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/97621467505
August 23, 2024
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 Quality-Finance Committee Meeting Minutes and Actions 6/10/24 (Attachment #1A)
- B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 6/10/24 (Attachment #1B)
- C. WCCMH Board Meeting Minutes and Actions-6/21/24 (Attachment #1C)
- D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 6/12/24 (Attachment #1D)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 6/12/24 (Attachment #1D1)
- F. Contracts and Leases (recommended approval by Qualify-Finance Committee on 8/12/24 (Attachment #1E)
- G. Program Dashboard FY24, Quarter 1, 2024 (Attachment #1F)
- H. Program Dashboard FY24, Quarter 2, 2024 (Attachment #1G)
- I. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Self-Directed Services Policy (Attachment #1H)

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** (15 minutes)

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (45 minutes)
- WCCMH FY2025 Annual Operating Budget (Attachment #4) **N. Phelps ACTION**
- WCCMH FY2025 Annual Budget Book (Attachment #5) **N. Phelps**
- WCCMH FY2025 Master Contract List (Attachment #6) **M. Harding ACTION**
- Performance Improve FY23 Report (Attachment #7) **L. Higle ACTION**
- CMHPSM Oversight Policy Board (OPB) Appointment (Attachment #8) **M. Harding ACTION**

IX. Old Business (15 minutes)
- None

X. Items for Future Discussions (5 minutes)
- Employee Engagement Survey
- Homelessness Updates

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.

- U of M Contracting
- Millage Re-Authorization

XI. Adjournment of Public Meeting (Next WCCMH Board Meeting: October 25, 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/97621467505

Or One tap mobile:
+19292056099, 97621467505# US (New York)
+12678310333, 97621467505# US (Philadelphia)

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

Webinar ID: 976 2146 7505

International numbers available: https://zoom.us/u/aeeoZ3jqOR

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

AUGUST 23, 2024

CONSENT AGENDA

A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 6/10/24 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 6/10/24 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-6/21/24 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 6/12/24 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 6/12/24 (Attachment #1D1)
F. Contracts and Leases (recommended approval by Qualify-Finance Committee on 8/12/24 (Attachment #1E)
G. Program Dashboard FY24, Quarter 1, 2024 (Attachment #1F)
H. Program Dashboard FY24, Quarter 2, 2024 (Attachment #1G)
I. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Self-Directed Services Policy (Attachment #1H)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

June 10, 2024
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/99510108421 (virtual)
2:00-3:30 pm

ROLL CALL: Dusbiber attending virtually
H. Heaviland attending in person
B. Higman attending in person
M. Udow-Phillips attending in person

MEMBERS ABSENT: S. Antonow

STAFF PRESENT: R. Avedisian, N. Phelps, M. Harding, T. Cortes, T. Florence, L. Gentz, M. Taylor, L. Higle, J. Sewell, K. Dieboll, K. Snay, E. Montgomery, S. Ray, B. Hagaman

OTHERS PRESENT: M. Creekmore, K. Columbus, K. Walker; S. Petty, M. Radzik

K. Walker called the meeting to order at 2:06 pm.

I. Introductions
- S. Petty, new WCCMH Board member, was introduced to the Committee and meeting attendees

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 2/12//24 (Attachment #1)
- None

MOTION BY A. DUSBIBER SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM FEBRUARY 12, 2024, QUALITY-FINANCE COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
HIGMAN	**Y**	**HEAVILAND**	**Y**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

V. Financial Status Report

- N. Phelps presented the Financial Status Report for the period ending April 30, 2024 (Attachment #2)

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE FINANCIAL STATUS REPORT ENDING APRIL 30, 2024, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
HIGMAN	**Y**	**HEAVILAND**	**Y**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
HIGMAN	**Y**	**HEAVILAND**	**Y**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

VII. Executive Director Authorizations
- None

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

IX. Old Business
- None

X. New Business
- Program Committee Dashboard FY23, Quarter 4. (Attachment #4)
  - L. Higle presented the Program Dashboard FY23 Quarter 4 for the Committee.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE PROGRAM DASHBOARD FY23 QUARTER 4 AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**

HIGMAN	**Y**	**HEAVILAND**	**Y**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

- CCBHC Update
  - M. Harding provided and update on the CCBHC to the Committee.
- 2024 Budget Amendment
  - N. Phelps updated provided updates on the 2024 budget to the Committee.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE 2024 BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**N/A**	**DUSBIBER**	**Y**
HIGMAN	**Y**	**HEAVILAND**	**Y**
UDOW-PHILLIPS	**Y**		

MOTION CARRIED

XI. Items for Future Discussions
- Accounts Receivable
- CCBHC Metrics Follow-up
- Cost Per Case Comparisons

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

XII. Meeting adjourned at 2:59 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES
June 10, 2024
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/98461324058 (virtual)
3:30–5:00 pm

K. Walker called the meeting to order at 3:32 pm.

ROLL CALL:	A. Carlisle attending in person H. Heaviland attending in person B. Higman attending in person M. Radzik attending virtually R. Rion attending virtually A. Rooks attending in person A. Somerville attending virtually M. Udow-Phillips attending in person G. Waddles Jr attending virtually K. Walker attending in person
MEMBERS ABSENT:	D. Jackson
STAFF PRESENT:	R. Avedisian, M. Harding, T. Cortes, T. Florence, L. Gentz, N. Phelps, M. Taylor, J. Sewell, E. Montgomery, K. Dieboll, K. Snay
OTHERS PRESENT:	S. Petty, D. Anderson, K. Snodgrass, E. Spanier, M. Creekmore, K. Layton, L. Lutomski

I. Introductions
- E. Spanier & K. Snodgrass from CHRT were introduced to the Committee

II. Audience Participation
- None.

III. Committee Response to Audience Participation
- None

IV. Millage Advisory Committee Minutes and Actions from 4/8/24 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 4/8/24 were reviewed.

MOTION BY A. CARLISLE, SUPPORTED BY H. HEAVILAND TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE APRIL 8, 2024, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**Y**	**HIGMAN**	**Y**
HEAVILAND	**Y**	**SOMERVILLE**	**N/A (virtual)**
RADZIK	**N/A (virtual)**	**ROOKS**	**Y**
RION	**N/A (virtual)**	**M. UDOW-PHILLIPS**	**Y**
WADDLES JR	**N/A**	**K. WALKER**	**Y**

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

- Financial Budget Update (Attachment #3)
  - N. Phelps presented the Financial Budget update ending April 30, 2024, to the Committee.

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

- None

VIII. New Business –

- Millage Annual Impact Report Draft Review
  - K. Snodgrass & E. Spanier provided the Millage Annual Impact Report Draft Review to the Committee.
- Millage Annual Impact Report Dissemination Plan
  - K. Snodgrass & E. Spanier spoke to the Committee on dissemination of the Millage Annual Impact Report to the community.
- Chelsea City Collaboration Project Update
  - T. Cortes provided and update on the Chelsea City Collaboration Project to the Committee.
- Millage Renewal Ordinance Update
  - T. Cortes provided an update on the Millage Renewal Ordinance to the Committee.
  - A. Somerville spoke to the approved changes to the Millage Renewal Ordinance.

IX. Items for Future Discussions

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

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY M. RADZIK TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 4:29 pm.

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

In Person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: https://zoom.us/j/93746387220
June 21, 2024
9:30am

S. Antonow called the meeting to order at 9:35 am.

ROLL CALL:	S. Antonow attending in person B. Higman attending in person H. Heaviland attending in person B. King attending in person A. LaBarre attending in virtually S. Petty attending in person A. Somerville attending in person M. Udow-Phillips in person
MEMBERS ABSENT:	A. Dusbiber, A. Rooks, K. Scott, K. Walker
STAFF PRESENT:	R. Avedisian, N. Phelps, T. Cortes, J. Sewell, S. Ray, S. Amos O'Neal, M. Taylor, M. Concannon, B. Hagaman, K. Snay, R. Dornbos, M. Tasker
OTHERS PRESENT:	D. Merritt, M. Creekmore, T. Gavalier, K. Homan

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda Actions (Attachment #1)
A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 2/12/24 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 4/8/24 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-4/26/24 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 3/13/24 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 4/10/24 (Attachment #1E)
F. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 5/8/24 (Attachment #1F)
G. Contracts and Leases (recommended approval by Qualify-Finance Committee on 6/10/24 (Attachment #1G))
H. Program Dashboard FY24, Quarter 4, 2023 (Attachment #1H)
I. 2024 Budget Amendment (Attachment #1I)
J. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
- Ethics and Conduct 2024 (Attachment #1J)
- Clinical Record Content 2024 (Attachment #1K)
- Critical Incident Sentinel Rise Event 2024 (Attachment #1L)
- Continuity of Care Policy 2024 Pre-Final (Attachment #1M)
- Transition Planning Policy 2024 Pre-Final (Attachment #1N)

MOTION BY B. KING SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE JUNE 21, 2024, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**VIRTUAL**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

V. Treasurer's Report

- WCCMH FY2023 Financial Audit (Attachment #2)
  - D. Merritt presented the FY2023 Financial Audit findings to the Board.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE FY2023 FINANCIAL AUDIT AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**VIRTUAL**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

- WCCMH FY23 Compliance Examination (Attachment #3)
  - N. Phelps discussed the FY23 Compliance Examination findings to the Board.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE FY23 COMPLIANCE EXAMINATION AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**VIRTUAL**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

- WCCMH Financial Status Report
  - N. Phelps presented the Financial Status Report to the Board for the period ending April 30, 2024 (Attachment #4).

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY B. KING TO ACCEPT AND APPROVE OF THE FINANCIAL STATUS REPORT ENDING APRIL 30, 2024, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**

HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**Y**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

- WCCMH Millage Financial Status Report (Attachment #5)
  - N. Phelps presented the Millage Financial Status Report for the period ending April 30, 2024

MOTION BY B. KING SUPPORTED BY A. SOMMERVILLE TO ACCEPT AND APPROVE THE MILLAGE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING APRIL 30, 2024, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**Y**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board
  - T. Cortes announced S. Antonow's retirement to the Board and presented a certificate of appreciation.
  - T. Cortes provided updates from the State to the Board.
  - T. Cortes updated the Board on the employee survey recently sent out by the County.
  - T. Cortes announced CMH received it's official CCBHC certification.

VII. CMHPSM Regional Update
- B. King provided CMHPSM Regional updates to the Board.

VIII. New Business
- Consumer Advisory Council
  - M. Concannon provided an updated on the Consumer Advisory Council to the Board.
  - Consumer Advisory Council dropped "Consumer" from its name and is now known as Advisory Council.
  - Walk a Mile is scheduled for 9/12/24 this year.
- WCCMH Board Officers for 4/1/24 – 3/31/25
  - Chair – K. Walker
  - Vice Chair – H. Heaviland
  - Secretary – A. Dusbiber
  - Treasurer – M. Udow-Phillips
- WCCMH Committee Assignments 4/1/24 – 3/31/25
  - WCCMH Quality-Finance Committee
  - WCCMH Millage Advisory Committee
  - WCCMH Executive Committee
  - CMHPSM Regional Board

A. Sommerville left the meeting at 10:35 am

MOTION BY A. LABARRE SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE WCCMH BOARD OFFICERS AND COMMITTEE ASSIGNMENTS 4/1/2024 – 3/31/2025, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**Y**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

- WCCMH Resolution Opposing Conflict Free Access and Planning in Michigan (Attachment #7 & Attachment #8)
    - T. Cortes provided updates on the resolution opposing conflict free access and planning in Michigan to the Board.

MOTION BY B. KING SUPPORTED BY XXX TO ACCEPT AND APPROVE THE WCCMH RESOLUTION OPPOSING CONFLICT FREE ACCESS AND PLANNING IN MICHIGAN, AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
KING	**Y**	**LABARRE**	**Y**
PETTY	**Y**	**ROOKS**	**N/A**
SCOTT	**N/A**	**SOMMERVILLE**	**N/A**
UDOW-PHILLIPS	**Y**	**WALKER**	**N/A**

MOTION CARRIED

- Request BOC Resolution Opposing Conflict Free Access and Planning in Michigan (Attachment #7 & Attachment #8)
    - T. Cortes presented the on the request to the BOC resolution opposing conflict free access and planning in Michigan to the Board.
    - T. Cortes/A. LaBarre struck this item as an “Action” item.

B. King left the meeting at 11:08 am.

IX. Old Business
- None

X. Items for future discussion
- Homelessness Updates
- U of M Contracting
- Millage Re-Authorization

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

Meeting adjourned at 11:11 am.

DRAFT

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

June 12, 2024

Members Present on the Call: Anton Clark, Melissa Concannon (Co-Chair), Leo Hanifin, Barb Higman, Alayna Manzanares, Pam Rathbun (Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison).
Guests: Mike Harding (Deputy Director of CMH-for CCBHC report)
Absent: Lisa DeRamos, Joy Duffy, Lisa Porzondek.

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

I. **Mike Harding: CCBHC REPORT**: Mike said that the Renewal application for the CCBHC had been submitted and that they are waiting for the pending review. He talked about the possibility of a Mental Health Urgent Care model becoming necessary. There is a need for following the existing policies & procedures as well as meeting new requirements as requirements change and as individuals served increase. At the same time, there have been staffing increases and so caseloads are going down in size. As long as the certification is approved by mid-fall, we will be certified for the next 3 years. There are now 17 agencies certified. Surrounding counties represented: Oakland-Easter Seals, Monroe CMH, Jackson. We discussed the importance of both safety in view of the county ALICE training and maintaining a welcoming environment. Anton reiterated the importance of having soft music, food, personal interactions early on, a calming environment, and perhaps a pop-corn machine. Mert Suggested that the screens could show slideshows of nature photos taken by CMH staff and clients who would like their photos shared with the public, perhaps with location and photographer listed.
II. **Regional CAC**:
    a. Picnic on August 8. Save the date. We will take a van and Mert will reserve it. We will review possible foods that people volunteered to take in the July meeting, closer to the time.
    b. Prep for fall training.
    c. Mert mentioned that Monroe is resetting some of their efforts to cooperate between the CAC there and their board and the role they have given to outside coaches to help them through the ups & downs of plugging along through personnel changes.
III. **Newsletter**: in this email you will find the newsletter as we have it to date for the Summer: There will also be short announcements about Celebration of Success & Walk-A-Mile (by Mert) & the Day of Giving for Fresh Start (by Joy). Melissa to print 50 copies for Towner, Leo will print some for the Annex. Pam will print 30 for each of the two sections at Ellsworth. We thought Anton's prose-poem was good, as was Joy's stories about her pets. Mert will send printed copies of the newsletter to Anton, Joy, Jason.
IV. **Walk-A Mile: 9/12/2024 -** Mert will sent an initial announcement with the newsletter, and will follow up later in June. Leo suggested that we just have "Keep Your Head Up" on the back of the shirts, along with "Walk-A-Mile." The plan is to have designs finished and shirts ordered by mid July, with Leo coordinating with Hayley T. or Sally A-O and the printer to ensure that the shirts are done excellently. He is coordinating ordering sufficient tie-dye materials for the event with them and ensuring that is done well. Tie-dying the shirts from 1-3pm on Thursday, August 22, 2024 at the 2140 E. Ellsworth location with Leo and Melissa tag-teaming on set up. Mert will get a size selection after reviewing past orders to Leo and Hayley by Thursday afternoon. Those who want XL: Pam, Jason, Leo, another two PATH team members, Mert; Danielle, and a couple of PATH team members will get M size.
V. **Celebration of Success**: Mert to send out the nomination form & to announce the date of the Celebration of success to all CMH once the newsletter is sent. Melissa suggested asking artists and crafters in the Arts and Crafts groups with Pam and Carole at the Ellsworth and Annex locations to come up with

crafts so that there could be a little something to give to celebrants. Melissa also suggested cards, flowers, or even cards with a poem that could be laminated. Mert offered to help Melissa get some lamination for her machine to use for this purpose and was interested in writing a poem for nominees. Mert will send out the nomination form after the meeting.

VI. **Fresh start (Joy, submitted via email en-absentia)**: Day of Giving: We are Not Alone. Listen to Members tell recovery stories and try some mock-tails (non-alcoholic cocktails) and enjoy circus-themed entertainment. Saturday, June 1, 2024; 4-9pm; 211 E. Michigan Ave, Ypsilanti, MI 48198.

VII. **NAMI (Barb & Alayna)**: The Ending the Silence program is not currently active, same with the Peer to Peer program, because of a lack of volunteer coordinators. Anton talked about how vital these programs are and his hope to have paid speaking gigs for himself and others in the future. He was referred to Barb if he wanted to help open the door for some of these gigs.

VIII. **Public Health (Lisa deRamos sent via email, en-absentia)**:

Lisa has contacted the Michigan Celtic Festival organizers and CMH plans to have a table on the second weekend in July. Now Hayley Thompson is trying to fill time slots for volunteers to be present at the weekend event. Lisa deRamos deramosl@washtenaw.org. Mert will confirm with Hayley that she has a table secured at the Celtic Festival. (An update to share with the group- The health department released the annual WC suicide report if people are interested they can read about it here- https://www.washtenaw.org/CivicAlerts.aspx?AID=2741 And read the report here: https://www.washtenaw.org/DocumentCenter/View/35499/May-2024-Suicide-Report

Lisa deRamos, Communications Coordinator

(Mert will write a short blub about the WC-CMH-Advisory Council and also forward the brochure to Lisa that we had edited so that she can invite her parent & family contacts.)

IX. **The Michigan Peer Conference 2024. Melissa had a lot of fun going to presentations on dental & mental health, quitting smoking, etc. Mert enjoyed presenting.**

X. **New Business**:

a. Anton reiterated his desire to see the **Ending the Silence program** going well and to see it resuscitated. He would like to see new live breathed into the program.
b. **DBT Groups for non**-consumers: Leo was referred to some resources: books by Marsha Linehan.
c. **Voting on the millage renewal**: early voting starts July 7-Aug 4. Day of primary is Aug 4.

_ Barb_ motioned to adjourn the meeting at _ 1:39 pm_, Supported by _ Alayna _.

The next meeting will be July 10, 2024 at 2140 E. Ellsworth, Ann Arbor; via Zoom or in person, with things starting by 12:30pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible.

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

July 10, 2024

Members Present: Melissa Concannon (Co-Chair), Lisa DeRamos, Leo Hanifin, Barb Higman, Alayna Manzanares, Pam Rathbun (Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison).
Guests: Sally Amos-ONeal (WC-CMH Safety Chair)
Absent: Anton Clark, Joy Duffy, Lisa Porzondek

Meeting called to order at: _ 12:33 _ pm_.
MELISSA: REVIEW LAST MONTH'S MINUTES AND REQUEST MOTION TO APPROVE AGENDA.
MOTION BY _Pam _ - SUPPORTED BY _ Leo _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **WC-CMH Safety Chair**: This committee ensures that all the sites have salt for winter walkways and ensures that all safety measures and protocols are followed throughout the year. Each site has a committee: at Towner, members from Public Health participate; at Ellsworth, there are representatives from both programs; at the Annex, there are also representatives from Facilities. Any safety concerns can be relayed to any member of the safety committee or to Sally. They develop an emergency response plan for all sites and are currently conducting ALICE trainings. They also conduct severe weather drills.

II. **Regional CAC**:
   a. Report from today's RCAC meeting: The art show is not happening at the present in terms of recruiting new art, the previous cycle is winding down its show.
   b. Picnic on August 8. Save the date. We will take Towner van 502 from Ellsworth around 10am from the Ellsworth location and go to the Maple Shelter at Island Park, 1090 N. Broad St, Adrian, MI 49221. Region will get Burgers (beef & turkey) and beef franks & buns. Mert will bring cutlery, plates, cups, napkins, coolers, Lisa to help with the ice & veggies & water, Barb-fruit salad, Anton-Hawaiian salad, Melissa-condiments, Jason-Sprite Zero&CokeZero, Pam-diet Coke & Coke; Joy-Diet Coke & Coke; Leo-sun tea. Mert to email Connie about arrangements for pre-picnic pickup.
   c. Prep for fall training: Mert will coordinate with Joy Duffy and Jennifer Ellsworth to open. But this is the prospective schedule:
      9:30 am Breakfast & meet & greet.
      10 Joy D. and Jennifer E. – Healthy Eating & shopping.
      11 Lenawee rep – Cultural Diversity.
      12 pm Lunch (from Panera, Mert will coordinate with Connie on this)
      12:30 Connie Conklin - Legislative updates.
      1 Jen D. and Mert H. – Workplans (Work on regional plan for new year followed by reports from counties of accomplishments from year.)
      2 Lisa P. and Cristobal Acosta – Public Speaking & Advocacy.
      3 Cleanup & dismissal.

III. **Newsletter**: One potential entry already for Fall. Lisa DeRamos requested copies of past issues to give her an idea of what has been written about. She also mentioned that Anton's writings have been shared here: https://namiwc.org/2024/06/29/antons-stories/ . Lisa DeRamos offered to write an article on ADHD.

IV. **Walk-A Mile: 9/12/2024 -** Mert will sent an initial announcement with the newsletter, and will follow up after this meeting with another announcement to all CMH. Melissa discussed tie-dying at the board meeting.

V. **Celebration of Success**: Poem laminated, arts & crafts? Hayley Thompson sent out an announcement reminder earlier in the week. Mert drafted one poem, more poems to be solicited. Pam and Lisa

deRamos discussed how many sheets of tissue paper would be needed for about 40 flowers (carnations). We talked about Pam prompting her group to make the flowers as a give away item from the outset, so that they didn't feel the need to hold onto them.

VI. **Fresh start (Joy)**: Day of Giving:

VII. **NAMI (Barb & Alayna)**: Peer to Peer is on hold. Family to Family will be held starting the 10th and 11th. NAMI-WC is surveying the candidates.

VIII. **Public Health (Lisa deRamos)**:

The link for signing up for a weekly collection of social postings for the Washtenaw County Health Department. Bit.ly/WCHD555 . Mert and Sally recruited a few folks for the Saline Celtic Festival. Lisa received information about the 544-3050 line and that the CARES team is one team within CMH for those with mild to moderate conditions. The ACT team is for more intensive treatment and care.

IX. **New Business**:

A. Election: https://www.washtenaw-mentalhealthmillage-impact.org/ The Mental Health & Public Safety millage is o the November ballot.

B. The feedback from the site survey: 1 said they preferred towner, 1 said they preferred the Annex, 1 said Ellsworth. 3 said all three sites. People seem to want a site that is closest to where they live and with adequate parking. Leo said that for the PATH team, the Annex is the most logical location.

_ Alayna _ motioned to adjourn the meeting at _ 1:50 pm_, Supported by _ Pam _.

The next meeting will be August 14, 2024 at 2140 E. Ellsworth, Ann Arbor; via Zoom or in person, with things starting by 12:30pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible.

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Service Contracts

Applied Behavioral Analysis Services	**Start Date**	**End Date**
ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Acorn Health of Michigan, LLC	10/1/2024	09/30/2025
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2024	09/30/2025
BlueMind Therapy LLC	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
Early Autism Services, LLC	10/1/2024	09/30/2025
Illuminate ABA Services, LLC	10/1/2024	09/30/2025
IvyRehab Michigan, LLC	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Magnet ABA Therapy	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
RISE Center for Autism, LLC	10/1/2024	09/30/2025
Residential Options, LLC	10/1/2024	09/30/2025
Strident Healthcare	10/1/2024	09/30/2025
Clubhouse/Drop-In Center		
Fresh Start	10/1/2024	09/30/2025
Full Circle Drop-In Center	10/1/2024	09/30/2025
Training & Treatment Innovations, Inc.	10/1/2024	09/30/2025
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2024	09/30/2025
Beaumont Behavioral Health	10/1/2024	09/30/2025
Bronson-Acadia Joint Venture dba Bronson Behavioral Health	10/01/2024	09/30/2025
Forest View Hospital	10/1/2024	09/30/2025
PHC of Michigan, LLC dba Harbor Oaks Hospital	10/1/2024	09/30/2025
Havenwyck Hospital	10/1/2024	09/30/2025
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2024	09/30/2025
Hillsdale Medical Center	10/1/2024	09/30/2025
Madison Community Hospital DBA Samaritan Behavioral Center	10/1/2024	09/30/2025
Mercy Memorial Hospital dba ProMedica Monroe Regional Hospital	10/1/2024	09/30/2025
New Oakland Family Center	10/1/2024	09/30/2025
The Regents of The University of Michigan	10/1/2024	09/30/2025
Trinity Health-Michigan	10/1/2024	09/30/2025
Community Living Supports- Unlicensed		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Community Residence Corporation	10/1/2024	09/30/2025

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ExpertCare	10/1/2024	09/30/2025
Full Life Independence	10/1/2024	09/30/2025
His Eye Is on the Sparrow	10/1/2024	09/30/2025
Home Sweet Home Care Services	10/1/2024	09/30/2025
INI Group, Inc.	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
JYB Homecare, LLC	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Specially Made Co. LLC	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025
Crisis Residential		
Beacon Specialized Living Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Fiscal Intermediaries		
Community Living Network	10/1/2024	09/30/2025
Guardian Trac LLC	10/1/2024	09/30/2025
Licensed Residential Services		
A Touch of Grace 1596, Inc.	10/1/2024	09/30/2025
Adult Learning Systems	10/1/2024	09/30/2025
Beacon Specialized Living Services	10/1/2024	09/30/2025
Christ Centered Homes, Inc.	10/1/2024	09/30/2025
Courtyard Manor of Wixom, Inc.	10/1/2024	09/30/2025
DBT Institute of Michigan	10/1/2024	09/30/2025
Elite AFC, LLC	10/1/2024	09/30/2025
Elite AFC II, LLC	10/1/2024	09/30/2025
Flatrock Manor	10/1/2024	09/30/2025
Harbor House Ministries, Inc.	10/1/2024	09/30/2025
Heartland Center for Autism	10/1/2024	09/30/2025
Henlyn Care	10/1/2024	09/30/2025
Hope Network Behavioral Health Services	10/1/2024	09/30/2025
Hope Network West Michigan	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Moriah Inc. DBA Eisenhower Center	10/1/2024	09/30/2025
NRMI, LLC DBA NeuroRestorative	10/1/2024	09/30/2025
Oconomowoc Developmental Training Center dba Genesee Lake School	10/1/2024	09/30/2025
Pine Rest Christian Mental Health Services	10/1/2024	09/30/2025
Prader Willi Homes of Oconomowoc, LLC	10/1/2024	09/30/2025
Progressive Residential Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Renaissance House, Inc.	10/1/2024	09/30/2025
Saints, Inc.	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025

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St. Louis Center	10/1/2024	09/30/2025
Toepfer Home	10/1/2024	09/30/2025
Turning Leaf Behavioral Health Services	10/1/2024	09/30/2025
Umbrellex Behavioral Health Services	10/1/2024	09/30/2025
Pharmacy/Enhanced Pharmacy		
CareLinc Medical Equipment & Supply Co., LLC	10/1/2024	09/30/2025
County Pharmacy Services dba Ann Arbor Professional Pharmacy	10/1/2024	09/30/2025
Genoa Healthcare, LLC	10/1/2024	09/30/2025
Nutritional Healing of Ann Arbor	10/1/2024	09/30/2025
Private Duty Nursing		
A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Maxim Healthcare	10/1/2024	09/30/2025
Mercy Plus Healthcare Services	10/1/2024	09/30/2025
Respite/Respite Camps		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
Camp Fish Tales	10/1/2024	09/30/2025
Camp SkyWild	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Eagle Village	10/1/2024	09/30/2025
ExpertCare	10/1/2024	09/30/2025
Home Sweet Home Cares Services, LLC	10/1/2024	09/30/2025
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Just Us Club	10/1/2024	09/30/2025
JYB Homecare	10/1/2024	09/30/2025
Methodist Children's Home Society	10/1/2024	09/30/2025
St. Francis Camp on the Lake	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Skill Building Services		
CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025

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Unique Care Connect Community Center DBA Exceptional Journeys Community Center		
	10/1/2024	09/30/2025

Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, etc.)

ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Advanced Therapeutic Solutions	10/1/2024	09/30/2025
Avalon Housing	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Psych Resolutions	10/1/2024	09/30/2025
Sharon O'Bryan	10/1/2024	09/30/2025
Therapeutic Concepts, LLC	10/1/2024	09/30/2025

Supported Employment Services

CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025
Unique Care Connect Community Center DBA Exceptional Journeys Community Center		
	10/1/2024	09/30/2025

County of Financial Responsibility (Revenue)

Macomb County CMH	10/1/2024	09/30/2025
Pathways CMH	10/1/2024	09/30/2025

*****The contracts listed above have no budget associated with them because they are contingent upon consumer utilization.**

WCCMH Vocational Contracts

Expense	Start Date	End Date	Budget
Allied Waste Systems, Inc. dba Republic Waste Services of Southeast Michigan	10/1/2024	09/30/2025	$3,500
American Building Services	10/1/2024	09/30/2025	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2024	09/30/2025	$9,200
Cintas	10/1/2024	09/30/2025	Per Actual Cost
Revenue			
Alpha House	10/1/2024	09/30/2025	***
Arbor Bridge Church	10/1/2024	09/30/2025	***

Washtenaw County Community Mental Health
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Barr, Anhut & Associates	10/1/2024	09/30/2025	***
Chinmaya Mission	10/1/2024	09/30/2025	***
Full Circle Community Center	10/1/2024	09/30/2025	***
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	***
Washtenaw County Facilities Management	10/1/2024	09/30/2025	***
Washtenaw County Parks and Rec	10/1/2024	09/30/2025	***
Ypsilanti Senior Center	10/1/2024	09/30/2025	***
Ypsilanti Thrift Shop	10/1/2024	09/30/2025	***

***** The revenue is contingent upon the frequency of services provided by consumer vocational groups.**

Administrative Contracts

Revenue Contracts	**Start Date**	**End Date**	**Budget**
15th District Court	10/1/2024	09/30/2025	Per Budget
Blue Care Network	10/1/2024	09/30/2025	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2024	09/30/2025	Per Budget
Corner Health	10/1/2024	09/30/2025	Per Actual Cost
Hope Clinic	10/1/2024	09/30/2025	Per Actual Cost
Lenawee County CMH	10/1/2024	09/30/2025	Per Actual Cost
Livingston County CMH	10/1/2024	09/30/2025	Per Actual Cost
MDHHS (GF Contract)	10/1/2024	09/30/2025	Per Budget
Michigan Rehabilitation Services	10/1/2024	09/30/2025	Per Budget
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
Packard Health	10/1/2024	09/30/2025	Per Actual Cost
Regents of the University of Michigan (ORR)	10/1/2024	09/30/2025	Per Actual Cost
Washtenaw County Children's Services	10/1/2024	09/30/2025	$330,714
Washtenaw County Sheriff's Office	10/1/2024	09/30/2025	$406,592
Washtenaw County Trial Court	10/1/2024	09/30/2025	$85,000

Medicaid/General Fund Expense Contracts	**Start Date**	**End Date**	**Budget**
Bromberg & Associates, LLC	10/1/2024	09/30/2025	$1,500
Crystal Jackson	10/1/2024	09/30/2025	$4,800
Deborah Kennard	10/1/2024	09/30/2025	$19,290
DHHS Liaison	10/1/2024	09/30/2025	$74,900
DLD Environmental Services, Inc.	10/1/2024	09/30/2025	$5,000
Dummies on the Run	10/1/2024	09/30/2025	$5,000
Human Resource Opportunities, Inc.	10/1/2024	09/30/2025	$700,000
Michigan Green Cabs Ann Arbor, LLC	10/1/2024	09/30/2025	$30,000
Michigan Rehabilitative Services	10/1/2024	09/30/2025	$10,000
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
NAMI of Washtenaw County	10/1/2024	09/30/2025	$31,000
NAPPI International USA, Inc. dba Welle	10/1/2024	09/30/2025	$5,000
Optum360 Solutions, LLC	10/1/2024	09/30/2025	Per Actual Cost

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PCE Systems	10/1/2024	09/30/2025	$71,400
Rebecca Putek	10/1/2024	09/30/2025	$10,000
Relias Learning	10/1/2024	09/30/2025	$44,883
Regents of the University of Michigan	10/1/2024	07/31/2025	$63,791
RingCentral	10/1/2024	09/30/2025	$80,208
Roslund Prestage & Company	10/1/2024	09/30/2025	$15,680
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	$90,000
Sheryl Goldberg	10/1/2024	09/30/2025	$1,200
Toby's Instrument Shop	10/1/2024	09/30/2025	$2,000
UptoDate	10/1/2024	09/30/2025	$11,393
VelloHealth	10/1/2024	09/30/2025	$58,000
Zoom Video Communications, Inc.	10/1/2024	09/30/2025	$39,782

Millage Expense Contracts	**Start Date**	**End Date**	**Budget**
Avalon	10/1/2024	12/31/2024	$45,000
Center for Healthcare Research and Transformation	10/1/2024	12/31/2024	$80,770
NAMI of Washtenaw County	10/1/2024	12/31/2024	$56,475
National Assessment Center Association	10/1/2024	12/31/2024	$5,163
Packard Health	10/1/2024	12/31/2024	$31,250
Washtenaw County Health Department	10/1/2024	12/31/2024	$42,500
Washtenaw County Prosecutor's Office	10/1/2024	12/31/2024	$35,779
Washtenaw County Sheriff's Department	10/1/2024	12/31/2024	$17,000

Group Home Leases	**Start Date**	**End Date**	**Budget**
Bateson Court LDHA	10/1/2024	09/30/2025	$26,880
Catholic Social Services	10/1/2024	09/30/2025	$20,546
Catholic Social Services	10/1/2024	09/30/2025	$21,208
F.A. Kennedy Co.	10/1/2024	09/30/2025	$61,000
RDBZ II, LLC	10/1/2024	09/30/2025	$34,800
RDBZ II, LLC	10/1/2024	09/30/2025	$39,600
Legacy IV LDHA	10/1/2024	09/30/2025	$32,223
Legacy XII Limited Partnership	10/1/2024	09/30/2025	$35,139
Legacy X Limited Partnership	10/1/2024	09/30/2025	$34,348
4922 Munger LLC	10/1/2024	09/30/2025	$26,820
Renaissance House, Inc.	10/1/2024	09/30/2025	$25,704
Shafiq Kasham	10/1/2024	09/30/2025	$26,400
Southlawn Avenue LDHA	10/1/2024	09/30/2025	$24,480
Spectrum Community Services	10/1/2024	09/30/2025	$11,259
Pathlight Community Services	10/1/2024	09/30/2025	$29,400

Contracts in FY24 that we will no longer have in FY25:

Creating Brighter Futures
Eastern Michigan University Autism Collaborative Center
Guardian Medical Monitoring
Synod Community Services

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
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Board Members who need to abstain from approving the following contracts:

Alfreda Rooks: Regents of the University of Michigan
Anna Dusbiber: Community Living Network
Barbara Higman: NAMI of Washtenaw County
Marianne Udow-Phillips: Center for Healthcare Research & Transformation Regents of the University of Michigan

Program and Quality Board Committee
Dashboard Data FY 2024 (October - Dec)

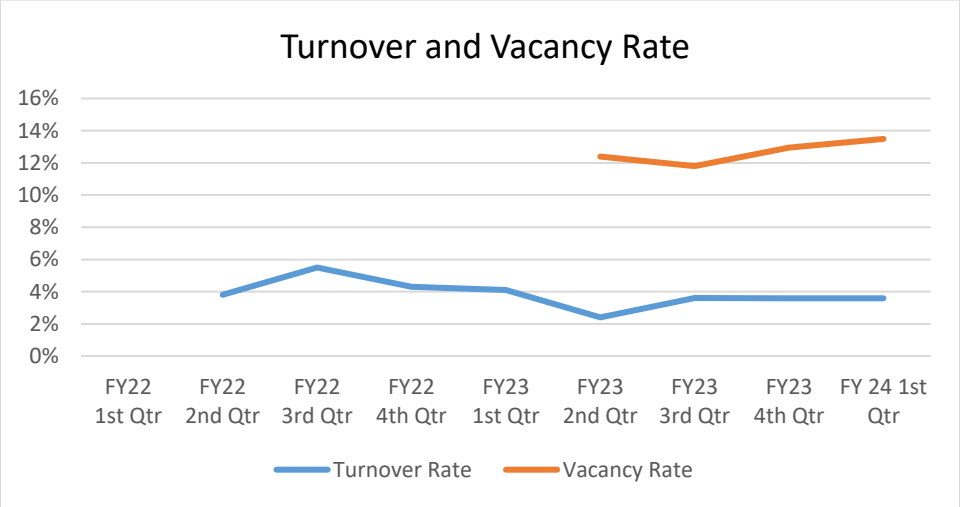
1st quarter Human Resources

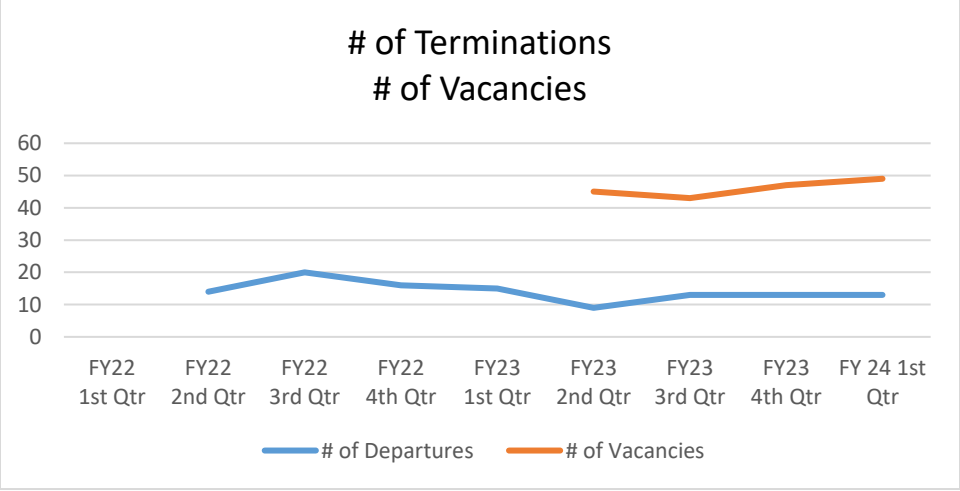
Turnover Rate:

1st Qtr – 3.58% - 13 staff resigned/retired/ or experienced an involuntary termination with 363 active positions.

Vacancy Rate:

1st Qtr – 13.49% - 49 vacancies with 363 active positions.



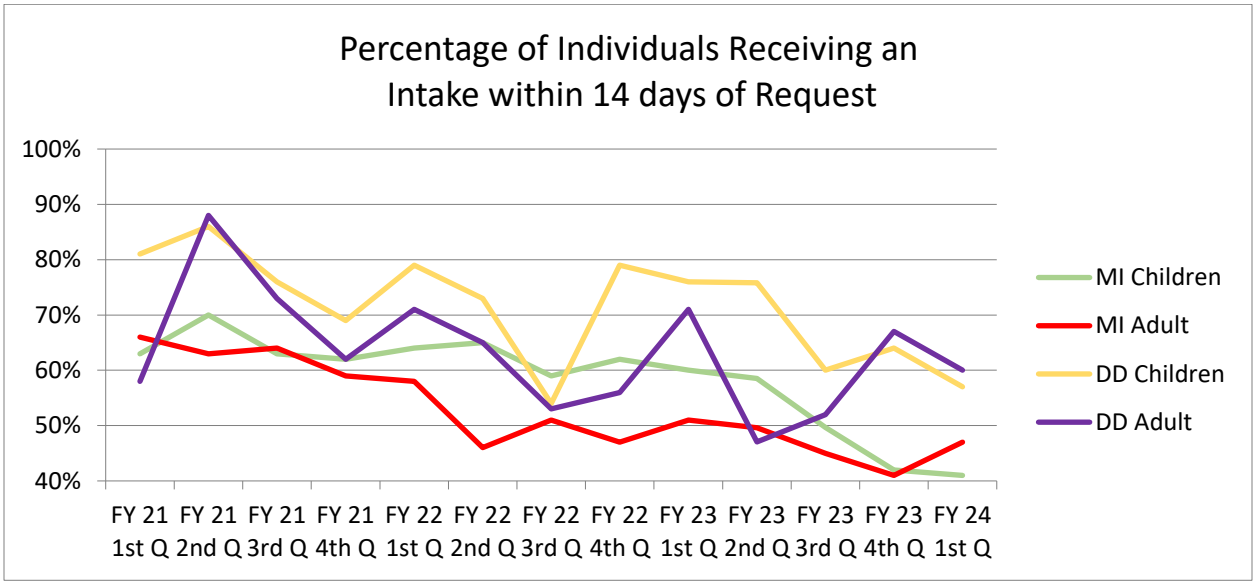


Michigan Department of Health and Human Services (MDHHS) Performance Indicators:

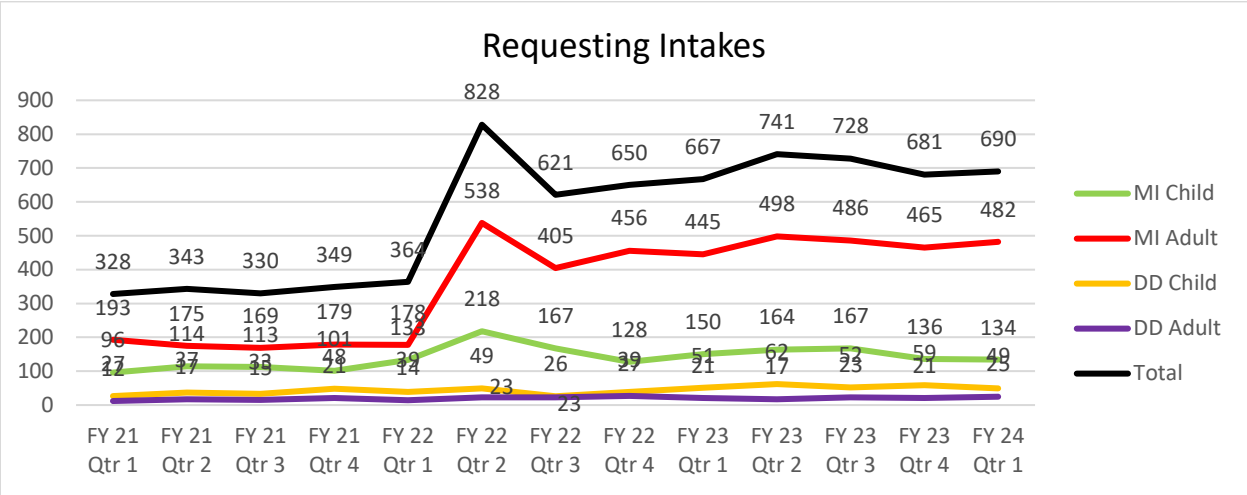
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

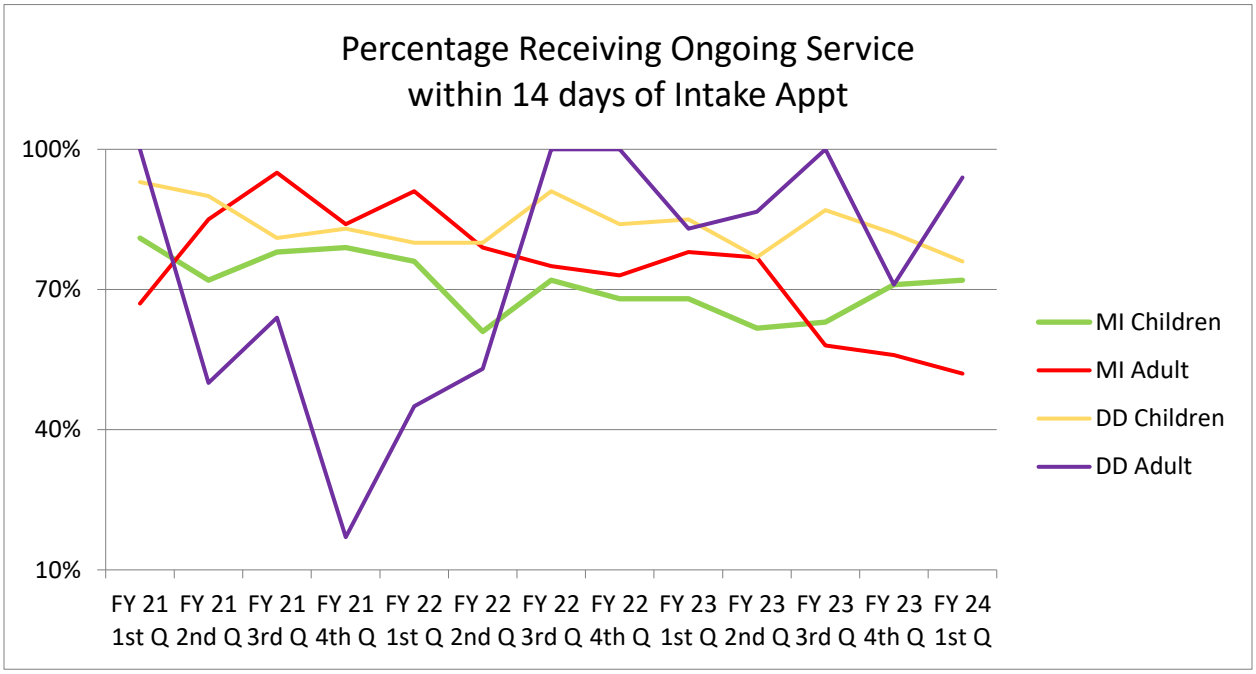
The major change in the operational definition did not allow accounting for consumer choice. Consumer choice is indicated by requesting an appointment outside of the 14-day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance".

