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)
EXECUTIVE COMMITTEE MEETING
AGENDA

In-person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor
OR
Virtual: https://zoom.us/j/98104157570

May 9, 2022
4:00-5:00 PM

I. Roll Call (5 minutes)

II. Introductions (5 minutes)

III. Audience Participation (see guidelines below) (5 minutes)

IV. Executive Committee Minutes (5 minutes)
- Executive Committee Minutes and Actions-12/13/21 (Attachment #1A) **ACTION**
- Executive Committee Minutes and Actions-3/14/22 (Attachment #1B) **ACTION**

V. Executive Director Report **T. Cortes** (5 minutes)

VI. Old Business (5 minutes)
- Strategic Plan Update **T. Cortes/M. Harding**

VII. New Business (10 minutes)
- WCCMH Financial Status Report (Attachment #2) **ACTION**
- WCCMH Millage and CCBHC Financial Status Report (Attachment #3)
- Contracts and Leases (Attachment #4) **ACTION**
- Executive Director Authorizations (Attachment #5) **ACTION**
- Millage Advisory Committee Funding Requests Summary (Attachment #6) **ACTION**
    a. NAMI (Attachment #6a) **ACTION**
    b. Public Health Anti-Stigma (Attachment #6b) **ACTION**
    c. CHRT Communications Plan (Attachment #6c) **ACTION**
- WCCMH Board Officers and Committee Assignments for 4/1/22-3/31/23 (Attachment #7) **ACTION**

VIII. Items for Future Discussion (5 minutes)

IX. Adjourn to closed session to discuss the WCCMH Executive Director Evaluation (10 minutes)

X. Resume public meeting (5 minutes)

XI. Adjournment of Public Meeting

WCCMH Executive Committee members are encouraged to participate in person to count towards a quorum.

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.

VIRTUAL MEETING LINK:
Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. https://zoom.us/j/98104157570

Or One tap mobile:
+16465189805, 98104157570# US (New York)
+19292056099, 98104157570# US (New York)

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

Webinar ID: 981 0415 7570

International numbers available: https://zoom.us/u/aUvy5uAzb

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 AGENCY (WCCMH)
WCCMH EXECUTIVE COMMITTEE MEETING MINUTES *DRAFT*

https://zoom.us/j/93379257865
December 13, 2021
2:30 pm

K. Walker called the meeting to order at 2:34 pm.

ROLL CALL: S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County MI
B. King attending remotely from Ann Arbor, Washtenaw County, MI
A. LaBarre attending remoted from City of Ann Arbor, Washtenaw County, MI
K. Walker attending remotely from Southgate, Wayne County, MI

MEMBERS ABSENT: None

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, R. Dornbos, S. Ray, H. Linky, K. Snay, K. Diebboll, L. Gentz, S. Amos O'Neal

OTHERS PRESENT: L. Lutomski, M. Creekmore, K. Homan, G. Nelson, B. Higman

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 6/14/21 were reviewed (Attachment #1).

MOTION BY B. KING, SUPPORTED BY N. GRAEBNER-SUNDLING TO APPROVE THE MINUTES AND ACTIONS OF THE JUNE 14, 2021 WCCMH EXECUTIVE COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**NOT PRESENT AT TIME OF VOTE**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**NOT PRESENT AT TIME OF VOTE**	**WALKER**	**Y**

MOTION CARRIED

IV. Discussion Items
- None

A. LaBarre joined the meeting at 2:34pm
A. Dusbiber joined the meeting at 2:38pm

V. Old Business
- CCBHC Update
  - M. Harding presented the CCBHC Update to the committee.

VI. New Business
- WCCMH 2022 Annual Board/Committee meeting schedule discussion (Attachment #2)
  - T. Cortes discussed the proposed meeting schedule for the 2022 year.
  - October meetings should be rescheduled due to October County holiday.
  - The Program-Quality and Budget-Finance Committees will now be combined meetings for FY2022 and will be called Quality-Finance Committee.

- WCCMH 2022 Annual Board Calendar
  - T. Cortes discussed the WCCMH 2022 Annual Board Calendar (Attachment #3).

- WCCMH Board Member terms expiring on March 31, 2022.
  - K. Walker stated the following members will be up for reappointment. R. Dornbos will be contacting the members soon to work on their reappointments.
    - B. King-Community Member
    - A. LaBarre-Board of Commissioners Representative
    - A. Rooks-Community Member
    - K. Scott-Secondary Consumer

- WCCMH Executive Director Evaluation Discussion
  - The process for the Executive Director evaluation was discussed.
  - Request for R. Dornbos to send out the goals from last year to the WCCMH Board. Executive Committee would conduct the evaluation in January 2022 and make a recommendation to the full board.
  - Suggestion to use the SWOT template for evaluation.

- Bylaw Changes
  - The Bylaw Changes (Attachment #4) were discussed with the committee.
  - This document will be brought to the December 17, 2021 WCCMH Board meeting for approval. Once the WCCMH Board approves then it goes to the Washtenaw County Board of Commissioners for final approval.

MOTION BY A. DUSBIBER, SUPPORTED BY S. ANTONOW TO APPROVE THE WCCMH BYLAWS AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	**Y**	**DUSBIBER**	**Y**
GRAEBNER-SUNDLING	**Y**	**KING**	**Y**
LABARRE	**Y**	**WALKER**	**Y**

MOTION CARRIED

- Strategic Planning Process Discussion (Attachment
  - M. Harding and T. Cortes discussed the Strategic Planning Process with the committee.
  - The consolidated information will be reviewed by CMH staff and will bring back to Executive Committee to review at their next meeting.
  - Suggestion to bring the CHRT and Unite documents to the WCCMH Board for the December meeting.

VII. Items for Future Discussions
- Executive Director Evaluation
- Strategic Planning

VIII. Adjournment of Meeting

MOTION BY N. GRAEBNER-SUNDLING, SUPPORTED BY A. DUSBIBER TO ADJOURN THE WCCMH EXECUTIVE COMMITTEE MEETING.

MOTION CARRIED

The WCCMH Executive Committee Meeting was adjourned at 3:05 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH EXECUTIVE COMMITTEE MEETING MINUTES *DRAFT*
In person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor
OR Virtually at https://zoom.us/j/93652861382

March 14, 2022
2:30 pm

K. Walker called the meeting to order at 4:10 pm.

ROLL CALL:	N. Graebner-Sundling attending in person B. King attending remotely A. LaBarre attending remotely K. Walker attending in person
MEMBERS ABSENT:	S. Antonow, A. Dusbiber
STAFF PRESENT:	T. Cortes, M. Harding, N. Phelps, R. Dornbos
OTHERS PRESENT:	M. Billard

There was not a quorum of Executive Committee members present in person to conduct business at this meeting.

I. Introductions
- None

II. Audience Participation
- None

III. Executive Committee Minutes and Actions
- Executive Committee Minutes and Actions from 12/13/21 were reviewed (Attachment #1).

No action was taken. There was not a quorum for this meeting.

IV. Executive Director Report
- None

V. Old Business
- None

VI. New Business
- None

VII. Items for Future Discussions
- None

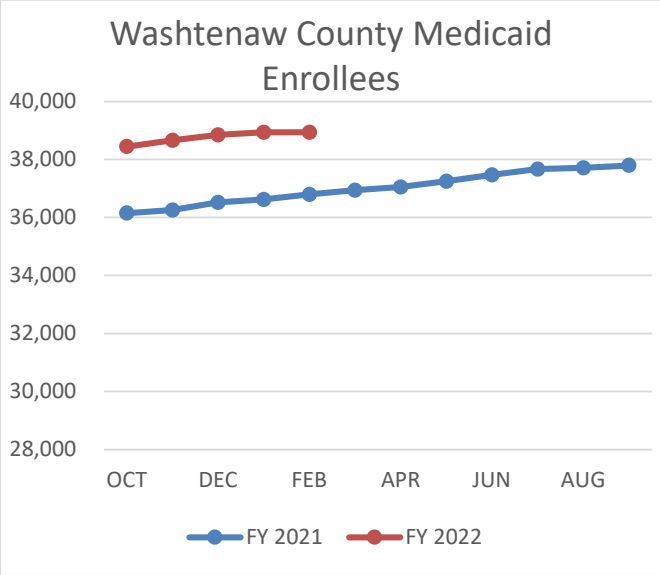
VIII. Adjournment of Meeting

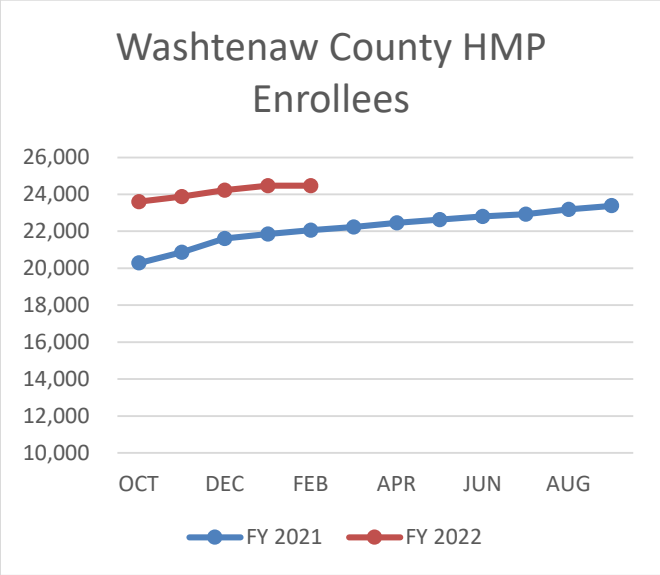
The WCCMH Executive Committee Meeting was adjourned at 4:12 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2022: For the period ending February 28, 2022
Prepared: April 5, 2022

