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/93902375470**
**December 15, 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 10/16/23 (Attachment #1A)
B. WCCMH Quality-Finance Committee Meeting Minutes and Actions 10/16/23 (Attachment #1B)
C. WCCMH Executive Committee Meeting Minutes and Actions from 9/22/23 (Attachment #1C)
D. WCCMH Board Meeting Minutes and Actions-10/27/23 (Attachment #1D)
E. Program Dashboard FY23, Quarter 3 2023 (Attachment #1E)

V. Treasurer's Report **ACTION** (10 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** (5 minutes)

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (45 minutes)
- Community Mental Health Association of Michigan Update (Attachment #4) – **A. Bolter**
- Washtenaw County Board Terms Expiring March 31, 2024
  - Kari Walker
  - Anna Dusbiber
  - Nancy Graebner-Sundling
  - Marianne Udow-Phillips
- Washtenaw County Committee Members Terms Expiring March 31, 2024
  - Holly Heaviland

IX. Old Business (5 minutes)
- None

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

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.

XI. Public meeting moved to Closed Session to discuss pending litigation

XII. Closed session (25 minutes)

XIII. Resume public meeting

XIV. Adjournment of Public Meeting (Next WCCMH Board Meeting: February 23, 2024)

****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/93902375470**

**Or One tap mobile:**
**+16465189805, 93902375470# US (New York)**
**+19292056099, 93902375470# US (New York)**

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

**Webinar ID: 939 0237 5470**

**International numbers available: https://zoom.us/u/aAnnYRqep**

Audience Participation Guidelines:

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

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD**

# DECEMBER 15, 2023

# CONSENT AGENDA

A. WCCMH Millage Advisory Committee Meeting Minutes and Actions 10/16/23 (Attachment #1A)
B. WCCMH Quality-Finance Committee Meeting Minutes and Actions 10/16/23 (Attachment #1B)
C. WCCMH Executive Committee Meeting Minutes and Actions from 9/22/23 (Attachment #1C)
D. WCCMH Board Meeting Minutes and Actions-10/27/23 (Attachment #1D)
E. Program Dashboard FY23, Quarter 3 2023 (Attachment #1E)

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
# WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
## October 16, 2023
## Learning Resource Center-Michigan Room (in person)
## https://zoom.us/j/96040829258 (virtual)
## 3:30–5:00 pm

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

| | |
|---|---|
| ROLL CALL: | A. Carlisle attending in person<br>N. Graebner-Sundling attending in person<br>B. Higman attending in person<br>M. Radzik attending virtually<br>M. Udow-Phillips attending virtually<br>G. Waddles Jr attending in person<br>K. Walker attending in person |
| MEMBERS ABSENT: | H. Heaviland, D. Jackson, R. Rion, A. Sommerville, A. Rooks |
| STAFF PRESENT: | R. Avedisian, T. Cortes, N. Phelps, M. Harding, M. Taylor, M. Tasker, K. L. Gentz |
| OTHERS PRESENT: | M. Hill, L. Lutomski, D. Green, M. Creekmore, P. Stone-Palmquist, T. Gilbert, W. Powell, E. Spanier, K. Snodgrass |

**NO QUORUM**

I. Introductions
- P. Stone-Palmquist (SAC), T. Gilbert (WSCBHJ), W. Powell (CFLC), E. Spanier (CHRT), K. Snodgrass (CHRT)

II. Audience Participation
- NONE

III. Committee Response to Audience Participation
- NONE

IV. Millage Advisory Committee Minutes and Actions from 8/14/23 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 8/14/23 moved to 11/17/23 full board agenda for approval

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

VI. Financial Budget Update (Attachment #4)
- N. Phelps presented the Financial Budget update ending August 31, 2023, to the Committee

VII. Old Business
- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - No update provided.

VIII. New Business –

- Student Advocacy Center funding request
  - L. Gentz and P. Stone-Palmquist provided an overview of the funding request to the Committee. (2-year request for $380,672.00) moved to 11/17/23 full board agenda for approval
- Wayne State Center for Behavioral Health and Justice funding request
  - L. Gentz and T. Gilbert provided an overview of the funding request to the Committee. (1-year request for $82,018.00) moved to 11/17/23 full board agenda for approval
- Christian Family Life Center funding request
  - L. Gentz and W. Powell provided an overview of the funding request to the Committee. (2-year request for $211,000.00) moved to 11/17/23 full board agenda for approval.
  - G. Waddles, Jr suggested that language be changed surrounding language within the proposal regarding hiring process and a new proposal be submitted prior to full Board approval.
- Center for Health and Research Transformation funding request
  - L. Gentz provided an overview of the funding request to the Committee. (1-year request for $166,078.00 moved to 11/17/23 full board agenda for approval.
  - L. Gentz updated the Committee on a change to the amount of the actual request, due to an error in the original proposal submitted regarding staffing costs. The amount of the original request was $166,078.00 total; total should have been $242,310.00) New handouts were provided at the Committee meeting.
  - K. Snodgrass presented the CHRT Communications presentation for the funding request to the Committee.
  - N. Graebner-Sundling suggested adding additional detail to the project management request $63,435.00 prior to full Board approval.

IX. Items for Future Discussions

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

**MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY K. WALKER TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.**

Meeting adjourned at 4:31 pm.

# WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

## WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

***DRAFT***

**October 16, 2023**
**Learning Resource Center-Michigan Room (in person)**
**https://zoom.us/j/97290225072 (virtual)**
**2:00-3:30 pm**

ROLL CALL: S. Antonow attending virtually
B. Higman attending in person
N. Graebner-Sundling attending in person
M. Udow-Phillips attending virtually (no vote)

MEMBERS ABSENT: A Dusbiber, H. Heaviland

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, B. Hagaman, N. Phelps, S. Ray, M. Taylor, C. Walsh; M. Tasker, K. Snay, L. Higle, S. Amos O'Neal, K. Diebboll

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

N. Graebner-Sundling called the meeting to order at 2:05 pm.

**NO QUORUM**

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 8/14/23 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 8/14/23 moved to 11/17/23 full board agenda for approval

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending August 31, 2023 (Attachment #2) moved to 11/17/23 full board agenda for approval

VI. Contracts and Leases
- M. Taylor presented the Contracts and Leases to the Committee (Attachment #3)
- Oconomowoc Developmental Training Center of Wisconsin, LLC moved to 11/17/23 full board agenda for approval

VII. Executive Director Authorizations
- None

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

IX. Old Business
- None

X. New Business
- Semi-Annual Recipient Rights Report (Attachment #4)
- K. Snay provided an update on the Semi-Annual Recipient Rights Report to the Committee moved to 11/17/23 full board agenda for approval
- Board Education – Health and Wellness (Attachment #5)
  - B. Hagaman and C. Walsh provided the Health and Wellness Board Education to the Committee.

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

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

XII. Meeting adjourned at 2:43 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/97334404556
**September 22, 2023**
**9:30 am**

B. King called the meeting to order at 9:35 am.

ROLL CALL: S. Antonow attending
A. Dusbiber attending virtually
B. King attending in person
A. LaBarre attending in person

MEMBERS ABSENT: K. Walker, N. Graebner-Sundling

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, S. Amos O'Neal, S. Ray, N. Phelps, K. Dominique, L. Higle, H. Linky, E. Montgomery, S. Swisher

OTHERS PRESENT: K. Homan, G. Dill

I. Introductions
- None

II. Audience Participation
- None

**MOTION BY A. LABARRE SUPPORTED BY B. KING TO MOVE THE WCCMH EXECUTIVE COMMITTEE MEETING TO CLOSED SESSION TO DISCUSS LEGAL UPDATES.**

III. Adjourn to closed session to discuss legal updates

**MOTION BY A. LABARRE SUPPORTED BY S. ANTONOW TO ADJOURN CLOSED SESSION**

**Closed session ended at 10:26 am**

**Public meeting resumed at 10:28 am**

**ALL REMAINING AGENDA ITEMS TABLED DUE TO TIME CONSTRAINTS**

IV. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 5/26/23 were reviewed (Attachment #1).

V. Executive Director Report

VI. Old Business
- May 26, 2023, Closed Session Minutes
- Strategic plan update

VII. New Business

- WCCMH 2024 Annual Board/Committee Meeting Schedule (Attachment #3)
- Executive Director Evaluation Process Discussion **T. Cortes/K. Walker** (Attachment #4)

VIII. Items for Future Discussions
- Legislative updates

**MOTION BY A. LABARRE SUPPORTED BY S. ANTONOW TO ADJURN THE PUBLIC MEETING OF THE WCCMH EXECUTIVE COMMITTEE.**

The WCCMH Executive Committee Meeting was adjourned at 10:29 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/91815262767**
**October 27, 2023**
**9:30am**

K. Walker called the meeting to order at 9:32am.

ROLL CALL:
S. Antonow attending virtually
A. Dusbiber attending virtually
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending in person
B. King attending
A. LaBarre attending in person
A. Rooks attending virtually
K. Scott attending
A. Somerville attending in person
K. Walker attending in person

MEMBERS ABSENT: B. King, K. Scott, M. Udow-Phillips

STAFF PRESENT: R. Avedisian, T. Cortes, M. Harding, L. Gentz, S. Ray, M. Taylor, N. Phelps, S. Amos O'Neal, H. Linky, K. Snay, L. Higle, K. Diebboll; E. Montgomery, S. Swisher, B. Hagaman, K. Hoener

OTHERS PRESENT: M. Tolstyka, K. Homan, N. Heine; L. Lutomski

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

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

**MOTION BY A. DUSBIBER SUPPORTED BY N. GRAEBNER-SUNDLING TO ACCEPT AND APPROVE THE OCTOBER 27, 2023, WCCMH BOARD CONSENT AGENDA AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **N/A** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

V. Treasurer's Report

- WCCMH Financial Status Report
  - N. Phelps presented the Financial Status Report to the Board for the period ending August 31, 2023. (Attachment #2).

**A. LaBarre arrived at 9:39**

**MOTION BY A. LABARRE SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING AUGUST 31, 2023, AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **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 August 31, 2023.
  - N. Phelps provided fund balance updates to the Board.

