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/91652275717
October 25, 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 8/12/24 (Attachment #1A)
- B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 8/12/24 (Attachment #1B)
- C. WCCMH Board Meeting Minutes and Actions-8/23/24 (Attachment #1C)
- D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 8/14/24 (Attachment #1D)
- E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 9/11/24 (Attachment #1E)
- F. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
  1. Access System Policy Regional 2024 (Attachment #1F)
  2. Advanced Directives DNR Orders 2024 (Attachment #1G)
  3. Consumer Employment Policy 2024 (Attachment #1H)
  4. Diagnosis and Clinical Formulation Policy 2024 (Attachment #1I)
  5. CLS Policy 2024 (Attachment #1J)
  6. Incident Reporting Policy 2024 (Attachment #1K)
  7. Timeliness of Service Provision 2024 (Attachment #1L)

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

VI. Executive Director Report - **T. Cortes** (15 minutes)

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (30 minutes)
- WCCMH 2025 Annual Board/Committee Meeting Schedule (Attachment #4) **M. Harding ACTION**
- WCCMH 2025 Annual Board Calendar (Attachment #5) **M. Harding ACTION**
- Negotiation and Potential Home Purchases (Attachment #6) **N. Phelps ACTION**
- Semi-Annual Recipient Rights Report (Attachment #7) **K. Snay ACTION**
- Washtenaw County Board Terms Expiring March 31, 2025
  - Bob King
  - Andy LaBarre
  - Alfreda Rooks
  - Katie Scott
  - George Waddles, Jr.
- Annual Strategic Plan Update (Attachment #8) – **T. Cortes**

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.

IX. Old Business (0 minutes)
- None

X. Items for Future Discussions (5 minutes)
- Employee Engagement Survey
- Homelessness Updates
- U of M Contracting
- Millage Re-Authorization

XI. Adjournment of Public Meeting (Next WCCMH Board Meeting: December 13, 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/91652275717

Or One tap mobile:
+19292056099, 91652275717# US (New York)
+12678310333, 91652275717# 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 +1 312 626 679 or +1 646 518 9805

Webinar ID: 916 5227 5717

International numbers available: https://zoom.us/u/aclXR6Js2

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

OCTOBER 25, 2024

CONSENT AGENDA

A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 8/12/24 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 8/12/24 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions-8/23/24 (Attachment #1C)
D. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 8/14/24 (Attachment #1D)
E. WCCMH Consumer Advisory Council Meeting Minutes and Actions- 9/11/24 (Attachment #1E)
F. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    1. Access System Policy Regional 2024 (Attachment #1F)
    2. Advanced Directives DNR Orders 2024 (Attachment #1G)
    3. Consumer Employment Policy 2024 (Attachment #1H)
    4. Diagnosis and Clinical Formulation Policy 2024 (Attachment #1I)
    5. CLS Policy 2024 (Attachment #1J)
    6. Incident Reporting Policy 2024 (Attachment #1K)
    7. Timeliness of Service Provision 2024 (Attachment #1L)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

August 12, 2024
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/92897257270 (virtual)
2:00-3:30 pm

ROLL CALL: H. Heaviland attending in person
B. Higman attending in person
K. Walker attending in person

MEMBERS ABSENT: M. Udow-Phillips, S. Petty, A. Dusbiber

STAFF PRESENT: R. Avedisian, N. Phelps, M. Harding, T. Cortes, T. Florence, L. Gentz, M. Taylor, K. Snay, S. Ray, L. Higle

OTHERS PRESENT: K. Walker, A. Somerville, A. LaBarre, K. Homan, L. Lutomski, M. Creekmore

K. Walker called the meeting to order at 2:05 pm.

NO QUORUM

I. Introductions
- M. Myska new Recipient Rights Officer with staff

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 6/10/24 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 6/10/24 were reviewed and recommended for approval to the WCCMH Board on 8/23/24.

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending June 30, 2024 (Attachment #2)
- Financial Status Report for the period ending June 30, 2024, was reviewed, and recommended for approval to the WCCMH Board on 8/23/24.

VI. Contracts and Leases
- M. Taylor presented the Contracts and Leases to the Committee. (Attachment #3)
- Contracts and Leases were reviewed and recommended for approval to the WCCMH Board on 8/23/24.

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
- WCCMH Fiscal Year 2025 Annual Budget (Attachment #4)
  - N. Phelps presented the WCCMH Fiscal Year 2025 Annual Budget numbers to the Committee.
  - WCCMH Fiscal Year 2025 Annual Budget was reviewed and recommended for approval to the WCCMH Board on 8/23/24.

- WCCMH FY25 Master Contract List (Attachment #5)
  - M. Taylor presented the WCCMH FY25 Master Contract List to the Committee.
  - WCCMH FY25 Master Contract List was reviewed and recommended for approval to the WCCMH Board on 8/23/24.

- Program Committee Dashboard FY24, Quarter 1. (Attachment #6)
  - L. Higle presented the Program Dashboard FY24 Quarter 1 for the Committee.
  - Program Committee Dashboard FY24, Quarter 1 was reviewed and recommended for approval to the WCCMH Board on 8/23/24.

- Program Committee Dashboard FY24, Quarter 2. (Attachment #7)
  - L. Higle presented the Program Dashboard FY24 Quarter 2 for the Committee.
  - Program Committee Dashboard FY24, Quarter 2 was reviewed and recommended for approval to the WCCMH Board on 8/23/24.

- Performance Improvement FY23 Report (Attachment #8)
  - Performance Improvement FY23 Report was recommended to move the presentation to the WCCMH Board Meeting on 8/23/24 due to time.

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

MOTION BY H. HEAVILAND, SUPPORTED BY B. HIGMAN, TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 3:30 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
August 12, 2024
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/92756411970 (virtual)
3:30–5:00 pm

A. Somerville called the meeting to order at 3:32 pm.

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

I. Introductions
- S. Novara from WISD attending to present the School Mental Health Mini Grants presentation.

II. Audience Participation
- K. Layton, former employee spoke to the Committee about concerns for the 750 Towner location being used as a Crisis Stabilization Center regarding funding allocations.
- Corn from Ypsilanti township spoke to the Committee about concerns of overdoses and lack of harm reduction in the area and lack of services.

III. Committee Response to Audience Participation
- L. Gentz recommended we get a copy of K. Layton questions and address them from that list.

IV. Millage Advisory Committee Minutes and Actions from 6/10/24 (Attachment #1)
- Millage Advisory Committee Minutes and Actions of 6/10/24 were reviewed.
- G. Waddles Jr recommended attendance be updated to reflect his attendance for the 6/10/24 meeting to be updated too virtual.

MOTION BY H. HEAVILAND, SUPPORTED BY H. HIGMAN TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE JUNE 10, 2024, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	**N/A**	**DUSBIBER**	**N/A**
HEAVILAND	**Y**	**HIGMAN**	**Y**
PETTY	**N/A**	**RADZIK**	**N/A**

RION	**Y**	**ROOKS**	**Y**
SOMERVILLE	**Y**	**UDOW-PHILLIPS**	**N/A**
WADDLES, JR	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Discussion Items

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

VI. Financial Budget Update

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

VII. Old Business Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
  - None

VIII. New Business –

- School Mental Health Mini Grants Presentation (WISD)
  - S. Novara presented the School Mental Health Mini Grants presentation to the Committee.
- Millage Request for Proposals
  - L. Gentz & T. Cortes spoke with the Committee on the Millage request for Proposals.

IX. Items for Future Discussions

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

MOTION BY H. HEAVILAND, SUPPORTED BY A. ROOKS TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 4:41 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/97621467505
August 23, 2024
9:30am

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

ROLL CALL:
A. Dusbiber attending virtually
H. Heaviland attending in person
A. LaBarre attending in person
A. Rooks attending virtually (late arrival)
A. Somerville attending in person
M. Tolstyka attending in person
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT: B. Higman, B. King, S. Petty, K. Scott

STAFF PRESENT: R. Avedisian, M. Harding, T. Cortes, N. Phelps, S. Amos O'Neal, L. Higle, L. Gentz, K. Snay, K. Diebboll, E. Montgomery, K. Hoener, T. Florence

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

I. Introductions
- M. Tolstyka, the new WCCMH Board Member introduced herself to the Board.

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 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- 7/10/24 (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)

MOTION BY A. LABARRE SUPPORTED BY M. UDOW-PHILLIPS TO ACCEPT AND APPROVE THE AUGUST 23, 2024, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**KING**	**N/A**

LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

V. Treasurer's Report

- WCCMH Financial Status Report (Attachment #3)
  - N. Phelps presented the Financial Status Report to the Board for the period ending June 30, 2024.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE OF THE FINANCIAL STATUS REPORT ENDING JUNE 30, 2024, AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

- WCCMH Millage Financial Status Report (Attachment #3)
  - N. Phelps presented the Millage Financial Status Report for the period ending June 30, 2024.

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE MILLAGE FINANCIAL STATUS REPORT FOR THE PERIOD ENDING JUNE 30, 2024, AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

VI. Executive Director report

- T. Cortes presented the Executive Director report to the WCCMH Board
  - Medicaid enrollment eligibility is affecting funding for CCBHCs across the state.
  - Washtenaw County staff engagement survey has been completed and information is being reviewed.

VII. CMHPSM Regional Update

- T. Cortes provided CMHPSM Regional updates to the Board.
  - Preliminary budget was approved.

Alfreda Rooks joined the meeting virtually

VIII. New Business

- WCCMH FY2025 Annual Operating Budget (Attachment #4)

- N. Phelps presented the FY2024 budget to the Board.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO ACCEPT AND APPROVE THE WCCMH FY2025 ANNUAL OPERATING BUDGET AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A (Virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- WCCMH FY2025 Annual Budget Book (Attachment #5)
  - N. Phelps presented the FY2025 Annual Budget Book to the Board.
- WCCMH FY2025 Master Contract List (Attachment #6)
  - M. Taylor presented the FY2025 Master Contract List to the Board.

MOTION BY H. HEAVILAND, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE WCCMH FY2025 MASTER CONTRACT LIST AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A (Virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Performance Improvement FY23 Report (Attachment #7)
  - L. Higle presented the FY23 Performance Improvement Report to the Board.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE PERFORMANCE IMPROVEMENT FY23 REPORT AS PRESENTED

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A (Virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

- CMHPSM Oversight Policy Board (OPB) Appointment (Attachment #8)
  - M. Harding the proposed re-appointment of David Oblak CMHPSM Oversight Policy Board Appointment for a term of October 1, 2024, through September 30, 2027.

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND, TO APPOINT DAVID OBLAK TO THE CMHPSM OVERSIGHT POLICY BOARD FOR A 3-YEAR TERM ENDING SEPTEMBER 30, 2027.

ROLL CALL VOTE:

DUSBIBER	**Y**	**HEAVILAND**	**Y**
HIGMAN	**N/A**	**KING**	**N/A**
LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A (Virtual)**	**SCOTT**	**N/A**
SOMERVILLE	**Y**	**TOLSTYKA**	**Y**
UDOW-PHILLIPS	**Y**	**WALKER**	**Y**

MOTION CARRIED

IX. Old Business
- None

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

MOTION BY A. LABARRE SUPPORTED BY M. TOLSTYKA TO ADJOURN THE WCCMH BOARD MEETING.

Meeting adjourned at 11:18 am.

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

August 14, 2024

Members Present on the Call: Melissa Concannon (Co-Chair), Joy Duffy, Leo Hanifin, Barb Higman, Alayna Manzanares, Pam Rathbun (Chair), Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison).
Guests: Sarah Klawitter (Secretary from Monroe CMH-CAC).
Absent: Anton Clark, Lisa DeRamos, Lisa Porzondek

Meeting called to order at: _ 12:34 _ pm_.
MOTION BY _ Melissa _ - SUPPORTED BY _ Barb _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. Walk-A Mile: NEW DATE: Tuesday 9/17/2024 –

We needed to reschedule the date. We NEED TODAY:
Flag Carriers: Billy Keener & Jeremiah Phillips
Shirt Colors: White / Tie-Dye.
Speaker: Melissa Concannon (or Pam …)
Speech: *We look forward to a future of Mental Health for All and parity between mental health and physical health. Dental health is mental health! We believe access to mental health care is a human right. We hope CMHs (Community Mental Health organizations) across the state will make an even greater positive impact in the days to come. We aspire to a day when stigma will be vanquished and all people, regardless of their health, will be able to hold their head up high. Walk-a-Mile in my Shoes!*
Mert worked with Leo and Hayley to confirm that we have the tie-dye kits ready by next Thursday at 12:30pm at Ellsworth. Leo expressed frustration that the shirts had too small of a graphic on the back of the shirts. Melissa will help with setup so that everything is ready for the 1-3pm Tie-Dying event next Thursday, August 22, 2024. Mert will bring 4 buckets. Pam will bring 2 table coverings for the 2 picnic tables. Mert will send out an announcement to all CMH.

II. Regional CAC:

a. Picnic on August 8. We had 6 from Washtenaw county. 4-5 peers from Lenawee. About 10 Admin staff from Lenawee CMH. 1 person from Monroe CMH
b. 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. – 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. Alayna offered to write about the millage outcomes.

IV. **Celebration of Success**: NOMINATE people. Think of 2-3 people you would nominate and get them in. Mert and Melissa will collaborate to get 48 bookmarks made: 4 different ones with 12 copies of each on cardstock that Mert has.

V. **Fresh start (Joy)**: Will have an onsite campout this weekend at the Fresh Start Clubhouse location. She amended her report with the following notes from the recent Fresh Start-Day of Giving. Fresh Start Clubhouse had a day of giving. It was fun. We had our own board members there. The theme was circus. We had hamburgers and hotdogs. We had congress woman Debbie Dingle present at the day of giving. That is a day where we have a big fundraiser. We get local businesses to sponsor us. Members were able to put their name in a raffle. I won a gift certificate to California Pizza Kitchen and to a local work out center. One fun thing about giving day was my best friend was in out of town. And she got to reconnect with members she hasn't seen in a long time. And she met new members. Thank you to all of those who gave to the clubhouse.

VI. **NAMI (Barb & Alayna)**:
   a. 9/8/24 – There will be a Walk-A-Mile from 9-11am on Bonisteel in Ann Arbor on the University of Michigan Campus.
   b. Barb also reminded us to get out the vote for the Mental Health & Public Safety Millage and to educate our community on the impact that the millage has had on our community for the past 8 years.

VII. **Public Health, Lisa deRamos sent in the following note:** I did want to share that the health dept has our second and final Summer Health Day event coming up next Wed 8/21 outside Towner from 4-7pm. There will be health dept resources, free food, games, prizes. CMH will have a table there along with WishYouKnew mental health campaign and some other substance use support/harm reduction resources. All are welcome and please help spread the word. Please share our flyer (attached) and/or our Facebook event page with your colleagues and clients- https://www.facebook.com/share/t3Gi97Y7XDutpBds/
Mert will email this flyer to everyone with the initial draft of the minutes.

VIII. **New Business**: none

_ Alayna _ motioned to adjourn the meeting at _ 1:21pm_, Supported by _ Joy and Barb_.

The next meeting will be September 11, 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

September 11, 2024

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

Meeting called to order at: _ 12:31 _ pm_.

MELISSA: REVIEW LAST MONTH'S MINUTES AND REQUEST MOTION TO APPROVE AGENDA.
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:** Comprehensive Community Behavioral Health Clinic. There were 4 things needing work and adaptation. There will be a new survey coming out in the new year to make CMH more like a primary care clinic. The PHQ-2 and the PHQ-9 for those who need it. There are 32-33 CCBHC sites in Michigan currently; the hope is that as other counties open up sites, then those counties will take some of the load off of Washtenaw.
II. **Walk-A Mile: NEW DATE:** Tuesday 9/17/2024 – Melissa e-mailed Felicia Brabec & Jeff related to Irwin legislative action. We will at least see one of their offices.
III. **Regional CAC**:
    a. News from today's meeting: (See attached Minutes).
    b. Arts & Crafts Show – LRC 4/25/2025 12pm-6/7pm. Mert reserved a room.
    c. Livingston had a movie and discussion & recovery.
    d. Prep for fall training: Mert will coordinate with Joy Duffy to open the time. We will have sandwiches and salads from Panera.
IV. **Newsletter**: We talked about the published newsletter and about plans for the fall: Gratitude and ADHD and perhaps others could submit something.
V. **Celebration of Success**: Bookmarks printed by Mert on cardstock with Quotes on Goals, Melissa is laminating them and adding a ribbon. We used quotes on goals by a local poet. October 22, 2024 1-4pm @the LRC. Get to Nominating!! Write down what people are accomplishing and nominate them.
VI. **Fresh Start (Joy)**: Joy expressed concerns about a lack of professionalism and about the changes that have been stressful and difficult. We discussed the positives for how they were open on Labor Day and able to accommodate the needs of members. There were also concerns about cleanliness. Joy detailed the self-responsible approach of avoiding the triggers associated with Fresh Start.
VII. **NAMI (Barb & Alayna)**: Family-to-Family Classes online only starting soon, register. Peer-To-Peer Classes 10/1 @6pm; Support Groups are happening. "Ending the Silence" continues to advocate for decreased stigma. Also, work is going forward to advocate for the Mental Health & Public Safety Millage. There are 4 general advocacy groups proposed: Homelessness, Seniors, Youth, Advocacy.
VIII. **New Business**:
    What slides / graphs/ charts do you want from the Annual performance review?

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

The next meeting will be October 9, 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.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Access System***
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	09/23/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish policies for the provision of Community Mental Health Partnership of Southeast Michigan (CMHPSM) access system services.

II. REVISION HISTORY

DATE	MODIFICATION
03/10/2010	Policy created
05/03/2013	Revised to reflect the new regional entity effective January 1, 2014
12/11/2014	Updated to include new program guidelines and references
02/14/2018	Revised to reflect the name change of MDCH to MDHHS
05/02/2018	Revised References
12/17/2021	3-year review
Will be Regional Approval Date	3-year review

III. APPLICATION

The policy applies to:

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

IV. DEFINITIONS

Access management services: Those responsibilities associated with determining a consumer/individual's eligibility for support from the public mental health and substance

use disorder care system; managing resources (including capacity, availability and accessibility of resources to meet service and demands); ensuring compliance with various funding eligibility and service requirements; and assuring associated quality of care. Activities to carry out these responsibilities include information services, screening, service authorization, and appropriate referral and placement into the public mental health and substance use disorder care system, or linkage to other community resources.

Access system: A coordinated and integrated arrangement of administrative and clinical resources that: (1) provides information about the public mental health and substance use disorder care systems' covered services; (2) ensures the consumer/individual's appropriate need identification, and linkage to any crisis services to address any emergent needs; (3) renders a defined eligibility determination and authorizes the comprehensive assessment; and (4) coordinates the efficient provision of supports from the public mental health and substance use disorder care system. The access system is an arrangement of coordinated functions that provides screening and eligibility determination; it is not a building or a place.

American Society of Addiction Medicine (ASAM): Organization that establishes the criteria for determination of level of care for substance use disorders based on the following dimensional criteria:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use or Continued Problem Potential
- Dimension 6: Recovery/Living Environment

Applicant: Consumer/individual served who requests mental health, intellectual/developmental disabilities, substance use disorder, or co-occurring mental illness and substance use disorder services through the access system.

