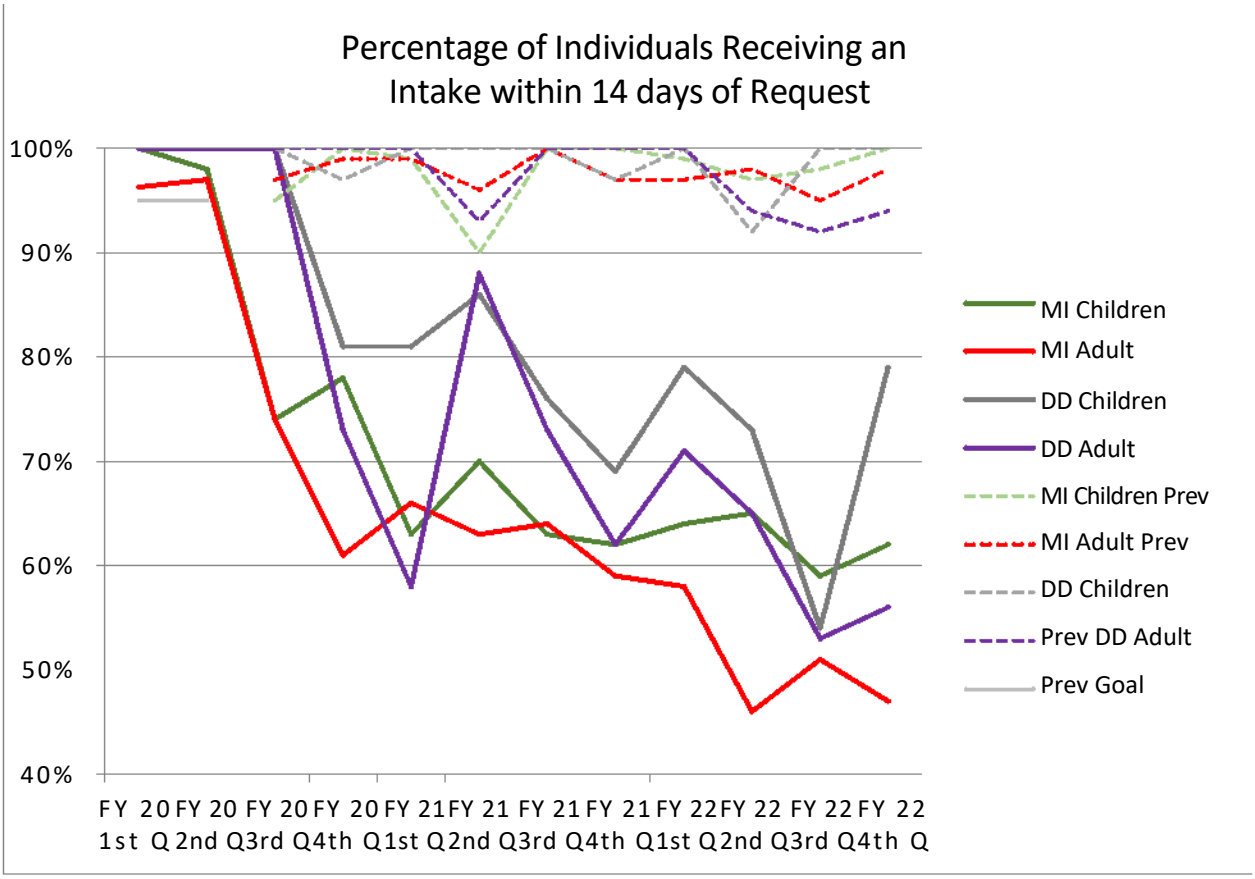
Program and Quality Board Committee
Dashboard Data FY 2022 4th Qtr (July - Sept 2022)

4th quarter Human Resources Turnover Rate:
4th Qtr– 4.3% 16 terminations divided by average number of active positions during the quarter (364).

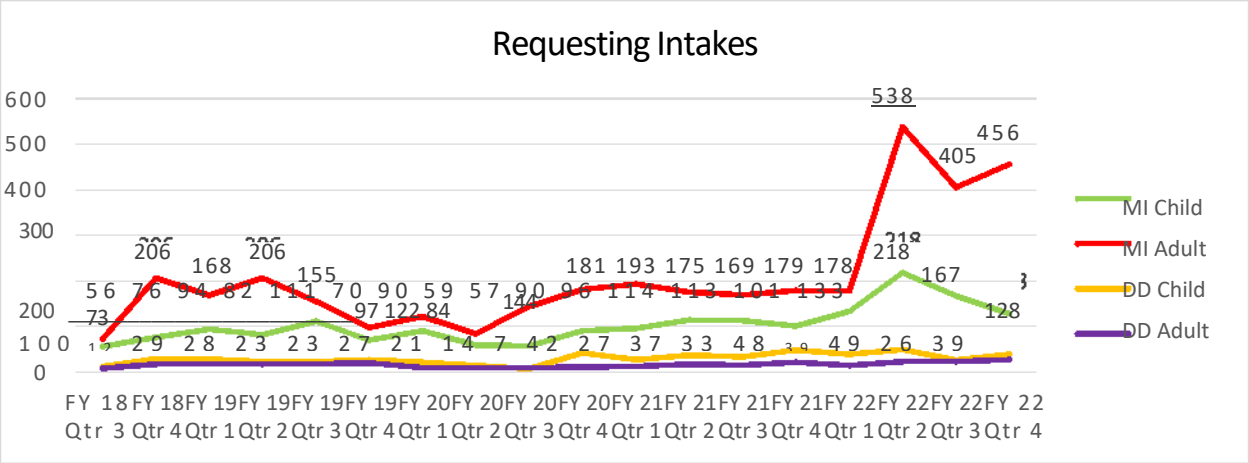
Michigan Department of Health and Human Service (MDHHS) Performance Indicators:
As of April 1 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

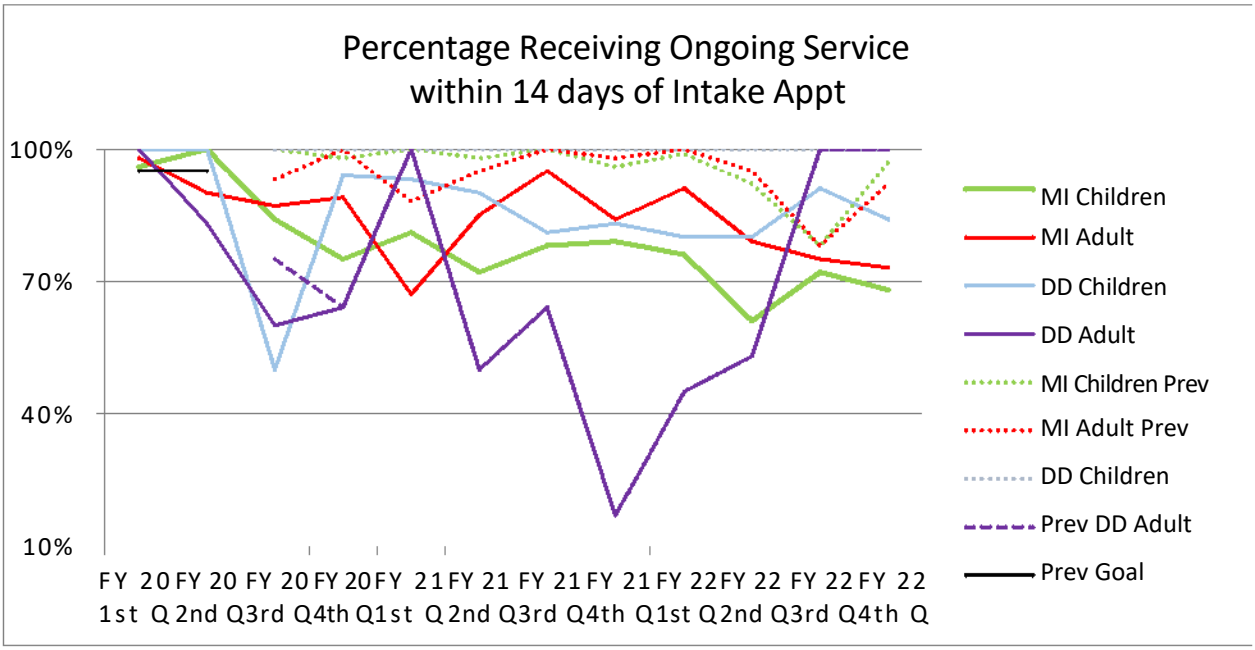
The major change in the operational definition does not allow accounting for consumer choice and for counting every request of service. Consumer choice is indicated by requesting an appointment outside of the 14 day window, rescheduling, canceling or not attending an appointment. If an individual requests 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.