1. Washtenaw County Enrollees

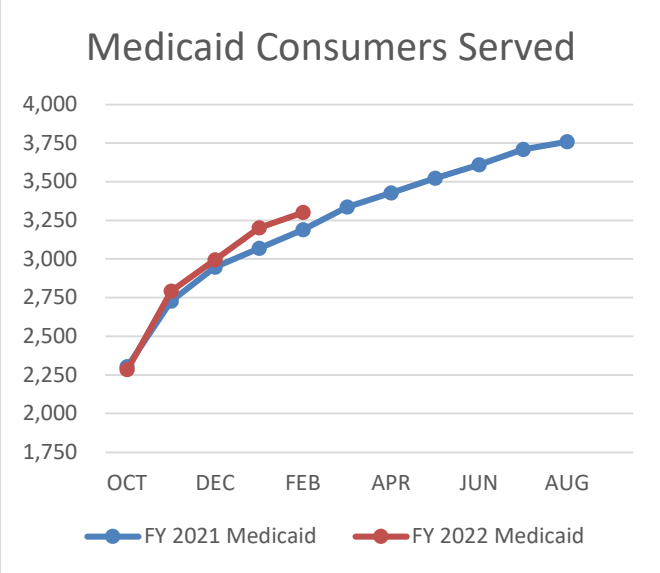
A summary of FY 2022 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:

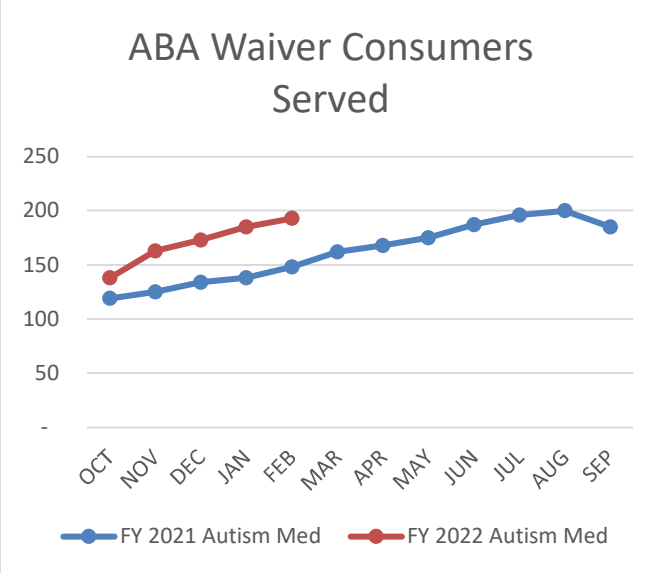




Washtenaw County Medicaid Enrollees were 38,932 in February 2022. This is a 5.81% increase from the same time last year (2,137 more enrollees than in February 2021). Healthy Michigan enrollment in February 2022 was 24,466. This is a 10.95% increase from the same time last year (2,415 more enrollees than in February 2021).

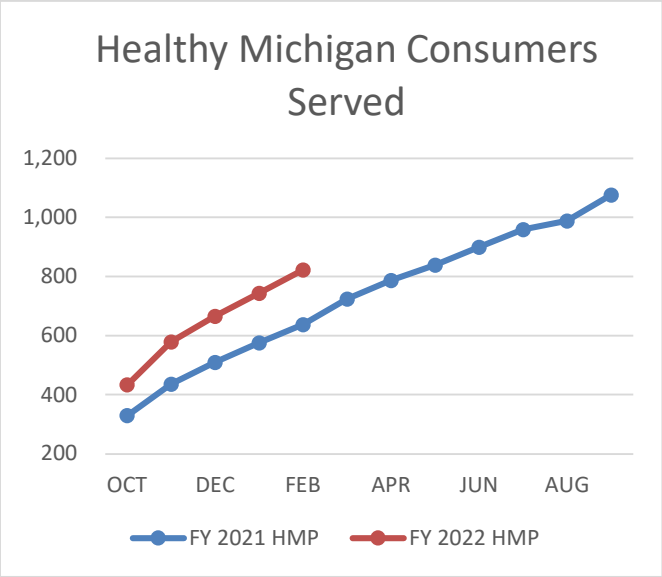
2. WCCMH Consumers Served to Date





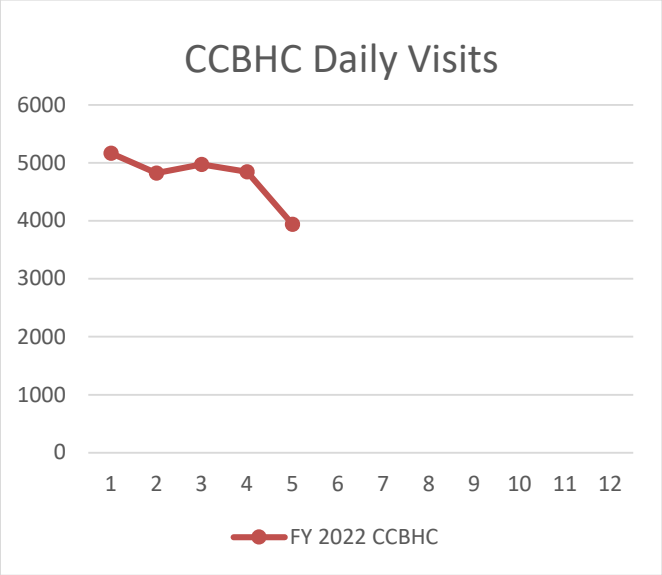
Medicaid consumers served through February 2022 are 3,302. This is 112 more consumers than the prior year (3,190 consumers were served through February 2021).

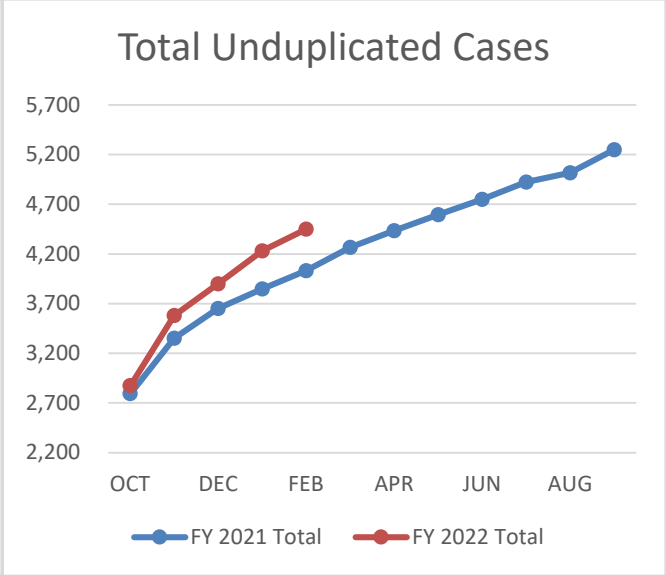
ABA Waiver consumers served through February 2022 are 193. This is 45 more consumers than prior year (148 consumers were served through February 2021).



Healthy Michigan consumers served through February 2022 were 823. This is 185 more consumers than the same period last year.

General Fund consumers served is not available this month due to reporting errors.





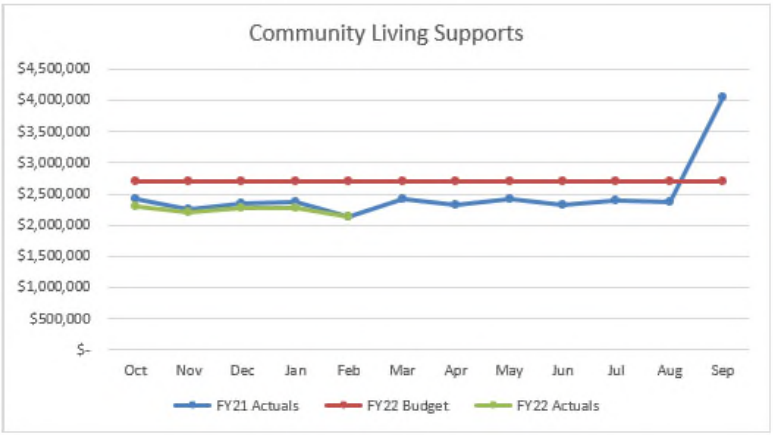
The CCBHC daily visit count for February 2022 were 3,939.

The total unduplicated consumers served through February 2022 were 4,451. This is 421 more consumers than served last year.

3. Financial Statement Highlights

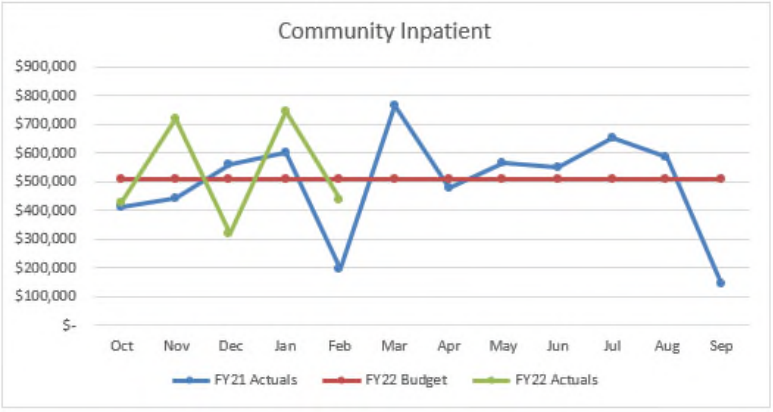
a. CLS service costs to date are estimated to be $11.3 Million and $2.4 Million under budget. The costs year to date are 2.5% less than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 2,425,825	2,711,968	$ 2,307,044	-4.90%
Nov	2,264,769	2,711,968	2,217,838	-3.53%
Dec	2,346,049	2,711,968	2,284,691	-3.23%
Jan	2,365,368	2,711,968	2,286,246	-3.26%
Feb	2,135,096	2,711,968	2,147,479	-2.55%
Mar	2,408,780	2,711,968		
Apr	2,328,718	2,711,968		
May	2,410,288	2,711,968		
Jun	2,316,806	2,711,968		
Jul	2,393,966	2,711,968		
Aug	2,377,568	2,711,968		
Sep	4,042,059	2,711,968		