Assessment: The face-to-face comprehensive bio-psychosocial and/or clinical evaluation that obtains appropriate and necessary information about each consumer/individual served seeking entry into a public mental health and substance use disorder care setting or service. The information is used to match a consumer/individual's need with the appropriate care setting, care level and service intervention.

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 Michigan Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization. CMHSPs are individually responsible for administering the general fund benefit for their designated counties.

Core Substance Use Disorder Provider: Provider designated to serve as the access management system for substance use disorder services.

Crisis Situation: A situation in which a consumer/individual served is experiencing a medical or psychiatric emergency or is suicidal or homicidal, thereby requiring an

immediate referral/intervention to a provider specializing in the service most appropriate to the consumer/individual's situation and needs.

Emergent Situation: A situation in which a consumer/individual served is experiencing a serious mental illness or a intellectual/developmental disability, or a minor is experiencing a serious emotional disturbance, and one of the following applies: (1) The consumer/individual served can reasonably be expected within the near future to physically injure themselves, or another consumer/individual served, either intentionally or unintentionally; (2) The consumer/individual served is unable to provide themselves food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the consumer/individual served or to another consumer/individual served; or (3) The consumer/individual's judgment is so impaired that they are unable to understand the need for treatment, and in the opinion of the mental health professional, their continued behavior as a result of the mental illness, intellectual/developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the consumer/individual served or to another consumer/individual served. Emergent situations require immediate attention by the access system with a decision to be made about the disposition and linkage to state and federally approved medically necessary services within 3 hours of initial contact.

Qualified Practitioner: A professional practitioner, provider or staff member who is qualified to provide public mental health and substance use disorder care, treatment, support or services by virtue of one or more of the following: education, licensure, certification, competence, experience, and/or applicable law or regulation.

Pre-Paid Inpatient Health Plan (PIHP): Organizations in Michigan that manage designated geographic areas for the Medicaid mental health, intellectual/developmental disabilities, and substance use disorder services outlined in the 1915(b) and 1915(c) waivers that created the CMHSP managed care model in the State.

Procedure Manual: A written set of documents developed and maintained locally by each CMHPSM Community Mental Health Services Program (CMHSP) that details how the staff will provide access system services to meet the Access System Policy requirements and standards.

Routine Situation: A situation where the consumer/individual served appears to have mental health, intellectual/developmental disability, and/or substance use disorder needs requiring an assessment by a professional.

Screening: A brief telephone or face-to-face triage that determines the need for immediate mental health, intellectual/developmental disability, and/or substance use disorder services authorization for initial entry into the public mental health system, substance use disorder treatment services, or referral to community resources. Triage results in the determination of whether the consumer/individual's call/walk-in is emergent, urgent, or routine. The purpose of a screening is to connect the consumer/individual served to services/resources as quickly as possible.

Urgent Situation:

1. Mental Health Services: A situation in which a consumer/individual served is determined to be at risk of experiencing an emergency situation in the near future if they do not receive care, treatment, or support services. Urgent situations require a face-to-face assessment within 24-48 hours by a professional appropriate to the consumer/individual's condition.
2. Substance Use Disorders: A situation that requires a priority population to be seen within 24 hours according to MDHHS Waitlist and Priority Population

Management Guidelines.[1] A situation where a consumer/individual served who is pregnant and has a substance use disorder is considered an urgent situation.

V. POLICY

It is the policy of the CMHPSM to provide a welcoming, responsive, access system 24 hours a day, 7 days a week for all consumers/individuals served who contact the CMSHPSM seeking information, services, and/or support systems for behavioral health care needs (including intellectual/developmental disabilities, mental health, substance use, or co-occurring disorders). Access system services are delegated by the CMHPSM to Community Mental Health Services Programs (CMHSP) in the region or through contractual arrangements with providers. All access system services will be provided in accordance with all applicable access and availability standards.

VI. STANDARDS

A. CMHPSM access system key functions include:
   a. Welcoming all consumers/individuals served by demonstrating empathy, providing the opportunity for the consumer/individual served to describe their situation, exhibiting excellent customer service skills, and working with consumers/individuals served in a non-judgmental way.
   b. Screening consumers/individuals served who contact the access system for services to determine whether the consumer/individual's need is a crisis, emergent, urgent, or routine, including the consumer/individual's perception of the urgency of their situation in the urgency determination.
   c. Determining a consumer/individual's eligibility for Medicaid specialty services and supports, other Medicaid-funded programs, MI Child or, for those who do not have any of these benefits, as a consumer/individual served whose presenting needs for mental health/substance use disorder services make them a priority to be served.
   d. Collecting and documenting information from consumers/individuals served for decision-making and reporting purposes. Information related to service requests will be documented in the consumer/individual's electronic medical record.
   e. Referring consumers/individuals served in a timely manner to the appropriate mental health practitioners, substance use disorder services, or community resources that may meet their needs.
   f. Informing consumers/individuals served about all the available mental health and substance use disorder services and providers and their due process rights under all applicable Medicaid programs, MI Child, and the Michigan Mental Health Code.
   g. Conducting outreach to under-served and hard-to-reach populations and maintaining accessibility to the community-at-large.

B. Welcoming
   a. All consumers/individuals served contacting the CMHPSM, including all Michigan residents and regardless of where the consumer/individual served lives, will be assisted through the access system. All staff will be welcoming, accepting and helpful with the applicant's request for service.
   b. CMHPSM access system services are available through toll free access telephone lines 24 hours a day, 7 days per week including in-person and telephone access for hearing impaired consumers/individuals served.
      1. The access system telephone lines accommodate Limited English Proficiency (LEP), are accessible for consumers/individuals served with hearing impairments and have electronic caller identification if locally available.
      2. Access system telephone lines are answered by a live representative from the access system. Callers will not encounter telephone "trees," will not be put on hold or sent to voicemail until they have spoken to a representative

from the access system to express their situation and circumstances, and it is determined that their situation is not urgent or emergent.

3. Consumers/individuals served calling the CMHPSM access system with a crisis/emergent need will be immediately transferred to a qualified practitioner without requiring the consumer/individual served to call back.
4. Consumers/individuals served calling the CMHPSM access system with non-emergent needs will not be kept on hold waiting for a screening for more than three (3) minutes without being offered an option of being called back. Any subsequent call back will occur within one (1) business day of the initial contact.
5. Decentralized access systems have a mechanism in place to forward the call to the appropriate access portal without the consumer/individual served having to re-dial.

c. The CMHPSM access system will provide a timely, effective response to all consumers/individuals served who walk in.
    1. For consumers/individuals served who walk into a CMHPSM access system service location with urgent or emergent needs, an intervention will be initiated immediately.
    2. Consumers/individuals served who walk into a CMHPSM access system service location to request routine services will be screened or other arrangements made within thirty (30) minutes.
d. The CMHPSM access system maintains the capacity to immediately accommodate consumers/individuals served who present with:
    1. LEP and other linguistic needs
    2. Diverse cultural and demographic backgrounds
    3. Visual impairments
    4. Alternative needs for communication
    5. Mobility challenges
e. The CMHPSM access system will address financial considerations, including county of financial responsibility as a secondary administrative concern, only after any urgent or emergent needs are addressed. Access system screening and crisis intervention services do not require prior authorization. Screening and referral will never require financial contribution from the consumer/individual served being served.
f. The access system will provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code or Substance Abuse Administrative Rules, including information about their rights to the person-centered planning process, and will assure that they have access to the pre-planning process (as applicable) as soon as the screening and coverage determination processes have been completed.

C. The CMHPSM access system screening for crises:
a. Access system staff shall first determine whether the presenting mental health or substance use disorder need is emergent, urgent, or routine and will address emergent and urgent needs first. To assure understanding of the problem from the point of view of the consumer/individual served who is seeking help, methods for determining emergent or urgent situations will incorporate “caller or client-defined” crisis situations. Staff will demonstrate empathy as a key customer service method.
b. The CMHPSM has emergency intervention services with sufficient capacity to provide clinical evaluation of the problem, to provide appropriate intervention, and to make timely disposition to admit to inpatient care or refer to outpatient services. Emergency intervention services will be provided through telephonic crisis intervention counseling, face-to-face crisis assessment, mobile crisis team interaction, and dispatching staff to an emergency room, as appropriate. Access system staff will perform or arrange for inpatient assessment and admission,

alternative hospital admissions placements, or immediate linkage to a crisis practitioner for stabilization, as applicable.

c. The access system crisis assessment will include an inquiry as to the existence of any established medical or psychiatric advance directives relevant to the provision of services.
d. CMHPSM will provide coverage and provision of post-stabilization services for Medicaid beneficiaries once the consumer/individual's crisis is stabilized. Consumers/individuals served who are not Medicaid beneficiaries but who need mental health or substance use disorders services and supports following crisis stabilization will be referred back to the access system for assistance.

D. The CMHPSM access system will make coverage eligibility determinations for public mental health or substance use disorder treatment services
   a. The CMHPSM will ensure access to public mental health services in accordance with the Michigan Department of Health and Human Services (MDHHS)/ PIHP and MDHHS/CMHSP contracts and:
      1. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the consumer/individual served is a Medicaid beneficiary.
      2. Any applicable Medicaid program in the Medicaid Provider Manual.
      3. 2.The MI Child chapter of the Medicaid Provider Manual, if the consumer/individual served is a MI Child beneficiary. The Michigan Mental Health Code and the MDHHS Administrative Rules, if the consumer/individual served is not eligible for a Medicaid program. or MI Child. The CHMPSM will serve consumers/individuals served with serious mental illness, serious emotional disturbance, intellectual/developmental disabilities substance use disorders, giving priority to consumers/individuals served with the most serious forms of illness and those in urgent and emergent situations. Once the needs of these consumers/individuals served have been addressed, consumers/individuals served with other diagnoses of mental disorders with a diagnosis found in the most recent Diagnostic and Statistical Manual of Mental Health Disorders (DSM) will be served based upon CMHPSM/CMHSP priorities and within funding available.
   b. The CMHPSM ensures access to public substance use disorder treatment services in accordance with the MDHHS/PIHP and MDHHS contracts, and:
      1. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the consumer/individual served is enrolled in a Medicaid program.
      2. The MI Child chapter of the Medicaid Provider Manual, if the consumer/individual served is a MI Child beneficiary. The priorities established in the Michigan Public Health Code, if the consumer/individual served is not eligible for Medicaid or MI Child.
   c. The CMHPSM ensures that all screening tools and admission criteria to determine eligibility are valid, reliable, and uniformly administered.
   d. The CMHPSM access system will utilize the ASAM LOC Criteria to make eligibility determinations and level of care placement decisions.
   e. The CMHPSM access system is capable of providing the Early Periodic Screening, Diagnostic and Treatment (EPSDT) corrective or ameliorative services that are required by the MDHHS/PIHP specialty services and supports contract.
   f. When a clinical screening is conducted, the access system will provide a written (hard copy or electronic) screening decision of the consumer/individual's eligibility for admission based upon established admission criteria. The written decision will include:
      1. Identification of presenting problem(s) and need for services and supports.
      2. Initial identification of population group (intellectual/developmental disability, mental illness, severe emotional disturbance, or substance use

disorder) that qualifies the consumer/individual served for public mental health and substance use disorder services and supports.
3. Legal eligibility and priority criteria (where applicable).
4. Documentation of any emergent or urgent needs and how they are immediately linked for crisis service.
5. Identification of screening disposition.
6. Rationale for system admission or denial.

g. The CMHPSM access system identifies and documents any third-party payer source(s) for linkage to appropriate referral source, either in or out of network.
h. The CMHPSM access system will not deny an eligible consumer/individual served a service because of the consumer/individual served/family income or third-party payer source.
i. The CMHPSM access system will document the referral outcome and source, either in-network or out-of-network.
j. The CMHPSM access system will document when an consumer/individual served with mental health needs, but who is not eligible for any Medicaid program, is placed on a waiting list for service and why.

E. Collecting information:
   a. The CMHPSM access system will avoid duplication of screening and assessments by using the assessments already performed or by forwarding information gathered during the screening process to the provider receiving the referral, in accordance with the applicable federal/state confidentiality guidelines (e.g. 42 CFR Part 2 for substance use disorders).
   b. The access system shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans and primary care physicians.
   c. All CMHPSM screening and assessment information will be documented in the CMHPSM electronic medical record system.

F. Referral to PIHP or CMHSP Practitioners:
   a. The CMHPSM access system will ensure that applicants are offered appointments for assessments with mental health or SUD professionals of their choice within the MDHHS/PIHP and CMHSP contract-required standard timeframes. Staff will follow up to ensure the appointment occurred.
   b. The CMHPSM access system will ensure that, at the completion of the screening and coverage determination process, consumers/individuals served who are accepted for services have access to the person-centered planning process.
   c. The CMHPSM access system shall ensure that the referral of consumers/individuals served with substance use disorders or co-occurring mental illness and substance use disorders to PIHP or CMHSP or other practitioners must be in compliance with the confidentiality requirements of 42 CFR.

G. Referral to community resources:
   a. The CMHPSM access system shall refer Medicaid beneficiaries who request mental health services, but do not meet eligibility for specialty supports and services, to their Medicaid Health Plans or Medicaid fee-for-service providers.
   b. The CMHPSM access system shall refer consumers/individuals served who request mental health or substance use disorder services but who are not eligible for Medicaid-covered mental health and substance use disorder services, nor who meet the priority population criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance use disorder services, to alternative mental health or substance use disorder treatment services available in the community.
   c. The CMHPSM access system will provide information about other non-mental health community resources or services that are not the responsibility of the public mental health system to consumers/individuals served who request it.

H. Informing consumers/individuals served:

a. General – The CMHPSM access system will provide information about, and help consumers/individuals served connect as needed with
    1. The CMHPSM Customer Services Department, peer support specialists, or other internal supports
    2. Local community resources, such as transportation services, prevention programs, local community advocacy groups, self-help groups, service recipient groups, and other avenues of support, as appropriate.

b. Rights:
    1. The CMHPSM access system will provide Medicaid beneficiaries information about the local dispute resolution process and the State Medicaid Fair Hearing process. When a consumer/individual served is determined ineligible for Medicaid, mental health or substance use disorder services, they are notified both verbally and in-writing of the right to request a second opinion; and/or file an appeal through the local dispute resolution process; and/or request a State Fair Hearing.
    2. The CMHPSM access system will provide persons with substance use disorders, or persons with co-occurring substance use/mental illness with information regarding local substance use disorder Recipient Rights.
    3. When a consumer/individual served with mental health needs, who is not a Medicaid beneficiary, is denied community mental health services, for whatever reason, they are notified of the right under the Mental Health Code to request a second opinion. That consumer/individual served will also be provided with the option of pursuing the local dispute resolution process.
    4. The CMHPSM access system will schedule and provide for a timely second opinion, when requested, from a qualified health care professional within the network, or arrange for the consumer/individual served to obtain one outside the network at no cost to the consumer/individual served. The consumer/individual served has the right to a face-to-face determination, if requested.
    5. The CMHPSM access system ensures the consumer/individual served and any referral source (with the consumer/individual's consent) are informed of the reasons for denial and will recommend alternative services and supports or disposition.

c. Services and providers available:
    1. The CMHPSM access system will assure that applicants are provided comprehensive and up-to-date information about the mental health and substance use disorder services that are available and the providers who deliver them.
    2. The CMHPSM access system will assure that there are available alternative methods for providing the information to consumers/individuals served who are unable to read or understand written material, or who have limited English proficiency (LEP).

I. Administrative functions:

a. The CMHPSM has written policies, procedures, and plans that demonstrate the capability of its access system to meet access system standards.

b. Community outreach and resources
    1. The CMHPSM has an active outreach and education effort to ensure the network providers and the community are aware of the access system and how to use it.
    2. The CMHPSM has regular and consistent outreach efforts to commonly un-served or underserved populations who include children and families, older adults, homeless persons, members of ethnic, racial, linguistic and culturally diverse groups, persons with dementia, and pregnant women.
    3. The CMHPSM assures that the access system staff are informed about, and routinely refer consumers/individuals served to, community resources

that not only include alternatives to public mental health or substance use disorder treatment services, but also resources that may help them meet their other basic needs.

4. The CMHPSM maintains linkages with the community's crisis/emergency system, liaisons with local law enforcement, and has protocols for jail diversion.

c. Oversight and monitoring:
    1. The CMHSP's medical directors are involved in the review and oversight of the CMHPSM access system policies and clinical practices.
    2. The CMHPSM assures the access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, the MI Child chapter of the Medicaid Provider Manual, the Michigan Mental Health Code, the Michigan Public Health Code, and the MDHHS/PIHP and CMHSP contracts.
    3. The CMHPSM has mechanisms to prevent conflict of interest between the coverage determination function and access to, or authorization of, services.
    4. The CMHPSM monitors provider capacity to accept new consumers/individuals served and be aware of any provider organizations not accepting referrals at any point in time.
    5. The CMHPSM routinely measures telephone answering rates, call abandonment rates and timeliness of appointments and referrals. Any resulting performance issues are addressed through the CMHPSM Quality Improvement Plan.
    6. The CMHPSM assures that the access system maintains medical records in compliance with state and federal standards.
    7. The CMHPSM staff work with consumers/individuals served, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.
d. Waiting Lists:
    1. The CMHPSM ensures that the CMHSPs have policies and procedures for maintaining a waiting list for consumers/individuals served not eligible for Medicaid, MI Child, or Healthy Michigan and who request community mental health services but cannot be immediately served. The policies and procedures minimally assure:
        i. No Medicaid, MI Child, or Healthy Michigan beneficiaries are placed on waiting lists for any medically necessary Medicaid, MI Child, or Health Michigan service.
        ii. A local waiting list will be established and maintained when the CMHSP is unable to financially meet requests for public mental health services received from those who are not eligible for Medicaid, MI Child, or Healthy Michigan. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.
        iii. Consumers/individuals served who are not eligible for Medicaid, Healthy Michigan, or MI Child who receive services on an interim basis that are other than those requested will be retained on the waiting list for the specific requested program services. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.
        iv. Use of a defined process, consistent with the Mental Health Code, to prioritize any service applicants and recipients on its waiting list.

v. Use of a defined process to contact and follow-up with an consumer/individual served on a waiting list who is awaiting a mental health service.
vi. Reporting, as applicable, of waiting list data to the Michigan Department of Health and Human Services as part of its annual program plan submission report in accordance with the requirements of the Mental Health Code.

J. All CMHPSM CMHSPs and SUD core providers will maintain written Access System procedures that detail how the access system standards identified in the Access System Policy are met locally.