For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



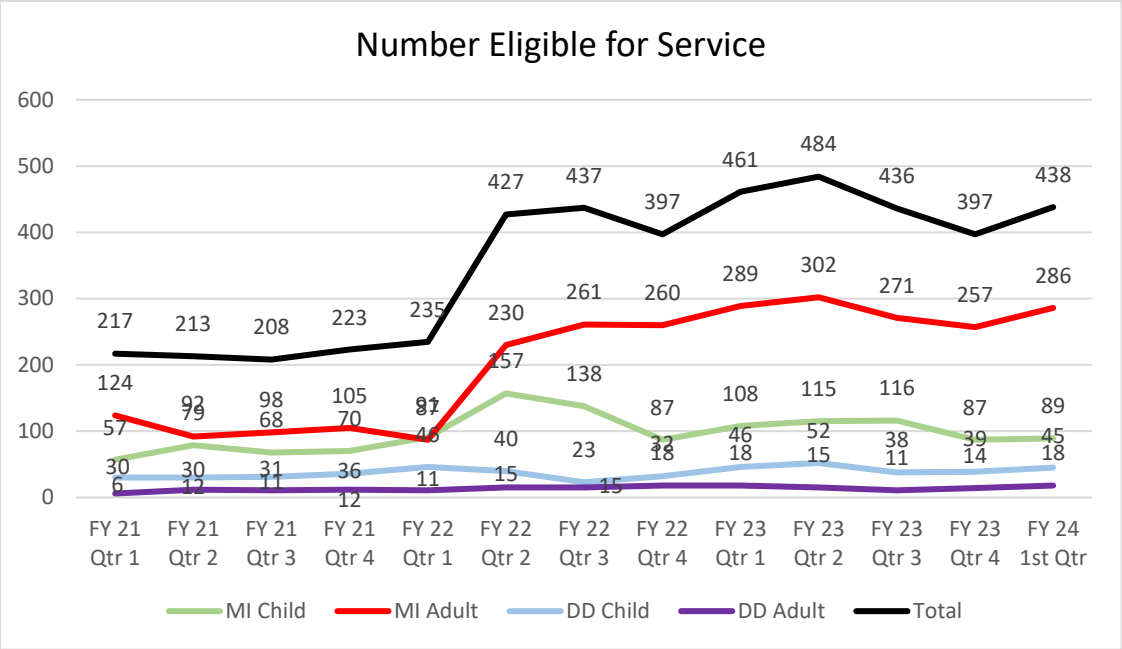
FY 24 1st Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	134	55	79	68	41%	83%
MI Adult	482	227	255	246	47%	96%
DD Child	49	28	21	18	57%	90%
DD Adult	25	15	10	10	60%	100%

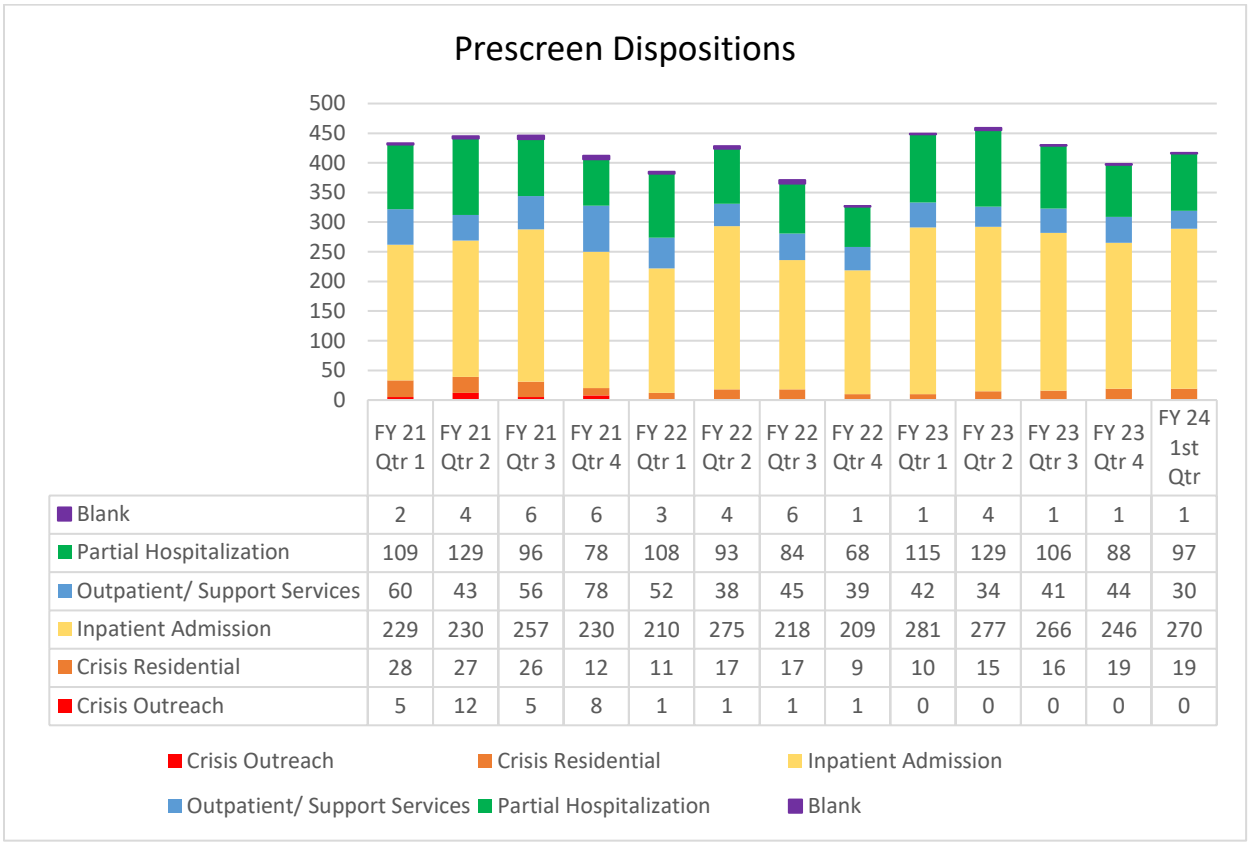




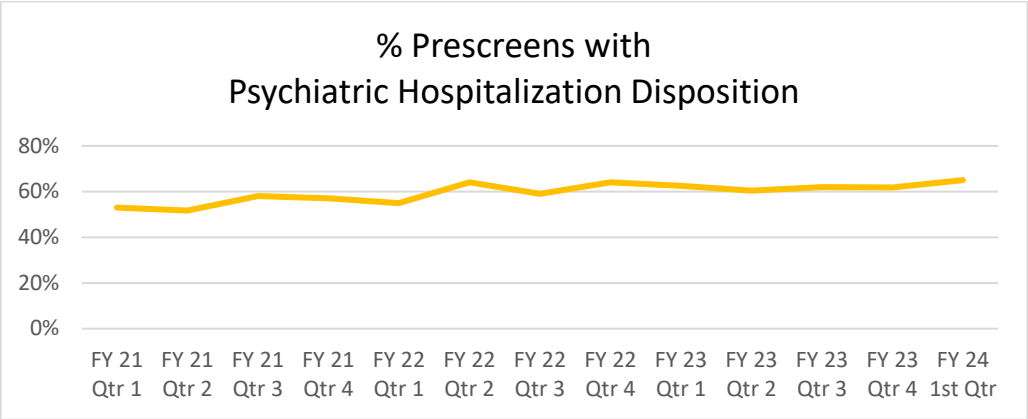
FY 24 1st Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Com-pliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	89	64	25	21	72%	94%
MI Adult	286	148	138	131*	52%	95%
DD Child	45	34	11	9	76%	94%
DD Adult	18	17	1	0	94%	94%

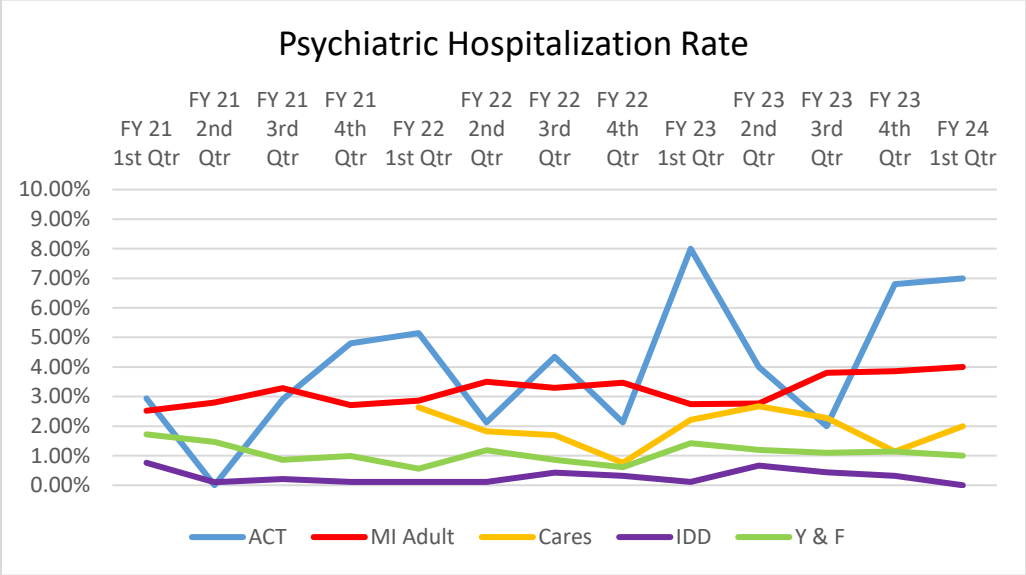
*63 (of the 131) cases attended their BPS appointment, found eligible but also given other resources in the community that they chose to pursue. These cases still count as "out of compliance".



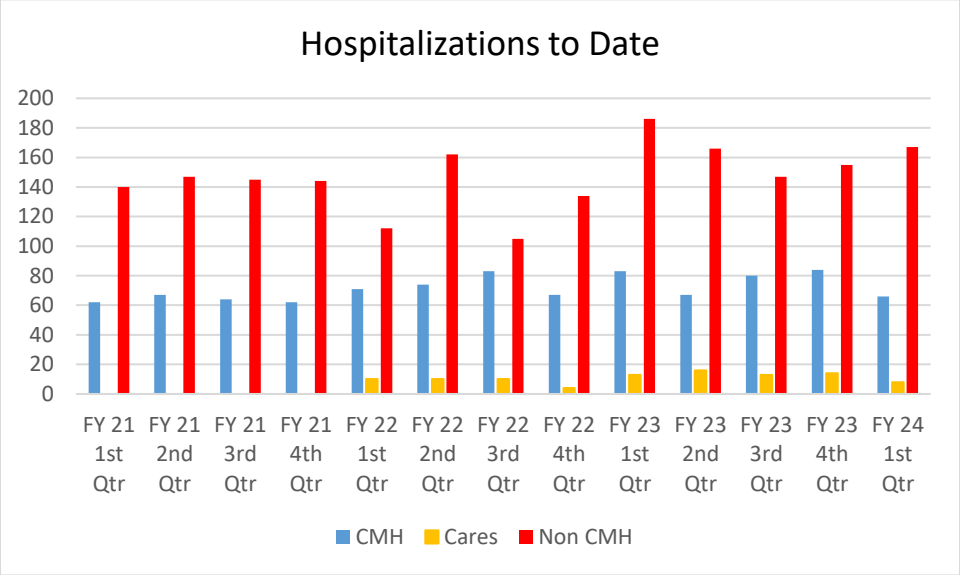


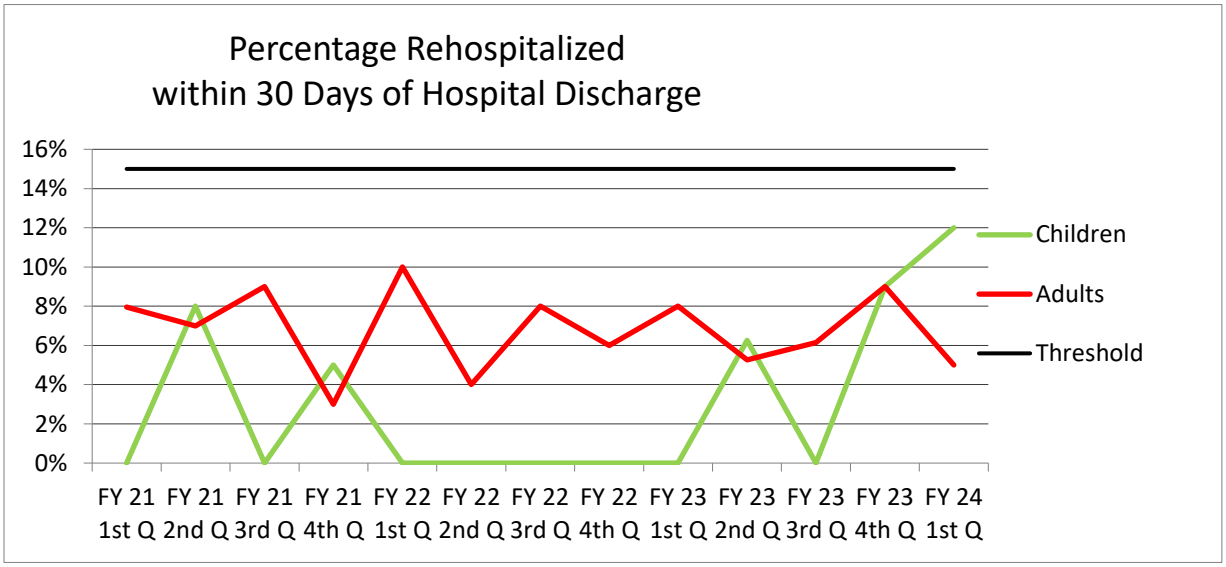
	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 1st Qtr
Blank	2	4	6	6	3	4	6	1	1	4	1	1	1
Partial Hospitalization	109	129	96	78	108	93	84	68	115	129	106	88	97
Outpatient/ Support Services	60	43	56	78	52	38	45	39	42	34	41	44	30
Inpatient Admission	229	230	257	230	210	275	218	209	281	277	266	246	270
Crisis Residential	28	27	26	12	11	17	17	9	10	15	16	19	19
Crisis Outreach	5	12	5	8	1	1	1	1	0	0	0	0	0



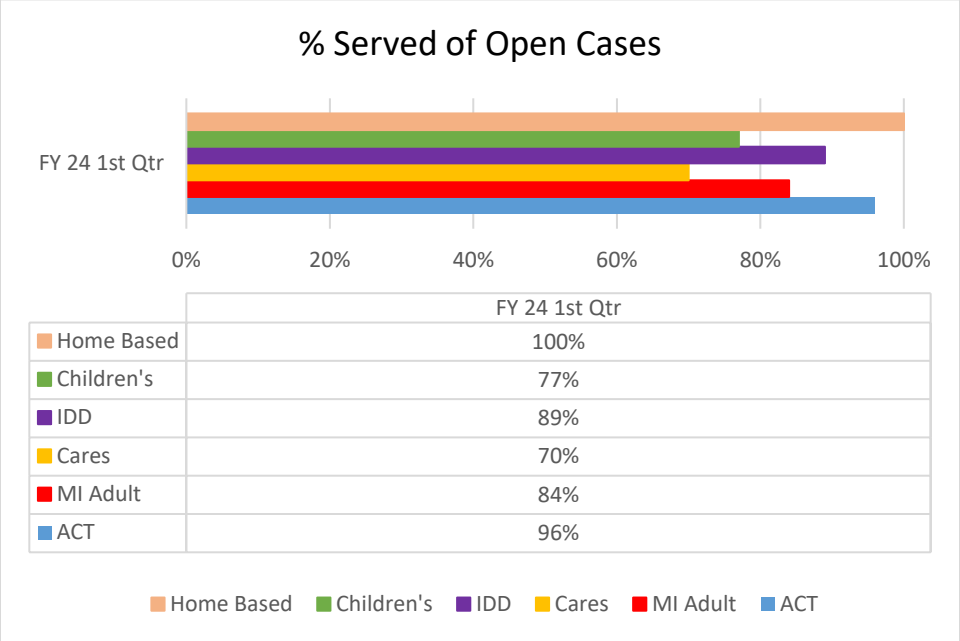


FY 24 1st Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	102	7 (2)	6.86%
MI Adult	1504	59 (7)	3.92%
Cares	434	7 (1)	1.61%
IDD	930	3	0.32%
Y & F	869	10 (1)	1.15%





FY 23 4th Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	17	2	12%
Adult	151	7	5%



	FY 24 1st Qtr
Home Based	100%
Children's	77%
IDD	89%
Cares	70%
MI Adult	84%
ACT	96%

Critical Event Data Reported Thru Qtr 1 FY 2024

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	Cares	Non Suicide Death	4
	DD Adult	Non Suicide Death	2
	MI Adult	Non Suicide Death	6
		ER due to Injury	1
Qtr 1 Total			13

Mortality Data Thru Qtr 1 FY 2024

Cause of Death	Number of Deaths FY 21	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24
Aspiration Pneumonia	2	3	4	
Cancer	10	3	8	1
Cardiovascular	6	12	10	3
Cerebrovascular disease				1
Dehydration				
Diabetes	1			
Drug Abuse	2	6	10	1
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance			1	
Gastrointestinal	1		3	1
Hip Fracture Complications				
Homicide			3	
Hyponatremia		2		
Inanition				
Infection	5 (4 - COVID 19)	4 (3 - COVID 19)		
Kidney Disease			1	
Kidney Failure				1
Liver Disease	3	1	1	
Metabolic				
Natural/Other				
Neurological	7	3	3	1
Respiratory	4	5	5	3
Suicide	2	2	6	
Trauma	2	3	2	
Unknown	15	10	8	
Grand Total	**60**	**54**	**65**	**12**

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

Program and Quality Board Committee
Dashboard Data FY 2024 (January - March)

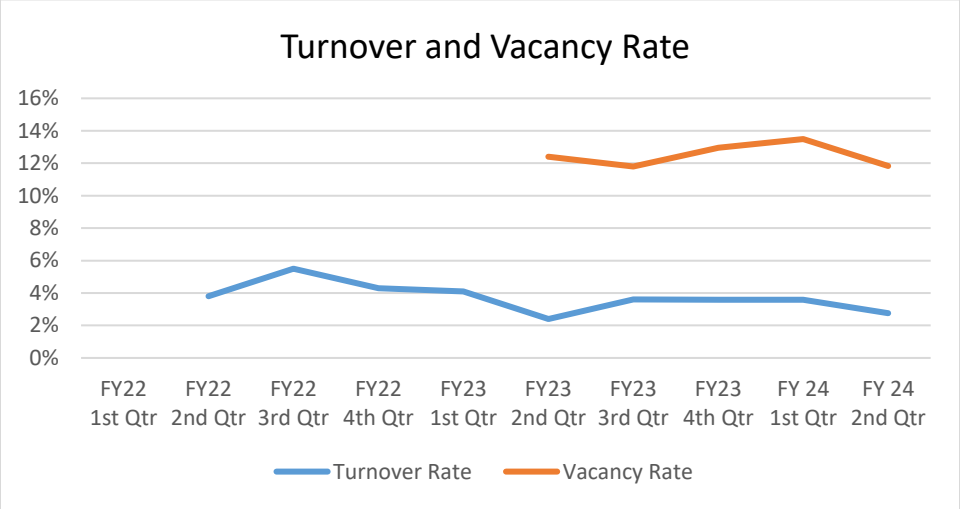
2nd quarter Human Resources

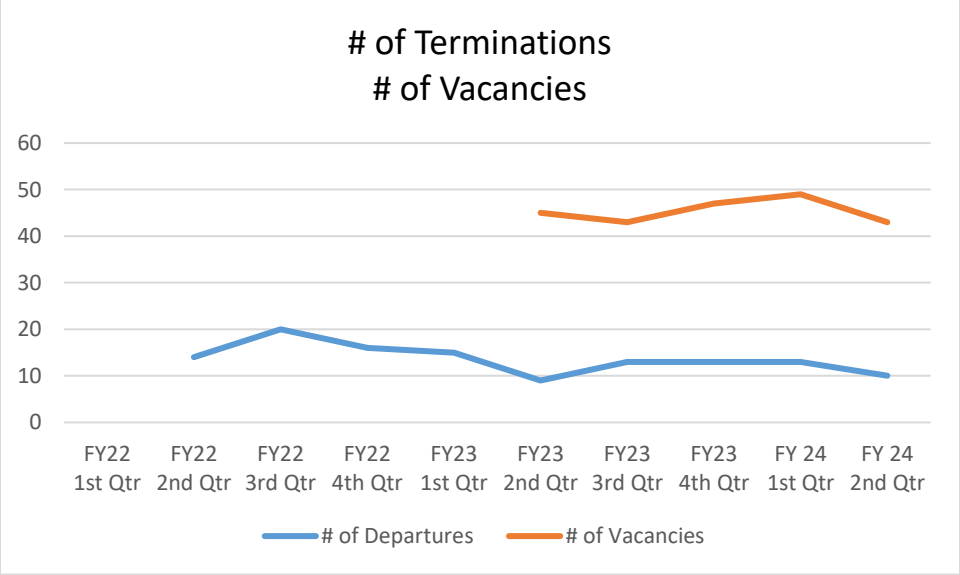
Turnover Rate:

2nd Qtr – 2.75% - 10 staff resigned/retired/ or experienced an involuntary termination with 363 active positions.

Vacancy Rate:

2nd Qtr – 11.85% - 43 vacancies with 363 active positions.

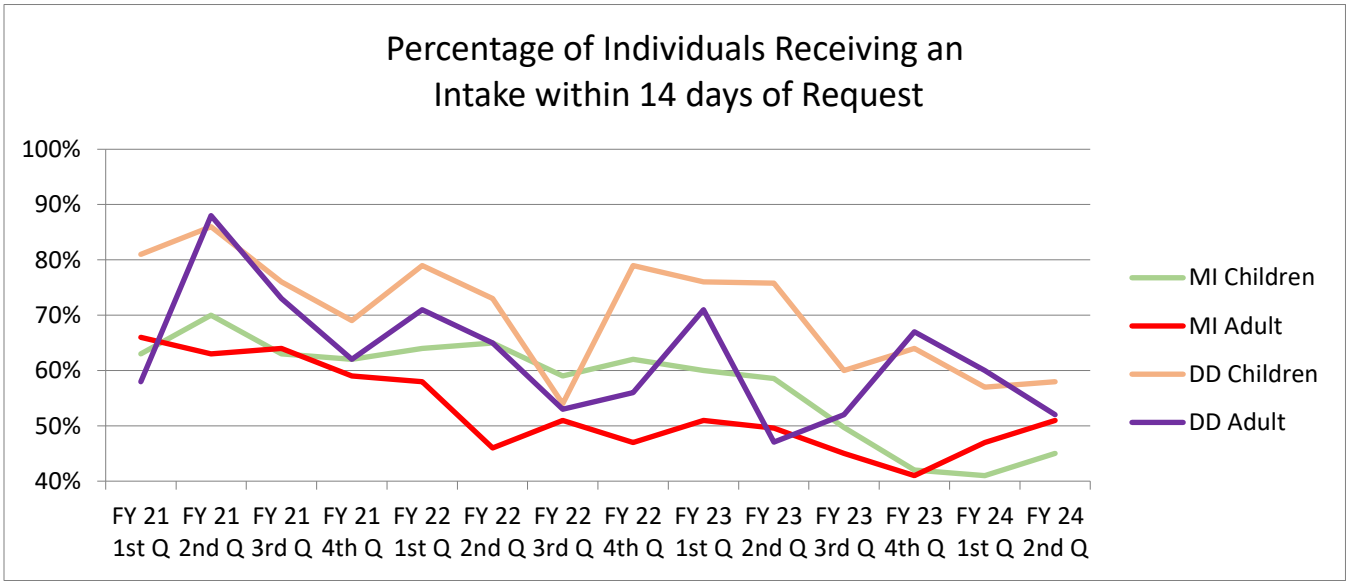




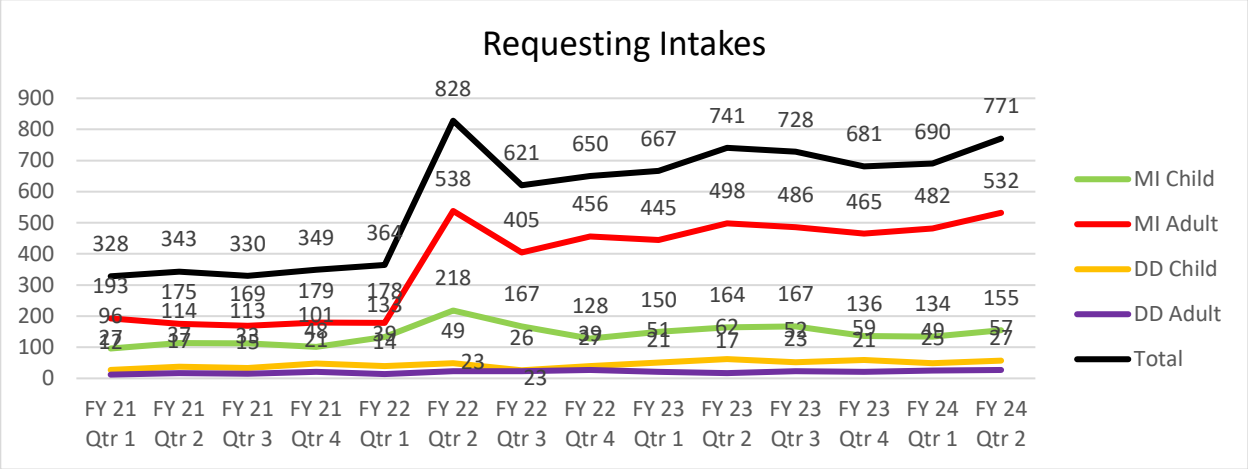
Michigan Department of Health and Human Services (MDHHS) Performance Indicators:
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

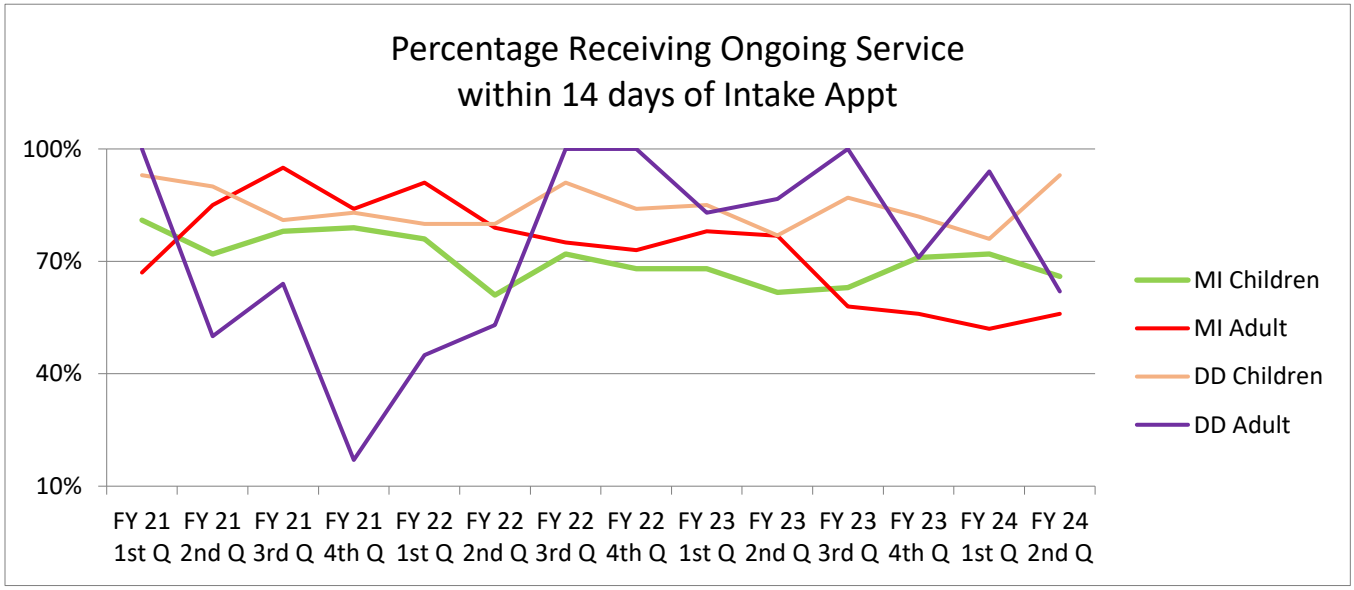
The major change in the operational definition did not allow accounting for consumer choice. Consumer choice is indicated by requesting an appointment outside of the 14-day window, rescheduling, canceling or not attending an appointment. If an individual requests a service, is found eligible but declines our services or even passes away, this is still considered "out of compliance".

For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



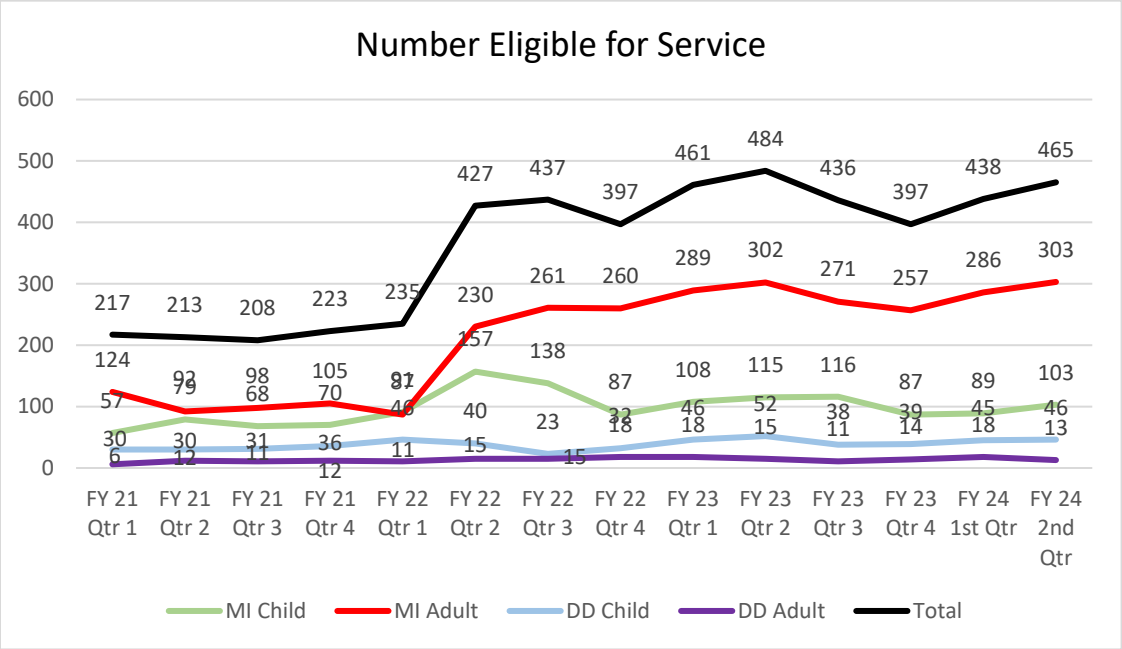
FY 24 2nd Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	155	70	85	61	45%	74%
MI Adult	532	269	263	233	51%	90%
DD Child	57	33	24	21	58%	92%
DD Adult	27	14	13	12	52%	93%

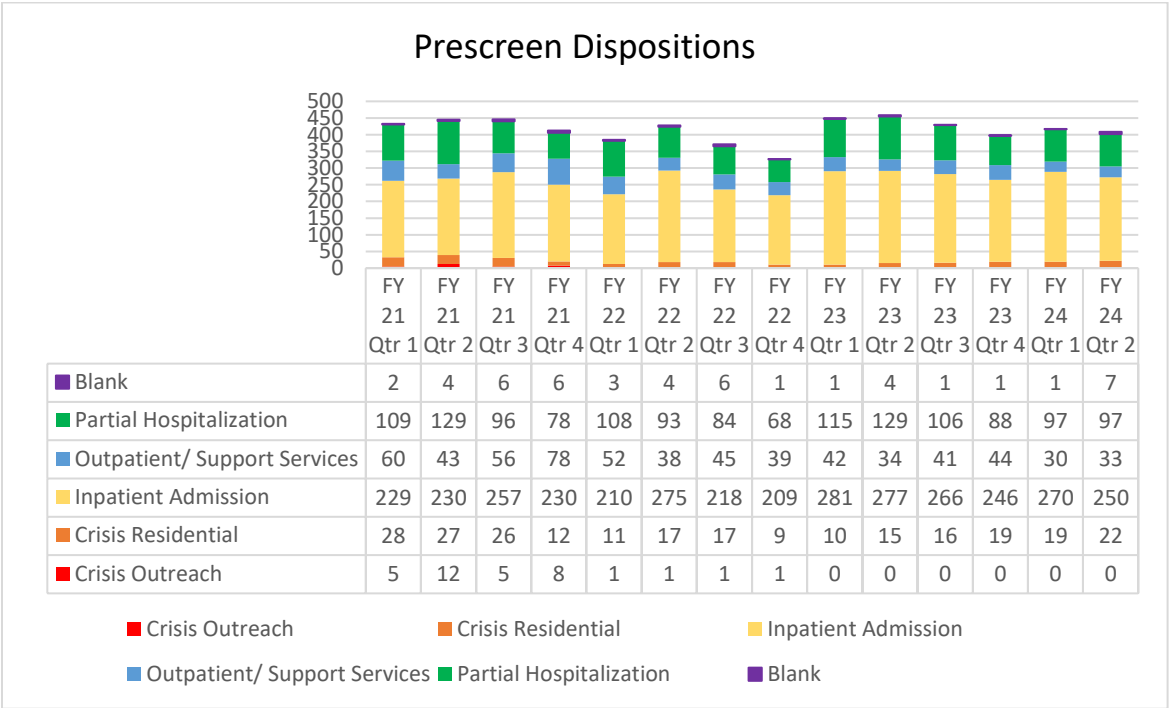




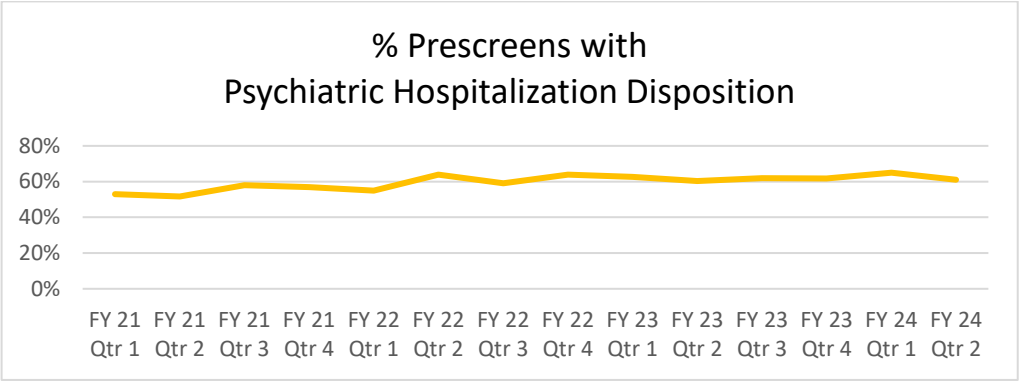
FY 24 2nd Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled, Requested >14 days or chose to go elsewhere)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	103	68	35	30	66%	93%
MI Adult	303	169	134	131*	56%	98%
DD Child	46	43	3	2	93%	98%
DD Adult	13	8	5	2	62%	73%

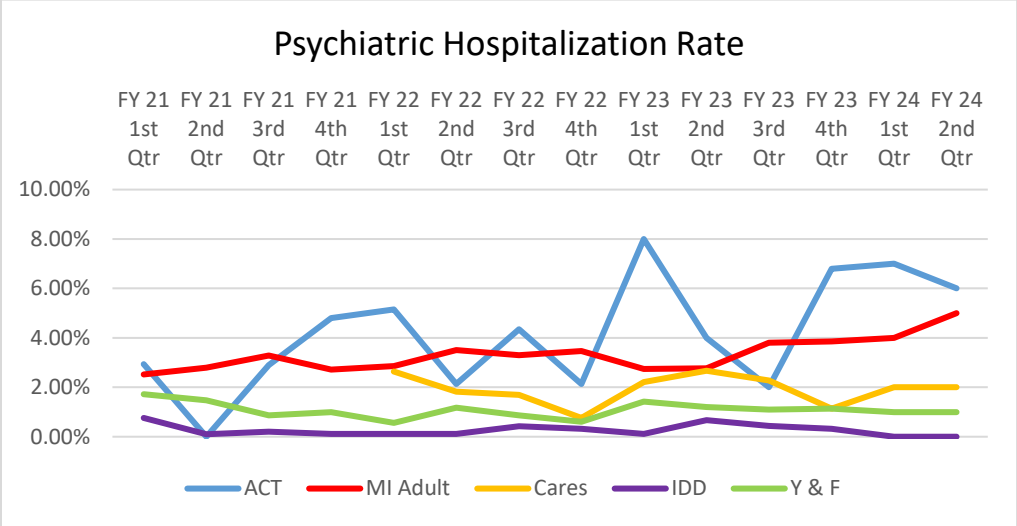
*55 of the 131 cases attended their BPS appointment, found eligible and also given other resources in the community that they chose to pursue. These cases still count as "out of compliance".



