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 4135 Washtenaw Ave, Ann Arbor**
OR
Virtually at https://zoom.us/j/91815262767
October 27, 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 Millage Advisory Committee Meeting Minutes and Actions 8/14/23 (Attachment #1A)
B. WCCMH Executive Committee Meeting Minutes and Actions from 5/26/23 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-8/25/23 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/14/23 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/12/23 (Attachment #1E)
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/9/23 (Attachment #1F)
G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-9/20/23 (Attachment #1G)
H. Program Dashboard FY23, Quarter 2 2023 (Attachment #1H)
I. CARES/CCBHC Data Report (Attachment #1I)
J. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
- Conflict Free Case Management (Attachment #1J)

V. Treasurer's Report **ACTION** (15 minutes)
- Financial Status Report (Attachment #2) - **N. Phelps ACTION**
- WCCMH Millage Financial Status Report (Attachment #3) **N. Phelps ACTION**

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

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (10 minutes)
- WCCMH 2024 Annual Board/Committee Meeting Schedule (Attachment #4) **M. Harding ACTION**
- WCCMH 2024 Annual Board Calendar (Attachment #5) **M. Harding ACTION**
- Contracts and Leases (Attachment #6) **M. Taylor ACTION**
- Semi-Annual Recipient Rights Report (Attachment #7) **K. Snay ACTION**
- Millage Advisory Committee Funding Requests totaling $916,000.00 (recommended approval by Millage Advisory Committee on 10/16/2023) (Attachment #8)
  - o Student Advocacy Center funding request (Attachments #8A, #8B & 8C)
  - o Wayne State Center for Behavioral Health and Justice funding request (Attachments #8D & #8E)
  - o Christian Family Life Center funding request (Attachment #8F)
  - o CHRT Communications presentation and funding request (Attachment #8G, 8H & 8I}

IX. Old Business (55 minutes)

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

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

- Strategic Plan Update **T. Cortes/M. Harding** (Attachment #9) added per mike 10/6/23
- Executive Director Evaluation Process Discussion **M. Harding** (Attachment #10)

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: December 22, 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/91815262767

Or One tap mobile:
+13126266799 ,91815262767# US (Chicago)
+16465189805 ,91815262767# US (New York)

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

Webinar ID: 918 1526 2767

International numbers available: https://zoom.us/u/abVPxM0xD

Audience Participation Guidelines:
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- 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

OCTOBER 27, 2023

CONSENT AGENDA

A. WCCMH Millage Advisory Committee Meeting Minutes and Actions 8/14/23 (Attachment #1A)
B. WCCMH Executive Committee Meeting Minutes and Actions from 5/26/23 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-8/25/23 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/14/23 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/12/23 (Attachment #1E)
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/9/23 (Attachment #1F)
G. WCCMH Consumer Advisory Council Meeting Minutes and Actions-9/20/23 (Attachment #1G)
H. Program Dashboard FY23, Quarter 2 2023 (Attachment #1H)
I. CARES/CCBHC Data Report (Attachment #1I)
J. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Conflict Free Case Management (Attachment #1J)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
August 14, 2023
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/99341551963 (virtual)
3:30–5:00 pm

N. Graebner-Sundling called the meeting to order at 3:35 pm.

ROLL CALL:	N. Graebner-Sundling attending in person H. Heaviland attending in person B. Higman attending in person D. Jackson attending (non-voting) in person M. Radzik attending in person A. Rooks attending in person M. Udow-Phillips attending G. Waddles Jr attending in person K. Walker attending in person
MEMBERS ABSENT:	A. Carlisle, R. Rion, A. Sommerville
STAFF PRESENT:	R. Avedisian, T. Cortes, N. Phelps, M. Harding, L. Gentz, M. Taylor, S. Ray, B. Hagaman, M. Tasker, K. Hoener, K. Snodgrass, E. Montgomery
OTHERS PRESENT:	J. Lapedis, K. Stupple, T. Jurries, A. Wilhelm, S. Novarra, S. Hierman; T. Moss, T. Gavalier, L. Lutomski, K. Homan, M. Creekmore

I. Introductions
- J. Lapedis (WHP), K. Stupple (WHP), T. Jurries (SAC), A. Wilhelm (SAC), S. Novarra (WISD), S. Hierman (WISD), A. Eccleston (SAC)

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 6/12/23 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 6/12/23 were reviewed

MOTION BY A. C, SUPPORTED BY R. RION TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE JUNE 12, 2023, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**N**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
RADZIK	**Y**	**SOMERVILLE**	**N**
RION	**N (non-voting)**	**ROOKS**	**Y**
UDOW-PHILLIPS	**N**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

V. Discussion Items

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

VI. Financial Budget Update (Attachment #4)

- N. Phelps presented the Financial Budget update ending June 30, 2023, to the Committee

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - D. Jackson provided an update and highlights on the LEADD program.

VIII. New Business –

- Washtenaw Health Project Presentation and Funding Proposal
  - L. Gentz provided a high-level overview of the funding request to the Committee prior to the presentation. (2-year request for $160,000 per year)
  - J. Lapedis/K. Stupple from Washtenaw Health Plan presented the Washtenaw Health Project Presentation and Funding Proposal to the Committee.
    - Multilingual resources will be available to help consumers locate mental health providers to assist them in their native language.

M. Udow-Phillips exited the meeting prior to vote.

MOTION BY K. WALKER, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF WASHTENAW HEALTH PROJECT AND FUNDING PROPOSAL FUNDING REQUEST.

ROLL CALL VOTE:

CARLISLE	**N**	**GRAEBNER-SUNDLING**	**Y**
HEAVILAND	**Y**	**HIGMAN**	**Y**
JACKSON	**Y**	**SOMERVILLE**	**N**
RION	**N (non-voting)**	**ROOKS**	**Y**
UDOW-PHILLIPS	**N**	**WADDLES, JR.**	**Y**
WALKER	**Y**		

MOTION CARRIED

- Student Advocacy Presentation
  - T. Jurries/A. Wilhelm presented the Student Advocacy Presentation to the Committee.
- Mini Grants Presentation
  - S. Novarra presented the Mini Grants Presentation to the Committee.
  - S. Hierman presented the WISD Funding Presentation to the Committee.

IX. Items for Future Discussions

- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

MOTION BY G. WADDLES JR, SUPPORTED BY A. ROOKS TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 5:09 pm.

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/98402195649
May 26, 2023
9:30 am

K. Walker called the meeting to order at 9:33 am.

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

MEMBERS ABSENT: B. King, S. Antonow

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, N. Phelps, S. Amos-O'Neal, H. Linky,

OTHERS PRESENT: K. Homan, L. Lutomski

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 1/27/22 were reviewed (Attachment #1).

MOTION BY A. LABARRE, SUPPORTED BY A. DUSBIBER TO APPROVE THE MINUTES AND ACTIONS OF THE JANUARY 27, 2023, WCCMH EXECUTIVE COMMITTEE MEETINGS.

ROLL CALL VOTE:

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

MOTION CARRIED

IV. Executive Director Report
- T. Cortes presented the Executive Director Report to the committee.
  - The State is expanding the number of CCBHCs

V. Old Business

- None

VI. New Business
- None

VII. Items for Future Discussions
- Legislative updates

VIII. Adjourn to closed session to discuss legal updates

MOTION BY A. LABARRE SUPPORTED BY N. GRAEBNER-SUNDLING TO MOVE THE WCCMH EXECUTIVE COMMITTEE MEETING TO CLOSED SESSION TO DISCUSS LEGAL UPDATES.

MEETING MOVED TO CLOSED SESSION AT 9:39am.

Closed session ended at 10:24 AM.

PUBLIC MEETING RESUMED AT 10:27 AM

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

The WCCMH Executive Committee Meeting was adjourned at 10:31 am.

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

In Person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: https://zoom.us/j/98457698351
August 25, 2023
9:30am

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

ROLL CALL: A. Dusbiber attending virtually
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending in person
B. King attending in person
A. LaBarre attending in person
A. Somerville attending in person
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: A. Rooks, S. Antonow, K. Scott

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, H. Linky, B. Hagaman, L. Higle, S. Amos O'Neal, L. Gentz, M. Hershberger; K. Dominique, E. Montgomery

OTHERS PRESENT: K. Homan, L. Lutomski, M. Creekmore

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

K. Walker noted that Attachment #1H Recipient Rights Semi Annua was removed from the consent agenda.

IV. Consent Agenda Actions (Attachment #1)
- WCCMH Millage Advisory Committee Meeting Minutes and Actions 6/12/23 (Attachment #1A)
- WCCMH Quality-Finance Committee Meeting Minutes and Actions from 6/12/23 (Attachment #1B)
- WCCMH Board Meeting Minutes and Actions-6/23/23 (Attachment #1C)
- WCCMH Consumer Advisory Council Meeting Minutes and Actions-5/10/23 (Attachment #1D)
- Executive Director Authorizations (recommended approval by Quality-Finance Committee on 8/14/23 (Attachment #1E)
- Program Dashboard FY23, Quarter 2 2023 (Attachment #1F)
- Program Committee Annual Year End Performance Improvement Report (Attachment #1G)
- FY22 Compliance Examination (Attachment #1I)
- Millage Advisory Committee Funding Requests totaling $330,000.00 (recommended approval by Millage Advisory Committee on 8/14/2023) (Attachment #1J)
    - Washtenaw Health Project Presentation and Funding Proposal (Attachments #1J1 & #1J2)
- CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    - Credentialing for Licensed Independent Providers (Attachment #1K)
    - Consumer Appeals Policy (Attachment #1L)
    - Customer Services Policy (Attachment #1M)

- Notice of Privacy Practices and Consumer Complaints for Protected Health Information (Attachment #1N)
- Organizational Credentialing/Recredentialing and Monitoring (Attachment #1O)
- Employee Competency and Credentialing Policy 2023 (Attachment #1P)
- Training Policy (Attachment #1Q)
- Abuse and Neglect (Attachment #1R)
- Communication by Mail Telephone and Visits (Attachment #1S)
- Consent to Treatment and Services (Attachment #1T)
- Dignity and Respect (Attachment #1U)
- Family Planning (Attachment #1V)
- Fingerprints, Photographs, Recordings, or Use of 1-Way Glass (Attachment #1W)
- Freedom of Movement (Attachment #1X)
- Limitation of Rights (Attachment #1Y)
- Non-Discrimination if Provision of Service (Attachment #1Z)
- Office of recipient Rights (Attachment #1AA)
- Personal Property and Funds (Attachment #1BB)
- Physical Management and Restraint (Attachment #1CC)
- Recipient Payment for Damage to Property (Attachment # 1DD)
- Religious Freedom and Treatment by Spiritual Means (Attachment #1EE)
- Report and Review of Recipient Death (Attachment #1FF)
- Right to Entertain Materials, Information and News (Attachment #1GG)
- Services Suited to Condition (Attachment #1HH)
- Work Performed by Recipients (Attachment #1II)

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE AUGUST 25, 2023, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**NA**	**DUSBIBER**	**NA**
GRAEBNER-SUNDLING	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**NA**
SCOTT	**NA**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Treasurer's Report

- WCCMH Financial Status Report
  - N. Phelps presented the Financial Status Report to the Board for the period ending August 7, 2023. (Attachment #2).

A. Dusbiber joined the meeting

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING JUNE 30, 2023, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**NA**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**NA**
SCOTT	**NA**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH Millage Financial Status Report (Attachment #3)
  - N. Phelps presented the WCCMH Millage Financial Status Report to the Board for the period ending June 30 ,2023.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH MILLAGE FINANCIAL STATUS REPORT ENDING JUNE 30, 2023, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**NA**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**NA**
SCOTT	**NA**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board
  - Update provided on the millage and where funding is being distributed throughout the county.
  - Meeting with Michigan Medicine regarding rate increases went well, more discussions are needed to determine final rates.
  - Update provided on status of meetings with MDHHS.

VII. CMHPSM Regional Update
- B. King presented the regional update.

VIII. New Business
- Consumer Advisory Council Quarterly Update
  - M. Hershberger and B. Higman presented the Consumer Advisory Council Quarterly update to the Board.
  - Walk-A-Mile event in Lansing, coming up in September
  - Celebration of Success Event, coming up in October
  - Request for the Board to consider part time peer positions, that will allow for new staff that do not want or are not ready for full time schedules.

- WCCMH FY2024 Budget (Attachment #4)
  - N. Phelps presented the FY2024 budget to the Board.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE WCCMH FY2024 ANNUAL OPERATING BUDGET.

ROLL CALL VOTE:

ANTONOW	**NA**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**NA**
SCOTT	**NA**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH FY2024 Annual Budget Book (Attachment #5)
  - N. Phelps presented the FY2024 Annual Budget Book to the Board.
- WCCMH FY2024 Master Contract List (Attachment #6)
  - M. Taylor presented the FY2024 Master Contract List to the Board.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY N. GRAEBNER-SUNDLING TO ACCEPT AND APPROVE THE WCCMH FY2024 MASTER CONTRACT LIST.

ROLL CALL VOTE:

ANTONOW	**NA**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**NA**
SCOTT	**NA**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

IX. Old Business

- June 23, 2023, Closed Session Minutes (Distributed at the Meeting)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. SOMMERVILLE TO ACCEPT AND APPROVE THE JUNE 23, 2023, CLOSED SESSION MINUTES AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**NA**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**ROOKS**	**NA**
SCOTT	**NA**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

X. Items for future discussion

- Development of Reserve Capital
- Employee Engagement Survey
- Single Point of Access
- Youth Assessment Center

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

Meeting adjourned at 11:33am.

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

June 14, 2023

Members Present on the Call: Anton Clark, Melissa Concannon (Assistant Secretary), Leo Hanifin, Barb Higman, Alayna Manzanares, Halo May, Lisa Porzondek (Chair), Pam Rathbun (Co-Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison)

Meeting called to order at: _12:31_ pm_.
MOTION BY _Alayna_ - SUPPORTED BY _Barb_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED

I. **Elected Officials:** Felicia Brabec held a virtual coffee hour and discussed a bill on mental health care parity. Barb suggested that we keep track of events at the state level in terms of what is going on with mental health care systems. Mert mentioned a Persons Served Advisory Committee that meets periodically, including next Wednesday at 1pm. Mert will join from a space at 555 Towner via Zoom and others are welcome as well. Melissa and Pam expressed some interest in joining.

II. **Speaker's Bureau Training**: Mert will reach out to other peers to see if they can think of any potential speakers for the Speaker's Bureau. Lisa said she would like to participate in a refresher for the Bureau and others agreed, so there will be a Speaker's Bureau refresher Training towards the end of August this year.

III. **Council Leadership:** Potential ways to recruit additional members: NAMI Peer-To-Peer groups, Family-To-Family Groups; recommendations from other Peers at CMH, Carole H, Darren B, Cristobal A, etc. Halo recommended Lisa D. and introduced her to Mert via email.

IV. **CMH Part-Time Peers**: Some discussion was held on the lack of benefits with part-time positions and the necessity for the CMH Board to request such positions and since these would be county positions, the need for the Washtenaw County Board to approve such positions with provisions for sustainable funding. Anton spoke up about the perceived abundance of funds. Others advised that some COVID-related funding had concluded. Anton insisted that rules be looked at RE: peers. Mert plans to reach out to Sally Amos-ONeal, Trish Cortes, and the CMH Board in August to check about the possibility of such positions being added to the county.

V. **Regional Picnic** – August 2 @Maas Shelter @GallupPark, Ann Arbor. @11am-2pm. We had a brief discussion about the need for water coolers and ice for the event. Mert plans to check in with Sally to find out what coolers the county may already have and what ones Council members need to provide.

VI. **Walk-A-Mile** – Wednesday, September 13, 2023 @Capitol in Lansing. Meet @2140 E. Ellsworth, Ann Arbor @8:30am if you plan to go. We talked about either Jimmy Johns or make-your own sandwiches via packaged sliced meat & cheese & bread from Costco again. Two were in favor of Jimmy Johns, most everyone else preferred Costco to get inexpensive sandwich options. Mert will discuss this with Sally. We will try to plan more in advance this time. During this council meeting, more people spoke up about their hesitance about a full scale agency-wide Tie-Dye party. They suggested a trial tie-dye event at the picnic on a smaller scale as a fun event,

without having to plan for the whole agency. Jason, who had suggested tie-dye shirts, was content with this accommodation at this time. Motto: Believe in Me

VII. **Celebration of Success** – Mid to late-October. … No update on the date. Sally sent out an email Mert drafted making known the new monthly Celebration of Success and along with the nomination form. Pam brought a few copies of the nomination form printed for in-person attendees to fill out and submit.

VIII. **Regional Training** – Topics you would like to learn about this fall (November 8, 2023)? Melissa Concannon may be able to present and lead a discussion on de-cluttering. There was also some interest in a panel discussion on Peer Support Jobs and what they entail or what they look like.

IX. **Newsletter: Fall 2023** Newsletter – Be thinking about the next edition in early August. Possible topics? … Celebration of success, Speaker's Bureau Training (Mert), Advisory Council invite, Walk a Mile (1 short paragraph on each). Anton submitted a recovery poem, "Rise Up! Get Up! Head up! Stand up!" for the newsletter. Mert will start putting together a draft newsletter. Melissa suggested she might be able to start drafting something on de-cluttering.

X. **988: from Melissa Tasker in response to a query regarding calls referred to WC-CMH from 988: "**I was just able to find the report. So far, there have been 93 calls into MiCal since September of 2021. 21 of those calls were transferred to them by us for folks wanting to talk to someone who were not considered to be in a mental health crisis. No referrals were made to our crisis team from MiCal." Barb said she had heard similar information elsewhere recently and was glad to hear back.

XI. **NAMI: Peer-To-Peer class**: There is a summer class being planned, though not finalized yet for the dates or times. It is planned to be in-person. Mert requested that information be relayed as soon as it becomes available so that Anton Clark could be informed of this opportunity.
Garrett's Space: on June 20, 2023 Superior Township will hold a hearing on rezoning some space to allow for a treatment space for youth with suicidal inclinations. There is a major sentiment of "it is a good idea, but Not in My BackYard."

XII. **New Business**:

a. **Chelsea Psychiatric Hospital Closure:** Barb shared the pending full closure of the Chelsea Psychiatric Hospital Closure due to staffing shortages. She reminded us of the past changes from an open ward into a locked ward. It is owned by Trinity Health, but letters and voicing one's thoughts to the CMH Board may also be helpful, she said. Some discussion was also held on the fact that Michigan Medicine is raising their rates for Inpatient Psychiatric stays. Though much of this is money motivated, people speaking up could potentially make a difference.

_Alayna _ motioned to adjourn the meeting at _1:40 pm_, Supported by _Pam_.

The next meeting will be July 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 (12:20pm) 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
July 12, 2023

Members Present on the Call: Anton Clark, Melissa Concannon (Assistant Secretary), Barb Higman, Alayna Manzanares, Pam Rathbun (Co-Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison), Mike Harding
Absent: Leo Hanifin, Lisa Porzondek (chair).
Potential Member: Brad Nicholes.

Meeting called to order at: _12:34 _ pm_.
MOTION BY _Mert_ - SUPPORTED BY _Melissa_: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED

I. **Mike Harding (CCBHC):** Mike discussed how things are going well and how there are expected to be another 19 CCBHC demonstration sites in Michigan over the next years, in addition to the existing 13 current sites. He discussed the connection with Monroe County and how things are developing smoothly, though the process takes a long time to get off the ground. CCBHC requires a certain range of services among the mentally ill population. There is an expectation that eventually, services to those with intellectual and developmental disabilities will be rolled in as well. It will likely eventually incorporate youth as well. By and large, the CCBHC is a way of establishing a supplemental funding stream for community mental health services to ensure that these services are sustainable fiscally. WC-CMH passed this year's audit, and we have another review that will be more extensive next year. Mike appreciated input from Anton that there is a need to get more staff and underscored how every step possible is being taken to retain and hire good staff. Mike underscored how difficult it is to retain a trained and experienced workforce with UM and SJMHS and the VA and public schools all recruiting from the same pool … this is part of the reason that CMH has such high turnover.

II. **Regional**: We discussed the regional meeting and how it went today:

a. **August 2, 2023 @10**:30am Meet at the Maas Shelter of Gallup park. People reiterated what they plan to bring. Jason will bring bacon.
b. **Regional Training**: November 8, 2023 – Melissa will talk about De-Cluttering / Cleaning. Michelle (from another county) will talk about substance use disorders and NARCAN use. Lunch will be provided. Connie Conklin will talk about state legislative updates. We are planning a peer panel. And we will also have a time to discuss updates from each of the counties in the region.
c. **Walk**-A-Mile: Wednesday, September 13, 2023 will take place in Lansing. Meet at 2140 E. Ellsworth at 8:45am. We will have make-your-own sandwiches from Costco again: 3 kinds of meat, several kinds of sliced cheese, mayonnaise, ketchup, mustard, 2-4 kinds of bread, plenty of lettuce, sliced tomatoes, plates, water, chips, plates, napkins, spoons & knives to spread the toppings, cooler & ice to transport this all in. … on a related matter, Mert mentioned that he should have a short document ready soon on how to tie-dye shirts as a group.
d. **Next Regional meeting**: 9/6/2023 @11am.

III. **Next Local meetings**: 8/9/2023 and then 9/20/23 both at 12:30pm. Brad was introduced.

IV. **Speaker's Bureau Training**: Speaker's Bureau refresher Training – late August. Mert will set the date and reserve space.

V. **Council Recruitment:** We need to draft a brochure that can be given to potential members. In the absence of other volunteers, Mert proposed to pull something together from past editions of the newsletter & personal experience, using Publisher.

VI. **CMH Part-Time Peers**: There was a general consensus that Mert should bring to the CMH Board a proposal to create some part-time peer positions to provide additional support to CSM staff. Mert suggested that with contract negotiations taking place soon, this may be a good time to suggest a new group of part time positions. Anton wants to make sure that interviews are fair and that there is adequate funding. There was a brief discussion about the Board of Commissioner's meeting happening later the same day.

VII. **Celebration of Success** – October 25, 2023 @ the LRC from 2-5pm. People were reminded to nominate people for this celebration as well as monthly recognition.

VIII. **Newsletter: Fall 2023** Newsletter – Celebration of success, Speaker's Bureau Training (Mert), Advisory Council invite, Walk a Mile-1Paragraph each possibly. Anton - "Rise Up! Get Up! Head up! Stand up!" typed up already … Melissa-Decluttering possibly?

IX. **NAMI: Peer-To-Peer class**: look for one in the fall, Alayna reported.
Garrett's Space: Monday, July 17 in the evening there will be a discussion at the Superior Township to discuss zoning and other matters once again. Some think that Garrett's Space is not a safe space, Jason said.
Chelsea Psychiatric Hospital Closure: There is a concern that there will not be enough beds to sustain the unit and so it is closing. It is at this time economically unfeasible, however, if individuals would like to let their voices be heard, they can reach out to Barb@NAMIWC.org or call 734-994-6611 to share their concerns and willingness to advocate with the NAMI office.

X. **New Business**:

_Melissa _ motioned to adjourn the meeting at _ 1:48 pm_, Supported by _Alayna _.

The next meeting will be August 9, 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 (12:20pm) 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
August 9, 2023

Members Present on the Call: Melissa Concannon (Assistant Secretary), Leo Hanifin, Barb Higman, Alayna Manzanares, Lisa Porzondek (Chair) Pam Rathbun (Co-Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison), Hayley Thompson
Absent: Anton Clark

Meeting called to order at: _12:44 _ pm_.
MOTION BY _ Leo_ - SUPPORTED BY _Alayna _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED

I. **Hayley Thompson**: Feedback on Brochure: Mert Suggested a couple of edits. Barb Suggested 988 number being added.

II. **Personal Power Customer Service Booklet**: Feedback: No immediate feedback as it seemed the contents were very similar to past customer service booklets. This CPSS will return feedback via print copy returned to Customer service.