K. All Certified Community Behavioral Health Clinics (CCBHC) will maintain the following Access standards:
   a. Expanded Access to Services: CCBHC program requirements stipulate that CCBHCs cannot refuse service to any person based on either ability to pay or residence, expanding the population eligible for the robust service array. Any fees or payments required by the clinic for such services will be reduced or waived to ensure appropriate accessibility and availability. Additionally, CCBHCs must follow standards intended to make services more available and accessible, including expanding service hours, utilizing telehealth, engaging in prompt intake and assessment processes, offering 24/7 crisis interventions, and following person and family-centered treatment planning and service provision.
   b. CCBHC Recipient Eligibility: Any person with a mental health or substance use disorder (SUD) ICD-10 diagnosis code is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services. Eligibility review should align with assessment and diagnosis requirements and take place as frequently as specified or as clinically appropriate following the person-centered planning process and must be medically necessary. For those with Medicaid, eligible Medicaid beneficiaries include those enrolled in Medicaid (MA), Health Michigan Plan (MA-HMP), Freedom to Work (MA-FTW), MIChild Program (MAMICHILD), Full Fee-for-Service Health Kids-Expansion (HK-EXP), and Integrated Care – MI Health Link (ICO-MC). Medicaid beneficiaries cannot be enrolled in the PACE or Brain Injury Services Benefit Plans concurrently with CCBHC. Medicaid beneficiaries eligible for CCBHC are eligible for all Medicaid covered services.
   c. Residency: CCBHCs must serve all individuals regardless of residency or ability to pay. CCBHCS may define service catchment areas for targeted outreach that correspond directly to the required annual needs assessment. For individuals residing out of state, CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services and should have protocols developed for coordinating care across state lines.
   d. Availability and Accessibility: The CCBHC must provide a functional, safe, clean, and welcoming environment for consumers and staff and are subject to all state standards for provision. Services are delivered at times and in locations that meet the needs of the population to be served, offering transportation, mobile in-home services, and telehealth/telemedicine when appropriate to guarantee access. Consumers are to be served regardless of ability to pay, insurance, or place of residence. Although there is technically no limit on the amount or duration of services offered, the amount, scope, and duration of services are determined through a person-centered planning process based on service eligibility and medical necessity criteria.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al.	X	
45 CFR Parts 160 & 164 (HIPAA)	X	
42 CFR Part 2 (Substance Abuse)	X	
American Society of Addition Medicine, Inc (ASAM)	X	
ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders 2nd Edition, 2001	X	
HITECH Act of 2009	X	
Current Joint Commission Behavioral Health Standards	X	
MDHHS Certified Community Behavioral Health Clinic (CCBHC) Handbook	X	
MDHHS Medicaid Contract	X	
MDHHS Substance Abuse Contract	X	
Michigan Medicaid Provider Manual	X	
Michigan Mental Health Code Act 258 of 1974	X	
Assessment Policy	X	
Confidentiality & Access to Clinical Records Policy	X	
Consumer Appeal Policy CMHPSM	X	
Customer Services Policy CMHPSM	X	
Culturally & Linguistically Appropriate Services Policy	X	
Employee Competency & Credentialing Policy	X	
Notice of Privacy Practices and Consumer Complaints for Protected Health Information Policy	X	
Person Centered Planning Policy	X	
Right to Dignity and Respect Policy	X	
Services Suited to Condition Policy	X	
Training Policy	X	
Utilization Management/Review Policy	X	

Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* *Advance Directives &* *Do Not Resuscitate Orders*
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

This policy establishes standards by which the Community Mental Health Partnership of Southeast Michigan (CMHPSM) responds to consumer/individuals' rights and choices with advance directives and end of life care. This policy establishes procedures for notifying consumers/individuals served of relevant state laws and agency policies to assist them with their decision making in these areas; and establishes procedures in which the CMHPSM addresses the special needs of consumers/individuals served and their families during end-of-life care. This policy also states the CMHPSM position on hospice/end of life care and identifies the requirements for responding to requests by consumers/individuals served or their legal representatives to honor Do-Not-Resuscitate Orders.

II. REVISION HISTORY

DATE	MODIFICATION
01/6/2006	
05/23/2013	Revised to reflect the new regional entity effective January 1, 2014.
09/14/2016	Due for review.
03/13/2020	Cyclical review and revisions based on HSAG EQR review
Will be the Regional Approval Date	

III. APPLICATION

This policy applies to:

☒ 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

The CMHPSM supports consumers'/individuals' rights to develop advance directives as tools by which consumers/individuals served can exercise self-determination where possible and enhance communication between consumers/individuals served, their families/friends, and healthcare professionals. The CMHSPM supports consumers'/individuals' rights to make decisions regarding their end-of-life care where possible and in accordance with applicable laws. CMHPSM staff shall inform consumers/individuals served of their right to develop advance directives, including assisting consumers/individuals served with information or resources in understanding the implementation of and revocability with advanced directives.

V. DEFINITIONS

Advance Directive: A legally-binding, notarized document signed by a legally competent adult giving direction to healthcare providers about consumers'/individuals' treatment choices in specific circumstances including but not limited to medical or psychiatric situations.

Crisis: An emergent situation that is likely to cause reduced levels of functioning in primary aspects of the consumers'/individual's life if not addressed as soon as possible.

Community Mental Health Partnership of Southeastern Michigan (CMHPSM): This is the regional entity of the four CMHSPs that provide services to consumers/individuals served either directly or through contract agencies.

Community Mental Health Services Program (CMHSP): This is the agency where services are provided to consumers/individuals served either directly or through contract agencies.

Devisee: A person who is devised to receive the gift of real property (usually real estate) from a person's last will and testament after the testator's death.

Do-Not-Resuscitate (DNR) Order: A document executed pursuant to Section 3 of the Michigan Do Not Resuscitate Procedure which states that in the event a patient suffers cessation of both spontaneous respiration and circulation, no resuscitation will be initiated.

Durable Power of Attorney (DPOA) - Health Care: A legal advance directive that names a person (Patient Advocate) to act on the signer's behalf in enacting decisions about the signer's medical care if the signer becomes unable to make medical decisions for him or herself.

Individual Crisis Plan: A consumer/individual served-driven document in which the consumer/individual served decides what issues to address in a crisis, which people will be enlisted for support during the crisis, and who will get a copy of the plan. This document is not legally binding.

Licensed Hospice Program: A health care program that provides coordinated services for an individual diagnosed with a disease/condition with a terminal prognosis. These services are rendered at home or in an outpatient or institutional setting that is licensed under article 17 of the Public Health Code. (PA 368 of 1978).

Patient Advocate: An individual designated to exercise powers concerning another individual's care and medical or mental health treatment or authorized to make an anatomical gift on behalf of another individual, or both. This person is identified in an advance directive/durable power of attorney as the individual with the ability to act on behalf of the signer in enacting decisions about the signer's medical or psychiatric care if the signer becomes unable to make medical or psychiatric care decisions for themself.

Sound Mind: Having an understanding of one's actions and reasonable knowledge of one's family, possessions and surroundings.

VI. STANDARDS

A. General Standards

1. The Person-Centered Planning process is the mechanism with which the CMHPSM shall use to facilitate communication around the differences between a crisis plan, a health care advanced directive, and a psychiatric advanced directive, including how consumers/individuals served may access additional materials and supports to enact one. For those consumers/individuals served who have identified that they have a crisis plan, health care advanced directive, or a psychiatric advanced directive, the Person-Centered Planning process will also be an opportunity for consumers/individuals served to update or review their plan if they desire.

2. In accordance with the Medicaid Managed Care Rules, the CMHSP shall provide all adult consumers/individuals served with written information at least annually on advance directives policy and applicable state laws, and their rights under those laws.

3. In the event of changes in Michigan law regarding advance directives, the CMHPSM will reflect those changes in written policy and in information provided to consumers/individuals served. Changes will be made within 90 days after the law becomes effective.

4. All adult consumers/individuals served will be informed that complaints concerning noncompliance with advance directive policy may be filed through the grievance process of the local CMHSP. This may be done through the Member Services department, the Office of Consumer Rights, or by contacting any staff member within a CMHSP.

5. The Person-Centered Planning process is used to facilitate the discussion around the policy statements regarding the use of a crisis plan, advance directive, or a durable power of attorney. A consumer/individual served may request a referral for assistance in establishing a crisis plan or a durable power of attorney.

6. All providers in the CMHPSM system of care are prohibited from conditioning the provision of care based on whether or not the individual has executed an advance directive.

B. Advance Directives - Psychiatric and Medical/Durable Power of Attorney-Health Care

1. An adult consumer/individual served who is of sound mind has the right to enact a Durable Power of Attorney-Health Care, in accordance with the Michigan Patient Self Determination Act.

2. An adult consumer/individual served who is of sound mind has the right to enact a psychiatric advanced directive, in accordance with the Michigan Estates and Protected Individuals Code (Public Act 386 of 1998) and the Michigan Mental Health Code.

3. The CMHPSM, in accordance with Michigan law, does not allow the following people/titles to enact advance directives on behalf of their ward:
   - Guardians
   - Spouses
   - Parents
   - Children
   - Grandchildren
   - Siblings
   - Presumptive heirs
   - Known devisees at the time of the witnessing
   - Physicians
   - Patient advocates
   - Employees of a life or health insurance provider for the patient
   - Employees of a health facility that is treating the patient
   - Employees of a home for the aged where the patient resides as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106.

4. The CMHSP will ensure that the consumer's/individual's paper and electronic record accurately and clearly reflect the most current Durable Power of Attorney and/or medical or psychiatric advance directive. It is the consumers'/individual's responsibility to provide CMHSPM staff with any revisions, revocations (where allowed by law), or updates to their advance directive(s).

C. End-of-Life Care including Do-Not-Resuscitate Orders

1 . An adult consumer/individual served who is of sound mind has the right to enact

a Do-Not-Resuscitate (DNR) order as allowed by the Michigan Do-Not-Resuscitate Procedure Act. A DNR for a consumer/individual served may be enacted in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the Department of Health and Human Services. By Michigan law a DNR may be enacted to:

- provide that certain actions be taken and certain actions not be taken with respect to such an order;
- provide for the revocation of a Do-Not-Resuscitate order;
- prohibit certain persons and organizations from requiring the execution of such an order as a condition of receiving coverage, benefits, or services
- prohibit certain actions by certain insurers;
- exempt certain persons from penalties and liabilities; and
- prescribe liabilities.

2. CMHPSM employees, contractual staff, and volunteers can only honor the DNR order if the consumer/individual served is enrolled in a licensed hospice setting.

3. CMHPSM and its staff, along with contractual agencies, in accordance with Michigan Law, is not subject to civil or criminal liability for either of the following:

    a. Attempting to resuscitate an individual who has executed a Do-Not-Resuscitate order or on whose behalf an order has been executed if the person or organization has no actual notice of the order.
    b. Failing to resuscitate an individual who has revoked a Do-Not-Resuscitate order or on whose behalf a Do-Not-Resuscitate order has been revoked, if the person or organization does not receive actual notice of the revocation.
    c. A person or organization is not subject to civil or criminal liability for withholding resuscitative procedures from a declarant in accordance with this act.

4. All CMHPSM employees, contract staff and volunteers are to be aware of special issues related to end-of-life planning for consumers/individuals served, their families and support networks. These may include, but are not limited to, the following:

    a. Advocating appropriate medical attention, including palliative care, through making referrals to the consumer's/individual's Primary Care Physician. This may include asking the consumer/individual served and/or guardian to consider talking with their physician about Hospice Care.
    b. Discussing with the consumer/individual served and/or guardian, and family when applicable, whether supportive counseling about end-of-life issues might be helpful.
    c. Discussing with the consumer/individual served and/or guardian and family when applicable, whether staff can help facilitate contact with a local religious community of the consumer's/individual's choice to receive treatment by spiritual means.
    d. While respecting the wishes of the consumer/individual and/or guardian and within the limits of the laws requiring confidentiality of consumer/individual served information, providing information and referral to family and friends of the consumer/individual served which will help them cope with the consumer's/individual's situation.

e. Providing information about more tangible affairs such as making out a living will and/or the appointment of a patient advocate to make decisions as the end nears, organ donation, collecting/donating property, funeral expenses, etc.
f. Identifying, when possible, the person legally responsible to provide consent for an autopsy upon the consumer's/individual's death and preparing to discuss the benefit of and request for an autopsy with that person. Staff shall seek any necessary technical and supportive assistance with this task, given its sensitive nature, to assure being properly prepared prior to the death of the consumer/individual served.

5. If a consumer/individual served is enrolled in a licensed hospice program, CMHPSM will ensure that all staff, students, or volunteers who regularly work with that consumer/individual served will receive appropriate in-servicing by hospice staff, or a hospice trained staff, on special needs and issues related to that consumer's/individual's care.

6. All CMHPSM staff, students, volunteers, and contractual staff of CMHPSM and/or its providers will immediately contact the appropriate emergency response number should a consumer/individual served appear to require emergency care:

   a. If the consumer/individual served is not enrolled in a licensed hospice program, all covered staff, students and volunteers must see that 911 is called and initiate CPR/First Aid until the emergency responders arrive to take over. If staff has reason to believe that the consumer/individual served may have filed a Do-Not-Resuscitate Order with their Primary Care Physician, they will provide the Emergency responders with the consumer's/individual's Primary Care Physician's phone number. If a consumer/individual served wears a "Do-Not-Resuscitate" identification bracelet, as provided for in the MDNRPA, the PCP's number will be on the bracelet. The Emergency responders are empowered by the MDNRPA to determine what action to take next.

   b. If the consumer/individual served is enrolled in a licensed hospice program, the Michigan Do-Not-Resuscitate Procedure Act allows for an emergency call to be placed to an enrolled consumer's/individual's licensed hospice provider, rather than to 911, and prior to attempting CPR, if a consumer/individual served appears to suffer cessation of both spontaneous respiration and circulation. **For any other emergency (accidents, falls, illness, etc.) staff will seek emergency care as usual.**

7. The CMHSPM will ensure that the consumer's/individual's paper and electronic record reflects the most current DNR order. It is the consumer's/individual's responsibility to provide CMHSPM staff with any revisions, revocations (where allowed by law), or updates to their DNR order.

D. Crisis Planning

1. An adult consumer/individual served of the CMHSP has the right to enact a Crisis Plan in accordance with agency procedures. This is a document that a consumer/individual served may complete that explains certain details related to

a consumer's/individual's life that may be addressed should there be a crisis. A crisis may be in the form of, but not limited to, an environmental crisis, psychiatric crisis, or death of a guardian. Please refer to the Individual Crisis Planning procedure of this policy. This document is not legally binding.

2. The consumer's/individua's paper and electronic record **must** include a copy of the current Individual Crisis Plan if the consumer/individual served has delegated any responsibilities in the plan to a CMHSP staff person. If the CMHSP has no designated responsibilities in the Individual Crisis Plan, a copy of the Individual Crisis Plan will be included in the paper and electronic record at the consumer's/individual's request. It is the consumer's/individual's responsibility to provide CMHSPM staff with any revisions, revocations, or updates to their crisis plan.

VII. EXHIBITS

A. None

VIII. REFERENCES

A. Medicaid Managed Care Rules (specifically 42CFR422.128)
B. MCL 333.20106
C. MCL 700.5506
D. Michigan Estates and Protected Individuals Code, PA 386 of 1998, MCL 700.5501- 5513, 700.5515, and 700.5520
E. Public Health Code section 20106, PA 368 of 1978, article 17
F. Michigan Do-Not-Resuscitate Procedure Act, PA 193 of 1996, MCL 333.1051-1067
G. PA 194 of 1996, MCL 400.703-706 and 400.726a
H. Michigan Patient Self Determination Act, PA 312 of 1990
I. CMHSPM Policy on Confidentiality and Access to Clinical Records
J. CMHPSM Policy on Religious Freedom & Treatment by Spiritual Means
K. Opinion #6986 State of MI, Office of Attorney General, re: "Application of Michigan
L. Do-Not-Resuscitate Procedure Act to Adult Foster Care Facilities".
M. Opinion #7009, State of MI, Office of Attorney General, re: "Application of Michigan
N. Do-Not-Resuscitate Procedure Act to Persons Under 18 Years of Age

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Consumer Employment***
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	09/11/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To ensure consistency across the region in meeting standards of good clinical practice in respecting and supporting the work preferences and choices of people with severe and persistent mental illness, intellectual and developmental disabilities, and substance use disorders (SUD) while fulfilling the mandates of the Americans with Disabilities Act (ADA) with respect to community integration.

II. REVISION HISTORY

DATE	MODIFICATION
07/24/2014	Policy creation
02/13/2018	Regular review
12/17/2021	3-year review
Will be the Regional Approval Date	3-year review

III. APPLICATION

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

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:

☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

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

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

Competitive work: In integrated settings means work in the community for which anyone - with or without a disability - can apply and that pays at least minimum wage.

Core Provider: A local provider of substance abuse services utilizing the ROSC(Recovery Oriented System of Care) model that provides for and/or coordinates all levels of care for clients with substance use disorders.

Meaningful: adding value, or purpose to somebody's life.

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.

Work: Paid employment or other productive activity, such as supported employment, integrated employment, microenterprise, or volunteer jobs.

V. POLICY

The CMHPSM recognizes meaningful work to be a basic need and affirms the right of all consumers/individuals served of public behavioral health services to pursue vocational options of their choice. The CMHPSM, in its contract arrangements with the CMHSPs in the region, shall foster the provision of services and supports that promote meaningful work for consumers/individual served.

VI. STANDARDS

A. All consumers/individuals served will be afforded the opportunity to pursue competitive work using Person Centered Planning processes, staff shall educate consumers/individuals served about vocational options and supports available and shall assist consumers/individuals served in pursuing work that is meaningful to consumers/individuals served and aligns with consumer/individual's preferences. The Person Centered Planning process shall provide for ongoing assessment of the consumer/individual's vocational needs.

B. A consumer/individual's options for work must be discussed in the Person Centered Planning process and included in the individual plan of service, with the recognition that some consumers/individuals served may choose volunteering, education/training, or unpaid internships as a means leading to future work.

C. The process of identifying meaningful work shall be directed by the consumer/individual's interests, involvement, and informed choice. The process shall be sensitive to the consumer/individual's cultural and ethnic preferences and give consideration to them.

D. Vocational choices shall encourage and support the consumer/individual's self-sufficiency. Staff shall provide assistance to consumers/individuals served in ensuring their vocational opportunities are integrated in the community and that wages and benefits are competitive, wherever possible.

E. Staff will ensure consumers/individuals served are linked to accurate and timely information about the continuation of federal and state benefits in preparation for and while they are competitively employed.

F. The CMHSP shall ensure any opportunities consumers/individuals served pursue for which the CMHSP provides services/supports occur in working environments that are accessible to the consumer/individual served and in compliance with applicable state and local standards for occupancy, health and safety.

VI. EXHIBITS

None

VII. REFERENCES

1. Medicaid Managed Specialty Supports and Services Program FY20: Attachment P 7.10.2.6, MDHHS Employment Works! Policy
2. CMHPSM Person Centered Planning Policy
3. CMHPSM Work Performed by Recipients Policy

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** ***Diagnosis and Clinical Formulation***
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	09/11/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

A. Establish the requirements for documenting diagnoses using the DSM and ICD diagnostic guidelines required by MDHHS in the most recent version of the Medicaid Provider Manual and the current MDHHS/PIHP Medicaid contract.

B. Establish the requirements for inclusion of a clinical formulation in assessments and re-assessments that documents medical necessity, the existence of a moderate to severe behavioral health condition, level of care recommendations, and descriptions of services/supports likely to address the conditions for which the consumer/individual served is seeking services.