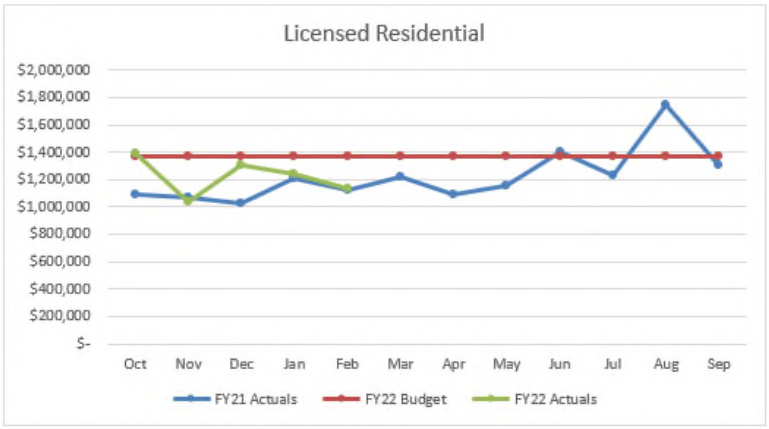
b. Community Inpatient costs to date are $2.6 Million. The costs year to date are 19.81% more than this time last year and $110,000 over budget.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 411,150	$ 508,333	$ 428,747	4.28%
Nov	444,907	508,333	719,608	34.14%
Dec	560,543	508,333	318,967	3.58%
Jan	601,931	508,333	745,851	9.64%
Feb	194,823	508,333	438,634	19.81%
Mar	767,313	508,333		
Apr	480,817	508,333		
May	567,208	508,333		
Jun	548,208	508,333		
Jul	653,771	508,333		
Aug	584,676	508,333		
Sep	146,525	508,333		



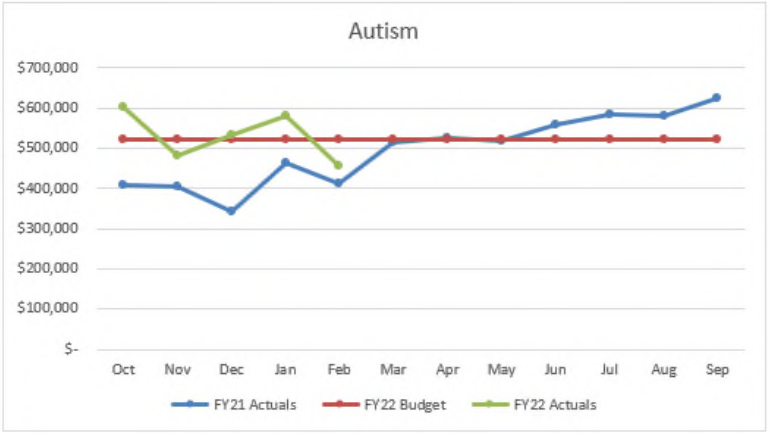
c. Licensed Residential costs to date are $6.1 Million and $774,000 under budget. The costs year to date are 10.45% more than this time last year. At the end of FY21 there were additional provider stability payments made to CLS providers and are reflected in the graph below. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 1,093,095	$ 1,375,450	$ 1,386,550	26.85%
Nov	1,073,263	1,375,450	1,038,733	11.95%
Dec	1,028,927	1,375,450	1,304,777	16.74%
Jan	1,211,062	1,375,450	1,238,132	12.75%
Feb	1,118,469	1,375,450	1,134,181	10.45%
Mar	1,225,127	1,375,450		
Apr	1,093,521	1,375,450		
May	1,159,115	1,375,450		
Jun	1,399,305	1,375,450		
Jul	1,228,220	1,375,450		
Aug	1,742,223	1,375,450		
Sep	1,304,444	1,375,450		



d. Applied Behavior Analysis/Autism service costs to date are $2.6 Million. The costs year to date are 30.49% more than this time last year and $46,000 over budget. The temporary direct care worker pass-through funds for FY22 have been incorporated in the FY22 Budget and FY22 Actuals.

	FY21 Actuals	FY22 Budget	FY22 Actuals	YTD % Change
Oct	$ 408,109	$ 520,861	$ 602,553	47.64%
Nov	404,662	520,861	479,479	33.13%
Dec	342,956	520,861	534,172	39.84%
Jan	464,654	520,861	580,372	35.56%
Feb	410,998	520,861	453,979	30.48%
Mar	512,641	520,861		
Apr	525,526	520,861		
May	518,865	520,861		
Jun	558,191	520,861		
Jul	584,957	520,861		
Aug	578,244	520,861		
Sep	624,950	520,861		



e. Internal staffing expenses are trending under budget due to the difficulty recruiting for budgeted vacant positions.

4. PIHP Revenue Key Points

a. Medicaid and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid is showing a surplus of $3.6 Million through February.
c. By funding source, HMP is showing a deficit of $258,000 through February.
d. Overall, the PIHP surplus is $5.0 Million through February.
e. At this time, funding related to temporary direct care worker wage increases will be cost settled separately and any unspent funds must be returned to the State and cannot be retained by the PIHP.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $954,000.

6. Local Key Points

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

b. Local Funds are showing a deficit of $141,000 through February.

c. Uses of Local Funding include:

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

7. Fund Balance

WCCMH currently has no fund balance available for fiscal year 2022.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2022 FYTD

		Total
Medicaid **		
Revenue		
B & B3	$	18,570,497
HSW		10,914,109
DCW		3,341,805
Child Waiver/SED Waiver		737,900
Autism		2,452,801
Prior Year Adjustments		-
Care for Caid		27,694
Total Medicaid Revenue	$	36,044,805
Total Medicaid Expense	$	32,437,216
Medicaid Surplus/(Deficit)	$	3,607,590
CCBHC **		
Revenue	$	1,709,083
Expense		-
CCBHC Surplus/(Deficit)	$	1,709,083
Healthy Michigan **		
Revenue	$	2,618,701
Expense		2,876,740
Healthy MI Surplus/(Deficit)	$	(258,039)
General Fund		
Revenue		
CMH Operations	$	1,764,601
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Funding Fr. Other Local Sources		5,745
Total General Fund Revenue	$	1,770,346
Total General Fund Expense	$	815,895
General Fund Surplus/(Deficit)	$	954,451
Injectable Meds		
Revenue	$	45,599
Expense		40,406

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
FEBRUARY 2022 FYTD

		Total
Inj. Meds. Surplus/(Deficit)	$	5,193
Grants And Contracts		
Revenue	$	602,782
Expense		602,782
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	219,584
Redirect to GF		(5,745)
Expense		213,840
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	643,040
Expense		784,958
Local Surplus/(Deficit)	$	(141,918)
Private Grant & All NOR		
Revenue	$	70,251
Expense		70,251
Priv. Grant & NOR Surplus/(Deficit)	$	-
Grand Total		
Revenue	$	43,818,877
Expense		37,942,518
Grand Total Surplus/(Deficit)	$	5,876,360

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,063,826
WCCMH Surplus/(Deficit)		812,534
	$	5,876,360

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2022

	Current Fiscal Year				
	FY 2022 Amended Budget	FY 2022 Amended Budget YTD	FY 2022 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 46,276,405	$ 19,281,835	$ 18,570,497	$ (711,338)	-3.69%
HSW	27,372,824	11,405,343	10,914,109	(491,234)	-4.31%
Children & SED Waivers	1,044,210	435,088	737,900	302,813	69.60%
Healthy Michigan Capitation	6,284,880	2,618,700	2,618,701	1	0.00%
Autism Capitation	5,886,723	2,452,801	2,452,801	(0)	0.00%
Direct Care Worker Pass-Through	8,421,349	3,508,895	3,341,805	(167,090)	-4.76%
CCBHC Supplementary	4,059,000	1,691,250	1,709,083	17,833	1.05%
TOTAL PIHP Revenue	$ 99,345,391	$ 41,393,913	$ 40,344,896	$ (1,049,017)	-2.53%
MDHHS Revenue					
State General Funds	$ 4,235,050	$ 1,764,604	$ 1,764,601	$ (3)	0.00%
Grants & Earned Contracts	1,790,168	745,903	628,858	(117,045)	-15.69%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 729,900	$ 313,636	$ (416,264)	-57.03%
Project Revenue	847,984	353,327	303,343	(49,984)	-14.15%
All Other	1,917,652	799,022	932,209	133,187	16.67%
TOTAL Operating Revenue	**$ 109,888,006**	**$ 45,786,669**	**$ 44,287,543**	**$ (1,499,126)**	-3.27%
Operating Expenses					
Administrative Expenses					
General Administration	$ 6,598,359	$ 2,749,316	$ 2,417,474	$ (331,842)	-12.07%
Program Administration	3,355,568	1,398,153	1,280,592	(117,561)	-8.41%
Residential Services					
Community Living Supports	$ 32,543,612	$ 13,559,838	$ 11,335,492	$ (2,224,346)	-16.40%
Licensed Residential	16,505,397	6,877,249	6,102,371	(774,878)	-11.27%
Outpatient Services					
Autism Services	$ 6,250,336	$ 2,604,307	$ 2,650,555	$ 46,248	1.78%
Case Management	5,000,662	2,083,609	1,703,376	(380,233)	-18.25%
Supports Coordination	2,948,825	1,228,677	863,197	(365,480)	-29.75%
Skill Building	4,688,790	1,953,663	1,332,933	(620,730)	-31.77%
Supported Employment	1,538,321	640,967	607,831	(33,136)	-5.17%
Psychiatry	3,307,258	1,378,024	1,271,673	(106,351)	-7.72%
Nursing Services	2,397,642	999,018	880,644	(118,374)	-11.85%
Therapy Services	2,194,098	914,208	739,438	(174,770)	-19.12%
All Other	9,327,130	3,886,304	3,250,899	(635,405)	-16.35%
CCBHC Services	4,059,000	1,691,250	-	(1,691,250)	-100.00%
Other Expenses					
Community Inpatient	$ 6,100,000	$ 2,541,667	$ 2,651,808	$ 110,141	4.33%
Local Matches & Shelter	1,282,838	534,516	699,787	165,271	30.92%
Grants & Earned Contracts	1,790,168	745,903	623,113	(122,790)	-16.46%
TOTAL Operating Expenses	**$ 109,888,006**	**$ 45,786,669**	**$ 38,411,183**	**$ (7,375,486)**	-16.11%
Revenue Over/(Under) Expenses	-	-	5,876,360	5,876,360	

Washtenaw County Community Mental Health
Budget to Actuals
For Five Months Ending February 28, 2022