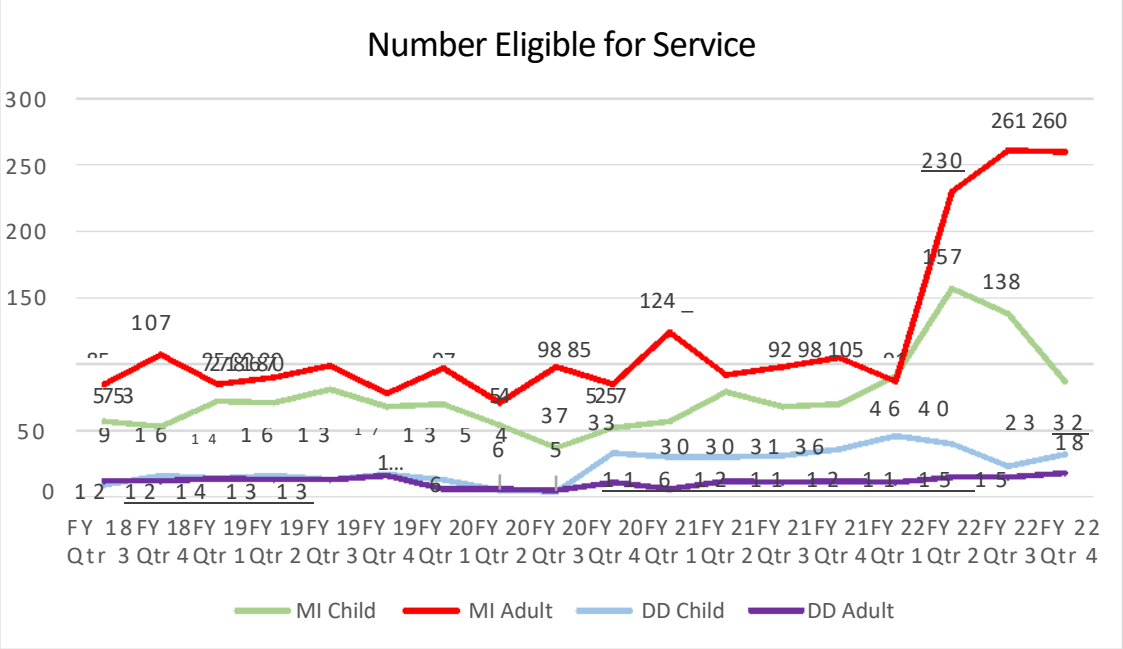


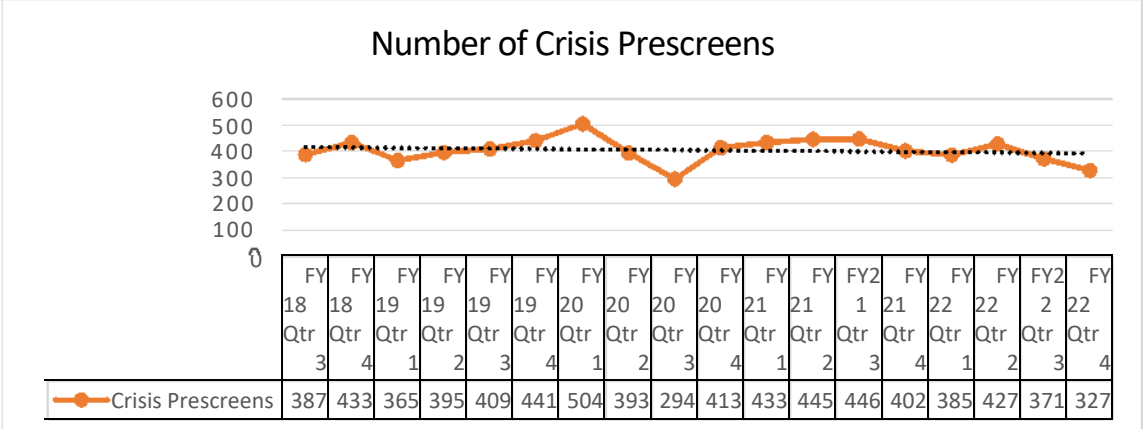
FY 22 4th Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	128	79	49	49	62%	100%
MI Adult	456	222	234	229	49%	98%
DD Child	39	31	8	8	79%	100%
DD Adult	27	15	12	11	56%	94%

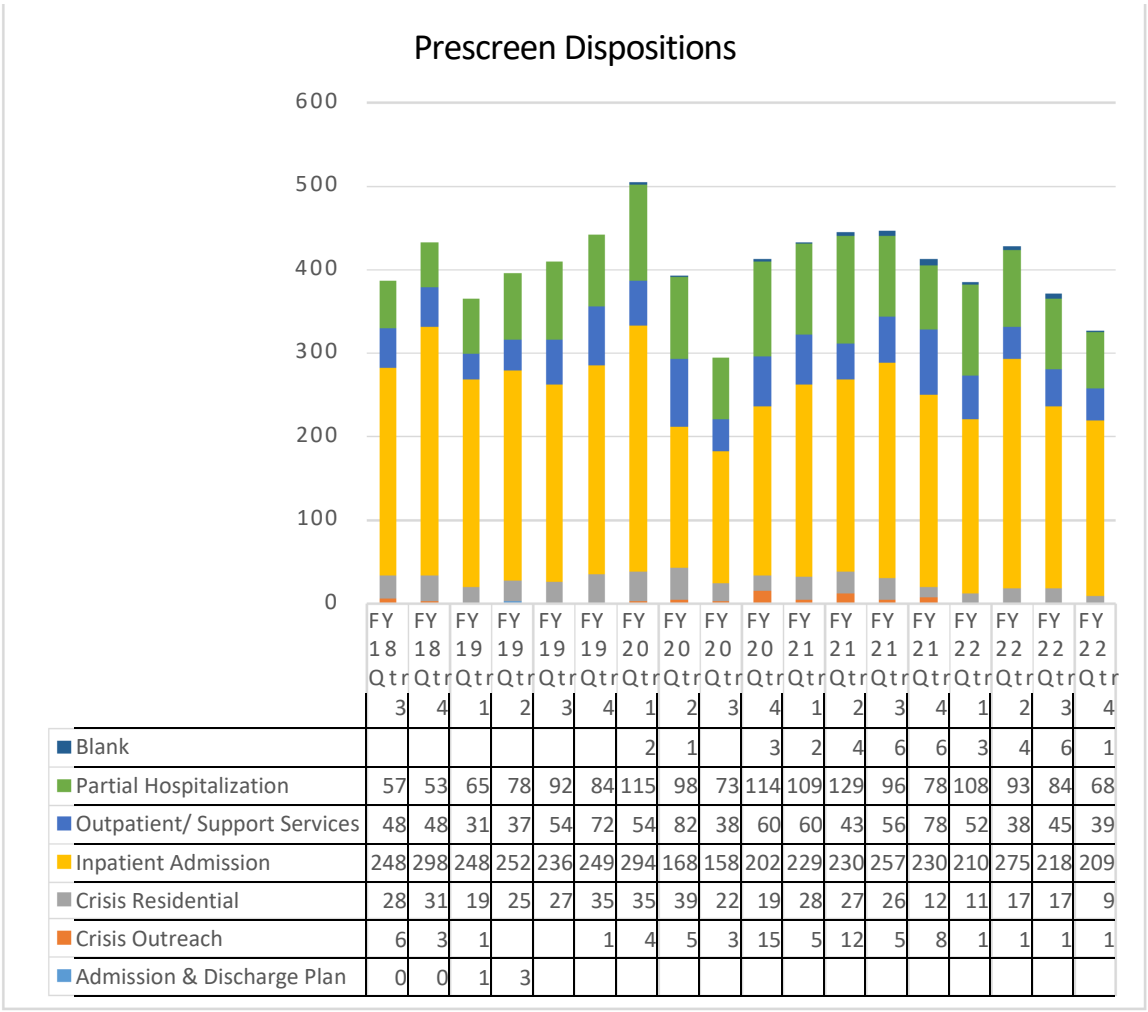




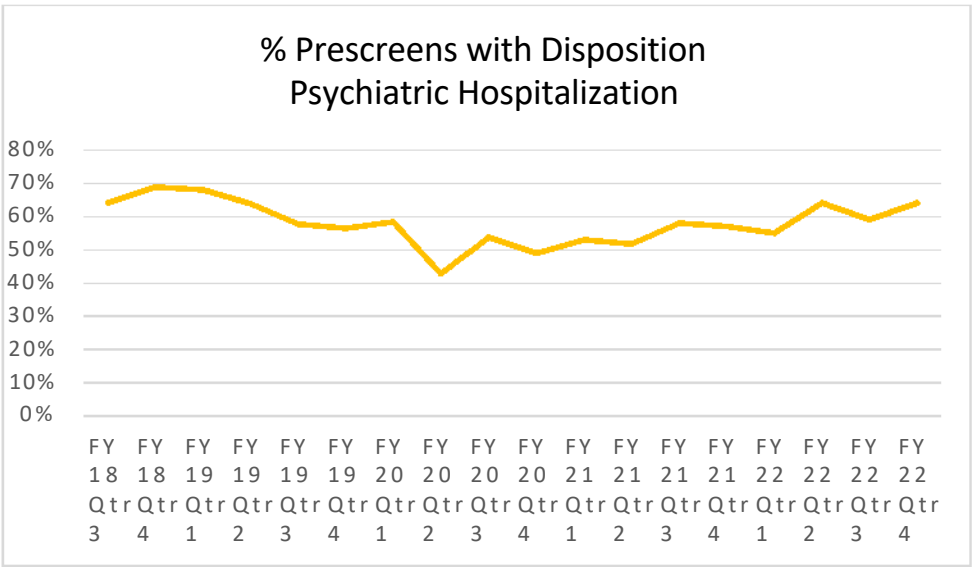
FY 22 4th Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	87	59	28	26	68%	97%
MI Adult	260	190	70	54	73%	92%
DD Child	32	27	5	5	84%	100%
DD Adult	18	18	0	0	100%	100%