II. REVISION HISTORY

DATE	**MODIFICATION**
11/23/2020	3-year review
Will be Regional Approval Date	3-year review

III. APPLICATION

This policy applies to:

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

IV. DEFINITIONS

Assessment: The process for obtaining clinically relevant information about each individual seeking behavioral health care, treatment, or services, including the systematic collection and review of data specific to consumer/individual served. The information is used to match an individual's need with the appropriate setting, service/program, and intervention. Data from assessments is used in the development of the Individual Plan of Service (IPOS).

Client Services Manager/Supports Coordinator: A designated individual responsible for assisting the individual in accessing needed supports and services. Activities include needs assessment, pre-planning, planning, coordinating, monitoring and evaluating the effectiveness of needed supports and services.

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

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

DSM: The Diagnostic and Statistical Manual of Mental Disorders compiled by the American Psychiatric Association is a classification of mental disorders with associated criteria designed to facilitate more reliable diagnoses of this disorders. DSM is intended to serve as a practical, functional, and flexible guide for organizing information that can aid in the accurate diagnosis and treatment of mental disorders. (Preface DSM 5th Edition, 2013)

ICD: The International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

Individual Plan of Services (IPOS): A written individualized plan of supports and services directed by the individual as required by the Michigan Mental Health Code. This plan may include both support and treatment elements.

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

Reassessment: Ongoing data collection which begins on initial assessment, comparing the most recent data with the data collected at earlier assessments. Individuals may be reassessed for many reasons. These include: evaluation of his or her response to care, treatment or services; response to a significant change in status and/or diagnosis or conditions; request from the consumer/individual served and/or the consumer/individual's representative for a change in the supports and services authorized in the most current

IPOS; as required to satisfy regulatory requirements (i.e. for eligibility determination for a Children's Waiver, or a Home and Community Based Services (HCBS) Waiver); as required for the determination of ongoing eligibility for supports and services, based on a managed care authorization period. In addition, a reassessment of need shall occur during a routine periodic review or annual review prior to the revision of an existing IPOS.

Significant Change: A Significant Change occurs when an individual experiences a change in functioning or circumstances potentially impacting service needs. The assessment update will focus on the individual's current need and may result in change to the Individual Plan of Service (IPOS) that may add new outcomes, amend existing authorizations for services or supports, or add authorizations for new supports or services.

V. POLICY

It is the policy of the CMHPSM that diagnoses entered in the EHR by staff/contractors from each CMHSP Partner shall be justified according to DSM and ICD diagnostic guidelines based on direct observation of the signs and symptoms, clinical history, and reports from other sources.

VI. STANDARDS

A. According to the Michigan Department of Health and Human Services (MDHHS), only healthcare professionals with the required credentials may enter or make changes to diagnoses in the Electronic Health Record (EHR).
B. Diagnoses shall be made at the time of the initial Biopsychosocial Assessment, Psychiatric Evaluation, and Psychiatric Inpatient Pre-Admission Screen. Diagnoses maybe added or changed as appropriate such as following a medication review or any other face to face contact when new or additional information regarding the consumer/individual's symptoms or functioning indicates an adjustment to the diagnosis is indicated. The diagnostic formulation shall include a brief statement of the presenting problem; the signs and symptoms observed and reported by the consumer/individual served as well as their intensity and severity, clinical history, and reports from other sources; mental status; reasons why, if any, that a diagnosis is not met; and areas to monitor.
C. Diagnoses entered into the record that are based on reports from external sources such as hospitals or primary care providers, shall be noted as such, dated, and identified by the sources.
D. Diagnoses made by staff/contractors from each CMHSP Partner shall be reviewed at least every six months.
E. When a diagnostic review results in modifications to the recorded diagnoses, the signs/symptoms and reason for the modification shall be documented in the EHR. If there is no change, the review or assessment documentation shall note the current status of the signs and symptoms regarding the existing diagnosis.
F. Changes in diagnosis shall be communicated with other members of the consumer/individual's treatment team. Questions or disputes about diagnosis shall be resolved expeditiously.
G. When full criteria for a specific diagnosis are not met, clinicians should consider whether the symptom presentation meets criteria for an "other specified" or an "unspecified" designation. An "other specified" category is used in situations in which the consumer/individual's clinical presentation does not meet the full set of criteria for a diagnostic category and the clinician describes the specific reason. The "unspecified" category is used in situations in which the consumer/individual's clinical

presentation does not meet the full set of criteria for a diagnostic category and the clinician chooses not to describe the reason.

H. Within nine months of making a diagnosis of “Provisional”, “Rule Out” or “Unspecified” the diagnostic review should indicate a more specific diagnosis or reasons it is not possible to resolve the diagnosis. When possible, there should be a plan to collect the data that remains incomplete. In initial and annual Biopsychosocial Assessments and Progress Reviews, the diagnostic summary shall support the Clinical Formulation and Disposition.

I. The Clinical Formulation and Disposition shall include conclusions or impressions drawn from historical and ongoing information related to consumer/individual’s physical status, behavioral health needs, substance use history, and trauma needs identified. It shall include a description of the consumer/individual’s level of functioning that meets the Michigan Mental Health Code eligibility criteria for either an Intellectual/Developmental Disability, a Serious Mental Illness, or a Serious Emotional Disturbance. The Disposition shall indicate the most suitable level of care needed to address the consumer/individual’s needs and recommendations for the services, supports, and focus of treatment that are needed.

VII. EXHIBITS

None

VIII. REFERENCES

CMHPSM Assessment and Reassessment Policy
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition- TR
International Statistical Classification of Diseases and Related Health Problems, Vers. 11
Medicaid Provider Manual
Michigan Mental Health Code
Michigan Department of Health and Human Services-PIHP Master Contract
PIHP—Community Mental Health Services Program Master Contract

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy*** **Assessment and Authorization of Community Living Supports (CLS) Services**
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	10/09/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish guidelines for the assessment and authorization of community living support (CLS) services within the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

II. REVISION HISTORY

DATE	MODIFICATION
02/07/2020	Original document
Will be Regional Approval Date	3-year review

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

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

IV. DEFINITIONS

Activities of Daily Living (ADLs) – defined by MDHHS as: eating, toileting, bathing,

grooming, dressing, transferring, and mobility.

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

Community Living Supports (CLS) - as defined in the current MI Medicaid Provider Manual. Supports include assisting (that exceeds state plan for adults), prompting, reminding, cueing, observing, guiding and/or training in the following activities: meal preparation, laundry, routine, seasonal, and heavy household care and maintenance, activities of daily living, and
shopping for food and other necessities of daily living.
Supports also include staff assistance, support and/or training with activities such as: money management; non-medical care (not requiring nurse or physician intervention); socialization and relationship building; transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded); participation in regular community activities and recreation opportunities; attendance at medical appointments; acquiring or procuring goods, other than those listed under shopping, and non-medical services; reminding, observing and/or monitoring of medication administration; staff assistance with preserving the health and safety of the individual in order that they may reside or be supported in the most integrated, independent community setting.

Expanded Home Help - Expanded home help services can be authorized by MDHS for individuals who have severe functional limitations which require such extensive/complex care that the service cost must be approved by the adult services supervisor/local office designee and/or the MDHHS Home Help Policy Section. (See ASM 120 Adult Services Comprehensive Assessment).

Home Help - Home help services is the Medicaid State Plan for personal care services in the home. Home help services which are eligible for Title XIX funding are limited to Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

Instrumental Activities of Daily Living (IADLs) – defined by MDHHS as: taking medication; meal preparation/cleanup; shopping for food and other necessities of daily living; laundry; light housecleaning.

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

V. POLICY

The CMHPSM shall develop, implement, and maintain a process to access, authorize, and monitor CLS services for individuals living in licensed and non-licensed settings in ways that meet state and federal requirements.

VI. GENERAL STANDARDS

A. The person-centered planning process as outlined in the MDHHS PIHP/CMHSP contracts and the MI Medicaid Provider Manual shall be followed in the assessment,

planning, and monitoring of CLS services.

B. All consumers/individuals served and/or guardians seeking CLS services shall be informed of their opportunities for self-determination.
C. CLS cannot supplant services otherwise available through education services, state funded services, or services otherwise available through other insurance benefits.
D. If beneficiaries living in unlicensed homes need assistance with meal preparation, laundry, routine household care and maintenance, ADLs, and/or shopping, the beneficiary must request Home Help and, if necessary, Expanded Home Help from MDHHS. In such cases, CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help or Expanded Home Help.
E. CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home Help or Expanded Home Help services when the individual's needs for this assistance have been officially determined to exceed the MDDHS's allowable parameters. CLS may also be used for those activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverages that do not supplant Home Help or Expanded Home
F. For children and adults up to age 26 who are enrolled in school, CLS services are not intended to supplant services provided in school or other settings or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home-school.

VII. ASSESSMENT OF CLS SERVICES

A. All requests for CLS services or CLS authorizations require an assessment of the medical necessity for the service to be completed by the CMHSP prior to approving CLS, authorizing CLS, or identifying CLS-related goals in a consumer/individual's plan of service.
B. A CLS assessment shall be done at least annually prior to the next full plan of service, or more often if a consumer/individual's needs change, there is a request for additional CLS services, or the IPOS is less than a year in duration.
C. Any changes in the amount or scope of CLS services requires documentation of the reason for these changes and a new or updated CLS assessment where indicated.
D. CLS assessment(s) developed and used by CMHSPs shall comply with the definition of the service in the Michigan Medicaid Provider Manual and the MDHHS HCPCS/CPT coding chart. CMHSPs shall make CLS assessment tools available for review upon request of the PIHP, state or federal entities.
E. The CLS assessment process shall include whether other appropriate, efficacious, less restrictive and cost-effective service options are available to the consumer/individual served that would assist them in achieving their goals.
F. The medical necessity of the amount and scope of CLS shall be based on the consumer/individual's need, not on the conditions, design, construction or location of the setting where CLS will occur.
G. The concept of health and safety in assessing for CLS needs to include reviewing whether there exists health and safety needs for the consumer/individual served specific to that task or function of the CLS service and the goal(s) the consumer/individual served is seeking to achieve.
H. Natural and community supports will be evaluated and utilized prior to approval of Medicaid covered services.
I. The assessment of CLS for children enrolled in Children's Waiver Program (CWP) requires the additional use of CWP Categories of Care and CWP Decision Guide Table and documentation of how these were applied to CLS service decisions.
J. Parents/guardians who request CLS services for their minor children living in their

home will be expected to provide a portion of the child's daily needs. The proportion of natural supports and CLS services will be included in the assessment process, and parity processes will be followed where applicable.

K. The CLS assessment process needs to include whether the PERS system is a viable option for the consumer/individual served to achieve his/her goals instead of the use of CLS staffing.
L. The CLS assessment will delineate if shared or 1:1 hours are medically necessary, and which of those hours is shared versus 1:1. Any shared CLS hours shall be coded and authorized using the correct coding modifier.
M. The CLS assessment process shall delineate between overnight and daytime staffing, and the specific CLS-related care needs between overnight and daytime hours. Overnight CLS hours cannot exceed the hours of 8pm to 8am.
N. CLS requests as out-of-home day activity services shall be reviewed and assessed to ensure the goals and services are not duplicative of in-home CLS services or of other services such as skill-building.
O. CLS services requested for behavioral care shall require some type or aspect of involvement with a structured type of behavioral plan with a qualified professional, such as a behavior plan developed by a behavioral psychologist, ABA/BHT services, or PMTO.
P. Each CMHSP shall follow and document the exception process in those cases where CLS services are included in a parity program and the recommended amount of CLS hours exceeds the applicable level of care parameters
Q. The assessment of CLS as part of placement in a specialized licensed residential requires a distinct review in conjunction with the consumer/individual's personal care needs. The placement and authorization process for CLS in these settings requires a specific referral process and coordination with the local CMHSP provider network manager.

VIII. SERVICE PLANNING

A. CLS services are to assist the consumer/individual served to be more productive, independent, or integrated in their community. The goal(s) related to CLS should therefore be related to at least one of these aspects of the service and based on the needs and goals of the consumer/individual served, not on the needs of their caretaker/guardian.
B. The need for CLS needs to be clearly documented in the consumer/individual's record prior to developing goals in a plan of service; goals cannot be written initially in order to justify CLS services.
C. The consumer/individual's plan of service will delineate which hours are shared or 1:1, the level of supervision staff are to provide, the outcomes/objectives CLS is expected to assist the consumer/individual served in achieving, and the specific tasks and steps CLS staff are to following in assisting the consumer/individual served with reaching their outcomes/objectives.
D. Consumers/individuals served and/or guardians who are eligible for home help and decline to apply for the service, or who have been approved for home help and decline to use the service, do not meet medical necessity for CLS and will be reviewed by the entity's utilization management program for potential adverse benefit determinations.
E. Consumers/individuals served seeking CLS care overnight need to have some type of CLS defined treatment occurring at this time. Coordination of service/supports such as home help, PERS, or natural supports would need to be included in the assessment process.
F. CLS services for minors are not intended to supplant services provided in school or other settings or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home-school

G. If CLS is requested for parents to work they need to pursue babysitting/daycare instead (needs to be for something child needs help learning, not for parent coverage)
H. Parents of minors living in the family home are expected to provide some of the care for the children/child. CLS for children not enrolled in the Children's Waiver Program will not exceed 6 hours per day without going through the UM exception review process.
I. The amount of CLS service hours to learn a specific task needs to be relational to the task as well as the learning needs of the consumer/individual served. Any exceptions to this require completion of a UM exception review process. (For example, ADLs that would occur 2-3 times per day or household tasks that would occur weekly versus ongoing or daily needs)
J. Payments for CLS may not be made, directly or indirectly, to responsible relatives or the legal guardian.

IX. CLS AUTHORIZATIONS

A. Staff who approve or deny CLS authorizations shall comply with state and federal conflict-free case management requirements.
B. CLS services that occur daily or weekly are to be authorized as daily or weekly (not monthly authorizations) in order for units to be accurately calculated.
C. CLS as part of a specialized licensed residential placement is authorized on a per diem basis

X. MONITORING/OVERSIGHT

A. All providers of CLS services, whether direct operated, contractual, or through self-determination/choice voucher arrangements, shall meet the Medicaid provider requirements prior to billing for CLS services.
B. All providers of CLS services, whether direct operated, contractual, or through self-determination/choice voucher arrangements, shall document the provision of CLS services including but not limited to date of service, start and stop times, the CLS-related goals and objectives staff assisted the consumer with, and the outcome of or progress towards those goals for each entry.
C. CMHSPs that have a contractual relationship with CLS providers or manage self-determination arrangements that include CLS are responsible for the monitoring of CLS services, including over utilization and underutilization
D. CMHSPs that have a contractual relationship with CLS providers or manage self-determination arrangements that include CLS are responsible to ensure services are being provided according to the consumer/individual's IPOS.
E. The CMHSP clinical team assigned to the consumer/individual served is responsible for the monitoring and oversight of CLS services in the consumer/individual's plan of service.
F. The CMHPSM UM/UR Committee is responsible for the monitoring and oversight of the utilization of CLS services within the CMHPSM region.

XI. EXHIBITS

None

XII. REFERENCES

MDHHS PIHP Contract - Attachment P7.9.1(XIV)(C)(1-4, 6-7)
MDHHS PIHP/CMHSP Encounter Reporting HCPCS and Revenue Codes Chart
MDHHS Adult Services Policy Manual
MI Medicaid Provider Manual
CMHPSM Assessment and Reassessment Policy
CMHPSM Person Centered Planning Policy

CMHPSM Self Determination Policy
CMHPSM Service Verification Policy
CMHPSM Utilization Management Policy
42 CFR §438.330(b)(3)
42 CFR §438.210(b)(2)(i)
42 CFR §438.210(b)(2)(ii)

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

Reviewed by:	**Recommendation Date:**
ROC	10/09/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To provide guidelines for timely reporting, monitoring, reviewing, and evaluating unusual and/or unexpected incidents which occur in the course of providing behavioral health services to consumers/individuals served.

To ensure that the information derived from incident reporting is used to identify opportunities for improvement.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
08/29/2017	Due for regional review.
10/27/2021	Due for regional review/updates
Will be Regional Approval Date	3-year review

III. APPLICATION

This policy applies to:

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

IV. DEFINITIONS

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

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

Incident: An unusual or significant event that disrupts or adversely affects the course of treatment or care of a consumer/individual served. Unusual or significant events should be identified on an individual case by case basis and may be different based on individual consumer/individual served needs/treatment. Incidents may include but are not limited to:

- The death of a consumer/individual served.
- Any injury of a consumer/individual served, explained or unexplained.
- An unusual medical problem.
- Sentinel or adverse event.
- Environmental emergencies/incidents that could have caused an injury.
- Problem behaviors not addressed in a plan of service, such as breaking things, attacking other people, or setting fires.
- Suspected abuse or neglect of a consumer/individual served.
- Inappropriate sexual acts.
- Suspected sexual abuse.
- Medication errors.
- Medication refusals, unless addressed in the plan of service.
- Suspected criminal offenses involving consumers/individuals served.
- Every use of physical intervention.
- Any significant event in the community involving a consumer/individual served.
- A traffic accident involving consumers/individuals served.
- A consumer/individual served leaving the home without permission or notice.
- Consumer/individual served arrest or conviction.

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.

V. POLICY

It is the policy of the CMHPSM that unusual and significant incidents (as defined below) involving active consumers/individuals served will be reported and investigated in a timely manner, with appropriate follow up and/or remedial action steps taken to prevent reoccurrence. The Incident Reporting process is a retrospective peer review process to improve services or enhance treatment for consumers/individuals served. Any records, data and knowledge collected in this process are confidential and considered peer review documents and are to be protected as such. Therefore, this information is not available by record requests, under the Freedom of Information Act (FOIA) or by subpoena.

VI. STANDARDS

All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents shall:

A. Take immediate action to protect, comfort, and arrange for emergency medical treatment as necessary if the consumer/individual served has sustained an injury.

B. Immediately, verbally notify the appropriate supervisor and attending medical staff of any apparent serious injury, medication error or unexplained injury.

C. Complete the Incident Report (IR), ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred.

D. Ensure the IR has been properly coded.

E. The IR form must either be completed on paper and scanned directly into electronic record` by the provider or entered electronically directly into electronic record by the CMHSP or contracted provider. The CMHSP or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization.

F. Only one IR should be completed per consumer/individual served event. Other consumers/individuals served involved, or staff present should be noted in the appropriate space on the IR form.

G. Consumer/individual served incidents that require a physical intervention or a call to 911/police are to include a start and stop time of the incident.

H. All employees, contractors, or volunteers will also adhere to reporting requirements of 1982 Public Act 591, Adult Protective Services Act, 1975 Public Act 238, as amended, Child Protection Act and 1998 Public Act 32, Mandatory Report of Abuse Act, and the Sentinel Event Reporting Requirements. (See Regional Abuse and Neglect Policy and Sentinel Event Policy.)

I. Staff of some programs (i.e. day programs and residential services) should familiarize themselves with applicable procedures for reporting certain types of incidents to the appropriate licensing or regulatory bodies (DHS, OSHA, etc.) A copy of the report will be attached to IR form and submitted for internal processing in accordance with this policy.

J. Staff must verbally report any known or suspected Recipient Rights violation to the Office of Recipient Rights (ORR) immediately but no later than the next business day.