		Prior Year Comparison		
	FY 2022 YTD Actuals	FY 2021 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 18,570,497	$ 17,768,854	$ 801,643	4.51%
HSW	10,914,109	10,801,489	112,620	1.04%
Children & SED Waivers	737,900	398,585	339,315	85.13%
Healthy Michigan Capitation	2,618,701	2,405,741	212,960	8.85%
Autism Capitation	2,452,801	1,996,658	456,143	22.85%
Direct Care Worker Pass-Through	3,341,805	1,782,296	1,559,509	0.00%
CCBHC Supplementary	1,709,083	-	1,709,083	0.00%
TOTAL PIHP Revenue	$ 40,344,896	$ 35,153,623	$ 5,191,273	14.77%
MDHHS Revenue				
State General Funds	$ 1,764,601	$ 1,789,001	$ (24,400)	-1.36%
Grants & Earned Contracts	628,858	535,153	93,705	17.51%
All Other Revenue				
County Appropriation	$ 313,636	$ 372,540	$ (58,904)	-15.81%
Project Revenue	303,343	278,941	24,402	8.75%
All Other	932,209	792,080	140,129	17.69%
TOTAL Operating Revenue	**$ 44,287,543**	**$ 38,921,338**	**$ 5,366,205**	13.79%
Operating Expenses				
Administrative Expenses				
General Administration	$ 2,417,474	$ 2,048,036	$ 369,438	18.04%
Program Administration	1,280,592	1,133,948	146,644	12.93%
Residential Services				
Community Living Supports	$ 11,335,492	$ 11,809,643	$ (474,151)	-4.01%
Licensed Residential	6,102,371	5,524,817	577,554	10.45%
Outpatient Services				
Autism Services	$ 2,650,555	$ 2,031,262	$ 619,293	30.49%
Case Management	1,703,376	1,705,598	(2,222)	-0.13%
Supports Coordination	863,197	896,368	(33,171)	-3.70%
Skill Building	1,332,933	935,869	397,064	42.43%
Supported Employment	607,831	577,212	30,619	5.30%
Psychiatry	1,271,673	1,065,162	206,511	19.39%
Nursing Services	880,644	789,739	90,905	11.51%
Therapy Services	739,438	688,253	51,185	7.44%
All Other	3,250,899	2,753,215	497,684	18.08%
CCBHC Services	-	-	-	0.00%
Other Expenses				
Community Inpatient	$ 2,651,808	$ 2,213,354	$ 438,454	19.81%
Local Matches & Shelter	699,787	603,581	96,206	15.94%
Grants & Earned Contracts	623,113	535,153	87,960	16.44%
TOTAL Operating Expenses	**$ 38,411,183**	**$ 35,311,210**	**$ 3,099,973**	8.78%
Revenue Over/(Under) Expenses	5,876,360	3,610,128	2,266,232	

Washtenaw County Community Mental Health (WCCMH)
Summarized Month End Tracking

Prior Year FY 2021	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 7,755,401	$ 15,310,244	$ 23,580,591	$ 31,333,092	$ 38,921,338	$ 47,115,196	$ 56,134,326	$ 64,236,863	$ 72,980,573	$ 81,144,669	$ 90,818,496	$ 99,945,774
Total Expense	$ 6,390,300	$ 13,468,771	$ 20,308,564	$ 28,129,172	$ 35,311,210	$ 42,743,574	$ 50,665,179	$ 58,492,671	$ 66,459,411	$ 75,089,495	$ 84,875,262	$ 90,335,121
Surplus / (Deficit)	$ 1,365,101	$ 1,841,473	$ 3,272,027	$ 3,203,920	$ 3,610,128	$ 4,371,622	$ 5,469,147	$ 5,744,192	$ 6,521,162	$ 6,055,174	$ 5,943,234	$ 9,610,653 (a)

Current Year FY 2022	**October**	**November**	**December**	**January**	**February**	**March**	**April**	**May**	**June**	**July**	**August**	**September**
Total Revenue	$ 9,108,033	$ 17,714,521	$ 26,486,887	$ 35,542,274	$ 44,287,543							
Total Expense	$ 7,658,696	$ 14,955,417	$ 22,766,179	$ 30,490,909	$ 38,411,183							
Surplus / (Deficit)	$ 1,449,337	$ 2,759,104	$ 3,720,708	$ 5,051,365	$ 5,876,360	$ -	$ -	$ -	$ -	$ -	$ -	$ -

(a) Includes PIHP Medicaid Surplus of $4,639,734 which is returned to PIHP
Includes General Fund Surplus of $2,682,639 which is returned to MDHHS
Includes Local Funds Surplus of $2,288,280 (County $2,013,517 deficit elimination plan contribution & $274,763 local surplus) which offsets Fund Deficit

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For One Month Ending February 28, 2022

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 1,094,231	$ 4,448,913	$ 3,354,682
Millage Interest Revenue	-	-	-	-
Millage GASB31 Adjustment	-	-	3,142	3,142
	$ 6,565,388	$ 1,094,231	$ 4,452,055	$ 3,357,824
Millage Expenses				
Salary	$ 2,395,000	$ 399,167	$ 241,785	$ (157,382)
Fringe	1,339,513	223,252	136,694	(86,558)
Contractors	1,500,000	250,000	75,806	(174,194)
Trainings	140,000	23,333	80	(23,253)
Operating Expenses	782,500	130,417	57,692	(72,725)
Fleet Charges	60,000	10,000	963	(9,037)
Client Care	78,500	13,083	50,617	37,534
Cost Allocation Plan	70,875	11,813	46,869	35,057
Furniture & Equipment	100,000	16,667	-	(16,667)
Depreciation Expense	10,000	1,667	-	(1,667)
Telephone	50,000	8,333	2,175	(6,158)
All Other Expenses	39,000	6,500	263	(6,237)
Total Millage Expenses	$ 6,565,388	$ 1,094,231	$ 612,944	$ (481,287)
Revenue Over/(Under) Expenses		-	3,839,111	3,839,111
	-			

*** Millage Fund Balance at the close of 2021 is $6,883,265

CCBHC Grant

January 2022 - April 2022

CCBHC #2 - Year 2 Grant Revenue	$ 960,000	$ 480,000	$ 442,572	$ (37,428)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 549,300	$ 274,650	$ 248,248	$ (26,402)
Fringe	315,000	157,500	150,157	(7,343)
Trainings	-	-	-	-
Telephone	7,500	3,750	3,569	(181)
Operating Supplies	1,000	500	-	(500)
Client Care	2,500	1,250	364	(886)
Indirect Costs	84,700	42,350	40,234	(2,116)
Total Expenses	$ 960,000	$ 480,000	$ 442,572	$ (37,428)
Revenue Over/(Under) Expenses	-	-	-	-

Washtenaw County Community Mental Health
Millage and CCBHC Grants Budget to Actuals
For Twelve Months Ending December 31, 2021

Millage Budget

	Annual Budget	Budget YTD	YTD Actual	YTD Actual O/(U) YTD Budget
Millage Revenue				
Millage	$ 6,565,388	$ 6,565,388	$ 6,824,906	$ 259,518
Millage Interest Revenue	-	-	44,919	44,919
Millage GASB31 Adjustment	-	-	(77,053)	(77,053)
	$ 6,565,388	$ 6,565,388	$ 6,792,772	$ 227,384
Millage Expenses				
Salary	$ 2,395,000	$ 2,395,000	$ 1,762,941	$ (632,059)
Fringe	1,339,513	1,339,513	892,930	(446,583)
Contractors	1,500,000	1,500,000	1,471,320	(28,680)
Trainings	140,000	140,000	5,151	(134,849)
Operating Expenses	782,500	782,500	417,326	(365,174)
Fleet Charges	60,000	60,000	10,196	(49,804)
Client Care	78,500	78,500	92,298	13,798
Cost Allocation Plan	70,875	70,875	280,709	209,834
Furniture & Equipment	100,000	100,000	-	(100,000)
Depreciation Expense	10,000	10,000	-	(10,000)
Telephone	50,000	50,000	23,495	(26,505)
All Other Expenses	39,000	39,000	9,320	(29,680)
Total Millage Expenses	$ 6,565,388	$ 6,565,388	$ 4,965,686	$ (1,599,702)
Revenue Over/(Under) Expenses		-	1,827,086	1,827,086
	-			

*** Millage Fund Balance at the close of 2021 is $6,883,265

CCBHC Grant

January 2022 - December 2022				
CCBHC #2 - Year 2 Grant Revenue	$ 2,250,971	$ 2,250,971	$ 2,031,585	$ (219,386)
CCBHC #2 - Year 2 Grant Expenses				
Salary	$ 1,166,672	$ 1,166,672	$ 1,176,594	$ 9,922
Fringe	765,442	765,442	654,002	(111,440)
Trainings	9,660	9,660	850	(8,810)
Telephone	16,050	16,050	13,621	(2,429)
Operating Supplies	22,263	22,263	1,869	(20,394)
Client Care	66,250	66,250	567	(65,683)
Indirect Costs	204,634	204,634	184,082	(20,552)
Total Expenses	$ 2,250,971	$ 2,250,971	$ 2,031,585	$ (219,386)
Revenue Over/(Under) Expenses	-	-	-	-

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

BACKGROUND:

1. Vintage Specialized Services, LLC DBA Creekside Residential Services- West: will provide Licensed Residential Services.
2. Elite AFC: will provide Licensed Residential Services.
3. Rose Hill- will provide Licensed Residential Services.
4. Cliff Corp- group home lease.
5. Illuminate ABA, LLC- will provide Applied Behavior Analysis Services.
6. Ivyrehab Michigan, LLC- will provide Applied Behavior Analysis Services.
7. Maxim- will provide Private Duty Nursing Services.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Vintage Specialized Services, LLC DBA Creekside Residential Services-West	Medicaid	Per Consumer Authorizations	March 1, 2022-September 30, 2022	Licensed Residential Services
2. Elite AFC	Medicaid	Per Consumer Authorizations	January 25, 2022-September 30, 2022	Licensed Residential Services
3. Rose Hill Center, Inc.	Medicaid	Per Consumer Authorizations	March 1, 2022-September 30, 2022	Licensed Residential Services
4. Cliff Corp	Medicaid	$9,000	January 1, 2022-March 31, 2022	Group Home Lease
5. Illuminate	Medicaid	Per Consumer Authorizations	April 15, 2022-September 30, 2022	Applied Behavior Analysis Services
6. Ivyrehab Michigan, LLC	Medicaid	Per Consumer Authorizations	April 1, 2022-September 30, 2022	Applied Behavior Analysis Services
7. Maxim	Medicaid	Per Consumer Authorizations	April 1, 2022-September 30, 2022	Private Duty Nursing Services

Executive Director Contract Authorizations
April 2022 Finance Committee Meeting

REQUEST: Recommend acceptance of the Executive Director's signature on contracts with a value of less that $25,000

Contractor	Amount	Term	Purpose	Approval Date
JCJ Contracting	$3,438	9/10/21-9/30/21	Driveway Repair	11/19/2021
Michigan Theatre	$2,320	2/16/2022	WCCMH Private Screening of "Summer of Soul"	
National Council for Mental Wellbeing	$12,850	1/18/22-9/30/22	Daily Living Activities-20 Training Module	
Althea Wilson	$5,000	1/1/22-9/30/22	Community Anti-Racism Education Trainings	
U.S. Transport Service	$5,000	4/1/22-4/15/22	Coordinate and Provide Supervised Transportation from Out-of-State Residential Facility	
Shanna Kattari	$5,000	6/1/22-9/30/22	Alphabet Soup & Treating Equality: inclusivity in Healthcare Trainings	

Millage Funding Summary April 2022

NAMI:

Goals: Continuation of NAMI's Peer Support Services

What: Targeted populations are families and youth in communities with higher rates of mental health issues that currently are not being addressed. (Neighborhoods in Ypsilanti Township will include—but not be limited to—Parkridge, Sugarbrook, and Sycamore Meadows.) Expanding to include Saline and Milan.