III. **Regional Matters**:

a. **August 2 Picnic:** Many people seemed to enjoy this gathering.
b. **Regional Training**: November 8, 2023 – Mert will set the agenda and may invite Cristobal Acosta from the Crisis team for the peer panel. Other peer panelists may be Pam, Mert and Jen from Lenawee. Melissa is working on a Hoarding/Clutter Presentation.
c. **Walk-A-Mile:** Wednesday, September 13, 2023 at 2140 Ellsworth at 9 AM. Mert sent out an announcement email and will be tracking participants planning to come. Pam negotiated a reconciliation between a couple of possible attendees.
T-Shirt Color: light flue with Purple lettering. Flag carriers: Jeremy with a volunteer that day. Speaker: Jason Z. Leo has finalized the T-Shirt Design. It is at the end of this document.
d. **Next Regional meeting**: 9/6/2023 at 11am.

IV. **Next Local meetings**: 9/20/23 at 12:30pm.

V. **Speaker's Bureau Training**: Speaker's Bureau refresher Training – August 24, 9am-noon with lunch following at 555 Towner. Some food for lunch will be provided.

VI. **Council Recruitment:** Mert asked Haley Thompson to work on the brochure. And will provide some text based on the last newsletter for her to have something to start the brochure with. Pam may have someone to recommend who is in the Writing group.

VII. **CMH Part-Time Peers**: Mert will advocate for this on 8/24 at the team meeting.

VIII. **Celebration of Success** – October 25, 2023 @ the LRC from 2-5pm. People were reminded to nominate people for this celebration as well as monthly recognition. Mert will share the form and the announcement via email. For snacks we recommended cheese, crackers, vegetables for the event from the Healthy Delights Kitchen. Mert has sent out the nomination form again.

IX. **Newsletter: Fall 2023** Newsletter – Ready to be distributed. Melissa – Decluttering Article for next time? Mert will print and distribute the newsletters. Mert will send 1 copy of the newsletter to Anton for him to save for posterity. Mert will distribute this.

X. **NAMI:**

Peer-To-Peer class: Alayna said it would be on a Tuesday or Thursday evening from 6-8pm weekly in the fall. But she doesn't know a start date yet for this in-person session.
Garrett's Space: Barb said that the final decision for Zoning by the Superior Township Board was all in favor with 2 votes objecting.
Chelsea Psychiatric Hospital Closure: Mark Creekmore and others at NAMI-Washtenaw are collecting interviews of people who were served at Chelsea to learn what worked well there. Barb@NAMIWC.org or call 734-994-6611 . Those who wish to submit letters of recommendation for what needs to be done to further mental health in terms of beds for mental health care, were advised to email Barb for her to share.

XI. New Business:
New member: not present, Mert will follow up with Bradly and Anton.

_Alayna _ motioned to adjourn the meeting at _ 1:38 pm_, Supported by _Lisa _.

The next meeting will be September 20, 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 (12:20pm) 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
September 20, 2023

Members Present on the Call: Melissa Concannon (Assistant Secretary), Barb Higman, Alayna Manzanares, Lisa Porzondek (Chair) Pam Rathbun (Co-Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison)
Guest: Brandie Hagaman, program administrator.
Absent: Anton Clark, Leo Hanifin

Meeting called to order at: _12:30 _ pm_.
MOTION BY _ Melissa_ - SUPPORTED BY _Alayna _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED

I. **Brandie Hagaman**: She oversees the Health & Wellness team which has 2 RNs, 1 LPN, 3 peers, a dietician, a management analyst. She also oversees Dana Spencer who supervises the customer service front desk staff at all 3 sites. Brandie also talked about the PACE Program which is a Program of All-encompassing Service for the Elderly in Huron Valley for those over age 55. Some people transfer to PACE to better meet their multiple needs as seniors. Her team is delivering fresh produce today to people her team serves.

II. **Regional Matters**:
   a. **Regional Training/Meeting … ALL INVITED**: November 8, 2023 – 9:30am - 2:30pm Program begins at 10am and cleanup needs to be done by 3pm. Melissa is ready to go with asking the audience questions, but asked Mert to review the speech. The LRC Superior room is reserved. Barb, Melissa, and Lisa would like Salad with dressing on the side. Melissa said she will take off the croutons and doesn't want onions. Jason wants a BLT, Ham for Pam, Turkey for Mert. Mert will reach out to Leo. Mert, Cristobal, Donna (Livingston), Pam, and Jen (Lenawee) will present a panel discussion on peers..
   b. **Walk-A-Mile:** Wednesday, September 13, 2023 – Most said it went well.

III. **Next Local meetings**: 10/11/2023

IV. **Speaker's Bureau Training**: Most people appreciated this training and are getting ready to speak this year.

V. **Council Recruitment: Mert will reach out to** Hayley Thompson about the brochure.

VI. **CMH Part-Time Peers**: Mert advocated for this and Barb said she would mention it to the CMH board as well. We all agreed that having some extra personnel could help the agency run.

VII. **Celebration of Success** – October 25, 2023 @ the LRC from 2-5pm. People were reminded to nominate people for this celebration as well as monthly recognition. Mert must order snacks.

VIII. **Newsletter: Fall 2023** Newsletter –distributed. Melissa – Decluttering Article for next time? We talked about having the next Newsletter early in the New Year. Melissa suggested Mert contact Webb Lucas of Fresh Start to invite April to write for the Newsletter, perhaps about Fresh Start's recent move.

IX. **NAMI:**
Peer-To-Peer class: Alayna said that there will be a class starting September 28 from 6-8pm at Genesis. It will be in Person. This CPSS notified Anton and also notified everyone at CMH.

Garrett's Space: Barb said that though the Superior TWP board passed a zoning resolution for Garret's Space, a group against it is appealing the rezoning.

Chelsea Psychiatric Hospital Closure: Barb said the interviews are progressing well.

X. New Business:

Potential new member later: Lisa deRamos.

Other Program Administrators to join us to give presentations … We will have either Mike or Ebony in October and one in December … or both in October.

_Alayna _ motioned to adjourn the meeting at _ 1:04 pm_, Supported by _Melissa _.

The next meeting will be October 11, 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 (12:20pm) if possible, or join a few minutes early via Zoom to help us set up and iron-out any technical details.

ATTACHMENT #1H

OCTOBER 2023

Program and Quality Board Committee
Dashboard Data FY 2023 2nd Qtr (Jan - Mar 2023)

2nd quarter Human Resources Turnover Rate:

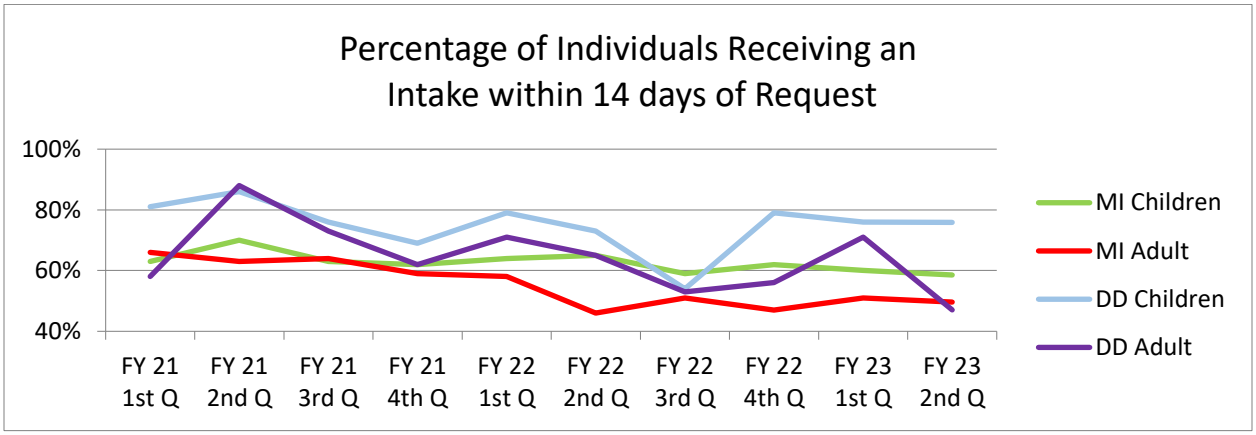
2nd Qtr– 2.4% 9 terminations (both involuntary and voluntary) divided by average number of active positions during the quarter (362).

(1st Qtr was 4.1%)

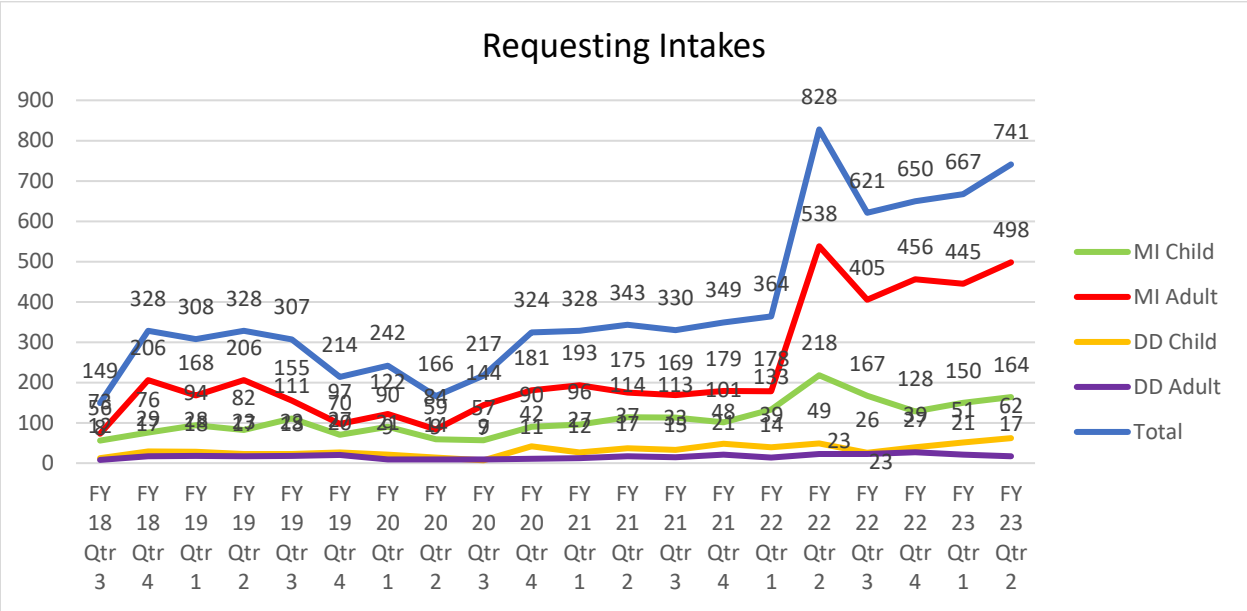
Michigan Department of Health and Human Services (MDHHS) Performance Indicators:

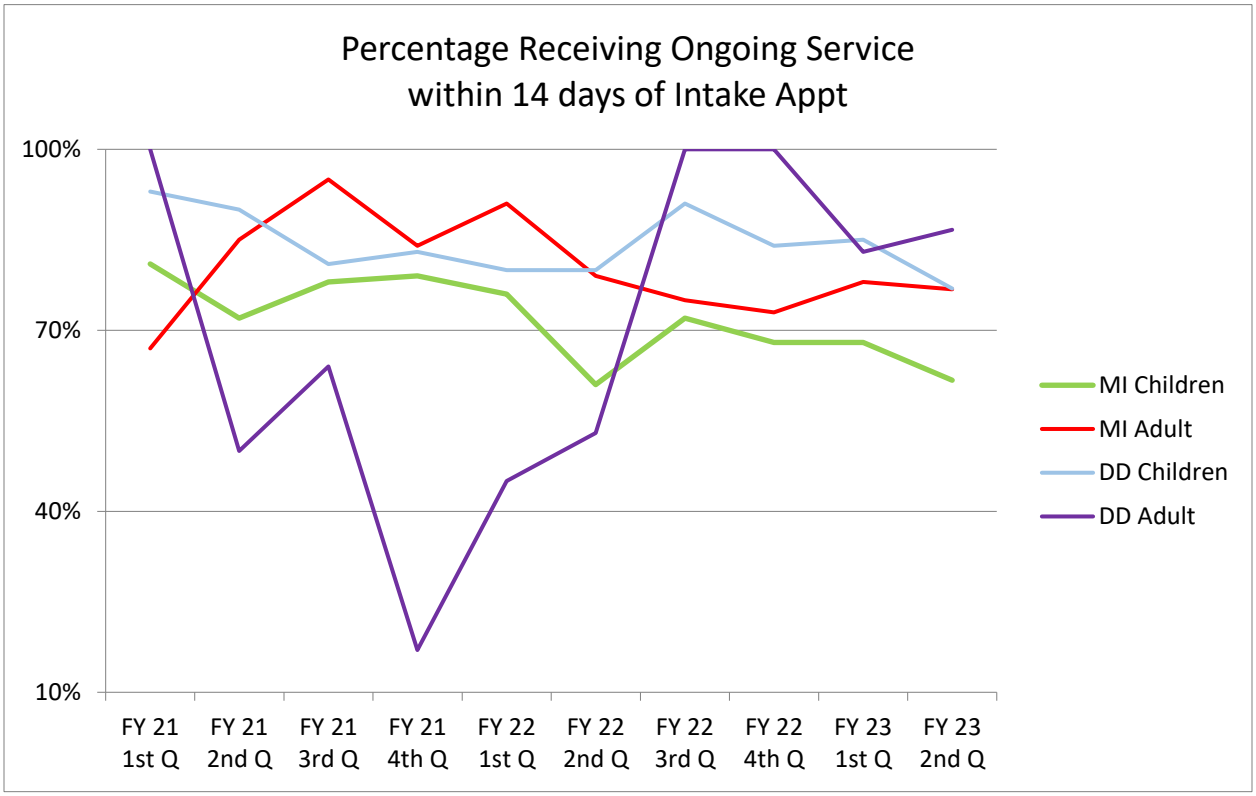
As of April 1 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

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".

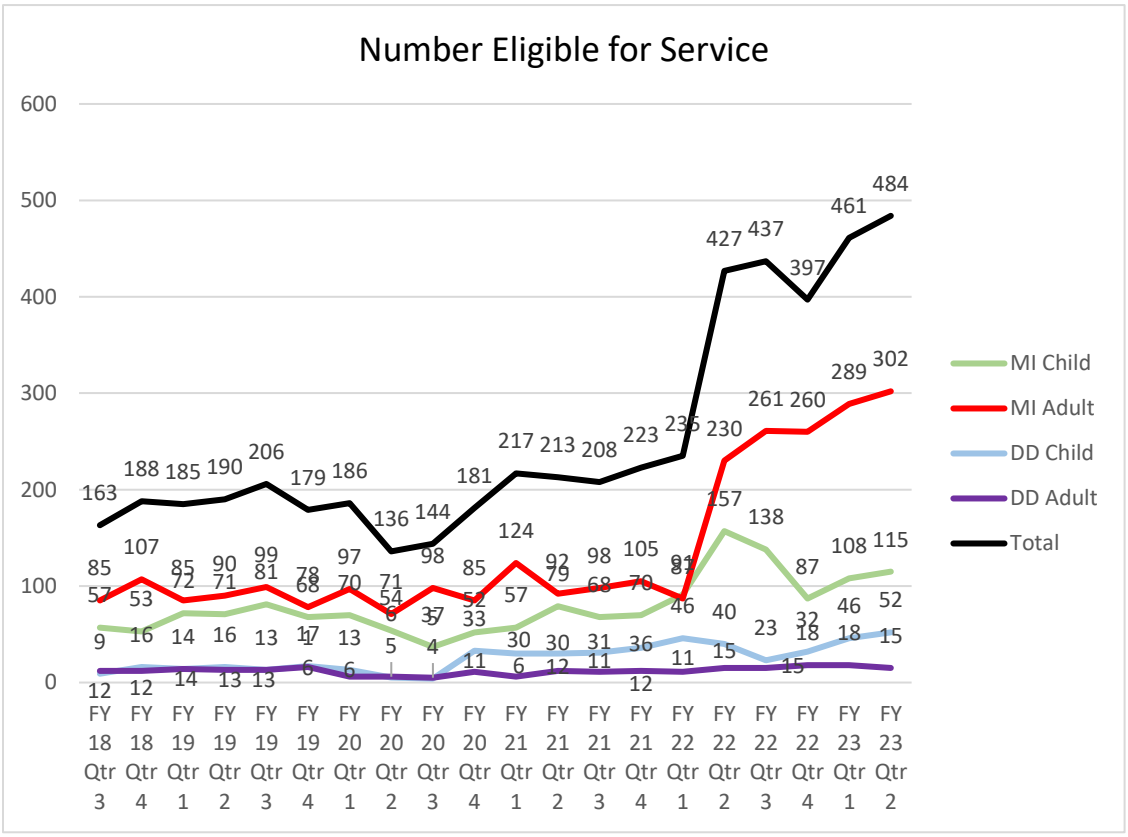


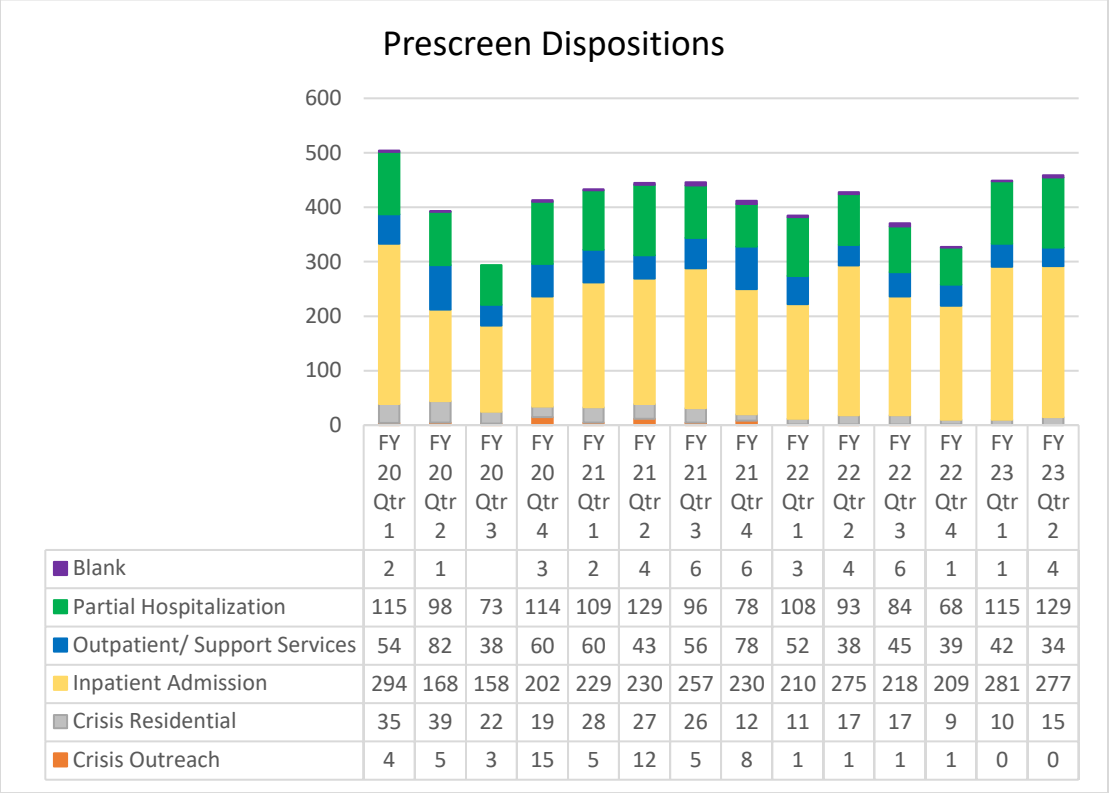
FY 23 2nd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	164	96	68	64	56%	96%
MI Adult	498	247	251	247	50%	98%
DD Child	62	47	15	13	76%	96%
DD Adult	17	8	9	8	47%	89%


Requesting Intakes
900
800
700
600
500
400
300
200
100
0
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
FY 23 Qtr 1
FY 23 Qtr 2
MI Child
MI Adult
DD Child
DD Adult
Total

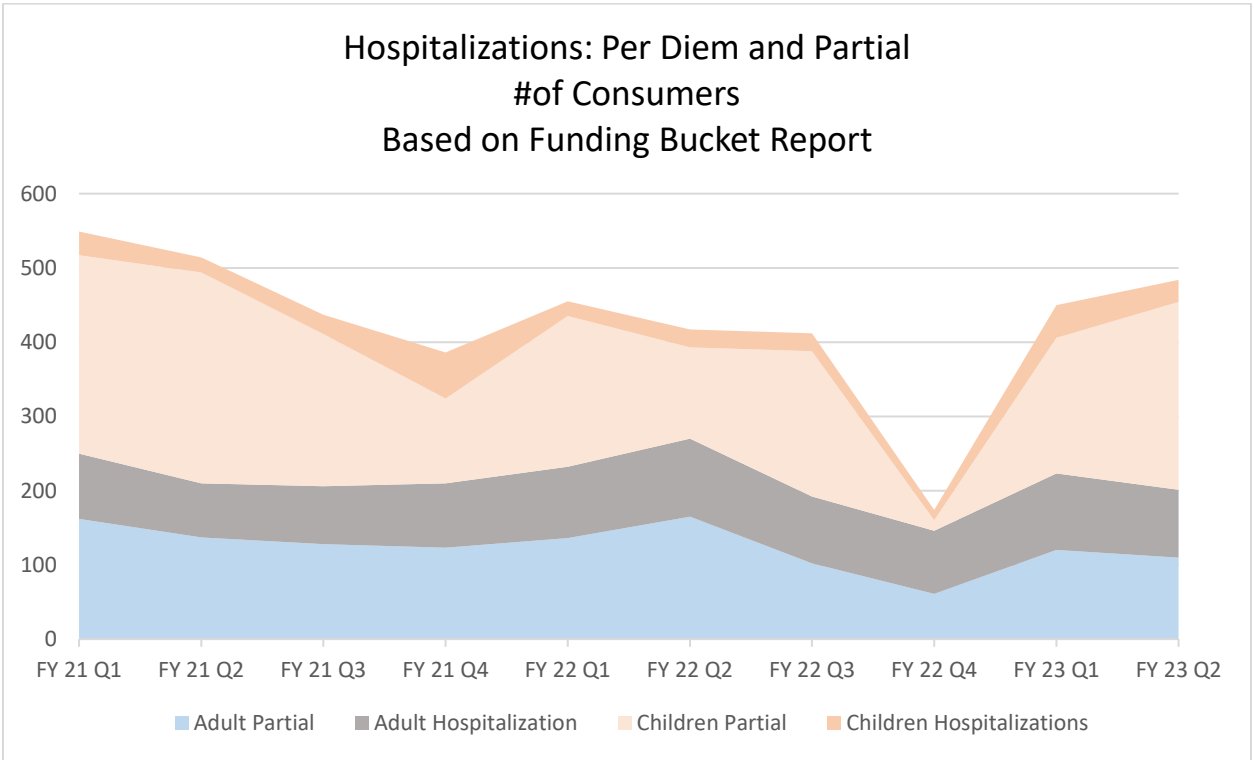

Percentage Receiving Ongoing Service within 14 days of Intake Appt
100%
70%
40%
10%
FY 21 1st Q
FY 21 2nd Q
FY 21 3rd Q
FY 21 4th Q
FY 22 1st Q
FY 22 2nd Q
FY 22 3rd Q
FY 22 4th Q
FY 23 1st Q
FY 23 2nd Q
MI Children
MI Adult
DD Children
DD Adult