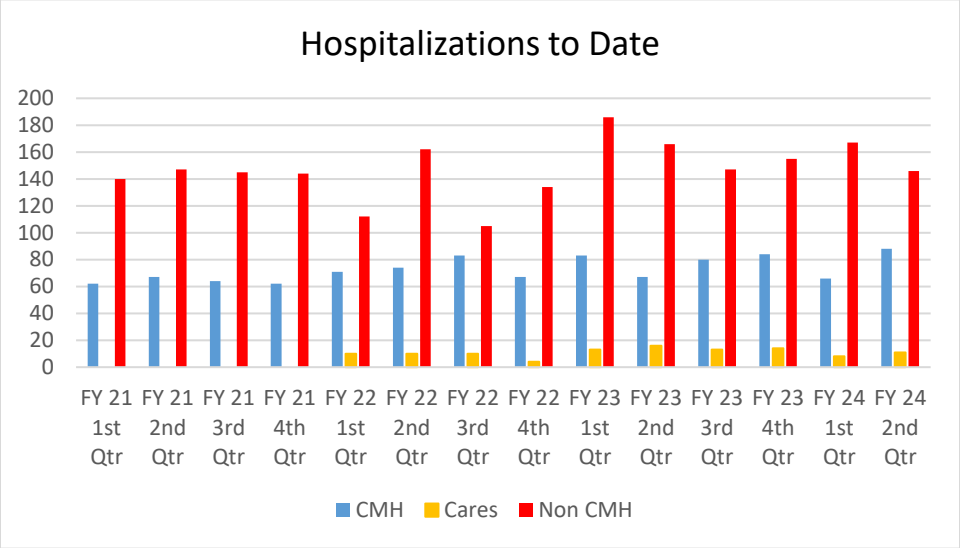


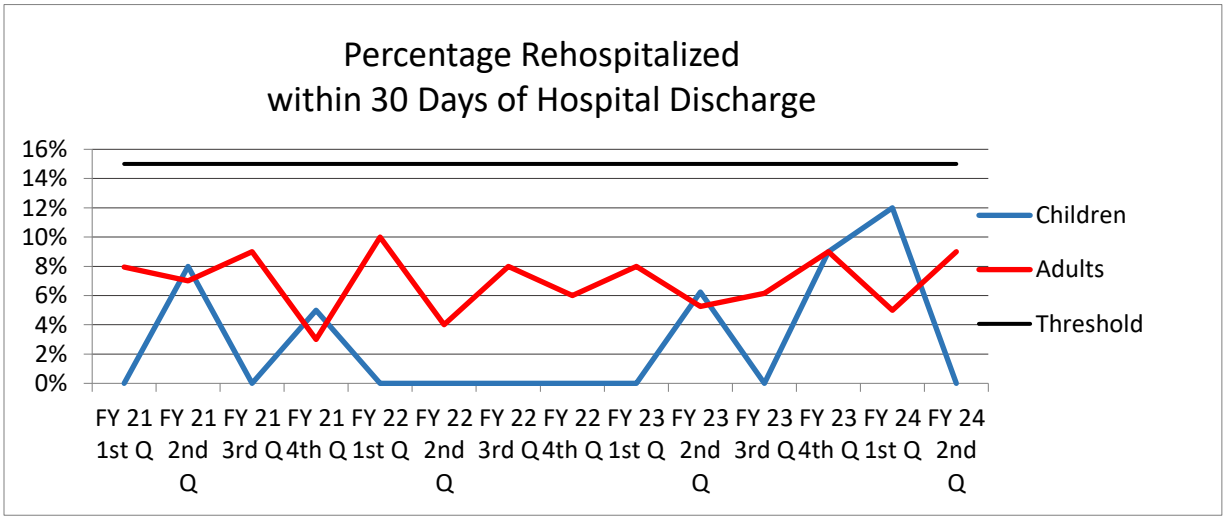
	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2
Blank	2	4	6	6	3	4	6	1	1	4	1	1	1	7
Partial Hospitalization	109	129	96	78	108	93	84	68	115	129	106	88	97	97
Outpatient/ Support Services	60	43	56	78	52	38	45	39	42	34	41	44	30	33
Inpatient Admission	229	230	257	230	210	275	218	209	281	277	266	246	270	250
Crisis Residential	28	27	26	12	11	17	17	9	10	15	16	19	19	22
Crisis Outreach	5	12	5	8	1	1	1	1	0	0	0	0	0	0



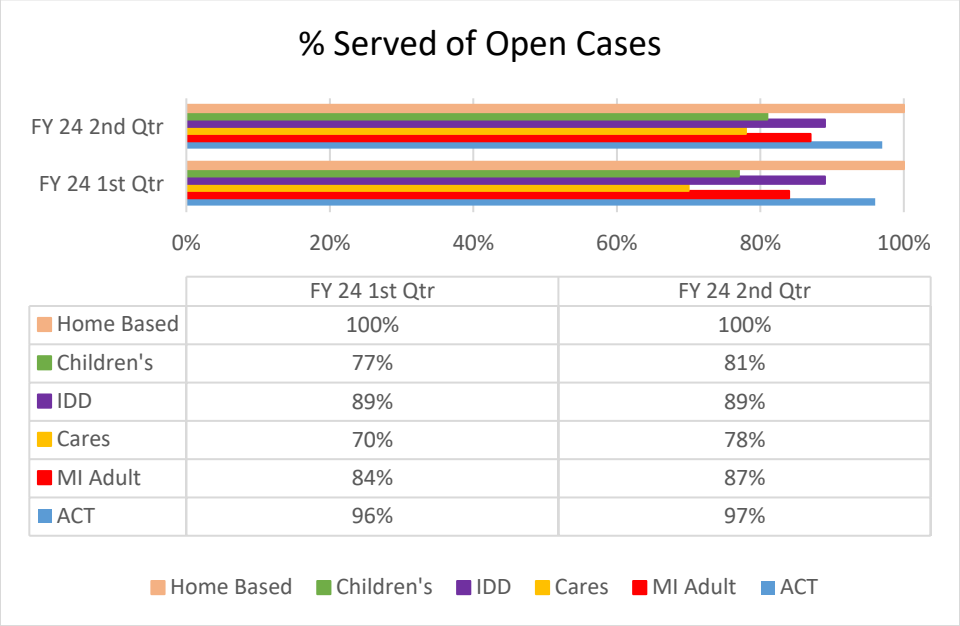


FY 24 2nd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	105	6	5.71%
MI Adult	1486	69 (10)	4.64%
Cares	484	11 (3)	2.27%
IDD	937	3 (1)	0.32%
Y & F	918	8 (1)	0.87%





FY 24 2nd 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	138	12	9%



	FY 24 1st Qtr	FY 24 2nd Qtr
Home Based	100%	100%
Children's	77%	81%
IDD	89%	89%
Cares	70%	78%
MI Adult	84%	87%
ACT	96%	97%

Critical Event Data Reported Thru Qtr 2 FY 2024

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	Cares	Non Suicide Death	4
	IDD	Non Suicide Death	2
	MI Adult	Non Suicide Death	6
		ER due to Injury	1
Qtr 1 Total			13
Qtr 2	ACT	Non Suicide Death	1
	Children's	Non Suicide Death	1
	IDD	Non Suicide Death	7
	CARES	Non-Suicide Death	1
	MI Adult	Non Suicide Death	8
Qtr 2 Total			18

Mortality Data Thru Qtr 2 FY 2024

Cause of Death	Number of Deaths FY 21	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24
Aspiration Pneumonia	2	3	4	1
Cancer	10	3	8	2
Cardiovascular	6	12	10	9
Dehydration				
Diabetes	1			
Drug Abuse	2	6	10	3
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance			1	
Gastrointestinal	1		3	2
Hip Fracture Complications				
Homicide			3	
Hyponatremia		2		
Inanition				
Infection	5 (4 - COVID 19)	4 (3 - COVID 19)		1
Kidney Disease			1	1
Liver Disease	3	1	1	1
Metabolic				
Natural/Other				
Neurological	7	3	3	4
Respiratory	4	5	5	4
Suicide	2	2	6	1
Trauma	2	3	2	1
Unknown	15	10	8	1
Grand Total	**60**	**54**	**65**	**31**

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

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy Self-Directed Services
Committee/Department: Clinical Performance Team	**Local Policy Number (if used)**
Implementation Date **(2 weeks from Regional Approval Date)**	**Regional Approval Date** **(date of last CMH board's approval)**

Reviewed by:	Recommendation Date:
ROC	**08/05/2024**
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish guidelines and standards that ensure consumers/individuals served are provided all opportunities for Self-Directed Services available to them throughout the Community Mental Health Partnership of Southeast Michigan.

II. REVISION HISTORY

DATE	MODIFICATION
08/14/2015	Revised to reflect current regional entity practice and compliance with state/federal requirements
07/18/2019	Reviewed for continued compliance and relevance.
12/15/2022	Scheduled review. Updated to comply with 1/31/22 MDHHS Self-Directed Services Technical Requirements
Will be the regional approval date	Renamed from Self Determination, 3-year review

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. POLICY

Consumers/individuals served of the Community Mental Health Partnership of Southeast Michigan will be provided every opportunity to have the freedom to

define the life that they seek and receive the necessary support in pursuit of that life. To this aim, each CMHSP shall incorporate Self-Directed Services principles in daily practices that emphasize both participation and the achievement of personal choice and control for consumers/individuals served/families, and, where possible, the use of formal Self-Directed Services/Choice Voucher arrangements.

V. DEFINITIONS

Agency With Choice Model **-** A Self-Directed Services/choice voucher arrangement in which a contractual provider/agency maintains and oversees a resource pool of staff from which a consumer/individual served participant can choose to hire for a Self-Directed Services/choice voucher arrangement. In this model the agency is responsible for ensuring staff meet all state and federal provider staff qualifications and training requirements for arrangements. The agency with choice may also act as the role of the fiscal intermediary. Also, with this model, the agency has a contractual arrangement with the CMHSP.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM) - The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, intellectual/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.

Direct Employment Model **–** A Self-Directed Services/choice voucher arrangement in which the consumer/individual served/participant finds and directly hires and contracts with their own staff. In this model it is the participant's responsibility to ensure their staff meet all state and federal provider qualifications. The financial management service provider/fiscal intermediary still maintains payroll responsibilities.

Financial Management Service Provider/Fiscal Intermediary - An independent legal entity that acts as the fiscal agent of the CMHSP for the purpose of assuring fiduciary accountability for the funds comprising the consumer/individual served budget. The purpose of the financial management service provider/fiscal intermediary is to receive funds that make up the consumer/individual served budget and make payments as authorized by the consumer/individual served receiving services to the providers and other parties to whom that person may be obligated.

Individual Budget - A fixed allocation of public mental health resources as well as other resources MDHHS Home Help dollars, the consumer/individual's resources, Section 8, etc.). These resources are negotiated during the person-centered planning process, developed into an individualized budget and approved by the local CMHSP. The consumer/individual served using a Self-Directed Services/Choice Voucher arrangement uses the funding authorized to acquire, purchase, and pay for specialty mental health services and supports that support accomplishment of the consumer/individual's plan.

Participant – The individual named on agreements who is considered the employer of record. The participant is responsible for hiring, overseeing, and firing staff who provide services to the consumer/individual served, signing off on timesheets, ensuring staff meet all Medicaid provider requirements, and maintaining all other employer-related aspects of Self-Directed Services/Choice Voucher agreements, policies, and procedures. The participant can be the consumer/individual served (if one does not have a legal guardian), the legal guardian/parent of minor, or another capable adult chosen by the consumer/individual served/guardian.

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

Self-Directed Services/Choice Voucher Arrangement(s) - The system that supports the use of direct consumer/individual served-provider contracting by which participants (consumer/individual served, guardian/parent of minor, or other capable adult) choose to be the legal employer of record to hire/manage staff that provide the services and supports identified in the consumer/individual's individualized plan of service (IPOS). The system includes a set of written agreements/requirements, the use of a financial management service provider/fiscal intermediary, and an individual budget to ensure all service and payment Medicaid regulations are maintained/followed. The term Self-Directed Services is used for adult consumers/individuals served. The term Choice Voucher is used for children/families.

Self-Determination - A set of concepts and values that emphasize a belief that someone with a disability should be able to define the life that they want, make meaningful choices that impact that life, and have control over that life. Self-determination also involves the importance of system change to assure that services and supports are not only person-centered, but person-defined and person-controlled. This set of concepts and values shall provide a basis for which the local CMHSP delivers their services.
Self-determination is based on five principles. These principles are:

1. Freedom: The ability for the consumer/individual served, with assistance from those closest to them (friends, family, community, provider support), to plan the life that they choose. This includes the freedom to choose where and with whom they live, how they connect and contribute to their community, and the development of a personal lifestyle.
2. Authority: Consumers/individuals served have the power to make decisions and truly control their lives. This includes authority over financial resources, as well as authority to determine what supports are needed, how they will be implemented, and by whom. People have control of hiring and evaluating those who will provide support.
3. Support: The arranging of resources and personnel, both formal and informal, to assist the person in living their desired life in the community, rich in community associations and contributions. It is the support to develop a life dream and reach toward that life dream.
4. Responsibility: Consumers/individuals served, as they take greater control

and authority over their lives and resources, assume greater responsibility for their decisions and actions. They are also responsible to contribute from all financial resources at their disposal. This includes the responsibility to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

5. Confirmation: Having a role in redesigning the service system.

VI. STANDARDS

A. The CMHPSM and CMHSPs will ensure that the planning and delivery of services are designed to encourage and support consumers/individuals served to make their own choices and control their own lives, with Self-Directed Services as part of the daily framework.

B. Each CMHSP is responsible for managing the Self-Directed Services/Choice Voucher arrangements they develop with consumers/individuals served/families. This includes:

- Ensuring their staff are trained in self-determination principles and Self-Directed Services/Choice Voucher arrangement practices.
- Providing clear orientation/education to consumers/individuals served and families on the CMHSP expectations in using a formal arrangement and their role in keeping all state and federal requirements. (See CMHPSM SDA/CV User Manual).
- Ensuring proper agreements are used.
- Ensuring financial management service providers/Fiscal Intermediaries developed an individual budget that is completed in conjunction with the individual plan of services (IPOS).
- Ensuring the use of a financial management service provider/fiscal intermediary.
- Ensuring Self-Directed Services/Choice Voucher arrangements meet state/MDHHS contract requirements and Medicaid regulations.
- Providing oversight/monitoring to ensure that services are being provided through the arrangement as written in the consumer/individual's IPOS and that all state/federal requirements are being met for service provision.
- Having documented conditions by which a consumer/individual's Self-Directed Services/Choice Voucher arrangement would be withdrawn/terminated.
- Assuring the CMHSP has a contract with at least one financial management service provider/fiscal intermediary (FMSP/FI), and the FMSP/FI(s) is knowledgeable and supportive of the principles of Self-Directed Services, is able to work with a range of consumer/individual served styles and characteristics and is free from other relationships involving the CMHSP or the consumer/individual served that would have the effect of creating a conflict of interest.
- Having a mechanism that provides oversight and monitoring in ensuring compliance with Self-Directed Services/choice voucher arrangements.

C. All consumers/individuals served/families/legal representatives shall be provided with the necessary information and education about the principles of Self-Directed Services and the possibilities, models, and arrangements

involved. All consumers/individuals served/families/legal representatives shall have access to the tools and mechanisms supportive of Self-Directed Services.

D. Consumers/individuals served/families/legal representatives will be informed of all Self-Directed Services opportunities available to them as part of the pre-planning stage of person-centered planning. Documentation of the pre-planning process will include what aspects of Self-Directed Services were offered to the consumer/individual served and whether the consumer/individual served wishes to pursue those options.

E. Consumers/individuals served who have Medicaid will be informed of their opportunities to have formal Self-Directed Services/choice voucher arrangements. Documentation of the pre-planning process will include what aspects of Self-Directed Services were offered to the consumer/individual served and whether the consumer/individual served wishes to pursue those options.
    a. Adults with intellectual/developmental disabilities and adults with mental illness who have Medicaid will be offered opportunities for formal Self-Directed Services arrangements as part of the person-centered planning process.
    b. Families of minor children on the Children's Waiver Program (CWP), Serious Emotional Disturbances Waiver (SEDW), and the Habilitation Supports Waiver (HSW) will be offered the option of formal Choice Voucher arrangements as part of the person-centered planning process.
    c. Each local CMHSP may elect to provide the option of choice voucher arrangements to other families of minor children who have Medicaid and are not enrolled in the waiver programs. If this option is provided the CMHSP shall ensure all aspects of this policy are applied.

F. Consumers/individuals served/legal representatives who express a desire for a Self-Directed Services/choice voucher arrangement but are not yet ready to manage their own arrangement nor find a willing and able participant, will be provided with as many alternative ways as possible to make choices based on Self-Directed Services principles. This includes:
    - Using the person-centered planning process to develop goals/steps toward removing any barriers and providing any needed services/supports towards having a Self-Directed Services/choice voucher arrangement.
    - Access to a provider entity that can serve as employer of record for personnel selected by the consumer/individual served.
    - Consumer/individual served choice of staff with contractual providers.
    - Consumer/individual served choice of CMHSP-employed direct staff and support personnel where possible.
    - Consumer/individual served choice in all/any other aspects of their life wherever possible.

G . A consumer/individual served may select a representative to act as the

participant/employer of record to enter into Self-Directed Services arrangements in order for the consumer/individual served to participate in consumer/individual served-directed supports and service arrangements.

H. A person selected as the participant for the consumer/individual served shall not supplant the role of the consumer/individual served in the process of person-centered planning.

I. Where the consumer/individual served has a legal guardian as their participant, the role of the guardian in Self-Directed Services shall be consistent with the guardianship arrangement established by the court.

J. Where the consumer/individual served has been deemed to require a legal guardian, the CMHSP shall ensure that the consumer/individual's preferences and dreams that drive the use of Self-Directed Services arrangements and the best interests of the consumer/individual served are primary.

K. A CMHSP shall have the discretion to limit or restrict the use of Self-Directed Services arrangements by a guardian when the planned or actual use of those arrangements by the guardian is in conflict with the expressed goals and outcomes of the consumer/individual served and/or Medicaid regulation.

L. CMHSPs shall ensure that an individual budget is used with formal Self-Directed Services and Choice Voucher arrangements. The individual budget will be incorporated into the person-centered planning process and comply with all state requirements related to individual budgets for Self-Directed Services/Choice Voucher Arrangements and funding of CMH covered services.

M. CMHSP contractual language with provider entities shall ensure consumer/individual served selection of personnel, and removal or reassignment of personnel who fail to meet consumer/individual served preferences.

N. All personnel selected by the consumer/individual served, whether the individual is acting as employer of record or not, shall meet applicable provider requirements for direct support personnel.

VII. EXHIBITS

Self-Directed Services Technical Requirements:
https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/practiceguidelines

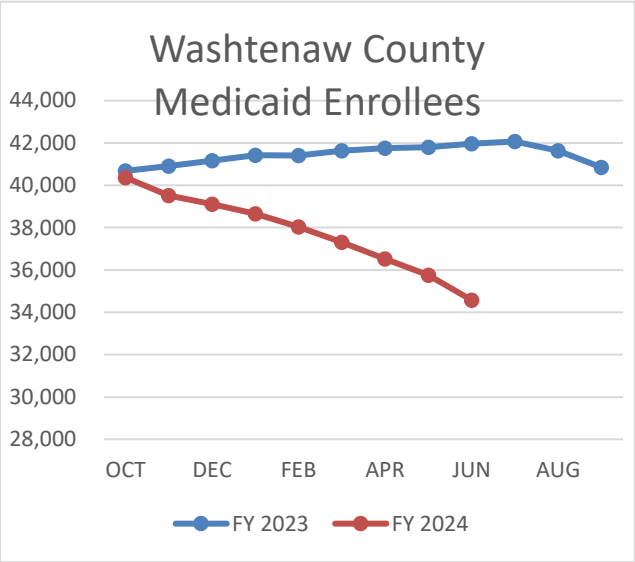
VIII. REFERENCES

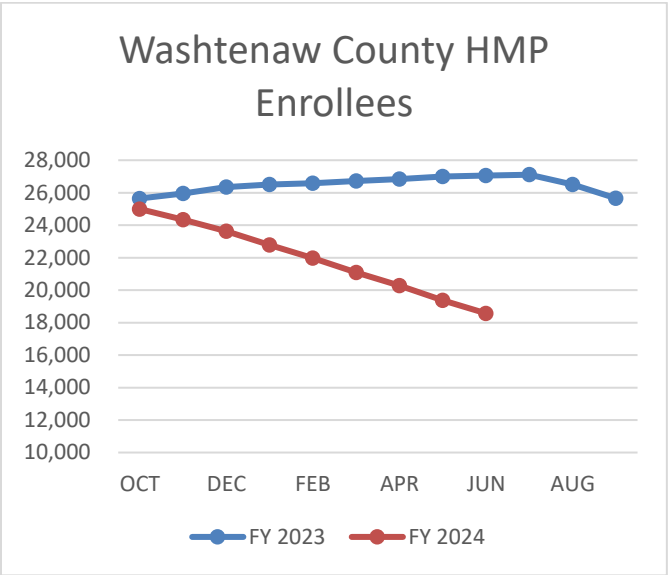
A. MDHHS PIHP Contract
B. MDHHS CMHSP Contract
C. MDHHS Medicaid Provider Manual

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2024: For the period ending June 30, 2024
Prepared: August 5, 2024

1. Washtenaw County Enrollees

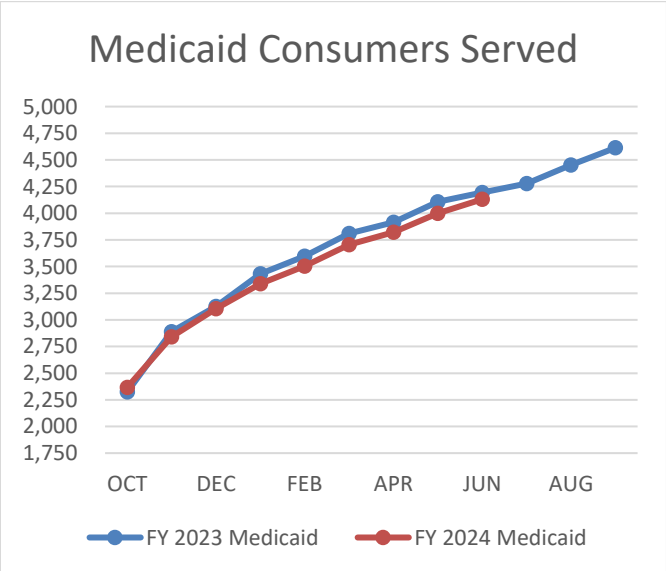
A summary of FY 2024 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

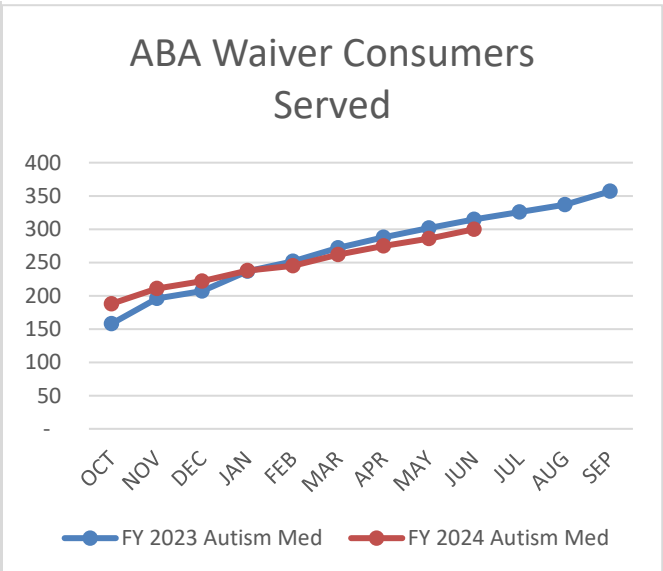




Washtenaw County Medicaid Enrollees were 34,574 in June 2024. This is a 17.61% decrease from the same time last year (7,391 less enrollees than in June 2023). Healthy Michigan enrollment in June 2024 was 18,570. This is a 31.35% decrease from the same time last year (8,481 less enrollees than in June 2023).

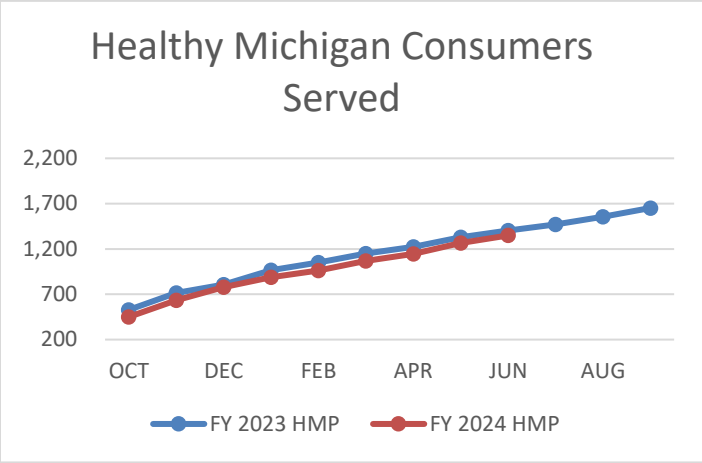
2. WCCMH Consumers Served to Date

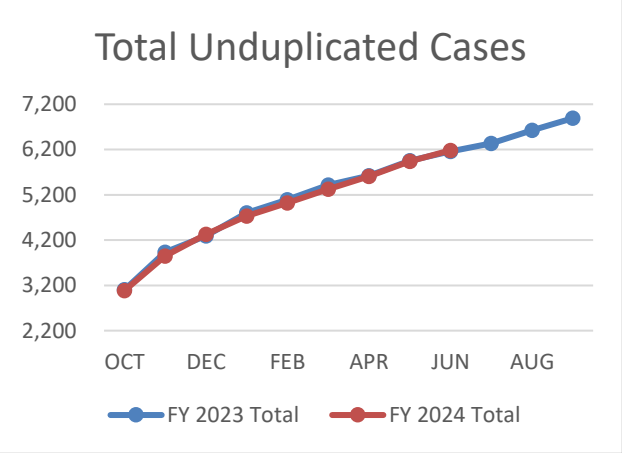




Medicaid consumers served through June 2024 are 4,131. This is 64 less consumers than the prior year (4,195 consumers were served through June 2023).

ABA Waiver consumers served through June 2024 are 300. This is 53 less consumers than prior year (315 consumers were served through June 2023).

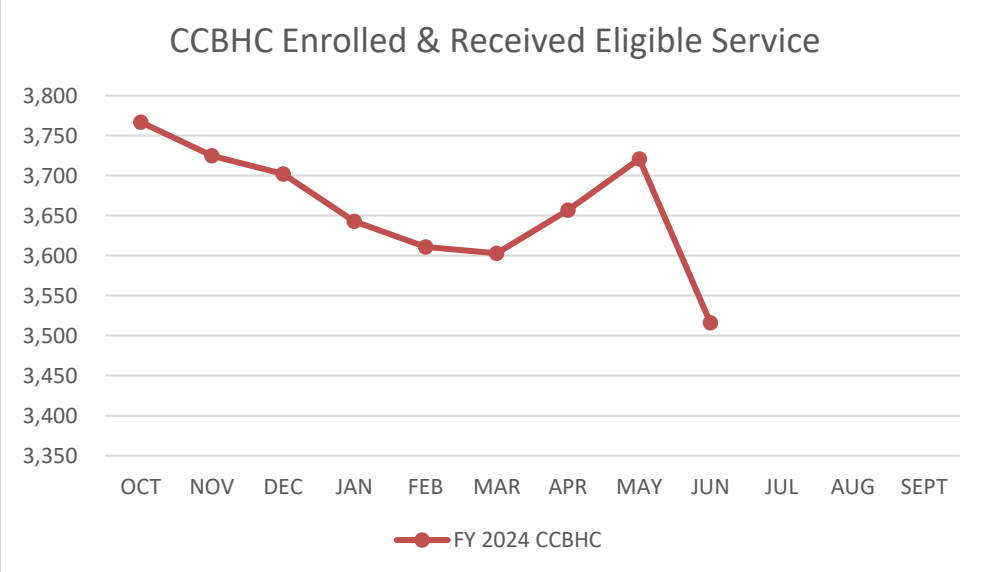




Healthy Michigan consumers served through June 2024 were 1,349. This i5478 less consumers than the same period last year.

The total unduplicated consumers served by WCCMH through June 2024 were 6,183. This is 23 more consumers than served last year.

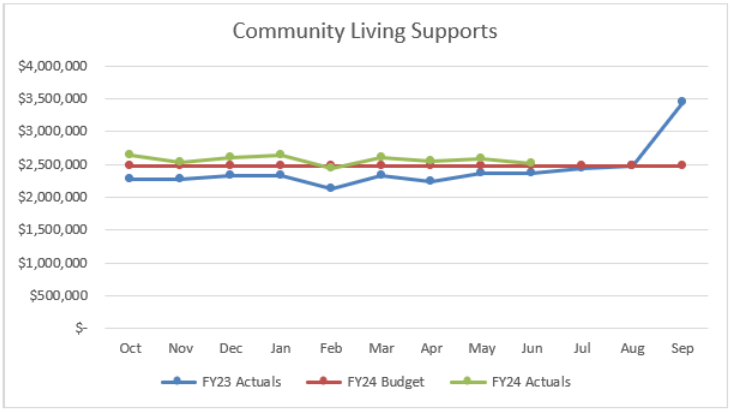
The YTD CCBHC eligibles and enrolled for FY 2024 as of June was 3,516.



3. Financial Statement Highlights

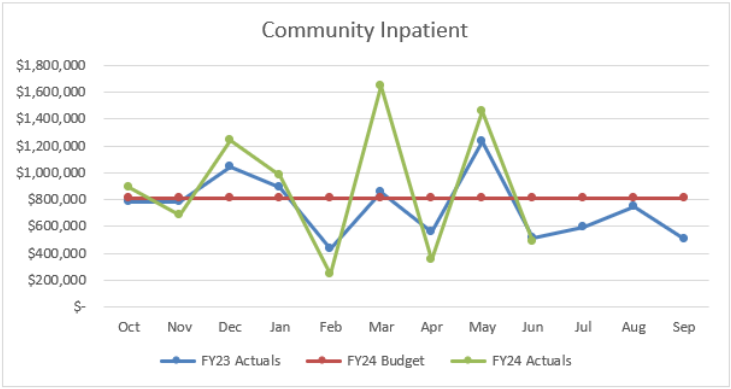
a. CLS service costs to date are estimated to be about $23 million and running just slightly under budget through the third quarter of FY 2024.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 2,277,066	2,483,333	$ 2,637,767	15.84%
Nov	2,268,391	2,483,333	2,528,276	13.65%
Dec	2,325,087	2,483,333	2,596,104	12.98%
Jan	2,322,970	2,483,333	2,634,937	13.09%
Feb	2,127,806	2,483,333	2,442,258	13.41%
Mar	2,324,287	2,483,333	2,601,049	13.15%
Apr	2,237,842	2,483,333	2,541,877	13.21%
May	2,362,630	2,483,333	2,584,821	12.72%
Jun	2,372,765	2,483,333	2,519,802	11.97%
Jul	2,444,471	2,483,333		
Aug	2,474,989	2,483,333		
Sep	3,451,817	2,483,333		



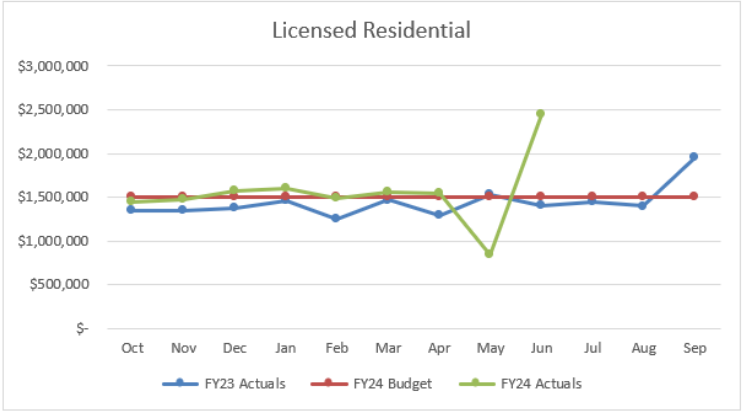
b. Community Inpatient costs to date are $7.9 Million. The costs year to date are 12.56% higher than this time last year and are about $625k over budget.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 783,838	$ 808,333	$ 888,374	13.34%
Nov	786,506	808,333	686,783	0.31%
Dec	1,046,711	808,333	1,243,366	7.70%
Jan	890,910	808,333	981,798	8.33%
Feb	428,822	808,333	244,417	2.74%
Mar	851,148	808,333	1,643,710	18.81%
Apr	558,658	808,333	349,426	12.93%
May	1,233,470	808,333	1,457,597	13.91%
Jun	511,519	808,333	486,568	12.56%
Jul	598,407	808,333		
Aug	743,351	808,333		
Sep	508,767	808,333		



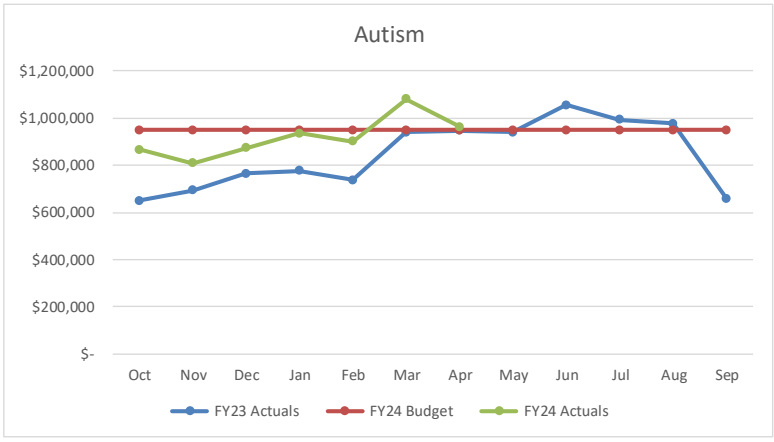
c. Licensed Residential costs to date are $13.9 Million and coming just slightly above budget. The costs year to date are about 12% more than this time last year.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 1,348,498	$ 1,500,000	$ 1,441,874	6.92%
Nov	1,351,230	1,500,000	1,476,079	8.08%
Dec	1,371,021	1,500,000	1,577,380	10.43%
Jan	1,456,672	1,500,000	1,601,609	10.30%
Feb	1,244,640	1,500,000	1,484,367	11.95%
Mar	1,466,361	1,500,000	1,553,224	10.88%
Apr	1,292,818	1,500,000	1,539,948	11.99%
May	1,529,546	1,500,000	835,708	4.06%
Jun	1,396,384	1,500,000	2,444,834	12.02%
Jul	1,451,490	1,500,000		
Aug	1,396,094	1,500,000		
Sep	1,952,399	1,500,000		



d. Applied Behavior Analysis/Autism service costs to date are $8.5 Million. The costs year to date are 14.3% more than this time last year and are coming in right on budget.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 648,805	$ 950,000	$ 867,186	33.66%
Nov	694,140	950,000	808,841	24.80%
Dec	765,065	950,000	874,088	20.97%
Jan	776,181	950,000	936,517	20.89%
Feb	737,877	950,000	900,686	21.13%
Mar	939,566	950,000	1,081,448	19.89%
Apr	948,251	950,000	963,660	16.74%
May	939,851	950,000		
Jun	1,056,440	950,000		
Jul	992,730	950,000		
Aug	977,197	950,000		
Sep	658,111	950,000		



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 $7,015,692 through June.
c. By funding source, HMP is showing a deficit of $564,473 through June.
d. Overall, the PIHP surplus is $6,422,610 through June.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $416,484. The deficit is primarily resulting from CCBHC Non-Medicaid costs as well as covering Medicaid deductibles (spenddowns) for individuals served.

6. Local Key Points

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

b. Local Funds are showing a surplus of $421,847 through June.

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

a. At the end of FY 2023, WCCMH has a fund balance of $4,126,826.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
JUN 2024 FYTD

		Total
Medicaid **		
Revenue		
B & 1115i	$	37,222,744
HSW		23,288,638
Behavioral Health Home		429,875
Child Waiver/SED Waiver		971,604
Autism		5,754,850
Prior Year Adjustments		-
Care for Caid		98,929
Total Medicaid Revenue	$	67,766,641
Total Medicaid Expense	$	59,584,068
Medicaid Surplus/(Deficit)	$	8,182,573
CCBHC PIHP Section **		
Supplemental Revenue	$	9,689,744
CCBHC Capitation	$	6,375,000
Total CCBHC Revenue	$	16,064,744
CCBHC HMP Expense		3,173,033
CCBHC Medicaid Expense		14,058,592
Total CCBHC Expense	$	17,231,625
CCBHC Surplus/(Deficit)	$	(1,166,881)
CCBHC Local Section		
GF/Local Redirect	$	(997,646)
CCBHC Non-Medicaid Expense		997,646
CCBHC Surplus/(Deficit)	$	-
Healthy Michigan **		
Revenue	$	4,616,442
Expense		5,180,915
Healthy MI Surplus/(Deficit)	$	(564,473)
General Fund		
Revenue		
CMH Operations	$	3,278,294
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		(997,646)
Funding Fr. Other Local Sources		334,466

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
JUN 2024 FYTD

		Total
Total General Fund Revenue	$	2,615,113
Total General Fund Expense	$	3,031,598
General Fund Surplus/(Deficit)	$	(416,484)
Injectable Meds		
Revenue	$	82,270
Expense		110,878
Inj. Meds. Surplus/(Deficit)	$	(28,608)
Grants And Contracts		
Revenue	$	736,974
Expense		736,512
Grants & Cont. Surplus/(Deficit)	$	462
CMHSP To CMHSP		
Revenue	$	770,900
Redirect to GF		(48,211)
Expense		722,688
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,286,682
Expense		864,835
Local Surplus/(Deficit)	$	421,847
Private Grant & All NOR		
Revenue	$	75,713
Expense		65,885
Priv. Grant & NOR Surplus/(Deficit)	$	9,828
Grand Total		
Revenue	$	93,967,266
Expense		87,529,003
Grand Total Surplus/(Deficit)	$	6,438,263

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	6,422,610
WCCMH Surplus/(Deficit)		15,653
	$	6,438,263

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending June 30, 2024

	Current Fiscal Year				
	FY 2024 Amended Budget	FY 2024 Amended Budget YTD	FY 2024 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 49,969,192	$ 37,476,894	$ 37,222,744	$ (254,150)	-0.68%
HSW	31,275,389	23,456,542	23,288,638	(167,904)	-0.72%
Children & SED Waivers	1,335,478	1,001,609	971,604	(30,005)	-3.00%
Healthy Michigan Capitation	6,155,256	4,616,442	4,616,442	-	0.00%
Autism Capitation	7,423,397	5,567,548	5,754,850	187,302	3.36%
CCBHC Medicaid/HMP	8,500,000	6,375,000	6,375,000	-	0.00%
CCBHC Supplementary	11,800,970	8,850,728	9,689,744	839,017	9.48%
Behavioral Health Home	508,521	381,391	429,875	48,484	0.00%
TOTAL PIHP Revenue	$ 116,968,203	$ 87,726,152	$ 88,348,897	$ 622,745	0.71%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 3,346,278	$ 3,278,294	$ (67,984)	-2.03%
Grants & Earned Contracts	1,987,787	1,490,840	1,415,789	(75,051)	-5.03%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,313,821	$ 597,390	$ (716,431)	-54.53%
Project Revenue	893,227	669,920	363,717	(306,203)	-45.71%
All Other	1,917,652	1,438,239	5,247,507	3,809,268	264.86%
TOTAL Operating Revenue	**$ 127,980,334**	**$ 95,985,251**	**$ 99,251,594**	**$ 3,266,344**	3.40%
Operating Expenses					
Administrative Expenses					
General Administration	$ 8,329,146	$ 6,246,860	$ 5,659,964	$ (586,896)	-9.40%
Program Administration	4,373,800	3,280,350	5,683,546	2,403,196	73.26%
Residential Services					
Community Living Supports	$ 30,800,000	$ 23,100,000	$ 23,238,626	$ 138,626	0.60%
Licensed Residential	18,610,162	13,957,622	13,955,023	(2,599)	-0.02%
Outpatient Services					
Autism Services	$ 11,400,000	$ 8,550,000	$ 8,581,957	$ 31,957	0.37%
Case Management	6,038,299	4,528,724	4,182,897	(345,827)	-7.64%
Supports Coordination	3,405,893	2,554,420	2,249,437	(304,983)	-11.94%
Skill Building	4,594,775	3,446,081	2,973,915	(472,166)	-13.70%
Supported Employment	1,812,327	1,359,245	1,335,199	(24,046)	-1.77%
Psychiatry	4,678,306	3,508,730	2,804,807	(703,923)	-20.06%
Nursing Services	2,892,534	2,169,401	1,940,691	(228,710)	-10.54%
Therapy Services	2,896,063	2,172,047	2,042,210	(129,837)	-5.98%
All Other	15,369,970	11,527,478	8,016,045	(3,511,433)	-30.46%
Other Expenses					
Community Inpatient	$ 9,700,000	$ 7,275,000	$ 7,982,039	$ 707,039	9.72%
Local Matches & Shelter	1,091,272	818,454	803,578	(14,876)	-1.82%
Grants & Earned Contracts	1,987,787	1,490,840	1,322,860	(167,980)	-11.27%
TOTAL Operating Expenses	**$ 127,980,334**	**$ 95,985,251**	**$ 92,772,794**	**$ (3,212,457)**	-3.35%
Revenue Over/(Under) Expenses	-	-	6,478,800	6,478,800	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending June 30, 2024

	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	$ 37,222,744	$ 43,389,711	$ (6,166,967)	-14.21%
HSW	23,288,638	20,653,594	2,635,044	12.76%
Children & SED Waivers	971,604	918,948	52,656	5.73%
Healthy Michigan Capitation	4,616,442	5,184,458	(568,016)	-10.96%
Autism Capitation	5,754,850	4,856,546	898,304	18.50%
CCBHC Medicaid/HMP	6,375,000	-	6,375,000	0.00%
CCBHC Supplementary	9,689,744	5,754,818	3,934,926	0.00%
Behavioral Health Home	429,875	281,994	147,881	0.00%
TOTAL PIHP Revenue	$ 88,348,897	$ 81,040,069	$ 7,308,828	9.02%
MDHHS Revenue				
State General Funds	$ 3,278,294	$ 3,660,004	$ (381,710)	-10.43%
Grants & Earned Contracts	1,415,789	1,223,238	192,551	15.74%
All Other Revenue				
County Appropriation	$ 597,390	$ 419,166	$ 178,224	42.52%
Project Revenue	363,717	431,399	(67,682)	-15.69%
All Other	5,247,507	2,368,913	2,878,594	121.52%
TOTAL Operating Revenue	**$ 99,251,594**	**$ 89,142,789**	**$ 10,108,805**	11.34%
Operating Expenses				
Administrative Expenses				
General Administration	$ 5,659,964	$ 5,382,864	$ 277,100	5.15%
Program Administration	5,683,546	2,732,497	2,951,049	108.00%
Residential Services				
Community Living Supports	$ 23,238,626	$ 21,478,830	$ 1,759,796	8.19%
Licensed Residential	13,955,023	12,457,170	1,497,853	12.02%
Outpatient Services				
Autism Services	$ 8,581,957	$ 7,506,315	$ 1,075,642	14.33%
Case Management	4,182,897	3,632,879	550,018	15.14%
Supports Coordination	2,249,437	2,054,132	195,305	9.51%
Skill Building	2,973,915	2,908,894	65,021	2.24%
Supported Employment	1,335,199	1,288,084	47,115	3.66%
Psychiatry	2,804,807	3,060,779	(255,972)	-8.36%
Nursing Services	1,940,691	1,722,142	218,549	12.69%
Therapy Services	2,042,210	1,796,169	246,041	13.70%
All Other	8,016,045	7,749,161	266,884	3.44%
Other Expenses				
Community Inpatient	$ 7,982,039	$ 7,091,582	$ 890,457	12.56%
Local Matches & Shelter	803,578	917,733	(114,155)	-12.44%
Grants & Earned Contracts	1,322,860	1,168,966	153,894	13.16%
TOTAL Operating Expenses	**$ 92,772,794**	**$ 82,948,197**	**$ 9,824,597**	11.84%
Revenue Over/(Under) Expenses	6,478,800	6,194,592	284,208	