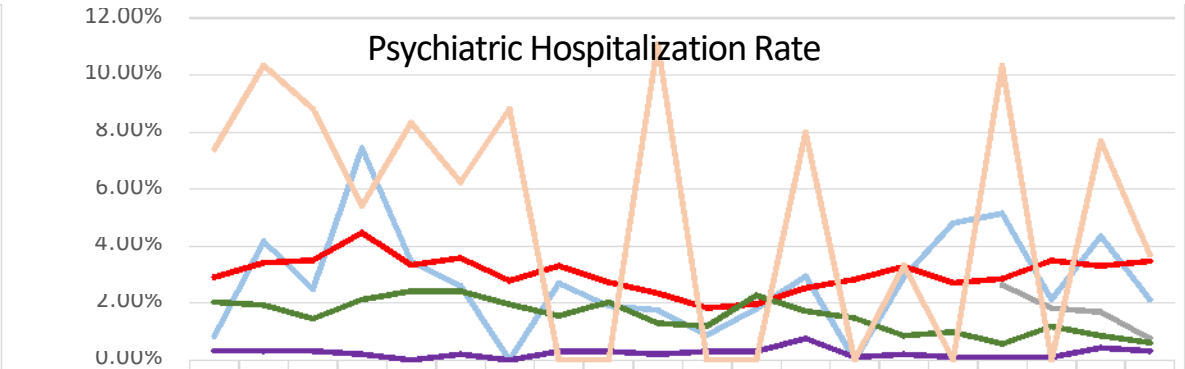






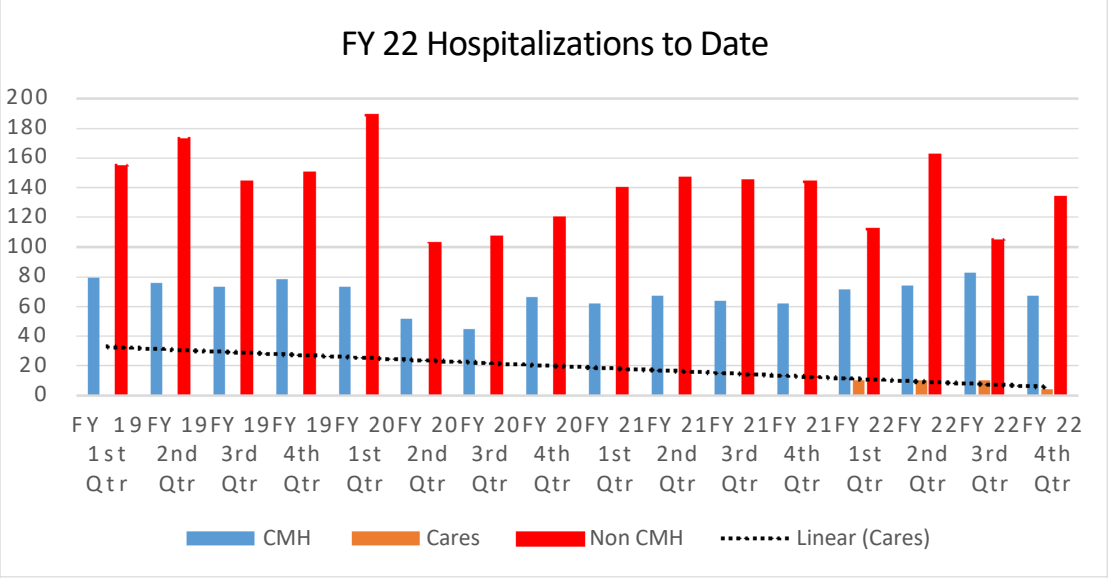
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4
Blank							2	1		3	2	4	6	6	3	4	6	1
Partial Hospitalization	57	53	65	78	92	84	115	98	73	114	109	129	96	78	108	93	84	68
Outpatient/ Support Services	48	48	31	37	54	72	54	82	38	60	60	43	56	78	52	38	45	39
Inpatient Admission	248	298	248	252	236	249	294	168	158	202	229	230	257	230	210	275	218	209
Crisis Residential	28	31	19	25	27	35	35	39	22	19	28	27	26	12	11	17	17	9
Crisis Outreach	6	3	1			1	4	5	3	15	5	12	5	8	1	1	1	1
Admission & Discharge Plan	0	0	1	3														

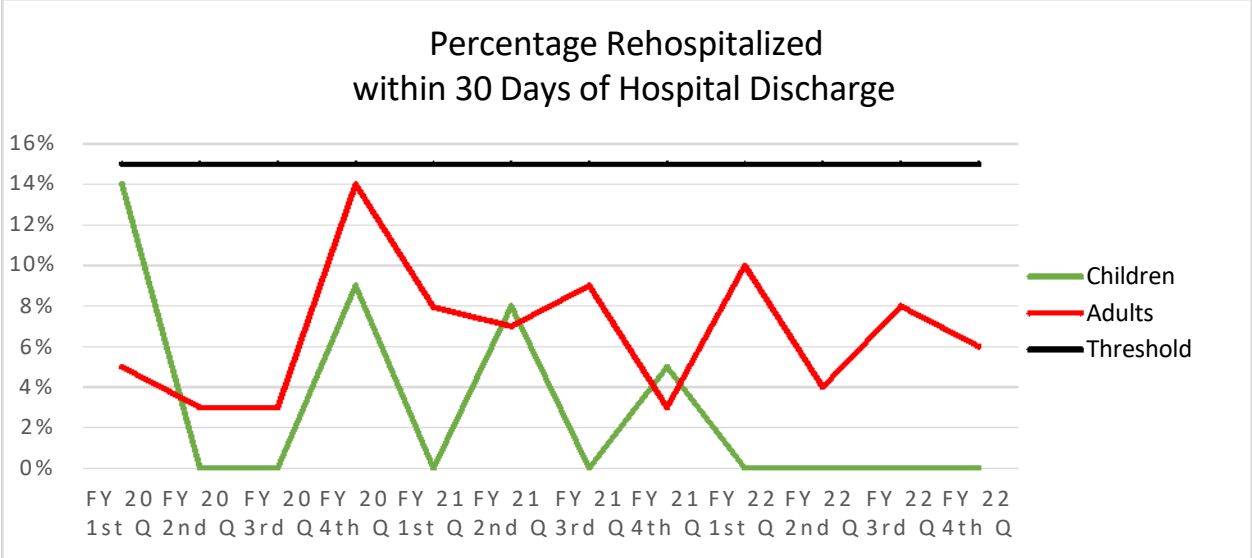




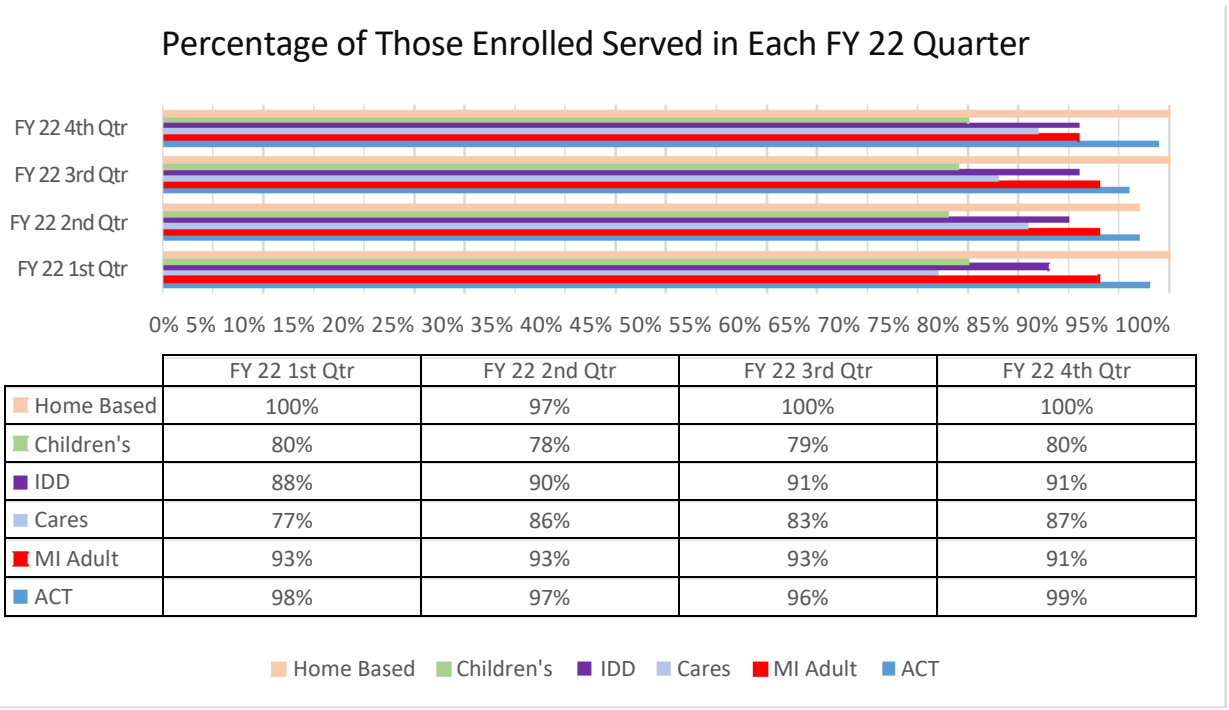
	FY 18 1st Qtr	FY 18 2nd Qtr	FY 18 3rd Qtr	FY 18 4th Qtr	FY 19 1st Qtr	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
ACT	0.85	4.17	2.50	7.44	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	2.13
MI Adult	2.91	3.42	3.51	4.47	3.34	3.58	2.79	3.30	2.73	2.35	1.83	1.97	2.53	2.83	3.28	2.71	2.86	3.50	3.30	3.47
Cares																	2.64	1.82	1.69	0.76
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	0.32
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	0.61
Y & F HB	7.41	10.38	8.82	5.41	8.33	6.25	8.82	0.00	0.00	11.11	0.00	0.00	8.00	0.00	3.33	0.00	10.3	0%	7.69	3.70

FY 22 4th Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	94	2 (1)	2.13%
MI Adult	1615	56 (9)	3.47%
Cares	526	4 (0)	0.76%
IDD	934	3 (0)	0.32%
Y & F	825	5 (0)	0.61%
Y & F Home Based	27	1 (0)	3.70%





FY 22 4th Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	7	0	0%
Adult	97	6	6%



	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr
Home Based	100%	97%	100%	100%
Children's	80%	78%	79%	80%
IDD	88%	90%	91%	91%
Cares	77%	86%	83%	87%
MI Adult	93%	93%	93%	91%
ACT	98%	97%	96%	99%

Critical Event Data Reported Thru Qtr 4 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
Qtr 4	IDD	Non Suicide Death	2
		Arrest	1
		ER Treatment Injury	1
	MI Adult	Non Suicide Death	8
		Arrest	1
		Hospitalization	1
	CARES		1
Qtr 4 Total			12

Mortality Data Thru Qtr 4 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	3
Cancer	10	8	9	7	10	3
Cardiovascular	8	13	14	14	5	12
Dehydration		1				
Drug Abuse	6	12	5	8	2	6
Endocrine System (Diabetes)					1	
Environmental Hypothermia			1			
Gastrointestinal				3	1	
Hip Fracture Complications		1				
Homicide	1	3				
Hyponatremia						2
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	4
Sturge Weber Syndrome						
Suicide	3	2	2	5	2	2
Trauma		1	2		2	3
Unknown	3	9	10	8	10	8
Grand Total	**47**	**65**	**55**	**67**	**54**	**51**

Sentinel Events: There was one sentinel event in the fourth quarter.