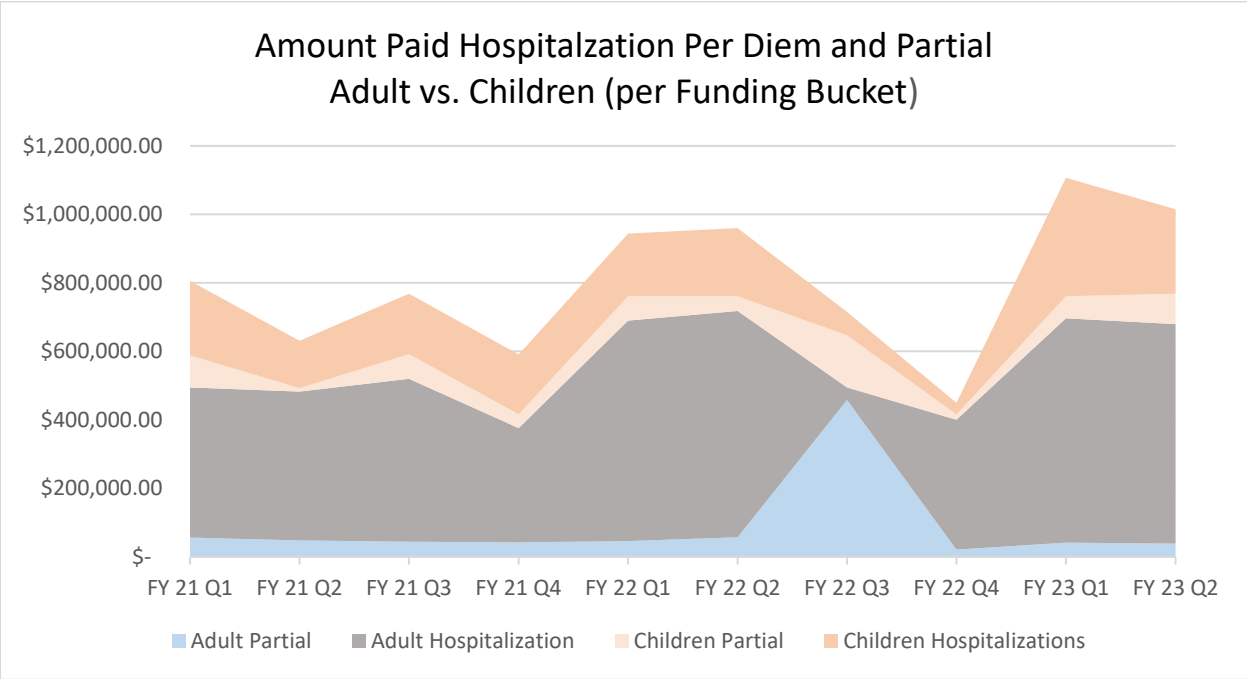
FY 23 2nd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	115	71	44	40	62%	95%
MI Adult	302	232	70	67	77%	99%
DD Child	52	40	12	11	77%	97%
DD Adult	15	13	2	0	87%	87%

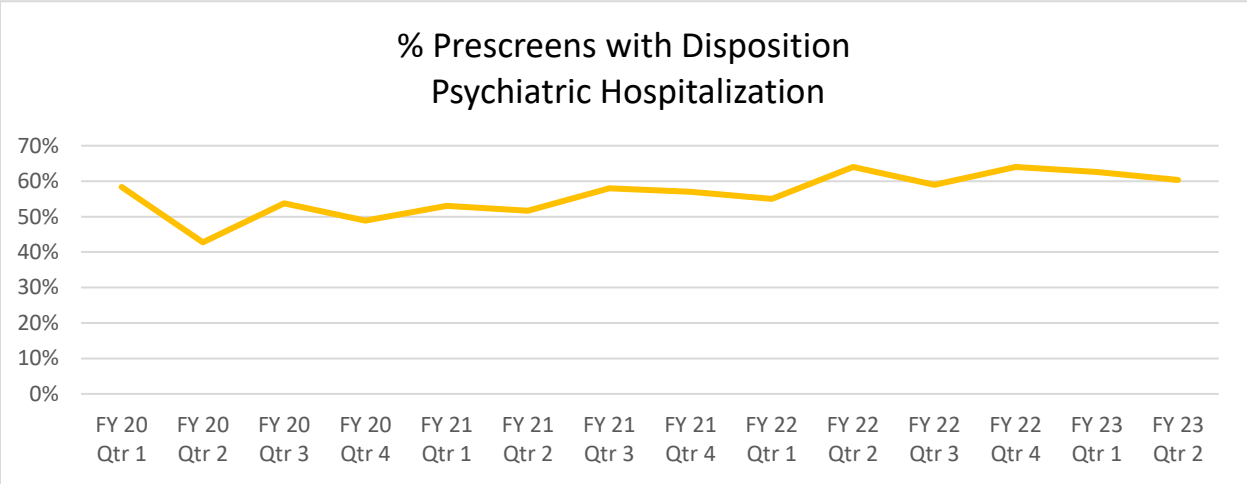


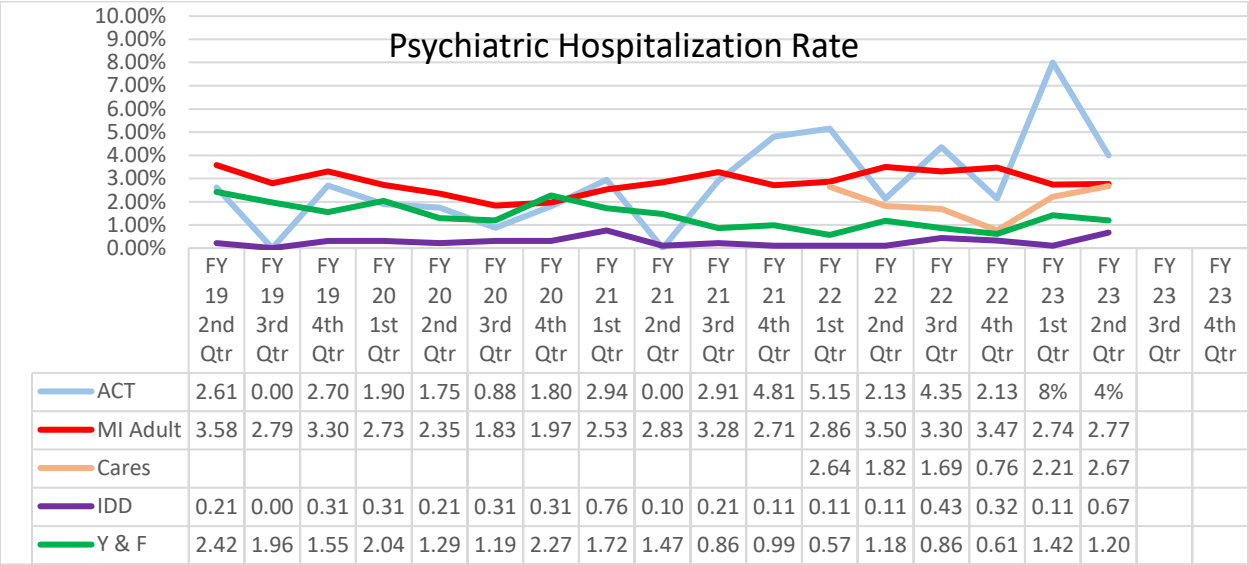


	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2
Blank	2	1		3	2	4	6	6	3	4	6	1	1	4
Partial Hospitalization	115	98	73	114	109	129	96	78	108	93	84	68	115	129
Outpatient/ Support Services	54	82	38	60	60	43	56	78	52	38	45	39	42	34
Inpatient Admission	294	168	158	202	229	230	257	230	210	275	218	209	281	277
Crisis Residential	35	39	22	19	28	27	26	12	11	17	17	9	10	15
Crisis Outreach	4	5	3	15	5	12	5	8	1	1	1	1	0	0



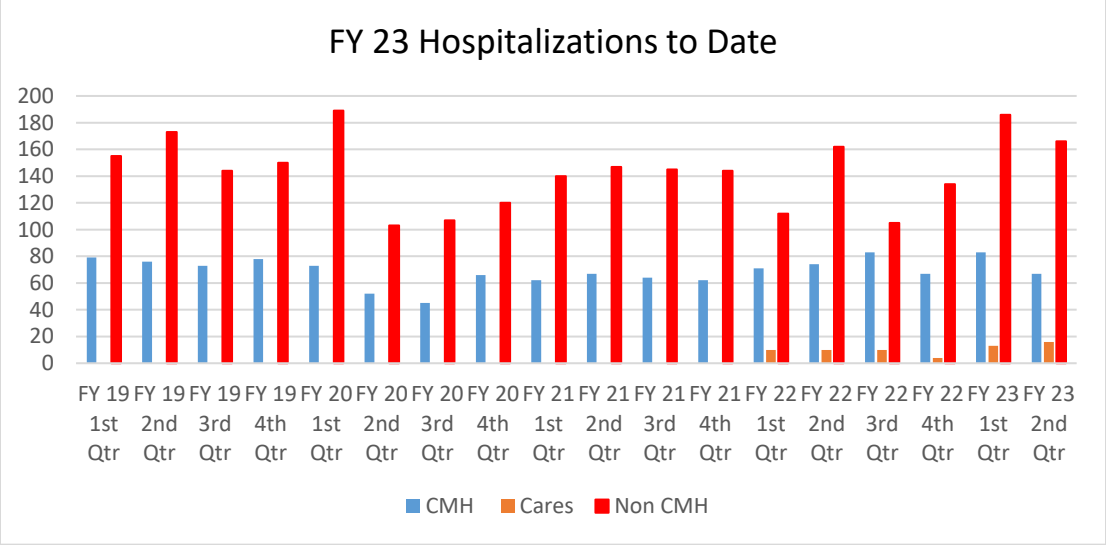

Amount Paid Hospitalzation Per Diem and Partial
Adult vs. Children (per Funding Bucket)
$1,200,000.00
$1,000,000.00
$800,000.00
$600,000.00
$400,000.00
$200,000.00
$-
FY 21 Q1
FY 21 Q2
FY 21 Q3
FY 21 Q4
FY 22 Q1
FY 22 Q2
FY 22 Q3
FY 22 Q4
FY 23 Q1
FY 23 Q2
Adult Partial
Adult Hospitalization
Children Partial
Children Hospitalizations

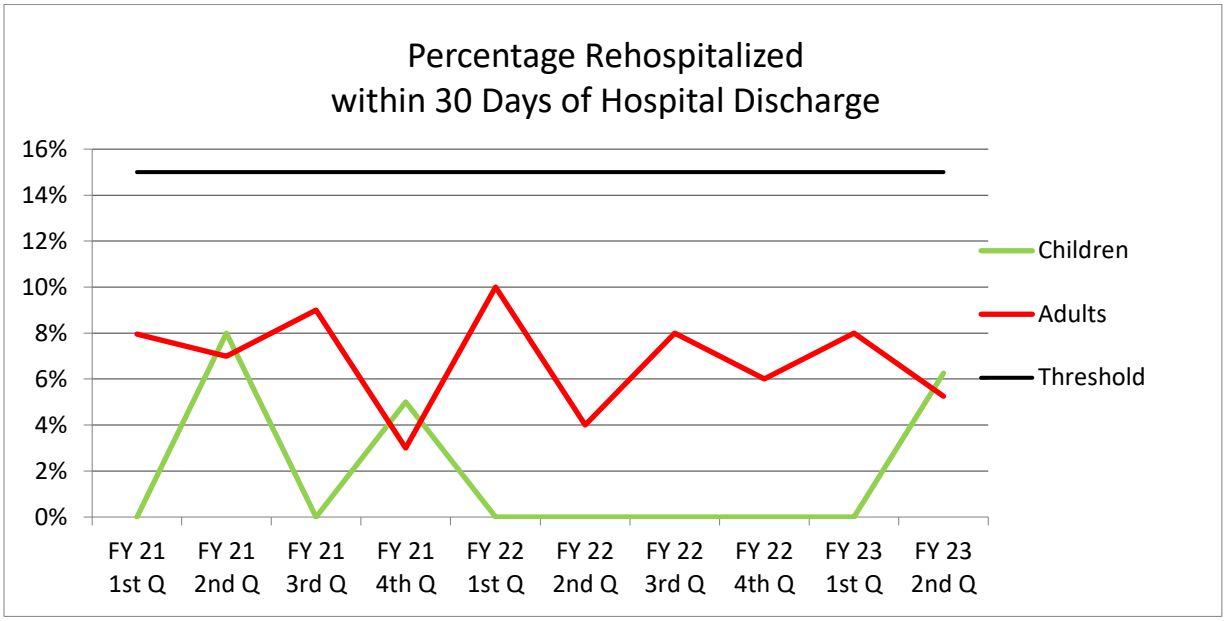

% Prescreens with Disposition
Psychiatric Hospitalization
70%
60%
50%
40%
30%
20%
10%
0%
FY 20 Qtr 1
FY 20 Qtr 2
FY 20 Qtr 3
FY 20 Qtr 4
FY 21 Qtr 1
FY 21 Qtr 2
FY 21 Qtr 3
FY 21 Qtr 4
FY 22 Qtr 1
FY 22 Qtr 2
FY 22 Qtr 3
FY 22 Qtr 4
FY 23 Qtr 1
FY 23 Qtr 2



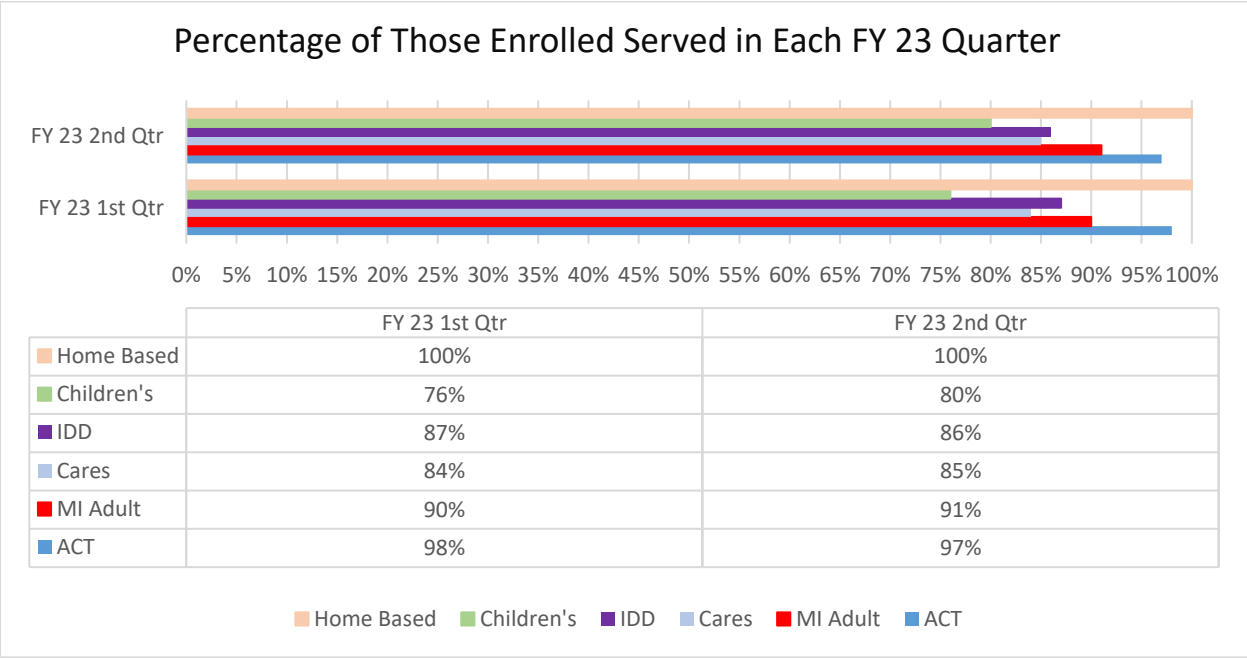
	FY 19 2nd Qtr	FY 19 3rd Qtr	FY 19 4th Qtr	FY 20 1st Qtr	FY 20 2nd Qtr	FY 20 3rd Qtr	FY 20 4th Qtr	FY 21 1st Qtr	FY 21 2nd Qtr	FY 21 3rd Qtr	FY 21 4th Qtr	FY 22 1st Qtr	FY 22 2nd Qtr	FY 22 3rd Qtr	FY 22 4th Qtr	FY 23 1st Qtr	FY 23 2nd Qtr	FY 23 3rd Qtr	FY 23 4th Qtr
ACT	2.61	0.00	2.70	1.90	1.75	0.88	1.80	2.94	0.00	2.91	4.81	5.15	2.13	4.35	2.13	8%	4%		
MI Adult	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	2.74	2.77		
Cares												2.64	1.82	1.69	0.76	2.21	2.67		
IDD	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	0.11	0.67		
Y & F	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	1.42	1.20		

FY 23 2nd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	100	4 (1)	4%
MI Adult	1622	45 (3)	2.77%
Cares	600	16 (1)	2.67%
IDD	895	6 (0)	0.67%
Y & F	915	11 (1)	1.20%
Y & F Home Based	19	1 (0)	5.26%





FY 23 2nd Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	16	1	6.25%
Adult	114	6	5.26%



	FY 23 1st Qtr	FY 23 2nd Qtr
Home Based	100%	100%
Children's	76%	80%
IDD	87%	86%
Cares	84%	85%
MI Adult	90%	91%
ACT	98%	97%

Critical Event Data Reported Thru Qtr 2 FY 2023

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.

Time period	Team at Event	Type	Total
Qtr 1	ACT	Hospitalization	1
	Cares	Non Suicide Death	1
	Children's Services	Non Suicide Death	1
	IDD	Arrest	1
		Non Suicide Death	8
	MI Adult	Non Suicide Death	7
		Suicide	1
Qtr 1 Total			20
Qtr 2	ACT	Non Suicide Death	1
	IDD	Suicide	1
		Non Suicide Death	8
	MI Adult	Arrest	1
		Suicide	1
		Non Suicide Death	4
		Hospitalization due to Injury	1
Qtr 2 Total			17

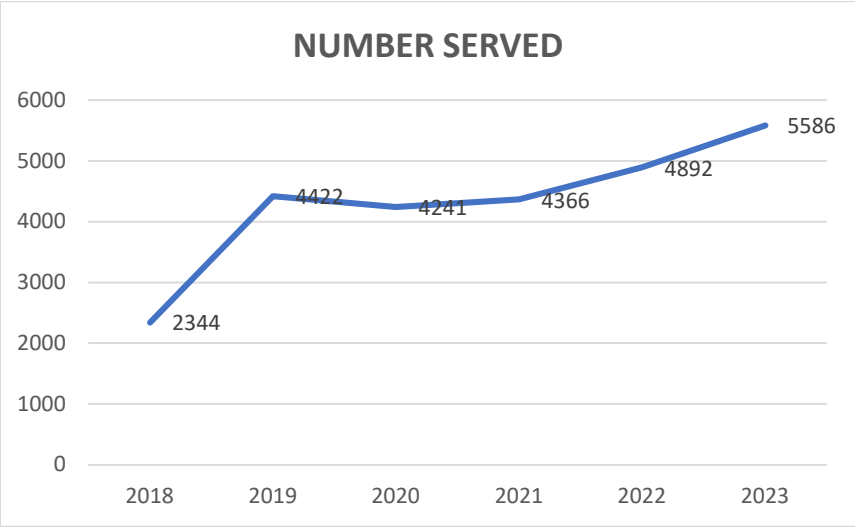
Mortality Data Thru Qtr 2 FY 2023

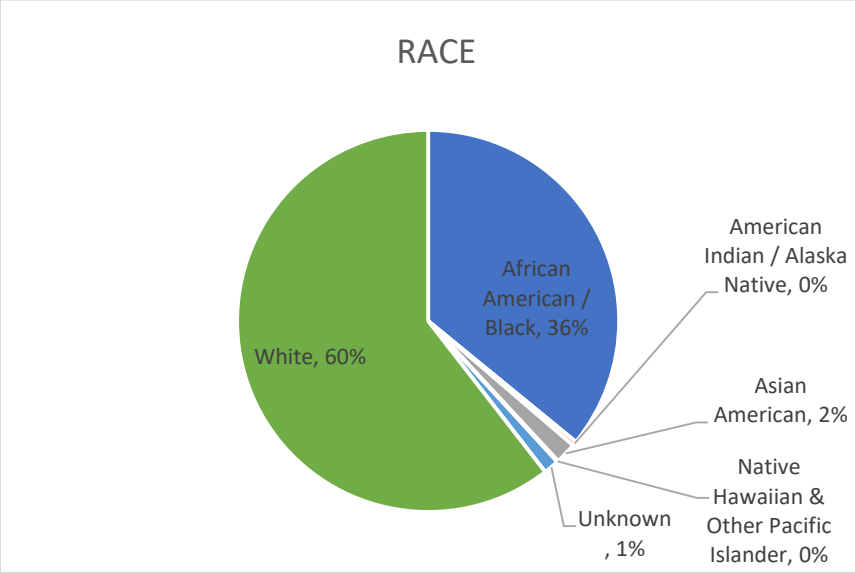
Cause of Death	Number of Deaths FY 18	Number of Deaths FY 19	Number of Deaths FY 20	Number of Deaths FY 21	Number of Deaths FY 22	Number of Deaths FY 23
Aspiration Pneumonia				2	3	1
Cancer	8	9	7	10	3	3
Cardiovascular	13	14	14	6	12	5
Dehydration	1					
Diabetes				1		
Drug Abuse	12	6	8	2	6	4
Endocrine System (Diabetes)						
Environmental Hypothermia		1				
Fluid Electrolyte Disturbance						1
Gastrointestinal			3	1		2
Hip Fracture Complications	1					
Homicide	3					1
Hyponatremia					2	
Inanition			2			
Infection	3	1	4 (2 - COVID 19)	5 (4 - COVID 19)	4 (3 - COVID 19)	
Kidney Disease	1		1			1
Liver Disease	2		2	3	1	1
Metabolic		1				
Natural/Other	1					
Neurological	2	1	3	7	3	2
Respiratory	5	10	10	4	5	3
Suicide	2	2	6	2	2	3
Trauma	1	2		2	3	
Unknown	10	10	8	15	10	6
Grand Total (Previous years may not include detail of all causes of deaths but Grand Total is accurate.)	**65**	**55**	**68**	**57**	**54**	**33**

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

ATTACHMENT #1I
OCTOBER 2023

CCBHC 2023 DATA REVIEW





AGE	2022	2023
80 - 90	**21**	**24**
70 - 79	**129**	**146**
60 - 69	**450**	**481**
50 - 59	**568**	**687**
40 - 49	**663**	**851**
30 - 39	**838**	**1,147**
18 - 29	**920**	**1,265**
5 -17	**684**	**924**
Under 5	**41**	**59**

INSURANCE
MEDICAID: **4,839**
NON-MEDICAID: **746**

ENROLLMENT
NUMBER ENROLLED: **6,879**
ACTIVELY SERVED AND ENROLLED: **3,186**
SERVED IN THE YEAR: **5,586**

ENCOUNTERS
TOTAL T1040 ENCOUNTERS THRU AUGUST 2022: **69,301**

MILD TO MODERATE
MONTHLY AVERAGE: **384**
TOTAL SERVED: **2,034**

INCOMING CALLS
MONTHLY AVERAGE: **8,000 -9,000**
REFERRED TO CRISIS: **3,676**
MONTHLY AVERAGE SUD REQUEST FOR SERVICES: **249**

FACE TO FACE CRISIS CONTACTS
TOTAL: 2628
LAST 4 MONTH AVERAGE: 372 PER MONTH

WASHTENAW RACE CENSUS DATA

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

CITY	SERVED
Ann Arbor	**1,687**
Belleville	**28**
Chelsea	**105**
Dexter	**86**
Manchester	**59**
Milan	**86**
Saline	**171**
Whitmore Lake	**77**
Ypsilanti	**2,779**
Other	**501**

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy* *Conflict Free Case Management***
Committee/Department: **Regional Compliance**	**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	08/31/2023
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish a regional policy for the consistent and effective review, adoption, and implementation of Conflict Free Case Management.

II. REVISION HISTORY

DATE	MODIFICATION

III. APPLICATION

☐ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Case Management: Services furnished to assist consumers/individuals served, eligible under the State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services. For the purposes of this policy this includes targeted case management and previously defined supports coordination.

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.

Conflict Free Case Management (CFCM): Providers of HCBS for the consumer/individual served, or those who have an interest in or are employed by a provider of HCBS for the consumers/individual served must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS.

Home and Community Based Services (HCBS): A Medicaid waiver program that provides opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

HCBS Provider: An HCBS provider for the purposes of this policy is one that provides specialized residential settings and/or vocational/skill-building services to individuals served/consumers.

Individual Plan of Service (IPOS): The document in the clinical record of the person served that has been developed based on person-centered planning standards. The IPOS Includes individually identified goals and preferences; identifies the specific services and the service providers used to meet stated goals as well as their frequency, amount, scope, and duration; and is individualized and understandable to the enrollee/recipient.