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Six Months Ending June 30, 2024

	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 2025
Community Wide Service Expansion							
CARES Team							
Access & Triage	$ 577,500	$ 288,750	$ 264,115	$ (24,635)	$ 577,500	$ -	$ 600,600
Treatment & Stabilization Services	577,500	288,750	262,330	(26,420)	577,500	-	600,600
Crisis Response	787,500	393,750	395,884	2,134	787,500	-	819,000
Crisis Stabilization Center	367,500	183,750	104,771	(78,979)	367,500	-	-
Other CARES Team	417,480	208,740	210,470	1,730	417,480	-	434,179
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 225,000	$ 124,788	$ (100,212)	$ 450,000	$ -	$ 486,000
Prosecutting Attorney Office	122,779	61,390	61,390	-	122,779	-	132,601
Supportive Housing							
Supportive Housing	$ 200,000	$ 100,000	$ 140,143	$ 40,143	$ 200,000	$ -	$ -
Michigan Ability Partners	120,000	60,000	-	(60,000)	120,000	-	-
Avalon - Permanent Supportive Housing	380,000	190,000	217,513	27,513	380,000	-	193,424
Emergency Housing	175,000	87,500	94,663	7,163	175,000	-	175,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 800,000	$ 400,000	$ 358,124	$ (41,876)	$ 800,000	$ -	$ 815,000
Student Advocacy Center	380,672	190,336	190,336	-	380,672	-	380,672
Community Family Life Centers	211,000	105,500	80,274	(25,226)	211,000		211,000
Health Dept - Anti Stigma Campaign	170,000	85,000	145,059	60,059	170,000	-	-
Ozone House	120,000	60,000	88,357	28,357	120,000	-	120,000
Packard Health - YBMen	125,000	62,500	31,250	(31,250)	125,000	-	-
Other Youth Initiatives and Support	250,000	125,000	28,440	(96,560)	130,000	120,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 82,500	$ 82,500	$ -	$ 165,000	$ -	$ 165,000
Other	125,000	62,500	22,569	(39,931)	125,000	-	-
TOTAL Community Wide Service Expansion	$ 6,521,931	$ 3,260,966	$ 2,902,976	$ (357,990)	$ 6,401,931	$ 120,000	$ 5,133,076

	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 2025
Education & Prevention							
Education & Outreach							
NAMI Contract	$ 225,900	$ 112,950	$ 112,950	$ -	$ 225,900	$ -	$ -
MHFA Trainings	25,000	12,500	-	(12,500)	25,000	-	25,000
TOTAL Education & Prevention	$ 250,900	$ 125,450	$ 112,950	$ (12,500)	$ 250,900	$ -	$ 25,000
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 63,435	$ 31,718	$ 42,290	$ 10,573	$ 63,435	$ -	$ -
Communicate							
CHRT Contract	$ 178,875	$ 89,438	$ 92,256	2,819	$ 178,875	$ -	$ -
TOTAL Evaluation & Communication	$ 242,310	$ 121,155	$ 134,546	$ 13,391	$ 242,310	$ -	$ -
Administration of the Millage							
WCCMH	$ 555,000	$ 277,500	$ 276,458	$ (1,042)	$ 555,000	$ -	$ 555,000
5 Healthy Towns (Planning)	30,000	$ 15,000	-	$ (15,000)	30,000	-	-
Grand Totals	**$ 7,600,141**	**$ 3,800,071**	**$ 3,426,930**	**$ (373,141)**	**$ 7,480,141**	**$ 120,000**	**$ 5,713,076**

Washtenaw County Community Mental Health
WCCMH

Fiscal Year 2025
Annual Operating Budget

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

	FY 2025 Proposed Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Revenues					
Medicaid (b) & 1115i	$ 52,224,587	$ 49,969,192	$ 2,255,395	$ 49,969,192	$ 2,255,395
Habilitation Supports Waiver	32,051,826	31,275,389	776,437	31,275,389	776,437
Children's & SED Waivers	1,335,478	1,335,478	-	1,335,478	-
Healthy Michigan Plan	6,155,256	6,155,256	-	6,155,256	-
Autism Medicaid	7,423,397	7,423,397	-	7,423,397	-
CCBHC Medicaid/HMP	8,500,000	8,500,000	-	8,500,000	-
CCBHC Supplementary	11,800,970	11,800,970	-	11,800,970	-
Behavioral Health Home	508,521	508,521	-	508,521	-
State General Funds	4,597,669	4,461,704	135,965	4,461,704	135,965
Funding From Washtenaw County	1,751,761	1,751,761		1,751,761	-
Grants and Earned Contracts Incl. OBRA	2,392,867	1,987,787	405,080	1,987,787	405,080
CMHPSM/Affiliate & U of M Billings	939,998	893,227	46,771	893,227	46,771
All Other	1,917,652	1,917,652	-	1,917,652	-
Total Revenues	**$ 131,599,982**	**$ 127,980,334**	**$ 3,619,648**	**$ 127,980,334**	**$ 3,619,648**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912
Total Administrative Expenses	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912
Direct Services					
WCCMH Direct Services	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434
Total Direct Services	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434
Contracted Services					
WCCMH Contracted Services	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638
Total Contracted Services	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638
Other Non-Service Costs					
Medicaid Local Match	$ -	$ 411,272	$ (411,272)	$ 411,272	$ -
State Facilities Local Contribution	900,000	600,000	300,000	900,000	-
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 980,000	$ 1,091,272	$ (111,272)	$ 1,391,272	$ -
Grants And Contracts	$ 2,392,867	$ 1,987,787	$ 405,080	$ 1,790,168	$ 602,699
Total Expenses	**$ 131,599,982**	**$ 127,980,334**	**$ 3,619,648**	**$ 120,985,571**	**$ 11,025,683**
Revenue Over/(Under) Expenses	0	0	0	6,994,763	$ (7,406,035)

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Administrative Expenses

		FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
	Administration	$ 844,965	$ 844,965	$ -	$ 1,050,234	$ (205,269)
(a)(b)	Compliance	166,000	166,000	-	160,000	6,000
(a)	Finance	1,410,294	1,410,294	-	1,275,000	135,294
	Human Resources	278,590	278,590	-	210,000	68,590
(a)	Information Management	218,504	218,504	-	240,000	(21,496)
(a)	Intake/Enrollment	915,870	915,870	-	860,000	55,870
(a)	Member Services	287,286	287,286	-	245,000	42,286
(a)	Network Management	742,849	742,849	-	540,000	202,849
(a)	Quality/Performance Imp.	548,700	548,700	-	405,000	143,700
(b)	Recipient Rights	1,638,000	1,638,000	-	1,560,000	78,000
(a)	Utilization Review	1,278,089	1,278,089	-	1,145,000	133,089
	TOTAL	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912

(a) All or a portion of this administrative category is a delegated function of the PIHP.
(b) Revenue contracts exist with Affiliate Partner CMH's for the purchase of these administrative functions.

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Direct Service Expenses

	FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Program Support	$ 4,608,587	$ 4,608,587	$ -	$ 4,000,000	$ 608,587
ACT	2,091,397	2,091,397	-	1,750,000	341,397
Autism	420,000	760,000	(340,000)	100,000	320,000
Behavior Management	885,000	736,914	148,086	750,000	135,000
Crisis Stabilization	2,824,313	2,824,313	-	2,400,000	424,313
Health Home	390,000	390,000	-	390,000	-
Home Based	1,615,103	1,615,103	-	1,360,000	255,103
Jail Services	640,000	716,534	(76,534)	640,000	-
Jail Diversion	175,000	122,000	53,000	175,000	-
Nursing	2,675,000	2,624,013	50,988	2,300,000	375,000
Nursing Home Services	178,000	176,688	1,312	140,000	38,000
Outpatient	3,157,108	3,027,741	129,367	2,800,000	357,108
Peer Supports	990,000	956,218	33,782	930,000	60,000
Psychiatric Services	5,063,666	4,678,306	385,360	4,000,000	1,063,666
Skill Building	1,989,514	1,989,514	-	1,800,000	189,514
Specialty Services	315,000	315,000	-	285,000	30,000
Supported Employment	1,596,659	1,596,659	-	1,458,735	137,924
Supports Coordination	3,576,188	3,576,188	-	3,000,000	576,188
Targeted Case Management	6,340,214	6,340,214	-	5,560,000	780,214
Wraparound	291,421	291,421	-	210,000	81,421
TOTAL	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Contracted Service Expenses

	FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Access/Assessments	$ 150,000	$ 350,000	$ (200,000)	$ 45,000	$ 105,000
Autism Services	12,000,000	11,400,000	600,000	10,900,000	1,100,000
Community Inpatient	10,476,000	9,700,000	776,000	11,250,000	(774,000)
Community Living Supports	32,032,000	30,800,000	1,232,000	30,800,000	1,232,000
Licensed Facilities	19,355,000	18,610,162	744,838	18,610,162	744,838
Nursing	150,000	278,658	(128,658)	180,000	(30,000)
Outpatient	12,500	75,000	(62,500)	130,000	(117,500)
Peer Supports/Drop-In	346,500	346,500	-	200,000	146,500
PERS	150,000	150,000	-	150,000	-
PSR/Clubhouse	925,000	925,000	-	500,000	425,000
Respite	715,000	950,000	(235,000)	580,000	135,000
Skill Building	2,916,000	2,605,000	311,000	2,300,000	616,000
Specialty Services	150,000	280,000	(130,000)	150,000	-
Supported Employment	577,800	535,000	42,800	150,000	427,800
All Other Contracted Services	120,000	130,000	(10,000)	120,000	-
TOTAL	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget by Fund Source

		Total
Medicaid **		
Revenue		
Medicaid (b), 1115i, Waivers, Autism & CCBHC	$	113,844,779
Total Medicaid Revenue	$	113,844,779
Expense		
Service Costs	$	113,844,779
Total Medicaid Expense	$	113,844,779
Medicaid Surplus/(Deficit)	$	-
Healthy Michigan Plan **		
Revenue		
Healthy Michigan Plan	$	6,155,256
Total Healthy Michigan Revenue	$	6,155,256
Expense		
Service Costs	$	6,155,256
Total Healthy Michigan Expense	$	6,155,256
Total Healthy Michigan Surplus/(Deficit)	$	-

** Denotes PIHP Medicaid Subcontracting Agreement Funds

General Fund		
Revenue		
CMH Operations	$	4,597,669
Funding from Other Sources		-
Total General Fund Revenue	$	4,597,669
Total General Fund Expense	$	4,597,669
General Fund Surplus/(Deficit)	$	-
Grants and Contracts		
Revenue	$	4,310,519
Expense		4,310,519
Grants & Cont. Surplus/(Deficit)	$	-
Local		
Revenue	$	1,751,761
Expense		1,751,761
Local Surplus/(Deficit)	$	-
CMHSP to CMHSP		
Revenue	$	939,998
Expense		939,998
All Other Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	131,599,982
Expense		131,599,982
Grand Total Surplus/(Deficit)	$	-

ATTACHMENT #5
AUGUST 2024

ANNUAL COMMUNITY NEEDS ASSESSMENT & BUDGET BOOK

FISCAL YEAR 2025

Table of Contents

MISSION, VISION AND VALUES

MISSION

To promote hope, recovery, resilience, and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/developmental disabilities, mental health and/or substance use needs.

VISION

All residents can secure supports to improve their quality of life and reach their full potential.

VALUES

Excellence

We provide the highest level of service to promote recovery, quality of life and self-sufficiency through proven and innovative practices. We recognize that the foundation of excellent service is our relationships.

Growth

We believe in the capacity for change at every stage of development. We grow through shared learning, lived experiences and mentoring.

Well-being

We cultivate well-being through a commitment to physical and emotional safety, active listening, and a culture of appreciation.

Inclusion

Together we build a welcoming, respectful environment for all people. Through active engagement and shared decision-making, we build a stronger community.

Community

We develop strong, trusting partnerships with the people we serve, in our broader community, and within our own organization while advancing health equity.

Accountability

We are accountable to those we serve, to the larger community, and to each other for the equitable, effective, and efficient use of our resources.

Equity

Services will be delivered with a focus on eliminating health inequities by addressing and reducing the racial and economic disparities frequently impacting Black, Indigenous and People of Colors' health status, access, and outcomes

GUIDING DEFINITIONS

Wellness is not the absence of disease, illness, or stress but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness.

SAMSHA, Wellness Overview, 2016

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential**.**

SAMSHA, Recovery defined, August 2010

People with intellectual and/or developmental disabilities must be able to live the lives they choose and have a good quality of life.

The ARC, Quality of Life Position Statement, November 2009

NEEDS ASSESSMENT PROCESS

WCCMH uses a dynamic process to identify the needs and opportunities for behavioral health within the Washtenaw Community. This process looks at every facet of WCCMH, such as but not limited to programming, staffing, compliance, operations, and satisfaction to identify the needs of the community as it relates to behavioral health services. Each year the results are documented and used to adjust the WCCMH Strategic Plan and develop the budget for the following year as depicted on page 7 of this document. The result of this inclusive process is documented in the Environmental Drivers/Needs Assessment section.

Community Town Hall:

An annual Community Town Hall is conducted where all recipients of WCCMH services, their families, network providers, and the community at large are invited. This is an opportunity for individuals to provide feedback and input into the services that are delivered by WCCMH.

Community Assessments & Surveys:

WCCMH is fortunate to have major health systems and community partners that provide input into the service delivery models for behavioral health. These major health systems and partners often publish community behavioral health assessments. As the Community Mental Health Services Program (CMHSP) for Washtenaw County, we utilize these reports to provide input into our strategic plan which ultimately guides the budget development process.

Additionally, WCCMH conducts at least one annual consumer satisfaction survey. Beginning in FY 2025 we will be conducting an additional Mental Health Statistical Improvement Program (MHSIP) survey which will provide comparable data to assess for future planning.

Staff Input

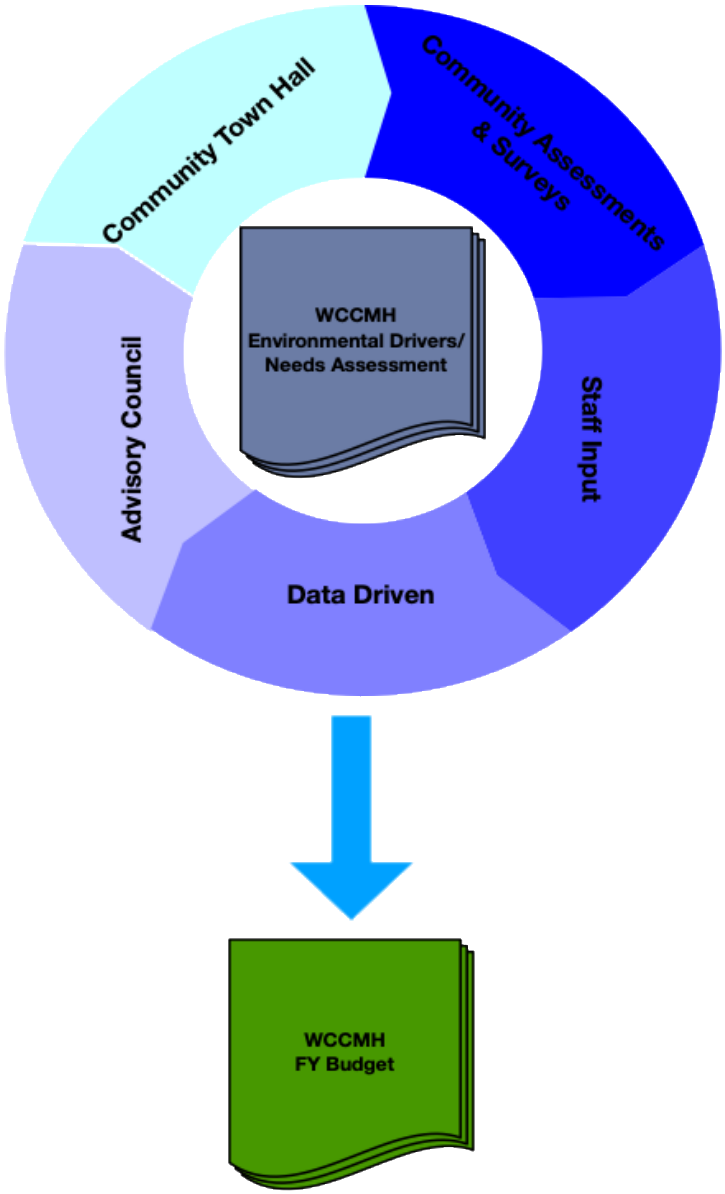
The WCCMH Executive Director provides a monthly all staff meeting (optional for staff to attend) to provide organizational updates and for staff to provide feedback. Additionally, WCCMH encourages its staff, supervisors and program administrators to solicit and provide feedback into various opportunities that may arise during clinical operations. This feedback is evaluated on a weekly basis by the WCCMH Executive Leadership Team and vetted with consideration for the needs of the organization as a whole.

Data Driven

WCCMH analyzes weekly, monthly and yearly financial and clinical reports to aid in the identification of organizational needs.

Advisory Council

The Advisory Council is made up of individuals receiving services from WCCMH. This committee provides input into all aspects of the organization. They meet monthly, provide feedback, and report out to the WCCMH Board on a quarterly basis.



STRATEGIC PLAN

Environmental Drivers/Needs Assessment

Access to Care

- There is a shortage of staff statewide with long waiting times, difficulty in accessing care or needs not getting met
- CMH system reform efforts are being driven by concerns about access and inconsistent statewide availability of services - encouraged to find ways to increase/improve access
- There is a lack of access to youth behavioral health services
- A severe statewide psychiatric hospital bed shortage with long waits for care
- A lack of a single point of access for all behavioral health services including substance use disorders

Performance/Quality

- Uneven metrics/performance by PHIPs and pressure from MCOs to shift payment from PIHPs to MCOs with competing bills in the legislature from Shirkey and Whiteford
- Current CMH system collects a lot of data but lacks a clear dashboard of metrics for accountability and performance
- State rate setting efforts expected to put emphasis on cost efficiency and effectiveness etc.

Expansion of Services

- Federal expansion of mental health funding through the designation of Michigan as a CCBHC state
- Passage of millage since the last strategic plan has shifted focus from exclusively mandated services for “eligible” individuals to comprehensive services for the general community
- Greater need for focus on prevention, early intervention, and community education

Other Drivers

- Inconsistency of support for behavioral health services by the State of Michigan
- Importance of telemedicine and the infrastructure to support it (i.e., broadband internet, county infrastructure and internet)
- Workforce recruitment and retention challenges
- The pandemic has forced isolation and created other stresses
- Racial and economic disparities in health status and in access to health care have become more obvious as people of color and lower income people bore disproportionate risks from COVID

- Excessive use of force and underutilization of behavioral science principles on the part of police officers, especially in interactions of white officers and citizens of color, have led to a growing public chorus for reform of how society deals with people in crisis

STRATEGIC GOALS

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

Tactic:

- Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities
  Completed by: January 2023
  Responsible Party: Melisa Tasker
  Measurement: TBD work with PIHP on evaluation criteria

- Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County
  Completed by: January 2025
  Responsible Party: Trish Cortes, Heather Linky, Dr. Florence
  Measurement: Care Coordination with key stakeholders. Examples may include Packard Health, Corner Health, Ozone, Catholic Social Services, Jewish Family Services, etc.

Promote wellness through the integration of physical and behavioral health.

Tactic:

- Achieve successful implementation of State of Michigan Behavioral Health Home
  Completed by: October 2023
  Responsible Party: Brandie Hagaman, Michael Harding
  Measurement: 200 Washtenaw County individuals enrolled through the State of Michigan, ongoing qualitative measure TBD in partnership with the State of Michigan

- Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic (CCBHC)
  Completed by: October 2023
  Responsible Party: Michael Harding
  Measurement:
  1. Successful State certification

2. 95% of individuals receiving qualified CCBHC services are enrolled in in the State Demonstration
3. Percent of the number of individuals requesting services that are assessed for medical necessity are provided services either through community partnerships or directly

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

Tactic:

- Complete full implementation of crisis 23 Hour Observation site
  Completed by: January 2023
  Responsible Party: Melisa Tasker
  Measurement: Maintain monthly capacity of 80%

- Partner in the development of a community plan to establish a youth assessment center
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Presentation of the community plan to the WCCMH Board

- Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders
  Completed by: January 2022
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: TBD CHRT Evaluation

- 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
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: TBD Chicago Health Labs evaluation

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

Tactic:

- Utilize 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
  Completed by: January 2024
  Responsible Party: Trish Cortes, Lisa Gentz, BLM Taskforce, Public Health
  Measurement: Work plan finalized and presented to key stakeholders

- Create interventions based on the workplan that target stigma, increase health education and trainings that aid in reducing health inequities
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Measurements will be developed based on the workplan and will identify the impact the interventions that WCCMH has implemented to reduce health inequities

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

Tactic:

- Expand youth services through outreach and partnerships by leveraging all funding streams
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Either directly or through agreements increase youths served by 25%

- Expand the adult service array through primary care agreements
  Completed by: January 2024
  Responsible Party: Trish Cortes, Dr. Florence
  Measurement: Agreements with primary care safety net clinics

- Implement 31N WISD School Mental Health Project to expand services within Washtenaw School districts
  Completed by: January 2023
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Number of schools receiving mental health resources

- Prioritize available resources to broaden outreach, education, and prevention efforts to address health inequities
  Completed by: January 2025
  Responsible Party: Trish Cortes, Lisa Gentz
  Measurement: Number of community events and trainings in geographic areas of need. No show rates for African Americans

Improve recruitment and retention of the behavioral health workforce.

Tactic:

- Advocate with MDHHS leadership and legislators to address behavioral health workforce shortages
  Completed by: January 2025
  Responsible Party: Trish Cortes
  Measurement: Additional funding allocated from the State for behavioral health staffing or decrease vacancies from 10% to 5%

- Collaborate with Washtenaw County administration and labor partners to strategize local efforts
  Completed by: January 2025
  Responsible Party: Trish Cortes, Nicole Phelps, Sally Amos O'Neal
  Measurement: County implementation of MAG Study

- Partner with provider network to address direct care workforce challenges
  Completed by: January 2022
  Responsible Party: Heather Linky
  Measurement: Implementation of direct care worker training reciprocity and/or increased funding for direct care workers

Thank you to the following groups that contributed to the WCCMH Strategic Plan:

Consumer Advisory Group
WCCMH All Staff
WCCMH Board
WCCMH Millage Advisory Group
WCCMH Black Lives Matter Taskforce
WCCMH Recipient Rights Committee
WCCMH Provider Network

The Following reports informed the WCCMH Strategic Plan:

CHRT Behavioral Health Environmental Analysis
Unite Report
WCCMH Staff Survey
Millage Advisory Committee Survey Results

WCCMH ENABLING LEGISLATION

Washtenaw County Community Mental Health (WCCMH)

The WCCMH has been designated by the State of Michigan as the Community Mental Health Services Program (CMHSP) as an agency model for Washtenaw County in accordance with Section 232a of the Michigan Mental Health Code.

Certified Community Behavioral Health Clinic (CCBHC)

The WCCMH is a Michigan Certified CCBHC Demonstration Site. A CCBHC is a new provider type in Medicaid and designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

State Innovation Model (SIM)

The WCCMH is an approved hublet site through the Washtenaw/Livingston Community Health Innovation Region (CHIR). CHIRs (pronounced “shires”) are intended to build community capacity to drive improvements in population health. The Care Delivery component includes the Patient-Centered Medical Home (PCMH) Initiative and the promotion of alternative payment models.

Behavioral Health Home (BHH)

The BHH provides comprehensive care management and coordination services to Medicaid beneficiaries with a select serious mental illness/serious emotional disturbance (SMI/SED) diagnosis. For enrolled beneficiaries, the BHH functions as the central point of contact for directing patient-centered care across the broader health care system.

Public Safety and Mental Health Preservation Millage

Washtenaw County's Public Safety and Mental Health Preservation Millage is a voter-approved homeowner tax that generates resources for mental health and substance use treatment programs that improve health and quality of life across the county. Millage-funded programs include a broad array of initiatives, but among the most important is access to mental health and substance use recovery services for all Washtenaw County residents who are having difficulty accessing private care, regardless of their insurance status or ability to pay for services.

FUNDING SOURCES

State General Funds

- The Michigan Department of Health and Human Services (MDHHS) authorizes the appropriation of State General Funds for community services. These authorizations may be adjusted throughout the year and may also include transfers pursuant to section 236 and section 307 of the Mental Health Code (MH Code). Appropriation is also contingent upon the funding contained in the current year state legislative Appropriations Act.

- The CMHSP is obligated to provide local matching funds as stipulated in the MH Code.
    - Revenue sources for this local obligation include
        - County Appropriations
        - Appropriations from other local governments such as cities and townships
        - Gifts and donations
        - Earned interest
        - First and third-party reimbursement reported under the Special Fund Account pursuant to section 226a of the Michigan Mental Health Code qualify as local matching funds
    - The local obligation is ten percent of service costs. The following exclusions apply:
        - Residential programs, including mental health services provided in the residency of the recipient and are part of a comprehensive individual plan of services (IPOS)
        - Services provided to people whose residency is transferred according to section 307 of the MH Code
        - Programs that are State responsibilities and that the State has transferred to the CMHSP
          Services provided to an individual under criminal sentence to a state prison

- At the conclusion of the fiscal year, the CMHSP may carry forward up to 5% of the State General Funds into the next fiscal year. The succeeding fiscal year budget will include planned expenditures of the full amount carried forward. Unexpended funds in that succeeding year must be returned to MDHHS.

- No Internal Service Fund (risk protection) may be maintained with State General Fund dollars.

Medicaid

- MDHHS administers the Medicaid Managed Specialty Supports and Services 1115 Medicaid Demonstration Waiver. Under this waiver, select state plan specialty services related to mental health and intellectual/developmental disability services as well as certain covered substance abuse services, have been carved out (removed) from Medicaid primary physical health care plans and arrangements. The 1115 Waiver includes Michigan's 1915(c) Habilitation Supports Waiver (HSW) for persons with intellectual/developmental disabilities, Children's Waiver Program (CWP), Children with Serious Emotional Disturbance Waiver (SED) and 1915(i) Waiver (previously identified as 1915(b)(3)). The concurrent 1915(i)/(c) programs are managed on a shared risk basis by Prepaid Inpatient Health Plans (PIHP) that have been selected through the Application for Participation (AFP) process.

- Medicaid funding is a shared risk arrangement whereby the PIHP may set aside a risk pool (Internal Service Fund - ISF) to cover potential future shortfalls of Medicaid funding and to cover unforeseen Medicaid expenses. The PIHP's shared risk is up to 7.5% of the total deficit: the first 5% is the PIHP's responsibility, the second 5% is shared equally with the state, and the remaining deficit is borne totally by the state.

- Capitated payments are set by the state and issued to the PIHP on a monthly basis. The rate of payment is based on numerous factors relating to Medicaid beneficiaries developed by the actuary agency, Milliman, Inc.

  Factors include but are not limited to:
  - Number of TANF (Temporary Assistance for Needy Families) beneficiaries
  - Number of DAB (Disabled, Aged & Blind) beneficiaries
  - Number of HMP (Healthy Michigan Plan) beneficiaries
  - Age
  - Gender
  - Entity Specific Factor
  - Autism
  - Enrollment in the Habilitation Supports Waiver
  - Enrollment in the Children's Waiver Program

Children's Waiver and SED Waivers

MDHHS determines if an individual meets the criteria to participate in these Waiver's. Up until 2019, the programs operated as a fee-for-service arrangement between the CMHSP and MDHHS. The Waiver programs have since been incorporated into the PIHP's Medicaid contract and are funded through the capitated funding model.

Grants and Earned Contracts

- The WCCMH actively seeks additional funding through grants and earned contracts. In addition to Block Grants from the state, the WCCMH has been awarded several million dollars in other Federal and Private grants. These grants allow the WCCMH to be innovative and provide additional behavioral health services to individuals in Washtenaw County.

Appropriation from Washtenaw County

- An annual appropriation is provided to WCCMH by Washtenaw County to meet the local match requirements of the CMHSP.

Public Safety and Community Mental Health Preservation Millage

- The Community Mental Health portion of the funds generated from the millage are used to pay for four broad areas of mental health services: (1) crisis funding; (2) stabilization funding; (3) prevention funding; and (4) Jail Services for inmates with mental health issues.

Other Revenue

- WCCMH participates in several contractual arrangements for which staff time is reimbursed to provide supports within the community. For many years, the Washtenaw County Sheriff's Office has contracted with WCCMH to provide mental health services to individuals within the jail. Other arrangements exist with partners such as Packard Health and Washtenaw County Courts.

WHO WE SERVE

Who We Serve

- Services are provided to individuals who have a mental illness, emotional disturbance, intellectual/developmental disability, or have a co-occurring disorder.
- An individual shall not be denied service because an individual is unable to pay for the service.
- Crisis and stabilization behavioral health services to any individual in the Washtenaw regardless of insurance status or ability to pay.

Medicaid Eligible

- Medicaid beneficiaries whose needs render them eligible for specialty services and supports are served through the PIHP/CMHSP, its Provider Network and/or its Lead Agency. Those who are experiencing or demonstrating mild or moderate psychiatric symptoms are not eligible for specialty services and are covered through the State's fee-for-service Medicaid Program.
- The number of Medicaid beneficiaries in Washtenaw County has averaged 34,000 plus or minus every month. The number of Healthy Michigan Plan beneficiaries averages 17,000 plus or minus each month.

Numbers Served

- 4625 Medicaid covered individuals were served in 2023.
- 1649 Healthy Michigan Plan (HMP) covered individuals were served in 2023.
- 601 individuals not covered by Medicaid/HMP were served in 2023.

PURPOSE AND SERVICES

State General Fund Supports and Services

- The purpose of the Community Mental Health Services Program (CMHSP) is to provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area regardless of an individual's ability to pay.
- The array of services include the following:
    - Crisis stabilization and emergency services for persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment
    - Assessment and diagnosis
    - Planning, linking, coordinating, follow-up, and monitoring
    - Specialized mental health services
        - Training, treatment, support
        - Therapeutic clinical interactions
        - Socialization and adaptive skill and coping skills training
        - Health and rehabilitative services
        - Pre-vocational and vocational services
    - Recipient Rights
    - Mental Health advocacy
    - Prevention action

Medicaid Supports and Services

- Medicaid-covered services and supports selected jointly by the beneficiary, clinician, and others during the person-centered planning process and identified in the Individual Plan of Services (IPOS) must meet medical necessity criteria, be appropriate to the individual's needs, and meet the standards set forth in the Medicaid Provider Manual.
- Services selected and included in the IPOS must be determined through the persons-centered planning process in accordance the state guidelines.
- Medical Necessity is the determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with the clinical standards of care. Medical necessity shall be documented in the IPOS. **[APPENDIX A]**

1915 (i)

- Services are aimed at providing a wider, more flexible, and mutually negotiated set of supports and services that will enable individuals to exercise and experience greater choice and control over their individual plan of services.
- Services are intended to be more individualized, cost-effective, and in accordance with the beneficiary's needs and requests.
- Services are outlined in detail in the Michigan Provider Manual
    - Inpatient Psychiatric Services
    - Psychiatric Partial Hospitalization
    - Mental Health Clinic Services
    - Community Rehabilitation Services
    - Crisis Residential and Crisis Stabilization Services
    - Psychosocial Rehabilitation Program
    - Substance Abuse Rehabilitative Services
    - Targeted Case Management
    - Personal Care in Specialized Residential Settings
    - Specialty services to treat, correct or ameliorate an illness

1915 (c) Services

- Covered services in this waiver include:
    - Chore Service
    - Community Living Supports
    - Enhanced Dental
    - Enhanced Pharmacy
    - Enhanced Medical Equipment and Supplies
    - Environmental Modifications
    - Family Training
    - Out of home Non-Vocational Habilitation
    - Personal Emergency Response System
    - Pre-Vocational Habilitation
    - Private Duty Nursing
    - Respite Care
    - Supports Coordination
    - Supported Employment
    - Assertive Community Treatment Programs (ACT)
    - Clubhouse Psychosocial Rehabilitation Programs
    - Crisis Residential Programs
    - Day Program Sites
    - Crisis Observation Care
    - Home-Based Services

- Intensive Crisis Stabilization
- Wraparound

CCBHC Services

- Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization
- Screening, assessment, and diagnosis, including risk assessment
- Patient-centered treatment planning or similar processes, including risk assessment and crisis planning
- Outpatient mental health and substance use services
- Outpatient clinic primary care screening and monitoring of key health indicators and health risk
- Targeted case management
- Psychiatric rehabilitation services
- Peer support and counselor services and family supports
- Intensive, community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas

Community Mental Health Millage Investments

Plan and Integrate

Investment 1: CARES Team, Crisis Center and Stabilization Services, Planning and Integration of the System of Care
Investment 2: Youth Services
Investment 3: Substance Use Disorder Planning

Expand Services

Investment 4: Expand outreach services and maximize use of peer supports
Investment 5: Expand prevention services for youth
Investment 6: Implement CARES Team & Crisis Center & Stabilization Services
Investment 7: Expand access to MH/SUD services
Investment 7A: Expand injection clinic/services
Investment 7B: Expand integrated care
Investment 7C: Expand SUD including opioid use treatment services
Investment 8: Increase supportive housing services

Evaluate & Communicate

Investment 9: Implement robust communication initiative
Investment 10: Develop evaluation plan; track and communicate outcomes
Investment 11: Administer millage

SERVICE DELIVERY SYSTEM

Basic Organization Structure

- Administrative Functions are intended to support the Service Delivery System and to meet all the legal and regulatory requirements of a Managed Care and Clinical Delivery System.
    - Executive and Managing Levels of Operations
    - Budget and Finance
    - Provider Acquisition, Requirements, Compliance
    - Policy, Risk, Quality
    - Recipient Rights, Customer Services, Fair Hearings
    - Information Management
    - Service System Management
- Services are provided through WCCMH and the network of contracted providers.
- The Service Delivery System needs to meet the changing needs of the individuals served. Healthcare delivery and funding across the nation and state are ever changing and WCCMH must be flexible and able to adapt quickly to be sustainable.
- Utilization Management is a key component of a managed care system. It requires a systematic set of processes from prescreening and prior authorization for treatment as well as ongoing, retrospective service utilization review.

Crisis Services

This team provides mobile crisis intervention and stabilization services to individuals located in Washtenaw County for both youth and adults. Requests for services are received through the 24/7 Access Crisis Phone line. Requests for service come from individuals in crisis, family members, hospitals, external providers, law enforcement, schools, 988, and local merchants.
Masters prepared clinicians and Peer Support Specialists with lived experience make up the team.

Interventions provided during crisis intervention include:

- Suicide Risk assessment
- Substance abuse screening and referral
- Motivational interviewing
- Verbal de-escalation
- Brief solution focused therapeutic techniques
- Dialectical Behavioral Therapy techniques

- Cognitive Behavioral Therapy techniques
- Safety planning
- Referral and authorization to outpatient treatment providers, partial hospitalization providers, Crisis Residential Services, and inpatient hospitalization

Individuals referred to the Crisis Team receive follow-up care that includes outreach, in office meetings, telehealth visits and phone calls until their crisis is resolved.

Access

The Access System is available and accessible to all individuals seeking assistance or service. The Access Triage team answers all phone calls that come through the 24/7 Crisis Line. The team documents and triages each call and determines an appropriate disposition.

Dispositions may include:

- Refer to Crisis (calls transferred to the mobile crisis team)
- Pre-admission screening (Hospitals call requesting authorization for inpatient admission)
- Access Screening (Individual or family is seeking outpatient care)
- Needs covered by community (the individual is provided resources to meet their needs)
- SUD screening (caller is seeking SUD treatment authorization and referral)
- Transfer call to MiCal Peer Warmline for those who are not in crisis

The team is responsible for providing a welcoming environment for individuals who call. Assistance is person-centered, self-determined, and recovery oriented. All requests for services are held to state mandated timeliness standards which are monitored and audited each quarter.

Person-Centered Planning

- The Mental Health Code establishes the right for all individuals to have their Individual Plan of Service developed through a person-centered planning process regardless of age, disability, or residential setting. In this process, the individual directs the planning with a focus on what he/she wants and needs, including the identification of possible services. This interactive strategy is intended to ensure individuals are provided with the most appropriate services necessary to achieve the desired outcomes.

- When an individual expresses a choice or preference for a support, service and/or treatment for which an appropriate alternative of lesser cost exists, and compromise fails, the individual may employ a process for dispute resolution and appeal.
- Self-determination incorporates a set of concepts and values that emphasize participation by the individual and achievement of personal control over their life. Person-centered planning is a central element of a self-determination.
- The person-centered planning process is highly individualized and designed to respond to the expressed needs/desires of the individual.
- The process encourages strengthening and developing natural supports by inviting family and friends to participate in the planning. Developing natural supports is an equal responsibility of the CMHSP and the individual.

Individual Plan of Services (IPOS)

- Services must be delivered according to an individual plan of service based on an assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the individual (if possible), the parent or guardian, the psychiatrist, and any other professionals involved in treatment planning as determined by the needs of the individual. The Case Manager must be involved in the treatment as soon as possible and must be involved in the follow-up services.
- The IPOS must clearly state goals and measurable objectives derived from the assessment of immediate need and stated in terms of specific observable changes in behavior, skills, attitudes, and circumstances.
- The array of covered services to meet the needs and desires of the individual are addressed in at the planning meeting and a copy of the plan is provided to the individual within 15 business days after the meeting.

Provider Agencies [APPENDIX B]

- To meet service obligations, the WCCMH/CMHSP contracts with a number of provider agencies that provide a range of services.

Contract Services include:

  - Psychiatric Inpatient Hospitals
  - Partial Inpatient Hospitals
  - Licensed Residential
  - Community Living Supports
  - Clubhouse Psychosocial Rehabilitation
  - Peer-Operated Drop-In Center
  - Vocational Services
  - Applied Behavioral Analysis

- Miscellaneous Clinical Services

Assessments

- Health Assessments are provided by a registered nurse or nurse practitioner to determine the individual's need for medical services and to recommend a course of treatment within the scope of the practice of the nurse or dietician.
- Psychiatric Evaluations are comprehensive, face-to-face evaluations provided by a psychiatrist that includes current clinical status, historical psychiatric, physical, and medication information, relevant personal and family history, personal strengths and assets, and a mental status examination.
- Psychological testing includes standardized tests and measures rendered by full, limited-licensed, or temporary-limited-licensed psychologists.
- Another assessment used is the Child and Adolescent Functional Assessment Scale (CAFAS)

Case Management/Supports Coordination

- This covered service is to assist beneficiaries in designing and implementing strategies for obtaining the services and supports that are goal-oriented and individualized. To assist in gaining access to needed health and dental services, financial assistance, housing, employment, education, social services, and other services and natural supports, the responsibilities of the case manager include:
  - Assessment
  - Planning
  - Linkage
  - Advocacy
  - Coordinating and Monitoring
- The case manager must review services at intervals defined in the IPOS and update the IPOS as needed.
- The case manager must determine, on an ongoing basis, if the services and supports have been delivered and if they are adequate to meet the needs/wants of the individual.
- Monitoring (frequency and scope of case management service) must reflect the intensity of the individual's health and welfare needs identified in the IPOS.

Assertive Community Treatment Program (ACT)

- ACT is a set of intensive clinical, medical, and psychosocial services provided by a mobile multi-disciplinary treatment team.
- ACT provides basic services and supports essential to maintain the individual's ability to function in community settings, including assistance with accessing basic needs

through available community resources, such as food, housing, medical care and supports to allow beneficiaries to function in social, educational, and vocational settings.
    - Services are based on the principles of recovery and person-centered practice and are individually tailored to meet the needs of the individual.

Individual/Group Therapy

- Treatment activity designed to reduce maladaptive behaviors, maximize behavioral self-control, or restore normalized psychological functions, reality oriented, re-motivation and emotional adjustment.
- Expected treatment outcome is improved functioning and more appropriate interpersonal and social relationships.

Medication Review/Administration

- Medication administration is the process of giving a physician-prescribed oral medication, injection, intravenous or topical medication treatment to an individual.
- Medication review is the evaluation and monitoring of medications, their effects, and the need to continue or change the medication regimen.

Home-Based Services

- Mental health home-based services are designed to provide intensive services to children (birth through age 17) and their families with multiple service needs who require access to an array of mental health services.
- Primary goal of this program is to promote normal development, promotion healthy family functions, support and preserve families, reunite families who have been separated, reduce the use of, or shorten, the length of stay in psychiatric hospitals.

Health Services

- Health Services include assessment, treatment, and professional monitoring of health conditions that are related to or impacted by a person's mental health condition. A person's primary doctor will treat any other health conditions they may have.

Peer Delivered Services

- Peers offer help with food, clothing, socialization, housing, and support to begin or maintain mental health treatment. Peer Specialist services are activities designed to help persons with serious mental illness in their individual recovery journey and are

provided by individuals who are in recovery from serious mental illness. Peer Mentors help individuals with developmental disabilities.

Skill Building Assistance

- Skill Building assistance includes supports, services, and training to help an individual participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.