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN	*Policy and Procedure* *Medication Administration, Medication Storage & Other Medical Treatment*
Department/Department: Clinical Performance Team	**Local Policy Number (if used)**
Implementation Date (2 weeks from Regional Approval Date)	**Regional Approval Date (date of last CMH board's approval)**

Reviewed by:	**Recommendation Date:**
ROC	03/06/2023
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish regional guidelines regarding the administration of psychotropic and other medications, storage of medications, and medical treatment procedures for the Community Mental Health Partnership of Southeast Michigan (CMHPSM)

II. REVISION HISTORY

DATE	MODIFICATION
02/04/2019	New regional policy
Will be Regional Approval Date	Standard 3-year Review

III. APPLICATION

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

IV. POLICY

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

V. DEFINITIONS

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

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

Delegated Prescribing Authority: When a licensed physician delegates the authority to prescribe medications and medical treatment procedures to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17076; 17210; 17708(2).

Medication Training Program: Training for the CMHPSM, CMHSPs, and contract provider staff on the standards for administering, and maintaining medications. This training is conducted by a person qualified to train on this topic.

Medical Treatment Procedures: Treatment procedures that are ordered by a physician or prescriber with delegated prescribing authority prior to implementation by staff (e.g. hot wet soak to left foot). Exceptions include emergency situations where injury is apparent and first aid by trained individuals does not require orders from a physician or prescriber with delegated prescribing authority prior to initiation.

Medication: A drug or medical treatment prescribed by a physician or nurse practitioner, clinical nurse specialist or physician assistant with delegated prescribing authority for the therapeutic benefit of a patient.

Medication Administration: The provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered to achieve its pharmacological effect. This includes directly introducing the medication into or onto the individual's body.

Medication Dispensing: Providing, furnishing, or otherwise making available a supply of medications to the individual for whom it was ordered (his or her representative) by a licensed pharmacy according to a specific prescription or medication order, or by a licensed independent practitioner authorized by law to dispense. Dispensing does not involve providing an individual a dose of medication previously dispensed by the pharmacy.

Medication Order: A written direction provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a **licensed person** such as a pharmacist or a nurse.

Examples of some different types of medication orders are:

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

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

Physician: An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being sections 33.16101 to 333.18838 of the Michigan Compiled Laws. The "practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333-1978-15-170).

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

Prescriber: A physician who is licensed to prescribe medications and medical treatment procedures, or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority who is licensed to prescribe medications and medical treatment procedures. A licensed physician may delegate the authority to prescribe medications to a nurse practitioner, clinical nurse specialist or physician assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17076; 17210, 17708(2).

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

Stop Order: An order by a physician or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority, to discontinue the administration of a medication or medical treatment procedure.

VI. STANDARDS

A. All licensed contract providers must:
    1. Adhere to licensing regulations related to the administration and management of medications,
    2. Follow all outlined responsibilities of the licensed setting as determined by the Individual Plan of Service.

B. Staff involved in providing medication administration or medical treatment-related services shall follow the standards in the Individual Plan of Service and/or any related documents.

C. Medication reviews should occur as specified in the Individual Plan of Service, or as required based on clinical status.

D. Staff administering medications must:
    1. Satisfactorily complete a CMHPSM-approved medication training program that is provided by a qualified professional.
    2. Demonstrate knowledge of medication doses, expected actions, and side effects of medications administered.

E. Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

F. Any use of medication to address behavioral issues must be approved by the local CMHSP Behavior Treatment Committee.

G. Current medication and medical treatment orders shall be maintained on-site.

H. The CMHSP is responsible for ensuring that medication reconciliation is done at least quarterly.

I. Controlled substances stored on-site will be documented on a controlled medication log.

J. The medication administration record must be updated whenever a medication is prescribed, changed, or discontinued, and should be signed or initialed by staff.

K. Discontinued, expired, recalled, or unused medications stored on the premises shall be destroyed according to the site procedure.

L. Any destroyed medications or medications returned to the pharmacy shall be documented on the Expired, Recalled or Discontinued Medication Inventory Sheet, and documented on an Incident Report if required in that county.

M. Staff will use at least two of the following identifiers whenever administering medication(s) or treatment(s):
   1. Consumer/individual served photograph attached to the medication and treatment record or medication injection record
   2. Staff who knows the individual identifies the consumer/individual served.
   3. Consumer/individual served states his/her name and staff compares the name to the medication and treatment record or medication injection record
   4. consumer/individual served states his/her birth date and staff compare it to the medication and treatment record or medication injection record.

N. Each time a medication or medical treatment is administered, the administration shall be documented on the medication and treatment record and or the medication administration record (MAR).

O. Medication errors and adverse reactions must be:
   1. Reported immediately to the prescriber
   2. Documented according to procedures for the completion of the medication and treatment record
   3. Documented on an Incident Report.
   4. Reviewed according to the CMHPSM Critical Incident, Sentinel Event, and Risk Event Policy if the medication error resulted in a medical emergency.

P. Medication errors that result in an adverse reaction will be reported according to the CMH's medication training.

Q. Only medications for which there is an active prescription shall be given to a consumer/individual served upon leave or discharge. Enough medication is to be made available to ensure the consumer/individual served has an adequate supply until he/she can become established with another provider.

R. If outlined in the Individual Plan of Service, consumer/individual served may self-administer medication in a licensed contract provider setting or in an unlicensed setting where the individua consumer/individual served are receiving supports upon completion of an independent self-medication module. Staff will ensure the medications are safely stored and provide monitoring of an independent self-medication activity.

S. Medications that are stored at a CMH site or a licensed residential site shall be stored on the premises only to facilitate the delivery of services to consumer/individual served and shall be safeguarded as follows:
   1. A "double-locked" system shall be employed, such as a locked medication box in a locked file if the medication is classified as a controlled substance or is a reviewed and approved limitation documented in the record and IPOS of the individual receiving services/ consumer.
   2. Keys to locked storage areas shall be available only to staff who are authorized to have access to medications.
   3. The CMHSP will implement a process to record and review the medication inventory quarterly either through internal reviews or external provider audits, unless the CMHSP has an agreement with a pharmacy to do so.
   4. If an consumer/individual served has received a recalled or discontinued medication, the consumer/individual served will be notified as soon as possible, and an Incident Report will be completed.
   5. When a medication is recalled or discontinued outside the standard inventory schedule, the consumer/individual served will be notified as soon as possible, and an Incident Report will be completed.
   6. Medication requiring storage in a refrigerator is governed by the same standards as other medications for security, control and inspection.

T. Any consumer/individual served in his or her own home shall have medication administration or medication storage needs identified in the Individual Plan of Service.

U. All medication stored at CMH sites or a licensed residential site must be in the original container which is labeled as follows:
   1. Name of recipient
   2. Name of prescriber
   3. Name of medication
   4. Strength of medication
   5. Dosage of medication
   6. Schedule of administration
   7. Dispensing pharmacy: lot number and expiration information.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if	Standard Numbers:

	applies:	
The Joint Commission	X	MM 4.10-5.20
MDHHS Administrative Rules	X	AR 7158
MDHHS Policy	X	Psychotropic Medications, III-7158-R-GL
CMHPSM Training Policy	X	
CMHPSM Behavior Treatment Committee Policy	X	
CMHPSM Critical Incident, Sentinel Event, and Risk Event Policy	X	
CMHPSM ORR Limitation of Rights Policy	X	

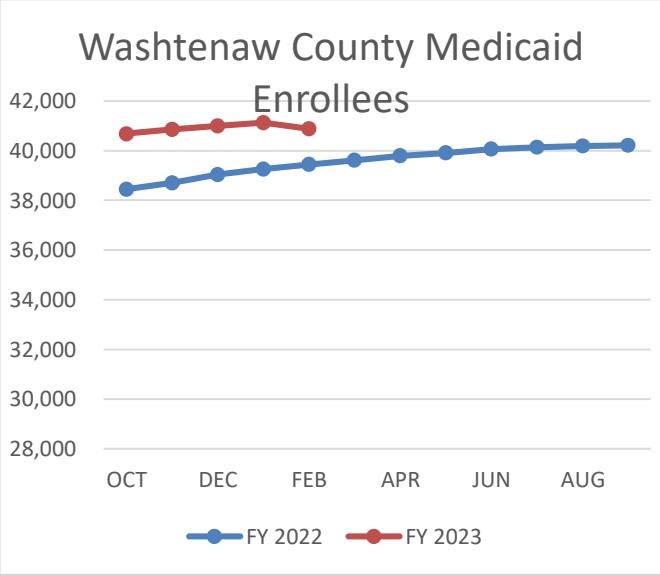
IX. **PROCEDURES**

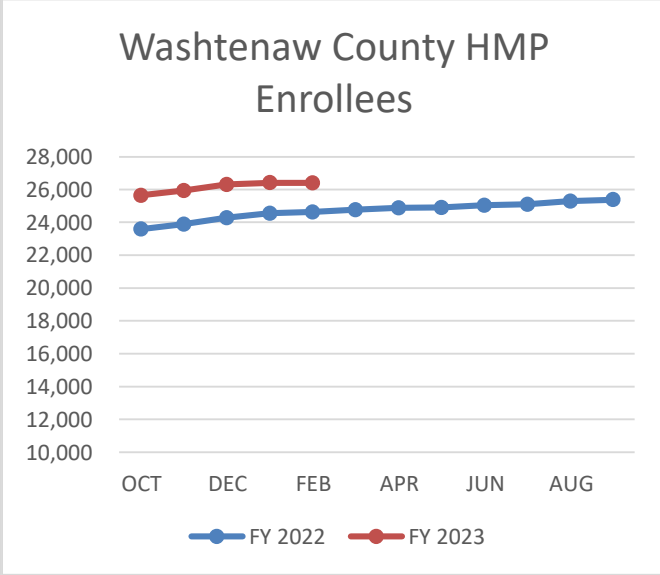
None

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2023: For the period ending February 28, 2023
Prepared: April 10, 2023