Person-Centered Planning (PCP): A process for planning and supporting the consumer/individual served receiving services that builds upon the consumer's/individual's served capacity to engage in activities that promote community life and that honor the consumer's/individual's served preference, choices, and abilities. The person-centered planning process involves family, friends and professionals as the consumer/individual served desires or requires. The process is directed by the consumer/individual served and focuses on their desires, dreams, strengths and needs for support.

V. POLICY

Per federal regulation §441.301(c)1)(vi), states are required to separate case management and the development of person-centered plans from service delivery functions for services delivered to persons within the Home and Community-Based Services (HCBS) waiver. Consumers/individuals served within a HCBS waiver cannot receive both case management and Medicaid Waiver-funded direct services and supports from the same provider. PIHPs, CMHSPs and providers considered case management agencies are required to maintain appropriate firewalls between case management activities and service provision if both activities are provided within the same agency.

Entities for which this policy applies shall comply with CFCM principles by designing strategies for implementation, monitoring, and oversight of those strategies.

VI. STANDARDS

1. CMHPSM and its CMHSP partners shall follow established conflict of interest standards for the assessment of functional needs and the person-centered service planning process that apply to all consumers/ individuals served and entities, public or private.

2. At a minimum, individuals or entities conducting the assessment of functional needs and person-centered service planning process **are not**:
    a. Related by blood or marriage to the member, or to any paid caregiver of the member.
    b. Financially responsible for the consumers/ individuals served.
    c. Empowered to make financial or health-related decisions on behalf of the consumers/ individuals served.
    d. Individuals who would benefit financially from the provision of assessed needs and services for the consumers/ individuals served.
    e. Providers of services defined as HCBS waiver services for the consumers/ individuals served, or those who have an interest in or are employed by a provider of HCBS for the consumers/ individuals served. Such providers must not provide case management or develop the person-centered service plan.
        - The only exception is when MDHHS demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS. In these cases, CMHSPM or CMHSP staff would contact MDHHS, and MDHHS must devise conflict of interest protections including separation of entity and provider functions within provider entities, which must be approved by CMS. Consumers/ individuals served must be provided with a clear and accessible alternative dispute resolution process in these exception cases.

3. Administrative and/or structural firewalls should exist between the functions listed below, whenever possible:
    a. Assessment & Eligibility/Resource Allocation: This includes the processes for determining eligibility and assigning budgets, hours, or other units of services.
    b. Person Centered Planning: These are the processes that lead to a person-centered plan and an individualized plan of service (IPOS).
    c. Monitoring & Service Coordination: These are the processes for ensuring that services are delivered according to state/federal standards and the plan of service. Activities include coordinating services, monitoring the quality of the services, and monitoring the individual (e.g., watching for changes in needs or preferences).
    d. Direct Supports & Service Delivery: These are supports and/or services provided to the individual in accordance with the person-centered plan.
    e. Utilization Management: Utilization management activities are a separate and discrete managed care function that sit outside of the other processes of assessment/eligibility, plan development, plan monitoring, and service delivery. Utilization management activities ensure that medical necessity criteria are met for all services and supports.

4. The CMHSP partners that comprise the CMHPSM PIHP region are diverse in size, geographic location, rural/urban settings, and resource availability. In instances where complete separation of functions may not be possible CMHSP participants will employ safeguard strategies and robust oversight to limit potential conflicts of interest. Safeguard strategies may include, but are not limited to:
   a. Required training on the principles of conflict-free case management for all case managers and supports coordinators
   b. Use of consumer advocates and independent facilitators in the person-centered planning process
   c. Ensure that all consumers are offered choices of providers at regular intervals (annually, at minimum) and their preference is documented in the plan of service
   d. Random or targeted case reviews should be utilized to determine whether assessment/ eligibility determination findings match actual service needs.
   e. Ensure consumer/individuals served or legally authorized representative are provided with their rights to submit grievances and/or appeals for assistance regarding concerns about choice, quality, eligibility determination, service provisions and outcomes where applicable.
   f. Ensure data of consumers/individuals served experiences with assessment, planning and service provision, coordination, satisfaction, freedom of choice, and referral patterns is collected and monitored to identify any potential conflict and implement any needed corrections in systems or practices.
   g. Ensure meaningful stakeholder engagement and input is pursued through the work of relevant regional and local committees such as Customer Services, Consumer Advisory Council, Network Management, Clinical Performance Team.

VII. REFERENCES

Reference:	**Check if applies:**	**Standard Numbers:**
MDHHS Person Centered Planning Policy and Practice Guideline	X	
42 CFR 441.301 (c)(1)(VI)	X	
42 CFR 441.555(c)(1-5)	X	
42 CFR 441.730(b)(1-5)	X	
Michigan Mental Health Code Act 258 of 1974 as amended	X	
The Balancing Incentive Program (BIP) provisions in the Affordable Care Act	X	
Final Rule CMS 2249F Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period for Waivers, Provider Payment Reassignment, and Home and Community-Based Setting Requirements for Community First Choice and Home and	X	

Community- Based Services (HCBS) Waivers		
MDHHS/PIHP Medicaid Contract and Attachments	X	
CMHPSM Consumer Appeals Policy	X	
CMHPSM Customer Services Policy	X	
CMHPSM Person Centered Planning Policy	X	

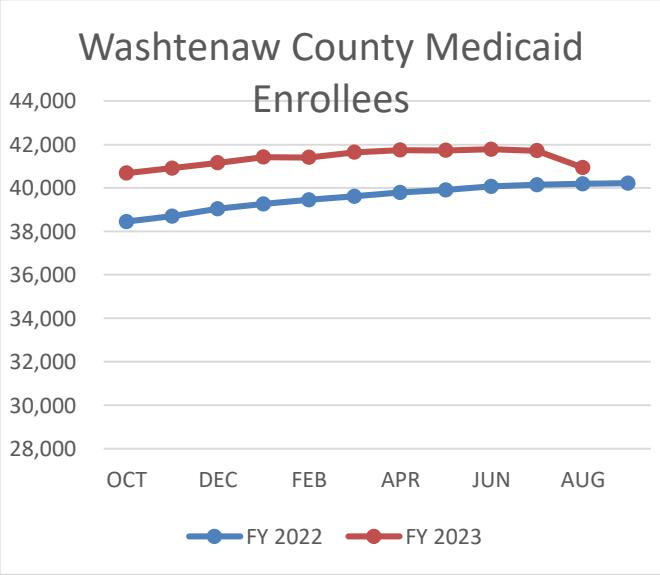
VIII. RESOURCES

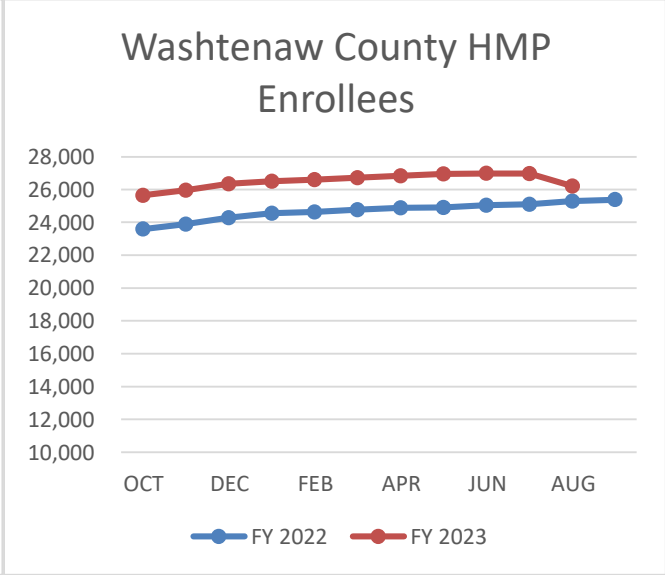
The Centers for Medicare & Medicaid Services (CMS) trainings on Conflict of Interest:
https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series/index.html

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2023: For the period ending August 31, 2023
Prepared: October 11, 2023

1. Washtenaw County Enrollees

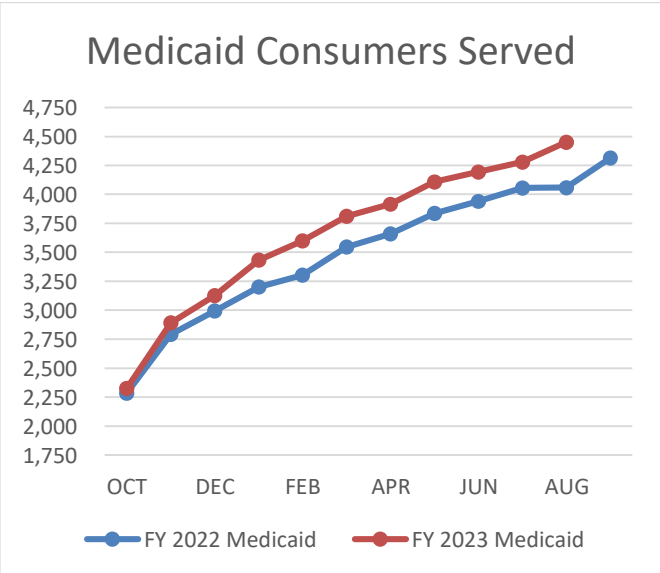
A summary of FY 2023 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

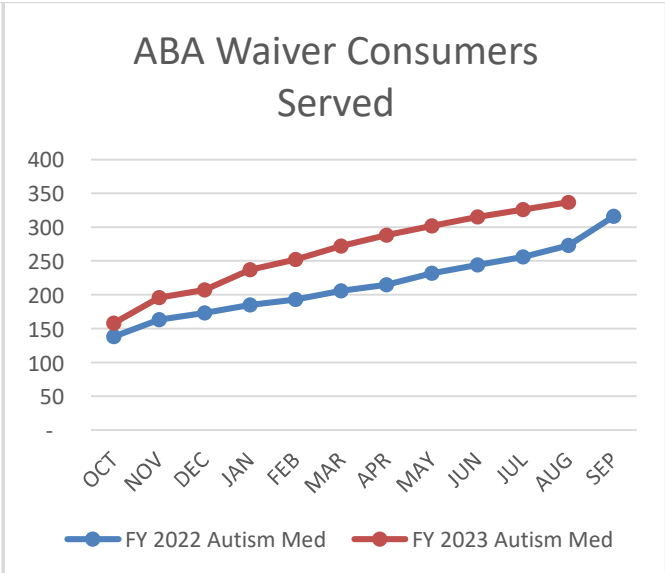




Washtenaw County Medicaid Enrollees were 40,931 in August 2023. This is a 1.84% increase from the same time last year (740 more enrollees than in August 2022). Healthy Michigan enrollment in August 2023 was 26,219. This is a 3.62% increase from the same time last year (916 more enrollees than in August 2022).

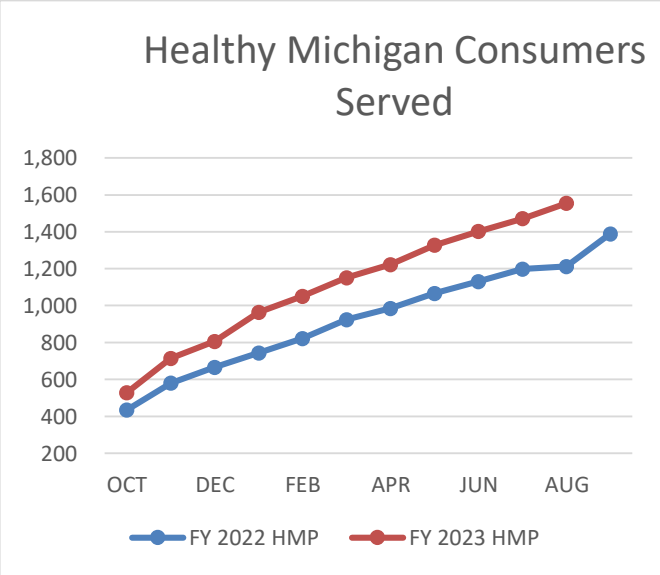
2. WCCMH Consumers Served to Date

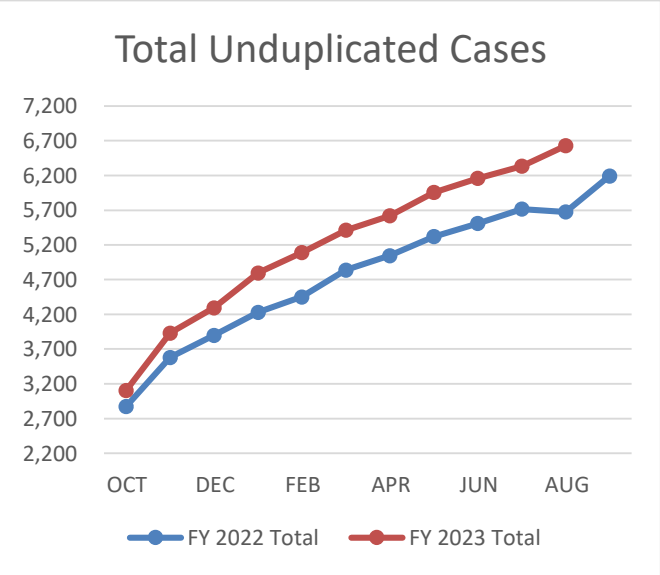




Medicaid consumers served through August 2023 are 4,451. This is 393 more consumers than the prior year (4,058 consumers were served through August 2022).

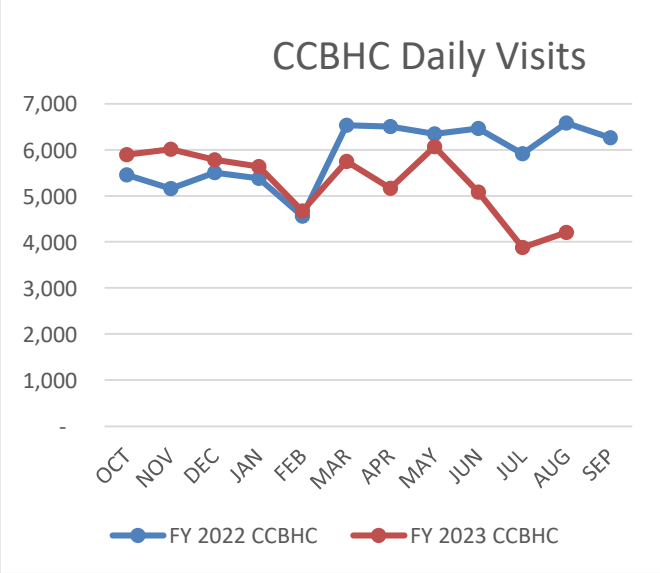
ABA Waiver consumers served through August 2023 are 337. This is 64 more consumers than prior year (273 consumers were served through August 2022).

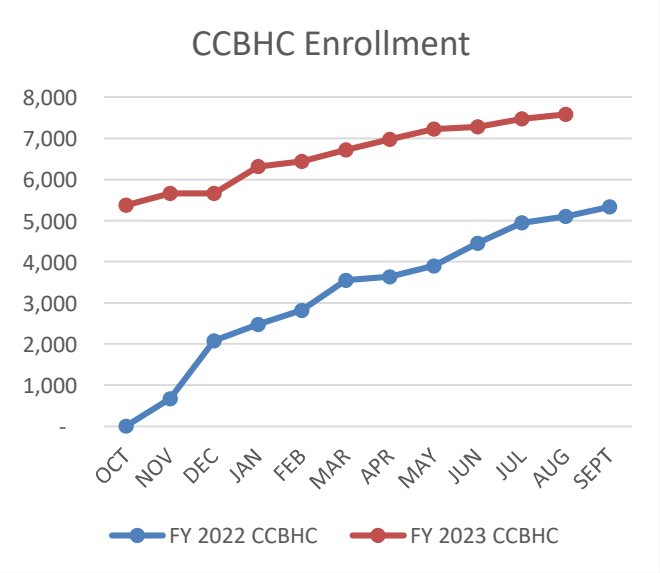




Healthy Michigan consumers served through August 2023 were 1,555. This is 343 more consumers than the same period last year.

The total unduplicated consumers served by WCCMH through August 2023 were 6,627. This is 951 more consumers than served last year.





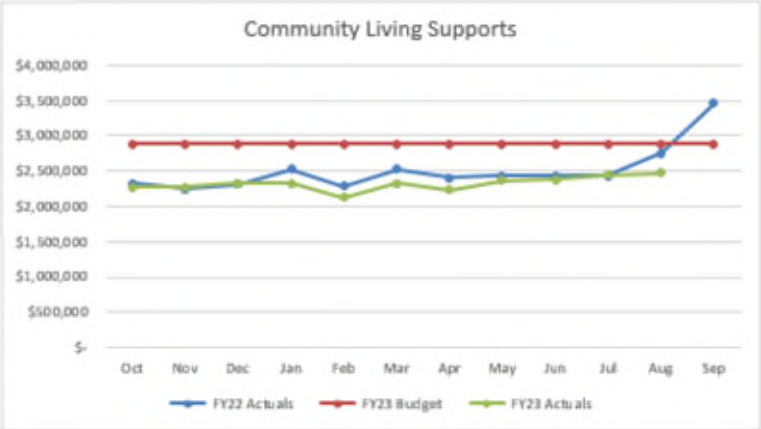
The CCBHC daily visit count for August 2023 were 4,211.

The YTD CCBHC Enrollment for FY 2023 as of August was 7,586.

3. Financial Statement Highlights

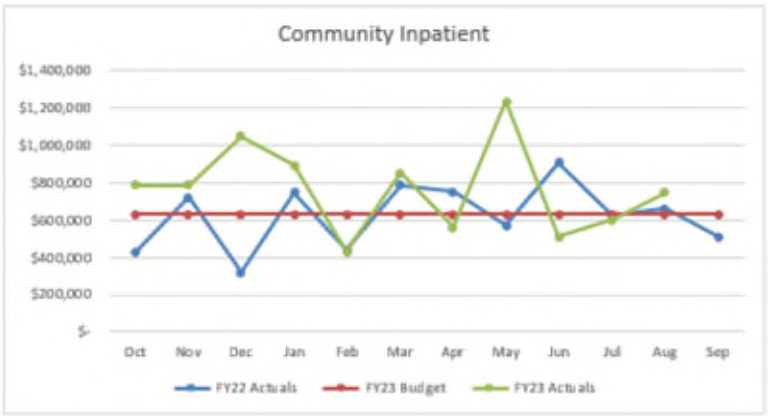
a. CLS service costs to date are estimated to be $26.4 Million. The costs year to date are 6.34% less than this time last year. A 5% increase to CLS rates has been implemented as of 10/1/2022.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 2,325,336	2,883,333	$ 2,277,066	-2.08%
Nov	2,240,096	2,883,333	2,268,391	-0.44%
Dec	2,317,212	2,883,333	2,325,087	-0.18%
Jan	2,524,996	2,883,333	2,322,970	-2.28%
Feb	2,285,682	2,883,333	2,127,806	-3.18%
Mar	2,529,180	2,883,333	2,324,287	-4.06%
Apr	2,406,148	2,883,333	2,237,842	-4.48%
May	2,431,396	2,883,333	2,362,630	-4.27%
Jun	2,431,870	2,883,333	2,372,765	-4.06%
Jul	2,436,133	2,883,333	2,444,471	-3.61%
Aug	2,746,122	2,883,333	2,474,989	-4.26%
Sep	3,451,817	2,883,333		



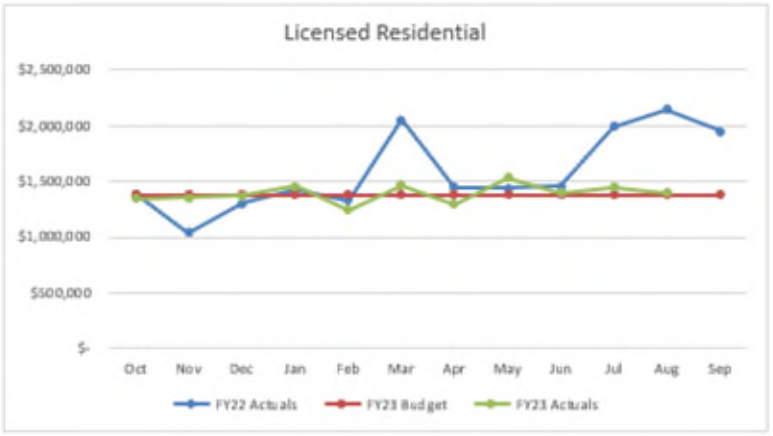
b. Community Inpatient costs to date are $8.4 Million. The costs year to date are 21.33% more than this time last year and $1.5 Million over budget.

	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	851,148	39.30%
Apr	751,136	629,167	558,658	27.65%
May	572,488	629,167	1,233,470	38.21%
Jun	904,625	629,167	511,519	25.17%
Jul	624,231	629,167	598,407	22.26%
Aug	661,279	629,167	743,351	21.33%
Sep	508,767	629,167		



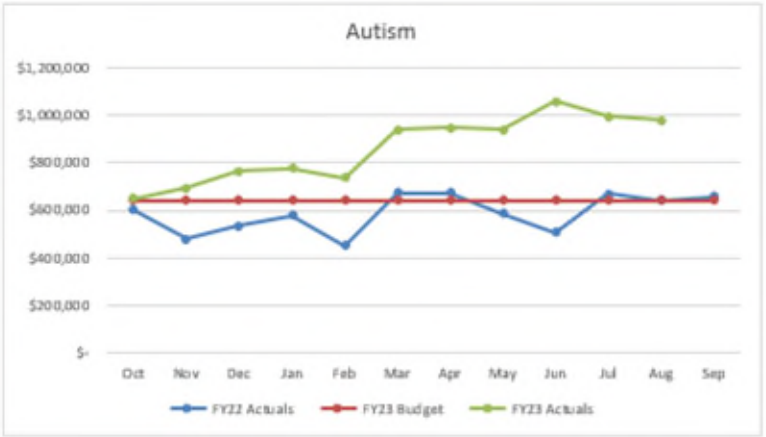
c. Licensed Residential costs to date are $15.3 Million and $88,000 over budget. The costs year to date are 1.14% less than this time last year. A 5% increase was implemented as of 10/1/2022 for local providers.

	FY22 Actuals	FY23 Budget	FY23 Actuals	YTD % Change
Oct	$ 1,386,550	$ 1,383,333	$ 1,348,498	-2.74%
Nov	1,038,733	1,383,333	1,351,230	11.32%
Dec	1,304,777	1,383,333	1,371,021	9.13%
Jan	1,429,675	1,383,333	1,456,672	7.13%
Feb	1,325,725	1,383,333	1,244,640	4.42%
Mar	2,048,936	1,383,333	1,466,361	-3.47%
Apr	1,451,576	1,383,333	1,292,818	-4.55%
May	1,437,448	1,383,333	1,529,546	-3.17%
Jun	1,454,128	1,383,333	1,396,384	-3.26%
Jul	1,995,132	1,383,333	1,451,490	-6.48%
Aug	2,141,085	1,383,333	1,396,094	-10.04%
Sep	1,952,399	1,383,333		



d. Applied Behavior Analysis/Autism service costs to date are $9.4 Million. The costs year to date are 47.91% more than this time last year and $2.4 Million 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	939,566	37.29%
Apr	674,225	641,667	948,251	37.85%
May	587,988	641,667	939,851	40.67%
Jun	508,069	641,667	1,056,440	47.38%
Jul	670,422	641,667	992,730	47.46%
Aug	643,331	641,667	977,197	47.91%
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 $4,759,161 through August.
c. By funding source, HMP is showing a surplus of $286,204 through August.
d. Overall, the PIHP surplus is $5,062,400 through August.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $2,133,672.