**MOTION BY A. LABARRE, SUPPORTED BY N. GRAEBNER-SUNDLING TO ACCEPT AND APPROVE THE WCCMH MILLAGE FINANCIAL STATUS REPORT ENDING AUGUST 31, 2023, AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

VI. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board
  - T. Cortes suggested we move the December 22, Board meeting from 12/22/23 to 12/15/23.
  - R. Avedisian will send an email to Board members to check availability before rescheduling.

- T. Cortes provide an update from the Directors Forum, 17 new CCBHC sites.
- T. Cortes provided an update on workforce shortages and administrative burden discussions.
- The Celebration of Success event was highly successful and well received.

VII. CMHPSM Regional Update

- T. Cortes provided the CMHPSM regional update to the Board.

VIII. New Business

- WCCMH 2024 Annual Board/Committee Meeting Schedule (Attachment #4)
  - M. Harding presented the WCCMH 2024 Annual Board/Committee Meeting Schedule for approval.

**MOTION BY A. LABARRE, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE WCCMH 2024 ANNUAL BOARD/COMMITTEE MEETING SCHEDULE.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

- WCCMH 2024 Annual Board Calendar (Attachment #5)
  - M. Harding presented the WCCMH 2024 Annual Board Calendar for approval.
  - R. Avedisian to move the December 27, 2023, meeting to December 15, 2023.

**MOTION BY H. HEAVILAND, SUPPORTED BY A. SOMMERVILLE TO ACCEPT AND APPROVE THE WCCMH 2024 ANNUAL BOARD CALENDAR.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

- Contracts and Leases (Attachment #6)
  - M. Taylor presented the contracts and leases to the Board for approval.

**MOTION BY A. LABARRE, SUPPORTED BY A. SOMMERVILLE TO ACCEPT AND APPROVE THE CONRACTS AND LEASES AS PRESENTED.**

**ROLL CALL VOTE:**

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

| | | | |
|---|---|---|---|
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

- Semi-Annual Recipient Rights Report (Attachment #7)
  - K. Snay presented the Semi-Annual Recipient Rights report to the Board for approval.

**MOTION BY A. LABARRE, SUPPORTED BY A. SOMMERVILLE TO ACCEPT AND APPROVE THE SEMI-ANNUAL RECIPIENT RIGHTS REPORT AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

- Millage Advisory Committee Funding Requests (Attachment #8)
  - L. Gentz presented the following funding requests to the Board for approval totaling $916,000.00.
    - Student Advocacy Center funding request (Attachment #8A, 8B & 8C) **P. Stone-Palmquist ACTION**
    - Wayne State Center for Behavioral Health and Justice funding request (Attachment #8D & 8E) **T. Gilbert ACTION**
    - Christian Family Life Center funding request (Attachment #8F) **W. Powell ACTION**
    - CHRT Communications presentation and funding request (Attachment #8G, #8H & 8I) **E. Spanier/K. Snodgrass ACTION**
  - R. Avedisian to update Attachment #8 – remove the two bullet points from the Student Advocacy Center Millage Funding Summary section, page 1.

**MOTION BY A. LABARRE, SUPPORTED BY A. SOMMERIVLLE TO ACCEPT AND APPROVE THE MILLAGE ADVISORY COMMITTEE FUNDING REQUESTS AS PRESENTED.**

**ROLL CALL VOTE:**

| | | | |
|---|---|---|---|
| **ANTONOW** | **Y** | **DUSBIBER** | **Y** |
| **GRAEBNER-SUNDLING** | **Y** | **HEAVILAND** | **Y** |
| **HIGMAN** | **Y** | **KING** | **N/A** |
| **LABARRE** | **Y** | **ROOKS** | **N/A (virtual)** |
| **SCOTT** | **N/A** | **SOMMERVILLE** | **Y** |
| **UDOW-PHILLIPS** | **N/A** | **WALKER** | **Y** |

**MOTION CARRIED**

IX. Old Business

- Strategic Plan Update (Attachment #9)
  - T. Cortes and M. Harding provided the strategic plan update to the Board.

- Executive Director Evaluation Process Discussion (Attachment #10)
  - K. Walker discussed the Executive Director Evaluation Process with the Board.
  - R. Avedisian will send out the Survey Monkey link to the Board for completion.

X. Items for future discussion
- Development of Reserve Capital
- Employee Engagement Survey
- Single Point of Access
- Youth Assessment Center

**MOTION BY A. LABARRE SUPPORTED BY A SOMMERVILLE TO ADJOURN THE WCCMH BOARD MEETING.**

Meeting adjourned at 10:34 am.

**Program and Quality Board Committee**
**Dashboard Data FY 2023 3rd Qtr (Apr - June 2023)**

**3rd quarter Human Resources**
**Turnover Rate:**

1st Qtr –

Turnover - 4.1%- 15 terminations (both involuntary and voluntary) divided by 362 active positions.

2nd Qtr –

Turnover - 2.4% - 9 terminations (both involuntary and voluntary) divided by 362 active positions.

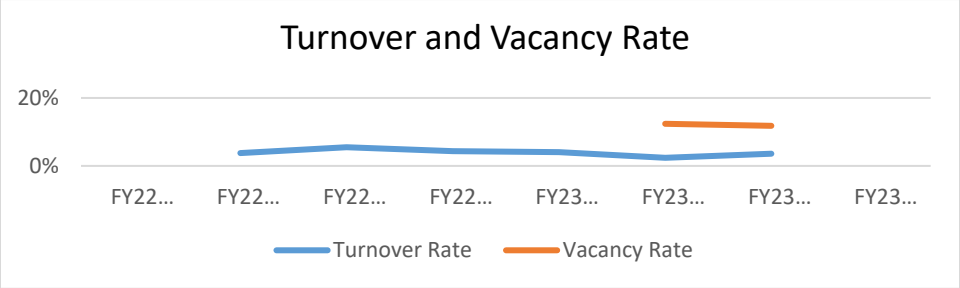
3rd Qtr –

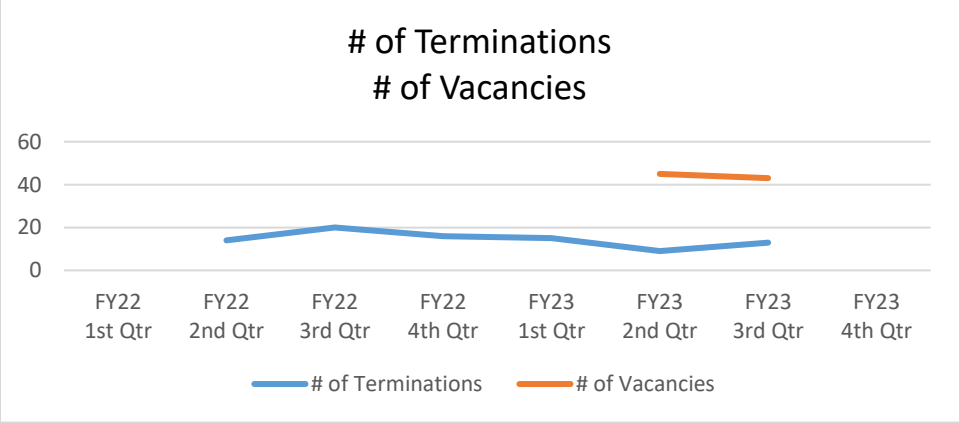
Turnover - 3.58% - 13 terminations (both voluntary and involuntary) divided by 363 active positions.

**Vacancy Rate – measuring and reporting began FY 23 2nd Quarter**

2023 2nd quarter: 12.43%. We had 362 active positions with 45 vacancies.

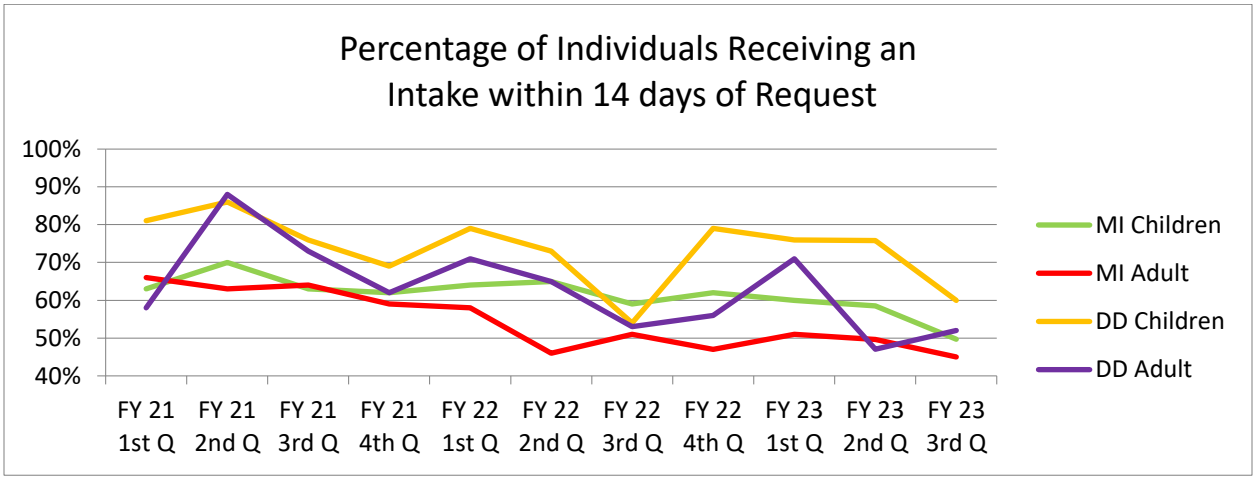
2023 3rd quarter: 13.22%. We had 363 active positions with 48 vacancies.