1. Washtenaw County Enrollees

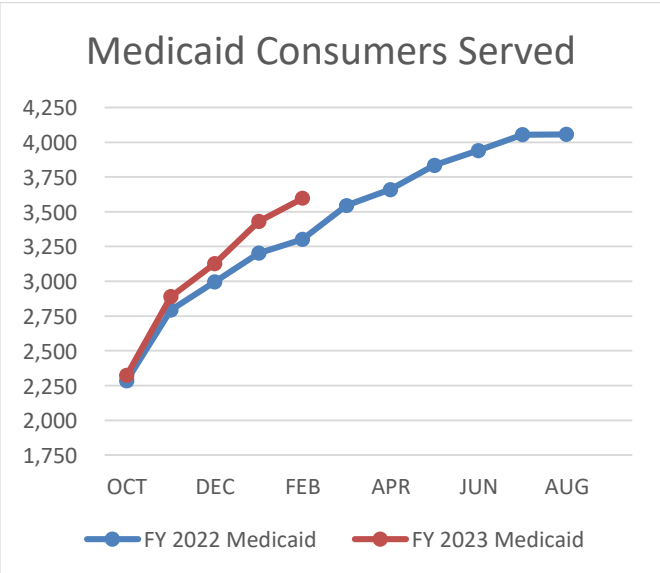
A summary of FY 2023 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

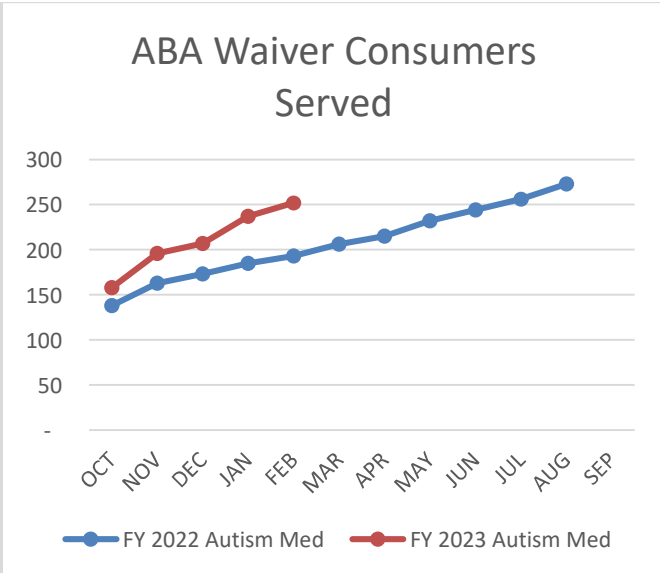




Washtenaw County Medicaid Enrollees were 40,892 in February 2023. This is a 3.66% increase from the same time last year (1,443 more enrollees than in February 2022). Healthy Michigan enrollment in February 2023 was 26, 409. This is a 7.22% increase from the same time last year (1,778 more enrollees than in February 2022).

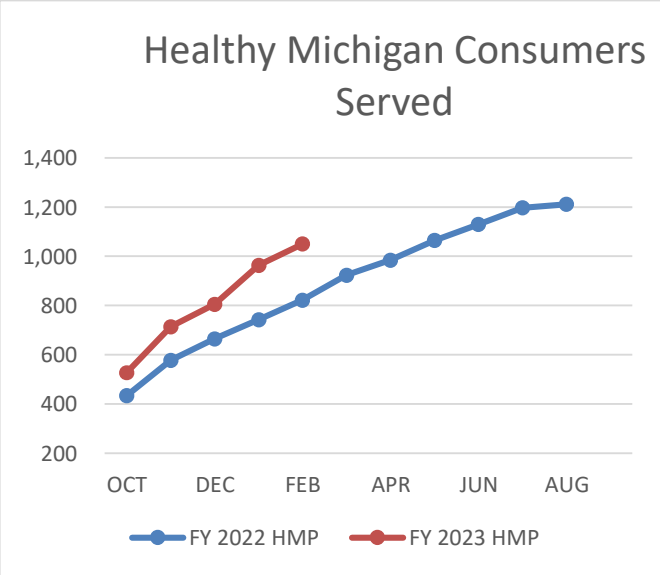
2. WCCMH Consumers Served to Date

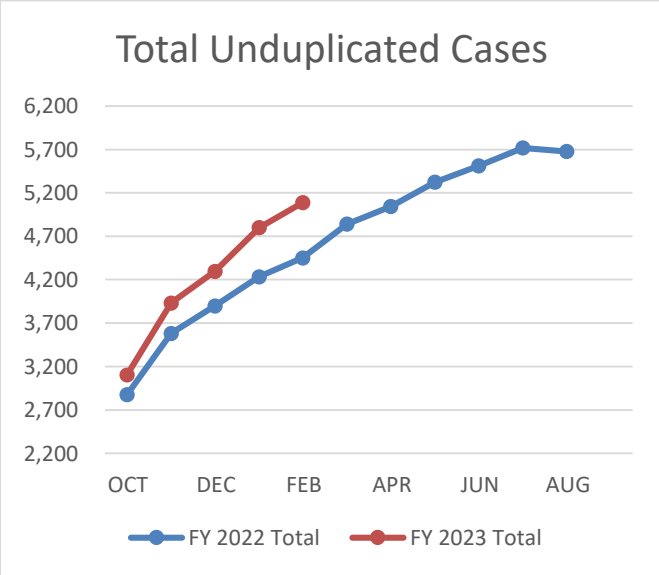




Medicaid consumers served through February 2023 are 3,597. This is 295 more consumers than the prior year (3,302 consumers were served through February 2022).

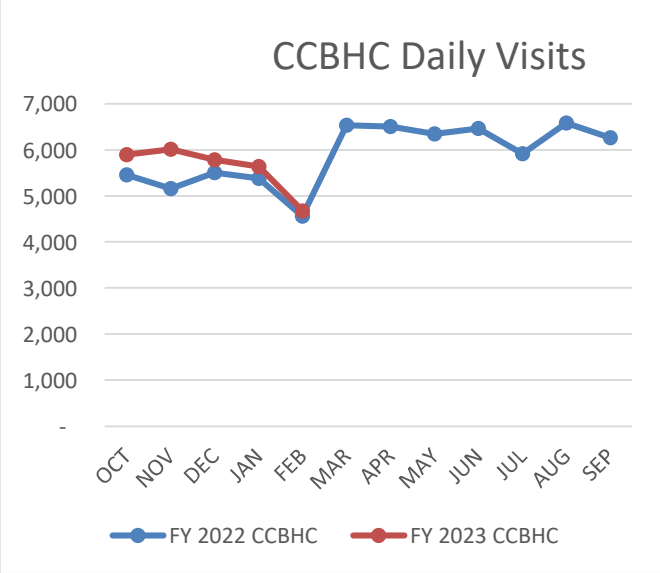
ABA Waiver consumers served through February 2023 are 252. This is 59 more consumers than prior year (193 consumers were served through February 2022).

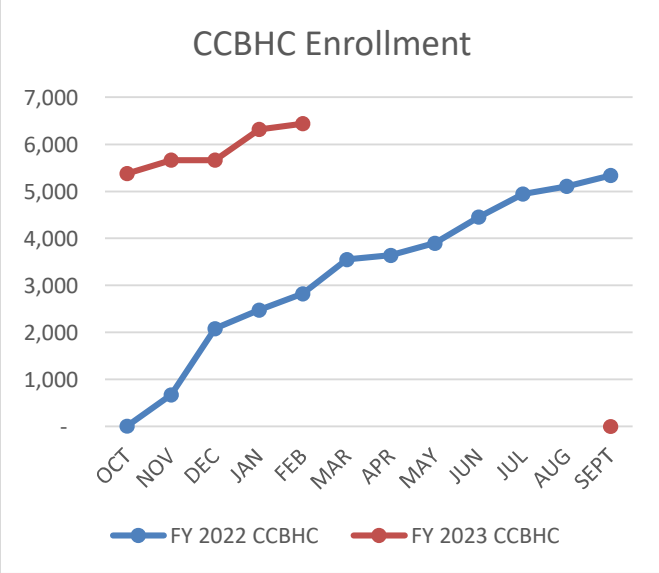




Healthy Michigan consumers served through February 2023 were 1,051. This is 228 more consumers than the same period last year.

The total unduplicated consumers served by WCCMH through February 2023 were 5,089. This is 638 more consumers than served last year.





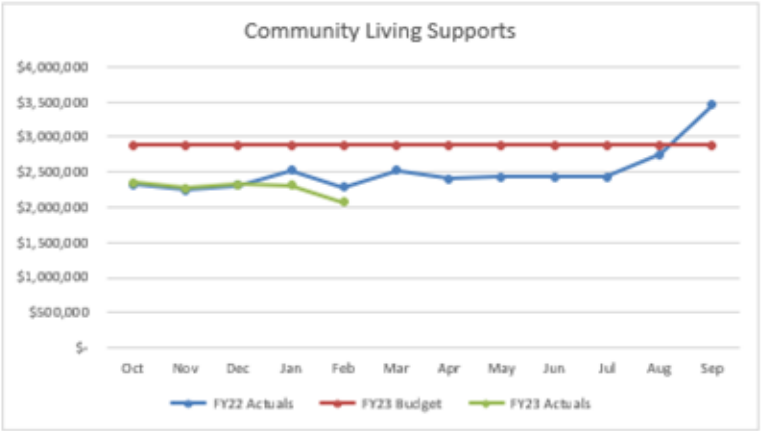
The CCBHC daily visit count for February 2023 were 4,672.