6. Local Key Points

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

b. Local Funds are showing a surplus of $326,481 through August.

c. Uses of Local Funding include:

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

7. Fund Balance

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

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

		Total
Medicaid **		
Revenue		
B & B3	$	53,023,280
HSW		25,528,921
DCW		8,472
Behavioral Health Home		358,650
Child Waiver/SED Waiver		1,062,515
Autism		5,935,779
Prior Year Adjustments		-
Care for Caid		169,318
Total Medicaid Revenue	$	86,086,935
Total Medicaid Expense	$	69,259,704
Medicaid Surplus/(Deficit)	$	16,827,231
CCBHC **		
Supplmental Revenue	$	9,149,773
CCBHC Non-Medicaid Expense	$	1,175,962
CCBHC HMP Expense		3,733,296
CCBHC Medicaid Expense		16,308,585
Total CCBHC Expense	$	21,217,843
CCBHC Surplus/(Deficit)	$	(12,068,070)
Healthy Michigan **		
Revenue	$	6,336,686
Expense		6,050,482
Healthy MI Surplus/(Deficit)	$	286,204
General Fund		
Revenue		
CMH Operations	$	4,214,529
CMH Operations Contra		-
GF Carryforward		211,753
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		94,249
Total General Fund Revenue	$	4,520,531
Total General Fund Expense	$	2,386,859
General Fund Surplus/(Deficit)	$	2,133,672

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

		Total
Injectable Meds		
Revenue	$	119,845
Expense		102,810
Inj. Meds. Surplus/(Deficit)	$	17,035
Grants And Contracts		
Revenue	$	1,535,919
Expense		1,535,919
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	945,253
Redirect to GF		(61,289)
Expense		883,964
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,533,959
Expense		1,207,478
Local Surplus/(Deficit)	$	326,481
Private Grant & All NOR		
Revenue	$	87,407
Expense		72,670
Priv. Grant & NOR Surplus/(Deficit)	$	14,737
Grand Total		
Revenue	$	110,305,982
Expense		102,768,692
Grand Total Surplus/(Deficit)	$	7,537,290

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,062,400
WCCMH Surplus/(Deficit)		2,474,890
	$	7,537,290

Washtenaw County Community Mental Health
Budget to Actuals
For Nine Months Ending August 31, 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	$ 44,897,459	$ 53,031,752	$ 8,134,293	18.12%
HSW	30,058,737	27,553,842	25,528,921	(2,024,921)	-7.35%
Children & SED Waivers	1,200,000	1,100,000	1,113,478	13,478	1.23%
Healthy Michigan Capitation	6,913,368	6,337,254	6,336,686	(568)	-0.01%
Autism Capitation	6,475,395	5,935,779	5,935,779	0	0.00%
Direct Care Worker Pass-Through	9,263,483	8,491,526	-	(8,491,526)	-100.00%
CCBHC Supplementary	4,059,000	3,720,750	9,149,773	5,429,023	145.91%
Behavioral Health Home	-	-	358,650	358,650	0.00%
TOTAL PIHP Revenue	$ 106,949,029	$ 98,036,610	$ 101,455,039	$ 3,418,429	3.49%
MDHHS Revenue					
State General Funds	$ 4,597,669	$ 4,214,530	$ 4,426,282	$ 211,752	5.02%
Grants & Earned Contracts	1,790,168	1,640,987	1,523,264	(117,723)	-7.17%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,605,781	$ 512,314	$ (1,093,467)	-68.10%
Project Revenue	847,984	777,319	512,373	(264,946)	-34.08%
All Other	1,917,652	1,757,848	2,926,244	1,168,396	66.47%
TOTAL Operating Revenue	**$ 117,854,263**	**$ 108,033,074**	**$ 111,355,516**	**$ 3,322,442**	3.08%
Operating Expenses					
Administrative Expenses					
General Administration	$ 7,733,373	$ 7,088,925	$ 6,944,706	$ (144,219)	-2.03%
Program Administration	4,150,194	3,804,345	5,046,431	1,242,087	32.65%
Residential Services					
Community Living Supports	$ 34,600,000	$ 31,716,667	$ 26,430,262	$ (5,286,405)	-16.67%
Licensed Residential	16,600,000	15,216,667	15,304,754	88,087	0.58%
Outpatient Services					
Autism Services	$ 7,700,000	$ 7,058,333	$ 9,476,243	$ 2,417,910	34.26%
Case Management	5,750,761	5,271,531	4,477,872	(793,659)	-15.06%
Supports Coordination	3,243,708	2,973,399	2,550,462	(422,937)	-14.22%
Skill Building	5,004,548	4,587,502	3,584,959	(1,002,543)	-21.85%
Supported Employment	1,556,862	1,427,124	1,573,957	146,834	10.29%
Psychiatry	4,134,073	3,789,567	3,640,778	(148,789)	-3.93%
Nursing Services	2,659,925	2,438,265	2,104,082	(334,183)	-13.71%
Therapy Services	2,758,751	2,528,855	2,183,218	(345,637)	-13.67%
All Other	11,339,062	10,394,140	9,501,555	(892,585)	-8.59%
Other Expenses					
Community Inpatient	$ 7,550,000	$ 6,920,833	$ 8,433,340	$ 1,512,507	21.85%
Local Matches & Shelter	1,282,838	1,175,935	1,109,507	(66,428)	-5.65%
Grants & Earned Contracts	1,790,168	1,640,987	1,456,100	(184,887)	-11.27%
TOTAL Operating Expenses	**$ 117,854,263**	**$ 108,033,074**	**$ 103,818,226**	**$ (4,214,848)**	-3.90%
Revenue Over/(Under) Expenses	-	-	7,537,290	7,537,290	

Washtenaw County Community Mental Health
Budget to Actuals
For Nine Months Ending August 31, 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	$ 53,031,752	$ 44,237,347	$ 8,794,405	19.88%
HSW	25,528,921	24,098,570	1,430,351	5.94%
Children & SED Waivers	1,113,478	1,583,877	(470,399)	-29.70%
Healthy Michigan Capitation	6,336,686	5,761,142	575,544	9.99%
Autism Capitation	5,935,779	5,396,163	539,616	10.00%
Direct Care Worker Pass-Through	-	7,351,971	(7,351,971)	0.00%
CCBHC Supplementary	9,149,773	3,698,046	5,451,727	0.00%
Behavioral Health Home	358,650	34,005	324,645	0.00%
TOTAL PIHP Revenue	$ 101,455,039	$ 92,161,121	$ 9,293,918	10.08%
MDHHS Revenue				
State General Funds	$ 4,426,282	$ 4,075,751	$ 350,531	8.60%
Grants & Earned Contracts	1,523,264	1,488,877	34,387	2.31%
All Other Revenue				
County Appropriation	$ 512,314	$ 397,822	$ 114,492	28.78%
Project Revenue	512,373	660,993	(148,620)	-22.48%
All Other	2,926,244	2,581,707	344,537	13.35%
TOTAL Operating Revenue	**$ 111,355,516**	**$ 101,366,271**	**$ 9,989,245**	9.85%
Operating Expenses				
Administrative Expenses				
General Administration	$ 6,944,706	$ 5,821,390	$ 1,123,316	19.30%
Program Administration	5,046,431	3,824,523	1,221,908	31.95%
Residential Services				
Community Living Supports	$ 26,430,262	$ 28,220,327	$ (1,790,065)	-6.34%
Licensed Residential	15,304,754	15,481,419	(176,665)	-1.14%
Outpatient Services				
Autism Services	$ 9,476,243	$ 6,406,732	$ 3,069,511	47.91%
Case Management	4,477,872	3,966,147	511,725	12.90%
Supports Coordination	2,550,462	2,165,206	385,256	17.79%
Skill Building	3,584,959	3,407,455	177,504	5.21%
Supported Employment	1,573,957	1,361,557	212,400	15.60%
Psychiatry	3,640,778	2,885,432	755,346	26.18%
Nursing Services	2,104,082	2,034,994	69,088	3.39%
Therapy Services	2,183,218	1,740,282	442,936	25.45%
All Other	9,501,555	7,733,689	1,767,866	22.86%
Other Expenses				
Community Inpatient	$ 8,433,340	$ 6,950,966	$ 1,482,374	21.33%
Local Matches & Shelter	1,109,507	1,521,056	(411,549)	-27.06%
Grants & Earned Contracts	1,456,100	1,446,171	9,929	0.69%
TOTAL Operating Expenses	**$ 103,818,226**	**$ 94,967,346**	**$ 8,850,880**	9.32%
Revenue Over/(Under) Expenses	7,537,290	6,398,925	1,138,365	

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Eight Months Ending August 31, 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	$ 385,000	$ 349,055	$ (35,945)	$ 577,500	$ -	$ 606,375
Treatment & Stabilization Services	577,500	385,000	368,499	(16,501)	577,500	-	606,375
Crisis Response	787,500	525,000	456,332	(68,668)	787,500	-	826,875
Crisis Stabilization Center	367,500	245,000	178,112	(66,888)	367,500	-	385,875
Other CARES Team	417,480	278,320	264,117	(14,203)	417,480	-	438,354
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 300,000	$ 179,440	$ (120,560)	$ 400,000	$ 50,000	$ 450,000
Prosecutting Attorney Office	$ 122,779	$ 81,853	77,409	$ (4,444)	$ 122,779	$ -	$ 127,690
Supportive Housing							
Supportive Housing RFP	$ 400,000	$ 266,667	$ 200,000	$ (66,667)	$ 400,000	$ -	$ -
Supportive Housing Other	460,000	306,667	150,000	(156,667)	460,000	-	70,000
Avalon - Permanent Supportive Housing	180,000	120,000	120,000	-	180,000	-	180,000
Emergency Housing	50,000	33,333	109,822	76,489	50,000	-	50,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 940,716	$ 627,144	$ 198,162	$ (428,982)	$ 940,716	$ -	$ 795,843
Student Advocacy Center	193,643	129,095	129,095	(0)	193,643	-	-
Health Dept - Anti Stigma Campaign	170,000	113,333	48,543	(64,790)	170,000	-	56,667
WCCMH - Wraparound Staff	95,000	63,333	59,621	(3,712)	95,000	-	100,000
Other Youth Initiatives and Support	350,000	233,333	31,250	(202,083)	140,000	210,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 110,000	$ 110,000	$ -	$ 165,000	$ -	$ 165,000
Other	250,000	166,667	-	$ (166,667)	125,000	125,000	-
TOTAL Community Wide Service Expansion	$ 6,554,618	$ 4,369,745	$ 3,029,457	$ (1,340,288)	$ 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	$ 112,950	$ 150,600	$ 37,650	$ 169,425	$ -	$ 169,425
MHFA Trainings	25,000	16,667	-	(16,667)	25,000	-	25,000
TOTAL Education & Prevention	$ 194,425	$ 129,617	$ 150,600	$ 20,983	$ 194,425	$ -	$ 194,425
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 51,970	$ 34,647	$ 42,115	$ 7,468	$ 51,970	$ -	$ -
Communicate							
CHRT Contract	$ 261,890	$ 174,593	$ 213,020	38,427	$ 261,890	$ -	$ -
TOTAL Evaluation & Communication	$ 313,860	$ 209,240	$ 255,135	$ 45,895	$ 313,860	$ -	$ -
Administration of the Millage							
WCCMH	$ 555,000	$ 370,000	$ 359,897	$ (10,103)	$ 540,000	$ -	$ 555,000
CHRT Contract	150,000	100,000	37,186	(62,814)	140,000	-	150,000
Grand Totals	**$ 7,767,903**	**$ 5,178,602**	**$ 3,832,275**	**$ (1,346,327)**	**$ 7,357,903**	**$ 385,000**	**$ 5,758,479**

ATTACHMENT #4
OCTOBER 2023

2024 WCCMH BOARD AND BOARD COMMITTEE MEETING SCHEDULE

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

WCCMH Board	Executive Committee	Millage Advisory Committee	Quality-Finance Committee
NO MEETING SCHEDULED FOR JANUARY 2024	**January 26, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR JANUARY 2024**	**NO MEETING SCHEDULED FOR JANUARY 2024**
February 23, 2024 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR FEBRUARY 2024**	**February 12, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**February 12, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR MARCH 2024	**March 22, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR MARCH 2024**	**NO MEETING SCHEDULED FOR MARCH 2024**
April 26, 2024 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR APRIL 2024**	**April 8, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**April 8, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR MAY 2024	**May 24, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR MAY 2024**	**NO MEETING SCHEDULED FOR MAY 2024**
June 21, 2024 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR JUNE 2024**	**June 10, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**June 10, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR JULY 2024	**July 26, 2024** TBD - 555 Towner St, Ypsilanti, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR JULY 2024**	**NO MEETING SCHEDULED FOR JULY 2024**
August 23, 2024 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR AUGUST 2024**	**August 12, 2024** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**August 12, 2024** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR SEPTEMBER 2024	**September 27, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR SEPTEMBER 2024**	**NO MEETING SCHEDULED FOR SEPTEMBER 2024**
October 25, 2024 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR OCTOBER 2024**	**October 7, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**October 7, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR NOVEMBER 2024	**November 22, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR NOVEMBER 2024**	**NO MEETING SCHEDULED FOR NOVEMBER 2024**
December 27, 2024 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR DECEMBER 2024**	**December 9, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**December 9, 2024** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm

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

9/14/23 rla

ATTACHMENT #5
OCTOBER 2023

Washtenaw County Community Mental Health (WCCMH) Board
2024 Annual Calendar

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

BOC=Board of Commissioners

10/23/23 rla

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

BACKGROUND:

1. Oconomowoc Developmental Training Center of Wisconsin, LLC: provides licensed residential services.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Oconomowoc Developmental Training Center of Wisconsin, LLC	Medicaid	As Authorized	October 1, 2023-September 30, 2024	Licensed Residential Services

WCCMH - Office of Recipient Rights

Quarter II- FY 22/23

Executive Summary

ORR Program Updates:

- We continue to provide supplemental virtual drop in Question and Answer sessions for newly hired CMH staff and have also extended this to provider staff.
- We have our annual Recipient Rights Conference in September 2023. Please let us know if you are interested in attending. It will be in Crystal Mountain this year.

Report Complaint Data:

Aggregate Summary

Fiscal Year	22/23	21/22	20/21	19/20
Complaints Received	85	69	61	85
Allegations Involved	115	91	80	122
Allegations Investigated	103	83	78	119
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	35	35	34	32
Percent Substantiated	33.9%	42.2%	43.6%	26.9%

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 22/23		FY 21/22		FY 20/21		FY 19/20	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**12**	**1**	**10**	**3**	**9**	**3**	**14**	**2**
Class III	**9**	**3**	**4**	**1**	**9**	**3**	**12**	**1**
Sexual Abuse	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Neglect:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**2**	**1**	**0**	**0**	**1**	**0**	**3**	**2**
Class III	**29**	**15**	**26**	**17**	**23**	**15**	**36**	**17**

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

FY 22/23	(Received) **Substantiated**	**FY 21/22**	(Received) **Substantiated**	**FY 20/21**	(Received) **Substantiated**	**FY 19/20**	(Received) **Substantiated**
Neglect Class III	(29) **15**	Neglect Class III	(26) **17**	Neglect Class III	(23) **15**	Neglect Class III	(36) **17**
Mental Health Services Suited to Condition	(16) **6**	Mental Health Services Suited to Condition	(12) **7**	Dignity and Respect	(12) **3**	Mental Health Services Suited to Condition	(14) **5**
Safe Sanitary or Humane Treatment Environment	(7) **4**	Dignity and Respect	(20) **4**	Abuse Class III	(9) **3**	Disclosure of Confidential Information	(5) **3**

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

Service location type/Code	Number of substantiations
Outpatient Services	1
Residential Group Home – MI	2
Residential Group Home – DD	8
Residential Group Home – MI & DD	3
Day Program – DD	1
Supported Employment	0
Assertive Community Treatment (ACT)	2
Case Management	0
Partial Hospitalization	0
Supported Living	18
Workshop (prevocational)	0
Other	0

ATTACHMENT #7
~~OCTOBER 2023~~

COMPLAINT DATA FOR:	Washtenaw County
RIGHTS OFFICE DIRECTOR:	Katie Snay

Reporting Period: **FY23** October 1, 2022 - March 31, 2023

CMH

# of Consumers Served (unduplicated count)	4748	Rights Office FTEs	4

LPH

Number of Licensed Beds		Hours/40 Spent on Rights	

ALLEGATION TOTALS

Total Complaints Received	115
Allegations	103
Investigations	103
Investigations Substantiated	35
Interventions	0
Interventions Substantiated	0

DO NOT TYPE HERE - CELL WILL AUTO FILL

ALLEGATIONS BY CATEGORY

Code	Category	Received
0000	No Right Involved	7

Code	Category	Received
0001	Outside Provider Jurisdiction	5

Code	Category	Received	Investigations	Investigations Substantiated
7221	Abuse class I	0	0	0
72221	Abuse class II - Nonaccidential act	7	7	1

72222	Abuse class II - unreasonable force	2	2	0
72223	Abuse class II - emotional harm	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0
72225	Abuse class II - exploitation	3	3	0
7223	Abuse - class III	9	9	3
7224	Abuse class I - sexual abuse	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated
72251	Neglect class I	0	0	0
72252	Neglect class I - failure to report	0	0	0
72261	Neglect class II	2	2	1
72262	Neglect class II - failure to report	2	2	1
72271	Neglect class III	29	29	15
72272	Neglect class III - failure to report	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7550	Right Protection System	1	1	1	0	0
7555	Retaliation/harassment toward recipients	1	1	0		

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions 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	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated

7081	Mental Health Services Suited to Condition (includes chapter 4 violations)	16	16	6	0	0
7082	Safe, Sanitary Humane Treatment Environment	7	7	4	0	0
7083	Least restrictive setting	0	0	0	0	0
7084	Dignity and Respect	14	14	2	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7100	Physical and Mental Exams	0	0	0	0	0
7110	Family Rights	6	6	0	0	0
7120	Individual Written Plan of Service (Person-Centered Process)	0	0	0	0	0
7130	Choice of Physician/Mental Health Professional	0	0	0	0	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	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7240	Fingerprints, Photographs, Audiorecordings, Use of One-Way Glass	1	1	1	0	0
7249	Video Surveillance	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7480	Communications-Visits	0	0	0	0	0
7481	Communications-Telephone	1	1	0	0	0
7263	Communications-Mail	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7281	Property-Possession and use	1	1	0	0	0
7286	Personal Property – Limitations	0	0	0	0	0

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7360	Labor and Compensation	0	0	0	0	0

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

Code	Category	Received	Investigations	Investigations Substantiated	Interventions	Interventions Substantiated
7460	Complete Record	0	0	0	0	0
7480	Disclosure of Confidential Information	1	1	0	0	0
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		**103**	**103**	**35**	**0**	**0**

CLICK ON CELL G AND CHOOSE FROM DROP-DOWN

ENTER THE NAME OF THE LEAD RIGHTS ADVISOR (RIGHTS DIRECTOR)

ATTACHMENT #7
OCTOBER 2023

Section II: Remediation data for: Washtenaw County

Category (from Complaint Data)	Provider Type	Specific Remedial Action	Specific Remedial Action	CMH ONLY SED	SED-W	DD-CWP	HSW
Abuse - class III	SIP	Employee left the agency, but substantiated					2
Neglect class II	SIP	Written Reprimand	Demotion				1
Neglect class III	SIP	Written Reprimand	Plan of Service Revision				1
Neglect class III	SIP	Written Reprimand	Suspension				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Written Reprimand	Training				
Neglect class III	Day Program DD	Written Reprimand	Training				
Dignity and Respect	Residential DD	Training					5
Neglect class III	Out Patient	Written Reprimand	Training				
Neglect class III	Residential MI & DD	Written Reprimand	Training				
Neglect class III	ACT	Employee left the agency, but substantiated					
Neglect class III	Residential DD	Employee left the agency, but substantiated					1
Neglect class III	SIP	Written Reprimand	Training				
Neglect class III	SIP	Employee left the agency, but substantiated	Other				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Employee left the agency, but substantiated	Other				
Neglect class III	Residential DD	Contract Action	Training				1
Safe, Sanitary Humane Treatment Environment	Residential MI & DD	Training	Other				
Safe, Sanitary Humane Treatment Environment	Residential MI	Written Counseling					
Neglect class III	SIP	Employment Termination					1
Dignity and Respect	SIP	Employment Termination					1
Neglect class III	SIP	Written Reprimand	Training				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Employee left the agency, but substantiated	Written Reprimand				
Right Protection System	SIP	Verbal Counseling	Training				
Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass	SIP	Verbal Counseling	Training				
Neglect class III	Residential DD	Written Reprimand	Suspension				
Safe, Sanitary Humane Treatment Environment	Residential DD	Training					1
Abuse class II - nonaccidential act	Residential DD	Suspension	Training				1
Neglect class II - failure to report	Residential DD	Written Reprimand	Training				1
Abuse - class III	SIP	Employment Termination					1
Neglect class III	SIP	Employment Termination					1
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Plan of Service Revision	Other				
Mental Health Services Suited to Condition (includes chapter 4 violations)	SIP	Plan of Service Revision	Other				
Neglect class III	ACT	Pending					
Safe, Sanitary Humane Treatment Environment	Residential MI	Verbal Counseling					
Mental Health Services Suited to Condition (includes chapter 4 violations)	Residential DD	Pending					
Abuse - class III	Residential MI & DD	Employment Termination					

REMEDIATION TOTALS	
Contract Action	1
Demotion	1
Employee left the agency, but substantiated	6
Employment Termination	5
Environmental Repair/Enhancement	0
None	0
Other	5
Pending	2
Plan of Service Revision	3
Policy Revision/Development	0
Recipient Transfer to Another Provider/Site	0
Staff Transfer	0
Suspension	3
Training	14
Verbal Counseling	3
Verbal Reprimand	0
Written Counseling	1
Written Reprimand	12

PROVIDER TOTALS	
ACT	2
Case Management	0
Children's Foster Care	0
Clubhouse/Drop-in Center	0
Crisis Center	0
Day Program DD	1
Day Program MI	0
Inpatient	0
Other	0
Out Patient	1
Partial Hospitalization	0
Psychosocial Rehabilitation	0
Residential DD	8
Residential MI	2
Residential MI & DD	3
Respite Homes	0
SIP	18
Supported Employment	0
Workshop (prevocational)	0

WAIVER POPULATION TOTALS	
SED	0
SED-W	0
DD-CWP	0
HSW	18

Millage Funding Summary October 2023

Student Advocacy Center:

Goals:

Education Advocacy Request

Currently, CMH provides $52,520/year to SAC for education advocacy services to fund 0.5 FTE. We served 67 students last year, equivalent to 2 FTE. We had 190 requests for advocacy support in Washtenaw County — more than ever in our history.

With additional funding from CMH, we would be able to leverage other funding and add an additional advocate to meet the demand for our services.

SAC is requesting funds of $205,117/year to fund 2.0 FTE education advocates. This would serve about 60 students a year.

Check and Connect Request

Currently, CMH provides $141,123/year to SAC to pay for 2 mentors, serving 40 students. SAC actually served 49 students this past year (2022-2023).

Due to other funding, SAC only needs CMH to cover 1.0 FTE to sustain services, but we are asking that CMH actually fund SAC for 1.5 FTE so that we can add a new mentor in Ann Arbor. CMH therapists have long requested Check and Connect services in Ann Arbor, as well as additional female mentoring support for clients who have experienced particular traumas.

We are requesting $175,555 for 1.5 FTE mentors.

Funding Amount: $380,672/ year for 2 years

Wayne State Center for Behavioral Health and Justice:

Goals:

The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work proposes to assist Washtenaw County youth justice partners in a collaborative implementation process that aligns and prioritizes the implementation strategies of the County's Assessment Connection Center (ACC) and relevant recommendations from the Washtenaw Equity Partnership (WEP) and the state's Michigan Task Force on Juvenile Justice Reform. This undertaking is designed to streamline efforts, prioritize goals, and create a comprehensive roadmap for effective youth justice reform. The ultimate objective is to foster a fair, equitable, and supportive environment for young people in Washtenaw County that focuses on early intervention and prevention rather than justice system contact.

What:

Short-term Outcomes

• Partner alignment

• An actionable roadmap for the implementation of reform priorities
• Improved collaboration and coordination
• Enhanced data-driven decision-making
• Sustainable framework for continued collaboration beyond the planning process

Long-term Outcomes

• Reduced racial disparities and related inequities.
• Improved outcomes for youth across Washtenaw County

Funding Amount: $82,018/ year for 1 year

Community Family Life Center:

Goals:

Community Family Life Center's (CFLC) is submitting a proposal for a three-year mileage contract to support African American Men's mental health in the 48197 and 48198 zip codes. This project will enhance a mental health program, including trauma focused-care, offered to low-income, high risk, vulnerable African American males from ages 10 to 25 within the 48197 and 48198 zip codes.