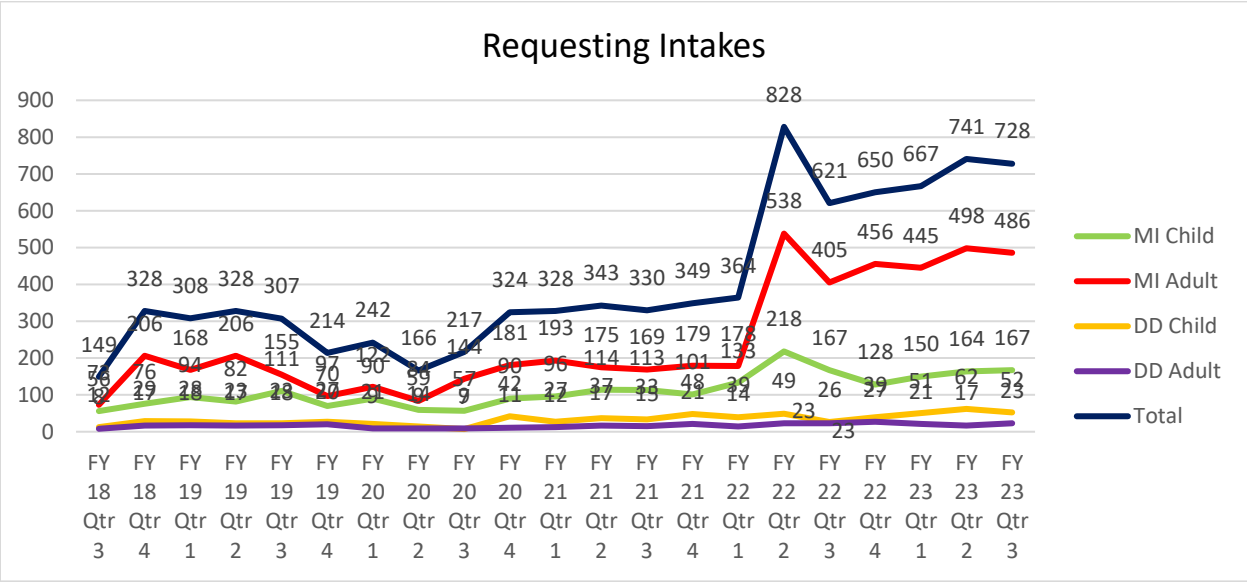



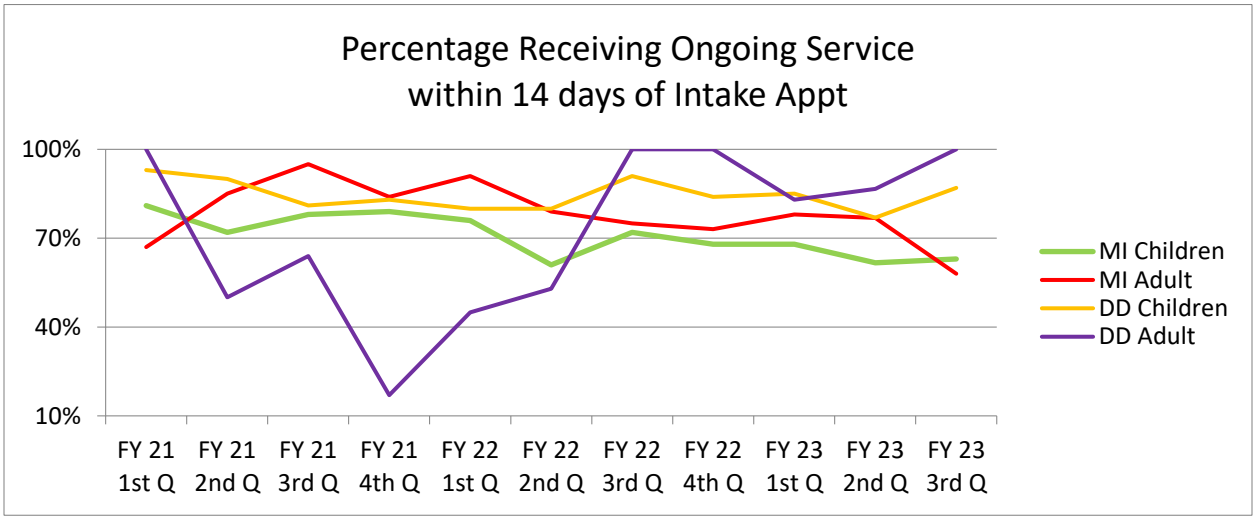
**Michigan Department of Health and Human Services (MDHHS) Performance Indicators:**
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

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".

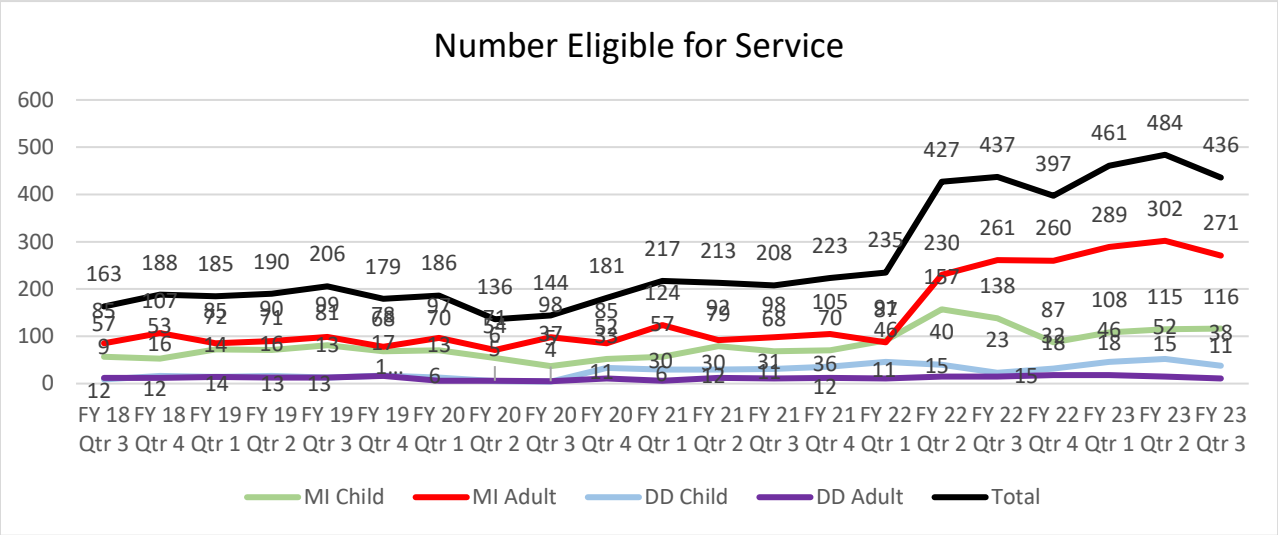


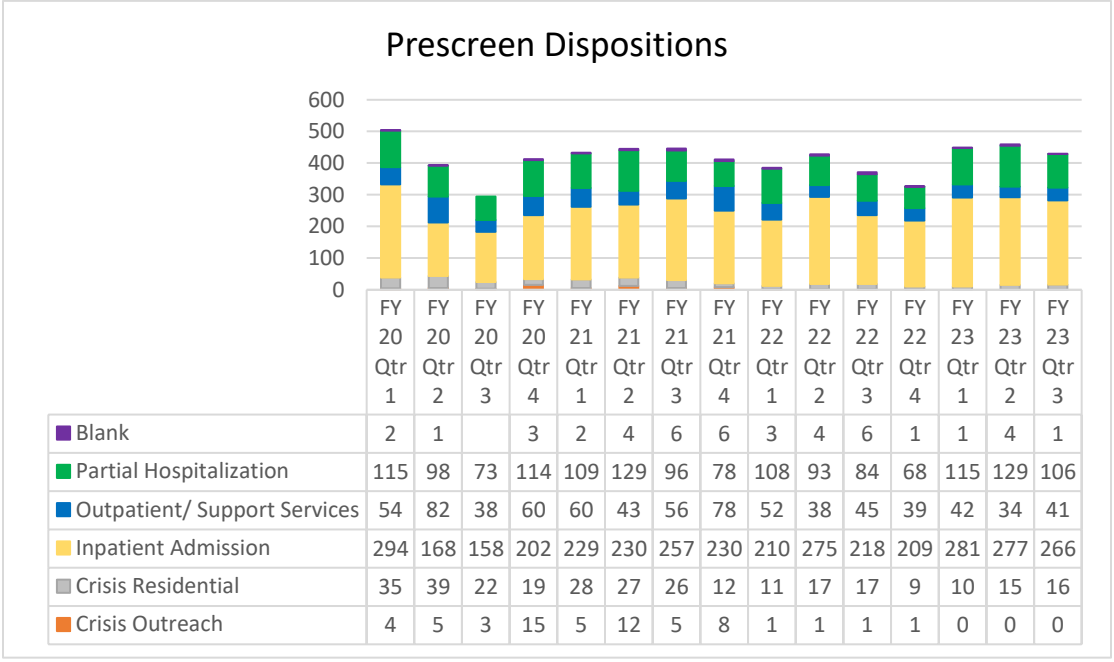

| FY 23 3rd Qtr Intake Appt within 14 days Detail | | | | | | |
|---|---|---|---|---|---|---|
| Population | Total # of new persons requesting service | Number receiving appt. within 14 days of request | State defined as Out of Compliance | Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator | Percent Compliant by new State definition | Percent Compliant in previous definition |
| MI Child | 167 | 83 | 84 | 82 | 50% | 98% |
| MI Adult | 486 | 221 | 265 | 260 | 45% | 98% |
| DD Child | 52 | 31 | 21 | 20 | 60% | 97% |
| DD Adult | 23 | 12 | 11 | 10 | 52% | 92% |