K. For case managers who are on leave longer than 24 hours, the case manager and their supervisor shall ensure that IRs are processed as required in their absence.

L. Statistical information logged for each IR will be aggregated and reported by the CMHSPs quarterly or more frequently via their local performance improvement processes. CMHSPs shall report trends and patterns to the CMHPSM Clinical Performance Team (CPT) at the frequency determined by CPT. CPT is responsible for identifying any region-wide trends and opportunities for systems improvement. CPT assists the CMHSPs in identifying trends, sharing best practices, and determining whether areas identified for improvement should be addressed locally or at the affiliate level.

M. Scanned or electronically entered IRs will remain in electronic format. Originals should be shredded.

N. Licensed Adult Foster Care providers shall ensure IRs are accessible on site via CMHPSM electronic record or shall keep a copy of written Incident Reports in the home for not less than 2 years in accordance with Licensing Rule 400.14311.

O. The fact that an incident occurred, as it relates to clinical service/treatment needs of the individual, shall be documented in the client record. However, the incident report itself as a process or a document, the details of the incident, and the processes around incident reporting are considered peer review activities, and as such, will not be made part of the electronic/clinical record or discussed in the clinical record.

P. All related records, data and knowledge, including minutes collected for or by individuals/committees assigned a peer review function, are confidential, are not public record and, therefore:

Q. Do not appear in the client record;

R. Are not subject to court subpoena pursuant to MCL333.21515, MCL331.521, MCL331.533;

S. Disclosure or duplication of Incident Reports is absolutely prohibited except as provided in this policy.

T. The reporting of incidents as described in this policy is a peer review function to improve the quality of client care. IRs and the information contained therein are protected as confidential and as peer review documents, and therefore will be circulated only to CMHSP staff with a direct need to know. Any care coordination or case management around incident reporting will include the protection of IRs as peer review documents.

U. Should an IR be completed for a provider who is not providing Mental Health/Substance Use Disorder Services, the supervisor shall notify the CMHSP of the incident to ensure any contractual obligations are followed as needed.

VII. EXHIBITS

A. Michigan Department of Licensing & Regulatory Affairs, Bureau of Community & Health Systems, form BCAL-4607: https://www.michigan.gov/lara/0,4601,7-154-89334_63294_27717---,00.html

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	438.10 (d)
45 CFR Parts 160 & 164 (HIPAA)	X	

42 CFR Part 2 (Substance Abuse)	X	
Michigan Department of Licensing and Regulatory Affairs (LARA)		R400.14311
Joint Commission- Behavioral Health Standards	X	IM 6.20 (3) is the citation for Joint Commission 06-07 BH standards regarding Incident reports. Also PI.1.10, PI 2.20 and PI
MCL PA 368 of 1978	X	333.21515
MCL- PA 430 2004	X	330.1143a & 330.1143b (9) 330.1748 (9)
MDHHS 1987 Administrative Rules	X	R330.7046
MDHHS PIHP Contract	X	
MDHHS CMHSP Contract		
CMHPSM Peer Review Policy	X	
CMHPSM Abuse and Neglect Policy	X	
CMHPSM Sentinel Event Policy	X	

IX. PROCEDURES

WHO	DOES WHAT
All employees, contractors, or volunteers who witness, discover, or are notified of unusual incidents	1. Take immediate action to protect, comfort, and arrange for emergency medical treatment of the consumer/individual served as necessary. 2. Immediately, verbally notify the appropriate supervisor and attending medical staff of the incident if any of apparent serious injury, medication error or unexplained injury. 3. Complete the Incident Report, ensuring that all information is filled in completely, and give report to program supervisor or home manager as soon as possible, but no later than the end of the shift in which the incident occurred. • The form may be completed either on paper or within the electronic record system. • Only one IR should be completed per consumer/individual served event. Other consumers/individuals served involved, or staff present should be noted in the appropriate space on the IR form. 4. Consumer/individual served verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day.

WHO	DOES WHAT
	5. Incidents that require emergency use of physical management or a call to 911/police are to include a start and stop time of the incident.
Program Supervisor/Home Manager or Designee	1. Take any further action necessary to assure treatment, protection and comfort of the individual 2. Ensure that the appropriate staff are notified of the details. 3. Ensure that staff documentation in Incident Report is complete and accurate, including a thorough description of the incident and action taken. 4. Complete supervisor section of the form with comments regarding action to remedy or prevent future recurrence of the incident. 5. Code the incident report for entry into data system 6. Within 24 hours of the Incident, the IR form must either be completed on paper and scanned directly into Encompass by the provider or entered electronically directly into the electronic record by the CMHSP or contracted provider. The CMHSP or contracted provider will be responsible and accountable for ensuring the accuracy and thoroughness of the information being reported on the IR form. Any provider seeking a different arrangement for submitting IRs must request an exception, in writing, from the Executive Director of the appropriate organization. 7. If the incident report is of a critical nature (e.g. involves death, serious injury, abuse, neglect, or possible sexual contact), shall make a verbal report to the client services manager (CSM) and Office of Recipient Rights (ORR) by telephone as soon as possible, but no later than the next business day. • Submit a copy of the incident report immediately to the CMHSP. • Other types of incidents such as illness may require notification to a physician or nurse as indicated in the treatment plan or provider policies. 8. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day.
Data Entry Clerk or other Designee	1. Scan the report and enter header information into the electronic record 2. Upon scanning, the report will be immediately made available for: a. Case Responsible Person b. Recipient Rights c. Medical Records d. Others as needed

WHO	DOES WHAT
	3. Shred original IR
Case Responsible Person	1. Review IR within one (1) business day and contact the home manager/program supervisor for clarification as necessary. 2. Inform home manager/program supervisor of any concerns. 3. Add clarifying information regarding the incident when applicable 4. Choose a set of additional peer reviewers who should be informed of the incident and forward to them, if needed. 5. Verbally report any known or suspected Recipient Rights violations to the Office of Recipient Rights as soon as possible, but no later than the next business day. 6. Assure any IR that documents emergency use of physical management is routed to either the consumer/individual's behavioral psychologist (if applicable) or the BTC chairperson for reviewing and reporting to the CMHPSM QI program. 7. Document in the clinical record the fact that an incident occurred, specific to any clinical follow up that was done. Staff should not reference the Incident Report itself or the incident reporting process in the clinical record.
CMH Supervisor notified of unusual incident involving consumers/individuals served	1. Take any further action necessary to ensure treatment, comfort and protection of the consumer/individual served including arrangements for medical care and transportation. 2. Immediately, verbally inform the Executive Director or designee and the Office of Recipient Rights if the incident involves: a. An apparent or suspected serious injury b. The death of a consumer/individual served c. Suspicion of abuse or neglect by a staff member
Additional clinical reviews	1. Review the incident within 3 working days. 2. Add comments regarding follow-up actions when applicable.
Recipient Rights Officer	1. Reviews all Incident Reports for allegations of Recipient Rights violations. 2. Requests remedial action, as applicable, in effort to prevent recurrence of rights violations.

LICENSING RULES FOR AFC SMALL AND LARGE GROUP HOMES
R 400.15311 Investigation and reporting of incidents, accidents, illnesses, absences, and death.

Rule 311.(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:
(a) The death of a resident.
(b) Any accident of illness that requires hospitalization.
(c) Incidents that involve any of the following:
(i) Displays of serious hostility. (ii) Hospitalization.
(iii) Attempts at self-inflicted harm or harm to others.
(iv) Instances of destruction to property.
(d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the
Public Acts of 1988.
(2) An immediate investigation of the cause of an accident or incident that involves a resident, employee, or visitor shall be initiated by a group home licensee or administrator and an appropriate accident record or incident report shall be completed and maintained.
(3) If a resident is absent without notice, the licensee or direct care staff shall do both of the following:
(a) Make a reasonable attempt to contact the resident's designated representative and responsible agency. (b) Contact the local police authority.
(4) A licensee shall make a reasonable attempt to locate the resident through means other than those specified in subrule (3) of this rule.
(5) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.
(6) An accident record or incident report shall be prepared for each accident or incident that involves a resident, staff member, or visitor.
"Incident" means a seizure or a highly unusual behavior episode, including a period of absence without prior notice. An accident record or incident report shall include all of the following information:
(a) The name of the person who was involved in the accident or incident.
(b) The date, hour, place, and cause of the accident or incident.
(c) The effect of the accident or incident on the person who was involved and the care given.
(d) The name of the individuals who were notified and the time of notification.
(e) A statement regarding the extent of the injuries, the treatment ordered, and the disposition of the person who was involved. (f) The corrective measures that were taken to prevent the accident or incident from happening again.
(7) A copy of the written report that is required pursuant to subrules (1) and (6) of this rule shall be maintained in the home for a period of not
less than 2 years. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

LICENSING RULES FOR AFC FAMILY HOMES R 400.1416 Resident health care.

Rule 16. (1) A licensee, in conjunction with a resident's cooperation, shall follow the instructions and recommendations of a resident's
physician with regard to such items as medications, special diets, and other resident health care needs that can be provided in the home. (2) A licensee shall maintain a health care appraisal on file for not less than 2 years from the resident's admission to the home.
(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years. (4) A licensee shall make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency by telephone, followed by a written report to the resident's designated representative and responsible agency within 48 hours of any of the following:
(a) The death of a resident.
(b) Any accident or illness requiring hospitalization.
(c) Incidents involving displays of serious hostility, hospitalization, attempts at self-inflicted harm or harm to others, and instances of
destruction to property.
(5) A copy of the written report required in subrule (4) of this rule shall be maintained in the home for a period of not less than 2 years. A
department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

R 400.1417 Absence without notice.

Rule 17. (1) If a resident is absent without notice, the licensee or responsible person shall do

both of the following:
(a) Make a reasonable attempt to contact the resident's next of kin, designated representative, and responsible agency.
(b) Contact the local police authority.
(2) A licensee shall make a reasonable attempt to pursue other steps in locating the resident.
(3) A licensee shall submit a written report to the resident's designated representative and responsible agency in all instances where a
resident is absent without notice. The report shall be submitted within 24 hours of each occurrence.

LICENSING RULES FOR AFC CONGREGATE FACILITIES R 400.2404 Illnesses and accidents.
Rule 404. (1) In case of an accident or sudden adverse change in a resident's physical condition or adjustment a congregate facility shall
obtain needed care immediately and notify the responsible relative and the person or agency responsible for placing and maintaining the resident in the congregate facility.
(2) An occurrence of a reportable communicable disease as defined by the laws of this state or the rules implementing such laws shall be
reported immediately to the local health department and the department.
(3) Immediate investigation of the cause of an accident or incident involving a resident, employee or visitor shall be initiated by a
congregate facility licensee or administrator and an appropriate accident record or incident report completed and maintained. Within 72 hours,
serious accidents requiring medical attention shall be reported to the department for remedial review.

R 400.2405 Deaths of Residents.
Rule 405. When a resident dies, a congregate facility licensee or administrator shall notify immediately the resident's physician, the next of kin or legal guardian and the person or agency responsible for placing and maintaining the resident in the congregate facility. Statues applicable to the reporting of sudden or unexpected death shall be observed. The death shall be reported to the department within 72 hours.

AUTHORITY: P.A. 218 of 1979 COMPLETION: Is Required CONSEQUENCE: Violation of Adult Foster Care Administrative Rule	LARA is an equal opportunity employer/program.

BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.

Community Mental Health Partnership of Southeast Michigan/PIHP	***Policy and Procedure*** **Timeliness of Service Provision and Documentation**
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	10/09/2024
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish standards of timeliness for the provision of care, treatment, and services, and the documentation of those services, to ensure the continuity of care.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
05/2017	3-year review
11/23/2020	3-year review
Will be the Regional Approval Date	3-year review

III. APPLICATION

This policy applies to:

☒ 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

The provision and documentation of all care, treatment, and services shall be done in a timely manner. Service provision and documentation should occur in compliance with

Michigan Department of Health and Human Services (MDHHS), and applicable accreditation standards.

V. DEFINITIONS

Adverse Benefit Determination: (1) A denial or limited authorization of a requested service, including the type or level of service; (2) The reduction, suspension, or termination of a previously authorized or previously provided covered service; (3) The denial, in whole or in part, of payment for a covered service; (4) The failure to make an authorization decision and provide notice about the decision, within standard time frames; (5) The failure to provide authorized services within the standard timeframe; or (6)The failure of the CMHSP or the CMHPSM to act within the timeframes required for disposition of grievances.

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 services.

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

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

VI. STANDARDS

A. Program/Service Specific Standards

1. Habilitation Waiver Certifications must be completed every 12 months. The Individual Plan of Service (IPOS) for individuals enrolled in the Habilitation Services Waiver must be updated within 365 days of their last IPOS.
2. Physician prescriptions (orders) must be obtained prior to the services of Occupational Therapy and Physical Therapy, as outlined in the Medicaid Provider Manual.

B. Intake/Initial Assessments

1. Initial requests for services, phone call screens or walk-ins, must be documented in the electronic health record within 1 business day of the contact.
2. The initial assessment screen must be completed within 1 business day of the contact.
3. The initial assessment process, which includes documentation of the initial assessment and initial authorization for services, must be completed within 14 calendar days of the initial request for services. The initial assessment documentation must be completed within 2 business days of the assessment, as long as that documentation does not exceed the aforementioned 14 calendar days.

4. Once the assessment is completed and a service was authorized, the assigned staff must provide service to the consumer/individual served within 14 calendar days, unless the consumer/individual served, or legal guardian has requested a later start date. If a request for a later start date has occurred, staff will ensure this request is documented in the consumer/individual's clinical record.
5. Documentation of the initial meeting with the assigned staff must occur within 1 business day of the contact.

C. Assessments/Re-assessments

1. An annual assessment of need/re-assessment must occur prior to a new annual. Documentation of an annual assessment/re-assessment must be completed within 2 business days of the completion of the assessment.
2. All specialty service (Occupational Therapy, Speech and Language Therapy, Nursing, Psychology, Physical Therapy) assessment documentation must be completed within 2 business days of the completion of the assessment process.
3. Psychiatric assessment documentation must be completed within 2 business days of the completion of the assessment.

D. Progress Notes

1. Progress notes completed by clinical staff (management, hospital and jail liaisons, case managers, supports coordinators, therapists, psychiatrists, psychologists, nurses, occupational therapists, physical therapists, and speech and language therapists) must be completed within 1 business day of the care, treatment, or service.
2. Progress notes and other documentation for Community Living Support/Personal Care services provided in a Specialized Residential group home, for Skill Building services, for Supported Employment services, and for Community Living Support services must be completed by staff that provided the service by the end of their shift.

   ***Exceptions are for Supported Employment Enclaves, Supported Employment Work crews, or for Skill Building services whereby the activities are scheduled for a work week. For those exceptions, the staff providing the service must complete documentation of the service provision no less than weekly, unless otherwise specified in the Individual Plan of Service (IPOS) or other contractual agreement.
3. Progress notes and other documentation for respite services must be completed by staff that provided the service within 24 hours from the date of the service.

E. Person Centered Planning (PCP) process

1. The periodic reviews and the annual reviews of the IPOS must be completed and signed, by the assigned staff, in the electronic health record within 14 calendar days of a contact.

2. The Pre-plan must be completed and signed, by the assigned staff, in the electronic health record within 1 business day of the contact. The Pre-plan meeting cannot occur on the same day as the Person-Centered Planning meeting (the exception is the Single-Service Plan of Service).
3. The Pre-plan must occur prior to the Person-Centered Planning meeting. Ideally, staff should start the planning process 30 days before the expiration date of the current IPOS, but not later than 14 days, to assure consumers/individuals served have enough time to choose an independent facilitator and to arrange the Person-Centered Planning meeting.
4. All consumers/individuals served must have a current IPOS that is completed annually. An IPOS cannot exceed 365 days. If a new IPOS cannot begin by the expiration date of the current IPOS due to consumer/individual served emergency or other consumer/individual served barriers, a new short term or engagement plan of service shall be developed. A short term/engagement plan of service shall not exceed 3 months. The start date of the short term/engagement plan of service will be the day after the current IPOS.
5. Any IPOS for consumers/individuals served enrolled in a specific waiver program (Children's Waiver Program, Children's SED Waiver or the Habilitation Supports Waiver cannot exceed 365 days, therefore a new IPOS must begin at the point when the previous IPOS has expired).
6. The IPOS documentation must be completed, and a copy sent to the consumer/individual served, within 15 business days after the effective date of the IPOS. Staff will note in the electronic record whether the consumer/individual served was provided with a copy of the IPOS by mail or hand delivered. Documentation must be completed within 1 business day of the date the IPOS was hand-delivered or mailed to the consumer/individual served.
7. Provision of care, treatment, and services authorized in IPOS must occur within 14 calendar days of the start date of the authorization for a service, unless the consumer/individual served, or legal guardian has requested a later start date. If a request for a later start date has occurred, staff will ensure this request is documented in the consumer/individual's clinical record.
8. Staff implementing the IPOS must be in-serviced within 30 days of its effective date. Documentation must occur within 1 business day of the in-service.
9. A periodic review of the IPOS must be completed at the frequency identified in the IPOS and/or as was requested by the consumer/individual served. A periodic review must occur no later than 6 months from that start date of the IPOS. A periodic review may occur prior to this date when a significant event occurs or to amend the IPOS. If a periodic review results in revision of an IPOS, completion of the revised IPOS must occur within 14 calendar days of the periodic review.

F. Utilization management:

1. All service authorization decisions related to an IPOS, (annual IPOS, periodic review, or other IPOS revision) must be completed within the 14-day

timeframe from when the relevant IPOS review was completed with the consumer/individual served/family.

2. If a service authorization decision related to an IPOS exceeds the 14-day time frame, the proper notice of an adverse benefit determination will be provided to the consumer/individual served/legal representative.
3. Any adverse benefit determinations will follow state and federal requirements, as outlined in the CMHPSM Consumer Appeals Policy.