If awarded the funding will increase clinical capacity, to handle the demand for case management and mental health care. The services will alleviate stress and trauma within the African American community and increase their ability to gain access to mental and physical resources that will allow them to become more resilient and to thrive.

What:

There will be an integration of various strength-based interventions utilized to assist in improving client functioning. The project will provide clinical case management, which will include some supportive counseling, as needed. The project will also provide psychotherapy, utilizing Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), T-GCTA, Play Therapy, Mindfulness, Progressive Relaxation, Parent/Peer Support Partners, and other adjunctive forms of therapy, as needed. The overall goal and supportive objectives will be to provide case management to help the target population get access to community resources, provide individual and/or group therapy for trauma-exposed and/or traumatically bereaved/grieved African American males in hopes of reducing distress and disruption to their daily functioning and increasing resiliency. This will be made possible through an increase in clinical staff, technological access, and robust therapeutic programs.

Funding Amount: $211,000/ year for 2 years

Center for Health and Research Transformation:

Goals:

Communications

1. Education. Increase community awareness of millage-funded services through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Place up to 30 new ads in

publications such as Connected Magazine, the Ann Arbor Observer, and the Chelsea Guardian.
Due date: September 30, 2024.

2. Underwriting. Continue underwriting contract with Second Wave Media (Concentrate) to publish four stories on MHSUD concerns; Concentrate to credit the millage for underwriting all applicable MHSUD stories.
Due date: Quarterly.

3. Stories and newsletters. Produce three quarterly millage e-newsletter with three feature stories each, such as millage-funded program updates, new funding updates, staff Q&As, etc.
Due date: Quarterly.

4. Impact reporting. Create impact powerpoint highlighting 2023 work. Create and distribute 2023 impact report.
Due date: September 30, 2024.

5. With MAC input, Plan one community event and write a story about it. Promoted the event to the public. For example, plan and host a Facebook Live event with potential topics including WISD and WCCMH collaboration, WCCMH and WCSO collaboration, and One Big Collaborative.
Due date: September 30, 2024.

6. Materials. With MAC input, develop and distribute print materials to share millage services, such as posters, flyers, postcards, magnets, brochures, and more.
Due date: September 30, 2024.

7. Website maintenance. Post original content on millage microsite and monitor web metrics. Manage news and announcement posts for WCCMH staff.
Due date: Quarterly and ad hoc.

8. Youth convening event support. Plan and develop youth convening event materials such as invitations and agendas. Write a summary report that outlines youth service gaps through 4 primary domains; prevention strategies, opportunities for intervention, integration of specialty services, and effective crisis response and stabilization and attendees' perspectives on where additional investments sho8ld be made to bring new services online or where new organizational partnerships could be formed to promote better continuity of care.
Due date: June 30, 2024.

Funding Amount: $178,875 for 1 year

Administrative Support

To provide administrative support to coordinate meetings, support the youth assessment center project, provide data work, assess and evaluate activities, and staff support.

Funding Amount: $63,435 for 1 year

Total Funding Amount: $242,310 for 1 year

student advocacy center of MICHIGAN

SUMMARY

Education Advocacy Request

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We are requesting $175,555 for 1.5 FTE mentors.

NEED

The American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) are joining together to declare a National State of Emergency in Children's Mental Health. (American Academy of Pediatrics, 2021). Since the pandemic, 70% of US public schools reported a sharp rise in students seeking mental health services — but only 56% of schools could provide services effectively. These national trends are being played out right here in Michigan and Washtenaw County. Student Advocacy Center has never seen such a demand for our services.

Mental health and school experiences are intertwined. A qualitative study found that more than a third of children who died by suicide experienced school expulsion or suspension, a recent change in schools, or history of special educational needs. Washtenaw County youth in seventh grade earning grades of Ds and Fs were more than twice as likely to experience being sad and hopeless almost every day for two weeks or more and 150% as likely to have a suicide plan. (MIPHY - Michigan Profile for Healthy Youth 2019-2020 7th graders survey).

Washtenaw County schools are struggling to keep up with the need and regularly report challenges with staffing vacancies. And while many local school leaders are deeply committed to ending expulsions and even suspensions, families continue to report challenges such as placements to virtual school, send-homes, multiple suspensions and denial of special education services.

SAC believes the pandemic and the associated isolation, lack of school and grief is only one (very important) piece of the puzzle. The devastating Oxford school shooting in November of 2021 resulted in so much fear and a rise in suspensions and referrals to law enforcement across the state.

Our Overall Approach

student advocacy center of MICHIGAN

SAC provides two levels of direct service — shorter-term education advocacy and a longer-term evidence-based academic mentoring program that results in increased engagement in school for the students who need it the most. We see increased attendance and grades, decreased disciplinary referrals, increased in-school and community supports, improved social-emotional functioning and self-advocacy skills, and ultimately, a brighter future.

We build relationships with youth and families, build their power, elevate their voices and work together to secure the education they need to thrive. There is no other organization like SAC in the entire state. We focus on youth experiencing harsh school discipline, foster care, homelessness, mental illness and other disabilities, and discrimination.

Education Advocacy & Support

In the Yale Law Journal, Phillips (2008) argues students with disabilities need external advocates to achieve optimal outcomes because of the complexity of disabilities, formal rules of the system, lack of knowledge about the disability and system, and difficulty interacting with schools. These challenges are exacerbated for low-income homes and court-involved youth. Our population tends to include students with disabilities, past trauma, abuse and neglect, experience with homelessness, the juvenile justice system and/or the foster care system. Too often, their behavior is seen as a "choice," rather than an expression of the pain they are experiencing, and schools struggle to develop and implement successful plans.

SAC bases its model of advocacy on the research-based framework outlined in Schneider and Lester's book, "Social Work Advocacy: A new framework for action" (2001). In this book, advocacy is defined as the "exclusive and mutual representation of an individual, family, or cause in a forum, attempting to systematically influence decision making in an unjust or unresponsive system(s)." Following best practice (Schneider and Lester), SAC takes a strength-based and empowerment approach, working to engage the student and his or her support team, helping to identify the issue, goal and steps to take, as well as helping take action. Key steps in Schneider and Lester's framework, each supported by data, include identifying the issues and setting goals, getting the facts, planning strategies and tactics, being persistent and evaluating the advocacy effort.

Our interventions promote academic success by engaging the student and the parent/guardian/caretaker in their education, developing a cross-system team to support the student, developing and advocating for the best educational services possible (special education, behavior plans, discipline, re-entry plans, tutoring, etc.), monitoring educational success, and brokering educational resources, including tutoring, credit recovery, after-school activities and restorative practices. SAC puts high value on non-adversarial advocacy, empowerment, collaboration with the schools and building a supportive team of professionals to help the student.

More specifically, services include:

- Assessing educational needs with a focus on centering the voice and experiences of the student.
- Securing and analyzing academic records.
- Developing educational goals and plans.
- Explaining educational options and rights to families.

- Advocacy at disciplinary hearings in an attempt to stop the school-to-prison pipeline. Developing and advocating for lesser interventions to suspension.
- Advocacy and support in IEP meetings, MDRs, behavior plan meetings, school staffings, restorative meetings, etc.
- Advocacy for obtaining and retaining needed education/support services, including special education services, 504 plans, other school accommodations, trauma-responsive care, transportation, tutoring, McKinney-Vento services, etc.
- Filing state special education complaints and/or federal civil rights complaints as needed.
- Assisting with school enrollment and transition, disciplinary reinstatement hearings, grade and course placement, and preventing school changes.
- Summarizing and conferencing with child welfare and juvenile justice staff (and related professionals) concerning each youth's educational needs.
- Monitoring youth's academic progress through conferencing with the school, family and/or caseworker.
- Assisting the youth (and caregiver) with problem-solving, self-advocacy and the development of academic and social-emotional skills.
- Attending Family Court, Case Conferences and Team Meetings, as needed.
- Assisting with academic transition planning.
- Coordinating other needed educational and community services, such as tutoring and credit recovery.
- Client transportation, as needed.

Mentoring

SAC also provides long-term educational mentoring. SAC's mentoring program is called Check and Connect and is one of the only research-based dropout prevention programs in the country. Referrals come directly from the schools (and community partners such as CMH). Services are provided for at least two years, per the model and best practices.

The University of Minnesota says that Check and Connect should be considered a "targeted or intensive" program for the students with the most need. The heart of this intervention is the relationship between the student and a caring, trained mentor who challenges each student academically and provides personalized, relationship-based, data-driven interventions weekly, while partnering and coordinating with schools, families, foster families (if applicable), Department of Health & Human Services and community agencies to encourage positive development. This model is unique in its relentless focus on education and the way the mentor bridges and coordinates all the different systems in the students' lives. Check and Connect is outreach-intensive and requires mentors to conduct home and community visits to engage youth. The mentor works with the school to check on attendance, grades and behavioral referrals each week and

uses that data to craft personalized interventions. The mentor provides frequent, positive feedback, builds a community of support, and empowers the youth to be a leader and solve his or her own problems. Participants are retained in the program through this relationship and empowering approach. Mentors make a commitment to working with the students for at least two years, unless they move out of the area or graduate high school.

Services provided include:

- Building positive relationships with each student.
- Checking in weekly with each student.
- Regular data checks, using data schools already collect.
- Using collected data to design personalized interventions for target students.
- Facilitating communication and problem solving at the individual student level, and between school, community, home and other involved professionals.
- Attending school-based meetings and advocating for support services as needed.
- Breaking down barriers to school attendance and success, including transportation to school in emergencies.
- Connecting students to extracurricular programs and/or tutoring and other community resources (mental health, substance abuse) when appropriate.
- Brokering and facilitating leadership, volunteer and career and higher education exploration opportunities for students.
- Providing academic assistance, homework help and tutoring as needed.
- Client transportation related to the treatment plan, as needed.

SAC Washtenaw CMH Ed Advocacy 2023 Budget

This budget will allow us to add another Washtenaw Advocate (with the costs of that new advocate shared with court involved youth funders & other grants)

Salaries and Benefits - 2.0 FTE Educ Advocates, Supervision, and Admin Support *	**$194,647**
Student/Client Needs	**$2,600**
IT/Tech & Bookkeeping Support - expense/reimbursement/ payroll processing/IT support for 2.0 FTE advocates	**$1,400**
Paychex fees, Audit, Retirement	**$0**
Translators	**$635**
Office Supplies/Printing	**$1,125**
Rent	**$0**
Computers/Internet - 2.0 FTE advocates computer repairs/replacement; no internet	**$360**
Mileage/Travel	**$3,000**
Insurance - workers comp/prof liability insurance for 2.0 FTE advocates	**$1,350**
TOTAL SAC WASHTENAW CMH ED ADV	**$205,117**
TOTAL SAC WASHTENAW ED ADVOCACY	**$422,682**

*** Exec Director 1.75 hours/week; Director of Care and Sustainability 2 hours/week**
Ed Adv Program Manager 9 hours/week; Admin Coordinator 1.5 hours/week;
Finance Manager 1.75 hours/week

SAC Washtenaw Check & Connect CMH 2023 Budget

Salaries and Benefits - 1.5 FTE Mentors, Supervision, and Admin Support *	**$162,280**
Student/Client Needs	**$2,700**
IT/Tech & Bookkeeping Support - expense/reimbursement/payroll processing/IT support for 1.5 FTE mentors only	**$1,625**
Paychex fees, Audit, Retirement	**$0**
Translators	**$175**
Office Supplies/Printing	**$800**
Rent	**$0**
Computers/Internet - share of additional mentor computer only; no internet included	**$150**
Mileage/Travel	**$3,700**
Insurance - workers comp/professional liability insurance for 1.5 FTE mentors only	**$1,225**
C&C License & Assessments; Training; C&C app - WCMH proportional share of Washtenaw C&C program cost only	**$2,900**
TOTAL SAC WASHTENAW C&C CMH	**$175,555**
TOTAL SAC WASHTENAW C&C	**$604,801**

*** Exec Director 2.5 hours/week; Director of Care and Sustainability 2.5 hours/week**
CC Program Manager 10 hours/week; Admin Coordinator 1.5 hours/week;
Finance Manager 2 hours/week

Includes WCMH share of the new AAPS mentor not covered by the City of Ann Arbor

WAYNE STATE
School of Social Work
Center for Behavioral Health and Justice

Proposal Submitted To: Washtenaw County Community Mental Health

Proposal Submitted By: Center for Behavioral Health and Justice

Project Title: Implementing Youth Justice Improvements in Washtenaw County

Project Duration: October 1, 2023, to July 31, 2024

Proposal

The Center for Behavioral Health and Justice (CBHJ) at the Wayne State University School of Social Work proposes to assist Washtenaw County youth justice partners in a collaborative implementation process that aligns and prioritizes the implementation strategies of the County's Assessment Connection Center (ACC) and relevant recommendations from the Washtenaw Equity Partnership (WEP) and the state's Michigan Task Force on Juvenile Justice Reform. This undertaking is designed to streamline efforts, prioritize goals, and create a comprehensive roadmap for effective youth justice reform. The ultimate objective is to foster a fair, equitable, and supportive environment for young people in Washtenaw County that focuses on early intervention and prevention rather than justice system contact.

Background

Over the past three years, Washtenaw County has embarked on two major initiatives to improve the way it serves young people impacted by the youth justice system. First, the County has proposed the development of a County Assessment Connection Center, which will serve as a hub for identifying the strengths, needs, and risks of each youth. This Center will be instrumental in driving individual treatment planning as well as understanding the trends and systemic needs of this population.

At the same time, the Washtenaw Equity Partnership (WEP) set out to use qualitative and quantitative data to study inequities in the juvenile and adult criminal legal systems. The findings, which reflected the state's youth justice racial and ethnic disparities data dashboard, revealed significant disparities, particularly among Black youth, at various stages of Washtenaw County's youth justice system, including arrest, probation supervision, and placement in secure detention, underscoring the urgent need for action. Through several work groups that engaged a broad network of community members and organizational partners, WEP prioritized recommendations that would improve racial equity through prevention, early intervention, community-based and behavioral health services, school justice, and pre-arrest/pre-petition diversion, to name a few.

As these initiatives have advanced at the local level, the Michigan Task Force on Juvenile Justice Reform (which will be subsequently referred to as the "Task Force" throughout this proposal) was convened in 2021 to conduct a statewide analysis of Michigan's youth justice system, complete with recommendations for

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changes in state law, policy, and appropriations to improve youth outcomes. Their final recommendations emphasized the importance of diverting youth from the legal system and expanding community-based services to effectively target the underlying factors that precipitate youth involvement in the legal system. Like many other counties, Washtenaw County has historically spent more on out-of-home placements ($6.4 million in 2020) than on in-home services ($2.2 million in 2020).[1]

In 2023, a bipartisan legislative bill package was introduced to achieve a number of the priority recommendations set forth by the Governor's Task Force, including:

- Incentivize counties to serve youth in community-based programs rather than residential facilities by increasing the state reimbursement rate within the Child Care Fund (CCF) from 50% to 75%. While the new CCF rules are being written, counties looking to secure the new 75%/25% reimbursement rate should start planning how they will expand community-based programming to be ready by the proposed October 1, 2024, start date.
- Permit Child Care Fund dollars for early interventions, rather than the current structure, which requires a young person to be formally charged in court before receiving diversion services. Given the significant body of research that indicates that any interaction with the legal system can harm young people, this change will allow youth to be served before becoming involved in the youth justice system.
- Adopt validated, evidence-based risk screening and assessment tools for diversion and disposition decisions, detention screening, and best practice probation standards. The risk assessments identify the needs of the youth and family that, if addressed, will lead to decreased recidivism and increased public safety.
- Establish youth service committees to ensure equity and improve service availability, access, and coordination of CCF and other service system funding for youth at risk of entering or already in the youth justice system.

Integrating these related but siloed efforts into one coordinated implementation process will bring relevant partners together and eliminate duplicative or, worse, countervailing work. By joining the efforts of the ACC and the recommendations from the WEP and Task Force into one integrated process, the County will take a holistic approach to employing early interventions before youth become entangled in the legal system.

Integrated Implementation of the ACC and Relevant Recommendations from the WEP and Task Force

The CBHJ proposes assisting Washtenaw County to develop an integrated implementation process that synchronizes the efforts of the ACC, the WEP and the Task Force. Each respective initiative shares a common goal of reforming the youth justice system through prevention and early intervention to better serve youth in Washtenaw County. In collaboration with all key partners, this process would clarify the necessary action steps toward making that goal a reality.

Over the course of this proposed 10-month project (10/1/23 – 7/31/24), the CBHJ will lead partners through a four-phase process (detailed in the next section and the attached Gannt chart) that begins with assessment and community engagement, identifies which recommendations should be prioritized, delineates the process for systems change and resource allocation, and culminates with a clear plan for implementation and evaluation.
Partner meetings would be held monthly for two hours each from October through July. The information would cascade toward the final decisions needed to develop a comprehensive work plan to guide implementation. Please see attached chart for a proposed timeline.

[1] See August 7, 2019 memo from Washtenaw County Ways and Means Committee entitled, *2019-20 Child Care Fund Budget.* It is unclear if these figures include both Abuse and Neglect children.

We propose to complete this work by July 31, 2024, to ensure timely submission to the Wayne County Board of Commissioners and the Michigan Department of Health and Human Services for funding in fiscal year 2025. This timing also assists the County in planning and preparing to take full advantage of the new 75%/25% Child Care Fund cost split, anticipated to pass the Legislature this fall.

The CBHJ Process

Phase 1: Initial Assessment and Engagement/Setting the Context for the Work

During this phase, the CBHJ will provide an overview of the current system, as well as the status of each initiative. Key partners from the ACC, WEP and Task Force, as well as community members and partners, will be engaged in structured discussions, facilitated workshops, and data-gathering sessions. To ensure this process is guided by local leadership, the CBHJ would consult with partners to identify which supports would be most beneficial toward moving the process forward, including, but not limited to:

- An inventory of ongoing efforts and accomplishments of each initiative.
- An analysis of gaps and challenges in the current juvenile justice system.
- Identification of potential areas of collaboration and synergy.

Phase 2: Prioritizing Recommendations

Partners will analyze the data and insights gathered in Phase 1 in this phase. The focus will be on identifying common goals and aligning visions to create a shared understanding of the desired outcomes. At this time, the CBHJ will also pose a series of key questions to ascertain which recommendations will yield the most meaningful reform. The outcomes of this phase will include:

- A clearly articulated set of shared goals for juvenile justice reform.
- A prioritized list of objectives based on consensus and impact. Prioritization will enable targeted action plans and resource allocation.
- Development of subcommittees or work groups to address specific areas of reform.

Phase 3: Determining the Change Process, Action Planning and Resource Allocation and Implementation Plans

During this phase, subcommittees or work groups will be tasked with developing action plans to achieve the identified goals. Each group will outline strategies, timelines, and resource requirements. The outcomes of this phase will include:

- Comprehensive action plans for each priority goal, including responsible parties and milestones.
- An assessment of resource needs and strategies for securing funding and support.
- A roadmap for effective implementation, monitoring, and evaluation.

Phase 4: Collaborative Implementation and Evaluation

The final phase will focus on executing the action plans and monitoring progress. Ongoing collaboration, feedback loops, and data sharing will be established to ensure the success of the reform efforts. The outcomes of this phase will include:

- Collaborative implementation of reform initiatives.
- Regular evaluation and reporting on progress toward goals.

- A sustainable framework for continued collaboration beyond the planning process.

Outcomes

The CBHJ's comprehensive approach offers a promising array of outcomes aimed at transforming the youth justice system. While the specific outcomes will be co-created in collaboration with Washtenaw partners, we expect to achieve the below outcomes.

Short-term Outcomes

- Partner alignment
- An actionable roadmap for the implementation of reform priorities
- Improved collaboration and coordination
- Enhanced data-driven decision-making
- Sustainable framework for continued collaboration beyond the planning process

Long-term Outcomes

- Reduced racial disparities and related inequities.
- Improved outcomes for youth across Washtenaw County

Budget and Funding Requirements

The estimated cost for this project is $82,018. A summary of the proposed budget is provided below. The funds will be utilized to support partner engagement activities, expert consultations, facilitation services, data interpretation, and other necessary resources.

By investing in this collaborative process, we aim to more effectively address the needs of youth by connecting them with services as early as possible, thereby reducing reliance on the youth justice system. We believe that this transformative initiative will significantly contribute to fostering a fair, just, and equitable environment for youth and families in Washtenaw County.

Personnel Costs *$52,904*

Personnel costs include CBHJ staff, including leadership from:

- Principal Investigator Dr. Matthew Larson (13%);
- Project consultation and facilitation from Terri Gilbert (10%);
- Project coordination from Kat Layton (25%);
- Project support from a to-be-named Program Assistant (20%); and
- Communications assistance from Lyz Luidens and Jessica Best (at 5% each)

Consulting Costs *$20,578*

Consultant fees include project planning, report writing, survey development and meeting facilitation from Michelle Weemhoff. Additionally, it includes mileage and parking for meeting attendance.

Supplies and Equipment Costs *$900*

Supplies and equipment costs include printed materials/photocopies for meetings, supplies for presentations, printed documents, reports, and other relevant project materials.

Indirect Costs *$7,456*

An indirect cost rate of 10% has been applied.

Purpose and Background of the Center for Behavioral Health and Justice

The CBHJ was founded in 2018 by Sheryl Kubiak, Dean of the Wayne State University School of Social Work, to help local communities optimize the diversion of individuals from jail and prison by implementing innovative practices at every intercept of the criminal legal system continuum. Its multidisciplinary, community-engaged research and facilitation team includes 35 staff members plus several consultants with training in social work, public health, and criminal legal system fields.

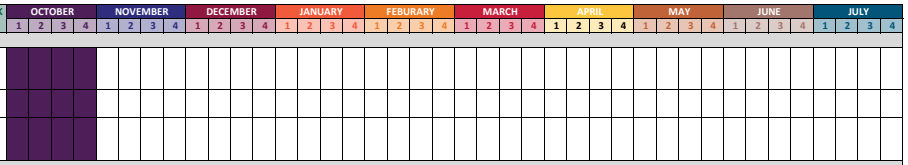
Team members use various qualitative and quantitative research methods to work directly with community partners to design, implement, and evaluate policies, programs, and interventions. They have "real world" expertise, not only in a broad spectrum of behavioral health and criminal legal systems but also in providing technical assistance and bringing together community partners to facilitate sustainable, data-driven decision-making. With a commitment to community-engaged research, the CBHJ team is embedded in communities across the states of Michigan and Indiana to collaborate and convene partners from state and local government, behavioral health treatment providers, law enforcement, jail administration, courts, probation/parole, general health care, and community members with lived experiences in and within these systems.