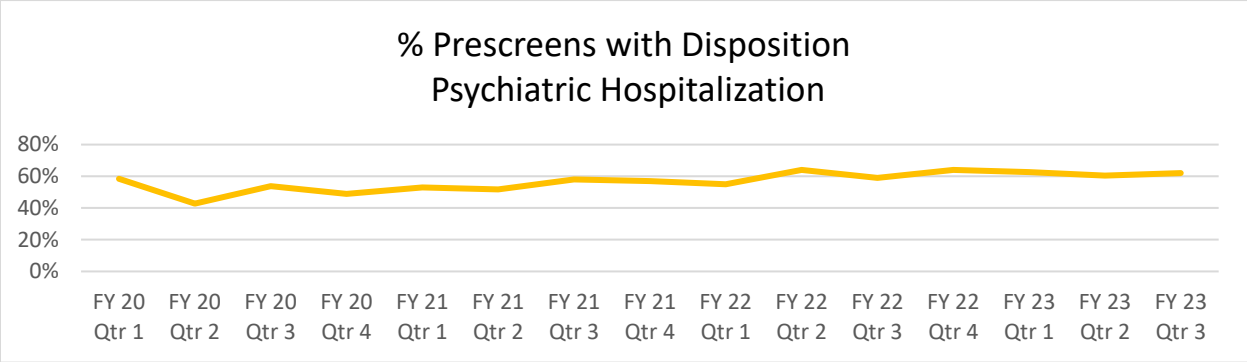



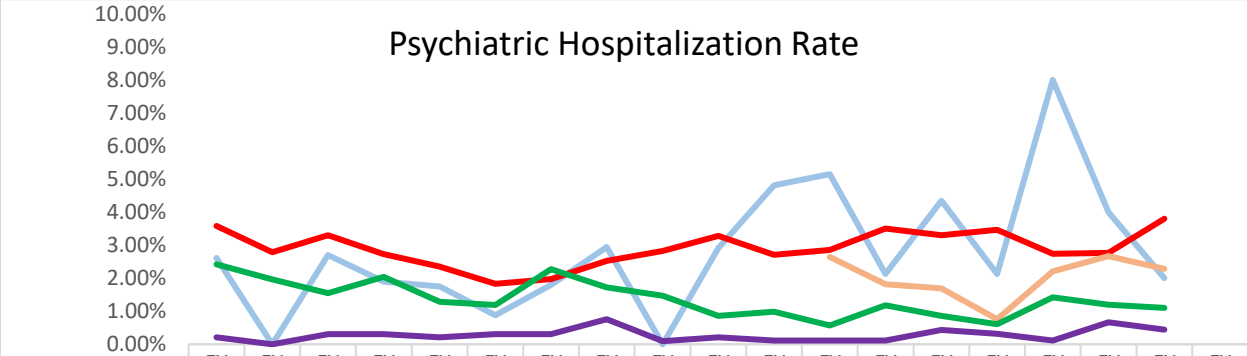

| FY 23 3rd Qtr Detail Ongoing Service | | | | | | |
|---|---|---|---|---|---|---|
| Population | # of New Persons Eligible for Service | # of New Persons who started a new service within 14 days of eligibility | State Defined as Out of Compliance | Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator | Percent Compliant under new definition | Percent Compliant under previous definition |
| MI Child | 116 | 73 | 43 | 39 | 63% | 95% |
| MI Adult | 271 | 157 | 114 | 75 | 58% | 80% |
| DD Child | 38 | 33 | 5 | 5 | 87% | 100% |
| DD Adult | 11 | 11 | 0 | 0 | 100% | 100% |



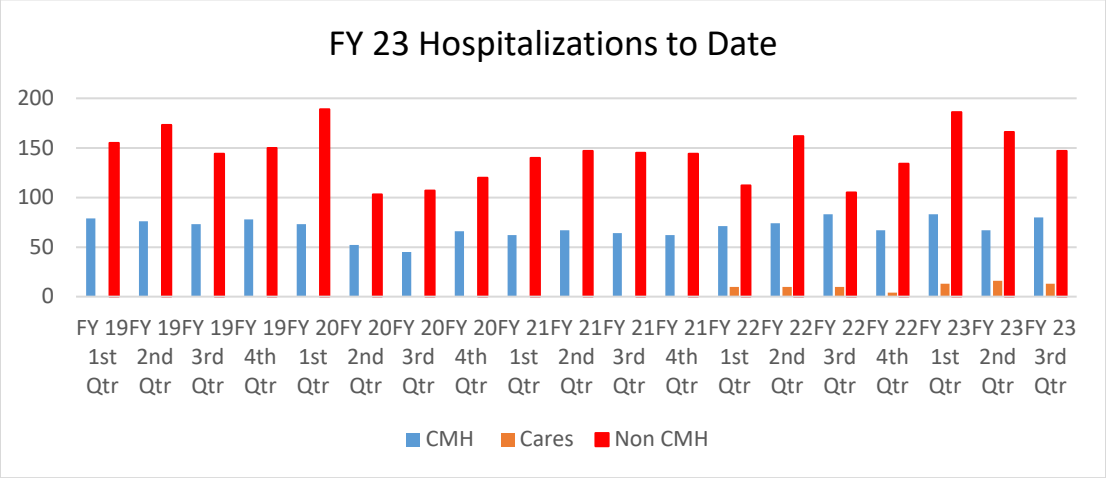

| | FY 20 Qtr 1 | FY 20 Qtr 2 | FY 20 Qtr 3 | FY 20 Qtr 4 | FY 21 Qtr 1 | FY 21 Qtr 2 | FY 21 Qtr 3 | FY 21 Qtr 4 | FY 22 Qtr 1 | FY 22 Qtr 2 | FY 22 Qtr 3 | FY 22 Qtr 4 | FY 23 Qtr 1 | FY 23 Qtr 2 | FY 23 Qtr 3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blank | 2 | 1 | | 3 | 2 | 4 | 6 | 6 | 3 | 4 | 6 | 1 | 1 | 4 | 1 |
| Partial Hospitalization | 115 | 98 | 73 | 114 | 109 | 129 | 96 | 78 | 108 | 93 | 84 | 68 | 115 | 129 | 106 |
| Outpatient/ Support Services | 54 | 82 | 38 | 60 | 60 | 43 | 56 | 78 | 52 | 38 | 45 | 39 | 42 | 34 | 41 |
| Inpatient Admission | 294 | 168 | 158 | 202 | 229 | 230 | 257 | 230 | 210 | 275 | 218 | 209 | 281 | 277 | 266 |
| Crisis Residential | 35 | 39 | 22 | 19 | 28 | 27 | 26 | 12 | 11 | 17 | 17 | 9 | 10 | 15 | 16 |
| Crisis Outreach | 4 | 5 | 3 | 15 | 5 | 12 | 5 | 8 | 1 | 1 | 1 | 1 | 0 | 0 | 0 |

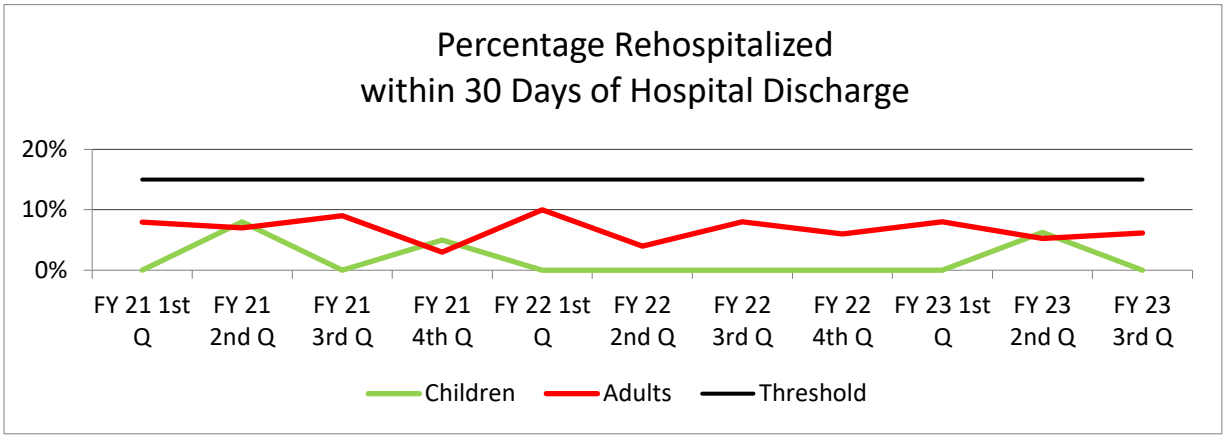


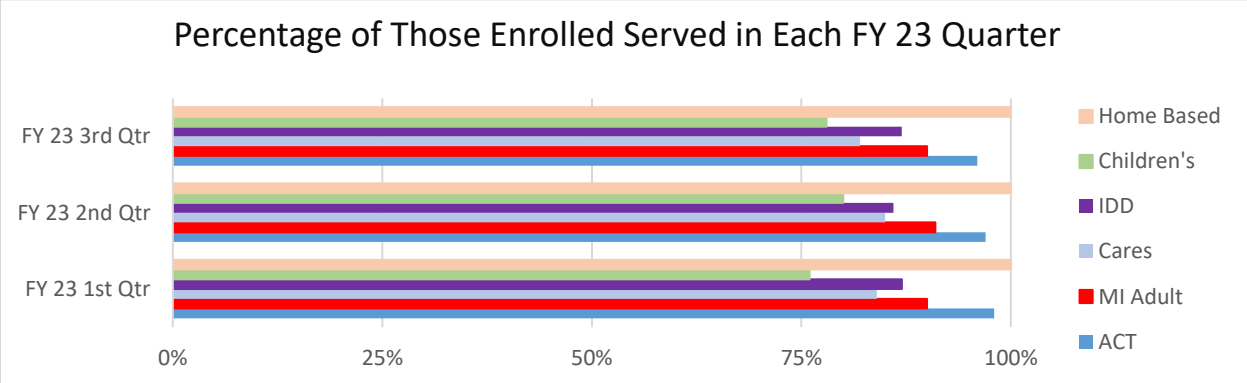

| | FY 19 2nd Qtr | FY 19 3rd Qtr | FY 19 4th Qtr | FY 20 1st Qtr | FY 20 2nd Qtr | FY 20 3rd Qtr | FY 20 4th Qtr | FY 21 1st Qtr | FY 21 2nd Qtr | FY 21 3rd Qtr | FY 21 4th Qtr | FY 22 1st Qtr | FY 22 2nd Qtr | FY 22 3rd Qtr | FY 22 4th Qtr | FY 23 1st Qtr | FY 23 2nd Qtr | FY 23 3rd Qtr | FY 23 4th 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% | 2% | |
| 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 | 3.80 | |
| Cares | | | | | | | | | | | | 2.64 | 1.82 | 1.69 | 0.76 | 2.21 | 2.67 | 2.28 | |
| 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 | 0.44 | |
| 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 | 1.10 | |

| FY 23 3rd Qtr Detail Hospitalizations | | | |
|---|---|---|---|
| Program | Number Served | Number Hospitalized (Multiple Admits) | % Consumers Hospitalized |
| ACT | 98 | 2 (0) | 2% |
| MI Adult | 1606 | 61 (8) | 3.8% |
| Cares | 569 | 13 (0) | 2.28% |
| IDD | 906 | 4 (0) | 0.44% |
| Y & F | 909 | 10 (1) | 1.10% |
| Y & F Home Based | 22 | 1 (0) | 4.55% |




| FY 23 3rd Qtr Detail Readmit within 30 days of Discharge | | | |
|---|---|---|---|
| Population | # Discharged and Core Team Assignment | # Readmitted within 30 days of Discharge | % Readmit |
| Child | 16 | 0 | 0% |
| Adult | 130 | 8 | 6% |