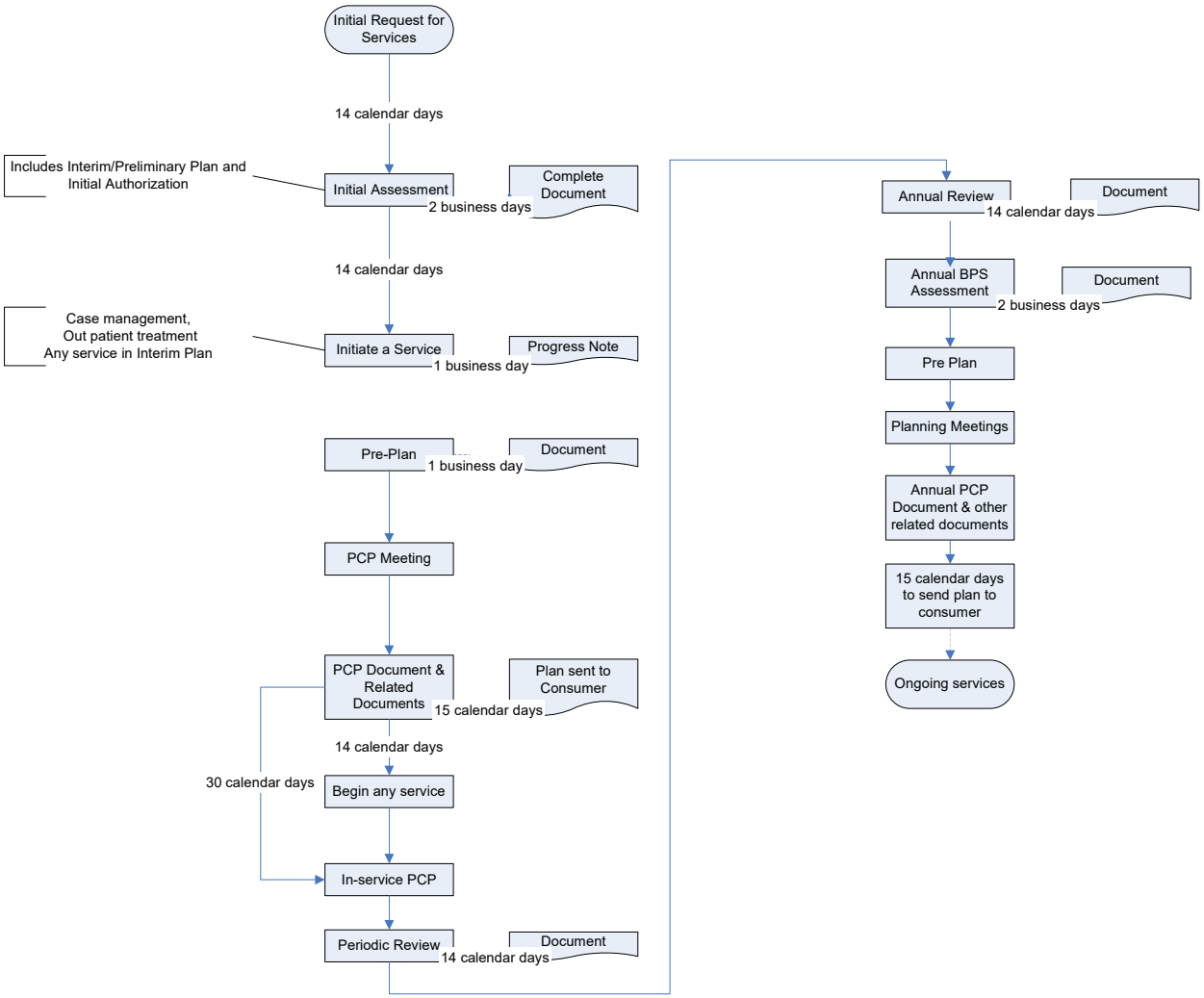
VII. EXHIBITS

A. Flowchart

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	438.208 (B) (C)
Michigan Mental Health Code Act 258 of 1974	X	330.1409 (1-7), 330.1700(g), 330.1707 (1-5), 330.1712 (1-3)
Joint Commission Standards	X	
MDHHS PIHP Contract	X	
MDHHS CMHSP Contract	X	
CMHPSM Consumer Grievance and Appeal Policy	X	
OBRA Operations Manual – MDHHS	X	
Deficit Reduction Act	X	
Patient Protection and Affordable Care Act	X	

Exhibit A

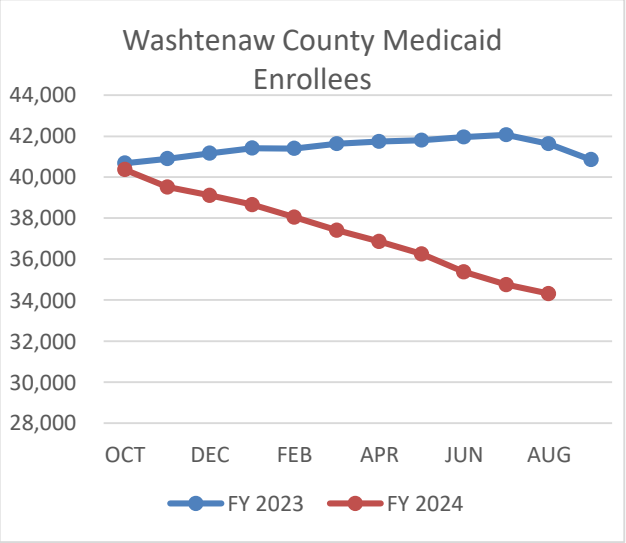


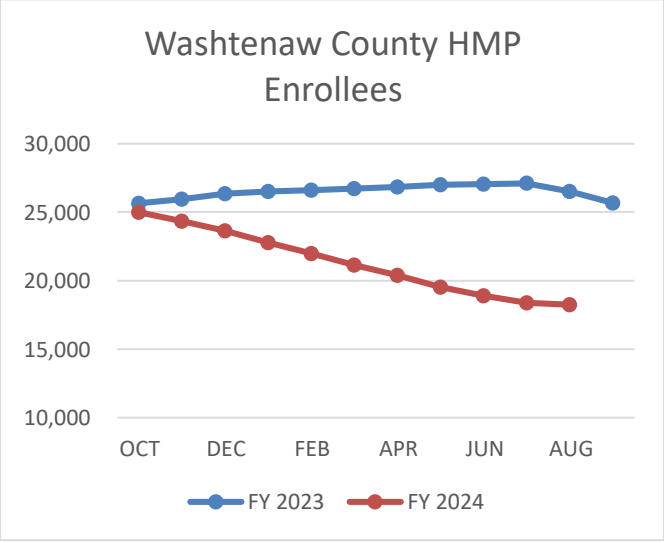
*GRIEVANCE AND APPEAL TIMEFRAMES CAN OCCUR ANY TIME IN THE PLAN OF SERVICE CYCLE.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2024: For the period ending August 31, 2024
Prepared: September 30, 2024

1. Washtenaw County Enrollees

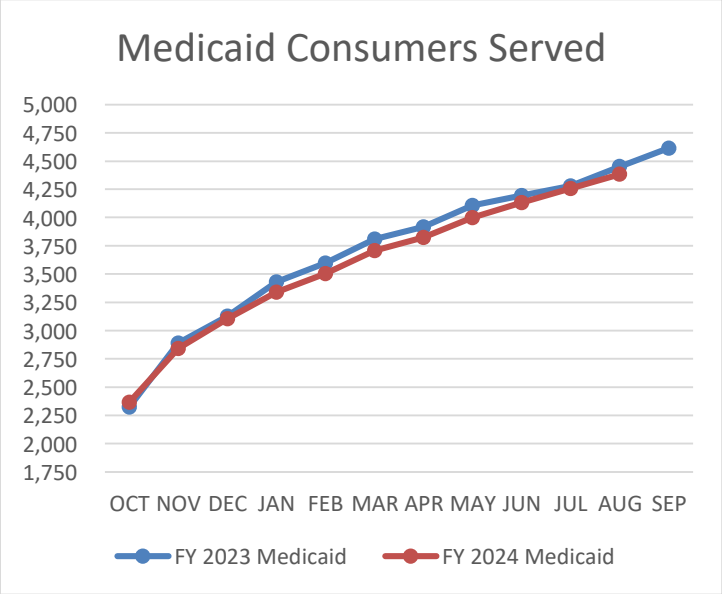
A summary of FY 2024 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

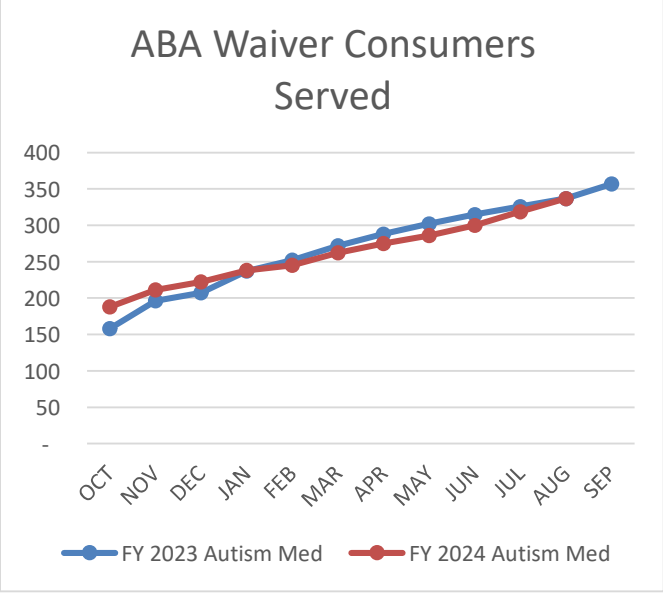




Washtenaw County Medicaid Enrollees were 34,326 in August 2024. This is a 17.55% decrease from the same time last year (7,308 less enrollees than in August 2023). Healthy Michigan enrollment in August 2024 was 18,236. This is a 31.20% decrease from the same time last year (8,271 less enrollees than in August 2023).

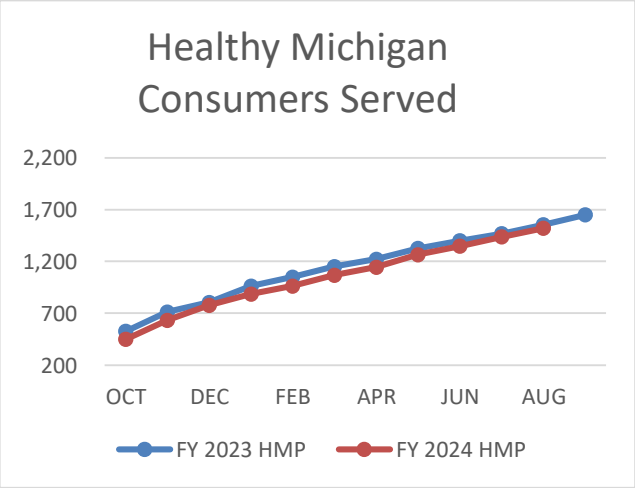
2. WCCMH Consumers Served to Date

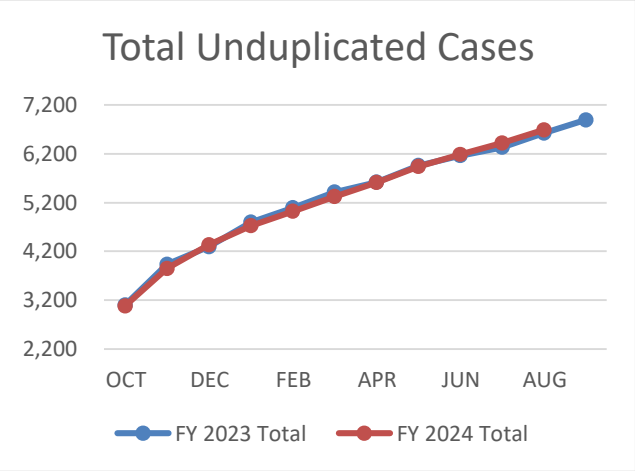




Medicaid consumers served through August 2024 are 4,383. This is 68 less consumers than the prior year (4,451 consumers were served through August 2023).

ABA Waiver consumers served through August 2024 are 337. This is the same number of consumers as last year at this time (337 consumers were served through August 2023).

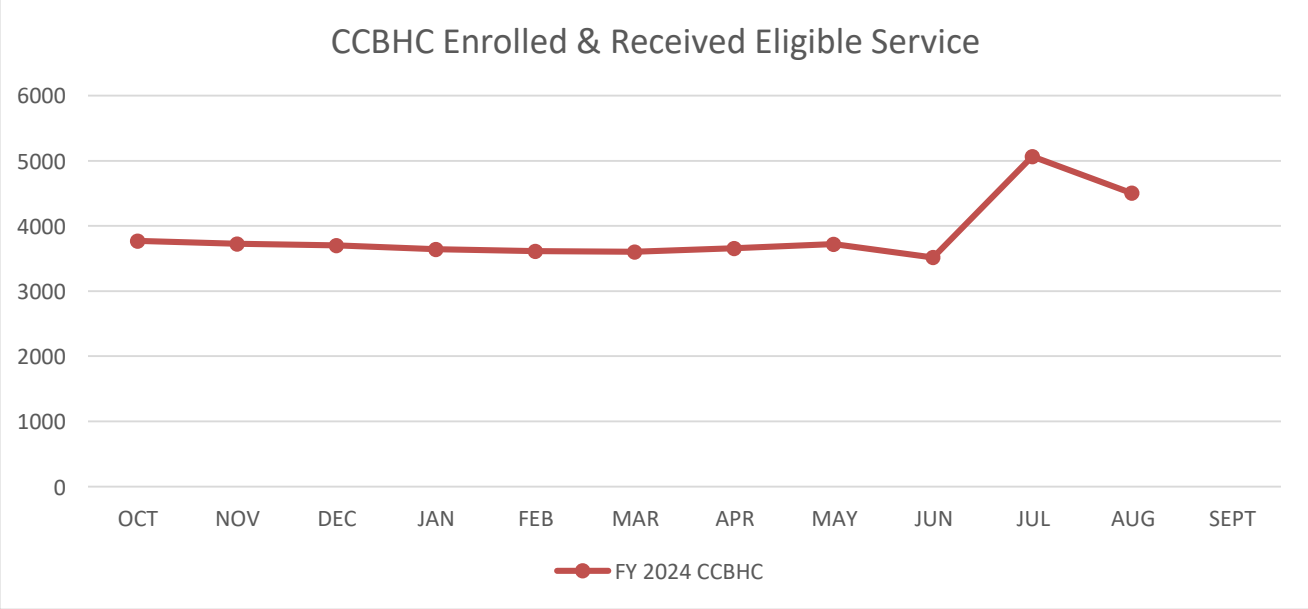




Healthy Michigan consumers served through August 2024 were 1,521. This is 34 less consumers than the same period last year.

The total unduplicated consumers served by WCCMH through August 2024 were 6,690. This is 63 more consumers than served last year.

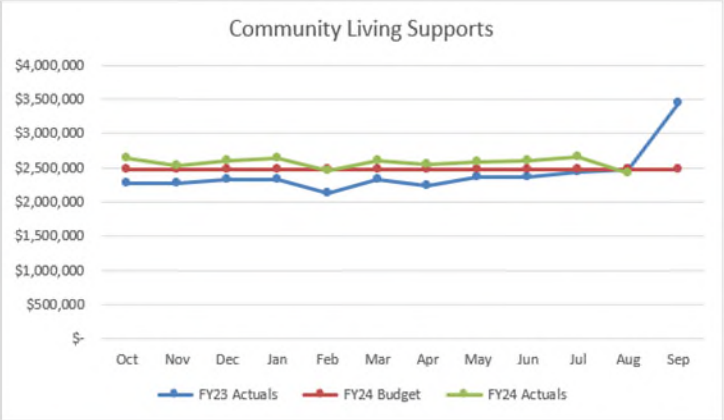
The YTD number of individuals CCBHC enrolled and received an eligible service for FY 2024 as of August was 4,505.



3. Financial Statement Highlights

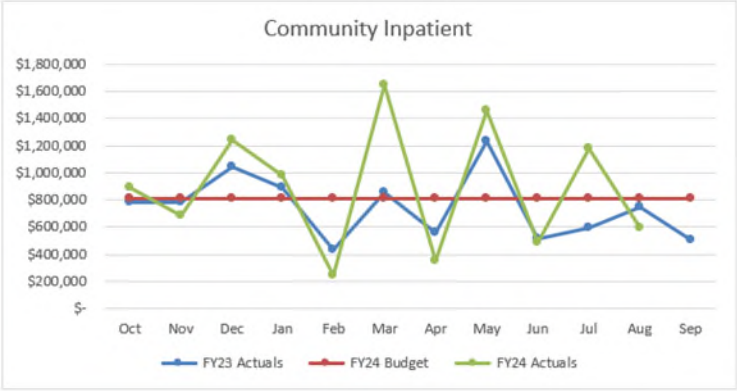
a. CLS service costs to date are estimated to be about $28 million and running just slightly over budget through the August of FY 2024.

	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	2,452,584	13.50%
Mar	2,324,287	2,483,333	2,601,049	13.23%
Apr	2,237,842	2,483,333	2,544,132	13.29%
May	2,362,630	2,483,333	2,586,850	12.80%
Jun	2,372,765	2,483,333	2,607,943	12.47%
Jul	2,444,471	2,483,333	2,653,924	12.05%
Aug	2,474,989	2,483,333	2,425,501	10.69%
Sep	3,451,817	2,483,333		



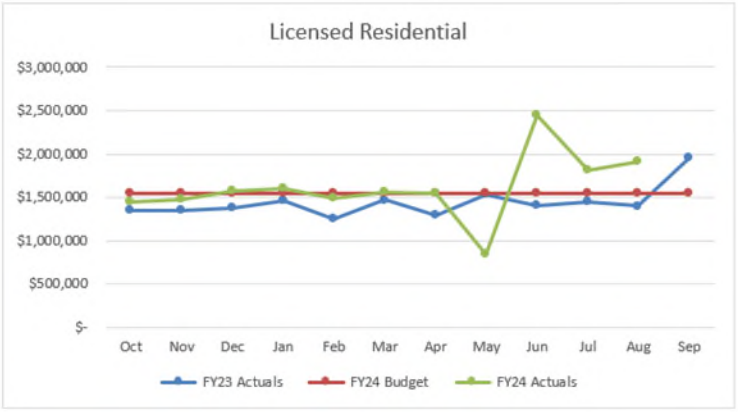
b. Community Inpatient costs to date are $9.7 Million. The costs year to date are 15.63% higher than this time last year and are about $850k over budget.

	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	1,175,601	19.09%
Aug	743,351	808,333	593,765	15.63%
Sep	508,767	808,333		



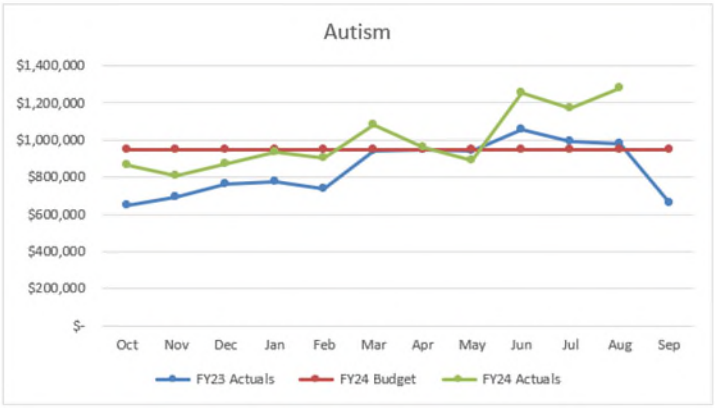
c. Licensed Residential costs to date are $17.65 Million and coming just slightly over budget. The costs year to date are about 15.43% more than this time last year.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 1,348,498	$ 1,550,847	$ 1,441,874	6.92%
Nov	1,351,230	1,550,847	1,476,079	8.08%
Dec	1,371,021	1,550,847	1,577,380	10.43%
Jan	1,456,672	1,550,847	1,601,609	10.30%
Feb	1,244,640	1,550,847	1,484,367	11.95%
Mar	1,466,361	1,550,847	1,553,224	10.88%
Apr	1,292,818	1,550,847	1,539,948	11.99%
May	1,529,546	1,550,847	835,708	4.06%
Jun	1,396,384	1,550,847	2,444,834	12.02%
Jul	1,451,490	1,550,847	1,805,435	13.31%
Aug	1,396,094	1,550,847	1,905,507	15.43%
Sep	1,952,399	1,550,847		



d. Applied Behavior Analysis/Autism service costs to date are $11 Million. The costs year to date are 16.39% more than this time last year and are coming in slightly above budget.