ATTACHMENT #8E
OCTOBER 2023

PROJECT TITLE	Implementing Youth Justice Improvements in Washtenaw County
PROJECT MANAGER	Terri Gilbert, MSW

PROPOSAL SUBMITTED BY	Center for Behavioral Health and Justice
DATE	August 2023

WBS NUMBER	TASKS COMPLETE	TASK TITLE	TASK OWNER	START DATE	DUE DATE	DURATION	PCT OF TASK COMPLETE
1	0	Initiative Assessment and Collaboration					0%
1.1	☐	Meet with Washtenaw steering team to determine scope, approach, participants, and meeting schedule		10/1/23	10/31/23	30	FALSE
1.2	☐	Inventory ongoing efforts and accomplishments of each initiative		10/1/23	10/31/23	30	FALSE
1.3	☐	Analyze the current system: Review process map, analyze available data, identify gaps and challenges		10/1/23	10/31/23	30	FALSE
2	0	Goal Setting and Recommendations					0%
2.1	☐	Convene local youth-serving partners and present the system analysis		11/1/23	11/30/23	29	FALSE
2.2	☐	Articulate shared goals for youth justice reform in Washtenaw County		11/1/23	11/30/23	29	FALSE
2.3	☐	Identify potential areas of collaboration and synergy through a partner survey		11/1/23	11/30/23	29	FALSE
2.4	☐	Prioritize recommendations based on consensus and impact		11/1/23	11/30/23	29	FALSE
3	0	Logic Model and Implementation Planning					0%
3.1	☐	Outline implementation plans for highest priority changes		12/1/23	12/31/23	30	FALSE
3.2	☐	Create an outline of the change process (roadmap) and goals		12/1/23	12/31/23	30	FALSE
3.3	☐	Develop a draft logic model for the highest-priority changes		12/1/23	12/31/23	30	FALSE
3.4	☐	Form subcommittees or working groups to address specific reform areas		12/1/23	12/31/23	30	FALSE
4	0	Priority Area 1 Implementation Planning					0%
4.1	☐	Facilitate discussion with participants around Priority Area 1		1/1/24	1/31/24	30	FALSE
4.1.1	☐	Review gaps and challenges; identify strengths and opportunities		1/1/24	1/31/24	30	FALSE
4.1.2	☐	Establish timelines and milestones for implementation		1/1/24	1/31/24	30	FALSE
4.1.3	☐	Determine and document roles and responsibilities		1/1/24	1/31/24	30	FALSE
4.2	☐	Define metrics and indicators to monitor progress and evaluate implementation success		1/1/24	1/31/24	30	FALSE
5	0	Prioirity Area 2 Implementation Planning					0%
5.1	☐	Facilitate discussion with participants around Priority Area 2		2/1/24	2/29/24	28	FALSE
5.1.1	☐	Review gaps and challenges; identify strengths and opportunities		2/1/24	2/29/24	28	FALSE
5.1.2	☐	Establish timelines and milestones for implementation		2/1/24	2/29/24	28	FALSE
5.1.3	☐	Determine and document roles and responsibilities		2/1/24	2/29/24	28	FALSE
5.2	☐	Define metrics and indicators to monitor progress and evaluate implementation success		2/1/24	2/29/24	28	FALSE
6	0	Prioirity Area 3 Implementation Planning					0%
6.1	☐	Facilitate discussion with participants around Priority Area 2		3/1/24	3/31/24	30	FALSE
6.1.1	☐	Review gaps and challenges; identify strengths and opportunities		3/1/24	3/31/24	30	FALSE
6.1.2	☐	Identify required resources and strategies		3/1/24	3/31/24	30	FALSE
6.1.3	☐	Identify needs for training and technical assistance		3/1/24	3/31/24	30	FALSE
6.2	☐	Define metrics and indicators to monitor progress and evaluate implementation success		3/1/24	3/31/24	30	FALSE
7	0	Alignment and Process Refinement					0%
7.1	☐	Merge implementation plans for all priority areas to ensure alignment		4/1/24	4/30/24	29	FALSE
7.1.1	☐	Estimate costs and timeframe for the overall implementation		4/1/24	5/31/24	60	FALSE
7.2	☐	Create a revised process map that includes prevention and early intervention components		5/1/24	5/31/24	30	FALSE
8	0	Finalization and Feasibility Assessment					0%
8.1	☐	Develop a comprehensive plan for next steps in the implementation process		6/1/24	6/30/24	29	FALSE
8.1.1	☐	Create a framework for evaluating the effectiveness of implemented changes		6/1/24	6/30/24	29	FALSE
8.2	☐	Determine final feasibility of the recommendations and set a go-live date		6/1/24	6/30/24	29	FALSE
8.3	☐	Discuss a reinvestment framework to allocate resources effectively		6/1/24	6/30/24	29	FALSE
9	0	Summative Evaluation					0%
9.1	☐	Conduct a summative evaluation of the entire planning process		7/1/24	7/31/24	30	FALSE
9.1.1	☐	Review the effectiveness of discussions, gap analysis and planning		7/1/24	7/31/24	30	FALSE
9.1.2	☐	Identify lessons learned and areas for improvement in the planning process		7/1/24	7/31/24	30	FALSE



Community Family Life Centers
1375 S. Harris Rd
Ypsilanti, MI. 48198

TO: Lisa Gentz, LMSW
WCCMH Program Administrator

Subject: Mental Health Grant Proposal for African American Males

Date: June 28, 2023

1. **Executive Summary** −

Community Family Life Center's (CFLC) is submitting a proposal for a three-year mileage contract to support African American Men's mental health in the 48197 and 48198 zip codes.. This project will enhance a mental health program, including trauma focused-care, offered to low-income, high risk, vulnerable African American males from ages 10 to 25 within the 48197 and 48198 zip codes.

If awarded the funding will increase clinical capacity, to handle the demand for case management and mental health care. The services will alleviate stress and trauma within the African American community and increase their ability to gain access to mental and physical resources that will allow them to become more resilient and to thrive.

2. **Project Description**

There is a great need for culturally aware and sensitive mental health care treatment in Washtenaw County, for low-income, African American citizens, that is focused on the mitigation of their repeated stress and trauma, due to known social determinants of health. According to the Washtenaw County Health Department (WCHD), "Structural racism has created systems that foster discrimination and inequitable resource distribution through practices in housing, employment, education, **health care**, and criminal justice". Research further shows that because of these racial inequities, "Black and African American people living below poverty are twice as likely to report serious psychological distress than those living over 2x the poverty level" (Mental Health America, 2023). Although Washtenaw County is considered one of the healthiest counties to live in, the disparities identified by African Americans, seeking treatment from health care providers continues to be present. In 2018, Jessie Kimbrough Marshall, MD, MPH, Medical Director for the Washtenaw County Health Department stated, "Washtenaw

County has wonderful opportunities for achieving a healthy life, however those opportunities are not available for all who live here". The WCHD further reports that People of color have greater mistrust of health care systems and poorer health outcomes, as a result. This is evident in the stark health disparities in Washtenaw County. These identified health disparities and lack of trust include the current mental health structures within our county. Evidence shows that the lack of accessibility to culturally aware and sensitive treatment providers for African Americans within our county, especially within lower income neighborhoods are greatly needed and CFLC has made it a point to fill this gap in health care services for this population.

The Community Family Life Center's has established a Collaborative Mental Health Program that will mitigate the adverse impact of trauma, stress, and other mental health concerns that are unaddressed and plaguing low-income African American males within the Sugarbrook, West Willow and the general 48197 and 48198 areas. The aforementioned problem will be addressed through psychoeducation regarding mental health and the common social determinants of health that adversely affect their current level of functioning. This population will also benefit from the teaching of relaxation techniques, affective regulation skills, cognitive coping skills and the opportunity for cognitive and trauma processing, as well as, resilience building.

− Description of intervention, its goals and objectives

There will be an integration of various strength-based interventions utilized to assist in improving client functioning. The project will provide clinical case management, which will include some supportive counseling, as needed. The project will also provide psychotherapy, utilizing Cognitive Behavioral Therapy (CBT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), T-GCTA, Play Therapy, Mindfulness, Progressive Relaxation, Parent/Peer Support Partners, and other adjunctive forms of therapy, as needed. The overall goal and supportive objectives will be to provide case management to help the target population get access to community resources, provide individual and/or group therapy for trauma-exposed and/or traumatically bereaved/grieved African American males in hopes of reducing distress and disruption to their daily functioning and increasing resiliency. This will be made possible through an increase in clinical staff, technological access, and robust therapeutic programs.

Providing mental health treatment using evidence-based services at Community Family Life Center for the affected African American community, by clinicians that are of the same socially constructed race/culture and have been exposed to their current socio-economic reality. This is a major opportunity to address mental health inequities within the county.

There is an observable language barrier between African American clients of low socio-economic status and treatment providers. The National Institute of Health reported, "Language barriers pose challenges in terms of achieving high levels of satisfaction among medical professionals and patients, providing high-quality healthcare and maintaining patient safety".

The Community Family Life Center will hire staff that will be able to convey information to this population, by speaking, understanding and interpreting cultural sensitive language. Satisfying the language barrier is an overlooked intervention that will reduce harm, increase trust, present a more equitable treatment experience and address the social determinant of health that deals with a lack of quality, health care access.

During the intake process, the client will complete a Community Health Needs Assessment (CHNA) with a case manager, which is a best practice used when assessing the needs of a

focus group and it will allow for both primary and secondary data to be obtained. This assessment will also inform the clinician throughout the collaborative treatment planning process and ultimately help clients reach their goals. All client contact/engagement will be conducted either face-to-face or via HIPPA compliant tele-health programming. All parties will sign the treatment plan showing agreement.

Ongoing success will be measured through check-ins during client appointments utilizing SUDS Scales and self-reporting to assess progress or a decline in functioning. Clients will also have access to reminder communication of scheduled sessions through their client portal. This will increase participation and fulfillment of treatment goals. This methodology also helps with client retention. If there is an increase in no-show appointments, there will be three attempts made by clinicians to prompt reengagement, prior to discharging the client from the program. If discharged, the client will have 90 days to return without needing to go through the entire intake process again.

3. Evaluation

In addition to a needs assessment, each client will receive additional assessments that measure their current level of functioning. Clinicians will administer for a baseline assessment at the client's initial presentation to therapy, the UCLA to assess trauma symptomatology, DES-II for possible dissociation, the DASS 21 (Depression, Anxiety, and Stress Scale) to assess for their current level of functioning in these areas. The PHQ-9 assess the severity of their depression, the CRAFFT for adolescent anxiety, and the MDQ, for possible mood disorders. These measurements will assist in the direction of the individual's therapeutic treatment. In addition, the clinician will be able to identify any risks of suicidal or homicidal ideations through utilization of the DASS 21 measurement. The outcome of that scale will direct the clinician to engage the client in a risk assessment and/or crisis plan, if needed. As well as, to enlist other safety precautions, including public safety and transporting to psychiatric emergency services for more intensive psychiatric treatment, such as hospitalization.

Each initial measurement used will help the clinician see improvement in the client's level of functioning or a decline in functioning. They will inform any changes to the client's treatment plan, as well. The client's success will be seen through clinical observation of the clinician, social observation of family members, primary care physicians and educational teams, as well as, self-report. The clinician will conduct check-ins to assess the client's functioning and it will be recorded in their progress notes. If there are observable concerns, outreach calls will be conducted after consents are received to talk with other providers or family members, to assess what they are witnessing with the client. Their input will be recorded in the client's clinical record, as well. Each client will also receive a full progress review every 6 months to report any changes in functioning, stability and instability in familial and social environments and any other areas that may positively or negatively impact the client's functioning. This will allow for any changes to the client's treatment plan, in hopes of increasing supports or titrating back the supports currently given. The progress review is another measurement that will adequately measure client improvement and satisfaction. It will also inform the program on the proposed impact areas of programming that need more attention, adjusting, improving or discontinuing.

Upon treatment completion of each client, a written exit interview will be offered, as well as, a 90 day post-assessment, to collect data on the clinical experience and to assess sustained improvement of the initial presenting problem(s). The evaluations will be conducted to assess whether their treatment process was seen as a valued asset to the client. The design will utilize

a 5-point likert scale utilizing pictures and simple words based on the CDC's tool for programmatic evaluation, in hopes of making less complex the collection of client responses, but maintaining the integrity of tool that assesses programmatic usefulness, feasibility, accuracy and ethical behaviors. The utilization of that model will strengthen the sustainability of the program and maintain person-centered mental health services provided at the CFLC.

Lastly, not only will the client's participate in ongoing evaluation of the program, the staff will also have ongoing evaluation opportunities of the program. This will assess the satisfaction of the staff and develop the buy-in and creative involvement of the staff in developing and growing the project.

Sustainability

- Actively pursue grants from local, state and federal sources
- Private Foundations
- Support from corporate sponsors
- Individual donors
- Fund Raising
- Community partnerships to maintain program operations
- Insurance billing including Medicaid and Medicare

5. Budget Narrative and Justification

Contractual Clinical Services	
o Clinical Director	$60K
o 1 PT Clinical Social Worker	$40K
o 1 PT Case Manager	$25K
o 1 PT Data Analyst	$25K
Space & Occupancy	up to $20K
Liability Insurance	$5K
Payroll Taxes	$13K
ADP Payroll Services	$3K
Software & Hardware	up to $5K
Marketing, Graphic Design, Printing	$10K
Material & Supplies	$5K
GRAND TOTAL.	**up to $211,000.00**

The above Grand Total represents Year 1. Year 2 would be $211,000.00 and Year 3 would be $211,000.00.

The Clinical Director will oversee all clinical operations and supervision of clinical staff and student interns. In addition the clinical director will provide all inservice training. Clinical director will also perform clinical duties including individual and group therapy as well as case management as needed.

The clinical social workers (50%) will conduct therapeutic services including case management as needed. They will also supervise student interns and daily tasks. Clinical social workers will also maintain progress notes, treatment plans and discharge plans. Clinical social workers will provide periodic progress reviews.

Case manager (50%) will perform targeted case management, including facilitation and connection to community resources. The case manager will also conduct the intake process including administering assessments, maintain progress notes, treatment plans and discharge plans.

Data analyst is responsible for utilizing the knowledge of data processing software to create reports centered on programmatic satisfaction and quality improvement.

Material & Supplies: Including but not limited to books, toys, and other auxiliary therapeutic materials.

Payroll Taxes-Employer Taxes required by Federal & State governments

ADP Service cost- Payroll Processing Costs

Software & hardware – Purchase new HIPAA compliant software/hardware specifically for the provision of mental health services and appropriate data tracking, plus the ongoing subscription. Final cost to be determined upon award/program implementation.

Space & Occupancy - May need to rent additional space to accommodate new positions to ensure confidentiality. Current capacity assessment and final cost, if any, to be determined upon award/program implementation.

Marketing: Graphic design cost, printing cost including ink and toner, copier

− **Timetable for implementation**.

.Upon receipt of this funding award, the identified processes will be implemented:

- September 2023-October 2023: Recruit, interview, and contract clinical staff
- November 2023-December 2023: Onboarding process and technological access

December 2023 The program will be fully operational

Years 2-3 Continuation of mental health services

I. Period of Agreement:

This Agreement will commence on January 1, 2024, and continue through September 30, 2024. Throughout the Agreement October 1, 2022, shall be referred to as the start date. This Agreement is in full force and effect for the period specified.

II. Scope of Services

Coordination of meetings:
With direction from WCCMH, CONTRACTOR will plan and organize external meetings, prepare agendas and other materials, schedule locations and invite participants; delegate necessary tasks to appropriate participants and follow-up to ensure productivity and progress; summarize meeting discussions, group decisions and next steps, and disseminate information to participants, partner organizations and decision makers as appropriate.

Data work:
CONTRACTOR will assist WCCMH to identify necessary metrics and benchmarks for analysis and reporting of process measures and performance indicators; collect relevant background information/data to inform the work; develop effective visual depictions of data for internal analysis and for public consumption.

Assessment and evaluation activity:
CONTRACTOR will assist WCCMH in assessing and evaluating investment initiatives including annual assessment of benchmarks for presentation to the CMHAC, the WCCMH Board, and Washtenaw County Board of Commissioners; conduct system mapping to demonstrate how organizations interact and identify opportunities for improvement.

Ongoing staffing support:
CONTRACTOR will support and organize additional activities related to millage; maintain the high-level work plan, including all major activities and reporting requirements; continue identifying key non-WCCMH participants and organizations involved in building recommendations and implementing programming; maintain partner networks for three major mental health investments: crisis and stabilization services, youth services, and SUD services; continue regular communications and meetings with WCCMH staff.

Youth Assessment Center Support:
CONTRACTOR will support and organize activities related to the planning and implementation of a Youth Assessment Center (YAC) including organizing planning meetings, preparing agendas, summarize meeting notes, and track progress on action items. CONTRACTOR will provide planning and facilitation support for a community wide convening of youth serving providers to build out a referral network to be utilized by the YAC.

Millage-related activities staffing and costs:
The total cost for the work outlined above is $63,435. This figure includes .30 FTE for project coordination as well as project oversight from CHRT leadership for the period of January 1, 2024, through September 30, 2024. If there is additional demand for CHRT support beyond the .30 FTE – and if CHRT staff have the availability to commit additional time – CHRT can provide supplemental support at a rate of $120/hr. Effort, availability, and demand will be reviewed on a monthly basis and if an increase is mutually agreed up, an email from WCCMH should be sent to chrtfinance@umich.edu confirming a ceiling of overage hours.

CHRT

15 years of
Improving Health. Informing Policy

WASHTENAW COUNTY PUBLIC SAFETY AND MENTAL HEALTH PRESERVATION MILLAGE ADVISORY COMMITTEE

Communication support for the public safety and mental health millage

OCTOBER 4, 2023

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

Improving awareness of millage-funded programs and services

In late 2018, CHRT began to support communications for the Public Safety and Mental Health Preservation Millage. Early work included an inaugural annual report, a millage microsite on the WCCMH website, and newsletters. In 2019, 2021 and 2022, the Millage Advisory Committee contracted with CHRT, on behalf of WCCMH, to improve awareness of millage-funded programs and services through strategic communications. In 2021 and 2022, CHRT expanded its communication strategies to include toolkits for partner agencies and educating the community about services at WCCMH. Now, CHRT presents a new proposal to the Millage Advisory Committee to continue this work.

In the pages that follow, CHRT:

- describes the strategic communications activities undertaken during CHRT's 2022 – 2023 millage communications contract;
- provides samples of several communications deliverables from CHRT's 2022 – 2023 millage communications contract; and
- describes additional communications activities that would be undertaken in the January 2023 – October 2024 timeframe with a new to CHRT contract to continue to build awareness about millage-funded programs and services.

Communicating with residents (2022 – 2023)

From October 1st, 2022 - August 31st, 2023, the Center for Health and Research Transformation:

Wrote and disseminated 9 stories, 3 newsletters, and 4 email blasts about millage-funded programs and services.

Impact: Disseminated stories and email blasts to over 1,000 MHSUD stakeholders, elected officials, and community members, a 10 percent increase in recipients from summer 2022. Shared stories on LEADD, WISD partnership, housing support services, and more. Shared email blasts about millage town hall, millage annual report, and movie night. Emails had a 44 percent open rate, on average, above the industry average of 37 percent.

Developed and disseminated 8 vignettes about millage-funded programs and services

Impact*:* Four local artists contributed to the MHSUD campaign, including artists Gary Horton and Avery Williamson, photographer Heather Nash, and designer Daina Fuson. These vignettes featured: Jacorey Brown, Valerie Bass, Emily Scheitz, Jessy K. Perez, Elizabeth Spring, Jerry Clayton, Ebony Montgomery, and Kelly Hammill. CHRT placed 79 vignettes WCCMH's social media accounts (Facebook, Instagram), on billboards on highways US-23 and I-94, bus signs and wraps, websites, and news outlets across the county.

Developed and published an impact report to describe millage investments in 2022

Impact*:* Disseminated 2,990 copies of print annual impact reports to over 150 contacts including, libraries, schools, health centers, food pantries, housing organizations, faith-based organizations, senior organizations, law enforcement, courts, and local businesses. Developed a digital impact report and shared it widely through email lists, social media, millage newsletter, and partner newsletters. Mailed postcard and flier to every household in Washtenaw County with QR code to access the millage digital impact report. Worked with the WCCMH to develop an impact presentation for the Board of Commissioners.

Drafted WCCMH website improvements based on usability analysis findings.

Impact*:* Revisions include adaptations to the navigation bar to improve accessibility; simplifying website language; making the site more visually appealing; adding new content about eligibility for and cost of services, and more. The new design is being shared with WCCMH on a sandbox site before the changes are released on the WCCMH site. Data from the WCCMH website indicates the millage site had 958 visitors and 1,179 page views. Data shows that from October 1, 2022 - August 31, 2023 the site had a bounce rate of 64 percent, much lower than the previous year's bounce rate at 90%, indicating that individuals are spending more time on the website after landing on it.

Produced suicide prevention materials for Ann Arbor's Downtown Development Authority.

Impact. The Ann Arbor Downtown Development Authority is working to increase awareness of crisis and suicide prevention resources, particularly for people with thoughts or plans of attempting suicide. On behalf of WCCMH, CHRT produced 4 posters that share messages of hope, WCCMH's 24/7 call line, and the national 988 suicide line for placement in parking structures and in businesses.

Created a new WCCMH brochure.

Impact. Worked with WCCMH's Community Advisory Council to design a WCCMH brochure for prospective clients that explains, in plain language, the impacts of mental health and how WCCMH can help.

Hosted a community event at the State Theatre.

Impact. Planned and executed a documentary showing of BEDLAM and panel discussion at the State Theatre in downtown Ann Arbor. Before the event, attendees could visit with staff from WCCMH and NAMI-Washtenaw County and review the millage annual report. Tickets for the event sold out and over 70 people attended.

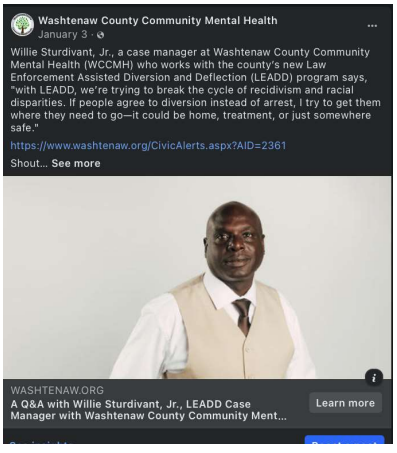
Shared local resources, events, and millage news on the WCCMH social media.

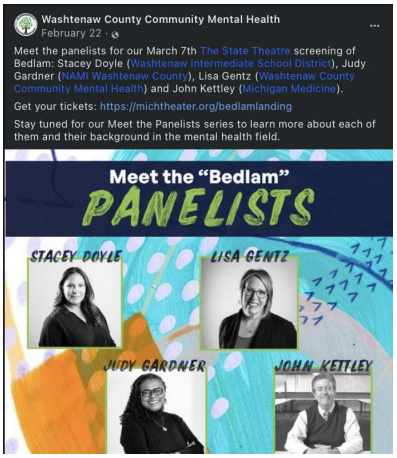
Impact. Shared 114 posts reaching over 30,000 social media users. Posts had an engagement rate of about 8 percent, with 1,485 clicks on individual posts and 346 clicks on links within posts, taking users to the WCCMH website or other MHSUD resources and events.

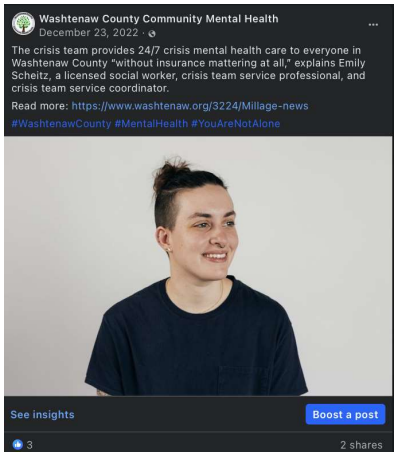
Sample communications (2022 – 2023)

Impact report.

Social media.







Vignettes.

Bus signs and billboards.

Stories.

Washtenaw's jail-based behavioral health services services aims to break the cycle of recidivism

"Coming into the jail, you often don't know when you'll get out," says Aaron Suganuma, the reentry coordinator. "Our goal has been to reach people as early as possible and connect them to resources that will promote their long term stability..." **Read more.**

Washtenaw County housing agencies expand services following millage funding project

In 2019, four local housing agencies were awarded a total of $1.2 million in funding to increase supportive housing and behavioral health services. Then, in 2023, the millage provided additional funding to the four agencies to continue services for three years.... **Read more**.

Presenting NAMI Washtenaw County's new mental health resource guide, Taking Care

"Your Mind Matters" are the first words you see when you open Washtenaw County's chapter of the National Alliance on Mental Illness's new mental health resource booklet, Taking Care. Even though mental illnesses are very common... **Read more**.