Supported/Integrated Employment Services

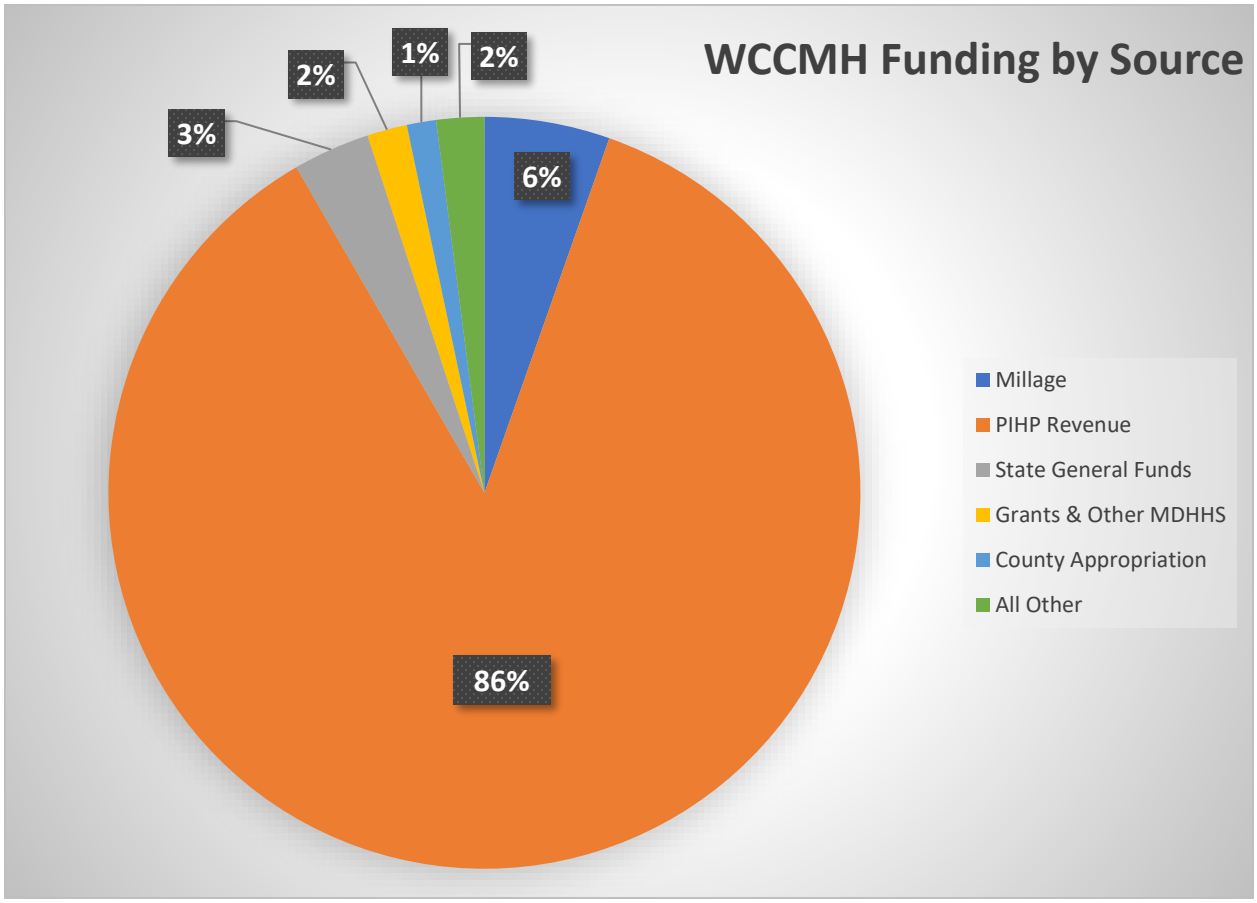
- Supported/Integrated employment services provide initial and ongoing supports, services, and training at the job site to help adults who are eligible for behavioral health services find and keep paid employment in the community.

Wraparound Services for Children and Adolescents

- Wraparound services are for individuals with serious emotional disturbance and their families that includes treatment and supports necessary to maintain the child in the family home.

BUDGET DEVELOPMENT

REVENUES:

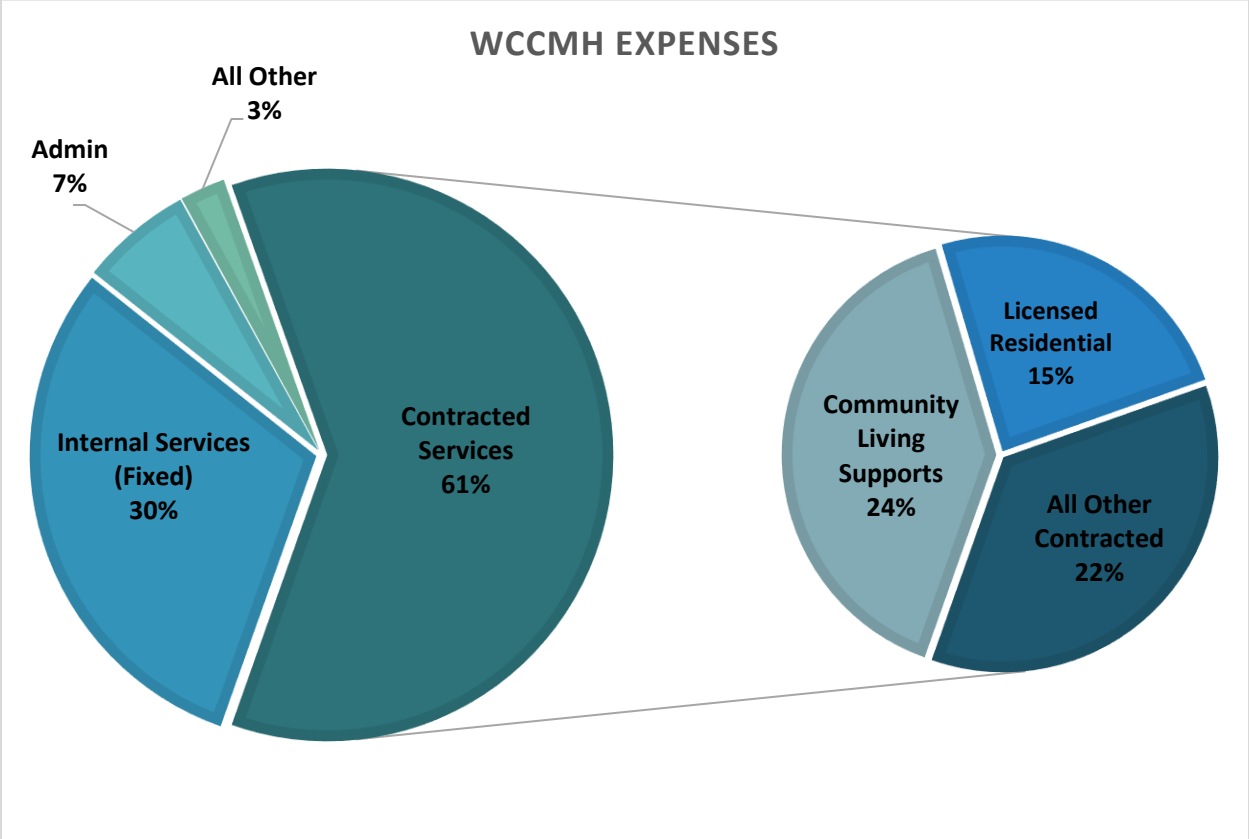


PIHP Revenue Assumptions:

- Community Mental Health Partnership of Southeast Michigan (CMHPSM/PIHP) prepared a FY 2025 Operating Budget assuming a slight increase in Medicaid revenues and the use of carryforward from surplus FY 2024 Medicaid revenues. At the regional level, the Internal Service Fund, which is the PIHPs Medicaid risk reserve is fully funded at the allowable level.

- The WCCMH FY 2025 Annual Operating Budget reflects a total of $120 million being distributed under the Medicaid Sub-Contracting Agreement from CMHPSM (PIHP) to WCCMH.

EXPENSES:



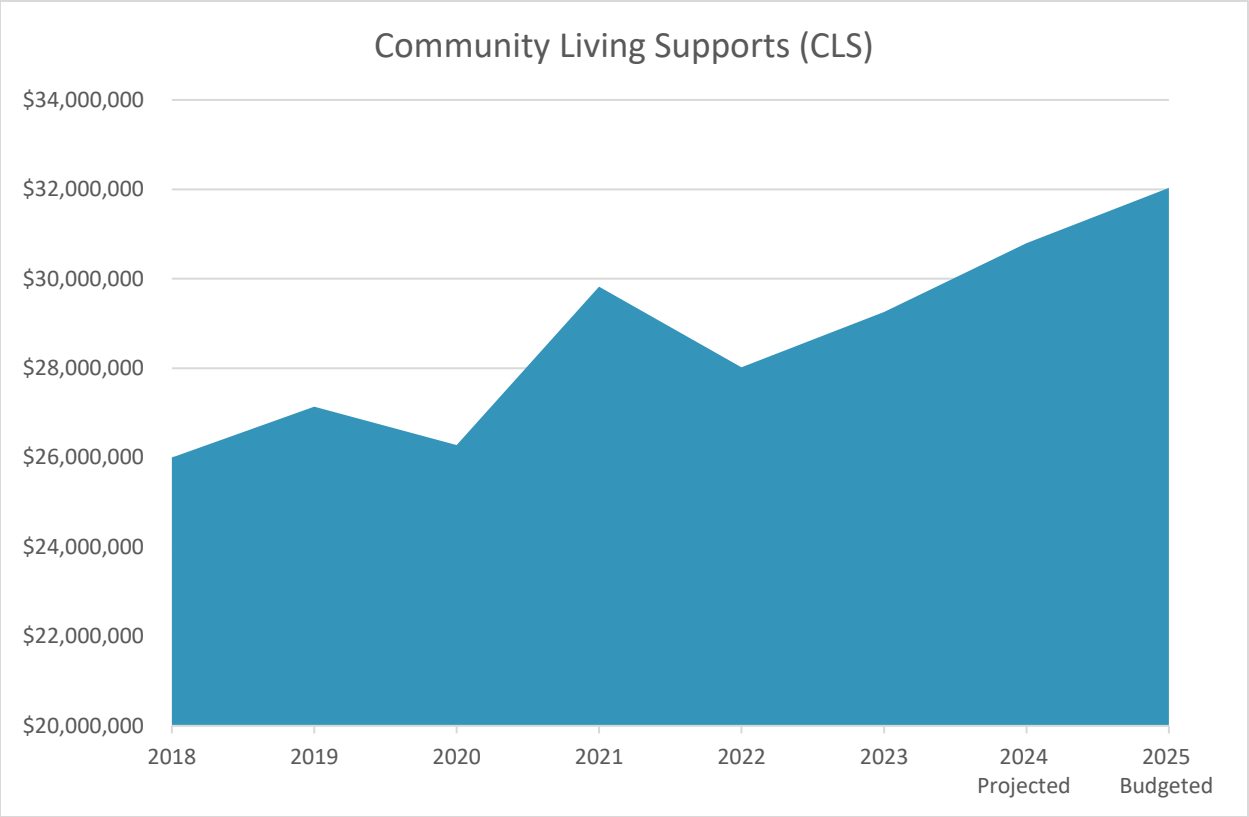
Internal Services and Administration Assumptions:

Internal services and administrative assumptions were built on current staffing levels and includes adequate resources to respond to growing service demands. There are also adequate resources accounted for in the budget to support negotiated increases and fringe benefits assumptions.

Contracted Services Assumptions:

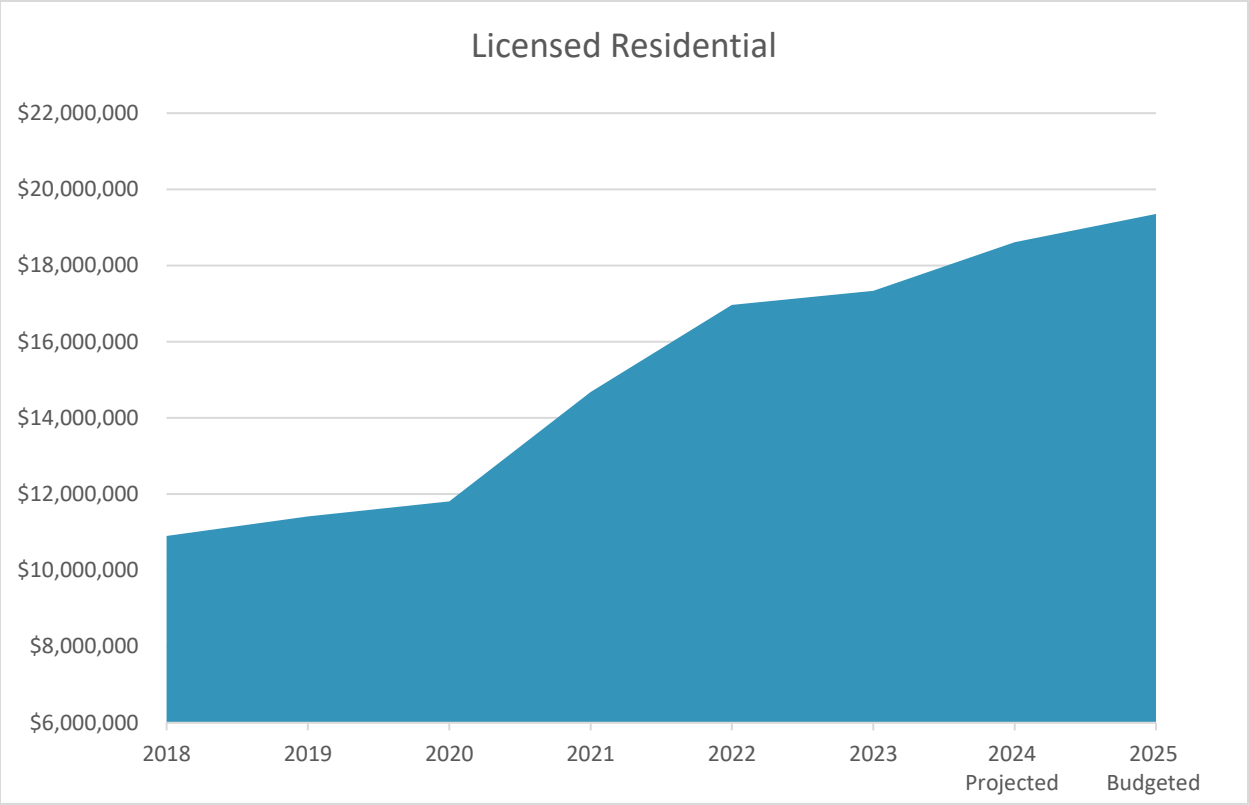
Contracted service costs are projected at prior-year utilization levels and known assumptions at the time of preparation. Residential and community support services include the continuation of the Direct Care Worker temporary wage increase.

Community Living Supports:



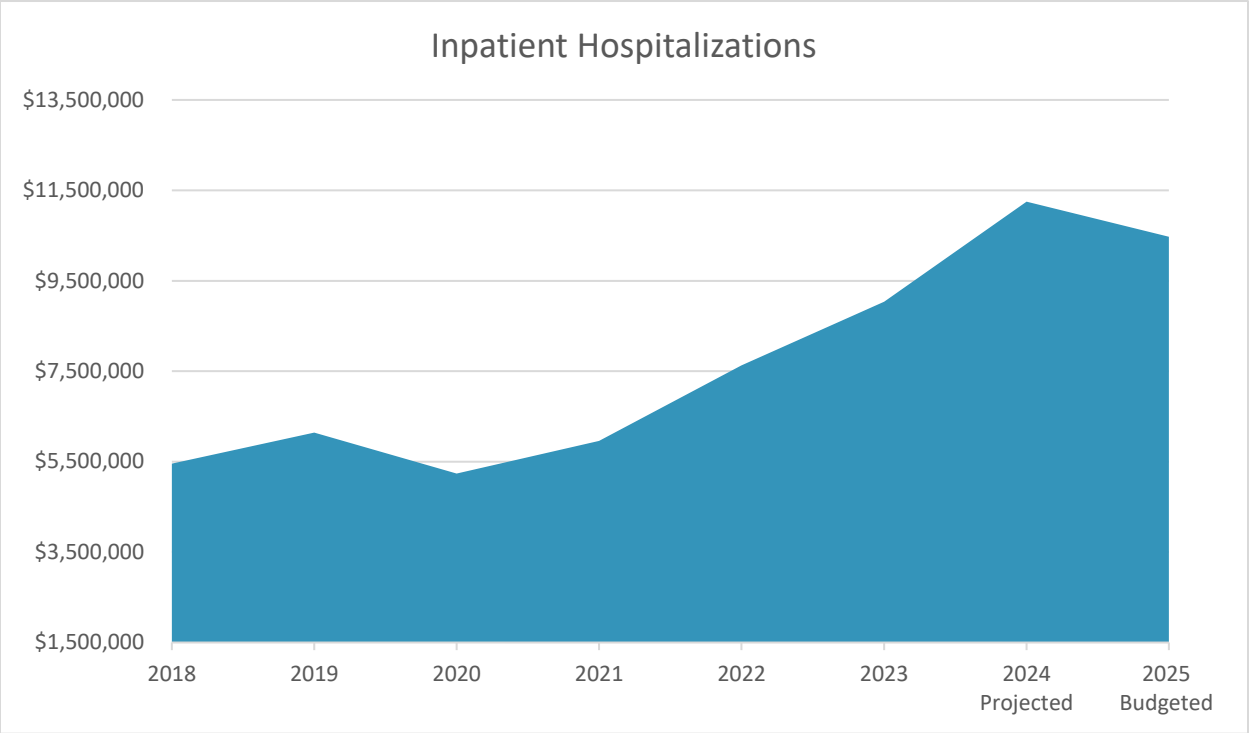
Community Living Supports (CLS) are a residential and community-based support provided to individuals in an unlicensed setting. A temporary direct care worker wage increase has been passed through to the CLS providers since the early onset of the COVID-19 pandemic. The continuation of this wage increase is assumed in the FY 2025 budget assumptions. At the regional level, over the past few years there has been additional support for the CLS providers through the mechanism of retrospective rate increases to aide in provider financial stability.

Specialized Residential:



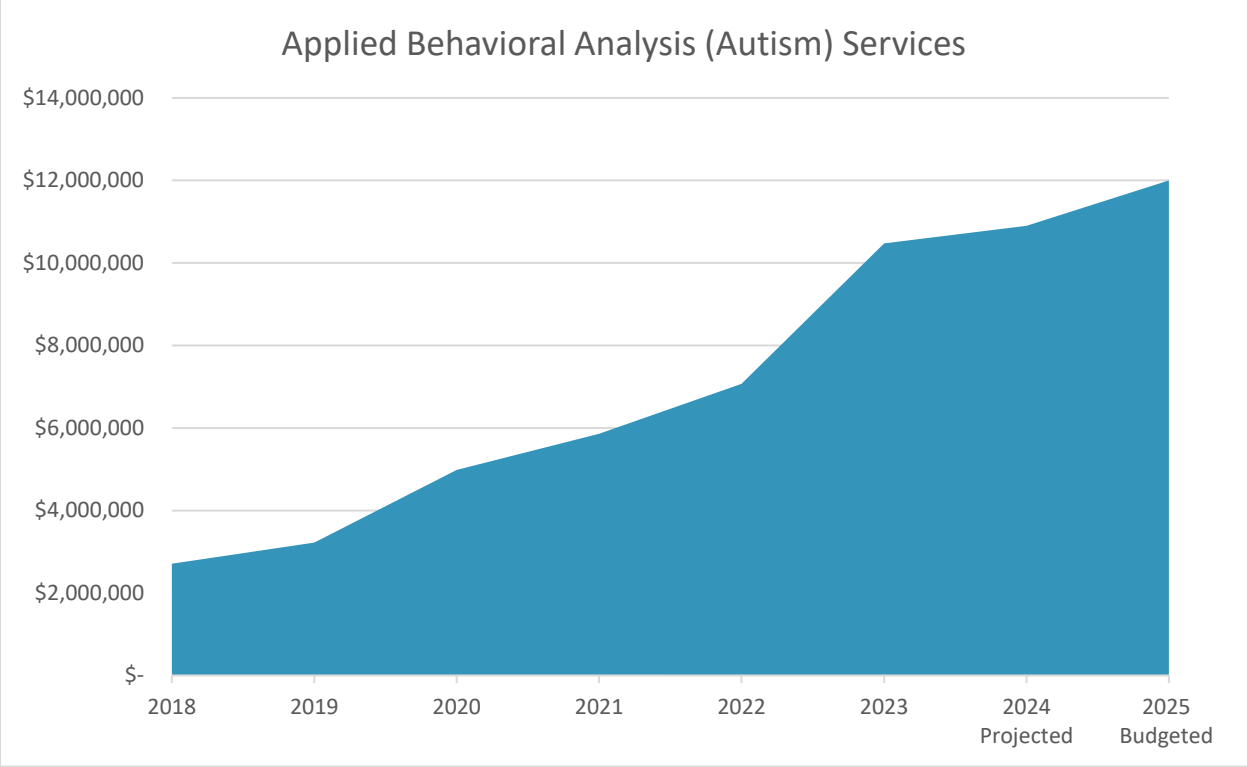
Specialized Residential services are a residential and community-based support provided to individuals in a licensed setting. A temporary direct care worker wage increase has been passed through to the residential providers since the early onset of the COVID-19 pandemic. The continuation of this wage increase is assumed in the FY 2025 budget assumptions. At the regional level, over the past few years there has been additional support for the residential providers through the mechanism of retrospective rate increases to aide in provider financial stability.

Inpatient Hospitalizations:



Inpatient Hospitalization costs have been on a steady increase since emerging from the COVID-19 pandemic. The FY 2025 budget assumes the consistent utilization of psychiatric hospitalizations.

Applied Behavioral Analysis (Autism) Services:



Autism services and the number of individuals served has been on a steady increase since the inclusion of applied behavioral analysis in the CMH eligible service array. The FY 2025 budget assumes a slight increase in utilization.

WCCMH Annual Operating Budget

October 1, 2024 – September 30, 2025

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

	FY 2025 Proposed Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Revenues					
Medicaid (b) & 1115i	$ 52,224,587	$ 49,969,192	$ 2,255,395	$ 49,969,192	$ 2,255,395
Habilitation Supports Waiver	32,051,826	31,275,389	776,437	31,275,389	776,437
Children's & SED Waivers	1,335,478	1,335,478	-	1,335,478	-
Healthy Michigan Plan	6,155,256	6,155,256	-	6,155,256	-
Autism Medicaid	7,423,397	7,423,397	-	7,423,397	-
CCBHC Medicaid/HMP	8,500,000	8,500,000	-	8,500,000	-
CCBHC Supplementary	11,800,970	11,800,970	-	11,800,970	-
Behavioral Health Home	508,521	508,521	-	508,521	-
State General Funds	4,597,669	4,461,704	135,965	4,461,704	135,965
Funding From Washtenaw County	1,751,761	1,751,761		1,751,761	-
Grants and Earned Contracts Incl. OBRA	2,392,867	1,987,787	405,080	1,987,787	405,080
CMHPSM/Affiliate & U of M Billings	939,998	893,227	46,771	893,227	46,771
All Other	1,917,652	1,917,652	-	1,917,652	-
Total Revenues	**$ 131,599,982**	**$ 127,980,334**	**$ 3,619,648**	**$ 127,980,334**	**$ 3,619,648**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912
Total Administrative Expenses	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912
Direct Services					
WCCMH Direct Services	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434
Total Direct Services	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434
Contracted Services					
WCCMH Contracted Services	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638
Total Contracted Services	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638
Other Non-Service Costs					
Medicaid Local Match	$ -	$ 411,272	$ (411,272)	$ 411,272	$ -
State Facilities Local Contribution	900,000	600,000	300,000	900,000	-
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 980,000	$ 1,091,272	$ (111,272)	$ 1,391,272	$ -
Grants And Contracts	$ 2,392,867	$ 1,987,787	$ 405,080	$ 1,790,168	$ 602,699
Total Expenses	**$ 131,599,982**	**$ 127,980,334**	**$ 3,619,648**	**$ 120,985,571**	**$ 11,025,683**
Revenue Over/(Under) Expenses	0	0	0	6,994,763	$ (7,406,035)

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Administrative Expenses

		FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
	Administration	$ 844,965	$ 844,965	$ -	$ 1,050,234	$ (205,269)
(a)(b)	Compliance	166,000	166,000	-	160,000	6,000
(a)	Finance	1,410,294	1,410,294	-	1,275,000	135,294
	Human Resources	278,590	278,590	-	210,000	68,590
(a)	Information Management	218,504	218,504	-	240,000	(21,496)
(a)	Intake/Enrollment	915,870	915,870	-	860,000	55,870
(a)	Member Services	287,286	287,286	-	245,000	42,286
(a)	Network Management	742,849	742,849	-	540,000	202,849
(a)	Quality/Performance Imp.	548,700	548,700	-	405,000	143,700
(b)	Recipient Rights	1,638,000	1,638,000	-	1,560,000	78,000
(a)	Utilization Review	1,278,089	1,278,089	-	1,145,000	133,089
	TOTAL	$ 8,329,146	$ 8,329,146	$ -	$ 7,690,234	$ 638,912

(a) All or a portion of this administrative category is a delegated function of the PIHP.
(b) Revenue contracts exist with Affiliate Partner CMH's for the purchase of these administrative functions.

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Direct Service Expenses

	FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Program Support	$ 4,608,587	$ 4,608,587	$ -	$ 4,000,000	$ 608,587
ACT	2,091,397	2,091,397	-	1,750,000	341,397
Autism	420,000	760,000	(340,000)	100,000	320,000
Behavior Management	885,000	736,914	148,086	750,000	135,000
Crisis Stabilization	2,824,313	2,824,313	-	2,400,000	424,313
Health Home	390,000	390,000	-	390,000	-
Home Based	1,615,103	1,615,103	-	1,360,000	255,103
Jail Services	640,000	716,534	(76,534)	640,000	-
Jail Diversion	175,000	122,000	53,000	175,000	-
Nursing	2,675,000	2,624,013	50,988	2,300,000	375,000
Nursing Home Services	178,000	176,688	1,312	140,000	38,000
Outpatient	3,157,108	3,027,741	129,367	2,800,000	357,108
Peer Supports	990,000	956,218	33,782	930,000	60,000
Psychiatric Services	5,063,666	4,678,306	385,360	4,000,000	1,063,666
Skill Building	1,989,514	1,989,514	-	1,800,000	189,514
Specialty Services	315,000	315,000	-	285,000	30,000
Supported Employment	1,596,659	1,596,659	-	1,458,735	137,924
Supports Coordination	3,576,188	3,576,188	-	3,000,000	576,188
Targeted Case Management	6,340,214	6,340,214	-	5,560,000	780,214
Wraparound	291,421	291,421	-	210,000	81,421
TOTAL	$ 39,822,169	$ 39,436,809	$ 385,360	$ 34,048,735	$ 5,773,434

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget

WCCMH Contracted Service Expenses

	FY 2025 Budget	FY 2024 Final Budget	FY 2025 Budget Over / (Under) FY 2024 Budget	FY 2024 Projected YE	FY 2025 Budget Over / (Under) FY 2024 Projections
Access/Assessments	$ 150,000	$ 350,000	$ (200,000)	$ 45,000	$ 105,000
Autism Services	12,000,000	11,400,000	600,000	10,900,000	1,100,000
Community Inpatient	10,476,000	9,700,000	776,000	11,250,000	(774,000)
Community Living Supports	32,032,000	30,800,000	1,232,000	30,800,000	1,232,000
Licensed Facilities	19,355,000	18,610,162	744,838	18,610,162	744,838
Nursing	150,000	278,658	(128,658)	180,000	(30,000)
Outpatient	12,500	75,000	(62,500)	130,000	(117,500)
Peer Supports/Drop-In	346,500	346,500	-	200,000	146,500
PERS	150,000	150,000	-	150,000	-
PSR/Clubhouse	925,000	925,000	-	500,000	425,000
Respite	715,000	950,000	(235,000)	580,000	135,000
Skill Building	2,916,000	2,605,000	311,000	2,300,000	616,000
Specialty Services	150,000	280,000	(130,000)	150,000	-
Supported Employment	577,800	535,000	42,800	150,000	427,800
All Other Contracted Services	120,000	130,000	(10,000)	120,000	-
TOTAL	$ 80,075,800	$ 77,135,320	$ 2,940,480	$ 76,065,162	$ 4,010,638

Washtenaw County Community Mental Health
Fiscal Year 2025 Budget by Fund Source

	Total
Medicaid **	
Revenue	
Medicaid (b), 1115i, Waivers, Autism & CCBHC	$ 113,844,779
Total Medicaid Revenue	$ 113,844,779
Expense	
Service Costs	$ 113,844,779
Total Medicaid Expense	$ 113,844,779
Medicaid Surplus/(Deficit)	$ -
Healthy Michigan Plan **	
Revenue	
Healthy Michigan Plan	$ 6,155,256
Total Healthy Michigan Revenue	$ 6,155,256
Expense	
Service Costs	$ 6,155,256
Total Healthy Michigan Expense	$ 6,155,256
Total Healthy Michigan Surplus/(Deficit)	$ -

** Denotes PIHP Medicaid Subcontracting Agreement Funds

General Fund	
Revenue	
CMH Operations	$ 4,597,669
Funding from Other Sources	-
Total General Fund Revenue	$ 4,597,669
Total General Fund Expense	$ 4,597,669
General Fund Surplus/(Deficit)	$ -
Grants and Contracts	
Revenue	$ 4,310,519
Expense	4,310,519
Grants & Cont. Surplus/(Deficit)	$ -
Local	
Revenue	$ 1,751,761
Expense	1,751,761
Local Surplus/(Deficit)	$ -
CMHSP to CMHSP	
Revenue	$ 939,998
Expense	939,998
All Other Surplus/(Deficit)	$ -
Grand Total	
Revenue	$ 131,599,982
Expense	131,599,982
Grand Total Surplus/(Deficit)	$ -

WCCMH Proposed Millage Budget

January 1, 2025 – Decemeber 31, 2025

The WCCMH portion of the Public Safety and Mental Health Preservation Millage is effectively managed by the WCCMH Board's Millage Advisory Committee (MAC). The MAC makes recommendations to the WCCMH Board to meet the community priorities identified as millage investments.

A wealth of information on prior year investments, CMH millage impact reports and news can be found at www.washtenaw.org/Millage

In 2023, WCCMH expended nearly all the CMH millage funds levied and is projected to do the same in 2024. For 2025, the mental health portion of the millage is expected to collect $7.8M. Assuming a reauthorize of the millage is passed by voters in November 2024, there will be a planned spend down of fund balance for service expansion and continued prioritization of investments over the course of three years. At the close of FY23, the CMH millage fund balance stands at just over $9M. Should reauthorization of the millage not occur the funds will be used to sustain and sunset mental health millage funded services and programming.

The following outlines the projected CMH millage revenue and planned use of fund balance:

	Millage Fiscal Year			
	2024	2025	2026	2027
Millage Revenue	$ 7,432,641	$7,828,600	$8,141,744	$8,141,744
Use of Fund Balance	$ -	$2,763,987	$2,000,000	$2,000,000

Assuming reauthorization of the millage occurs, WCCMH is preparing a Request for Proposal (RFP) to be released late 2024. The RFP will look to increase capacity in areas of Service Expansion (both Youth & Adults), Housing and Homelessness Supports as well as Education and Prevention. The RFP will look to fund mental health partner organizations and initiatives utilizing annual levied millage revenue as well as planned use of fund balance over the course of three years.

The CMH millage budget also supports the continued investment in service expansion utilizing the WCCMH CARES Team, which is comprised of CMH staff providing supports for individuals in crisis as well as mental health services for those uninsured or underinsured. The CMH millage works in conjunction with other CMH fund sources to expand access and fill gaps in funding.

Washtenaw County Community Mental Health
FY 2025 Proposed Annual Millage Budget

		Fiscal Year 2025 Proposed Budget	Fiscal Year 2024 Projected Budget	FY25 Budget Over/(Under) FY24 Budget
Community Wide Service Expansion				
(a)	WCCMH CARES Team			
	Access & Triage	$ 600,600	$ 577,500	$ 23,100
	Treatment & Stabilization Services	600,600	577,500	23,100
	Crisis Response	819,000	787,500	31,500
	Crisis Stabilization Center	-	200,000	(200,000)
	Other CARES Team	434,179	417,480	16,699
	Criminal Justice Diversion & Deflection			
(a)	WCCMH LEADD/Jail Services Team	$ 486,000	$ 450,000	$ 36,000
(a)	Prosecutting Attorney Office	132,601	122,779	9,822
	Supportive Housing			
	Supportive Housing	$ -	$ 200,000	$ (200,000)
	Michigan Ability Partners	-	120,000	(120,000)
	Avalon - Permanent Supportive Housing	193,424	380,000	(186,576)
	Emergency Housing	175,000	175,000	-
(a)	WCCMH Homeless Outreach Team	300,000	-	300,000
(b)	RFP Awards	1,300,000		1,300,000
	Youth Initiatives and Support			
	Washtenaw Intermediate School District	$ 800,000	$ 800,000	$ -
	Student Advocacy Center	380,672	380,672	-
	Community Family Life Centers	211,000	211,000	-
	Health Dept - Anti Stigma Campaign	-	170,000	(170,000)
	Ozone House	120,000	120,000	-
	Packard Health - YBMen	-	125,000	(125,000)
	Other Youth Initiatives and Support	-	250,000	(250,000)
(a)	WCCMH Youth & Family Team	300,000	-	300,000
	Other Service Expansion			
	Washtenaw Health Plan	$ 165,000	$ 165,000	$ -
(b)	RFP Awards	2,200,000	125,000	2,075,000
	TOTAL Community Wide Service Expansion	$ 9,218,077	$ 6,354,431	$ 2,863,646

(a) = Initiative provided internally by WCCMH Staff

(b) = Place holder for Request for Proposal Awards (assuming millage renewal)

		Fiscal Year 2025 Proposed Budget	Fiscal Year 2024 Projected Budget	FY25 Budget Over/(Under) FY24 Budget
Education & Prevention				
	Education & Outreach			
	NAMI Contract	$ -	$ 225,900	$ (225,900)
	MHFA Trainings	25,000	25,000	-
(b)	RFP Awards	500,000	-	500,000
	TOTAL Education & Prevention	$ 525,000	$ 250,900	$ 274,100
Evaluate & Communicate				
	Evaluate			
	CHRT Contract	$ 63,435	$ 63,435	$ -
	Communicate			
	CHRT Contract	$ 178,875	$ 178,875	$ -
	TOTAL Evaluation & Communication	$ 242,310	$ 242,310	-
Administration of the Millage				
(a)	WCCMH Administration	$ 577,200	$ 555,000	$ 22,200
	5 Healthy Towns (Planning)	30,000	30,000	-
	Grand Totals	**$ 10,592,587**	**$ 7,432,641**	**$ 3,159,946**

(a) = Initiative provided internally by WCCMH Staff

(b) = Place holder for Request for Proposal Awards (assuming millage renewal)

WCCMH Millage Advisory Committee Members

4/1/24-3/31/25

Annie Somerville (Chair)	WCCMH Board Representative Washtenaw County Board of Commissioners Representative
Amanda Carlisle	Housing/Homeless Service Representative Washtenaw Housing Alliance
Anna Dusbiber	WCCMH Board Representative Primary Consumer
Holly Heaviland	WCCMH Board & Education Representative Washtenaw Intermediate School District
Barb Higman	WCCMH Board Representative Primary Consumer
Derrick Jackson	Washtenaw County Sheriff Office Liaison (non-voting member)
Bob King	WCCMH Board Representative Labor Representative
Steve Petty	WCCMH Board Representative
Marlene Radzik	Justice System Representative City of Saline, Chief of Police
Ray Rion	Safety Net Primary Care Representative Packard Health
Alfreda Rooks	WCCMH Board Representative Health System Representative
Marianne Udow-Phillips	WCCMH Board Representative
George Waddles, Jr.	Community Member
Kari Walker	WCCMH Board Representative Secondary Consumer

FY 2018 & FY 2019 Deficit Update

As of: August 2024

Beginning in 2016 the State set forth a phased in approach to a new capitated rate development methodology. As a result, Medicaid funding for Southeast region had declined to an insufficient level. The historical experience of the CMH system is that as the health of the economy improves, generally the number of Medicaid eligible individuals decreases and can have a negative impact on the CMH system funding, even though the number of individuals qualifying for CMH services remains consistent. Theoretically, the risk-based funding model is designed to cover the challenging years with minimal service disruption.

Regionally, the increased cost of service provision and insufficient revenue had ultimately put the PIHP into the shared-risk corridor with MDHHS. At the close of FY 2018, the PIHP had depleted their Medicaid risk reserve and faced an additional multi-million-dollar shortfall. As the revenue challenges continued into FY 2019 (October 1, 2018 – September 30, 2019) the PIHP had zero Medicaid reserves. Between FY 2018 and 2019 the total Medicaid deficit at the region was just over $30 million, $11 million attributable to the State share and the remaining $19 million the PIHP share.

The following chart outlines the amounts due to Washtenaw from the State and PIHP per the shared-risk model:

Fiscal Year 2018	TOTAL	Due From State	Due From PIHP
Washtenaw Deficit	$ 7,550,164	$ 4,381,480	$ 3,168,683

Fiscal Year 2019	TOTAL	Due From State	Due From PIHP
Washtenaw Deficit	$ 10,444,113	$ 2,055,622	$ 8,388,491

TOTAL FY18 & FY19	**Grand TOTAL**	Due From State	Due From PIHP
	$ 17,994,277	$ 6,437,102	$ 11,557,174
Less Payments Received	$ (3,821,592)		$ (3,821,592)
Less Payments Received	$ (8,629,650)		$ (8,629,650)
		$ 6,437,102	$ (894,068)
Due To Washtenaw as of 8/5/24	$ 5,543,034		

As of August 5, 2024, the State Share is still outstanding for approximately $5.5M and is anticipated to be collected within the coming months.

Appendices

APPENDIX A

Michigan Medicaid Medical Necessity Criteria:

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability, or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability, or substance use disorder; and/or
- Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness, developmental disability, or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

2.5.B. DETERMINATION CRITERIA

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope, and duration of the service(s) to reasonably achieve its/their purpose; and
- Documented in the individual plan of service.

2.5.C. SUPPORTS, SERVICES AND TREATMENT AUTHORIZED BY THE PIHP

Supports, services, and treatment authorized by the PIHP must be:

- Delivered in accordance with federal and state standards for timeliness in a location that is accessible to the beneficiary;
- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner;
- Responsive to the particular needs of beneficiaries with sensory or mobility impairments and provided with the necessary accommodations;
- Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated settings shall be used only when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided; and
- Delivered consistent with, where they exist, available research findings, health care practice guidelines, best practices and standards of practice issued by professionally recognized organizations or government agencies.

2.5.D. PIHP DECISIONS

Using criteria for medical necessity, a PIHP may:

- Deny services:
    - that are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care;
    - that are experimental or investigational in nature; or
    - for which there exists another appropriate, efficacious, less restrictive, and cost-effective service, setting or support that otherwise satisfies the standards for medically necessary services; and/or
- Employ various methods to determine amount, scope, and duration of services, including prior authorization for certain services, concurrent utilization reviews, centralized assessment and referral, gate-keeping arrangements, protocols, and guidelines.

A PIHP may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

APPENDIX B

Service Contracts:

Applied Behavioral Analysis Services	**Start Date**	**End Date**
ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Acorn Health of Michigan, LLC	10/1/2024	09/30/2025
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2024	09/30/2025
BlueMind Therapy LLC	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
Early Autism Services, LLC	10/1/2024	09/30/2025
Illuminate ABA Services, LLC	10/1/2024	09/30/2025
IvyRehab Michigan, LLC	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Magnet ABA Therapy	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
RISE Center for Autism, LLC	10/1/2024	09/30/2025
Residential Options, LLC	10/1/2024	09/30/2025
Strident Healthcare	10/1/2024	09/30/2025
Clubhouse/Drop-In Center		
Fresh Start	10/1/2024	09/30/2025
Full Circle Drop-In Center	10/1/2024	09/30/2025
Training & Treatment Innovations, Inc.	10/1/2024	09/30/2025
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2024	09/30/2025
Beaumont Behavioral Health	10/1/2024	09/30/2025
Bronson-Acadia Joint Venture dba Bronson Behavioral Health	10/1/2024	09/30/2025
Forest View Hospital	10/1/2024	09/30/2025
PHC of Michigan, LLC dba Harbor Oaks Hospital	10/1/2024	09/30/2025
Havenwyck Hospital	10/1/2024	09/30/2025
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2024	09/30/2025
Hillsdale Medical Center	10/1/2024	09/30/2025
Madison Community Hospital DBA Samaritan Behavioral Center	10/1/2024	09/30/2025
Mercy Memorial Hospital dba ProMedica Monroe Regional Hospital	10/1/2024	09/30/2025
New Oakland Family Center	10/1/2024	09/30/2025
The Regents of The University of Michigan	10/1/2024	09/30/2025
Trinity Health-Michigan	10/1/2024	09/30/2025
Community Living Supports- Unlicensed		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025

CHS Group, LLC	10/1/2024	09/30/2025
Community Residence Corporation	10/1/2024	09/30/2025
ExpertCare	10/1/2024	09/30/2025
Full Life Independence	10/1/2024	09/30/2025
His Eye Is on the Sparrow	10/1/2024	09/30/2025
Home Sweet Home Care Services	10/1/2024	09/30/2025
INI Group, Inc.	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
JYB Homecare, LLC	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Specially Made Co. LLC	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025

Crisis Residential

Beacon Specialized Living Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025

Fiscal Intermediaries

Community Living Network	10/1/2024	09/30/2025
Guardian Trac LLC	10/1/2024	09/30/2025

Licensed Residential Services

A Touch of Grace 1596, Inc.	10/1/2024	09/30/2025
Adult Learning Systems	10/1/2024	09/30/2025
Beacon Specialized Living Services	10/1/2024	09/30/2025
Christ Centered Homes, Inc.	10/1/2024	09/30/2025
Courtyard Manor of Wixom, Inc.	10/1/2024	09/30/2025
DBT Institute of Michigan	10/1/2024	09/30/2025
Elite AFC, LLC	10/1/2024	09/30/2025
Elite AFC II, LLC	10/1/2024	09/30/2025
Flatrock Manor	10/1/2024	09/30/2025
Harbor House Ministries, Inc.	10/1/2024	09/30/2025
Heartland Center for Autism	10/1/2024	09/30/2025
Henlyn Care	10/1/2024	09/30/2025
Hope Network Behavioral Health Services	10/1/2024	09/30/2025
Hope Network West Michigan	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Moriah Inc. DBA Eisenhower Center	10/1/2024	09/30/2025
NRMI, LLC DBA NeuroRestorative	10/1/2024	09/30/2025
Oconomowoc Developmental Training Center dba Genesee Lake School	10/1/2024	09/30/2025
Pine Rest Christian Mental Health Services	10/1/2024	09/30/2025
Prader Willi Homes of Oconomowoc, LLC	10/1/2024	09/30/2025
Progressive Residential Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Renaissance House, Inc.	10/1/2024	09/30/2025

Saints, Inc.	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Toepfer Home	10/1/2024	09/30/2025
Turning Leaf Behavioral Health Services	10/1/2024	09/30/2025
Umbrellex Behavioral Health Services	10/1/2024	09/30/2025

Pharmacy/Enhanced Pharmacy

CareLinc Medical Equipment & Supply Co., LLC	10/1/2024	09/30/2025
County Pharmacy Services dba Ann Arbor Professional Pharmacy	10/1/2024	09/30/2025
Genoa Healthcare, LLC	10/1/2024	09/30/2025
Nutritional Healing of Ann Arbor	10/1/2024	09/30/2025

Private Duty Nursing

A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Maxim Healthcare	10/1/2024	09/30/2025
Mercy Plus Healthcare Services	10/1/2024	09/30/2025

Respite/Respite Camps

A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
Camp Fish Tales	10/1/2024	09/30/2025
Camp SkyWild	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Eagle Village	10/1/2024	09/30/2025
ExpertCare	10/1/2024	09/30/2025
Home Sweet Home Cares Services, LLC	10/1/2024	09/30/2025
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Just Us Club	10/1/2024	09/30/2025
JYB Homecare	10/1/2024	09/30/2025
Methodist Children's Home Society	10/1/2024	09/30/2025
St. Francis Camp on the Lake	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025

Skill Building Services

CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025

St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025
Unique Care Connect Community Center DBA Exceptional Journeys Community Center	10/1/2024	09/30/2025

Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, etc.)

ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Advanced Therapeutic Solutions	10/1/2024	09/30/2025
Avalon Housing	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Psych Resolutions	10/1/2024	09/30/2025
Sharon O'Bryan	10/1/2024	09/30/2025
Therapeutic Concepts, LLC	10/1/2024	09/30/2025

Supported Employment Services

CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025
Unique Care Connect Community Center DBA Exceptional Journeys Community Center	10/1/2024	09/30/2025

County of Financial Responsibility (Revenue)

Macomb County CMH	10/1/2024	09/30/2025
Pathways CMH	10/1/2024	09/30/2025

*****The contracts listed above have no budget associated with them because they are contingent upon consumer utilization.**

WCCMH Vocational Contracts

Expense	Start Date	End Date	Budget
Allied Waste Systems, Inc. dba Republic Waste Services of Southeast Michigan	10/1/2024	09/30/2025	$3,500
American Building Services	10/1/2024	09/30/2025	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2024	09/30/2025	$9,200
Cintas	10/1/2024	09/30/2025	Per Actual Cost

Revenue

Alpha House	10/1/2024	09/30/2025	***
Arbor Bridge Church	10/1/2024	09/30/2025	***
Barr, Anhut & Associates	10/1/2024	09/30/2025	***
Chinmaya Mission	10/1/2024	09/30/2025	***
Full Circle Community Center	10/1/2024	09/30/2025	***
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	***
Washtenaw County Facilities Management	10/1/2024	09/30/2025	***
Washtenaw County Parks and Rec	10/1/2024	09/30/2025	***
Ypsilanti Senior Center	10/1/2024	09/30/2025	***
Ypsilanti Thrift Shop	10/1/2024	09/30/2025	***

***** The revenue is contingent upon the frequency of services provided by consumer vocational groups.**

Administrative Contracts

Revenue Contracts	**Start Date**	**End Date**	**Budget**
15th District Court	10/1/2024	09/30/2025	Per Budget
Blue Care Network	10/1/2024	09/30/2025	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2024	09/30/2025	Per Budget
Corner Health	10/1/2024	09/30/2025	Per Actual Cost
Hope Clinic	10/1/2024	09/30/2025	Per Actual Cost
Lenawee County CMH	10/1/2024	09/30/2025	Per Actual Cost
Livingston County CMH	10/1/2024	09/30/2025	Per Actual Cost
MDHHS (GF Contract)	10/1/2024	09/30/2025	Per Budget
Michigan Rehabilitation Services	10/1/2024	09/30/2025	Per Budget
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
Packard Health	10/1/2024	09/30/2025	Per Actual Cost
Regents of the University of Michigan (ORR)	10/1/2024	09/30/2025	Per Actual Cost
Washtenaw County Children's Services	10/1/2024	09/30/2025	$330,714
Washtenaw County Sheriff's Office	10/1/2024	09/30/2025	$406,592
Washtenaw County Trial Court	10/1/2024	09/30/2025	$85,000

Medicaid/General Fund Expense Contracts	**Start Date**	**End Date**	**Budget**
Bromberg & Associates, LLC	10/1/2024	09/30/2025	$1,500
Crystal Jackson	10/1/2024	09/30/2025	$4,800
Deborah Kennard	10/1/2024	09/30/2025	$19,290
DHHS Liaison	10/1/2024	09/30/2025	$74,900
DLD Environmental Services, Inc.	10/1/2024	09/30/2025	$5,000
Dummies on the Run	10/1/2024	09/30/2025	$5,000
Human Resource Opportunities, Inc.	10/1/2024	09/30/2025	$700,000
Michigan Green Cabs Ann Arbor, LLC	10/1/2024	09/30/2025	$30,000
Michigan Rehabilitative Services	10/1/2024	09/30/2025	$10,000
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
NAMI of Washtenaw County	10/1/2024	09/30/2025	$31,000

NAPPI International USA, Inc. dba Welle	10/1/2024	09/30/2025	$5,000
Optum360 Solutions, LLC	10/1/2024	09/30/2025	Per Actual Cost
PCE Systems	10/1/2024	09/30/2025	$71,400
Rebecca Putek	10/1/2024	09/30/2025	$10,000
Relias Learning	10/1/2024	09/30/2025	$44,883
Regents of the University of Michigan	10/1/2024	07/31/2025	$63,791
RingCentral	10/1/2024	09/30/2025	$80,208
Roslund Prestage & Company	10/1/2024	09/30/2025	$15,680
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	$90,000
Sheryl Goldberg	10/1/2024	09/30/2025	$1,200
Toby's Instrument Shop	10/1/2024	09/30/2025	$2,000
UptoDate	10/1/2024	09/30/2025	$11,393
VelloHealth	10/1/2024	09/30/2025	$58,000
Zoom Video Communications, Inc.	10/1/2024	09/30/2025	$39,782

Millage Expense Contracts	**Start Date**	**End Date**	**Budget**
Avalon	10/1/2024	12/31/2024	$45,000
Center for Healthcare Research and Transformation	10/1/2024	12/31/2024	$80,770
NAMI of Washtenaw County	10/1/2024	12/31/2024	$56,475
National Assessment Center Association	10/1/2024	12/31/2024	$5,163
Packard Health	10/1/2024	12/31/2024	$31,250
Washtenaw County Health Department	10/1/2024	12/31/2024	$42,500
Washtenaw County Prosecutor's Office	10/1/2024	12/31/2024	$35,779
Washtenaw County Sheriff's Department	10/1/2024	12/31/2024	$17,000

Group Home Leases	**Start Date**	**End Date**	**Budget**
Bateson Court LDHA	10/1/2024	09/30/2025	$26,880
Catholic Social Services	10/1/2024	09/30/2025	$20,546
Catholic Social Services	10/1/2024	09/30/2025	$21,208
F.A. Kennedy Co.	10/1/2024	09/30/2025	$61,000
RDBZ II, LLC	10/1/2024	09/30/2025	$34,800
RDBZ II, LLC	10/1/2024	09/30/2025	$39,600
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Legacy X Limited Partnership	10/1/2024	09/30/2025	$34,348
4922 Munger LLC	10/1/2024	09/30/2025	$26,820
Renaissance House, Inc.	10/1/2024	09/30/2025	$25,704
Shafiq Kasham	10/1/2024	09/30/2025	$26,400
Southlawn Avenue LDHA	10/1/2024	09/30/2025	$24,480
Spectrum Community Services	10/1/2024	09/30/2025	$11,259
Pathlight Community Services	10/1/2024	09/30/2025	$29,400

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Service Contracts

Applied Behavioral Analysis Services	**Start Date**	**End Date**
ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Acorn Health of Michigan, LLC	10/1/2024	09/30/2025
Autism Spectrum Therapies, LLC dba Total Spectrum	10/1/2024	09/30/2025
BlueMind Therapy LLC	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
Early Autism Services, LLC	10/1/2024	09/30/2025
Illuminate ABA Services, LLC	10/1/2024	09/30/2025
IvyRehab Michigan, LLC	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Magnet ABA Therapy	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
RISE Center for Autism, LLC	10/1/2024	09/30/2025
Residential Options, LLC	10/1/2024	09/30/2025
Strident Healthcare	10/1/2024	09/30/2025
Clubhouse/Drop-In Center		
Fresh Start	10/1/2024	09/30/2025
Full Circle Drop-In Center	10/1/2024	09/30/2025
Training & Treatment Innovations, Inc.	10/1/2024	09/30/2025
Community Inpatient Hospitals/Partial Hospitalizations		
BCA of Detroit, LLC dba StoneCrest Center	10/1/2024	09/30/2025
Beaumont Behavioral Health	10/1/2024	09/30/2025
Bronson-Acadia Joint Venture dba Bronson Behavioral Health	10/01/2024	09/30/2025
Forest View Hospital	10/1/2024	09/30/2025
PHC of Michigan, LLC dba Harbor Oaks Hospital	10/1/2024	09/30/2025
Havenwyck Hospital	10/1/2024	09/30/2025
Havenwyck Hospital dba Cedar Creek Hospital	10/1/2024	09/30/2025
Hillsdale Medical Center	10/1/2024	09/30/2025
Madison Community Hospital DBA Samaritan Behavioral Center	10/1/2024	09/30/2025
Mercy Memorial Hospital dba ProMedica Monroe Regional Hospital	10/1/2024	09/30/2025
New Oakland Family Center	10/1/2024	09/30/2025
The Regents of The University of Michigan	10/1/2024	09/30/2025
Trinity Health-Michigan	10/1/2024	09/30/2025
Community Living Supports- Unlicensed		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Community Residence Corporation	10/1/2024	09/30/2025

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

ExpertCare	10/1/2024	09/30/2025
Full Life Independence	10/1/2024	09/30/2025
His Eye Is on the Sparrow	10/1/2024	09/30/2025
Home Sweet Home Care Services	10/1/2024	09/30/2025
INI Group, Inc.	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
JYB Homecare, LLC	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Specially Made Co. LLC	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025
Crisis Residential		
Beacon Specialized Living Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Fiscal Intermediaries		
Community Living Network	10/1/2024	09/30/2025
Guardian Trac LLC	10/1/2024	09/30/2025
Licensed Residential Services		
A Touch of Grace 1596, Inc.	10/1/2024	09/30/2025
Adult Learning Systems	10/1/2024	09/30/2025
Beacon Specialized Living Services	10/1/2024	09/30/2025
Christ Centered Homes, Inc.	10/1/2024	09/30/2025
Courtyard Manor of Wixom, Inc.	10/1/2024	09/30/2025
DBT Institute of Michigan	10/1/2024	09/30/2025
Elite AFC, LLC	10/1/2024	09/30/2025
Elite AFC II, LLC	10/1/2024	09/30/2025
Flatrock Manor	10/1/2024	09/30/2025
Harbor House Ministries, Inc.	10/1/2024	09/30/2025
Heartland Center for Autism	10/1/2024	09/30/2025
Henlyn Care	10/1/2024	09/30/2025
Hope Network Behavioral Health Services	10/1/2024	09/30/2025
Hope Network West Michigan	10/1/2024	09/30/2025
JOAK American Homes	10/1/2024	09/30/2025
Moriah Inc. DBA Eisenhower Center	10/1/2024	09/30/2025
NRMI, LLC DBA NeuroRestorative	10/1/2024	09/30/2025
Oconomowoc Developmental Training Center dba Genesee Lake School	10/1/2024	09/30/2025
Pine Rest Christian Mental Health Services	10/1/2024	09/30/2025
Prader Willi Homes of Oconomowoc, LLC	10/1/2024	09/30/2025
Progressive Residential Services	10/1/2024	09/30/2025
Renaissance Community Homes dba Pathlight Community Services	10/1/2024	09/30/2025
Renaissance House, Inc.	10/1/2024	09/30/2025
Saints, Inc.	10/1/2024	09/30/2025
Spectrum Community Services	10/1/2024	09/30/2025

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

St. Louis Center	10/1/2024	09/30/2025
Toepfer Home	10/1/2024	09/30/2025
Turning Leaf Behavioral Health Services	10/1/2024	09/30/2025
Umbrellex Behavioral Health Services	10/1/2024	09/30/2025
Pharmacy/Enhanced Pharmacy		
CareLinc Medical Equipment & Supply Co., LLC	10/1/2024	09/30/2025
County Pharmacy Services dba Ann Arbor Professional Pharmacy	10/1/2024	09/30/2025
Genoa Healthcare, LLC	10/1/2024	09/30/2025
Nutritional Healing of Ann Arbor	10/1/2024	09/30/2025
Private Duty Nursing		
A Quality Staffing, LLC dba Elite Medical Staffing	10/1/2024	09/30/2025
Centria Healthcare	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Maxim Healthcare	10/1/2024	09/30/2025
Mercy Plus Healthcare Services	10/1/2024	09/30/2025
Respite/Respite Camps		
A Heart That Cares, LLC	10/1/2024	09/30/2025
Agency with Choice Services, LLC	10/1/2024	09/30/2025
CABB Community Supports, LLC	10/1/2024	09/30/2025
Camp Fish Tales	10/1/2024	09/30/2025
Camp SkyWild	10/1/2024	09/30/2025
CHS Group, LLC	10/1/2024	09/30/2025
Eagle Village	10/1/2024	09/30/2025
ExpertCare	10/1/2024	09/30/2025
Home Sweet Home Cares Services, LLC	10/1/2024	09/30/2025
Indian Trails Camp dba IKUS Life Enrichment Services	10/1/2024	09/30/2025
Jovie of Ann Arbor	10/1/2024	09/30/2025
Judson Center	10/1/2024	09/30/2025
Just Us Club	10/1/2024	09/30/2025
JYB Homecare	10/1/2024	09/30/2025
Methodist Children's Home Society	10/1/2024	09/30/2025
St. Francis Camp on the Lake	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Skill Building Services		
CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Unique Care Connect Community Center DBA Exceptional Journeys Community Center		
	10/1/2024	09/30/2025

Specialty Services (OT/PT, Speech, Psychology, Treatment Planning, Supported Housing, etc.)

ABA Insight	10/1/2024	09/30/2025
ABA Pathways, LLC	10/1/2024	09/30/2025
Advanced Therapeutic Solutions	10/1/2024	09/30/2025
Avalon Housing	10/1/2024	09/30/2025
HealthCall of Detroit	10/1/2024	09/30/2025
Michigan Learning Community, LLC	10/1/2024	09/30/2025
Metropolitan Speech, Sensory & ABA Centers	10/1/2024	09/30/2025
Psych Resolutions	10/1/2024	09/30/2025
Sharon O'Bryan	10/1/2024	09/30/2025
Therapeutic Concepts, LLC	10/1/2024	09/30/2025

Supported Employment Services

CHS Group, LLC	10/1/2024	09/30/2025
Community Works Opportunities	10/1/2024	09/30/2025
Continuum Help Foundation	10/1/2024	09/30/2025
Life Enrichment Academy	10/1/2024	09/30/2025
Services to Enhance Potential (STEP)	10/1/2024	09/30/2025
Skills and Abilities Education	10/1/2024	09/30/2025
St. Louis Center	10/1/2024	09/30/2025
Work Skills Corporation	10/1/2024	09/30/2025
Unique Care Connect Community Center DBA Exceptional Journeys Community Center		
	10/1/2024	09/30/2025

County of Financial Responsibility (Revenue)

Macomb County CMH	10/1/2024	09/30/2025
Pathways CMH	10/1/2024	09/30/2025

*****The contracts listed above have no budget associated with them because they are contingent upon consumer utilization.**

WCCMH Vocational Contracts

Expense	Start Date	End Date	Budget
Allied Waste Systems, Inc. dba Republic Waste Services of Southeast Michigan	10/1/2024	09/30/2025	$3,500
American Building Services	10/1/2024	09/30/2025	$20,720
Ann Arbor Rug & Carpet Cleaning	10/1/2024	09/30/2025	$9,200
Cintas	10/1/2024	09/30/2025	Per Actual Cost
Revenue			
Alpha House	10/1/2024	09/30/2025	***
Arbor Bridge Church	10/1/2024	09/30/2025	***

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Barr, Anhut & Associates	10/1/2024	09/30/2025	***
Chinmaya Mission	10/1/2024	09/30/2025	***
Full Circle Community Center	10/1/2024	09/30/2025	***
Shelter Association of Washtenaw County	10/1/2024	09/30/2025	***
Washtenaw County Facilities Management	10/1/2024	09/30/2025	***
Washtenaw County Parks and Rec	10/1/2024	09/30/2025	***
Ypsilanti Senior Center	10/1/2024	09/30/2025	***
Ypsilanti Thrift Shop	10/1/2024	09/30/2025	***

***** The revenue is contingent upon the frequency of services provided by consumer vocational groups.**

Administrative Contracts

Revenue Contracts	**Start Date**	**End Date**	**Budget**
15th District Court	10/1/2024	09/30/2025	Per Budget
Blue Care Network	10/1/2024	09/30/2025	Per Budget
CMHPSM Medicaid Revenue Contract	10/1/2024	09/30/2025	Per Budget
Corner Health	10/1/2024	09/30/2025	Per Actual Cost
Hope Clinic	10/1/2024	09/30/2025	Per Actual Cost
Lenawee County CMH	10/1/2024	09/30/2025	Per Actual Cost
Livingston County CMH	10/1/2024	09/30/2025	Per Actual Cost
MDHHS (GF Contract)	10/1/2024	09/30/2025	Per Budget
Michigan Rehabilitation Services	10/1/2024	09/30/2025	Per Budget
Monroe County CMH	10/1/2024	09/30/2025	Per Actual Cost
Packard Health	10/1/2024	09/30/2025	Per Actual Cost
Regents of the University of Michigan (ORR)	10/1/2024	09/30/2025	Per Actual Cost
Washtenaw County Children's Services	10/1/2024	09/30/2025	$330,714
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Medicaid/General Fund Expense Contracts	**Start Date**	**End Date**	**Budget**
Bromberg & Associates, LLC	10/1/2024	09/30/2025	$1,500
Crystal Jackson	10/1/2024	09/30/2025	$4,800
Deborah Kennard	10/1/2024	09/30/2025	$19,290
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Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

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Spectrum Community Services	10/1/2024	09/30/2025	$11,259
Pathlight Community Services	10/1/2024	09/30/2025	$29,400

Contracts in FY24 that we will no longer have in FY25:
Creating Brighter Futures
Eastern Michigan University Autism Collaborative Center
Guardian Medical Monitoring
Synod Community Services

Washtenaw County Community Mental Health
Service and Administrative Contracts and Leases
FY2025 Budget

Board Members who need to abstain from approving the following contracts:

Alfreda Rooks: Regents of the University of Michigan
Anna Dusbiber: Community Living Network
Barbara Higman: NAMI of Washtenaw County
Marianne Udow-Phillips: Center for Healthcare Research & Transformation Regents of the University of Michigan

Washtenaw County Community Mental Health (WCCMH)
Annual Year End Performance Improvement Report
Fiscal Year 23 (October 1, 2022 – September 30, 2023)

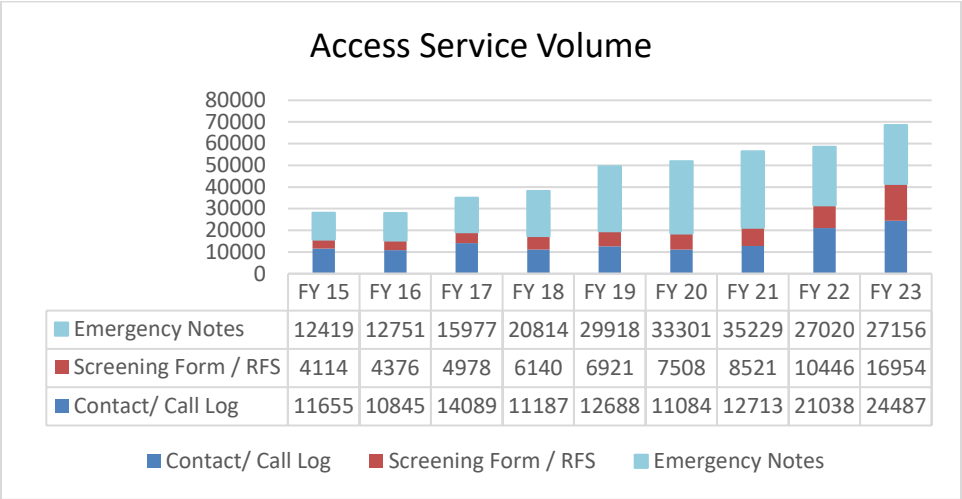
FY 23 Organizational Foci

- WCCMH continued to actively participate in the Certified Community Behavioral Health Clinic (CCBHC) programming as part of the Michigan demonstration, 100% of qualified individuals were enrolled in 2023.
- WCCMH created a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities.
- Successfully implemented the State of Michigan Behavioral Health Home. One hundred and thirty-nine individuals were enrolled in 2023.
- WCCMH, working with Community Partners, implemented and provided ongoing communication of Millage initiatives, results and outcomes.
- Reviewed and updated the WCCMH Strategic Plan to include integration of Millage, CCBHC and the Community Mental Health Partnership of Southeast Michigan (CMHPSM) funding streams.
- WCCMH Administration continued to work to increase funding levels by leading advocacy efforts at local and state levels for a diverse portfolio of funding opportunities, including, but not limited to: Medicaid, CCBHC, Managed Care, and grants.
- WCCMH worked with Youth Assessment Steering Committee to make recommendations to impact greater diversion efforts for youth and the Juvenile Justice System.
- Continued implementation of the Black Lives Matter (BLM) Task Force with seven events and over 170 participants during 2023.
- Assessing Suicide Risk - The organization began preparation for 2024 implementation of the Zero Suicide Evidence Based Practice (EBP).
- 2023 was the fifth year that the Public Safety and Mental Health Preservation Millage provided funding to expand access to mental health and substance use services across Washtenaw County. These dollars were used to support Washtenaw County youth, to get homeless people into stable housing, to provide services to people who would not otherwise qualify for them, and to divert low-level, low-risk offenders away from the criminal justice system and into much-needed mental health and substance use treatment. The Annual Report provides additional information: https://www.washtenaw-mentalhealthmillage-impact.org/

This concludes a narrative overview of various activities conducted during FY 23. Additional information follows which includes WCCMH's performance in some areas of efficiency and effectiveness as indicated by presenting various indicators monitored throughout the year. These indicators may reveal trends and patterns which assist our future foci. This is a summary review of our status in FY 23.

Access, Triage and Crises

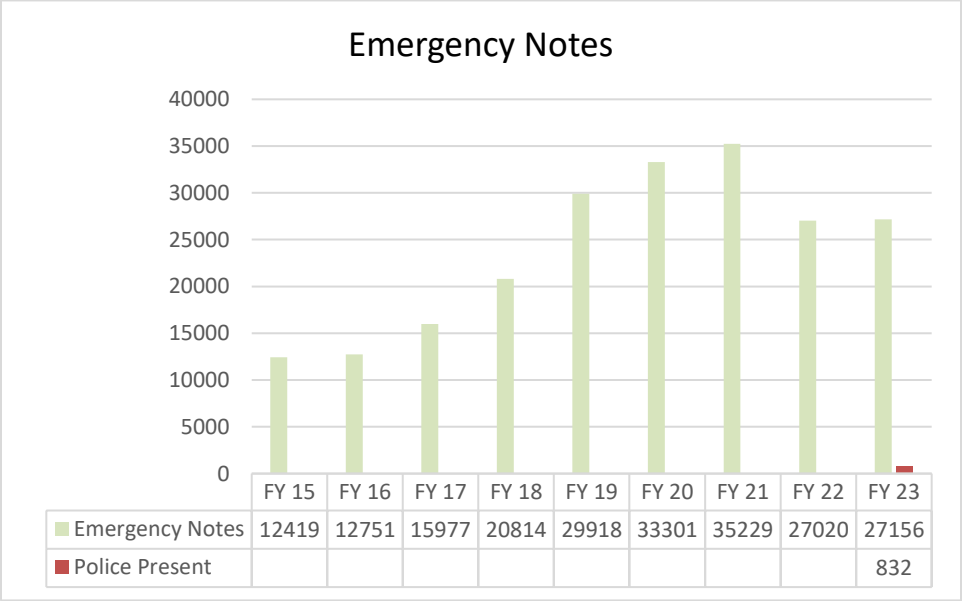
Our indicator monitoring begins with a focus on access to our services. Typically, the process starts with a phone call. The phone call may result in a Call Log or Request for Services (RFS). If the phone call is considered urgent, the call will be routed to the Crisis Team which results in an Emergency Note. Below is a graph of Access Services from FY 15 – FY 23.



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
Emergency Notes	12419	12751	15977	20814	29918	33301	35229	27020	27156
Screening Form / RFS	4114	4376	4978	6140	6921	7508	8521	10446	16954
Contact/ Call Log	11655	10845	14089	11187	12688	11084	12713	21038	24487

Monitoring the total number of services over eight fiscal years continues to reveal a steady increase in services. Overall Access services continue to increase. This overall increase is most likely a result of Millage funded expansions of services, increased collaborations with various law enforcement departments, marketing, and the ongoing Certified Community Behavioral Health Clinics (CCBHC) services. It is clear we have increased our ability to identify and respond to the needs in the community.

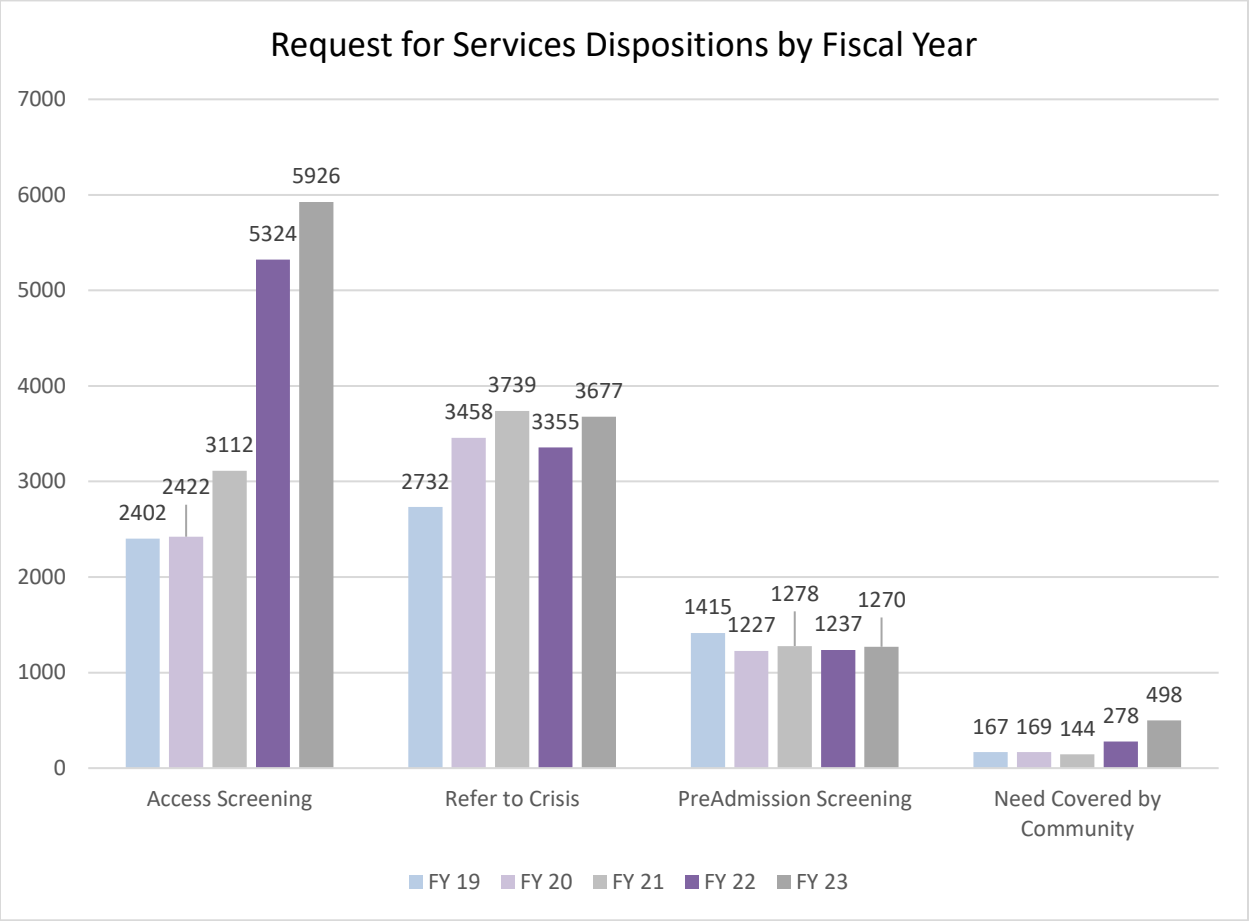
Continuing to monitor the flow of a request for service, individuals who contact us for services and present with an urgent situation are referred to the Crisis Team which then results in an emergency note. The emergency note will also occur when a Prescreen is needed. Monitoring the volume of emergency notes by fiscal year reveals lower emergency notes FY 22 and 23 compared to the three years previous. In FY 23 we also started capturing if police were present during the service. That detail is displayed below. The "police present" emergency notes is a subset of the overall emergency notes for FY 23.



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23
Emergency Notes	12419	12751	15977	20814	29918	33301	35229	27020	27156
Police Present									832

The RFS document produces dispositions that can help understand the type of requests that are being fielded. When an individual requests a service, the caller can be routed to an Access Screen, referred to the crisis team if there is an urgent issue, routed for a preadmission screening if there is an emergent situation or

given information of options in the community. The graph below includes FY 19 – FY 23 RFS disposition data that pertain to a service request.



A summary of the data is as follows:

- Over the past three years, there is an overall increase in request for service calls resulting in a disposition of Access Screenings with the past year showing a significant increase.
- For the first three years we saw an overall increase in referrals to our Crisis Team but then a decrease in referrals in the FY 22 and an increase again in FY 23.
- Conversely, we see a minimal change in the number of calls that resulted in a preadmission screening and this is somewhat stable in the past four years.
- In FY 22 we saw a strong increase in requests where the need was covered by the community and in FY 23 we saw an even larger community response. This may be a result of the Millage impact.

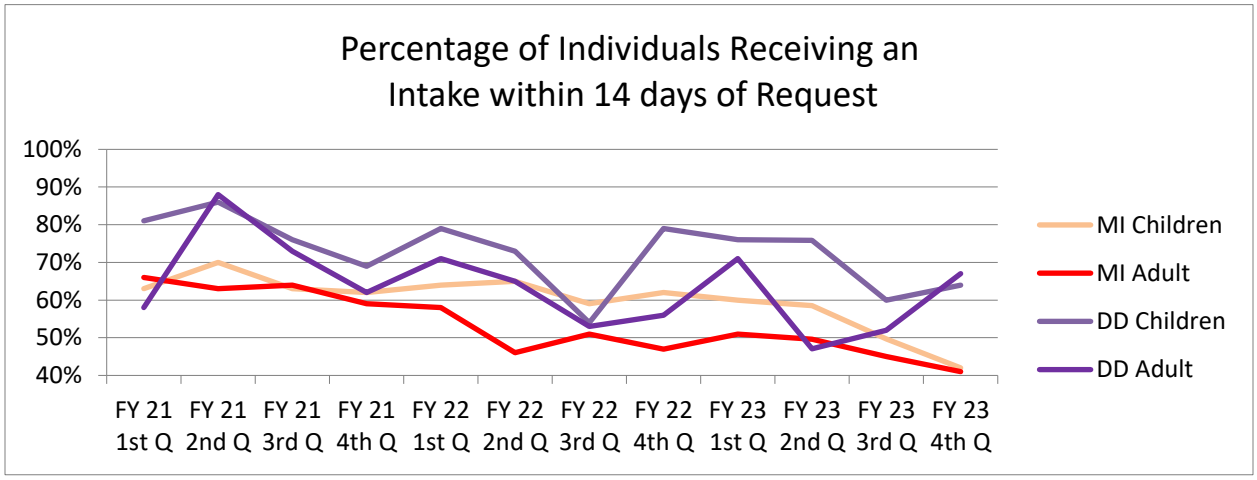
These data points suggest the Millage funded services (CARES) and CCBHC may be resulting in:

- More individuals are aware of our services, call us for assistance with their urgent situation, and more individuals are engaged with the Crisis Team.
- More individuals are proceeding to the intake process.
- A decrease in the number of emergent situations possibly because WCCMH and/or the community may have more options to respond to situations when they are urgent.

- WCCMH is providing services for more consumers (CARES and CCBHC services).

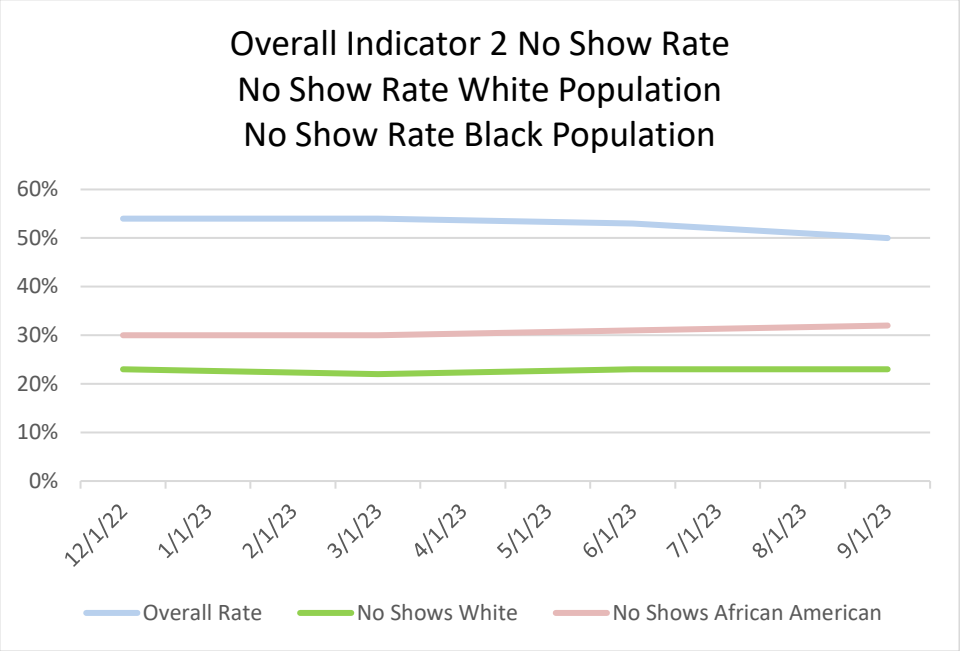
RFS dispositions, resulting in "Access Screening" leads to the Access department determining if the individual would benefit from an eligibility assessment which results in the scheduling of a Biopsychosocial (BPS) appointment. (Please note, callers seeking substance use services may be routed to other organizations in the County.) The individual receiving their BPS/intake appointment within fourteen days of the request is one of the Michigan Department of Health and Human Services (MDHHS) performance indicators (specifically indicator #2). As of April 1, 2020, the MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to ongoing service) and removed the historical goal of 95% compliance. The major change in the operational definition does not allow accounting for individual choice of when they want their appointment or choosing to not attend the appointment. The new definition identifies a case as noncompliant if the BPS does not occur within 14 days regardless of the consumer's preference. Because of the changes in the definition, the number of out of compliance cases has increased statewide.

The graph below shows our performance on the indicator per the new definition. (Please note, for State Performance Indicators, all population naming follows the MDHHS population naming convention. MDHHS continues to identify adults who experience a developmental disability as "DD Adult" while our internal programming describes these individuals as experiencing an Intellectual and/or Developmental Disability (IDD)).



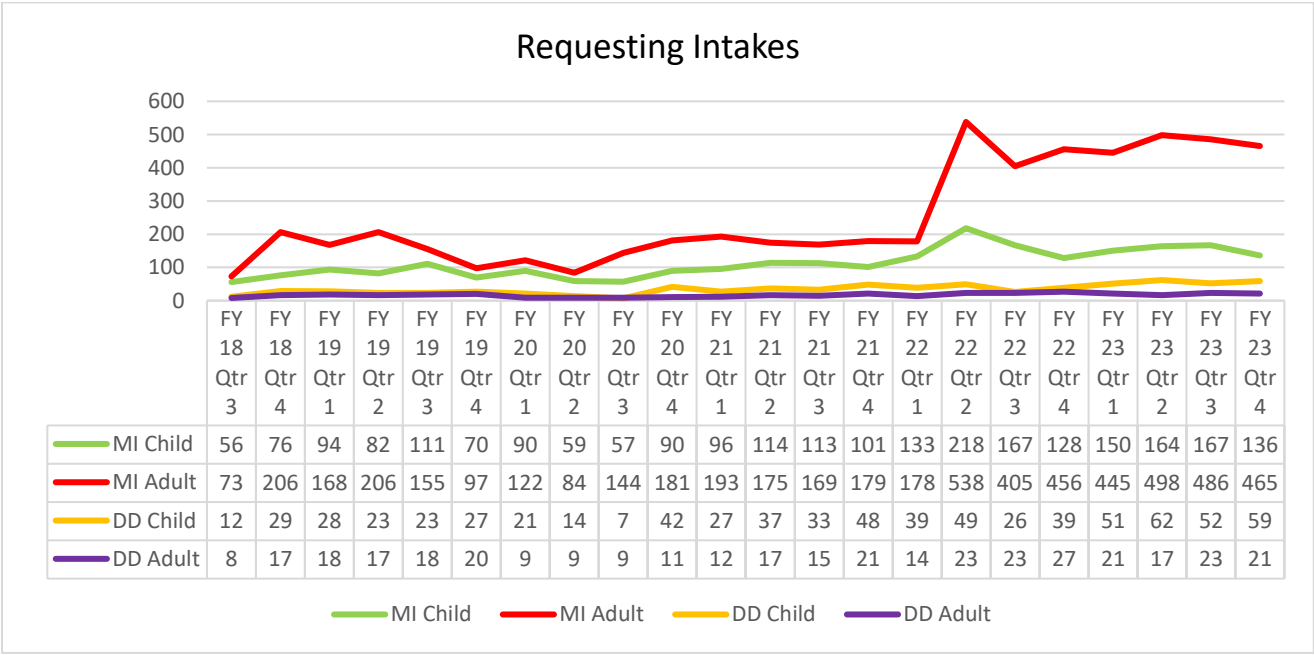
The Performance Improvement Department and Program Administrators evaluate each case out of compliance to identify trends and / or patterns and identify possible systemic improvements. This arduous focus continually identifies the individual's preference has a significant impact on the intake occurring within 14 days. This preference is indicated by the consumer scheduling the appointment outside of 14 days, rescheduling the appointment, or not showing up for the appointment. Our Access Department offers appointments as close to the request as possible hoping this will help the consumer keep the appointment as a priority. However, consumers seeking services often have competing priorities or other variables that prohibit them from attending appointments within 14 days.

MDHHS has also mandated a Quality Assurance Performance Improvement Project to focus on reducing racial disparities specific to No-Shows for the Initial BioPsychoSocial Assessment (BPS) in Individuals accessing CMH services. Previous years were considered baseline years with the project expecting an impact beginning January 2023. The graph below shows no show rates by each population (white and black) based on rolling year data from the Prepaid Inpatient Health Plan (PIHP).



All quarters continued to show significant disparity. WCCMH accessed members of the Black Lives Matter (BLM) taskforce to review and revise our triage phone guide in hopes of establishing a warmer and trusted connection with black callers seeking services. We continue to focus on data and interventions.

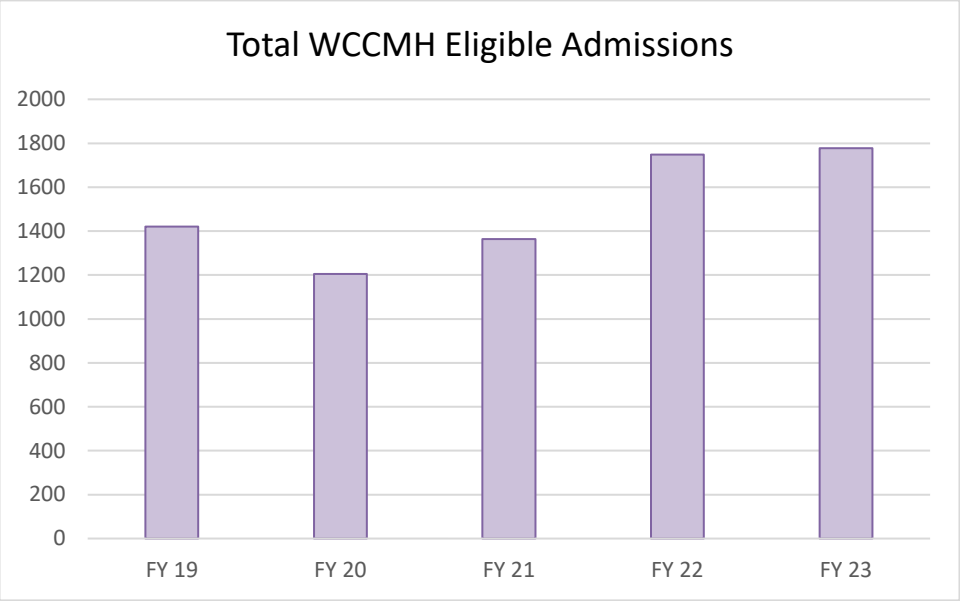
With the implementation of CCBHC and the integration of CARES datasets, we experienced a significant increase of requests for intakes which continues to be present.