	FY23 Actuals	FY24 Budget	FY24 Actuals	YTD % Change
Oct	$ 648,805	$ 950,000	$ 867,232	33.67%
Nov	694,140	950,000	808,887	24.81%
Dec	765,065	950,000	874,135	20.98%
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	16.75%
May	939,851	950,000	892,941	13.58%
Jun	1,056,440	950,000	1,256,451	14.33%
Jul	992,730	950,000	1,170,401	14.75%
Aug	977,197	950,000	1,276,962	16.39%
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 $6,500,323 through August.
c. By funding source, HMP is showing a deficit of $921,560 through August.
d. Overall, the PIHP surplus is $5,550,393 through August.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $737,428. 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 $496,437 through August.

c. Uses of Local Funding include:

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

7. Fund Balance

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
AUG 2024 FYTD

		Total
Medicaid **		
Revenue		
B & 1115i	$	45,239,439
HSW		28,422,943
Behavioral Health Home		527,836
Child Waiver/SED Waiver		1,231,891
Autism		7,366,686
Prior Year Adjustments		-
Care for Caid		98,929
Total Medicaid Revenue	$	82,887,725
Total Medicaid Expense	$	73,943,049
Medicaid Surplus/(Deficit)	$	8,944,676
CCBHC PIHP Section **		
Supplemental Revenue	$	11,194,909
CCBHC Capitation	$	7,791,667
Total CCBHC Revenue	$	18,986,576
CCBHC HMP Expense		3,955,405
CCBHC Medicaid Expense		17,475,524
Total CCBHC Expense	$	21,430,929
CCBHC Surplus/(Deficit)	$	(2,444,353)
CCBHC Local Section		
GF/Local Redirect	$	(1,244,082)
CCBHC Non-Medicaid Expense		1,244,082
CCBHC Surplus/(Deficit)	$	-
Healthy Michigan **		
Revenue	$	5,642,318
Expense		6,563,878
Healthy MI Surplus/(Deficit)	$	(921,560)
General Fund		
Revenue		
CMH Operations	$	3,775,001
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		(1,244,082)
Funding Fr. Other Local Sources		507,897

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

		Total
Total General Fund Revenue	$	3,038,816
Total General Fund Expense	$	3,776,244
General Fund Surplus/(Deficit)	$	(737,428)
Injectable Meds		
Revenue	$	108,103
Expense		136,473
Inj. Meds. Surplus/(Deficit)	$	(28,370)
Grants And Contracts		
Revenue	$	929,153
Expense		928,690
Grants & Cont. Surplus/(Deficit)	$	462
CMHSP To CMHSP		
Revenue	$	950,603
Redirect to GF		(77,058)
Expense		873,545
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	1,563,782
Expense		1,067,345
Local Surplus/(Deficit)	$	496,437
Private Grant & All NOR		
Revenue	$	97,851
Expense		81,326
Priv. Grant & NOR Surplus/(Deficit)	$	16,525
Grand Total		
Revenue	$	114,127,868
Expense		108,801,479
Grand Total Surplus/(Deficit)	$	5,326,390

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,550,393
WCCMH Surplus/(Deficit)		(224,004)
	$	5,326,390

Washtenaw County Community Mental Health
Budget to Actuals
For Eleven Months Ending August 31, 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	$ 45,805,093	$ 45,239,439	$ (565,653)	-1.23%
HSW	31,275,389	28,669,107	28,422,943	(246,164)	-0.86%
Children & SED Waivers	1,335,478	1,224,188	1,231,891	7,703	0.63%
Healthy Michigan Capitation	6,155,256	5,642,318	5,642,318	-	0.00%
Autism Capitation	7,423,397	6,804,781	7,366,686	561,905	8.26%
CCBHC Medicaid/HMP	8,500,000	7,791,667	7,791,667	(0)	0.00%
CCBHC Supplementary	11,800,970	10,817,556	11,194,909	377,353	3.49%
Behavioral Health Home	508,521	466,144	527,836	61,692	0.00%
TOTAL PIHP Revenue	$ 116,968,203	$ 107,220,853	$ 107,417,689	$ 196,836	0.18%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 4,089,895	$ 3,775,001	$ (314,895)	-7.70%
Grants & Earned Contracts	1,987,787	1,822,138	1,696,335	(125,803)	-6.90%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,605,781	$ 740,321	$ (865,460)	-53.90%
Project Revenue	893,227	818,791	440,492	(378,299)	-46.20%
All Other	1,917,652	1,757,848	5,841,137	4,083,289	232.29%
TOTAL Operating Revenue	**$ 127,980,334**	**$ 117,315,306**	**$ 119,910,974**	**$ 2,595,668**	2.21%
Operating Expenses					
Administrative Expenses					
General Administration	$ 8,329,146	$ 7,635,051	$ 6,917,434	$ (717,617)	-9.40%
Program Administration	4,373,800	4,009,317	6,493,023	2,483,706	61.95%
Residential Services					
Community Living Supports	$ 30,800,000	$ 28,233,333	$ 28,398,730	$ 165,397	0.59%
Licensed Residential	18,610,162	17,059,315	17,665,965	606,650	3.56%
Outpatient Services					
Autism Services	$ 11,400,000	$ 10,450,000	$ 11,029,320	$ 579,320	5.54%
Case Management	6,038,299	5,535,107	5,237,227	(297,880)	-5.38%
Supports Coordination	3,405,893	3,122,069	2,806,753	(315,316)	-10.10%
Skill Building	4,594,775	4,211,877	3,568,807	(643,070)	-15.27%
Supported Employment	1,812,327	1,661,300	1,653,978	(7,322)	-0.44%
Psychiatry	4,678,306	4,288,447	3,496,650	(791,797)	-18.46%
Nursing Services	2,892,534	2,651,490	2,396,211	(255,279)	-9.63%
Therapy Services	2,896,063	2,654,724	2,539,517	(115,207)	-4.34%
All Other	15,369,970	14,089,139	10,031,003	(4,058,136)	-28.80%
Other Expenses					
Community Inpatient	$ 9,700,000	$ 8,891,667	$ 9,751,405	$ 859,738	9.67%
Local Matches & Shelter	1,091,272	1,000,333	987,297	(13,036)	-1.30%
Grants & Earned Contracts	1,987,787	1,822,138	1,611,265	(210,873)	-11.57%
TOTAL Operating Expenses	**$ 127,980,334**	**$ 117,315,306**	**$ 114,584,585**	**$ (2,730,721)**	-2.33%
Revenue Over/(Under) Expenses	-	-	5,326,390	5,326,390	

Washtenaw County Community Mental Health
Budget to Actuals
For Eleven Months Ending August 31, 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	$ 45,239,439	$ 53,023,280	$ (7,783,840)	-14.68%
HSW	28,422,943	25,528,921	2,894,022	11.34%
Children & SED Waivers	1,231,891	1,113,478	118,413	10.63%
Healthy Michigan Capitation	5,642,318	6,337,256	(694,938)	-10.97%
Autism Capitation	7,366,686	5,935,779	1,430,907	24.11%
CCBHC Medicaid/HMP	7,791,667	-	7,791,667	0.00%
CCBHC Supplementary	11,194,909	9,149,773	2,045,136	0.00%
Behavioral Health Home	527,836	345,579	182,257	0.00%
TOTAL PIHP Revenue	$ 107,417,689	$ 101,434,067	$ 5,983,622	5.90%
MDHHS Revenue				
State General Funds	$ 3,775,001	$ 4,426,282	$ (651,282)	-14.71%
Grants & Earned Contracts	1,696,335	1,523,911	172,424	11.31%
All Other Revenue				
County Appropriation	$ 740,321	$ 563,969	$ 176,352	31.27%
Project Revenue	440,492	564,028	(123,536)	-21.90%
All Other	5,841,137	3,171,975	2,669,162	84.15%
TOTAL Operating Revenue	**$ 119,910,974**	**$ 111,684,232**	**$ 8,226,743**	7.37%
Operating Expenses				
Administrative Expenses				
General Administration	$ 6,917,434	$ 6,944,706	$ (27,272)	-0.39%
Program Administration	6,493,023	5,046,431	1,446,592	28.67%
Residential Services				
Community Living Supports	$ 28,398,730	$ 26,430,262	$ 1,968,468	7.45%
Licensed Residential	17,665,965	15,304,754	2,361,211	15.43%
Outpatient Services				
Autism Services	$ 11,029,320	$ 9,476,243	$ 1,553,077	16.39%
Case Management	5,237,227	4,477,872	759,355	16.96%
Supports Coordination	2,806,753	2,550,462	256,291	10.05%
Skill Building	3,568,807	3,584,959	(16,152)	-0.45%
Supported Employment	1,653,978	1,573,957	80,021	5.08%
Psychiatry	3,496,650	3,640,778	(144,128)	-3.96%
Nursing Services	2,396,211	2,104,082	292,129	13.88%
Therapy Services	2,539,517	2,183,218	356,299	16.32%
All Other	10,031,003	9,501,555	529,448	5.57%
Other Expenses				
Community Inpatient	$ 9,751,405	$ 8,433,340	$ 1,318,065	15.63%
Local Matches & Shelter	987,297	1,109,507	(122,210)	-11.01%
Grants & Earned Contracts	1,611,265	1,456,100	155,165	10.66%
TOTAL Operating Expenses	**$ 114,584,585**	**$ 103,818,226**	**$ 10,766,359**	10.37%
Revenue Over/(Under) Expenses	5,326,390	7,866,006	(2,539,616)	

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Eight Months Ending August 31, 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	$ 385,000	$ 384,325	$ (675)	$ 577,500	$ -	$ 600,600
Treatment & Stabilization Services	577,500	385,000	361,040	(23,960)	577,500	-	600,600
Crisis Response	787,500	525,000	577,852	52,852	787,500	-	819,000
Crisis Stabilization Center	367,500	245,000	104,771	(140,229)	367,500	-	-
Other CARES Team	417,480	278,320	274,563	(3,757)	417,480	-	434,179
Criminal Justice Diversion & Deflection							
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 300,000	$ 158,740	$ (141,260)	$ 450,000	$ -	$ 486,000
Prosecutting Attorney Office	122,779	81,853	83,990	2,137	122,779	-	132,601
Supportive Housing							
Supportive Housing	$ 200,000	$ 133,333	$ 162,921	$ 29,588	$ 200,000	$ -	$ -
Michigan Ability Partners	120,000	80,000	13,577	(66,423)	120,000	-	-
Avalon - Permanent Supportive Housing	380,000	253,333	234,965	(18,368)	380,000	-	193,424
Emergency Housing	175,000	116,667	165,875	49,208	175,000	-	175,000
Youth Initiatives and Support							
Washtenaw Intermediate School District	$ 800,000	$ 533,333	$ 378,183	$ (155,150)	$ 800,000	$ -	$ 815,000
Student Advocacy Center	380,672	253,781	253,781	(0)	380,672	-	380,672
Community Family Life Centers	211,000	140,667	124,262	(16,405)	211,000		211,000
Health Dept - Anti Stigma Campaign	170,000	113,333	117,628	4,295	170,000	-	-
Ozone House	120,000	80,000	88,357	8,357	120,000	-	120,000
Packard Health - YBMen	125,000	83,333	31,250	(52,083)	125,000	-	-
Other Youth Initiatives and Support	250,000	166,667	28,440	(138,227)	130,000	120,000	-
Other Service Expansion							
Washtenaw Health Plan	$ 165,000	$ 110,000	$ 110,000	$ -	$ 165,000	$ -	$ 165,000
Other	125,000	83,333	22,569	(60,764)	125,000	-	-
TOTAL Community Wide Service Expansion	$ 6,521,931	$ 4,347,954	$ 3,677,089	$ (670,865)	$ 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	$ 150,600	$ 150,600	$ -	$ 225,900	$ -	$ -
MHFA Trainings	25,000	16,667	-	(16,667)	25,000	-	25,000
TOTAL Education & Prevention	$ 250,900	$ 167,267	$ 150,600	$ (16,667)	$ 250,900	$ -	$ 25,000
Evaluate & Communicate							
Evaluate							
CHRT Contract	$ 63,435	$ 42,290	$ 56,386	$ 14,096	$ 63,435	$ -	$ -
Communicate							
CHRT Contract	$ 178,875	$ 119,250	$ 151,265	32,015	$ 178,875	$ -	$ -
TOTAL Evaluation & Communication	$ 242,310	$ 161,540	$ 207,651	$ 46,111	$ 242,310	$ -	$ -
Administration of the Millage							
WCCMH	$ 555,000	$ 370,000	$ 362,410	$ (7,590)	$ 555,000	$ -	$ 555,000
5 Healthy Towns (Planning)	30,000	$ 20,000	-	$ (20,000)	30,000	-	-
Grand Totals	**$ 7,600,141**	**$ 5,066,761**	**$ 4,397,750**	**$ (669,011)**	**$ 7,480,141**	**$ 120,000**	**$ 5,713,076**

ATTACHMENT #4
OCTOBER 2024

2025 WCCMH BOARD AND BOARD COMMITTEE MEETING SCHEDULE

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

WCCMH Board	Executive Committee	Millage Advisory Committee	Quality-Finance Committee
NO MEETING SCHEDULED FOR JANUARY 2024	**January 24, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR JANUARY 2024**	**NO MEETING SCHEDULED FOR JANUARY 2024**
February 21, 2025 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR FEBRUARY 2024**	**February 10, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**February 10, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR MARCH 2024	**March 28, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR MARCH 2024**	**NO MEETING SCHEDULED FOR MARCH 2024**
April 25, 2025 Towner 2 Veronica Walker Room 2123 - 555 Towner St, Ypsilanti, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR APRIL 2024**	**April 14, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**April 14, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR MAY 2024	**May 23, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR MAY 2024**	**NO MEETING SCHEDULED FOR MAY 2024**
June 27, 2025 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR JUNE 2024**	**June 9, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**June 9, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR JULY 2024	**July 25, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR JULY 2024**	**NO MEETING SCHEDULED FOR JULY 2024**
August 22, 2025 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR AUGUST 2024**	**August 11, 2025** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**August 11, 2025** Learning Resource Center-Michigan 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR SEPTEMBER 2024	**September 26, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR SEPTEMBER 2024**	**NO MEETING SCHEDULED FOR SEPTEMBER 2024**
October 24, 2025 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR OCTOBER 2024**	**October 6, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**October 6, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm
NO MEETING SCHEDULED FOR NOVEMBER 2024	**November 21, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30 - 10:30 am	**NO MEETING SCHEDULED FOR NOVEMBER 2024**	**NO MEETING SCHEDULED FOR NOVEMBER 2024**
December 19, 2025 Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 9:30-11:30am	**NO MEETING SCHEDULED FOR DECEMBER 2024**	**December 8, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 3:30-5:00pm	**December 8, 2025** Learning Resource Center-Michigan & Huron 4135 Washtenaw Ave, Ann Arbor, MI 2:00-3:30pm

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

9/18/24 rla

Washtenaw County Community Mental Health (WCCMH) Board
2025 Annual Calendar

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

BOC=Board of Commissioners

Washtenaw County Community Mental Health Board

October 25, 2024

Request support and approval for the allocation of WCCMH local funds for the purchase of two residential properties currently operated under a lease agreement.

- 2832 Bateson Court, Ann Arbor, MI 48105
- 2735 Southlawn Street, Ypsilanti, MI 48197
- Estimated purchase price not to exceed $850,000 for both properties
- Resolution requesting authorization for County Administrator to negotiate purchase agreement contracts for the property going to Board of Commissioners at November meetings

WCCMH - Office of Recipient Rights

Quarters I and II- FY 23/24

Executive Summary

ORR Program Updates:

- Sarah Starkey and Marianna Strasz have joined the Washtenaw Recipient Rights Office to fill the positions vacated by Shaun Thompson and Sarah Smith. Please welcome them!
- We continue to provide supplemental virtual drop in Question and Answer sessions for newly hired CMH staff and have also extended this to provider staff.
- The 31st annual Recipient Rights Conference will be in September 2024.

Report Complaint Data:

Aggregate Summary

Fiscal Year	23/24	22/23	21/22	20/21
Complaints Received	59	85	69	61
Allegations Involved	86	115	91	80
Allegations Investigated	81	103	83	78
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	40	35	35	34
Percent Substantiated	49.3%	33.9%	42.2%	43.6%

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

	FY 23/24		FY 22/23		FY 21/22		FY 20/21	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**12**	**4**	**12**	**1**	**10**	**3**	**9**	**3**
Class III	**3**	**0**	**9**	**3**	**4**	**1**	**9**	**3**
Sexual Abuse	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Neglect:								
Class I	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**0**	**0**	**2**	**1**	**0**	**0**	**1**	**0**
Class III	**20**	**11**	**29**	**15**	**26**	**17**	**23**	**15**

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

FY 23/24	(Received) **Substantiated**	**FY 22/23**	(Received) **Substantiated**	**FY 21/22**	(Received) **Substantiated**	**FY 20/21**	(Received) **Substantiated**
Neglect Class III	(20) **11**	Neglect Class III	(29) **15**	Neglect Class III	(26) **17**	Neglect Class III	(23) **15**
Mental Health Services Suited to Condition	(15) **8**	Mental Health Services Suited to Condition	(16) **6**	Mental Health Services Suited to Condition	(12) **7**	Dignity and Respect	(12) **3**
Safe Sanitary or Humane Treatment Environment	(15) **6**	Safe Sanitary or Humane Treatment Environment	(7) **4**	Dignity and Respect	(20) **4**	Abuse Class III	(9) **3**

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

Service location type/Code	Number of substantiations
Outpatient Services	0
Residential Group Home – MI	0
Residential Group Home – DD	11
Residential Group Home – MI & DD	6
Day Program – DD	1
Supported Employment	0
Assertive Community Treatment (ACT)	0
Case Management	2
Partial Hospitalization	0
Supported Living	14
Workshop (prevocational)	3
Other	3

Office of Recipient Rights Demographic Data

Data Report Covering
October 1, 2023 through March 31, 2024

CMH/LPH Name

Washtenaw County CMH

Rights Office Director Name

Katie Snay

Summary of Complaint Data by Category

Code	Category	Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	0	0		0
72221	Abuse Class II - Nonaccidental Act	2	2		0
72222	Abuse Class II - Unreasonable Force	7	7		4
72223	Abuse Class II - Emotional Harm	0	0		0
72224	Abuse Class II - Treating as Incompetent	0	0		0
72225	Abuse Class II - Exploitation	3	3		0
7223	Abuse Class III	3	3		0
7224	Abuse Class I - Sexual Abuse	0	0		0
72251	Neglect Class I	1	1		0
72252	Neglect Class I - Failure to Report	0	0		0
72261	Neglect Class II	0	0		0
72262	Neglect Class II - Failure to Report	0	0		0
72271	Neglect Class III	20	20		11
72272	Neglect Class III - Failure to Report	2	2		1
7550	Rights Protection System	3	3	0	3
7555	Retaliation/Harassment	0	0		0
7040	Civil Rights	0	0	0	0
7044	Religious Practice	0	0	0	0
7045	Voting	0	0	0	0
7081	Mental Health Services Suited to Condition	9	9	0	8
7082	Safe, Sanitary, and Humane Treatment Environment	15	15	0	6
7083	Least Restrictive Setting	0	0	0	0
7084	Dignity and Respect	12	12	0	5
7100	Physical and Mental Exams	0	0	0	0
7110	Family Rights	0	0	0	0
7120	Individual Written Plan of Service	0	0	0	0
7130	Choice of Physician/Mental Health Professional	0	0	0	0