The YTD CCBHC Enrollment for FY 2023 as of February was 6,440.

3. Financial Statement Highlights

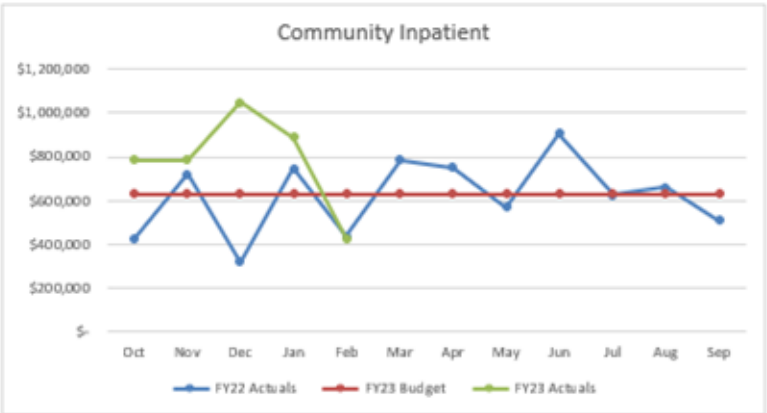
a. CLS service costs to date are estimated to be $12.0 Million. The costs year to date are 6.52% more than this time last year. A 5% increase to CLS rates has been implemented as of 10/1/2022.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 2,325,336	2,883,333	$ 2,348,548	1.00%
Nov	2,240,096	2,883,333	2,267,969	1.12%
Dec	2,317,212	2,883,333	2,324,678	0.85%
Jan	2,524,996	2,883,333	2,315,361	-1.61%
Feb	2,285,682	2,883,333	2,075,837	-3.09%
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		



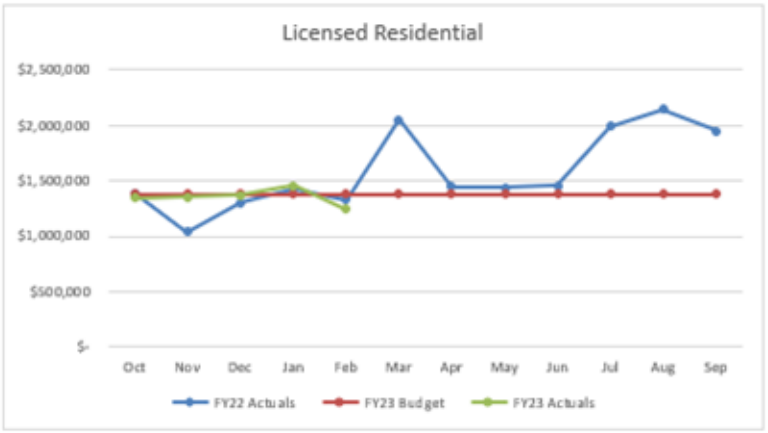
b. Community Inpatient costs to date are $3.9 Million. The costs year to date are 48.46% more than this time last year and $790,000 over budget.

	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	890,910	58.50%
Feb	438,634	629,167	428,822	48.46%
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		



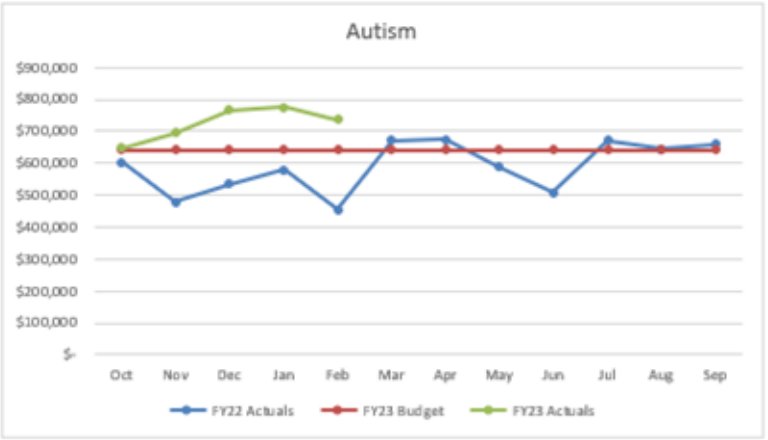
c. Licensed Residential costs to date are $6.7 Million and $144,000 under budget. The costs year to date are 10.97% more than this time last year. A 5% increase was implemented as of 10/1/2022 for local providers.

	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	1,456,672	7.13%
Feb	1,325,725	1,383,333	1,244,640	4.42%
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 $3.6 Million. The costs year to date are 36.65% more than this time last year and $413,000 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	776,181	31.30%
Feb	453,979	641,667	737,877	36.65%
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 $2,297,308 through February.
c. By funding source, HMP is showing a surplus of $15,626 through February.
d. Overall, the PIHP surplus is $2,316,561 through February.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $1,319,558.

6. Local Key Points

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

b. Local Funds are showing a surplus of $39,096 through February.

c. Uses of Local Funding include:

i. The 10% GF Match of non-residential services
ii. Local contribution – required by MDHHS
iii. Local share for State Facilities
iv. Shelter expenses and other Local needs

7. Fund Balance

WCCMH currently has no fund balance available for fiscal year 2023.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2023 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	24,108,807
HSW		11,284,955
DCW		-
Behavioral Health Home		135,086
Child Waiver/SED Waiver		494,796
Autism		2,698,081
Prior Year Adjustments		-
Care for Caid		140,392
Total Medicaid Revenue	$	38,862,117
Total Medicaid Expense	$	29,578,448
Medicaid Surplus/(Deficit)	$	9,283,669
CCBHC **		
Supplmental Revenue	$	2,133,768
CCBHC Non-Medicaid Expense	$	512,635
CCBHC HMP Expense		1,623,738
CCBHC Medicaid Expense		6,983,756
Total CCBHC Expense	$	9,120,129
CCBHC Surplus/(Deficit)	$	(6,986,361)
Healthy Michigan **		
Revenue	$	2,880,571
Expense		2,864,945
Healthy MI Surplus/(Deficit)	$	15,626
General Fund		
Revenue		
CMH Operations	$	1,915,695
CMH Operations Contra		-
GF Carryforward		211,753
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		(62,769)
Total General Fund Revenue	$	2,064,680
Total General Fund Expense	$	745,121
General Fund Surplus/(Deficit)	$	1,319,558

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2023 FYTD

		Total
Injectable Meds		
Revenue	$	77,860
Expense		74,233
Inj. Meds. Surplus/(Deficit)	$	3,627
Grants And Contracts		
Revenue	$	685,393
Expense		685,393
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	415,225
Redirect to GF		(23,321)
Expense		391,904
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	563,853
Expense		524,757
Local Surplus/(Deficit)	$	39,096
Private Grant & All NOR		
Revenue	$	41,869
Expense		34,964
Priv. Grant & NOR Surplus/(Deficit)	$	6,905
Grand Total		
Revenue	$	47,727,146
Expense		44,045,025
Grand Total Surplus/(Deficit)	$	3,682,121

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	2,316,561
WCCMH Surplus/(Deficit)		1,365,560
	$	3,682,121

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2023

	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	$ 20,407,936	$ 24,108,807	$ 3,700,871	18.13%
HSW	30,058,737	12,524,474	11,284,955	(1,239,519)	-9.90%
Children & SED Waivers	1,200,000	500,000	494,796	(5,204)	-1.04%
Healthy Michigan Capitation	6,913,368	2,880,570	2,880,571	1	0.00%
Autism Capitation	6,475,395	2,698,081	2,698,081	(0)	0.00%
Direct Care Worker Pass-Through	9,263,483	3,859,785	-	(3,859,785)	-100.00%
CCBHC Supplementary	4,059,000	1,691,250	2,133,768	442,518	26.17%
Behavioral Health Home	-	-	135,086	135,086	0.00%
TOTAL PIHP Revenue	$ 106,949,029	$ 44,562,095	$ 43,736,064	$ (826,031)	-1.85%
MDHHS Revenue					
State General Funds	$ 4,597,669	$ 1,915,695	$ 2,127,448	$ 211,753	11.05%
Grants & Earned Contracts	1,790,168	745,903	681,002	(64,901)	-8.70%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 729,900	$ 119,296	$ (610,604)	-83.66%
Project Revenue	847,984	353,327	277,610	(75,717)	-21.43%
All Other	1,917,652	799,022	1,400,838	601,816	75.32%
TOTAL Operating Revenue	**$ 117,854,263**	**$ 49,105,943**	**$ 48,342,258**	**$ (763,685)**	-1.56%
Operating Expenses					
Administrative Expenses					
General Administration	$ 7,733,373	$ 3,222,239	$ 2,935,956	$ (286,283)	-8.88%
Program Administration	4,150,194	1,729,248	1,083,700	(645,548)	-37.33%
Residential Services					
Community Living Supports	$ 34,600,000	$ 14,416,667	$ 12,074,317	$ (2,342,350)	-16.25%
Licensed Residential	16,600,000	6,916,667	6,772,062	(144,605)	-2.09%
Outpatient Services					
Autism Services	$ 7,700,000	$ 3,208,333	$ 3,622,068	$ 413,735	12.90%
Case Management	5,750,761	2,396,150	1,941,105	(455,045)	-18.99%
Supports Coordination	3,243,708	1,351,545	1,050,380	(301,165)	-22.28%
Skill Building	5,004,548	2,085,228	1,513,619	(571,609)	-27.41%
Supported Employment	1,556,862	648,693	695,455	46,763	7.21%
Psychiatry	4,134,073	1,722,530	1,695,449	(27,081)	-1.57%
Nursing Services	2,659,925	1,108,302	936,293	(172,009)	-15.52%
Therapy Services	2,758,751	1,149,480	944,519	(204,961)	-17.83%
All Other	11,339,062	4,724,609	4,283,735	(440,874)	-9.33%
Other Expenses					
Community Inpatient	$ 7,550,000	$ 3,145,833	$ 3,936,788	$ 790,955	25.14%
Local Matches & Shelter	1,282,838	534,516	545,052	10,536	1.97%
Grants & Earned Contracts	1,790,168	745,903	654,882	(91,021)	-12.20%
TOTAL Operating Expenses	**$ 117,854,263**	**$ 49,105,943**	**$ 44,685,380**	**$ (4,420,563)**	-9.00%
Revenue Over/(Under) Expenses	-	-	3,656,878	3,656,878	