- Complete development of a user-friendly, comprehensive booklet listing mental health services in Washtenaw County and informing the public on how to access care. We'll distribute copies to our partners, in community venues throughout the county, and at community events. A digital version will be available as well.
- Craft smart, concise online communications about mental health topics, including how to access services. These messages will be distributed via social media, YouTube, podcasts, and other online media used by our target populations.
- Continue offering presentations (Ending the Silence and Mental Health 101) focused on the need for early intervention, suicide prevention, reduction of stigma, and access to appropriate care. Preferred venues are schools, places of worship, and other community venues — in person, when possible.
- Conduct more NAMI Family and Friends programs, 4-hour seminars for people who have loved ones with a mental health condition. Participants will learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources.
- Refer individuals in crisis and unable to gain immediate access to our services to NAMI Basics OnDemand, a free, 6-session online education program for parents, caregivers and other family members who provide care for youth experiencing mental health symptoms.
- Assemble a calendar of public (outdoor) events hosted by target area schools and communities and attend every event with our table, banner, and materials. NAMI volunteers will engage with event attendees on mental health topics and increase awareness of available resources, including NAMI's.
- Mount a Community Event for Families and Youth with our collaborating organizations.

Funding Amount: 1 year contract total $225,900

Public Health Anti-Stigma Campaign:

Goals: Continuation of the Public Health Anti-Stigma Campaign for an additional 2 years.

What: Major elements of the work include:

- Work with target audiences to develop, refine, review messages and themes
- Review, revise, and expand existing themes for both youth and their trusted adults/parents/caregivers
  - Include more detailed content on seeking services, normalizing seeking help and navigating mental services and support
  - Develop messaging and content that resonates with and supports LGTBQ youth and their families
  - Incorporate Spanish content including developing messages/themes with community members who speak languages other than English
- Prioritize additional strategies for sharing messages (new artwork, formats, murals, merch, platforms, etc.)
- Continue connecting to CARES and promoting youth access

- Disseminate campaign resources through multiple channels, formats, partners, and community outreach
- Track visibility and impact

Funding Amount: 2 year contract total- $340,000

CHRT Communication Strategy:

Goals: Continuation of the CHRT millage communications strategy

What:

1. **Vignettes.** Continue to produce a quarterly vignette series sharing information about the millage with new participant photos and artwork; create vignettes that resonate with specific audiences, such as youth and families; produce three vignettes per quarter. Due date: Quarterly.

2. **Communications.** Continue to develop and release announcements about newly funded services, staff spotlights, blog posts, Q&As, and press releases. Post original content on WCCMH website and social media accounts; disseminate quarterly newsletter; pitch stories to local news outlets, such as Groundcover News, Ann Arbor Observer, and Connected Magazine. Due date: Quarterly and ad hoc.

3. **Promotion.** Promote twelve vignettes as well as the vignettes, annual report, and video from CHRT's 2021-2022 millage communications contract through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Due date: Quarterly.

4. **Underwriting.** Continue underwriting contract with Second Wave Media (Concentrate) to publish three (3) stories per quarter on MHSUD concerns in local publications; ensure Concentrate credits the millage for underwriting all applicable MHSUD stories. Due date: Quarterly.

5. **Impact reporting.** Create and publish materials that describe the programs and services made available through millage funding; work with the WCCMH business team to develop and regularly update a data dashboard on millage investments and impacts. Due date: Quarterly and Q4.

6. **Community event.** Host a movie night at the Michigan Theater with a feature-length film about MHSUD concerns; show the millage video and distribute information about millage-funded programs and services. Due date: Prior to March 31, 2023.

7. **Materials.** Develop and distribute print materials to promote millage services, such as posters, flyers, postcards, magnets, brochures, and more. Due date: Q3 and Q4.

8. **Website maintenance.** Continue to post original content on millage microsite and monitor web metrics on a quarterly basis to evaluate success of advertising strategies. Manage news and announcement posts for WCCMH staff. Due date: Quarterly and ad hoc.

Funding Amount: 1 year contract total- $269,890

NAMI Washtenaw County

DATE SUBMITTED	**CMH – Contract Proposal 2022**
SUBMITTED TO	**WCCMH – Millage Advisory Committee**
SUBMITTED BY	**NAMI Washtenaw County (National Alliance on Mental Illness)**

I. PROJECT DESCRIPTION

A. STATEMENT OF PROBLEM TO BE ADDRESSED	Awareness and utilization of services for people with mental health needs is not spread equally among Washtenaw County residents. Until 2019, NAMI Washtenaw County's peer services were not widely known of or utilized by residents outside the Ann Abor/Dexter/Chelsea areas. However, with passage of the Mental Health and Public Safety Millage in 2017 and the expansion of our contract with WCCMH in 2019, NAMI Washtenaw engaged in a major effort to reach out to three underserved communities—Ypsilanti, Ypsilanti Township, and Whitmore Lake—to engage residents in conversations around mental health topics, ascertain mental health needs, and spread awareness of mental health resources throughout the county, including those offered by NAMI WC. Going forward, we will build on the outreach and education strategies we've developed over the past three years, spreading awareness of mental health concerns among youth and parents in underserved areas of the county: the importance of early assessment and intervention, service navigation, reduction of stigma, and the building and maintenance of social supports. Other underserved communities in Washtenaw County include (but are not limited to) Milan and Saline. NAMI WC will work with local school administrators and counselors to bring NAMI education to youth and parents in target schools and other districts by request.
B. GOALS & OBJECTIVES	NAMI WC provides peer services in partnership with 6 mental health service sectors: CMH, hospitals and community clinics, the criminal justice system, housing, schools, and faith organizations. We will continue working with service providers and community residents in these sectors to deepen our awareness of (a) existing mental health challenges in the populations they serve, (b) the barriers individuals face in accessing services, and (c) where the gaps in service are. NAMI will further develop outreach plans to facilitate learning about mental health conditions, resources, and supports available in Washtenaw County. Specific outreach activities will be developed according to the needs and situation of each targeted population. Activities will start with culturally competent conversations that result in specific action plans (involving education, support, and advocacy) that improve navigation through service systems and reduce stress and trauma. We aim to spread NAMI's message that recovery is possible with appropriate care and support as widely as possible throughout the county.
C. TARGET POPULATION	Targeted populations are families and youth in Ypsilanti, Ypsilanti Township, and Whitmore Lake. (Neighborhoods in Ypsilanti Township will include—but not be limited to—Parkridge, Sugarbrook, and Sycamore Meadows.) NAMI WC may also make educational presentations in other underserved school districts upon request by district administrators.
D. PROJECT ACTIVITIES	In broadening our reach to include communities such as Milan and Saline, we will conduct a series of key informant interviews to ascertain mental health needs. We will then take what we've learned in past focus groups, in the many key informant interviews we have conducted and will conduct, and from providers

	about mental health challenges in all of our target communities and use it to implement further outreach and education activities. We will: • Complete development of a user-friendly, comprehensive booklet listing mental health services in Washtenaw County and informing the public on how to access care. We'll distribute copies to our partners, in community venues throughout the county, and at community events. A digital version will be available as well. • Craft smart, concise online communications about mental health topics, including how to access services. These messages will be distributed via social media, YouTube, podcasts, and other online media used by our target populations. • Continue offering presentations (Ending the Silence and Mental Health 101) focused on the need for early intervention, suicide prevention, reduction of stigma, and access to appropriate care. Preferred venues are schools, places of worship, and other community venues — in person, when possible. • Conduct more NAMI Family and Friends programs, 4-hour seminars for people who have loved ones with a mental health condition. Participants will learn about diagnoses, treatment, recovery, communication strategies, crisis preparation and NAMI resources. • Provide the phone number (734-544-3050) for Washtenaw County Access and Crisis Services — a local, round-the-clock resource provided by CMH for individuals experiencing mental health symptoms — in all our publications and presentations. • Refer individuals in crisis and unable to gain immediate access to our services to NAMI Basics OnDemand, a free, 6-session online education program for parents, caregivers and other family members who provide care for youth experiencing mental health symptoms. • Assemble a calendar of public (outdoor) events hosted by target area schools and communities and attend every event with our table, banner, and materials. NAMI volunteers will engage with event attendees on mental health topics and increase awareness of available resources, including NAMI's. • Mount a Community Event for Families and Youth with our collaborating organizations.

II. Measureable (Outputs) & Outcomes

Enrollment statistics from our Family Education series show that for the past several years, less than 10% of class participants have been from the 48197, 48198, and 48189 zip codes, our targeted communities in the past 3 years. Likewise, few class participants have been from communities to the south of Ann Arbor. Our experience with education, support, and advocacy has shown that change begins when communities understand and accept what mental health challenges "look like" and how stress and trauma exacerbate situations involving parents and youth. When affected individuals receive education and support and learn how to navigate service systems, some of the burden on service providers, emergency rooms, police, and hospitals is reduced.

Communities that understand the early signs of poor mental health in their youth and know where to find resources will be more likely get their sons and daughters the help they need early on, thereby improving mental health outcomes. And having similar conversations with families and youth at schools and community gatherings creates an atmosphere of shared learning, in turn reducing stigma.