Code	Category	Received	Investigation	Intervention	Substantiated
7140	Notice of Clinical Status/Progress	0	0	0	0
7150	Services of a Mental Health Professional	0	0	0	0
7160	Surgery	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0
7180	Psychotropic Drugs	0	0	0	0
7190	Medication Side Effects	0	0	0	0
7240	Fingerprints, Photographs, Audio Recordings, and Use of One-Way Glass	0	0	0	0
7249	Video Surveillance	0	0	0	0
7261	Communications - Visits	0	0	0	0
7262	Communications - Telephone	0	0	0	0
7263	Communications - Mail	0	0	0	0
7281	Personal Property - Possession and Use	1	1	0	1
7286	Personal Property - Limitations	0	0	0	0
7300	Safeguarding Money (State Hospitals Only)	0	0	0	0
7360	Labor and Compensation	0	0	0	0
7440	Freedom of Movement	2	2	0	0
7400	Restraint	0	0	0	0
7420	Seclusion	0	0	0	0
7460	Complete Record	0	0	0	0
7480	Disclosure of Confidential Information	1	1	0	1
7481	Withholding Confidential Information/Access Denial to Records	0	0	0	0
7490	Correction of Record	0	0	0	0
7500	Privileged Communication	0	0	0	0
0000	No Right Involved	3			
0001	Outside ORR Jurisdiction	2			

Substantiated Rights Violations and Remedial Action Taken

Complaint Category	Provider Type	Remedial Action	Remedial Action 2	SEDW	CWP	HSW
Neglect Class III	Contracted	Suspension	Written Reprimand			
Mental Health Services Suited to Condition	Contracted	Written Reprimand	Written Counseling			
Neglect Class III	Agency	Written Reprimand	Environmental Repair/Enhancement			1
Safe, Sanitary, and Humane Treatment Environment	Contracted	Suspension	Employee left the agency, but substantiated			5
Dignity and Respect	Contracted	Suspension	Employee left the agency, but substantiated			5
Neglect Class III	Contracted	Written Reprimand	Plan of Service Revision			3
Mental Health Services Suited to Condition	Contracted	Employee left the agency, but substantiated	Other			1
Safe, Sanitary, and Humane Treatment Environment	Contracted	Verbal Counseling	Other			6
Mental Health Services Suited to Condition	Agency	Verbal Counseling				1
Neglect Class III	Contracted	Employment Termination				
Abuse Class II - Unreasonable Force	Contracted	Employee left the agency, but substantiated				
Dignity and Respect	Contracted	Employee left the agency, but substantiated				
Neglect Class III	Contracted	Written Reprimand	Training			1
Safe, Sanitary, and Humane Treatment Environment	Contracted	Employee left the agency, but substantiated				
Neglect Class III	Contracted	Suspension	Training			
Mental Health Services Suited to Condition	Contracted	Suspension	Training			
Mental Health Services Suited to Condition	Agency	Verbal Counseling				
Neglect Class III	Contracted	Written Reprimand	Verbal Counseling			2
Abuse Class II - Unreasonable Force	Contracted	Employment Termination	Other			
Abuse Class II - Unreasonable Force	Contracted	Employment Termination	Other			
Disclosure of Confidential Information	Contracted	Training				1
Personal Property - Possession and Use	Contracted	Training	Written Reprimand			1

Complaint Category	Provider Type	Remedial Action	Remedial Action 2	SEDW	CWP	HSW
Safe, Sanitary, and Humane Treatment Environment	Contracted	Training	Written Reprimand			1
Abuse Class II - Unreasonable Force	Contracted	Written Reprimand	Training			
Neglect Class III	Contracted	Written Reprimand	Training			1
Mental Health Services Suited to Condition	Contracted	Employment Termination				
Mental Health Services Suited to Condition	Contracted	Employee left the agency, but substantiated	Training			1
Safe, Sanitary, and Humane Treatment Environment	Contracted	Employment Termination				1
Rights Protection System	Contracted	Training				1
Dignity and Respect	Contracted	Employee left the agency, but substantiated				1
Rights Protection System	Contracted	Written Reprimand	Training			1
Dignity and Respect	Contracted	Training	Suspension			1
Rights Protection System	Contracted	Written Reprimand	Training			1
Dignity and Respect	Contracted	Written Reprimand	Training			1
Dignity and Respect	Contracted	Written Reprimand	Training			1
Neglect Class III	Contracted					1
Safe, Sanitary, and Humane Treatment Environment	Contracted	Written Reprimand	Other			
Neglect Class III - Failure to Report	Contracted	Employee left the agency, but substantiated				1
Neglect Class III	Contracted	Written Reprimand	Training			1
Neglect Class III	Contracted	Written Reprimand	Training			1
Mental Health Services Suited to Condition	Contracted	Written Reprimand	Training			1

Data Summary

Demographic Information	
Reporting CMH/LPH	Washtenaw County CMH
Recipient Rights Office Director Name	Katie Snay
Reporting Period	October 1, 2023 through March 31, 2024

Complaint Data Summary	
Complaints Received	86
Allegations	81
Investigations	81
Interventions	0
Complaints Substantiated	40
Percent of allegations substantiated	49%

Highlighted Complaint Categories	Received	Substantiated
Abuse I, II, III	15	4
Neglect I, II, III	23	12
Dignity and Respect	12	5
MH Services Suited to Condition	9	8
No Right Involved/Outside Jurisdiction	5	

Complaint Remediation

Remediation Type	Total
Verbal Counseling	4
Written Counseling	1
Verbal Reprimand	0
Written Reprimand	17
Suspension	6
Demotion	0
Staff Transfer	0
Training	17
Employment Termination	5
Employee left the agency, but substantiated	9
Contract Action	0
Policy Revision/Development	0
Environmental Repair/Enhancement	1
Plan of Service Revision	1
Recipient Transfer to Another Provider/Site	0
Other	5
Pending	0
None	0

Waiver Type	Total
SEDW	0
CWP	0
HSW	42

Strategic Plan Tracking Report
2024 Annual Board Review

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

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities **Due Date: January 2023**	TBD work with PIHP on evaluation criteria	• Intake line went live for SUD intakes in May 2022. • 988/MiCal line went live with the State in the fall of 2022.	Access Calls Increased by 7% from this time last year. Intake line is available for all Mental Health, Substance Use Disorder and I/DD Crisis, Intakes and Individual needs related to the populations mentioned above.	
Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County **Due Date: January 2025**	Care Coordination with key stakeholders. Examples may include Packard Health, Corner Health, Ozone, Catholic Social Services, Jewish Family Services, etc.		We currently have a total of 55 MOU's in place related to coordination of Care which is 10 more than this time last year.	

Promote wellness through the integration of physical and behavioral health

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Achieve successful implementation of State of Michigan Behavioral Health Home **Due Date: October 2023**	200 Washtenaw County individuals enrolled through the State of Michigan. Ongoing qualitative measure TBD in partnership with the State of Michigan		185 individuals are currently enrolled. Which is up from 139 this time last year.	
Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic (CCBHC) **Due Date: October 2023**	1. Successful State certification 2. 95% of individuals receiving qualified CCBHC services are enrolled in in the State Demonstration. 3. 100% of the number of individuals requesting services that are assessed for medical necessity are provided services either through community partnerships or directly	Achieved State Certification by deadline.	Completed and passed on-site review with MDHHS in 2022. Completed and obtained provisional recertification for 2024 -2025. CAP was submitted and approved. All individuals have been enrolled in State WSA system. 100% of individuals that qualify for CCBHC receive treatment.	

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

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Complete full implementation of crisis 23 Hour Observation site **Due Date: January 2023**			Focus has shifted to utilize for LEADD and CRU. Resources have been reallocated during COVID to respond to the need of mobile crisis team. Investigating partnerships with the health systems to identify needs and resources to operate. The space has been temporarily repurposed for the ACT team to utilize.	
Partner in the development of a community plan to establish a youth assessment center **Due Date: January 2024**	Presentation of the community plan to the WCCMH board	• Funding has been approved from BOC • Multiple community planning meetings have occurred	A small group of members from the planning team are putting together a proof-of-concept model that could be implemented quickly to help with identifying needed resources from the Child Care Fund. Recommendations will be brought back to the planning team. The National Assessment Center is providing the group with technical assistance.	
Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders **Due Date: January 2022**	LEADD Report	Implemented LEADD summer of 2022	CHRT provided the year 1 Interim Report and **PCG** presentation for Year 2 was presented.	
In partnership with Washtenaw County Sherriff's office, develop protocols for metro dispatch to deploy a mobile mental health crisis team as an alternative to law enforcement response. **Due Date: January 2024**	Chicago Health Labs evaluation	• CRU implementation occurred in June 2022. • Attending Monthly Data Meetings • Initial protocols have been developed	Dashboard has been developed and distributed. Dashboard is being evaluated so it can be ran in-house by both parties.	

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

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Utilize Public Health Community Assessment Data, existing studies, and reports within Washtenaw County to identify risk factors relevant to mental health treatment. These data will be utilized to develop a workplan that is specific to how WCCMH can mitigate the impact of these risk factors within Washtenaw County. **Due Date: January 2024**	Work plan finalized and presented to key stakeholders.	• Research started • LGBTQIA+ trainings conducted • BLM Task Force Conducted Multiple Community Events. • Developing a local strategy with BLM Task Force by utilizing the PIHP QAPIP to reduce no show rates for African Americans. • Made key millage investments to fund programs and outreach with the goal of addressed heath inequities- CLR program, KnewJoy, NAMI, Washtenaw Health Plan.	Workplan has been developed and we are working with Dr. Watkins to refine and enhance the strategies and workplan going forward. These strategies are justice, equity, diversity, and inclusion (JEDI) focused organizational assessment aimed at providing a comprehensive evaluation of an organization's operational effectiveness, strategic alignment, and overall organizational health with regard to the ways the organization uplifts social justice and social change in its practices	
Create interventions based on the work plan that target stigma, increase health education and trainings that aid in reducing health inequities. **Due Date: January 2025**	Measurements will be developed based on the workplan and will identify the impact the interventions that WCCMH has implemented to reduce health inequities.	Interventions listed above and will be organized in a workplan when workplan tactic is complete.	Dependency on above goal.	

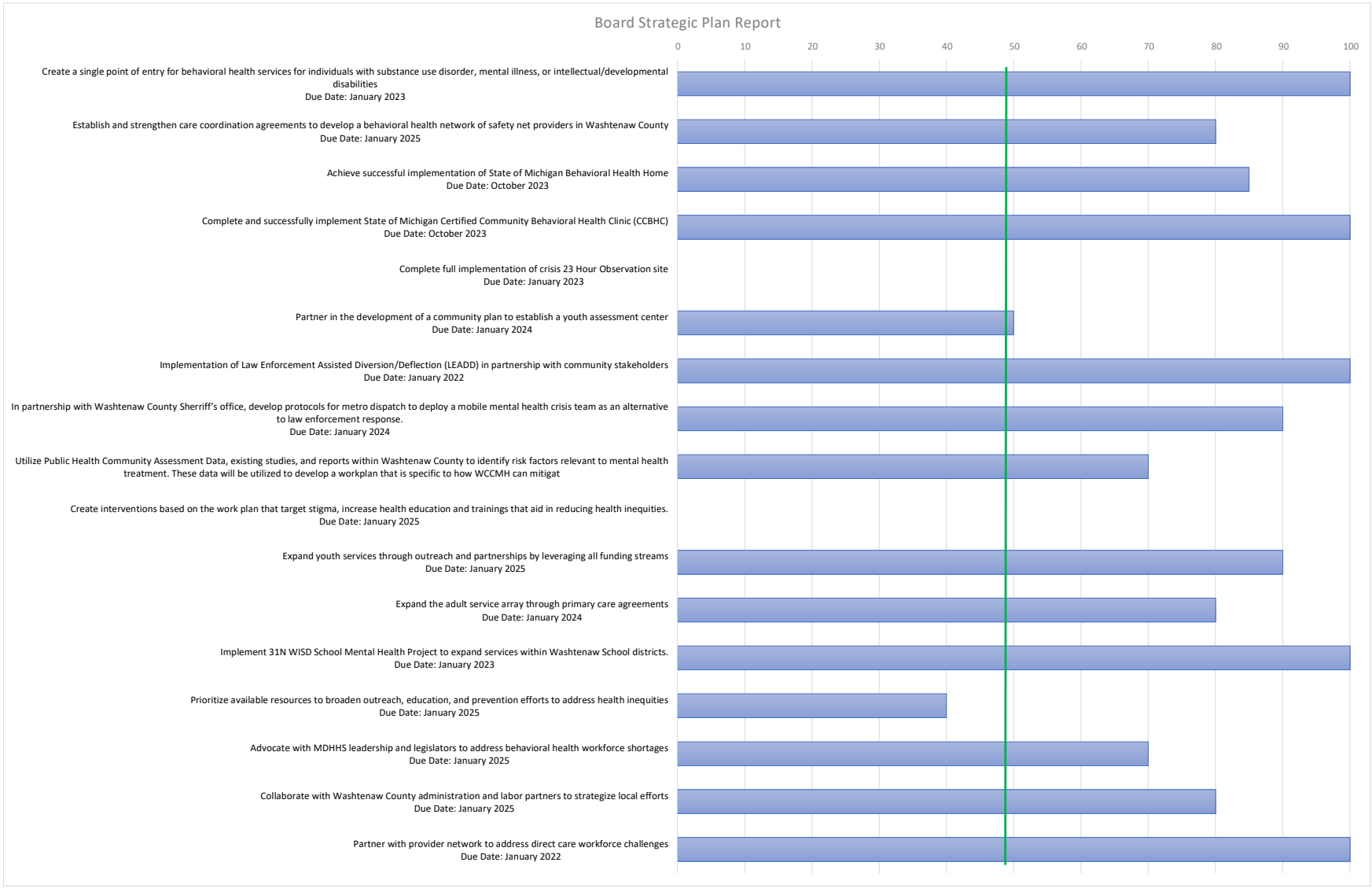
Braid diversified revenue streams to support prevention, treatment, outreach, and equitable access to behavioral health services

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Expand youth services through outreach and partnerships by leveraging all funding streams **Due Date: January 2025**	Either directly or through agreements increase youths served by 25%	• WCCMH continues to have a physical presence in schools. • Conducted Mental Health First Aid Trainings • Anti Stigma Campaign underway • Voices of Youth had 130 youths engaged • Established formal agreement to provide day treatment services at the youth center • Increase Psychiatry time at Corner Health and Ozone • Continued discussion with Trinity, U of M, and community partners to develop a youth assessment center.	Youth Services have increased by **47%** since 2021	
Expand the adult service array through primary care agreements **Due Date: January 2024**	Agreements with primary care safety net clinics.	• Continued agreement with Packard Health and Corner Health • 5 Healthy Towns now has 50 organizations and 3 action teams participating	WCCMH continues to partner with Packard, Corner and Ozone House to provide psychiatry time.	
Implement 31N WISD School Mental Health Project to expand services within Washtenaw School districts. **Due Date: January 2023**	Number of schools receiving mental health resources	**Physical presence:** Ypsilanti Community Schools Milan Schools Lincoln Community Schools **Referral Based:** Whitmore Lake Schools Manchester Schools	• $226,000 investment over 3 years • All public schools (elementary, middle and high) invited to participate • 30 total schools in the county participated including 16 new ones • Approx. 800 students participated in planning these projects • Approx. 10,985 students have been impacted by these projects • Funded projects were asked to address: o Engaging students who typically don't participate in mental wellness activities • Fostering communication about mental health between students and trusted adults in their lives • High schools and middle schools could request up to $5,000. • Elementary schools could request up to $2,000.	

Prioritize available resources to broaden outreach, education, and prevention efforts to address health inequities **Due Date: January 2025**	Number of community events and trainings in geographic areas of need. No show rates for African Americans	PIHP funded project "Success" which is being implemented in Whitmore Lake and Lincoln Community Schools.	WCCMH BLM matters taskforce has held 2 events with 70 participants this fiscal year. Contracted with Dr. Watkins for justice, equity, diversity, and inclusion (JEDI) focused organizational assessment aimed at providing a comprehensive evaluation of an organization's operational effectiveness, strategic alignment, and overall organizational health with regard to the ways the organization uplifts social justice and social change in its practices	

Improve recruitment and retention of the behavioral health workforce

Tactic:	Measurement	Milestones	Report (KPI & or Narrative)	Overall Progress
Advocate with MDHHS leadership and legislators to address behavioral health workforce shortages **Due Date: January 2025**	Additional funding allocated from the State for behavioral health staffing or decrease vacancies from 10% to 5%.	Testimony provided at State committee meeting by MDHHS leadership	MDHHS presented addressing the following barriers based on feedback from CMH directors: • Direct care wage increase • Improving provider qualification expectations to reach more applicants. • New Medicaid policy allowing master's-prepared clinicians to work while waiting for their license. • Student loan Repayment program • Awarded an MDHHS ACT focused retention/recruitment grant • As of October WCCMH has a 8.2% Vacancy Rate	
Collaborate with Washtenaw County administration and labor partners to strategize local efforts **Due Date: January 2025**	County Implementation of competitive wage increases	• Hired a training coordinator to enhance trainings for new and existing staff. • Retention bonus issued for WCCMH employees on Friday September 16, 2022 • January 2023 County rolled out competitive wage increase. • Through negotiations with labor partners county is implementing additional wage increase for 2023 • Retention bonus issued on September 1st 2023 to county employees.	Wage adjustments in alignment with negotiated increases and new position classification/wage scale.	
Partner with provider network to address direct care workforce challenges **Due Date: January 2022**	Implementation of direct care worker training reciprocity and/or increased funding for direct care workers.	• $1.16 hourly rate increase for direct care staff in 2024. • Continue to push out DCW passthroughs, and work with other regions regarding training reciprocity/monitoring reciprocity. • Car magnet incentive program implemented and concluded. • Employee recognition program for Direct Care Staff implemented and concluded.	**See Milestones**	


Board Strategic Plan Report
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Create a single point of entry for behavioral health services for individuals with substance use disorder, mental illness, or intellectual/developmental disabilities
Due Date: January 2023
Establish and strengthen care coordination agreements to develop a behavioral health network of safety net providers in Washtenaw County
Due Date: January 2025
Achieve successful implementation of State of Michigan Behavioral Health Home
Due Date: October 2023
Complete and successfully implement State of Michigan Certified Community Behavioral Health Clinic (CCBHC)
Due Date: October 2023
Complete full implementation of crisis 23 Hour Observation site
Due Date: January 2023
Partner in the development of a community plan to establish a youth assessment center
Due Date: January 2024
Implementation of Law Enforcement Assisted Diversion/Deflection (LEADD) in partnership with community stakeholders
Due Date: January 2022
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