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2023

	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	$ 24,108,807	$ 18,570,497	$ 5,538,310	29.82%
HSW	11,284,955	10,914,109	370,846	3.40%
Children & SED Waivers	494,796	737,900	(243,104)	-32.95%
Healthy Michigan Capitation	2,880,571	2,618,701	261,870	10.00%
Autism Capitation	2,698,081	2,452,801	245,280	10.00%
Direct Care Worker Pass-Through	-	3,341,805	(3,341,805)	0.00%
CCBHC Supplementary	2,133,768	1,709,083	424,685	0.00%
Behavioral Health Home	135,086	-	135,086	0.00%
TOTAL PIHP Revenue	$ 43,736,064	$ 40,344,896	$ 3,391,168	8.41%
MDHHS Revenue				
State General Funds	$ 2,127,448	$ 1,764,601	$ 362,847	20.56%
Grants & Earned Contracts	681,002	628,858	52,144	8.29%
All Other Revenue				
County Appropriation	$ 119,296	$ 313,636	$ (194,340)	-61.96%
Project Revenue	277,610	303,343	(25,733)	-8.48%
All Other	1,400,838	932,209	468,629	50.27%
TOTAL Operating Revenue	**$ 48,342,258**	**$ 44,287,543**	**$ 4,054,715**	9.16%
Operating Expenses				
Administrative Expenses				
General Administration	$ 2,935,956	$ 2,417,474	$ 518,482	21.45%
Program Administration	1,083,700	1,280,592	(196,892)	-15.38%
Residential Services				
Community Living Supports	$ 12,074,317	$ 11,335,492	$ 738,825	6.52%
Licensed Residential	6,772,062	6,102,371	669,691	10.97%
Outpatient Services				
Autism Services	$ 3,622,068	$ 2,650,555	$ 971,513	36.65%
Case Management	1,941,105	1,703,376	237,729	13.96%
Supports Coordination	1,050,380	863,197	187,183	21.68%
Skill Building	1,513,619	1,332,933	180,686	13.56%
Supported Employment	695,455	607,831	87,624	14.42%
Psychiatry	1,695,449	1,271,673	423,776	33.32%
Nursing Services	936,293	880,644	55,649	6.32%
Therapy Services	944,519	739,438	205,081	27.73%
All Other	4,283,735	3,250,899	1,032,836	31.77%
Other Expenses				
Community Inpatient	$ 3,936,788	$ 2,651,808	$ 1,284,980	48.46%
Local Matches & Shelter	545,052	699,787	(154,735)	-22.11%
Grants & Earned Contracts	654,882	623,113	31,769	5.10%
TOTAL Operating Expenses	**$ 44,685,380**	**$ 38,411,183**	**$ 6,274,197**	16.33%
Revenue Over/(Under) Expenses	3,656,878	5,876,360	(2,219,482)	

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	$ 38,350,770	$ 48,342,258							
Total Expense	$ 8,365,850	$ 17,703,428	$ 28,091,714	$ 36,366,520	$ 44,685,380							
Surplus / (Deficit)	$ 1,510,139	$ 1,619,456	$ 844,978	$ 1,984,250	$ 3,656,878							

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Two Months Ending February 28, 2023

	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 2024
Community Wide Service Expansion							
CARES Team							
Access & Triage	$ 577,500	$ 96,250	$ 87,412	$ (8,838)	$ 577,500	$ -	$ 606,375
Treatment & Stabilization Services	577,500	96,250	91,485	(4,765)	577,500	-	606,375
Crisis Response	787,500	131,250	127,880	(3,370)	787,500	-	826,875
Crisis Stabilization Center	367,500	61,250	42,128	(19,122)	367,500	-	385,875
Other CARES Team	417,480	69,580	63,222	(6,358)	417,480	-	438,354
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 75,000	$ 64,128	$ (10,872)	$ 400,000	$ 50,000	$ 450,000
Prosecutting Attorney Office	$ 122,779	$ 20,463	20,463	$ (0)	$ 122,779	$ -	$ 127,690
Supportive Housing							
Supportive Housing RFP	$ 400,000	$ 66,667	$ -	$ (66,667)	$ 400,000	$ -	$ -
Supportive Housing Other	460,000	76,667	8,343	(68,324)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	30,000	30,000	-	180,000	-	180,000
Emergency Housing	50,000	8,333	6,160	(2,173)	50,000	-	50,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 940,716	$ 156,786	$ -	$ (156,786)	$ 940,716	$ -	$ 795,843
Student Advocacy Center	193,643	32,274	32,274	0	193,643	-	-
Health Dept - Anti Stigma Campaign	170,000	28,333	-	(28,333)	170,000	-	56,667
WCCMH - Wraparound Staff	95,000	15,833	13,723	(2,110)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	58,333	-	(58,333)	140,000	210,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 27,500	$ 27,500	$ -	$ 165,000	$ -	$ 165,000
Other	250,000	41,667	-	$ (41,667)	125,000	125,000	-
TOTAL Community Wide Service Expansion	$ 6,554,618	$ 1,092,436	$ 614,718	$ (477,718)	$ 6,169,618	$ 385,000	$ 4,859,054

	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 2024
Education & Prevention							
Education & Outreach							
NAMI Contract	$ 169,425	$ 28,238	$ 37,650	$ 9,413	$ 169,425	$ -	$ 169,425
MHFA Trainings	25,000	4,167	-	(4,167)	25,000	-	25,000
TOTAL Education & Prevention	$ 194,425	$ 32,404	$ 37,650	$ 5,246	$ 194,425	$ -	$ 194,425
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 51,970	$ 8,662	$ -	$ (8,662)	$ 51,970	$ -	$ -
Communicate							
CHRT Contract	$ 261,890	$ 43,648	$ 90,148	46,500	$ 261,890	$ -	$ -
TOTAL Evaluation & Communication	$ 313,860	$ 52,310	$ 90,148	$ 37,838	$ 313,860	$ -	$ -
Administration of the Millage							
WCCMH	$ 555,000	$ 92,500	$ 87,909	$ (4,591)	$ 540,000	$ -	$ 555,000
CHRT Contract	150,000	25,000	7,613	(17,388)	140,000	-	150,000
Grand Totals	**$ 7,767,903**	**$ 1,294,651**	**$ 838,038**	**$ (456,613)**	**$ 7,357,903**	**$ 385,000**	**$ 5,758,479**
FY 2023 Anticipated Millage Collection	$ 7,237,248						
Use of Fund Balance	$ 530,655						

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
February 8, 2023

Members Present: Judy Ackley, Roxanne Garber, Bob King, Sandra Libstorff, Molly Welch Marahar, Randy Richardville (remote), Alfreda Rooks, Mary Serio, Holly Terrill, Ralph Tillotson

Members Absent: Patrick Bridge, Katie Scott

Staff Present Kathryn Szewczuk, Stephannie Weary, James Colaianne, Matt Berg, Nicole Adelman, Connie Conklin, Stacy Pijanowski, CJ Witherow, Michelle Sucharski, Lisa Graham

Guests Present:

I. Call to Order
Meeting called to order at 6:00 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 M. Serio, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the 12-14-2022 Meeting and Waive the Reading Thereof
Motion by J. Ackley, supported by A. Rooks, to approve the minutes of the 12-14-2022 meeting and waive the reading thereof
Motion carried

V. Audience Participation
None

VI. Old Business
a. Board Information: November Finance Report – FY2023 as of December 31st
   - M. Berg presented.

VII. New Business
a. Board Action: FY2022 QAPIP Board Action
   - C. Witherow and J. Colaianne shared highlights of the QAPIP evaluation.
   - The Board discussed interventions that have been developed to address identified barriers.

   Motion by M. Welch Marahar, supported by A. Rooks, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY2022
   Motion carried

b. Board Action: Contracts

Motion by M. Serio, supported by R. Garber, to authorize the CEO to execute the contracts/amendments as presented
Motion carried

c. Board Information: Contracts Signed with CEO Authority
   - J. Colaianne approved the purchase of a $1,500.00 Implicit Bias DEI training, to be provided by the Michigan Department of Civil Rights.

d. Board Chair Action: CEO Annual Review Committee
   - Committee volunteers: R. Tillotson, M. Serio and M. Welch Marahar. B. King is also available to assist as needed.
   - The committee will provide a report at the April board meeting.

VIII. Reports to the CMHPSM Board

a. 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.
   - Felicia Brabec and Carrie Rheingans will be invited to the board meeting in April to discuss behavioral healthcare in the legislature.

b. Full FY2022 QAPIP Report
   - The full report was included in the meeting packet. A summary document was also provided.

IX. Adjournment

Motion by R. Tillotson, supported by A. Rooks, to adjourn the meeting
Motion carried

- Meeting adjourned at 6:33 p.m.