Through this type of outreach, we would expect to see an increased demand for existing NAMI signature programs: Peer to Peer, Family to Family, Support Groups, and Ending the Silence. We would also expect increased demand for other NAMI programs offered by our affiliate: NAMI Faith Net; NAMI Family and Friends, a 4-hour seminar for people who have loved ones with a mental health condition; and Parents Together, a support group for parents of children with suicidal ideation. Finally, with the publication and wide distribution of our comprehensive resource guide, we would expect to see individuals and families with mental health needs have an easier time of navigating systems and accessing appropriate, quality care.

In addition, the NAMI Smarts program will assist target communities in learning how to advocate for themselves at the local level. Our aim is to develop knowledgeable and engaged groups of people who can guide health and wellness activities in the 6 mental health service sectors: CMH, hospitals and community clinics, the criminal justice system, housing, schools, and faith organizations.

III. Organization Mission and Goals and History of our accomplishments:

NAMI Washtenaw County is an affiliate of National Alliance on Mental Illness, the largest national grassroots organization dedicated to improving the lives of people living with mental health conditions and their loved ones, who live in support. We've been active in Washtenaw County as a resource for all those affected by mental health challenges for 38 years. NAMI WC has been presenting information about mental health in schools, faith organizations, and other community venues for over 9 years. In 2018, our team of over 70 trained volunteers reached over 2400 community members (over 1500 students under age 18) and logged over 5,000 volunteer hours. Early in 2020 when the pandemic struck, our team of 70+ volunteers quickly pivoted to conducting all of our classes and all but one of our support groups online. Enrollment in these online classes and support groups has continued at pre-pandemic levels, in some instances increasing due in part to the uptick in mental disorders attributable to the pandemic and in part to the ease of accessing online classes and groups from home.

NAMI Washtenaw County provides:

- Education about mental health via Peer-to-Peer classes (for people living with a mental health condition and taught by certified peers with similar lived experience); Family-to-Family classes (for people living in support of a loved one and taught by certified peers with similar lived experience); NAMI Family and Friends, a 4-hour seminar for people who have loved ones with a mental health condition; Ending the Silence presentations (for students, teachers, staff, and parents); and Mental Health 101 presentations (for the general public). Prior to the pandemic, NAMI volunteers attended bimonthly sessions of the Mental Health Treatment Court to talk with court participants and their families and acquaint them with NAMI resources they could turn to for help. NAMI volunteers also conducted Peer-to-Peer classes for court participants and other P2P classes in the jail. These activities will resume when social distancing is no longer necessary.
- Support groups for young adults, older adults, people living with a mental health condition, people living in support, parents of children with suicidal ideation, and people seeking a faith component in their journey toward mental health. Also, NAMI volunteers make weekly or biweekly visits to inpatient psychiatric units at Michigan Medicine and St. Joe Hospitals in Ypsilanti and Chelsea to offer support and share information about peer-support activities at NAMI WC with residents and their families. This Hospital Visitation program has existed since 2017.
- Advocacy activities to overcome stigma and discrimination and improve the visibility and quality of mental health care in our community.

History of NAMI Washtenaw County's experiences in support of youth mental health:

In 2017 and 2018, NAMI Washtenaw County's team of Ending the Silence presenters delivered information to over 1700 youth and over 200 teachers and parents in Saline, Ann Arbor, Dexter, Ypsilanti, and Howell school districts on the warning signs of mental health disorders in youth and how to respond to get them help. In-person presentations at schools around the county continued through 2019, but early in 2020, the pandemic necessitated a pivot to mostly online presentations of Ending the Silence. Despite the challenges of the new online format, in 2020 and 2021, our team of volunteers made 35 presentations of Ending the Silence, the majority aimed at individuals in our target zip codes, reaching over 600 students, teachers and parents. We have now trained 29 people in Washtenaw County to present Ending the Silence.

A NAMI WC support group for parents of suicidal children ages 12 – 25 was established in August 2017 with the support of Community Mental Health, Washtenaw County Public Health, and the University of Michigan Depression Center. It continues to meet twice a month, with 40 parents on the mailing list and an average of 10 – 11 participants per meeting.

Following are new youth-focused activities we've initiated in the past two years:

- We partnered with the Corner Health Center in Ypsilanti to launch a new Peer-to-Peer class for young adults (ages 18 – 25) in October 2020. Two months later, we formed a new support group, NAMI Young Adult, for adults ages 18 – 30.
- We partnered with Ypsilanti Community Schools in July 2021 to conduct "Boots on the Ground." This was a door-to-door outreach partnership with YCS and other local nonprofits in Ypsilanti neighborhoods to discuss NAMI WC's mental health resources along with YCS resources and enrollment.
- Mental health disorders often present for the first time in teens and young adults as a mental health crisis. We partnered with Michigan Medicine and Community Mental Health last fall to present a 3-part webinar, "Navigating a Mental Health

Crisis: Before, During, and After." A total of 335 people registered for the event and, as of early 2022, nearly 1,000 people had visited the event landing page and about 240 had viewed the webinar on YouTube.

IV. AFFILIATIONS WITH SIMILAR ORGANIZATIONS

NAMI Washtenaw County is an affiliation of the NAMI State and NAMI National organizations.

TIMELINE

ACTIVITY	PROJECTED DATE
Outreach to partners and community via community events and key providers (existing service agencies) in 6 sectors	Fall 2022
Recruitment for and training of Peer Companions, Community Leaders	Ongoing
Development and implementation of strategic plan to train community peer companions, expand NAMI signature programs and provide information to (and advocate among) providers regarding policies and practices in underserved areas of the county.	Winter 2022 – Ongoing
Hold community-wide Youth and Family Mental Health Event (Generation Stigma Free), inviting families and youth to take part in presentations by local providers and professional associations.	Fall 2023

V. BUDGET

EXPENSE			
CATEGORY	AMOUNT		
Program Coordination/Staff	$155,000	3.5 FTE's	
Outreach Supplies, Mileage, Swag, Food	$10,000		
Social Media, Marketing, Web Support	$8,000		
Volunteer Stipends for Community Leaders and Peer Companions	$17,000		
Materials and Printing	$7,000		
Youth and Family Conference	$7,500		
Volunteer Training	$4,500		
Office Support/Professional Fees	$16,900		
TOTAL	$225,900		

LONG-TERM SOURCES / STRATEGIES FOR FUNDING

Strengthen and collaborate with existing agencies and providers (in the 6 sectors) to continue education, support and advocacy around mental health conditions. Provide trained and experienced peer service providers (following NAMI signature peer programs) which can be incorporated into ongoing (expanded) agency budgets. Provide advocacy stories and information from key informant interviews which can improve and re-direct funding and improve policies and practices. Collaborate with existing data gathering and research organizations (WISD CHRT, WHI, WCCMH, Michigan Medicine-SJMHS) to ensure peer perspectives are represented. Conduct our own major fundraising event (rather than partnering and sharing half the proceeds with the state organization), a 5k walk at a park in Washtenaw County. Continue to reach out to and build relationships with potential major donors and grantors.

VI. EVALUATION

NAMI WC will develop an evaluation plan for a process and outcome evaluation that documents NAMI WC efforts and improved outcomes among the 6 service sectors and our targeted communities. Basic data will be gathered for NAMI WC program activities, including demographic information and attendance, training assessments by participants, follow-up assessments by participants, and evaluation assessments by key agency collaborators. Periodic progress reports will be provided to WCCMH Millage Advisory Board and WCCMH staff.

Washtenaw County Health Department

Wish You Knew Mental Health Campaign

Continuation Proposal – April 2022

Washtenaw County Health Department (WCHD) is pleased to propose continuing work on the Wish You Knew Mental Health Campaign (#WishYouKnew) in partnership with Washtenaw County Community Mental Health (CMH), area youth, community members and community partners. The goal is to provide a community-driven campaign focused on youth mental health and reducing stigma. Primary audiences include area youth and their trusted adults and caregivers.

Background

Driven by community conversations and feedback, the Wish You Knew Washtenaw campaign aims to spark honest and supportive conversations about mental health between youth and adults and to spread hope. If we can share our truth with trusted people in our lives, we can begin to heal. Wish You Knew was developed in 2019 and funded for two years through the Washtenaw County Mental Health and Public Safety Preservation Millage. It was extended through a third year during the pandemic (no-cost extension).

The COVID-19 pandemic reduced available staffing and interrupted planned activities. The Health Department requested a one-year extension and finished the initial implementation the end of March 2022. This included an additional round of paid advertising with campaign themes as well as continued distribution of resource materials and themed items like stickers with area youth and schools and ongoing social media content. In addition the COVID pandemic has undoubtedly exacerbated mental health concerns and stressors for youth.

Outcomes included developing a meaningful and recognizable framework for sharing mental health messages and resources. The voices of local youth and trusted adults were collected and shared with original artwork and through a variety of outlets and partners. The campaign successfully established an online and community presence and connected to community through partners, advertising, and resource materials. Platforms included social media, billboard and bus advertising, videos in movie theaters and streaming, and merchandising (stickers, magnets, art prints, etc.). Examples of reach included material distribution in 34 schools and counting (preK-12) and across 10 districts.

In 2021, paid advertising reach included: Spotify (1/6/21 – 2/5/21) 132,486 plays, about 10 clicks to webpage per day; Comcast streaming (2/1/21 – 5/30/21) 60,576 plays; and billboards (3/1/21 – 4/25/21) with an estimated reach of 900,000 based on locations and visibility. The Wish You Knew Instagram ended 2021 with 929 followers and 11,065 impressions for the year. The main Wish You Knew website page had 1,310 unique visitors in 2021.

In 2022, the Wish You Knew Instagram reached 79% more accounts (338) compared to the last three months of 2021. Total Instagram followers remained consistent in the first three months of 2022. To increase campaign recognition and visibility, additional bus and billboard advertising was launched in March 2022. The billboard campaign consists of three poster and two digital ads in the Ypsilanti/Ann Arbor area that together receive a total of over 360,000 weekly impressions.

COVID-19 impact

The COVID-19 pandemic has very likely exacerbated mental health needs and challenges, and Wish You Knew is more critical as a resource and framework for supporting conversations and access. Unfortunately, the demands of the pandemic response on the Health Department staff reduced staffing for Wish You Knew during 2020. Some planned work was postponed, especially interactive events and gatherings. The campaign has continued to share information and resources in the pandemic context. Staffing gaps have been filled and additional, permanent staffing is now in place moving forward.