**Critical Event Data Reported Thru Qtr 3 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 | 2 |
| | | Non Suicide Death | 4 |
| | | Hospitalization due to Injury | 1 |
| Qtr 2 Total | | | 18 |
| Qtr 3 | ACT | Non Suicide Death | 2 |
| | IDD | Non Suicide Death | 2 |
| | | Arrest | 1 |
| | MI Adult | Non Suicide Death | 9 |
| | | Arrest | 3 |
| | | Hospitalization | 1 |
| Qtr 3 Total | | | 18 |

**Mortality Data Thru Qtr 3 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 | 2 |
| Cancer | 8 | 9 | 7 | 10 | 3 | 6 |
| Cardiovascular | 13 | 14 | 14 | 6 | 12 | 7 |
| Dehydration | 1 | | | | | |
| Diabetes | | | | 1 | | |
| Drug Abuse | 12 | 6 | 8 | 2 | 6 | 6 |
| Endocrine System (Diabetes) | | | | | | |
| Environmental Hypothermia | | 1 | | | | |
| Fluid Electrolyte Disturbance | | | | | | 1 |
| Gastrointestinal | | | 3 | 1 | | 2 |
| Hip Fracture Complications | 1 | | | | | |
| Homicide | 3 | | | | | 2 |
| 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 | 3 |
| Respiratory | 5 | 10 | 10 | 4 | 5 | 4 |
| Suicide | 2 | 2 | 6 | 2 | 2 | 4 |
| Trauma | 1 | 2 | | 2 | 3 | |
| Unknown | 10 | 10 | 8 | 15 | 10 | 7 |
| **Grand Total (Previous years may not include detail of all causes of deaths but Grand Total is accurate.)** | **65** | **57** | **68** | **60** | **54** | **46** |

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

**Washtenaw County Community Mental Health**
**Budget to Actuals**
**For One Month Ending October 31, 2023**

| | Current Fiscal Year | | | | |
|---|---|---|---|---|---|
| | FY 2024 Approved Budget | FY 2024 Approved Budget YTD | FY 2024 YTD Actuals | YTD Actuals Over/(Under) YTD Budget | % O(U) |
| **Operating Revenue** | | | | | |
| **PIHP Revenue** | | | | | |
| Medicaid Capitation: | | | | | |
| Medicaid (b) & 1115i | $ 49,619,192 | $ 4,134,933 | $ 4,134,933 | $ 0 | 0.00% |
| HSW | 30,015,227 | 2,501,269 | 2,588,801 | 87,532 | 3.50% |
| Children & SED Waivers | 1,335,478 | 111,290 | 99,711 | (11,579) | -10.40% |
| Healthy Michigan Capitation | 6,155,256 | 512,938 | 512,938 | - | 0.00% |
| Autism Capitation | 7,423,397 | 618,616 | 618,616 | (0) | 0.00% |
| CCBHC Medicaid/HMP | 8,500,000 | 708,333 | 708,333 | (0) | 0.00% |
| CCBHC Supplementary | 8,500,000 | 708,333 | 590,422 | (117,911) | -16.65% |
| Behavioral Health Home | 390,000 | 32,500 | 67,047 | 34,547 | 0.00% |
| TOTAL PIHP Revenue | $ 111,938,550 | $ 9,328,213 | $ 9,320,801 | $ (7,411) | -0.08% |
| **MDHHS Revenue** | | | | | |
| State General Funds | $ 4,597,669 | $ 383,139 | $ 383,139 | $ (0) | 0.00% |
| Grants & Earned Contracts | 3,100,646 | 258,387 | 135,401 | (122,986) | -47.60% |
| **All Other Revenue** | | | | | |
| County Appropriation | $ 1,751,761 | $ 145,980 | $ 381,070 | $ 235,090 | 161.04% |
| Project Revenue | 893,227 | 74,436 | 373,609 | 299,173 | 401.92% |
| All Other | 1,917,652 | 159,804 | 159,804 | (0) | 0.00% |
| **TOTAL Operating Revenue** | **$ 124,199,505** | **$ 10,349,959** | **$ 10,753,824** | **$ 403,865** | 3.90% |
| **Operating Expenses** | | | | | |
| **Administrative Expenses** | | | | | |
| General Administration | $ 8,329,146 | $ 694,096 | $ 645,115 | $ (48,981) | -7.06% |
| Program Administration | 4,373,800 | 364,483 | 294,122 | (70,361) | -19.30% |
| **Residential Services** | | | | | |
| Community Living Supports | $ 29,800,000 | $ 2,483,333 | $ 2,025,496 | $ (457,837) | -18.44% |
| Licensed Residential | 18,000,000 | 1,500,000 | 1,441,874 | (58,126) | -3.88% |
| **Outpatient Services** | | | | | |
| Autism Services | $ 11,400,000 | $ 950,000 | $ 867,186 | $ (82,814) | -8.72% |
| Case Management | 6,038,299 | 503,192 | 450,345 | (52,847) | -10.50% |
| Supports Coordination | 3,405,893 | 283,824 | 257,046 | (26,778) | -9.43% |
| Skill Building | 4,594,775 | 382,898 | 373,611 | (9,287) | -2.43% |
| Supported Employment | 1,812,327 | 151,027 | 144,494 | (6,533) | -4.33% |
| Psychiatry | 4,678,306 | 389,859 | 278,109 | (111,750) | -28.66% |
| Nursing Services | 2,774,013 | 231,168 | 205,035 | (26,133) | -11.30% |
| Therapy Services | 2,896,063 | 241,339 | 203,806 | (37,533) | -15.55% |
| All Other | 12,204,965 | 1,017,080 | 864,365 | (152,715) | -15.02% |
| **Other Expenses** | | | | | |
| Community Inpatient | $ 9,700,000 | $ 808,333 | $ 311,870 | $ (496,463) | -61.42% |
| Local Matches & Shelter | 1,091,272 | 90,939 | 85,716 | (5,223) | -5.74% |
| Grants & Earned Contracts | 3,100,646 | 258,387 | 135,401 | (122,986) | -47.60% |
| **TOTAL Operating Expenses** | **$ 124,199,505** | **$ 10,349,959** | **$ 8,583,591** | **$ (1,766,368)** | -17.07% |
| Revenue Over/(Under) Expenses | - | - | 2,170,233 | 2,170,233 | |

**Washtenaw County Community Mental Health**
**Budget to Actuals**
**For One Month Ending October 31, 2023**

| | Prior Year Comparison | | | |
|---|---|---|---|---|
| | FY 2024 YTD Actuals | FY 2023 Prior YTD Actuals | YTD Actuals Over/(Under) Prior YTD Actuals | % O(U) |
| **Operating Revenue** | | | | |
| **PIHP Revenue** | | | | |
| Medicaid Capitation: | | | | |
| Medicaid (b) & 1115i | $ 4,134,933 | $ 4,826,845 | $ (691,912) | -14.33% |
| HSW | 2,588,801 | 2,238,219 | 350,582 | 15.66% |
| Children & SED Waivers | 99,711 | 85,965 | 13,746 | 15.99% |
| Healthy Michigan Capitation | 512,938 | 576,114 | (63,176) | -10.97% |
| Autism Capitation | 618,616 | 539,616 | 79,000 | 14.64% |
| CCBHC Medicaid/HMP | 708,333 | - | 708,333 | 0.00% |
| CCBHC Supplementary | 590,422 | 752,290 | (161,868) | 0.00% |
| Behavioral Health Home | 67,047 | 1,872 | 65,175 | 0.00% |
| TOTAL PIHP Revenue | $ 9,320,801 | $ 9,020,921 | $ 299,880 | 3.32% |
| **MDHHS Revenue** | | | | |
| State General Funds | $ 383,139 | $ 383,139 | $ - | 0.00% |
| Grants & Earned Contracts | 135,401 | 117,639 | 17,762 | 15.10% |
| **All Other Revenue** | | | | |
| County Appropriation | $ 381,070 | $ 46,574 | $ 334,496 | 718.20% |
| Project Revenue | 373,609 | 55,328 | 318,281 | 575.26% |
| All Other | 159,804 | 252,391 | (92,587) | -36.68% |
| **TOTAL Operating Revenue** | **$ 10,753,824** | **$ 9,875,992** | **$ 877,832** | 8.89% |
| **Operating Expenses** | | | | |
| **Administrative Expenses** | | | | |
| General Administration | $ 645,115 | $ 541,743 | $ 103,372 | 19.08% |
| Program Administration | 294,122 | 267,424 | 26,698 | 9.98% |
| **Residential Services** | | | | |
| Community Living Supports | $ 2,025,496 | $ 2,029,730 | $ (4,234) | -0.21% |
| Licensed Residential | 1,441,874 | 1,348,498 | 93,376 | 6.92% |
| **Outpatient Services** | | | | |
| Autism Services | $ 867,186 | $ 648,805 | $ 218,381 | 33.66% |
| Case Management | 450,345 | 379,199 | 71,146 | 18.76% |
| Supports Coordination | 257,046 | 196,483 | 60,563 | 30.82% |
| Skill Building | 373,611 | 301,777 | 71,834 | 23.80% |
| Supported Employment | 144,494 | 133,596 | 10,898 | 8.16% |
| Psychiatry | 278,109 | 307,208 | (29,099) | -9.47% |
| Nursing Services | 205,035 | 174,278 | 30,757 | 17.65% |
| Therapy Services | 203,806 | 183,545 | 20,261 | 11.04% |
| All Other | 864,365 | 825,214 | 39,151 | 4.74% |
| **Other Expenses** | | | | |
| Community Inpatient | $ 311,870 | $ 783,838 | $ (471,968) | -60.21% |
| Local Matches & Shelter | 85,716 | 127,459 | (41,743) | -32.75% |
| Grants & Earned Contracts | 135,401 | 117,053 | 18,348 | 15.67% |
| **TOTAL Operating Expenses** | **$ 8,583,591** | **$ 8,365,850** | **$ 217,741** | 2.60% |
| Revenue Over/(Under) Expenses | 2,170,233 | 1,510,142 | 660,091 | |