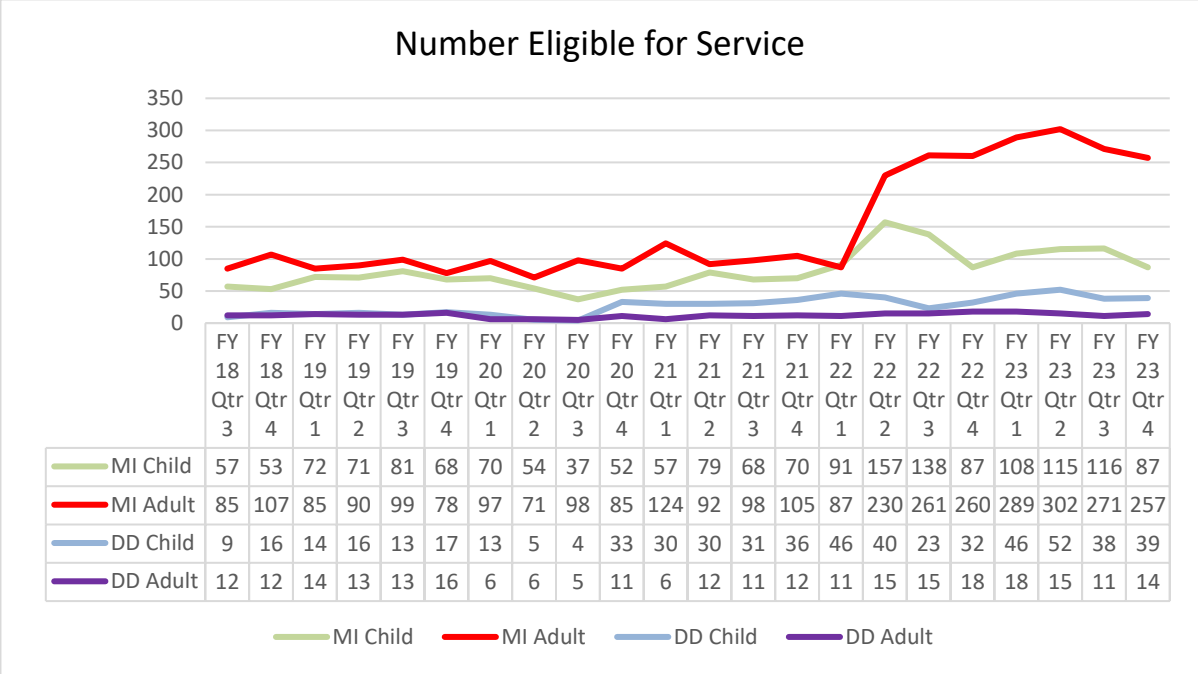
	FY 18 Qtr 3	FY 18 Qtr 4	FY 19 Qtr 1	FY 19 Qtr 2	FY 19 Qtr 3	FY 19 Qtr 4	FY 20 Qtr 1	FY 20 Qtr 2	FY 20 Qtr 3	FY 20 Qtr 4	FY 21 Qtr 1	FY 21 Qtr 2	FY 21 Qtr 3	FY 21 Qtr 4	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4
MI Child	56	76	94	82	111	70	90	59	57	90	96	114	113	101	133	218	167	128	150	164	167	136
MI Adult	73	206	168	206	155	97	122	84	144	181	193	175	169	179	178	538	405	456	445	498	486	465
DD Child	12	29	28	23	23	27	21	14	7	42	27	37	33	48	39	49	26	39	51	62	52	59
DD Adult	8	17	18	17	18	20	9	9	9	11	12	17	15	21	14	23	23	27	21	17	23	21

The increase in requests for Adults who experience mental health complications continues to be remarkable. Children with mental health complications seeking services is also increasing. These increases reflect CCBHC's ability to service the mild to moderate symptoms which allows WCCMH to be able to identify and serve more individuals with mental health complications. This is a strength for the community.

The BPS (intake) results in identifying eligibility. With the increase in BPSes it is not surprising the number of individuals identified as eligible has increased a great deal as well and remains consistent with data from FY 22.

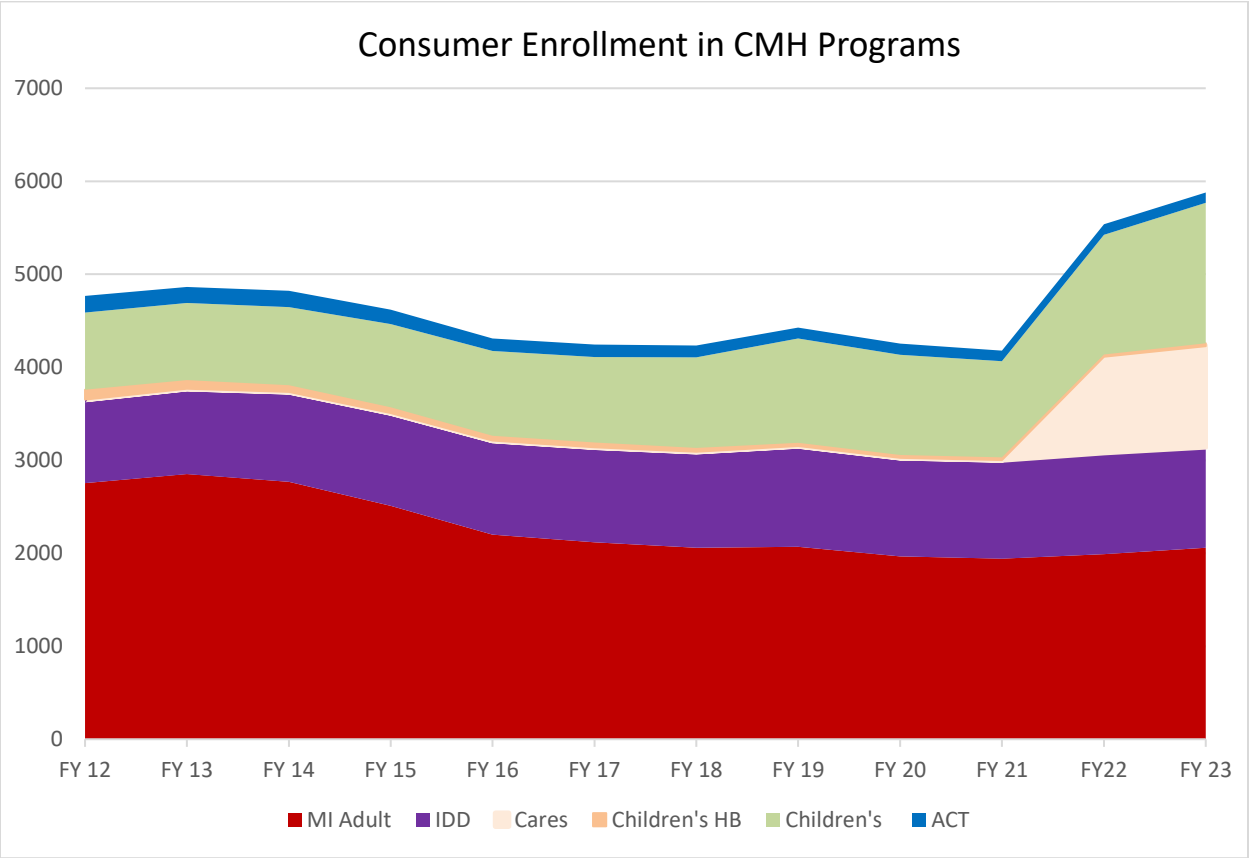


The FY 22 and 23 admissioms are significantly higher than in years past. Those eligible for services are then admitted into one of our programs. Tracking these admissions into WCCMH core teams reveals the following graph:



	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	FY 23 Qtr 3	FY 23 Qtr 4
MI Child	57	53	72	71	81	68	70	54	37	52	57	79	68	70	91	157	138	87	108	115	116	87
MI Adult	85	107	85	90	99	78	97	71	98	85	124	92	98	105	87	230	261	260	289	302	271	257
DD Child	9	16	14	16	13	17	13	5	4	33	30	30	31	36	46	40	23	32	46	52	38	39
DD Adult	12	12	14	13	13	16	6	6	5	11	6	12	11	12	11	15	15	18	18	15	11	14

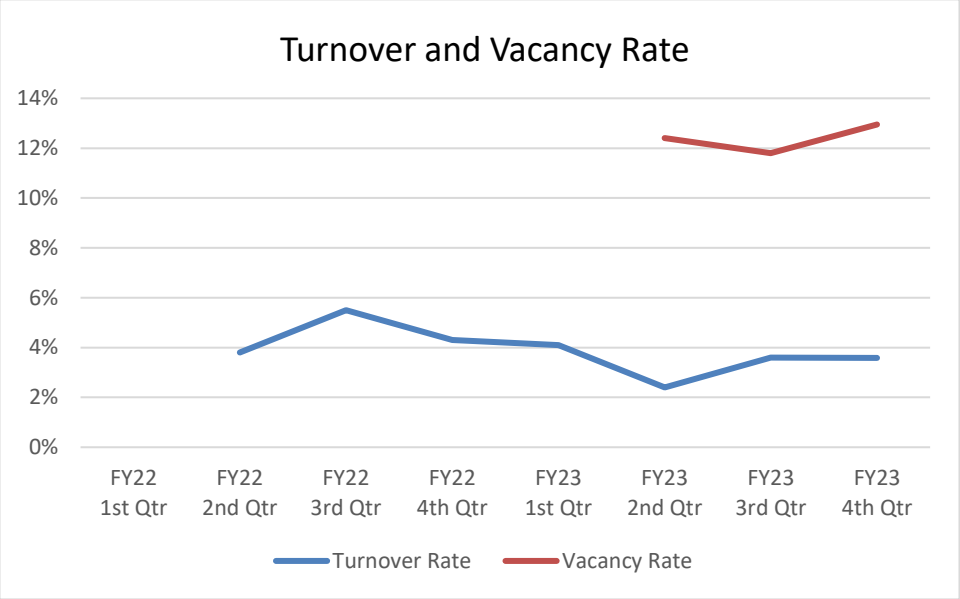
Not surprisingly, with intakes increasing for adults and children who experience mental health symptoms, the number of consumers eligible for program is increasing as well. The following graph identifies the cumulative enrollment for the organization delineated by each of the WCCMH core programs by fiscal year.

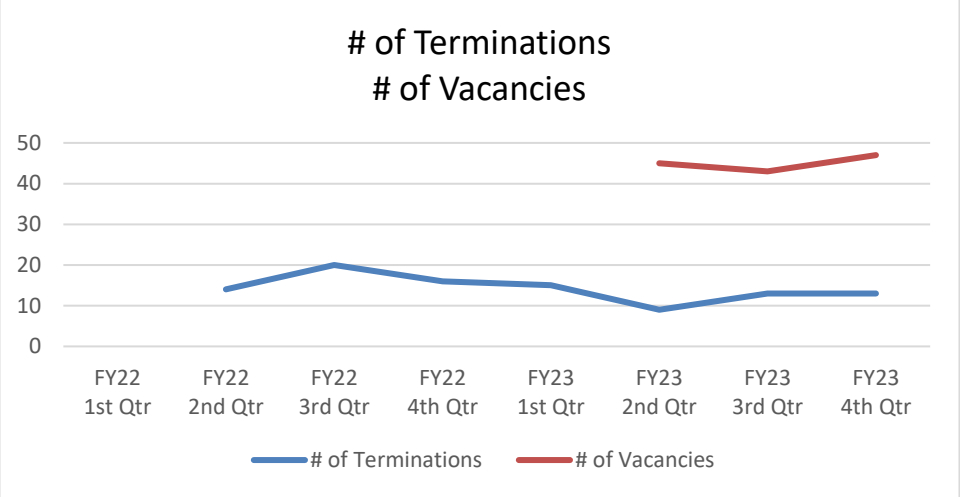


Cumulative enrollment shows overall increase in admission to WCCMH services which is impacted by the implementation of CCBHC and integration of the CARES dataset.

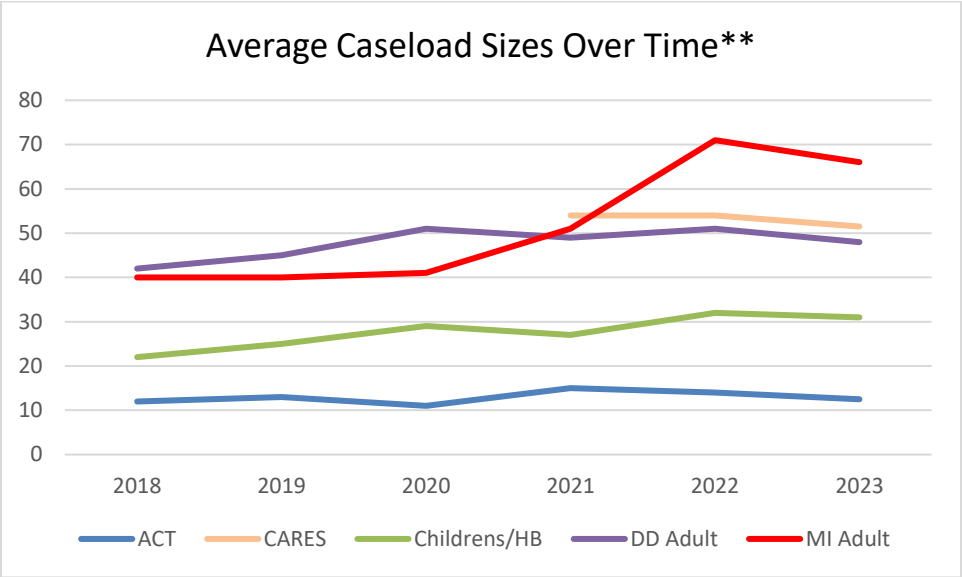
While experiencing higher enrollment, we also have continued to try to impact on our employee turnover rate. We continue to monitor our turnover rate defined as the the number of terminations (voluntary, retiring and involuntary) divided by the average number of active positions during the quarter. In the second quarter of FY 23 we began tracking our vacancy rate as well (number of vacancies divided by the number of active positions each quarter). The rates for each quarter were:

FY 23 Quarter	Average Number of Active Position	Number of Employment Termination	Turnover Rate	Number of Vacancies	Vacancy Rate
1st	362	15	4.1%		
2nd	362	9	2.5%	45	12.43%
3rd	363	13	3.6%	48	13.22%
4th	363	13	3.6%	47	12.95%





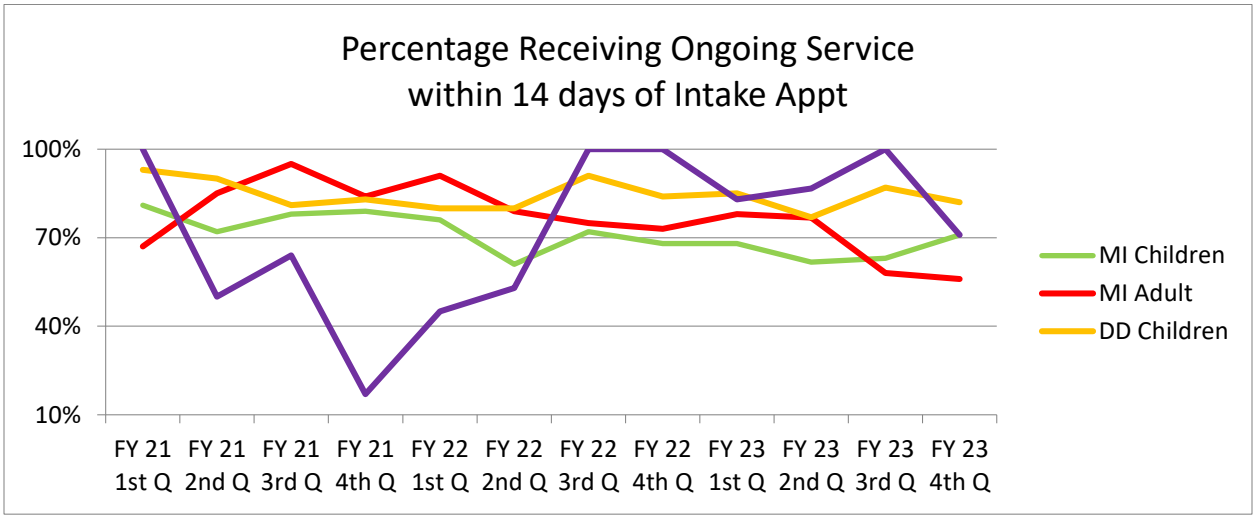
Higher enrollment amidst ongoing turnover impacted caseload sizes. As individuals are found eligible for service, their case is opened, assigned to a program and then assigned to a caseload. The graphic below displays the average caseloads. The trending increase of caseload sizes began in FY 19 (due to a hiring freeze). In the past two years there has also been a higher number of vacancies due to very few applicants for open positions (note- this phenomena is not limited to Washtenaw County and continues to impact all Community Mental Health centers throughout the state). However, overall average caseload sizes did decrease in FY 23 compared to FY 22 but are still considered high.



*Children's/ Home Based and Assertive Community Treatment (ACT) have much lower caseload sizes due to MDHHS and/or Medicaid mandates.
**Average caseload does not reflect the full variance a program can experience over the course of a year

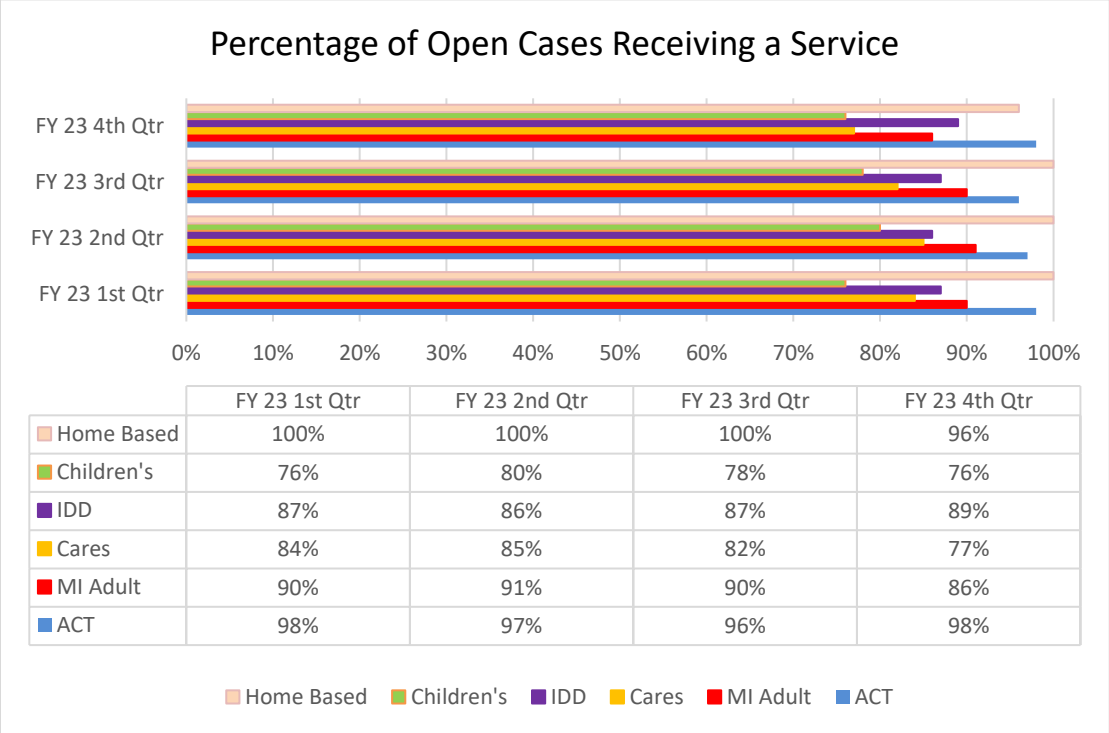
Hopefully, average caseload sizes were the highest in FY 22 and in FY 23 we saw a decrease (though we continue to focus on achieving lower caseload sizes). These caseload sizes along with competitive salaries in other organizations then impact our turnover rate. Children's programs have also experienced increased caseload sizes which hit their highest marks in FY 22, remained relatively stable in FY 23 and are 30% higher than before the hiring freeze. IDD also experienced an overall increase in caseload sizes but are almost where they were before the hiring freeze. ACT caseload sizes experienced variance but are at 2019 levels now. CARES baseline appears to be 54.

Once a case is assigned to a primary staff, ongoing services are initiated. Below is a graph showing the percentages of consumers who received their first ongoing appointment within 14 days which is the MDHHS Performance Indicator #3. As in indicator #2, the definition of compliance changed for indicator #3 in 2020 and the new definition does not take into account the consumer's preference (e.g. scheduled outside of 14 days, rescheduled by consumer, no show, found eligible but chose to pursue services elsewhere). The new compliance rate is much lower than prior to the definition change.



The DD Adult performance visually displays the greatest variance due to a low denominator which is then sensitive to numerator changes. MI Adult and MI Children's percentages are greatly impacted by the consumer's choice of not showing for their appointment or scheduling outside of the 14 days.

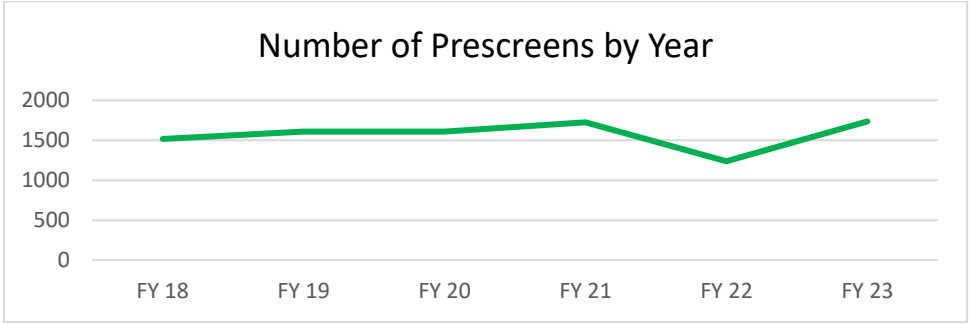
The organization's priority has been to ensure the individual is receiving their services and that we remain in contact with them. Of those enrolled, it is helpful to monitor the percentage receiving a service in the designated time period as indicated below:



	FY 23 1st Qtr	FY 23 2nd Qtr	FY 23 3rd Qtr	FY 23 4th Qtr
Home Based	100%	100%	100%	96%
Children's	76%	80%	78%	76%
IDD	87%	86%	87%	89%
Cares	84%	85%	82%	77%
MI Adult	90%	91%	90%	86%
ACT	98%	97%	96%	98%

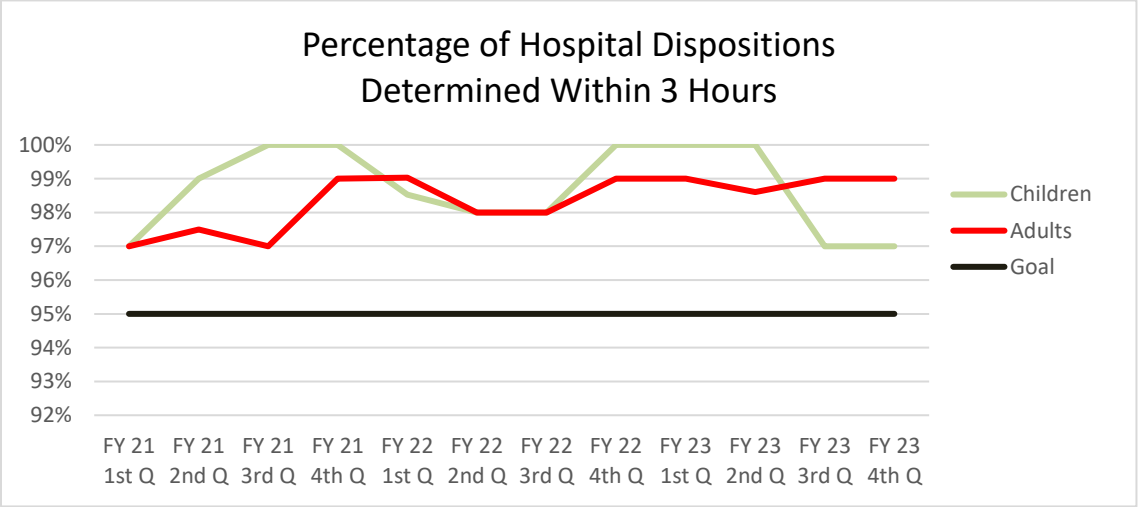
This graph displays the percentage of individuals receiving at least one service in the corresponding time period. It should be noted, engaging those enrolled in the Children's program can be quite challenging due to the complexity and competing priorities in the family's life.

Whether or not a consumer is open to our organization, they may experience a psychiatric crisis. The consumer is evaluated for the appropriate level of care during a prescreen. Below are the total number of prescreens over a six year period and the percentage that result in a disposition identifying the need for an inpatient hospitalization.



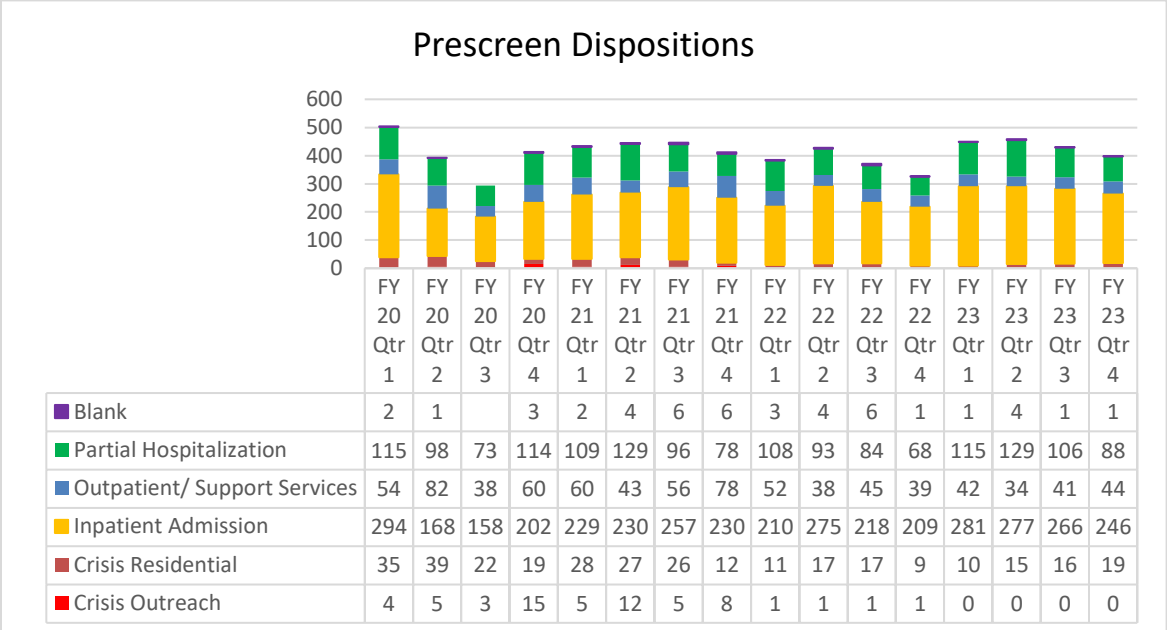
Overall, the number of prescreens increased through FY 21 and decreased to its lowest number in nine years in FY 22 and then returned to a point similar to the number in FY 21.

During the hospital prescreen, the organization has three hours from the moment the individual is medically cleared to complete the disposition which includes identifying the level of service needed to address the emergent issue. This is another performance indicator monitored by MDHHS (Indicator #1). Our ability to achieve higher than the expected 95% compliance is depicted below:



We continue to excel beyond expectations. Please note, this does not indicate the amount of time a consumer waits for an available bed once the disposition is identified.

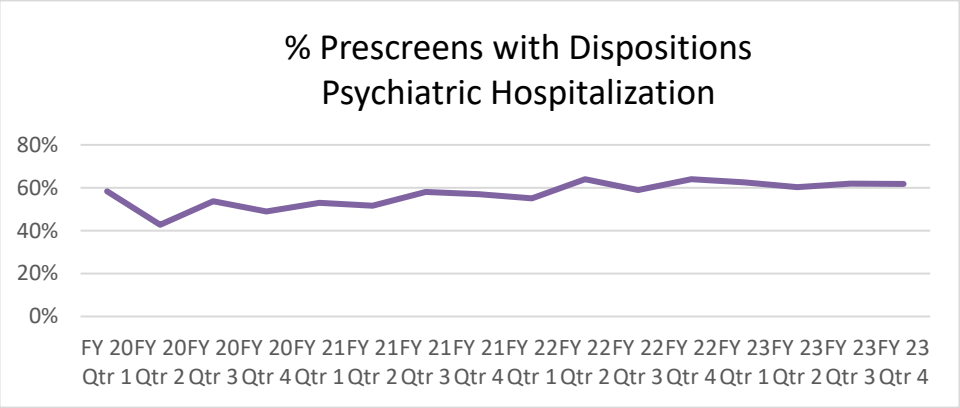
Of the Crisis Prescreens, it is useful to look at all disposition categories that resulted from the screening. The following graph helps to pictorially represent these dispositions.



	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	FY 23 Qtr 4
Blank	2	1		3	2	4	6	6	3	4	6	1	1	4	1	1
Partial Hospitalization	115	98	73	114	109	129	96	78	108	93	84	68	115	129	106	88
Outpatient/ Support Services	54	82	38	60	60	43	56	78	52	38	45	39	42	34	41	44
Inpatient Admission	294	168	158	202	229	230	257	230	210	275	218	209	281	277	266	246
Crisis Residential	35	39	22	19	28	27	26	12	11	17	17	9	10	15	16	19
Crisis Outreach	4	5	3	15	5	12	5	8	1	1	1	1	0	0	0	0

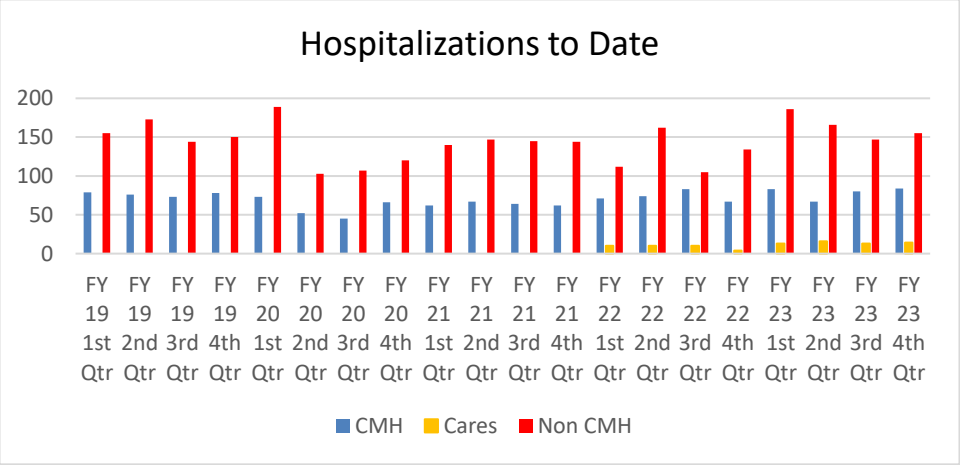
Partial hospitalizations were higher in FY 23 than FY22 as were hospitalizations however, this is not surprising given the number of prescreens increased.

Monitoring the percentage of prescreens that result in dispositions of psychiatric hospitalizations reveals the following:



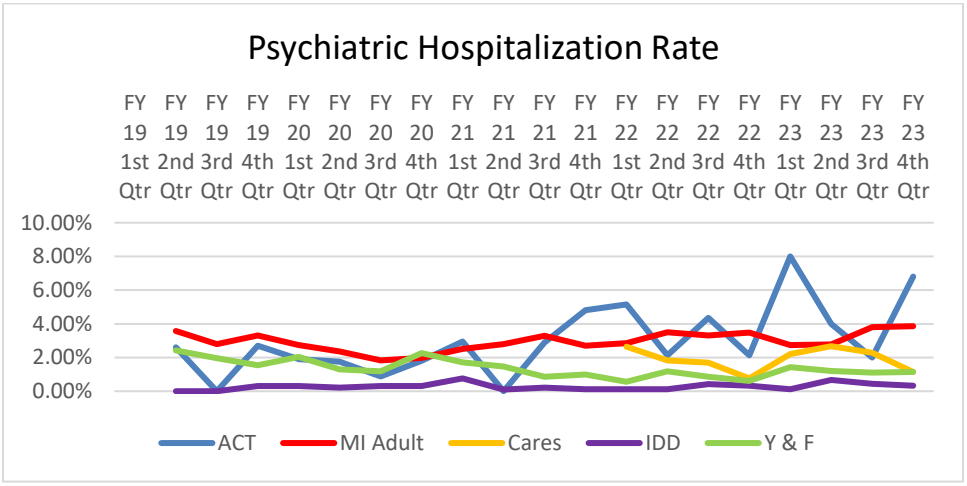
This percentage of psychiatric hospitalizations dispositions remains steady.

Many of our prescreens occur for individuals who are not open to our services but are in the community, do not have insurance or are underinsured and may require inpatient psychiatric hospitalization. These medically necessary situations are funded by WCCMH. Below are hospitalization data points differentiating those in the community and not open to us (NON CMH), those open to our CMH services (CMH) and Consumers assigned to the CARES program (typically mild to moderate/ CCBHC cases). Monitoring a trend of how many individuals experiencing a psychiatric crisis resulting in an inpatient hospitalization assists us in understanding community need. Data regarding the hospitalization trends over five fiscal years between these two categories is depicted below and also includes the CARES data beginning in FY 22:



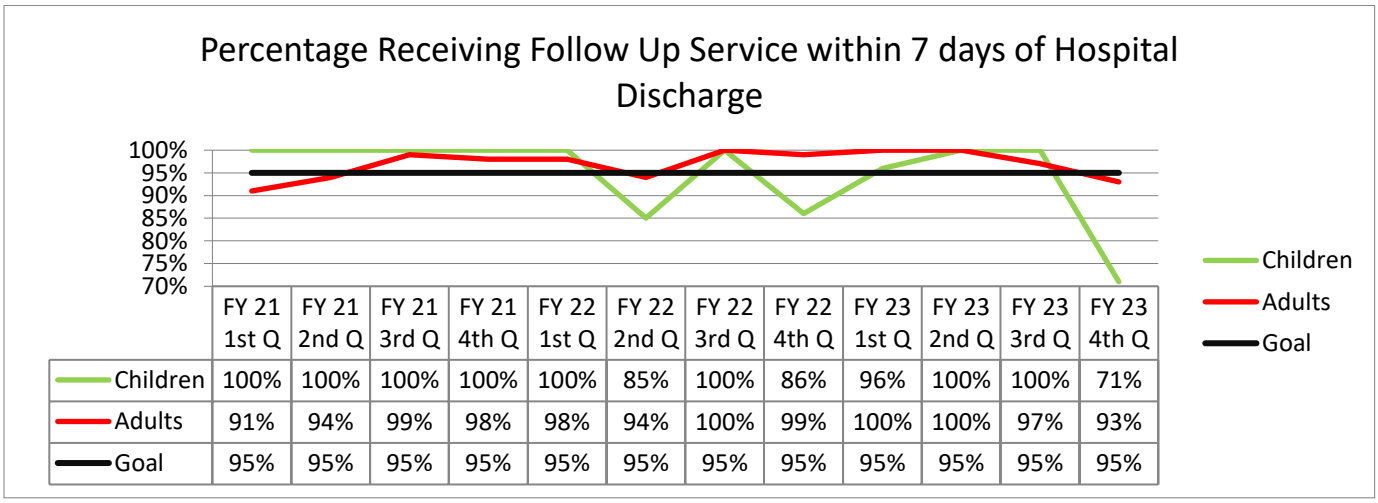
Psychiatric hospitalizations of CMH-served individuals (open CMH cases) overall seem to have a somewhat stable pattern though is influenced from low data points in the pandemic time period. Non-CMH individuals show a decrease in hospitalizations from FY 23 quarter 1. Hospitalization data for the CARES program is now included in this graph though the baseline is still being developed.

Considering a psychiatric hospitalization rate (number of individuals hospitalized compared to number of individuals served as an open case) can be a very useful measure to monitor as it helps identify the percentage of admissions per those served. The following graph helps depict these rates and possible trends:



The ACT program has a much lower denominator than the other programs so display much more variance. The MI Adult Team had a variance between just under 3% and just under 4% for FY 23. Youth and Family has remained pretty steady as well. The CARES team ranged from 1 – 3%.

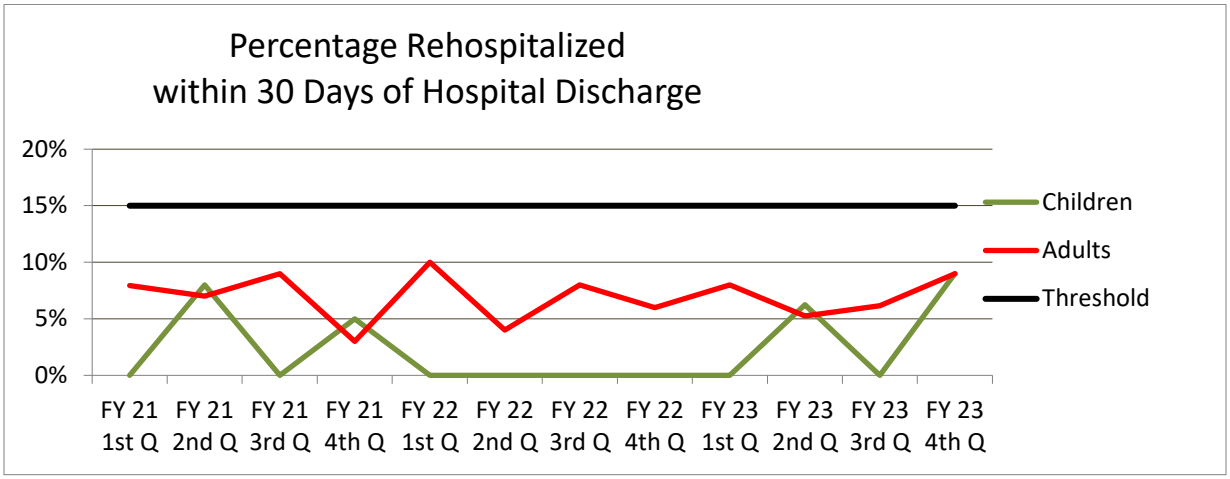
When an individual is discharged from a psychiatric hospitalization, we schedule a service within 7 days of their discharge. Below are graphs of the MDHHS Performance Indicator monitoring open WCCMH cases of children and adults who were psychiatrically hospitalized and received a face-to-face service within 7 days of their discharge.



	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	FY 23 3rd Q	FY 23 4th Q
Children	100%	100%	100%	100%	100%	85%	100%	86%	96%	100%	100%	71%
Adults	91%	94%	99%	98%	98%	94%	100%	99%	100%	100%	97%	93%
Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

The percentage rates for Children's services were below the goal for the fourth quarters due to their denominator being very low. When one case is out of compliance, this can result in not meeting the goal and strongly impacting the overall percentage. Adult programs dipped a bit below the goal for the fourth quarter. During FY 23, MDHHS ended the public health emergency recognition of phone calls counting as services. This is primarily the reason cases in FY23 are out of compliance. That is, individuals and/or their families did receive phone calls to check on them, but the phone call does not meet the "face to face" service requirement. Children's and Adult services did very well otherwise.

The following MDHHS Performance Indicator helps to monitor our effectiveness of avoiding repeat hospitalization within 30 days of discharge from the hospital. This graph is comprised of adults and children who are enrolled in and receive services from WCCMH, were hospitalized and then re-hospitalized within 30 days of discharge.



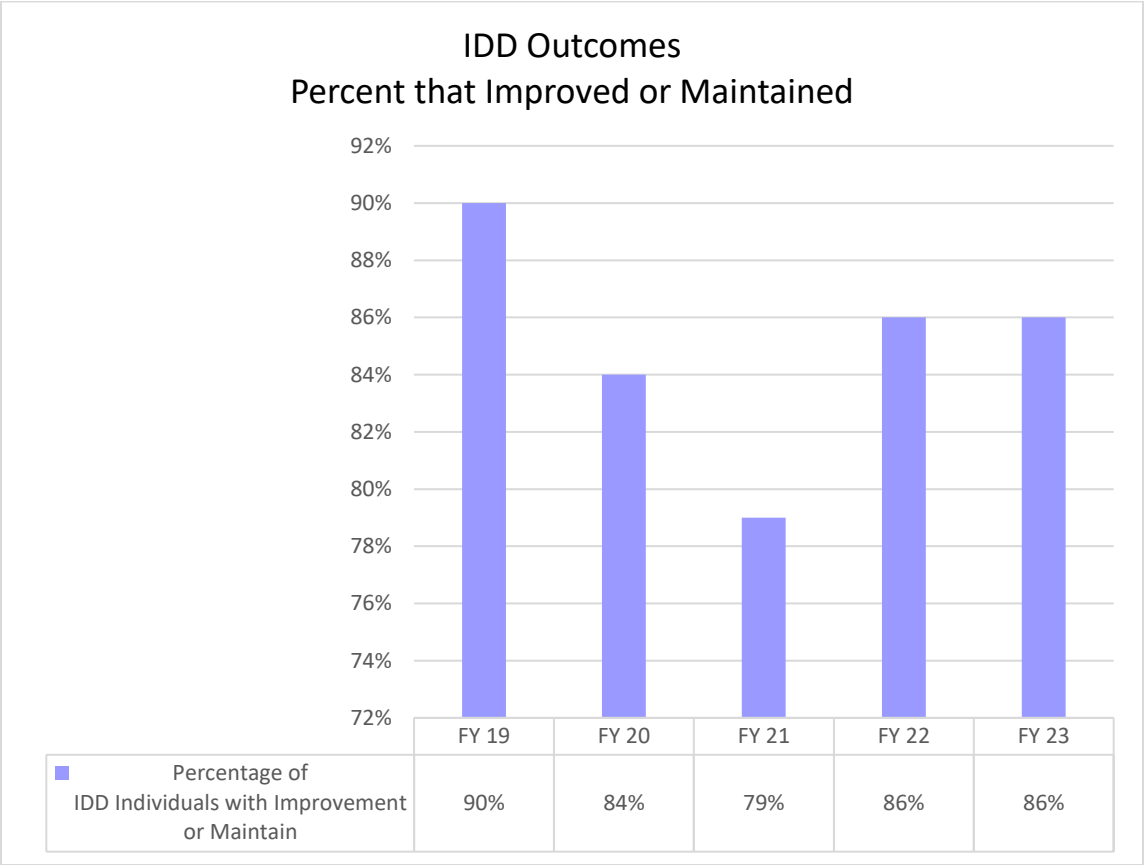
The organization continues to remain below the MDHHS threshold of 15%.