Moving Forward

Washtenaw County Health Department proposes continuing the campaign for an additional two-year period at a total cost of $340,000. The proposed project period is May 1, 2022-April 30, 2024, or two years starting as soon as a contract is finalized.

Staffing resources include time from our communications coordinator(s), administrator, and temporary staff (either masters-level intern(s) or a community health worker). As with the initial development of the campaign, the support, expertise, and collaboration of CMH staff, community partners, service providers and community members are critical to forming, reviewing, and carrying out planned activities. Notably, when Wish You Knew was originally developed and launched, the Washtenaw County Racial Equity Office and the BLM Taskforce were not yet established but will now be included.

Funds and incentives are budgeted to support community involvement and participation. Additional funding will provide for contracts with vendors, such as artists, video production, advertising platforms and to support community engagement or activities in response to input gathered.

Major elements of the work include:

- Work with target audiences to develop, refine, review messages and themes
    - Target audiences will continue to focus on youth and their trusted adults with a primary focus on communities of color, Ypsilanti youth, and prioritized communities and populations
    - Review, revise, and expand existing themes for both youth and their trusted adults/parents/caregivers
        - Include more detailed content on seeking services, normalizing seeking help and navigating mental services and support
        - Develop messaging and content that resonates with and supports LGTBQ youth and their families
        - Incorporate Spanish, Arabic or other non-English language content. including developing messages/themes with community members who speak languages other than English
    - Prioritize additional strategies for sharing messages (new artwork, formats, murals, merch, platforms, etc.)
    - Continue connecting to CARES and promoting youth access

- Disseminate campaign resources through multiple channels, formats, partners, and community outreach

- Track visibility and impact

More information about how implementing the proposed work is outlined below.

Campaign Elements	Resources Needed	Non-staff Costs
Message development/revision: Work with stakeholders to refine, check or expand campaign messages, elements, activities, images, etc. Methods include focus group discussions, key informant interviews, surveys, existing listserv (~250).	Staff time with intern or temporary staff support Access to stakeholders (partners, advocates, clients, youth, target audiences, youth leaders, community organizations, etc.)	Gift cards, incentives for youth, community members ~$25 per participant, for participant raffles, refreshments, etc.
Advertising (paid): Make sure campaign messages reach target audiences ideally from multiple places and through multiple channels. Can be targeted (specific publications, social platforms, events) or broad (bus ads, billboards). Paid ads on social media can be affordable, ongoing and targeted (if audience is using platform).	Staff time or consultation for photography, graphic design, and contract execution Ongoing staff time to keep messages/materials circulating and tie to timely events, news, observances, program activities, etc.	Ad placement. Costs vary greatly depending on length and type (billboard, bus, online or print)
Networking/implementation: Work with partners, leaders, groups to utilize, adapt, disseminate messaging/tools. Develop or enhance additional resources as appropriate (e.g. school campaigns).	Partners, community members, leaders Targeted settings	Supportive materials, resources, or merchandise
Campaign materials/resources: Expand message reach with print materials or "SWAG" carrying messages/images and promoting resources. "Merch" for youth audiences. Examples art posters, magnets, referral cards, stickers, buttons, clothing, fidget toys, stress relievers, etc.	Staff time for design, artwork, photography, ordering. Translation into multiple languages, as appropriate. Staff time to distribute directly to partners, community members, etc.	Cost vary by item, quantity, design Translation costs, as needed
Tracking and evaluation: Reach of ads and messages can be tracked (i.e. impressions, social media insights or interactions, web hits). If the campaign format requests an action, such as visiting a website or getting vaccination, actions can be tracked. Focus groups or surveys can be used to ask members of targeted audiences if they saw messages and to provide feedback.	Staff time to develop or carry out strategies. Analyze and report or share results.	Incentives/gift cards if focus groups or surveys are used.

Washtenaw County Health Department prepared this information as of March 24, 2022.

ATTACHMENT #6C
MAY 2022

CHRT

15 years of
Improving Health. Informing Policy

WASHTENAW COUNTY PUBLIC SAFETY AND MENTAL HEALTH PRESERVATION MILLAGE ADVISORY COMMITTEE

Improving access to millage-funded programs and services

MARCH 31, 2022

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

COMMUNICATIONS REPORT / PROPOSAL

CHRT

Improving awareness of millage-funded programs and services

From April 2021 – March 2022, the communications team at the Center for Health and Research Transformation (CHRT) has worked to ensure that Washtenaw County residents understand how to access the many new programs and services funded by the county's Public Safety and Mental Health Preservation Millage.

Thanks to Washtenaw County voters, who passed the eight-year millage in 2017, Washtenaw County Community Mental Health has been able to offer mental health and substance use treatment and recovery services to all Washtenaw County residents, regardless of their insurance status or ability to pay for services, since the spring of 2019 (millage funding became available on January 1, 2019).

Last spring, Washtenaw County Community Mental Health and the Public Safety and Mental Health Preservation Millage Advisory Committee set aside funding to allow CHRT, a non-profit health policy center at the University of Michigan, to announce new millage-funded services, describe and promote them to key stakeholders and the public, and ensure that Washtenaw County residents know how to access these services.

CHRT's work was commissioned by the Millage Advisory Committee for the sum of $282,888 with the understanding that a large portion of these funds would support businesses, creators, and entrepreneurs. The money has been used for this purpose and within these constraints.

In the pages that follow, CHRT:

- describes the strategic communications activities undertaken during CHRT's 2021 – 2022 millage communications contract;
- reports on the known impact of these communications activities, as of March 31, 2022;
- provides samples of several communications deliverables from CHRT's 2021 – 2022 millage communications contract; and
- describes additional communications activities that would be undertaken in the April 2022 – March 2023 timeframe with a new $269,890 contract to CHRT to build awareness about millage-funded programs and services.

Communicating with residents (2021 – 2022)

From March 1st, 2021 - March 31st, 2022, the Center for Health and Research Transformation:

Met with 24 community leaders to better understand millage communication needs and opportunities

Impact. Learned from community leaders about how to inform residents across Washtenaw County about millage-funded services and initiatives. Disseminated a millage communications toolkit to these and other community partners; the toolkit includes stories and social media assets that partners can share with their clients and colleagues.

Developed and disseminated 24 stories about millage-funded programs and services

Impact: 850 MHSUD stakeholders—including residents (self-identified), elected and appointed officials, local media outlets, and mental health and substance use disorder professionals—received quarterly updates about millage-funded services. Many stories were published by local media outlets describing millage-funded programs and services.

Developed and disseminated 24 vignettes about millage-funded programs and services

Impact: Five local artists contributed to the MHSUD campaign, including artists Gary Horton and Avery Williamson, photographers Heather Nash and William Watson, and designer Daina Fuson. These vignettes were shared through WCCMH social media accounts (Facebook, Instagram) and advertised on billboards (Chelsea, Whitmore Lake, and Ypsilanti), bus signs and wraps, websites, and news outlets across the county.

Developed and published an impact report to describe millage investments in 2020

Impact: Disseminated 3,000 copies to over 250 community-based organizations, including libraries, schools, health centers, food pantries, housing organizations, faith-based organizations, senior organizations, law enforcement, courts, and local businesses. Developed a digital impact report and shared it widely through email lists, social media, and millage newsletter. Worked with the WCCMH business office to report on millage-funded initiatives during the first three years of the eight-year millage.

Analyzed the WCCMH website for usability and accessibility

Impact: Gathered feedback and suggestions from five-dozen individuals through interviews, surveys, and usability studies and conducted a comparative analysis of other CMH websites. Developed a usability report to guide website improvements.

Designed and distributed postcards to promote the 24/7 access line

Impact: Sent 14,500 postcards with refrigerator magnets to promote the millage-funded access line in Dexter and Saline as an initial run. Delivered 500 postcards with refrigerator magnets to Avalon Housing and Washtenaw County Community Mental Health. Printed 3,000 postcards for the millage-funded crisis team to leave with a note when field visits are unanswered.

Developed a ten-minute video highlighting millage-funded initiatives and partnerships

Impact: Worked with Reel Clever, a southeast Michigan production company, to develop a ten-minute video that describes and promotes millage-funded programs and services. This video has not yet been distributed; however local distribution is part of CHRT's proposed 2022 – 2023 communications contract.

Refreshed the WCCMH website based on usability analysis findings

Impact: Revisions include adaptations to the navigation bar to improve accessibility; simplifying website language; making the site more visually appealing; adding new content about eligibility for and cost of services, and more. The new design is being shared with WCCMH on a sandbox site before the changes are released on the WCCMH site.

During the second and third quarters of 2021, while the key messages, stories, and vignettes were being developed, millage microsite visitors were only 1,538 (Q2) and 2,345 (Q3), respectively. In the fourth quarter of 2021, when the campaign was fully launched, millage page visitors more than tripled, to 8,256.

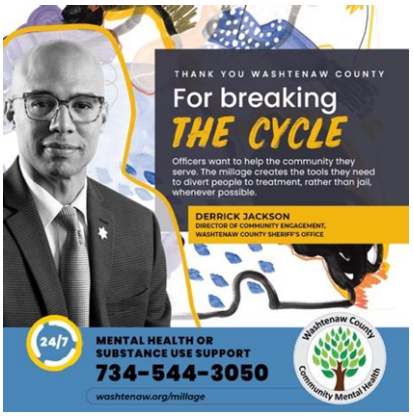
Additionally, between March and November, the bounce rate for WCCMH pages declined from 77.2% to 62.6% as of December 15, 2021. WCCMH's unique page visitors are also increasing. WCCMH had 24,711 unique page visitors between March 1 and July 31. Between August 1 and December 28,944 unique visitors.

COMMUNICATIONS REPORT / PROPOSAL

CHRT

Sample communications (2021 – 2022)

I. Vignettes



II. Stories

Fostering hope, peer support specialists are helping people on their journey to recovery

There aren't too many job applications where checking the box for a criminal history or a mental illness or a history of addiction would give you an edge. But for peer-support specialists, it's a decided advantage.