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Ten Months Ending October 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 | $ 481,250 | $ 479,212 | $ (2,038) | $ 577,500 | $ - | $ 606,375 |
| Treatment & Stabilization Services | 577,500 | 481,250 | 477,650 | (3,600) | 577,500 | - | 606,375 |
| Crisis Response | 787,500 | 656,250 | 632,444 | (23,806) | 787,500 | - | 826,875 |
| Crisis Stabilization Center | 367,500 | 306,250 | 284,850 | (21,400) | 367,500 | - | 385,875 |
| Other CARES Team | 417,480 | 347,900 | 319,520 | (28,380) | 417,480 | - | 438,354 |
| Criminal Justice Diversion & Deflection | | | | | | | |
| WCCMH Staffing - LEADD/Jail Services | $ 450,000 | $ 375,000 | $ 269,632 | $ (105,368) | $ 400,000 | $ 50,000 | $ 450,000 |
| Prosecutting Attorney Office | $ 122,779 | $ 102,316 | 109,548 | $ 7,232 | $ 122,779 | $ - | $ 127,690 |
| Supportive Housing | | | | | | | |
| Supportive Housing | $ 172,870 | $ 144,058 | $ 144,058 | $ (0) | $ 172,870 | $ - | $ - |
| Avalon - Permanent Supportive Housing | 480,000 | 400,000 | 286,762 | (113,238) | 480,000 | - | 180,000 |
| Emergency Housing | 50,000 | 41,667 | 165,975 | 124,308 | 50,000 | - | 50,000 |
| Youth Initiatives and Support | | | | | | | |
| Washtenaw Intermediate School District | $ 940,716 | $ 783,930 | $ 268,283 | $ (515,647) | $ 940,716 | $ - | $ 795,843 |
| Student Advocacy Center | 193,643 | 161,369 | 145,232 | (16,137) | 193,643 | - | - |
| Health Dept - Anti Stigma Campaign | 170,000 | 141,667 | 48,543 | (93,124) | 170,000 | - | 56,667 |
| WCCMH - Wraparound Staff | 95,000 | 79,167 | 76,521 | (2,646) | 95,000 | - | 100,000 |
| Ozone House | 100,000 | 83,333 | 98,692 | 15,359 | 100,000 | - | |
| Packard Health - YBMen | 125,000 | 104,167 | 31,250 | | 125,000 | - | |
| Other Youth Initiatives and Support | 50,000 | 41,667 | - | (41,667) | 50,000 | - | - |
| Other Service Expansion | | | | | | | |
| Washtenaw Health Plan | $ 165,000 | $ 137,500 | $ 137,500 | $ - | $ 165,000 | $ - | $ 165,000 |
| Other | 125,000 | 104,167 | - | $ (104,167) | 125,000 | - | - |
| TOTAL Community Wide Service Expansion | $ 5,967,488 | $ 4,972,907 | $ 3,975,672 | $ (924,318) | $ 5,917,488 | $ 50,000 | $ 4,789,054 |

**ATTACHMENT #3**
**DECEMBER 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 |
| **Education & Prevention** | | | | | | | |
| Education & Outreach | | | | | | | |
| NAMI Contract | $ 225,900 | $ 188,250 | $ 188,250 | $ - | $ 225,900 | $ - | $ 169,425 |
| MHFA Trainings | 25,000 | 20,833 | - | (20,833) | 25,000 | - | 25,000 |
| TOTAL Education & Prevention | $ 250,900 | $ 209,083 | $ 188,250 | $ (20,833) | $ 250,900 | $ - | $ 194,425 |
| **Evaluate & Communicate** | | | | | | | |
| Evaluate | | | | | | | |
| CHRT Contract | $ 51,970 | $ 43,308 | $ 44,357 | $ 1,049 | $ 51,970 | $ - | $ - |
| Communicate | | | | | | | |
| CHRT Contract | $ 261,890 | $ 218,242 | $ 213,020 | (5,222) | $ 261,890 | $ - | $ - |
| TOTAL Evaluation & Communication | $ 313,860 | $ 261,550 | $ 257,377 | $ (4,173) | $ 313,860 | $ - | $ - |
| **Administration of the Millage** | | | | | | | |
| WCCMH | $ 555,000 | $ 462,500 | $ 482,511 | $ 20,011 | $ 540,000 | $ - | $ 555,000 |
| CHRT Contract | 150,000 | 125,000 | 37,186 | (87,814) | 140,000 | - | 150,000 |
| **Grand Totals** | **$ 7,237,248** | **$ 6,031,040** | **$ 4,940,996** | **$ (1,017,127)** | **$ 7,162,248** | **$ 50,000** | **$ 5,688,479** |
| FY 2023 Anticipated Millage Collection | $ 7,237,248 | | | | | | |
| FY 2023 Potential Use of Fund Balance | $ - | | | | | | |
| Fund Balance as of 12/31/2022 | $ 7,737,170 | | | | | | |


# Fall 2023 Public Policy Updates

# Fall Legislative Agenda & Beyond

# Fall Legislative Agenda & Beyond

The first Democratic-majority Legislature in 40 years wrapped up their legislative activity on Thursday, November 9, but officially will not end its work until Tuesday, November 14 – no additional votes will be taken on 11/14. This year is the first time the House and Senate has adjourned before Thanksgiving since 1968.

* Barring an unexpected special session called by the Governor, lawmakers won't return until Jan. 10.

The early adjournment stems from a constitutional requirement that a bill cannot become law until 90 days after the session adjourns unless it receives support from two-thirds of the members of each chamber to give it "immediate effect."

* Items not receiving immediate effect include legislation to move up Michigan's presidential primary to February 27, various tax changes that include eliminating the state's retirement tax and changes to EITC (there is a desire to have them go into effect before tax season), gun reform legislation and Proposal 2 implementation reform bills, which will need to go into effect by February 27, 2024.

On a VERY IMPORTANT side note, on Tuesday, November 7, Representatives Lori Stone (D-Warren) and Kevin Coleman (D-Westland) won their respective elections for mayor.

* The vacancies left by Stone and Coleman leave the House with a 54-54 split between Democrats and Republicans. With two members missing the House need 55 votes to pass any piece of legislation

* The Governor called the special elections for those seats on January 30 for the primary election and April 16 for the special general election.
  * Committees will be able to operate as normal and the budget process will consume much of the early 2024 legislative activity

# Fall Legislative Agenda & Beyond

On Wednesday, August 30, Governor Gretchen Whitmer delivered her first-ever fall policy address, outlining the state's accomplishments thus far and upcoming policy priorities for the fall. In her "What's Next?" address, the Governor announced the following priorities:

- Protecting fundamental rights by enacting the Reproductive Health Act to remove harmful restrictions and barriers to reproductive care.
- Passing Paid Family/Medical Leave to ensure all workers, even employees of small businesses, have access to paid leave to create a pro-family state and economy.
- Lowering prescription drug prices by establishing the Prescription Drug Affordability Board to address prescription drug prices and encourage R&D in Michigan.
- Enacting clean energy standards in Michigan by investing in solar and wind energy projects and ensuring the Michigan Public Service Commission have the appropriate tools at their disposal to "get it done".
- Updating Michigan's process for permitting advanced manufacturing, infrastructure, housing, and much more.
- Citing the need for election security by ensuring all Michiganders and their votes are heard and respected, as well as protecting the state from threats against our democracy.
- Fostering a healthy economy by continuing to support safe roads, affordable housing, quality education, and unions.

# CMHA Interests – Fall Agenda

## Mental Health & Substance Use Disorder Parity legislation

**NO MOVEMENT on the Parity Bills**

**SB 27 – passed the Full Senate on 10/18/23 – sent to the House Insurance Committee, but the committee did not meeting again before adjournment.**

* SB 27 aims to codify federal parity protections while 4707 would make more sweeping changes on the state level.

**HB 4707 – still waiting for a final passage vote on the House Floor, was removed from the House agenda on 10/25/23**

Blue Cross Blue Shield and the health plans have been vigorously fighting the passage of HB 4707 describing it as a costly discriminatory mandate and thus far have prevented a vote of the full House.

Medically necessary treatment of a mental health or substance abuse disorder

* It is in accordance with the generally accepted standards of mental health and substance use disorder care.
* t is clinically appropriate in terms of type, frequency, extent, site, and duration.
* It is not primarily for the economic benefit of the insurer or purchaser or for the convenience of the patient, treating physician, or other health care provider.

An insurer would be required to provide coverage for the full continuum of service intensities and levels of care described in the most recent versions of the following:

* The ASAM Criteria by the American Society of Addiction Medicine.

Out-of-network services

If services for the medically necessary treatment of a mental health or substance use disorder are not available in-network within the geographic or timeliness access standards under law, **the insured would not have to pay more in total for benefits rendered than the cost-sharing they would pay for the same covered services received from an in-network provider.**

# CMHA Interests – Fall Agenda

**SB 227 – sent to the Governor on 11/08/2023**

Would amend the childcare licensing Act to allow for emergency physical management/therapeutic de-escalation (certain levels of restraint & seclusion) in certain children's residential settings.