Program Outcomes

IDD Program Outcomes

Adults with an Intellectual/Developmental Disability are continually assessed with the standardized "DD Outcome" tool. The tool was developed in 2007 to quantify the status of an individual's life domains and needs. The tool was then implemented to achieve a standardized manner of collecting outcome data. The tool focuses on the individual's status and/or level of independence in factors of Self Determination (Work, Community Living, Choice & Decision Making, Relationships, Housing) and Health and Welfare (Safety, Safety Education, Health Access, and Wellness). Their status in each of these items is assigned a quantitative designation. The range of assigned number is from 1 – 5. "1" reflects extreme need while "5" reflects that specific area is addressed and in place. Based on the sum of completed items, an average for all items is determined. This tool continues to be used in a standardized manner by WCCMH.

Identifying aggregated results of maintaining status or improving are developed based on calculating differences between the average scores of the most recent assessment and the initial assessment. This data is based on 958 cases.



FY 23 outcomes are commensurate with FY 22 outcomes.

Youth and Family Program Outcomes

The Youth and Family program uses the Child, Adolescent Functional Assessment System (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS) as valid and reliable outcome measures for children who experience a serious emotional disorder. The CAFAS is used for children who are in school and are between 7 and 18 years old. The PECFAS is used for children 3 years old and under 7 years old.

The CAFAS Total Score is the sum of the impairment ratings for the 8 subscales for the youth. For each subscale, the rater selects the item(s), which are true for the youth, which in turn, determines the youth's level of impairment for that subscale. There are 4 levels of impairment based on the score (indicated parenthetically): Severe Impairment (30), Moderate (20), Mild (10), and No or Minimal (0) Impairment. Reviewing this outcome for FY 23 indicates the program has made a significant difference to the individuals they serve. For this administrative report, CAFAS Total Scores are aggregated across youths and a comparison is made between the scores for the initial and most recent assessments. A lower score in the most recent assessment indicates a positive change. The difference in scores is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment. The findings are broken down between inactive episodes of care (closed cases) and for both inactive and active episodes of care (closed and open cases).

FY 23 Child and Adolescent Functional Assessment Scale (CAFAS)

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments (for inactive episodes of care with a sample size of 186): **20**

Average CAFAS Youth Total Score on Initial Assessment: **87**
Average CAFAS Youth Total Score on Most Recent Assessment: **67**

Difference Between Average CAFAS Youth Total Score for Initial and Most Recent Assessments (for both active and inactive episodes of care with a sample size of 569): **21**

Average CAFAS Youth Total Score on Initial Assessment: **88**
Average CAFAS Youth Total Score on Most Recent Assessment: **67**

The findings for both measures indicate a significant improvement in outcomes. Inactive episodes of care in FY 22 also showed a significant improvement. This is a continued and impressive trend for the program.

The finding that includes both active and inactive cases typically indicated a change just below what is considered statistically significant (20) though still reflected positive improvement for the children suggesting the program model is effective. Typically, we do not see a statistically significant change in this category because the active cases are still receiving interventions and may not have experienced a significant change yet. This change amount was identified in FY 21 and FY 22. To have a significant change in this indicator for FY 23 is impressive.

The PECFAS is a "preschool" version of the CAFAS that assesses the child's functioning over relevant life domains and overall improvement. The PECFAS Total Score is based on the same subscales as the CAFAS and includes information from the Caregiver (Material Needs, Family/Social Support). The four levels of impairment are the same as CAFAS.

For this administrative report, PECFAS Total Scores are aggregated across youths and a comparison is made between the scores for the initial and most recent assessments. A lower score in the most recent assessment indicates a positive change. The difference score is also calculated: a positive number indicates improvement in functioning, 0 indicates no change, and a negative number indicates greater functional impairment. The findings are broken down between inactive episodes of care (closed cases) and for both inactive and active episodes of care (closed and open cases).

FY 23 Preschool and Early Childhood Functional Assessment Scale (PECFAS)

Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments (for inactive episodes of care with a sample size of 13: **13**

Average PECFAS Youth Total Score on Initial Assessment: **76**
Average PECFAS Youth Total Score on Most Recent Assessment: **63**

Difference Between Average PECFAS Youth Total Score for Initial and Most Recent Assessments (for both active and inactive episodes of care with a sample size of 49): **15**

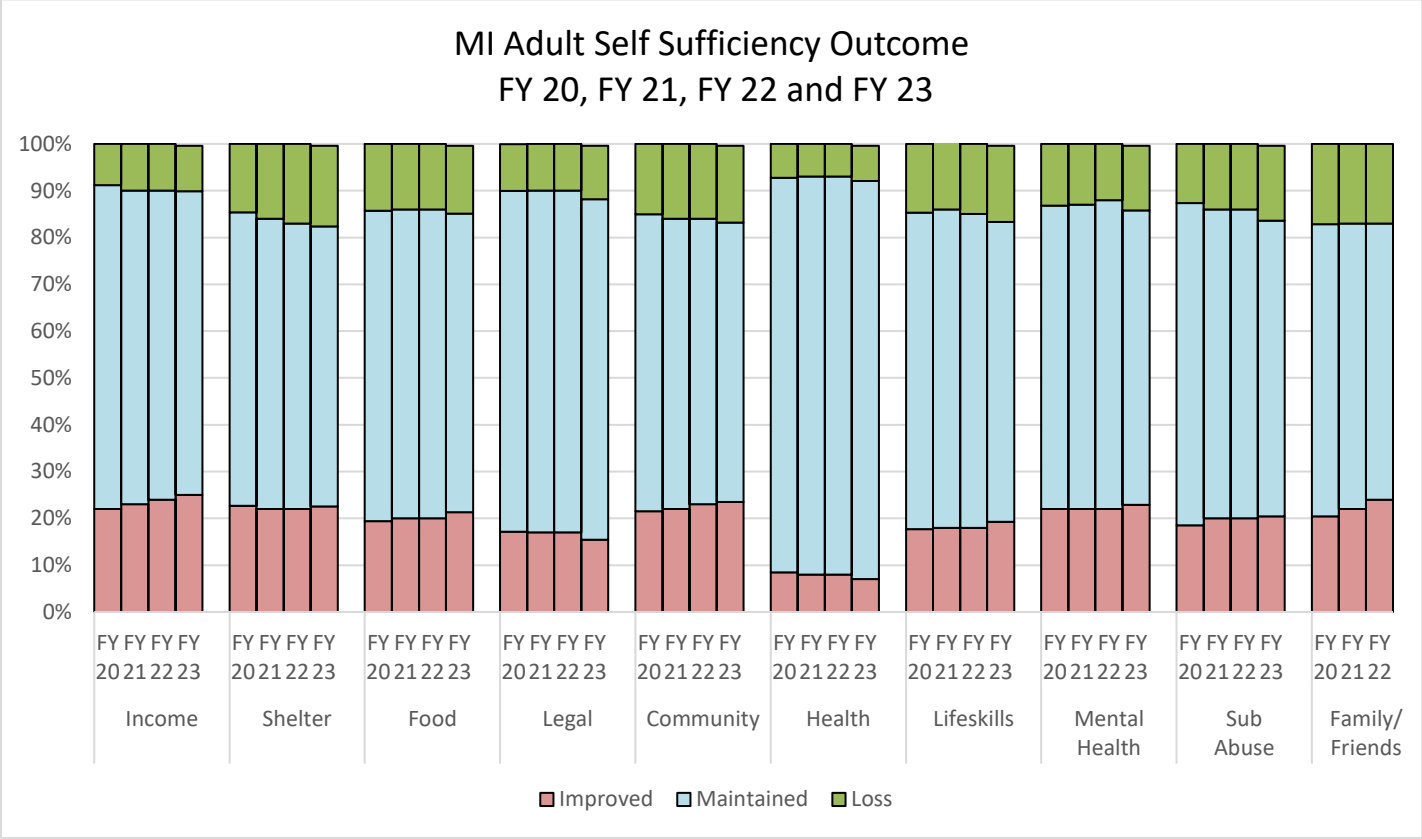
Average PECFAS Youth Total Score on Initial Assessment: **75**
Average PECFAS Youth Total Score on Most Recent Assessment: **60**

PECFAS Outcomes for FY 21 had changes between Intake and final assessment of 13 (sample size 22) and 14 (sample size 56) for inactive episodes of care and both active and inactive respectively. In FY 21, the changes

were not significant. However, in FY 22, the changes for both outcomes were significant which showed very good improvement. FY 23 reveals outcomes more in line with what was reported in FY 21.

MI Adult Program Outcomes

Adults with a Mental Illness are continually assessed with the standardized outcome tool called the Self Sufficiency Matrix. The Self Sufficiency tool reviews an individual's status on 13 indicators (Income, Shelter, Education, Healthcare, Mental Health, Family/ Friends, Community, Employment, Food, Legal, Life Skills, Substance Abuse and Mobility). However, for purposes of efficient display, education, employment, and mobility are not included in the graph. Values can include In Crisis, Vulnerable, Safe, Building Capacity or Empowered. Aggregated results of improving, maintaining or loss of status are developed based on calculating differences between the initial and most recent item score, categorizing for each item and each case if there was an improvement, loss or maintained and then subsequent percentages for the overall program. This data is based on 1,271 cases.



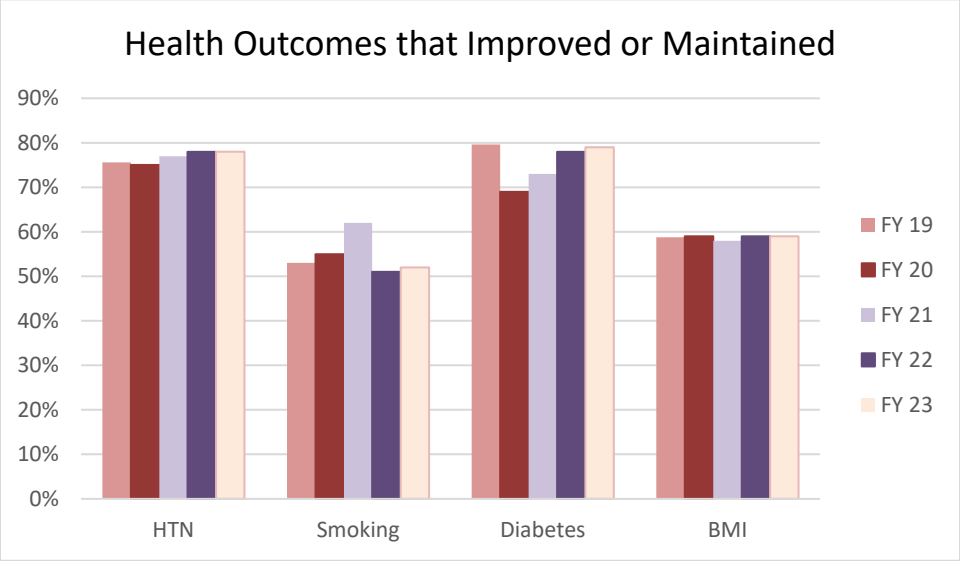
The graphs identify percentages of cases with Improvement, Maintained, and Loss of outcome status over a four-year time period. Sometimes there will be a percentage that Improved and a percentage that experienced Loss, sometimes on the same domain. This can occur because the aggregated data may reflect individuals who moved from "Maintained" and either moved to "Improved" or "Loss." Comparing results to last year, MI Adult services impacted on consumer outcomes by either improving or maintaining in eight of the ten categories (Shelter, Food, Legal, Community, Health, Life Skills, Mental Health and Substance Abuse) while a higher percentage show more loss in their outcomes in five categories (Income, Mental Health, Life Skills, Food and Family/ Friends). Again, the aggregated findings can show a higher improvement and loss in the same category, and which indicate the aggregated percentage of those who maintained as a lower number.

Integrated Care

WCCMH continues to maintain a strong focus of integrated care. We monitor indicators of Hypertension (HTN), Smoking, Diabetes and Body Mass Index (BMI) for improvements. These definitions are:

Hypertension: the percentage of individuals diagnosed with Hypertension who either improved or maintained their health based on their blood pressure.
Smoking: the percentage of individuals who either smoked in the past or currently smoke who either improved or maintained their health based on their smoking status.
Diabetes: the percentage of individuals who have a Diabetes diagnosis and a current laboratory value (within 12 months of the end of the fiscal year) who either improved or maintained their health as indicated by an improvement or maintained level of their A1C.
BMI: the percentage of individuals who either improved or maintained their health by a static or decrease in their BMI.

The graph below depicts the percentage of individuals who either improved or maintained on measures of health:



HTN, Diabetes and BMI improved or maintained from FY 22. The percentage of those improving/ maintaining on their Smoking behavior is lower than FY 21 though a bit higher than FY 22.

Health and Mortality

Research and industry trends identify those individuals who experience a severe mental illness tend to die much younger than their counterparts. WCCMH monitors our mortality rate, as well as the average age of the individual at the time of death. The data below are commensurate with research identified trends. For

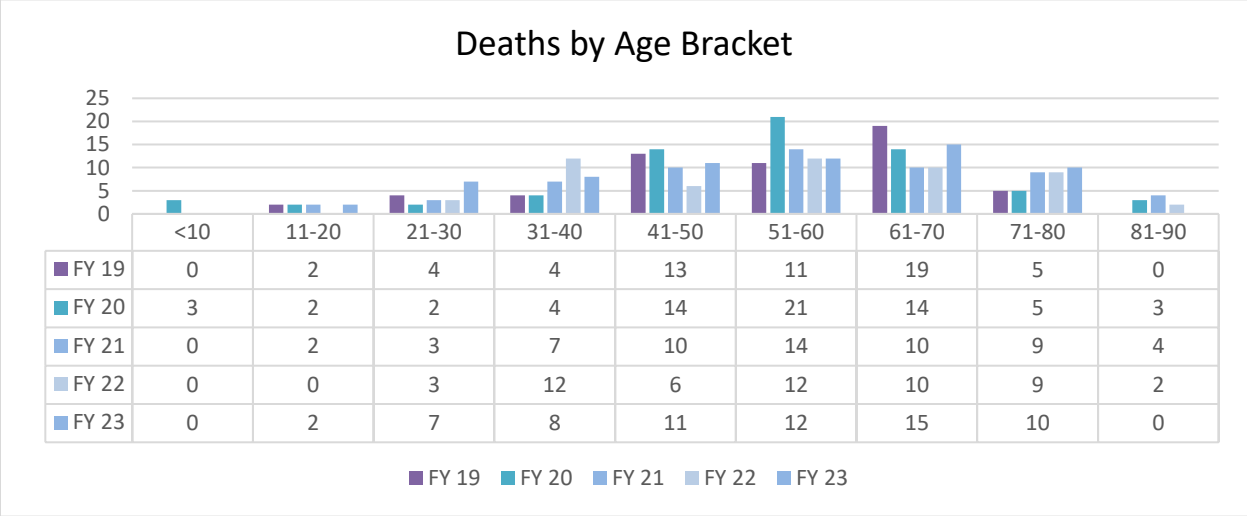
every reported individual death, WCCMH process includes reviewing the chart, obtaining the death certificate (if available) and presenting this information and the death report to the Medical Director. The Medical Director then classifies the cause of death. Below are the aggregated categories of cause of death and the average age at the time of death for each category.

Mortality

Cause of Death	FY 19	*Age FY 19*	FY 20	*Age FY 20*	FY 21	*Age FY 21*	FY 22	*Age FY 22*	FY 23	*Age FY 23*
Aspiration Pneumonia					2	*76*	3	*66*	4	*68*
Cancer	9	*59*	7	*57*	10	*62*	3	*51*	8	*65*
Cardiovascular	14	*61*	14	*61*	6	*69*	12	*64*	10	*67*
Dehydration										
Diabetes					1	*50*				
Drug Abuse	6	*42*	8	*45*	2	*37*	6	*43*	10	*48*
Endocrine System (Diabetes)										
Environmental Hypothermia	1	*51*								
Fluid Electrolyte Disturbance									1	*49*
Gastrointestinal			3	*60*	1	*65*			3	*42*
Hip Fracture Complications										
Homicide									3	*36*
Hyponatremia							2	*43*		
Inanition			2	*61*						
Infection	1	*61*	4 (2 - COVID 19)	*53*	5 (4 - COVID 19)	*49*	4 (3 - COVID 19)	*49*		
Kidney Disease			1	*81*					1	*54*
Liver Disease			2	*42*	3	*62*	1	*61*	1	*39*
Metabolic	1	*61*								
Natural/Other										
Neurological	1	*80*	3	*50*	7	*60*	3	*69*	3	*55*
Respiratory	10	*53*	10	*51*	4	*40*	5	*60*	5	*44*
Suicide	2	*22*	6	*45*	2	*23*	2	*36*	6	*32*
Trauma	2	*63*			2	*40*	3	*50*	2	*73*
Unknown	10	*38*	8	*45*	15	*49*	10	*38*	8	*44*
Grand Total	**# of Deaths 57**	***Avg Age 52***	**# of Deaths 68**	***Avg Age 53***	**# of Deaths 60**	**Avg Age 54**	**# of Deaths 54**	***Ave Age 52***	**# of Deaths 65**	***Ave Age 52***

Mortality data is based on death certificates from the Washtenaw County Medical Examiner. If an individual dies out of county, we do not receive that death certificate, and it is coded as "unknown". The number of deaths tend to vary as indicated by the five-year dataset.

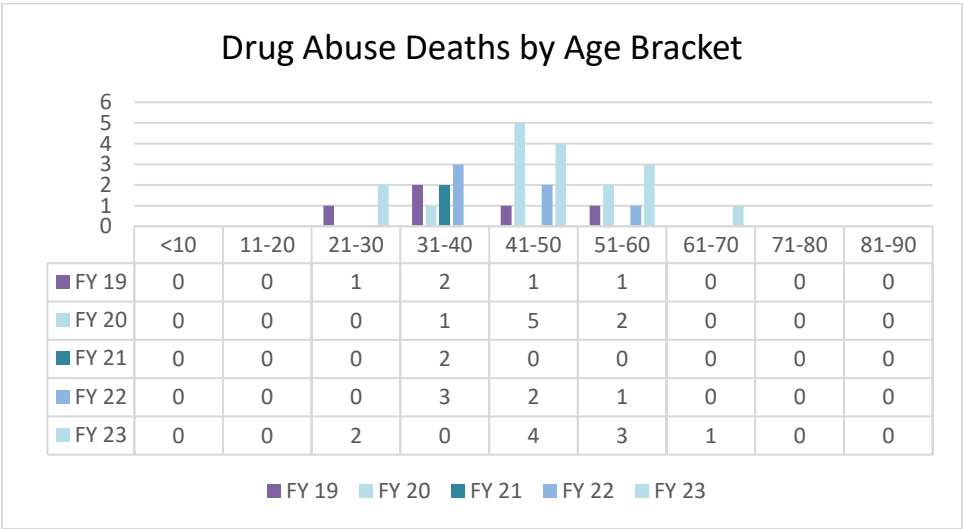
Reviewing the number of individuals who were receiving services and passed away in FY 23 between frequency of deaths per bracketed age categories helps monitor and review baseline data and possible trends/ patterns.



	<10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
FY 19	0	2	4	4	13	11	19	5	0
FY 20	3	2	2	4	14	21	14	5	3
FY 21	0	2	3	7	10	14	10	9	4
FY 22	0	0	3	12	6	12	10	9	2
FY 23	0	2	7	8	11	12	15	10	0

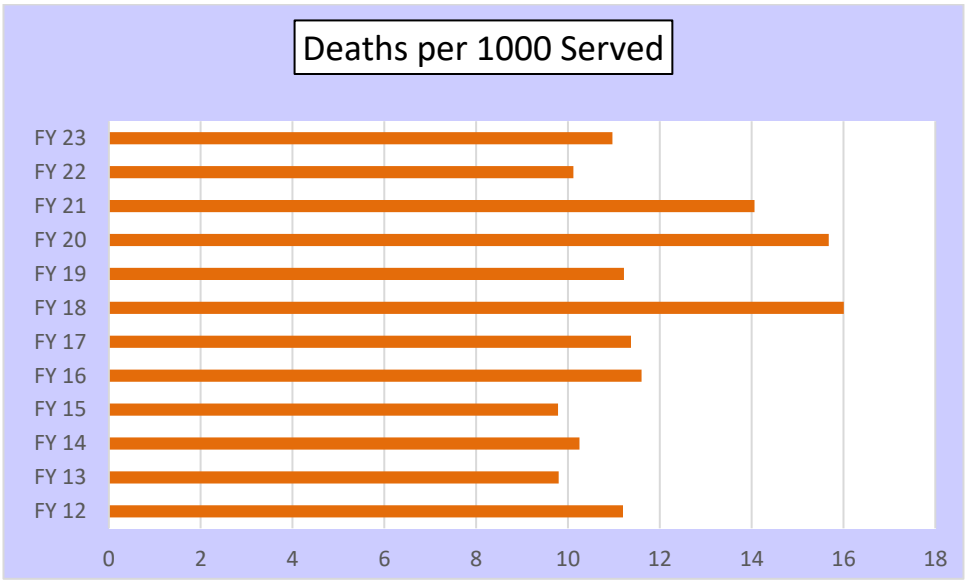
Not surprisingly, a higher frequency of deaths occurs in the older decades. We hope that helping individuals with their health needs will result in the frequency of deaths moving to the right on the graph, i.e., occurring in older age. While the number of deaths did increase in the 41-50 and 61-70 age range, the bracketed age groups 71-80 show an increased number of individuals which may indicate a trend toward living longer.

Deaths that occurred due to accidental overdose (Drug Abuse) are overall lower than in years previous, though there was an increase in the age bracket of 31-40. These deaths from FY 23 and their bracketed age group are depicted below:



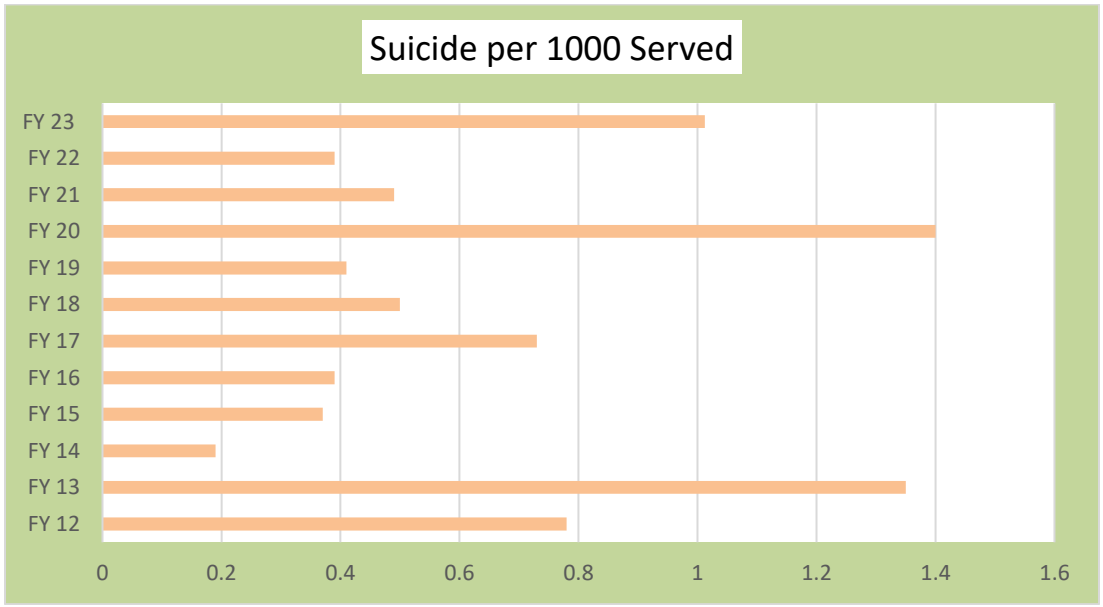
	<10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90
FY 19	0	0	1	2	1	1	0	0	0
FY 20	0	0	0	1	5	2	0	0	0
FY 21	0	0	0	2	0	0	0	0	0
FY 22	0	0	0	3	2	1	0	0	0
FY 23	0	0	2	0	4	3	1	0	0

Reviewing deaths over the past eleven years has helped us identify the number of deaths compared to the number of individuals served. There is a great deal of variance with no obvious pattern identified.



The ratio of deaths / individuals served this past year is a bit higher than last year. There are no identified systemic mental health treatment factors contributing to these deaths.

Monitoring the ratio of suicides per 1,000 individuals served is also important. This is the data trend over the past twelve fiscal years:



The ratio for FY 23 is the third highest ratio in the evaluated time period. All suicides are reviewed with a root cause analysis. This is a very thorough and thoughtful review process beyond the normal death review process.

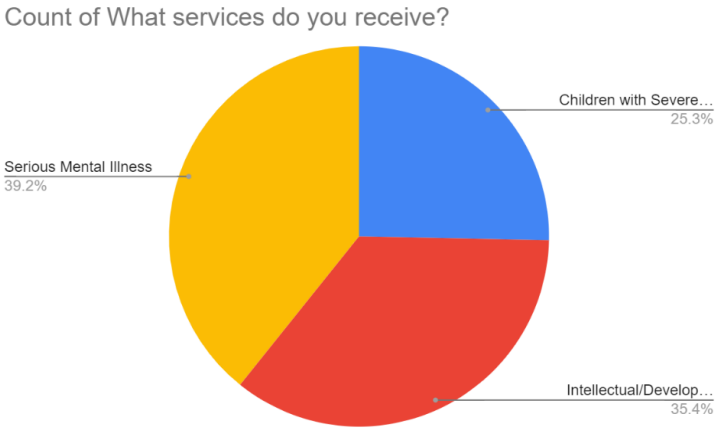
ATTACHMENT #7
AUGUST 2024

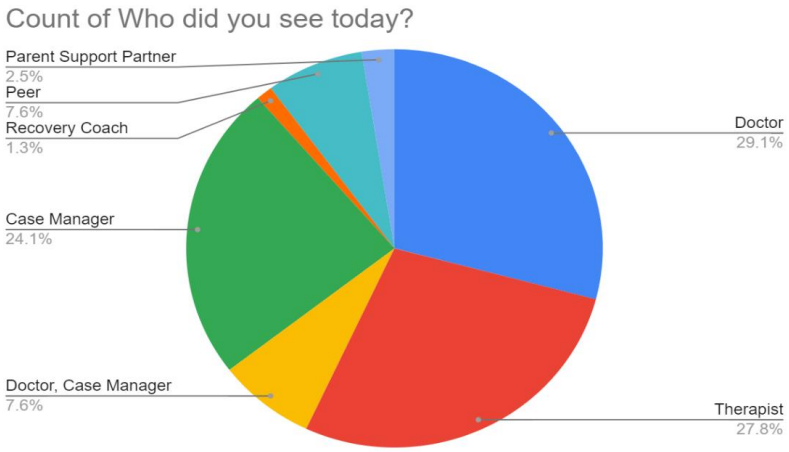
Satisfaction Survey Results

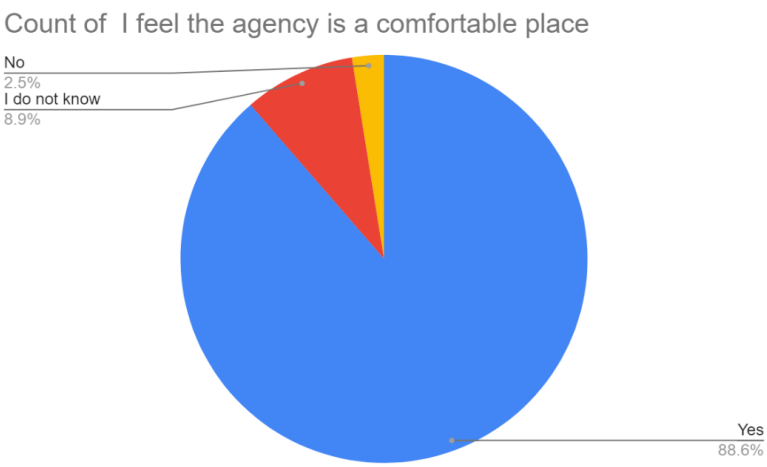
The Customer Service department, working with the Region, developed a new Satisfaction Survey and implemented it to all populations with results reported accordingly. Scores less than 80% resulted in corrective action plan steps to help improve these areas.

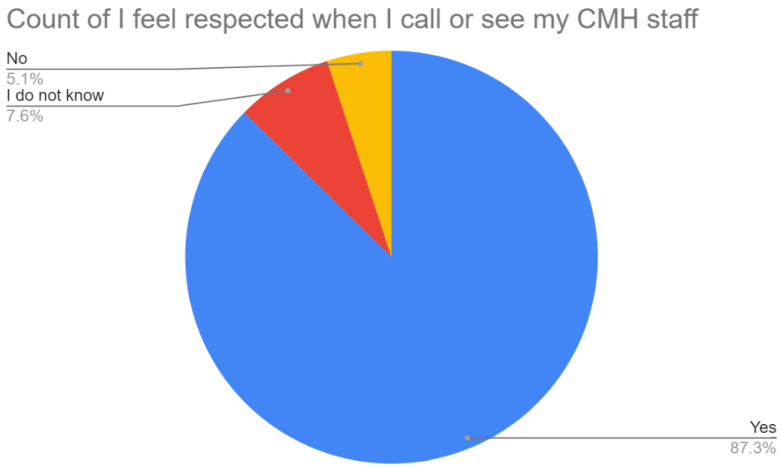
N=79

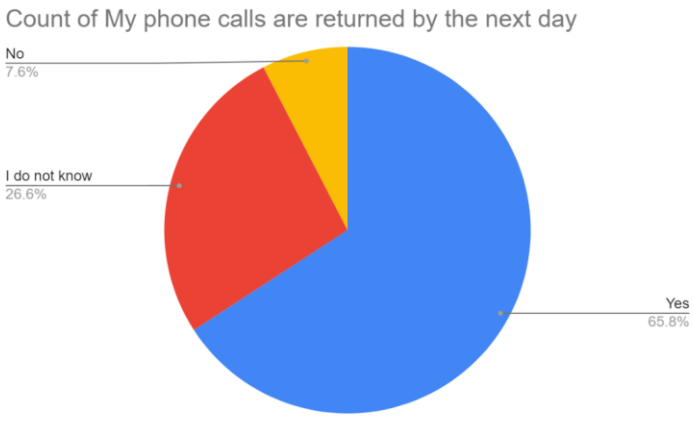
Survey Results from Those Who Receive Services

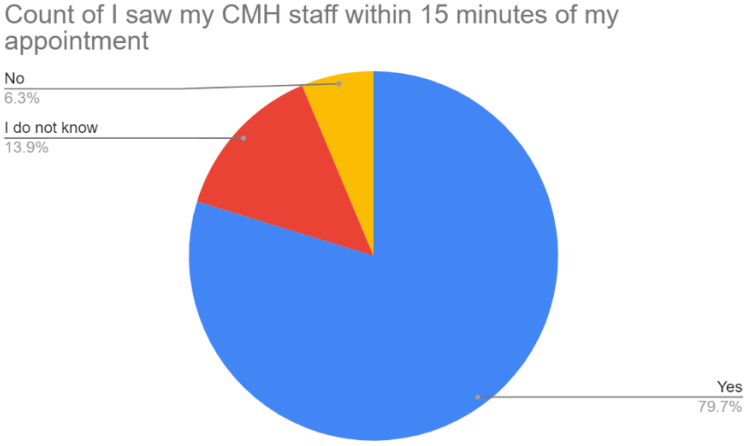


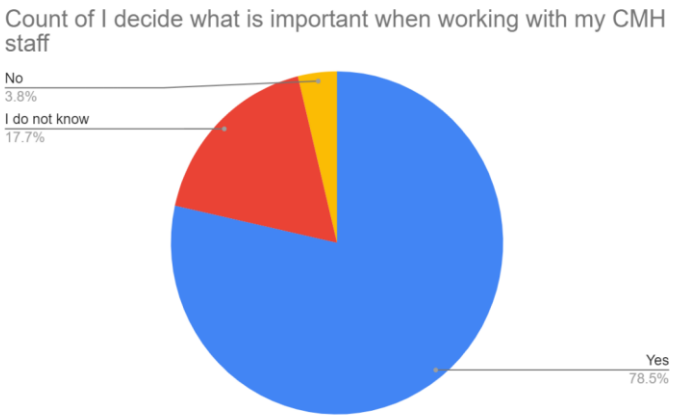


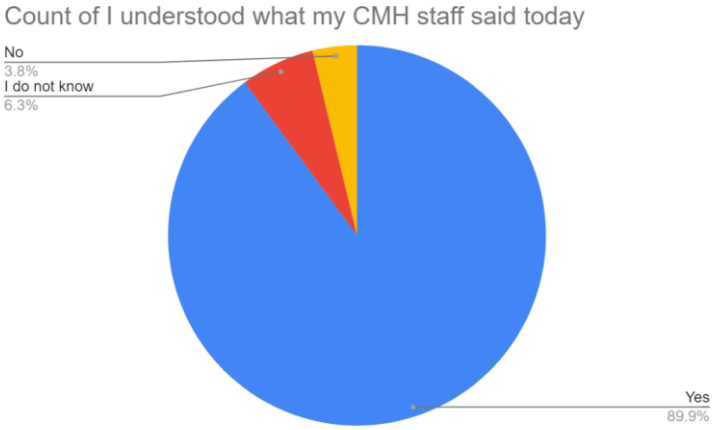


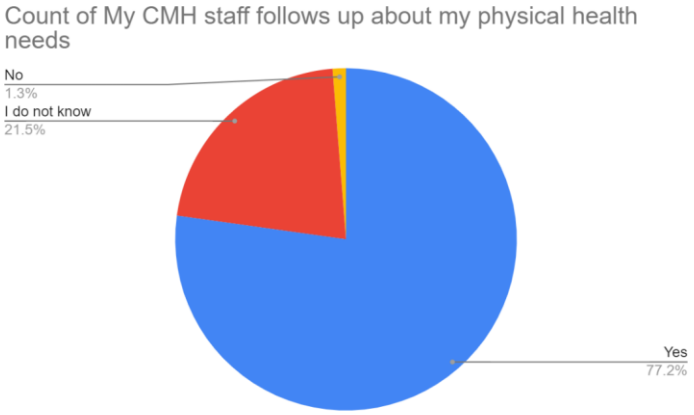


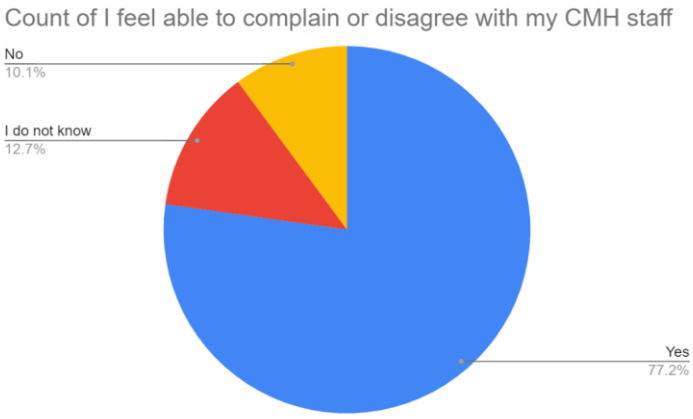


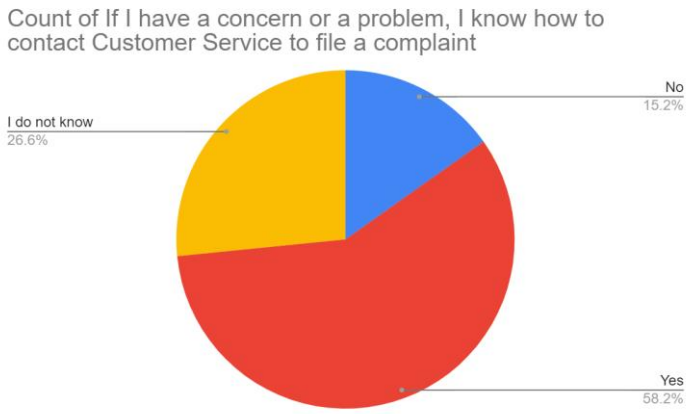












Areas for Program to focus on include returning phone calls by the next day (same as in 2022), saw my CMH staff within 15 minutes of the scheduled time, I decided what is important when working with my CMH staff, CMH staff helps to achieve my goals (same as 2022), CMH staff follows up about my physical health (same as

2022), feeling able to complain or disagree with CMH staff, knowing how to contact Customer Service or file a complaint (same as 2022).

Summary

The industry of Community Mental Health services is a complex, demanding and high-risk environment seeking to service individuals who experience functional impairment, poverty, disabilities and severe symptoms in a limited resourced environment. Additionally, adding the CCBHC model allows us to also serve those who experience symptoms in the mild to moderate range. We continue to seek out ways to strengthen our organization in a manner that will help to improve the lives of those we are honored to serve.

David Oblak, MSW
Ann Arbor, MI 48103

August 19, 2024

Dear Mr. Walker and the rest of the WC-CMH Board,

I have served as a member of the Community Mental Health Partnership Substance Use Disorder Oversight Policy Board since July 2010, when it was then called the Substance abuse Advisory Council.

I hope that my knowledge, insight, and input has been valuable to the board. I would be very grateful for the opportunity to continue to share my input in the ongoing effort to provide the residents of Washtenaw County with the means to successfully address their misuse of alcohol and other drugs. I believe a coordinated community effort is vital to address these issues and I would be honored to continue to be a part of that process. I have had several of my client needlessly die from drug overdose during the past two years, and I would like to do whatever I can to ensure an immediate and effective intervention is available to our community members who are seeking freedom from addiction.

Thank you for the chance to continue to serve the residents of Washtenaw County and the other three counties in our region. I there is any help or assistance needed from me, even if I am not appointed, I will be of service whenever necessary.

Thank you for your consideration.

Sincerely,

David Oblak, MSW

*www.bop.gov/about/statistics/statistics_inmate_offenses.jsp

David Oblak

Ann Arbor, MI 48104

Education:

Master of Social Work, December 2006 — **University of Michigan,** Ann Arbor, MI
Bachelor of Social Work, August 2004 — **Eastern Michigan University,** Ypsilanti, MI

Professional Experience:

15th District Court Probation, Ann Arbor, MI Ann Arbor, MI
June 2007-Present

Probation Agent

- Supervision of Domestic Violence offenders required to comply with court ordered probation conditions.
- Conduct Pre-Sentence Investigations of defendants, which includes substance abuse, mental health, and lethality assessments, including recommendations for sentencing and appropriate referrals to community resources.
- Interviewing of Domestic Violence victims
- Conduct lethality assessments
- Devise safety planning and support system referrals.
- Collaborate with community partners to develop and coordinate services that enhance victim safety, as well as system and offender accountability.
- Facilitate probation group reporting and accountability sessions with defendants.

Shelter Association of Washtenaw County, Ann Arbor, MI
July 2004- March 2008

Mental Health Case Manager

- Manage a caseload of single adults with mental health issues.
- Engage with clients to assess their current situation and mental health status.
- Outline service plans and give referrals
- Provide support and advocacy in meeting basic needs
- Assist in obtaining identification and needed records
- Screen consumers for intake of services.
- Investigate past Mental Health and Substance Abuse history.
- Coordinate client care with mental health treatment organizations and doctors.
- Collaborate with other community agencies to meet client needs
- Document and track client's progress

Accountable Choices Batter Intervention program, Ann Arbor, MI
2004–2007

Group Facilitator

- Facilitate Psycho-Educational group for convicted domestic violence offenders
- Prepare and submit monthly reports on status of clients to respective probation agents.
- Assist and observe on-call staff members.
- Attend training workshops and conferences and apply concepts in group milieu.

Dawn Farm, Ann Arbor, MI
June 2000– July 2004

Huron St. Assistant

- Facilitated task-oriented groups
- Acted as liaison between clients and clinical staff.
- Responsible for documentation of clients' daily activities.
- Also held position as Interim Health & Safety Coordinator; responsible for training clients and staff

Field Placement Experience

2005-06 15th District Court Probation Domestic Violence Unit, Ann Arbor, MI
Supervision of Domestic Violence offenders required to comply with court ordered probation conditions.
Conduct Pre-Sentence Investigations of defendants, which includes substance abuse, mental health, and lethality assessments, including recommendations for sentencing and appropriate referrals to community resources.
Interview victims of Domestic Violence, conduct lethality assessments, and devise safety planning and support system referrals.
Collaborate with community partners to develop and coordinate services that enhance victim safety, as well as system and offender accountability.
Facilitate probation group reporting and accountability sessions with defendants.

2004 Foundation/Equinox, Brighton, England. (Study Abroad, EMU)
Worked in Day-Shelter for homeless alcoholics and day treatment program for recovering heroin addicts.
Quickly became proficient with England's service delivery system of alcohol and substance abuse treatment.
Provided counseling and referral services for clients seeking recovery.
Oversaw daily operations of common area and ensured client compliance with program policies and rules.

2004 Shelter Association of Washtenaw County. (Field Placement, EMU)
Completed intakes and assessments of new clients.
Assisted clients with attainment of SSI, SSD, Section 8 and additional community resource referrals
Participated in weekly case review.

Volunteer Experience

2010 - present Community Mental Health Partnership of South Eastern Michigan
Voting member of Oversight Policy Board representing Washtenaw County since 2010.
Served as Chairperson of Oversight Policy Board beginning 2015-2018
Responsibilities include review of potential programs to determine access Medicaid funds allotted for Substance Use Disorder treatment

2011 – present Washtenaw Community College Human Services Program Advisory Board
Provide consultative input regarding policy changes for Human Services program.
Attend bi-monthly meetings at WCC with staff and other community partners.

2002-03 SOS Crisis Center, Ypsilanti, MI
Completed 40-hour comprehensive volunteer training.
Responsible for one four hour weekly shift manning crisis hotline.
Distributed emergency food and hygiene supplies as necessary.

1999 Dawn Farm Detox
Provided informal counsel to clients.
Responsible for transportation to/from local 12-step recovery meetings.