Valerie Bass, who has navigated homelessness, addiction, depression, and incarceration checked those boxes to become trained as a peer support specialist. Artie Tomlin did the same. And today, thanks to funding from Washtenaw County's Public Safety and Mental

Millage funding and partnerships are reforming how Washtenaw County responds to public safety

Beginning in 2019, the Washtenaw County Sheriff's Office (WCSO) and Washtenaw County Community Mental Health (WCCMH)—with funding from the Public Safety and Mental Health Preservation Millage—came together to adopt a set of police reforms.

The reforms allow the two agencies to "work better together, so we can respond more effectively to individuals living with behavioral health conditions—not only in the jail, but also in the community," says Washtenaw County Sheriff Jerry Clayton, a nationally regarded police reform leader who has been serving as the county's sheriff since

Millage funds help Ozone House youth with housing and supportive services

For over 50 years, Ozone House has played a pivotal role in Washtenaw County—assisting runaway, homeless, and high-risk youth and their families.

While stable housing is a primary focus, the organization has expanded its mission to provide a holistic range of support services—food, job training, life skills, therapy, and more—that help clients meet their full potential. And beyond homelessness, many young people are also struggling with mental health issues.

III. Billboard

IV. Bus wrap


POWERED BY HYBRID E
THANK YOU WASHTENAW COUNTY
For supporting PEOPLE IN CRISIS
KATIE HOENER
24/7
MENTAL HEALTH OR SUBSTANCE USE SUPPORT
734-544-3050
washtenaw.org/millage
Washtenaw County
Community Mental Health

V. Annual report

CARES

In 2019, WCCMH expanded its services to all county residents regardless of insurance, ability to pay, or crisis severity. The expansion, known as CARES, provides short-term care and ultimately connects clients to long-term, sustainable care. The CARES team served, on average, 278 active cases per month in 2020. For assistance with a crisis situation, or guidance on how to get connected to services or how to help a loved one, anyone can call the CARES hotline at 734-544-3050.

24/7 Crisis Center

In 2020, through millage funding, WCCMH opened a 24/7 crisis center—providing an alternative space to emergency rooms and jail for individuals experiencing a crisis. 750 Towner provides after-hours medical care, peer support, and services to meet basic needs —such as food and a safe place to sleep—to stabilize individuals, then connects them to sustainable community care. Between July and September 2020, the center served 30 people. It will continue to serve many more in the years ahead.

CHRT

$3.2 million

For service expansion

Funds that expand the reach of WCCMH to provide 24/7 support, further services and access to more residents and geographic areas in Washtenaw County.

9,326

Services by CARES

Services such as case management, medication reviews, nursing services, peer services, intake assessments, psychiatric evaluations, injections, and more.

$1.1 million

For community partners

Funds for local organizations to provide important programming and services that improve community mental health and create stronger linkages to WCCMH.

2020: INVESTMENT CATEGORIES

2020: SERVICES PROVIDED

Service Category	Number of services	Number of clients
Case management	5,813	607
Psychiatric medication reviews	1,165	277
Nursing services	785	256
Peer support	674	100
Intake assessments	341	320
Psychiatric evaluations	292	248
Injections	166	31
Wellness notes	71	59
Nursing assessments	19	18
Total	9,326	1,916

Prevention and Education

Prevention and education are essential for improving and maintaining the health and wellness of our community. These initiatives tackle root causes and upstream issues, which ultimately reduce costs and prevent adverse health outcomes by reaching those in need early. WCCMH values educating community members about how to recognize and respond to mental health crises and needs, as well as destigmatizing reaching out for help.

Learn more →

Diversion

A key millage goal is connecting individuals in need to the right resources at the right time. Diversion efforts consist of moving

VI. Toolkit samples

News to share with your clients

Here's what happens when you call Washtenaw's 24/7 hotline for mental health and substance use support

Anyone can call Washtenaw County's 24/7 mental health and substance use treatment access line at 734-544-3050. The line is staffed around the clock by mental health experts who ask a series of questions to understand caller needs, then provide callers with the information they request or links to the services they require.

First, call center staff will ask who needs assistance–the caller, or the caller's child, parent, grandparent, student, parishioner, patient, or friend. All calls and callers are welcome.

Second, call center staff need to quickly determine the urgency of the need. This allows them to immediately route crisis calls to the agency's 24/7 crisis response team, a group of mental health experts, with advanced training in crisis situations, that is available to respond to community needs at any time of the day or night.

Staff then ask callers for some basic information about the person who needs assistance, including name, age, and location. This allows hotline staff to begin a confidential health record, which is required for program and service referrals.

To best help callers, staff may also ask about symptoms and mood, history of mental health or substance use concerns, and more. This allows staff to provide relevant information and resources and to refer callers to the community or agency resources they need, such as peer-support specialists, group or individual counseling, or licensed psychiatrists who can prescribe medications.

Call center staff are required to ask about insurance status, *but no Washtenaw County resident will be denied service based on insurance status, ability to pay, or immigration status*. Callers do not need insurance, citizenship, or money to access mental health or substance use treatment services.

"Plug and play" social media posts

Post 1

Problems with your #mentalhealth are really hard to handle. But you're not alone. Contact #WashtenawCounty Community Mental Health. https://bit.ly/35OdU3G
Add 140 characters of tags, e.g.,
@WashtenawHI @NAMIWC @washtenawCMH [ID possible other tags]

Post 2

Insured or not, anyone can call #WashtenawCounty Community Mental Health for support services. Any time, 24/7.https://bit.ly/35OdU3G
Add 140 characters of tags, e.g.,
@WashtenawHI @NAMIWC @washtenawCMH [ID possible other tags]

Proposal for 2022 – 2023 communications

There is a significant need to share millage impact for two reasons: first, to be transparent about the use of millage funds, and second, to ensure that residents are aware of services available to them due to millage funding. CHRT's proposed contract for 2022-23 addresses both needs and will serve to highlight the commendable new programs and initiatives made possible by the millage.

Proposed deliverables

1. **Vignettes.** Continue to produce a quarterly vignette series sharing information about the millage with new participant photos and artwork; create vignettes that resonate with specific audiences, such as youth and families; produce three vignettes per quarter. Due date: Quarterly.

2. **Communications.** Continue to develop and release announcements about newly funded services, staff spotlights, blog posts, Q&As, and press releases. Post original content on WCCMH website and social media accounts; disseminate quarterly newsletter; pitch stories to local news outlets, such as Groundcover News, Ann Arbor Observer, and Connected Magazine. Due date: Quarterly and ad hoc.

3. **Promotion.** Promote twelve vignettes as well as the vignettes, annual report, and video from CHRT's 2021-2022 millage communications contract through online ads, print ads, billboard ads, bus ads, social media platforms, e-newsletters, and more. Due date: Quarterly.

4. **Underwriting.** Continue underwriting contract with Second Wave Media (Concentrate) to publish three (3) stories per quarter on MHSUD concerns in local publications; ensure Concentrate credits the millage for underwriting all applicable MHSUD stories. Due date: Quarterly.

5. **Impact reporting.** Create and publish materials that describe the programs and services made available through millage funding; work with the WCCMH business team to develop and regularly update a data dashboard on millage investments and impacts. Due date: Quarterly and Q4.

6. **Community event.** Host a movie night at the Michigan Theater with a feature-length film about MHSUD concerns; show the millage video and distribute information about millage-funded programs and services. Due date: Prior to March 31, 2023.

7. **Materials.** Develop and distribute print materials to promote millage services, such as posters, flyers, postcards, magnets, brochures, and more. Due date: Q3 and Q4.

8. **Website maintenance.** Continue to post original content on millage microsite and monitor web metrics on a quarterly basis to evaluate success of advertising strategies. Manage news and announcement posts for WCCMH staff. Due date: Quarterly and ad hoc.

Proposed timeline

Deliverable	Q1 (Apr-Jun 22)	Q2 (Jul-Sep 22)	Q3 (Oct-Dec 22)	Q4 (Jan-Mar 23)
Vignettes	X	X	X	X
Promotion	X	X	X	X
Underwriting	X	X	X	X
Stories & newsletters	X	X	X	X
Impacting reporting	X	X	X	X
Community event				X
Materials			X	X
Website maintenance	X	X	X	X

Washtenaw County Community Mental Health Board
Membership List, Officers and Committee Assignments
2022-2023

Full Board meetings are required to be in-person unless the member has applied for and received an accommodation from Washtenaw County HR to join virtually due to an ADA qualification.

Option 1 - Sub-committees meet virtually

Note: need to limit board membership to 6 board member to avoid a quorum of the full board.

Member	Virtual Executive	Virtual Quality/ Finance	Virtual WCCMH Millage Advisory (MAC)	In-person PIHP Regional Board	Officer
Kari Walker	x (Chair)		x		Chair
Suzie Antonow	x	x (Co-chair)			Vice Chair
Anna Dusbiber	x	x			Secretary
Nancy Graebener-Sundling	x	x (Co-chair)	x (Chair)		Treasurer
Bob King	x			x	
Andy LaBarre	x				
Barb Higman		x	x		
Ricky Jefferson			x		
Alfreda Rooks			x	x	
Katie Scott				x	
Doug Strong		x			
Marianne Udow-Phillips		x	x		

Community MAC Membership (note WCCMH bylaws require a majority of members must be on WCCMH Board)

Amanda Carlisle			x		
Holly Heaviland			x		
Derrick Jackson			Sheriff Dept Liaison / non-voting member		
John Martin			x		
Ray Rion			x		
George Waddles, Jr.			x		

Option 2 - Subcommittees meet in-person

Note: No limit to board participation in subcommittees when the meetings are convened in-person

Member	In-person Executive	In-person Quality/Finan	In-person WCCMH Millage Advisory (MAC)	In-person PIHP Regional Board	Officer
Kari Walker	x (Chair)	x	x		Chair
Suzie Antonow	x	x (Co-chair)			Vice Chair
Anna Dusbiber	x	x			Secretary
Nancy Graebener-Sundling	x	x (Co-chair)	x (Chair)		Treasurer
Bob King	x	x	x	x	
Andy LaBarre	x		x		
Barb Higman		x	x		
Ricky Jefferson		x	x		
Alfreda Rooks			x	x	
Katie Scott		x		x	
Doug Strong		x			
Marianne Udow-Phillips		x	x		

Community MAC Membership (note WCCMHB bylaws require a majority of members must be on CMH Board)

Amanda Carlisle			x		
Holly Heaviland			x		
Derrick Jackson			x		
John Martin			x		
Ray Rion			x		
George Waddles, Jr.			x		