* Children's Therapeutic Group Homes
* PRTFs (Psychiatric Residential Treatment Facilities)
* CCIs (Child Caring Institutions)

**Telehealth Bills - the full House passed the package on Thursday, November 9, but the Senate will not be able to take action until the Legislature comes back in January.**

HB 4213 would require telemedicine coverage for SUD and behavioral health services, and HBs 4579, 4580 & 4131 would require equitable coverage and reimbursement for telehealth services compared to in-person.

**Blue Cross Blue Shield and the health plans have been opposed to the passage of this package as well, which has slowed down their passage.

**HB 4081 – Adult Foster Care Homes (Rep. Young formed a workgroup)**

* Adds to the workforce challenges by dramatically increasing costs and administrative burdens on AFCs & DCW.

1. A requirement for each licensed home to have a Licensed Practical Nurse on staff 24 hours a day, 5 days a week
2. A requirement for a completely new set of trainings (mostly centered on aging)
3. A restriction of medication administration (specifically insulin) to only the LPN or a CNA
4. Civil and financial penalties for any licensing inspection violation
5. A licensed social worker on staff providing a minimum of one hour per week per resident

# CMHA Interests – Fall Agenda

## Other 2024 Items of Interest

**Social Worker Licensure bills – the House Behavioral Health Policy Subcommittee took testimony on 11/09/23, hoping this will be a 2024 action item.**

HBs 5184 & 5185 – eliminate test as part of licensure and Tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of hands-on supervised practice **(practice-based path to licensure)**

**Open Meetings Act**

HB 4693 would allow for remote participation for a CMH & PIHP meeting

* Hoping for movement early in 2024

**Substance Use Disorder Bills**

* Naloxone distribution – HB 5077 & 5078 (**House Behavioral Health Policy Subcommittee took testimony on 10/26/23, could be a 2024 action item)**
* Harm Reduction – 5178 & 5179 (**House Behavioral Health Policy Subcommittee took testimony on 10/26/23, could be a 2024 action item)**
* Expanding access to naloxone – SB 542

**CCBHC legislation**

* Reps. Felicia Brabec & Phil Green introduced HBs 5371 & 5372 (bi-partisan support / 26 co-sponsors) - codify CCBHC into state law

# CMHA Interests – Fall Agenda

## Business / Job Provider Legislation

### SB 332 & 333 / HB 4574 & 4575 – Universal paid medical and family leave

Governor Whitmer is pushing for universal paid medical and family leave for Michigan workers, the measure would guarantee time off for childbirth or other personal or family health-related issues.

As outlined in the proposed legislation, the measure would:

* Cover companies with 50 or more employees.
* Permit all qualified workers to take up to 15 weeks of paid intermittent leave from work to care for themselves or their families.
* Provide up to 65 percent of a worker's pay.
* Be funded by a payroll tax on employers.

Michigan currently requires employers with at least 50 workers to provide 40 hours of paid leave annually. An eligible worker accrues the benefit and can receive paid time off for their own illness or medical care or to care for a relative.

# CMHA Interests – Fall Agenda

**HB 4390 – Independent Contractors**

**The legislation seeks to limit the ability of *ALL* employers to use independent contractors.** Under HB 4390, for a worker to be properly classified as an independent contractor, companies would need to establish the individual meets *all three* components of the ABC test:

1. "The individual is free from control and direction of the payer in connection with the performance of the work, both under contract and in fact."
2. "The individual performs work that is outside the usual course of the payer's business."
3. "The individual is customarily engaged in an independently established trade, occupation, or business of the same work performed by the individual for the payer."

California, which adopted an ABC test in 2019, now exempts over 109 types of workers. Additional exemptions are under consideration and are dragging out what has already been a prolonged, unnecessary and messy process.

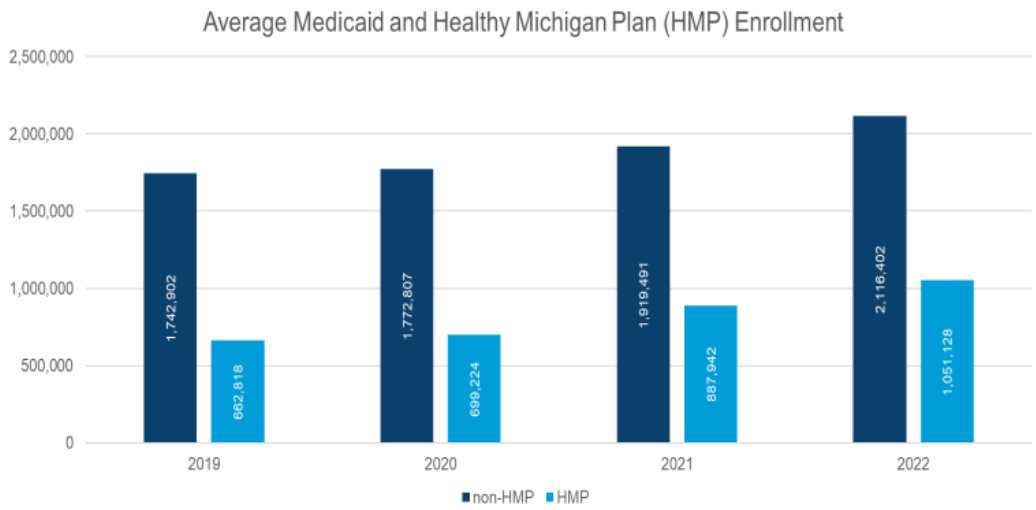
If the Legislature forces more employers to classify more workers as employees, those individuals may lose the flexibility they desire (e.g., more control over how, where and when they work and/or how they carry out their duties) and jobs may be lost.

# Other Items of Importance


# Medicaid Redetermination

## Medicaid Enrollment Growth

- March 2020 enrollment: 2,395,319
- May 2023 Enrollment: 3,214,910
- **819,591 additional individuals covered (34.2% increase)**



# Medicaid Redetermination

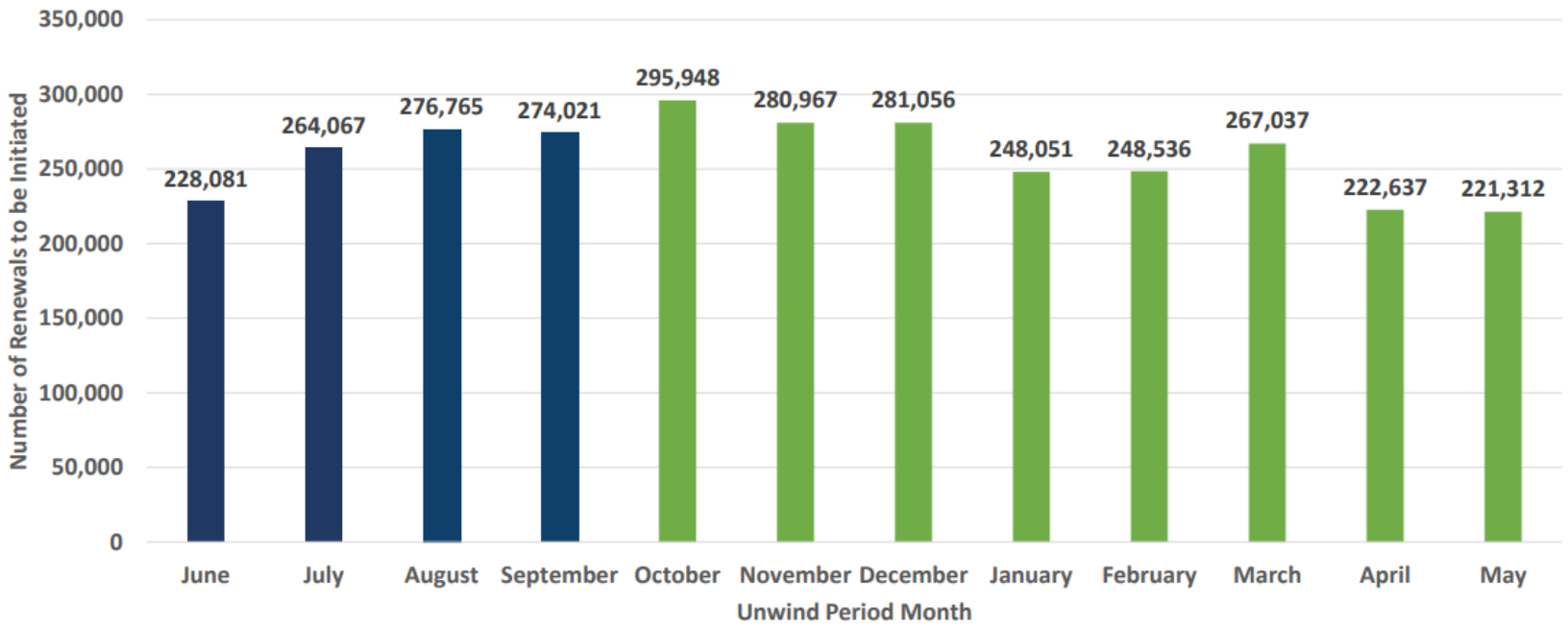
## Keeping Residents Covered

- Goal: MDHHS's highest priority is to keep as many Medicaid beneficiaries enrolled and provide a smooth transition to the Marketplace to those no longer eligible.
- MDHHS is working to reach this goal through:
  - Enhancing ex parte renewal process.
  - Adopting special CMS waivers and flexibilities during the unwind.
  - Conducting robust outreach through mail, phone, text messages, and email.
  - Conducting statewide media campaign.
  - Partnering with Managed Care Organizations (Medicaid Health Plans, PHIPs, Integrated Care Organizations).