_____
Sandra Libstorff, CMHPSM Board Secretary

Recipient Rights Board of Directors Training

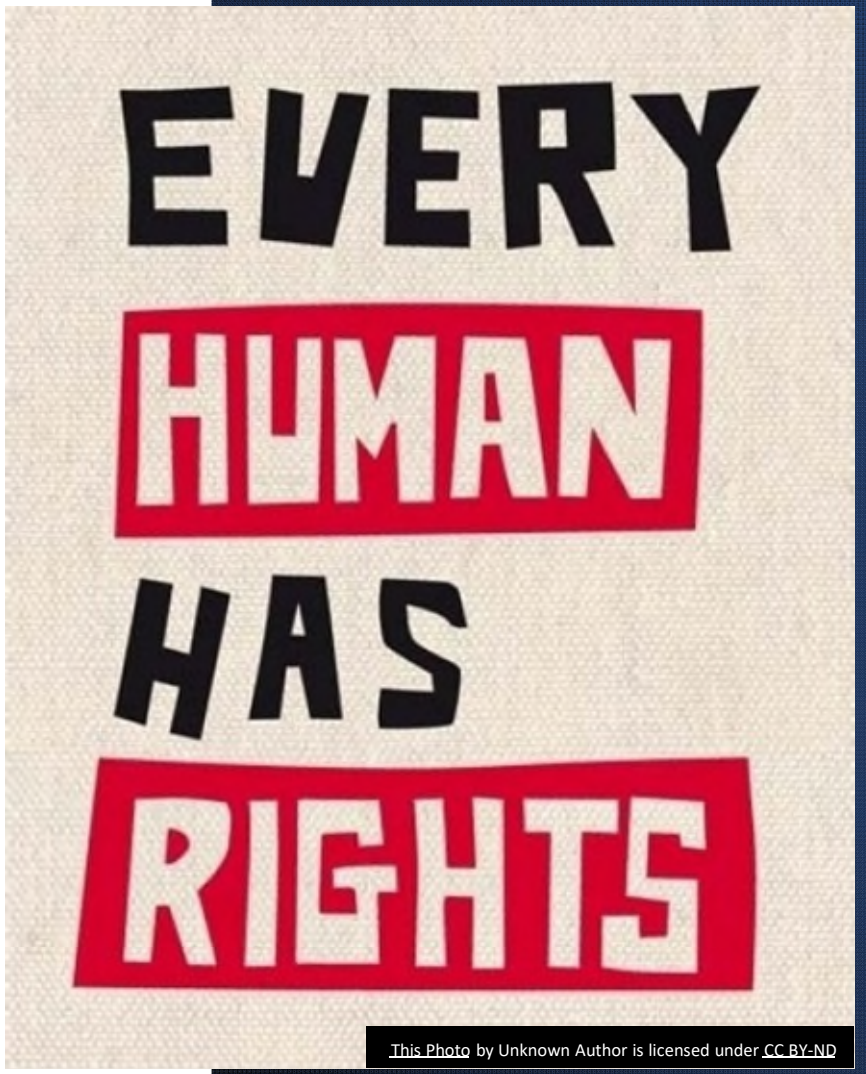
Office of Recipient Rights Overview

- The Office of Recipient Rights (ORR) is a department of the local CMH that is responsible for investigating, resolving and assuring remediation of apparent or suspected rights violations

- ORR works to ensure that mental health services are provided in a manner which respects and promotes the rights of recipients as guaranteed by Chapter 7 and 7A of the Mental Health Code.

Functions of the Rights Office

- Prevention
- Monitoring
- Education/Training
- Complaint resolution



Overview of Code Protected Rights

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

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

Overview of Code Protected Rights

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

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

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

Investigative Process

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

Recipient Rights Advisory and Appeals Committee (RRAC)

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

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

Appeal Process

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

Responsibilities of the CMH Director

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

Responsibilities of the CMH Board

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

Monitoring of the Rights Office

The Rights Office is monitored in the following ways:

- **Internal review**- The Director of the Office oversees the daily operations of the Office. Complaint data is reviewed quarterly during management meetings and at the RRAC.

- **Regional review**- Affiliate partners complete peer reviews of the Office. Complaint data is reviewed annually during regional Clinical Performance Team Committee.

- **State review**- Complaint data and additional information are submitted to MDHHS semi-annually. The MDHHS Office of Recipient Rights completes a tri-annual assessment and certification of the Office. The internal and regional monitoring is preparation for this assessment. Certification of the Office of Recipient Rights is required for an agency to be certified as the CMH. Washtenaw's MDHHS ORR assessment will take place in the fall of 2024.

Contact your WCCMH Rights Officers

Shaun Thompson

Leah Raehtz

Sarah Smith

Jessica Krefman

Officer of the day phone number:

734-219-8519

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

I. POLICY

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

. PURPOSE

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

I. REVISION HISTORY

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

II. DEFINITIONS

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

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

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

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

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

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

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

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

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

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

V. DUTIES OF COVERED PERSONS

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

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

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

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

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

VI. PROCEDURES

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

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

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

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

VII. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

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

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

. WAIVERS

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

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

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

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

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

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

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

IX. RECORDS OF PROCEEDINGS

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

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

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

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

X. COMPENSATION COMMITTEES

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

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

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

XI. ANNUAL FINANCIAL INTEREST DISCLOSURE STATEMENT

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

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

XII. REFERENCES/LEGAL AUTHORITIES

Federal:

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

Michigan:

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

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

EXHIBIT A

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM)

FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

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

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

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

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

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

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

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;

B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;

D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

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

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

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

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

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

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

Disclosure of Financial Interests

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

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

_____

_____

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

Description of Financial Interest:

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

_____

_____

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

Description of Financial Interest:

_____
_____
_____

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

_____
_____

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

Description of Financial Interest:

_____
_____
_____

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

_____ _____
Signature Date

_____
Typed or Printed Name

_____
Title/Position with Entity

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

EXHIBIT B

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN CONFLICT OF INTEREST WAIVER

Review of the Disclosed Financial Interest

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

Board Resolution Granting Conflict of Interest Waiver

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

Conflict of Interest Waiver Terms and Conditions

Name of Interested Person:

Description of Financial Interest:

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

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

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

_____ Date:
Chairperson of the Board

_____
(Print Name)

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

I. PURPOSE

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

II. REVISION HISTORY

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

III. APPLICATION

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

IV. POLICY

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

V. DEFINITIONS

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

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

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

VI. STANDARDS

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

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

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

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

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

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

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

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

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

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

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

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

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

VII. EXHIBITS

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

VIII. REFERENCES

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

EXHIBIT A

ETHICAL GUIDELINES FOR CONSIDERATION

1. Respect and Dignity

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

2. Worker as Guide, Support and Provider of Assistance

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

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

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

3. Gift Giving and Receiving

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

4. Worker as Role Model

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

5. Autonomy and Shared Power

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

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

6. Compassion

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

The ethical worker advocates for and with the person.

7. Fairness and Justice

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

The rights of consumers are acknowledged and protected.

8. Honesty

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

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

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

9. Communication

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

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

10. Confidentiality

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

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

11. Competence

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

12. Personal Awareness and Self-Care

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

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

13. Professional Boundaries

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

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

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

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

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

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

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

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

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

14. Alcohol and Drugs

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

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

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

15. Alternative Interventions

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

16. Consumers' Right to Know

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

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

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

17. Organizational Relationships

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

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

18. Equipment Use

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

19. Service Provision and Documentation

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

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

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

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

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

20. Political Activity

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

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

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

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

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

21. Self-Disclosure

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

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

EXHIBIT B

GIFT GIVING & RECEIVING GUIDELINES FOR CONSIDERATION

Part One

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Guidelines for Consideration – Part Two

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

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

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

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

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

EXHIBIT C

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
ETHICAL PRACTICES AGREEMENT

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

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

I will treat all consumers with dignity and respect.

I will avoid any conflict of interest activities.

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

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

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

requirements I agree to meet relevant accreditation standards.

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

_____ _____
Employee Signature Date

Employee to turn in signed form to Supervisor

_____ _____
Supervisor Signature Date

EXHIBIT D

Ethical Practices Agreement
Request Not to Participate in Treatment

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

Employee Name:

Date:

Consumer Name:

Aspect of Care requesting not to participate in:

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

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

_____ _____

Supervisor's Signature Date

WCCMH BOARD AND BOARD COMMITTEE MEMBERS CONTACT INFORMATION FOR 4/1/23-3/31/24

WCCMH Board

Name	Representation	Term expiring
Kari Walker (Board Chair)	Community Member	3/31/24
Suzie Antonow (Vice-Chair)	Community Member	3/31/26
Anna Dusbiber (Secretary)	Primary Consumer	3/31/24
Nancy Graebner-Sundling (Treasurer)	Community Member	3/31/24
Holly Heaviland	Community Member	3/31/26
Barbara Higman	Primary Consumer	3/31/26
Bob King	Community Member	3/31/25
Andy LaBarre	Board of Commissioners	3/31/25
Alfreda Rooks	Community Member	3/31/25
Katie Scott	Secondary Consumer	3/31/25
Annie Somerville	Board of Commissioners	3/31/26
Marianne Udow-Phillips	Community Member	3/31/24

WCCMH Executive Committee Members

Kari Walker (Chair)
Suzie Antonow
Anna Dusbiber
Nancy Graebner-Sundling
Bob King
Andy LaBarre

WCCMH Quality-Finance Committee Members

Suzie Antonow (Co-Chair)
Nancy Graebner-Sundling (Co-Chair)
Anna Dusbiber
Holly Heaviland
Barbara Higman
Marianne Udow-Phillips

Community Mental Health Partnership of Southeast Michigan (CMHPSM) Board Representatives

Bob King
Alfreda Rooks
Annie Somerville

WCCMH Millage Advisory Committee Members

Name	Representation	Term Expiring
Nancy Graebner-Sundling (Chair)	WCCMH Board Representative	3/31/24
Barbara Higman	WCCMH Board Representative	3/31/26
Amanda Carlisle	Washtenaw Housing Alliance Representative	3/31/25
Holly Heaviland	Washtenaw Intermediate School District Representative	3/31/24
Derrick Jackson (non-voting)	Washtenaw County Sheriff Office Representative	3/31/25
Alfreda Rooks	WCCMH Board Representative	3/31/25
Vacant	Community Member	
Marlene Radzik	Washtenaw County Sheriff Office Representative	3/31/25
Ray Rion	Packard Health Representative	3/31/25
Annie Somerville	WCCMH Board Representative Board of Commissioners Representative	3/31/26
Marianne Udow-Phillips	WCCMH Board Representative	3/31/24
George Waddles, Jr.	Community Member	3/31/25
Kari Walker	WCCMH Board Representative	3/31/24

Please email wccmhboard@washtenaw.org for questions and/or concerns. Revised 3/17/23 rla