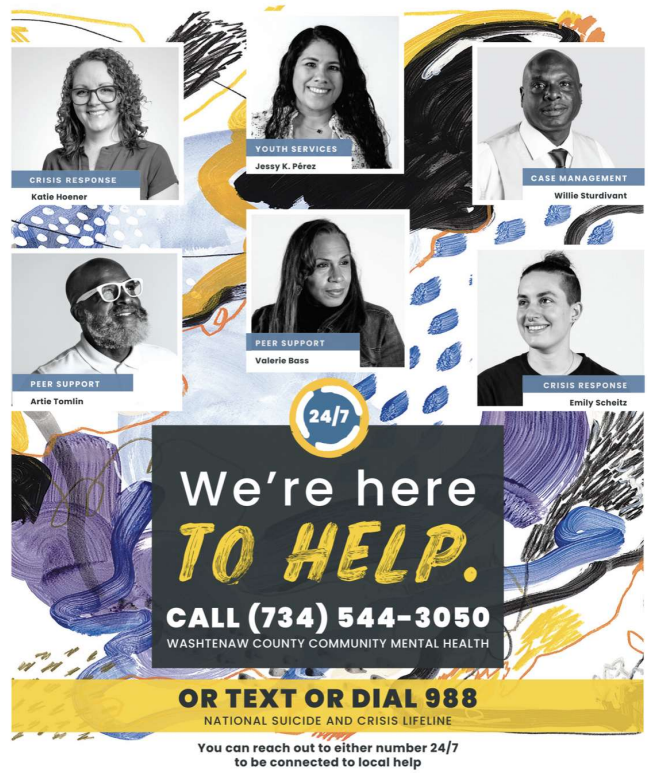
$2.3 million award to fill gaps in youth mental health care

Washtenaw County's Public Safety and Mental Health Preservation Millage Advisory Committee has awarded $2.3 million over three years to the Washtenaw Intermediate School District (WISD) to fill gaps in youth mental health programming. The grant will give...**Read more**.

Washtenaw's crisis response team offers "in person support for people having the worst day of their lives"

We sat down with Emily Scheitz from the Washtenaw County Community Mental Health crisis response team to learn about the unique way it serves the county, and the team's plans for the future The crisis team provides 24/7 crisis mental health care to.... Read more.

Downtown Development Authority parking structure poster.



Proposal for 2024 communications:

There is a significant need to share millage impact for two reasons: first, to be transparent about the use of tax dollars, and second, to ensure that residents are aware of services available to them due to millage funding.

CHRT's proposed contract for 2023-24 addresses both needs and will serve to highlight the commendable new programs and initiatives made possible by the millage.

Proposed deliverables: January 1, 2024 - September 30, 2024.

1. **Education**. Increase community awareness of millage-funded services through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Place up to 30 new ads in publications such as Connected Magazine, the Ann Arbor Observer, and the Chelsea Guardian. Due date: September 30, 2024.

2. **Underwriting.** Continue underwriting contract with Second Wave Media (Concentrate) to publish four stories on MHSUD concerns; Concentrate to credit the millage for underwriting all applicable MHSUD stories. Due date: Quarterly.

3. **Stories and newsletters**. Produce three quarterly millage e-newsletter with three feature stories each, such as millage-funded program updates, new funding updates, staff Q&As, etc. Due date: Quarterly.

4. **Impact reporting.** Create impact powerpoint highlighting 2023 work. Create and distribute 2023 impact report. Due date: September 30, 2024.

5. **Community event.** With MAC input, Plan one community event and write a story about it. Promoted the event to the public. For example, plan and host a Facebook Live event with potential topics including WISD and WCCMH collaboration, WCCMH and WCSO collaboration, and One Big Collaborative. Due date: September 30, 2024.

6. **Materials**. With MAC input, develop and distribute print materials to share millage services, such as posters, flyers, postcards, magnets, brochures, and more. Due date: September 30, 2024.

7. **Website maintenance.** Post original content on millage microsite and monitor web metrics. Manage news and announcement posts for WCCMH staff. Due date: Quarterly and ad hoc.

8. **Youth convening event support.** Plan and develop youth convening event materials such as invitations and agendas. Write a summary report that outlines youth service gaps through 4 primary domains; prevention strategies, opportunities for intervention, integration of specialty services, and effective crisis response and stabilization and attendees' perspectives on where additional investments sho8ld be made to bring new services online or where new organizational partnerships could be formed to promote better continuity of care. Due date: June 30, 2024.

Proposed timeline.

Deliverable	Q1 (Jan-March 24)	Q2 (April-June 24)	Q3 (July-Sept 24)
Education	X	X	X
Underwriting	X	X	X
Stories & newsletters	X	X	X
Impact reporting	X	X	X
Community event		X	
Materials	X	X	X
Website maintenance	X	X	X
Youth convening event support	X		

Funding request: $178,875

Deliverable	Staff	Partners
Education	$9,233	$60,843
Underwriting	$2,010	$11,000
Stories & newsletters	$16,320	-
Impact reporting	$21,170	$10,175
Community event	$4,570	-
Materials	$9,739	$20,625
Website maintenance	$6,095	-

Youth convening event support	**$7,095**	**-**
Total	**$76,232**	**$102,643**

CHRT Administrative Support Funding Breakdown

Project Period: 01/01/2024 - 09/30/24

	Hrs	Rate	Total
Josh Traylor	36	$ 260	$ 9,360
Nancy Baum	27	$ 225	$ 6,075
Matt Hill	400	$ 120	$ 48,000
			$ 63,435

CHRT

CHRT Millage Update and Funding Request

January 1, 2024 – September 30, 2024

Center for Health and Research Transformation

Past work

October 1, 2022 – September 30, 2023

CHRT

Quarterly newsletters

12 feature stories

- Sent to over 1,000 local leaders, CMH staff, and policymakers
- 44 percent open rate, on average, above the industry average of 37 percent

Washtenaw's crisis response team offers "in person support for people having the worst day of their lives"

We sat down with Emily Scheitz from the Washtenaw County Community Mental Health crisis response team to learn about the unique way it serves the county, and the team's plans for the future The crisis team provides 24/7 crisis mental health care to.... Read more.

Thanks to millage funding, new positions at WCCMH and partner agencies help meet community needs

From reentry support staff to peer support specialist, Washtenaw County's Public Safety and Mental Health Preservation millage has funded community-based positions since 2019 that meet people where they are and get ahead of emerging community needs... Read more.

Washtenaw County Community Mental Health hires new youth and families wraparound facilitator

Wraparound facilitators help families find, and connect with, the services they need and are qualified for. In wraparound, the entire team supporting a family meets regularly so the family gets the most effective support possible.... Read more.

Presenting NAMI Washtenaw County's new mental health resource guide, Taking Care

"Your Mind Matters" are the first words you see when you open Washtenaw County's chapter of the National Alliance on Mental Illness's new mental health resource booklet, Taking Care. Even though mental illnesses are very common... Read more.

CHRT

Underwriting

Partnered with Concentrate, Ann Arbor Observer, and Mi Mental Health Series to share 21 "**solutions-based**" stories about WCCMH and millage initiatives.

KIDS AND EDUCATION

Mini-grants help Washtenaw County students lead school mental health awareness initiatives

RYLEE BARNSDALE | WEDNESDAY, SEPTEMBER 28, 2022

ON THE GROUND

HEALTHY COMMUNITIES

Co-response pilot in Ypsi Township pairs sheriff's deputy and social worker for mental health calls

SARAH RIGG | WEDNESDAY, DECEMBER 7, 2022

ON THE GROUND

HEALTHY COMMUNITIES

Ypsilanti-founded Community Violence Intervention Team pursues 14 strategies to reduce gun violence

SARAH RIGG | WEDNESDAY, FEBRUARY 15, 2023

KIDS AND EDUCATION

Washtenaw ISD implements school mental health programming with $2.3 million in millage funds

NATALIA HOLTZMAN | WEDNESDAY, SEPTEMBER 27, 2023

HEALTHY COMMUNITIES

National Alliance on Mental Illness Washtenaw County expands outreach, education with millage funds

NATALIA HOLTZMAN | WEDNESDAY, SEPTEMBER 13, 2023

HEALTHY COMMUNITIES

New system streamlines process of getting substance use disorder treatment in Washtenaw County

NATALIA HOLTZMAN | WEDNESDAY, MARCH 22, 2023

CHRT

Vignettes

CHRT

Vignette distribution

Educating the community about millage-funded services

- 16 billboards and bus wraps
- 152 interior bus placements
- 65 vignettes in 9 publications with tens of thousands of readers

CHRT


THANK YOU WASHTENAW COUNTY
For leading THE WAY
LISA GENTZ
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
OUTFRONT


We're here TO HELP.
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
WHEREVER LIFE TAKES YOU


For meeting people
WHERE THEY'RE AT
Millage funding is providing an avenue for people to get help, to feel safe, and to have a home.
SCOTT MAURMANN
24/7
CALL FOR MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050


For hope


THANK YOU MILLAGE VOTERS
For providing care
TO EVERYONE
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
OUTFRONT


POWERED BY HYBRID EL
THANK YOU WASHTENAW COUNTY
For supporting PEOPLE IN CRISIS
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
11/03/2021 02:42

CHRT

Vignette distribution

4 vignettes shared on websites and in apps targeting specific populations and locations

- 125,000+ impressions per month
- Target populations: Low income, young adults, racial minorities, LGBTQ+
- Target locations: Youth serving organizations, faith based organizations, housing agencies, etc.

CHRT

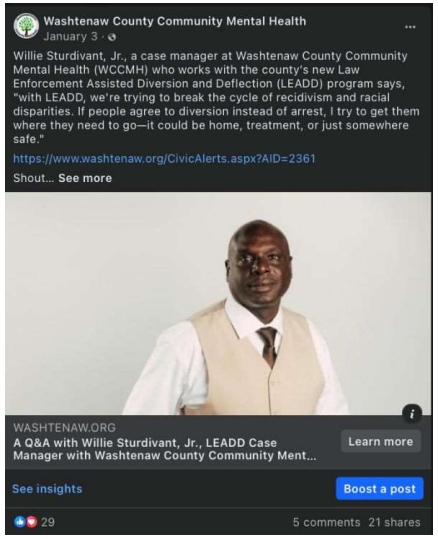
Community event

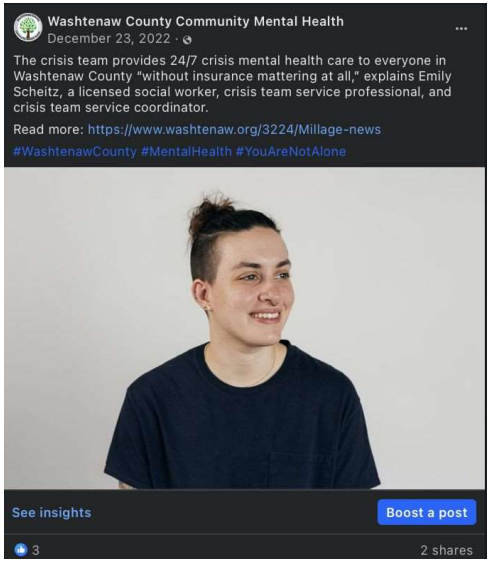
- State Theatre movie showing of:
  - It Takes a Millage
  - Bedlam
- 134 RVSPs
- Panel discussion with reps from:
  - WISD
  - NAMI
  - WCCMH
  - U of M department of psychiatry

CHRT

Social media

- 114 posts
- 30,000+ social media users reached





CHRT

Postcards & posters

- Suicide prevention signs and posters provided to Ann Arbor's Downtown Development Authority in Winter 2023
- Annual report postcard mailed in August 2023 to 40,000 homes
- Annual report mailer included in Valpak mailed in August 2023 to 40,000 homes

CHRT

2022 annual report

- 1,000+ local stakeholders received by email
- Thousands of printed copies sent to nearly 200 local organizations including faith-based organizations, health clinics, housing agencies, etc.
- Distributed annual report to Board of Commissioners and through partner newsletters

CHRT

Press releases

- **WISD $2.3 million millage contribution press release**
  - All About Ann Arbor
  - MLive
  - EMU
  - Concentrate
  - The Sun Times

- **Annual report press release**
  - Chelsea Update
  - The Sun Times
  - Concentrate

ANN ARBOR

Funding aims to fill in mental health resource gaps for Washtenaw County youth

Updated: Mar. 06, 2023, 1:35 p.m. | Published: Jan. 11, 2023, 10:25 a.m.

Chelsea MI 8-03-2023 7:32am

Washtenaw Co Releases 2022 Public Safety and Mental Health Preservation Millage Impact Report

Taylor Bennett

Center for Health and Research Transformation

Proposal

January 1, 2024 – September 30, 2024

CHRT

Communications aims

1. To increase transparency about the use of millage funds
2. To ensure residents are aware of services available to them thanks to millage funding

CHRT

Communications request: $178,875

Continuation of prior work:

- Quarterly newsletters with feature stories
- Press releases
- Underwriting MHSUD news
- 24/7 call line education
- Social media
- Service data collection
- 2023 impact report development and distribution
- BOC impact presentation

Launch new work:

- Youth Service Providers Convening materials and summary report
- Plan and execute community event*
- Write, design, and print millage education materials*

* TBD with MAC input

$76,231 for staff costs.
$102,643 for millage impact and millage-funded services outreach and education: 24/7 call line education, annual report printing and mailing, etc.

CHRT

Communications budget breakdown

Deliverable	Staff costs	Outreach costs	Total
Community education	$9,233	$60,843	$70,076
MHSUD news coverage	$2,010	$11,000	$13,010
Stories and newsletters	$16,320	-	$16,320
Impact reporting	$21,170	$10,175	$31,345
Community event	$4,570	-	$4,570
WCCMH materials	$9,739	$20,625	$30,364
Website maintenance	$6,095	-	$6,095
Youth convening event support	$7,095	-	$7,095
Total	**$76,231**	**$102,643**	**$178,875**

CHRT

Project management aims:

1. Enhance community partnerships to maximize impact of millage investments
2. Coordinate cross-sector initiatives that advance strategic planning goals

CHRT

Project management request $63,435

Continuation of prior work

- .30 FTE allocation of project management support
- Coordination of millage meetings with external stakeholders
- Support data identification and analysis
- Provide consultative support on assessment and evaluation of millage initiatives
- Backbone support for millage related initiatives and working groups

CHRT

Our mission.
To inspire and enable evidence-informed policies and practices that improve the health of people and communities.

Subscribe.
Text CHRT to 22828

Contact us.
Phone: 734-998-7555
Website: www.CHRT.org
E-mail: CHRT-info@umich.edu
Twitter: @CHRTumich

Our vision.
Facilitating community health improvements. Impacting state and national policy.

Our programs.
- Backbone support
- Data analysis
- Evaluation
- Fellowships
- Integration
- Issue briefs
- Learning communities
- Policy analysis
- Strategic communications
- Surveys

Strategic Plan Tracking Report
2023 Annual Board Review

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

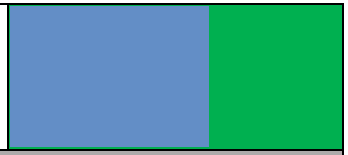
Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities **Due Date: January 2023**	TBD work with PIHP on evaluation criteria	• Intake line went live for SUD intakes in May 2022. • 988/MiCal line went live with the State in the fall of 2022.	• Access Calls Increased by 78% • Intake line is available for all Mental Health, Substance Use Disorder and I/DD Crisis, Intakes and Individual needs related to the populations mentioned above.	
Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County **Due Date: January 2025**	Care Coordination with key stakeholders. Examples may include Packard Health, Corner Health, Ozone, Catholic Social Services, Jewish Family Services, etc.		We currently have a total of 44 MOU's in place related to coordination of Care 4 are new or expanded.	

Promote wellness through the integration of physical and behavioral health

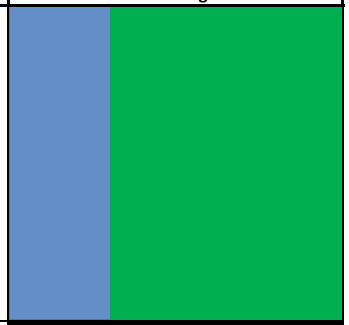
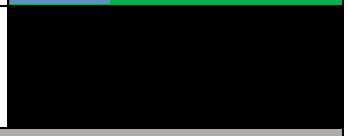
Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Achieve successful implementation of State of Michigan Behavioral Health Home **Due Date: October 2023**	200 Washtenaw County individuals enrolled through the State of Michigan. Ongoing qualitative measure TBD in partnership with the State of Michigan		• 139 individuals are currently enrolled. • We are reaching capacity with the staffing that we currently have for Health Home.	
Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic (CCBHC) **Due Date: October 2023**	1. Successful State certification 2. 95% of individuals receiving qualified CCBHC services are enrolled in in the State Demonstration. 3. 100% of the number of individuals requesting services that are assessed for medical necessity are provided services either through community partnerships or directly	Achieved State Certification by deadline.	• As of 9/6/23 100% of qualified individuals are enrolled in CCBHC WSA and we continue to update as new clients present for treatment • 100% of individuals requesting services that meet medical necessity criteria are provided services.	

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

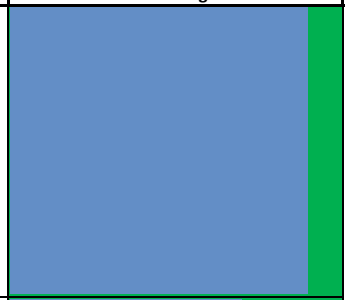
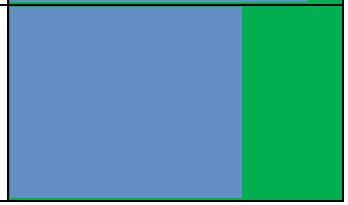
Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Complete full implementation of crisis 23 Hour Observation site **Due Date: January 2023**	Maintain monthly capacity of 80%		Focus has shifted to utilize for LEADD and CRU. Resources have been reallocated during COVID to respond to the need of mobile crisis team. Investigating partnerships with the health systems to identify needs and resources to operate.	
Partner in the development of a community plan to establish a youth assessment center **Due Date: January 2024**	Presentation of the community plan to the WCCMH board	• Funding has been approved from BOC • Multiple community planning meetings have occurred	Recommendations have been developed and will be presented to BOC for approval. Draft RFP for the Youth Assessment Center provider is currently being developed.	
Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders **Due Date: January 2022**	LEADD Report	Implemented LEADD summer of 2022	CHRT issued a preliminary report and is working on a final report.	

	In partnership with Washtenaw County Sherriff's office, develop protocols for metro dispatch to deploy a mobile mental health crisis team as an alternative to law enforcement response. **Due Date: January 2024**	TBD Chicago Health Labs evaluation	• CRU implementation occurred in June 2022. • Attending Monthly Data Meetings • Initial protocols have been developed	Currently working with CHL to identify key data elements to evaluate the program and to create a Washtenaw CMH Dashboard	

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

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Utilize Washtenaw County Opportunity Index data, existing studies, and reports to identify health inequities within Washtenaw County. These studies will be utilized to develop a workplan that is specific to how WCCMH can impact health inequities within Washtenaw County. **Due Date: January 2024**	Work plan finalized and presented to key stakeholders.	• Research started • LGBTQIA+ trainings conducted • BLM Task Force Conducted Multiple Community Events. • Developing a local strategy with BLM Task Force by utilizing the PIHP QAPIP to reduce no show rates for African Americans. • Made key millage investments to fund programs and outreach with the goal of addressed heath inequities- CLR program, KnewJoy, NAMI, Washtenaw Health Plan.	Meetings have been held with the BLM taskforce to get input into the development of the work plan.	
Create interventions based on the work plan that target stigma, increase health education and trainings that aid in reducing health inequities. **Due Date: January 2025**	Measurements will be developed based on the workplan and will identify the impact the interventions that WCCMH has implemented to reduce health inequities.	Interventions listed above and will be organized in a workplan when workplan tactic is complete.	Dependency on above goal.	

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

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Expand youth services through outreach and partnerships by leveraging all funding streams **Due Date: January 2025**	Either directly or through agreements increase youths served by 25%	• WCCMH continues to have a physical presence in schools. • Conducted Mental Health First Aid Trainings • Anti Stigma Campaign underway • Voices of Youth had 130 youths engaged • Established formal agreement to provide day treatment services at the youth center • Increase Psychiatry time at Corner Health and Ozone	Youths Served have increased by **37%** from FY 2021 and **12%** from FY22	
Expand the adult service array through primary care agreements **Due Date: January 2024**	Agreements with primary care safety net clinics.	• Continued agreement with Packard Health • 5 Healthy Towns now has 50 organizations and 3 action teams participating		

Implement 31N WISD School Mental Health Project to expand services within Washtenaw School districts. **Due Date: January 2023**	Number of schools receiving mental health resources	**Physical presence:** Ypsilanti Community Schools Milan Schools Lincoln Community Schools **Referral Based:** Whitmore Lake Schools Manchester Schools	31 N Social Workers are available to all districts and as of 2022 impact report, 140 referrals have been received.	
Prioritize available resources to broaden outreach, education, and prevention efforts to address health inequities **Due Date: January 2025**	Number of community events and trainings in geographic areas of need. No show rates for African Americans	PIHP funded project "Success" which is being implemented in Whitmore Lake and Lincoln Community Schools.	WCCMH BLM matters taskforce has held 7 events with 170 participants this fiscal year	

Improve recruitment and retention of the behavioral health workforce

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Advocate with MDHHS leadership and legislators to address behavioral health workforce shortages **Due Date: January 2025**	Additional funding allocated from the State for behavioral health staffing or decrease vacancies from 10% to 5%.	Testimony provided at State committee meeting by MDHHS leadership	MDHHS presented addressing the following barriers based on feedback from CMH directors: • Direct care wage increase • Improving provider qualification expectations to reach more applicants. • New Medicaid policy allowing master's-prepared clinicians to work while waiting for their license. • Student loan Repayment program • Awarded an MDHHS ACT focused retention/recruitment grant	
Collaborate with Washtenaw County administration and labor partners to strategize local efforts **Due Date: January 2025**	County Implementation of competitive wage increases	• Retention bonus issued for WCCMH employees on Friday September 16, 2022 • January 2023 County rolled out competitive wage increase. • Through negotiations with labor partners county is implementing additional wage increase for 2023 • Retention bonus issued on September 1st 2023 to county employees.		
Partner with provider network to address direct care workforce challenges **Due Date: January 2022**	Implementation of direct care worker training reciprocity and/or increased funding for direct care workers.	• Car magnet incentive program implemented. • Employee recognition program for Direct Care Staff implemented. • 5% rate increase for direct care staff. • Residential provider stability payments issued		

ATTACHMENT #9
OCTOBER 2023

1. Goals from 2022

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

a.) Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Comments:

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

b.) Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Comments:

* 3. Promote wellness through the integration of physical and behavioral health

a.) Achieve successful implementation of State of Michigan Behavioral Health Home.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Comments:

* 4. Promote wellness through the integration of physical and behavioral health
b.) Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic. (CCBHC)

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Comments:

* 5. Provide an array of crisis services that promotes care in the least restrictive setting
a.) Complete full implementation of crisis 23 Hour Observation site.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Comments:

* 6. Provide an array of crisis services that promotes care in the least restrictive setting
b.) Partner in the development of a community plan to establish a youth assessment center.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 7. Provide an array of crisis services that promotes care in the least restrictive setting
c.) Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 8. Provide an array of crisis services that promotes care in the least restrictive setting
d.) In partnership with Washtenaw County Sherriff's office, develop protocols for metro dispatch to deploy a mobile mental health crisis team as an alternative to law enforcement response.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 9. Break down the barriers for all to reduce mental health disparities in access to care and improve health equity within Washtenaw County
a.) Utilize Washtenaw County Opportunity Index data, existing studies, and reports to identify health inequities within Washtenaw County. These studies will be utilized to develop a workplan that is specific to how WCCMH can impact health inequities within Washtenaw County.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

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

b.) Create interventions based on the work plan that target stigma, increase health education and trainings that aid in reducing health inequities.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

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

a.) Expand youth services through outreach and partnerships by leveraging all funding streams.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

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

b.) Expand the adult service array through primary care agreements.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

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

c.) Implement 31N WISD School Mental Health Project to expand services within Washtenaw School districts.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

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

d.) Prioritize available resources to broaden outreach, education, and prevention efforts to address health inequities.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 15. Improve recruitment and retention of the behavioral health workforce

a.) Advocate with MDHHS leadership and legislators to address behavioral health workforce shortages.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 16. Improve recruitment and retention of the behavioral health workforce
b.) Collaborate with Washtenaw County administration and labor partners to strategize local efforts.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 17. Improve recruitment and retention of the behavioral health workforce
c.) Partner with provider network to address direct care workforce challenges.

Unsatisfactory	Improvement Needed	Meets Expectations	Exceeds Expectations	Exceptional
○	○	○	○	○

Other (please specify)

* 18. Executive Director Strengths and/or Areas for Growth

19. Signature and Date