# Medicaid Redetermination

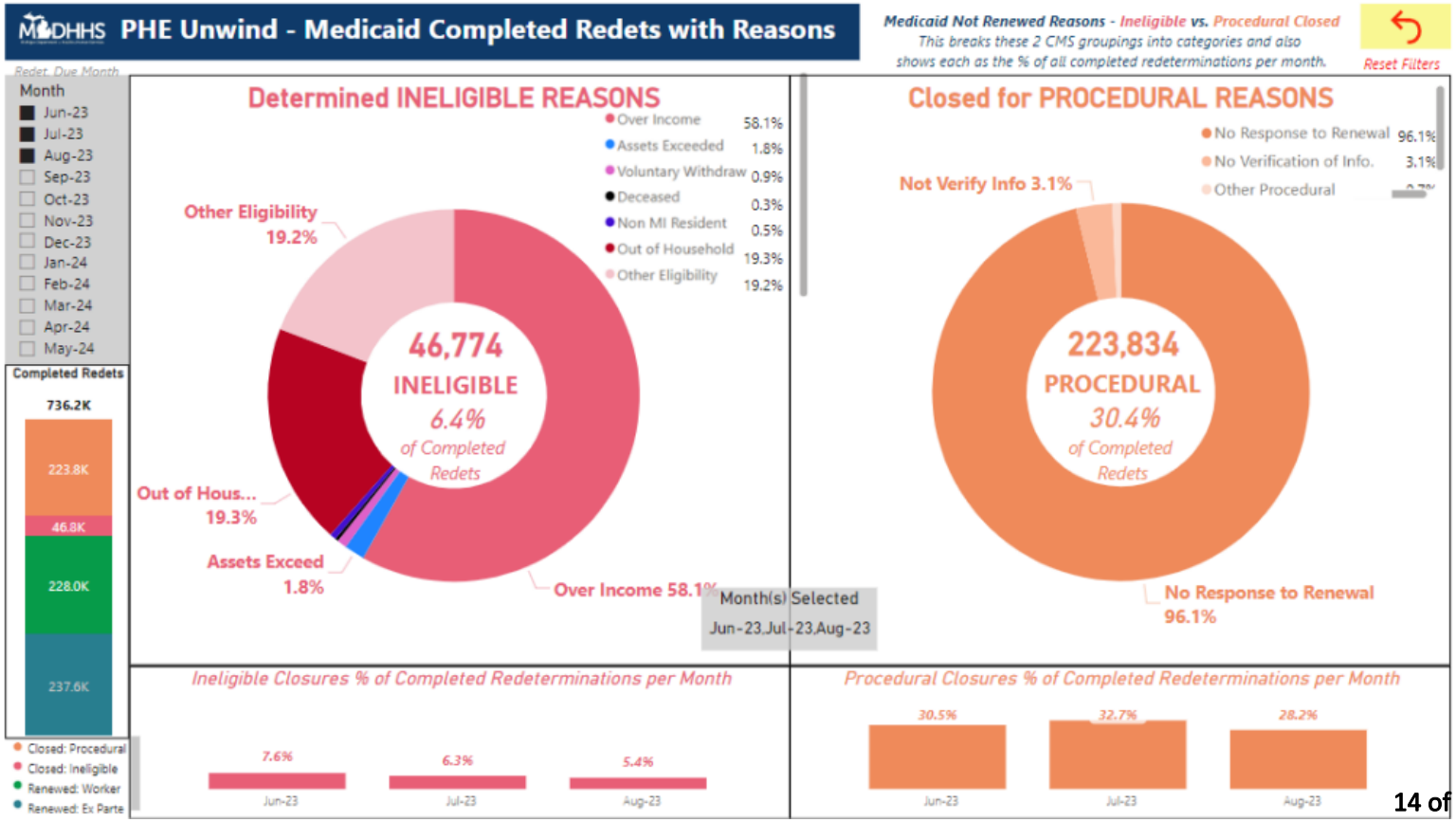
## Monthly Renewals

Starting the unwind MDHHS had 3,108,477 Medicaid renewals to review



# Medicaid Redetermination

## Additional Monthly Data



# Dual Eligible Special Needs Plan D-SNP

* On a February 8, 2023 MDHHS informed Centers for Medicare and Medicaid Services (CMS), of its intent to transition its MI Health Link program to a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) that integrates long-term service and supports (LTSS).

* In this new model, contracted managed care plans will provide most covered benefits for their dual-eligible enrollees, but specialty behavioral health services will remain carved out. This decision reflects current state statute that requires a carve out of specialty behavioral health services.

* Critical Timelines:
  * Procurement of HIDE + LTSS SNPs to be completed by October 31, 2024
  * Procured HIDE + LTSS SNPs to submit D-SNP applications to CMS by November 2024
  * Program transition to the HIDE + LTSS SNP must be completed by January 1, 2026

* **THREAT REMAINS:** While this announcement is very good news, most state's use a HIDE model as a stepping-stone to what is known as a Fully Integrated Dual Eligible Special Needs Plan (FIDE). Given this threat, CMHA will be working with you, our members, and our allies across the state, to thwart this threat, if and when it emerges. Additionally, CMHA will be working with our allies to oppose any components of the HIDE initiative, that my fuel the emergence of the FIDE threat, while advocating for the addition of components that thwart that threat.

# MI Healthy Life – MHP Rebid

The rebid is part of MIHealthyLife, an initiative launched in 2022 to strengthen Medicaid services through new Medicaid health plan contracts. Input from nearly 10,000 enrollees and family members, health care providers, health plans and other community partners informed the creation of five MIHealthyLife strategic pillars:

- Serve the Whole Person, Coordinating Health and Health-Related Needs.
- Give All Kids a Healthy Start.
- Promote Health Equity and Reduce Racial and Ethnic Disparities.
- Drive Innovation and Operational Excellence.
- Engage Members, Families and Communities.

The MIHealthyLife initiative guided design of Comprehensive Health Care Program changes embedded in the Medicaid Health Plan contract rebid:

- Prioritizing health equity by requiring Medicaid health plans achieve National Committee for Quality Assurance Health Equity Accreditation.
- Addressing social determinants of health through investment in and engagement with community-based organizations.
- Increasing childhood immunization rates, including increasing provider participation in the Vaccines for Children program.
- Adopting a more person-centered approach to mental health coverage.
- Ensuring access to health care providers by strengthening network requirements.
- Increasing Medicaid Health Plan accountability and clarifying expectations to advance state priorities.

# MI Healthy Life – MHP Rebid

## RFP Timeline

| Event | Time | Date |
|---|---|---|
| RFP issue date | N/A | Monday, October 30, 2023 |
| Deadline for bidders to submit written questions regarding the RFP, with the exception of rate related questions. | 11:50 a.m. Eastern | Friday, November 17, 2023 |
| Optional rate pre-proposal meeting | 9:30 a.m. – 12:00 p.m. Eastern | Thursday, November 16, 2023 |
| Deadline for bidders to submit written questions regarding rates. | 11:50 a.m. Eastern | Friday, December 1, 2023 |
| Anticipated date the State will post answers to bidder questions on www.michigan.gov/SIGMAVSS | N/A | Thursday, December 14, 2023 |
| Proposal deadline* | 11:50 a.m. Eastern | Tuesday, January 16, 2024 |
| Anticipated contract begin date | N/A | Tuesday, October 1, 2024 |

# MI Healthy Life – MHP Rebid

**EVALUATION PROCESS.** If all mandatory minimum requirements are met, the State will evaluate each proposal based on the following factors:

| Technical Evaluation Criteria | Points |
|---|---|
| Vendor Questions Worksheet. 5. State of Michigan Experience and Prior Experience | 300 |
| Schedule A. Section 1.3 Specific Standards thru Section 1.7 Contract Activities and Hosted Services | 30 |
| Schedule G. Narrative Submission (includes Schedules L, M and N) | 710 |
| Schedule H. Contracted Provider Network | 380 |
| Schedule I. Quality Measurement Performance | 110 |
| Total | 1530 |

# MI Healthy Life – MHP Rebid

OF INTEREST TO OUR SYSTEM: MDHHS staff reached out to CMHA to provide a heads up on two of the features, new to the rebid content and that have import for the state's PIHPs, CMHSPs, and their provider network.

* **Medicaid Health Plans acquiring the obligation to pay for crisis intervention services in Emergency Departments for persons with SMI (based on diagnosis) to persons not associated with the PIHP.**
  * This change was added to force the MHPs to provide crisis intervention services to persons, not linked to the PIHPs nor CMHSPs, who are being seen at hospital EDs - providing the hospitals with another source of crisis management support.
* **Medicaid Health Plans being required to increase their office-based outpatient psychotherapy and psychiatry rates to allow the state's CMHSPs to be able to serve these persons and obtain payment, from the MHPs for these services.** CMHA could not find the section of the RFP packet that addresses this issue.
  * This change was added to close the MHP behavioral health network gaps and cover the costs of CMHs serving Medicaid enrollees with mild to moderate needs or those with SMI or SED but for whom stability has been reached making less intense services appropriate for them. While these persons would/should be served through the MHP mild-to-moderate behavioral health benefit, the lack of MHP network providers has left these persons without access to behavioral health services. This change would allow the CMHs and their provider networks to help close that gap.

# Health Endowment Fund Grants

**Michigan Health Endowment Fund project: Administrative Burden Relief for Michigan's Public Mental Health System**

EXECUTIVE SUMMARY:

CMHA will work with Public Sector Consultants to examine the administrative and paperwork demands placed on Michigan's public mental health system and recommending the elimination of the non-value added regulations that do not improve the lives of people served. These recommendations will center around changes in contracts (in the chain of MDHHS through PIHPs, CMHSPs, and providers), state rules and regulations, and state statutory/boilerplate language.

**Michigan Health Endowment Fund Project: Practice-Based Path to Social Work Licensure**

EXECUTIVE SUMMARY:

The proposal aims to tie Michigan's social work licensure to the variables most directly tied to the quality of social work practice: meeting rigorous national higher education standards and the completion of thousands of hours of observed and supervised practice. This approach builds a path to Michigan social work licensure, as an alternative to the current test-based process - a test not linked to clinical competence.

This practice-driven approach improves the ability of the state's behavioral health care systems to recruit and retain critical talent while also bringing, into the field, a great number of Michiganders with strong higher education backgrounds, proven social work practice competence, and a diversity of backgrounds.

# Contact Information

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