



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)
MILLAGE ADVISORY COMMITTEE (MAC) MEETING
AGENDA**

***** In-Person at the Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor**

or you may attend virtually at <https://zoom.us/j/93765775843>

April 11, 2022

3:30-5:00 pm

- I. Roll Call (5 minutes)
- II. Introductions (5 minutes)
- III. Audience Participation (see guidelines below) (5 minutes)
- IV. Millage Advisory Committee minutes (5 minutes)
 - Millage Advisory Committee meeting minutes and actions 2/14/22 (Attachment #1) **ACTION**
- V. Discussion Items (10 minutes)
 - Millage Process, Investments, and Progress Update (Attachment #2) **L. Gentz/T. Cortes**
 - CARES Dashboard (Attachment #3) **M. Tasker**
- VI. Financial Budget Update (15 minutes)
 - Financial Budget Update (Attachment #4) **N. Phelps**
- VII. Old Business (10 minutes)
 - Washtenaw County Sheriff's Office (WCSO) Millage Update **D. Jackson**
- VIII. New Business (30 minutes)
 - RFP Scope Discussion
 - Funding Requests Summary (Attachment #5) **L. Gentz ACTION**
 - NAMI (Attachment #5A) **ACTION**
 - Public Health Anti-Stigma (Attachment #5B) **ACTION**
 - CHRT Communications Plan (Attachment #5C) **ACTION**
- IX. Items for Future Discussions (5 minutes)
 - Youth Assessment Center
 - Millage Investment Plan
 - Youth Needs Discussion
 - Updated Millage Commitments
 - Survey regarding funding opportunities for FY2022
 - Washtenaw Coordinated Funding Partnership Update
- X. Adjournment

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.

*****Millage Advisory Committee members are encouraged to participate in person to count towards a quorum unless other arrangements have been made in advance.**

All others are encouraged to attend virtually.

VIRTUAL MEETING LINK IS:

Join from a PC, Mac, iPad, iPhone or Android device:
Please click this URL to join. <https://zoom.us/j/93765775843>

Or One tap mobile:
+13126266799, 93765775843# US (Chicago)
+16465189805, 93765775843# US (New York)

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

Webinar ID: 937 6577 5843

International numbers available: <https://zoom.us/j/ad3NLwjhl>

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 MILLAGE ADVISORY COMMITTEE MEETING MINUTES DRAFT**

February 14, 2022

Learning Resource Center-Michigan and Huron Rooms (in person)

<https://zoom.us/j/95859718235> (virtual)

3:30 pm

N. Graebner-Sundling called the meeting to order at 3:40 pm.

ROLL CALL:

A. Carlisle attending remotely
N. Graebner-Sundling attending in person
H. Heaviland attending in person
B. Higman attending in person
D. Jackson attending remotely
J. Martin attending in person
R. Rion attending in person
G. Waddles, Jr. attending in person
M. Udow-Phillips attending in person
K. Walker attending in person

MEMBERS ABSENT:

R. Jefferson, B. King, A. LaBarre

STAFF PRESENT:

T. Cortes, L. Gentz, R. Dornbos, N. Phelps, T. Florence, E. Spring, K. Snay,
L. Higle, K. Diebboll

OTHERS PRESENT:

B. Saeed, S. Moffat, J. Bufford, T. Gillotti, M. Hammond, G. Nelson, K. Homan,
L. Lutomski, M. Creekmore

- I. Introductions
 - L. Gentz introduced E. Spring, M. Hammond, T. Gillotti, S. Moffat, J. Bufford, B. Saeed who will be available for questions on the funding requests portion of the agenda.
- II. Audience Participation
 - None
- III. Committee Response to Audience Participation
 - None
- IV. Millage Advisory Committee Minutes and Actions from 12/13/21 (Attachment #1)
 - Millage Advisory Committee Minutes and Actions of 12/13/21 were reviewed.

MOTION BY J. MARTIN, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE DECEMBER 13, 2021 MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	Y	GRAEBNER-SUNDLING	Y
HEAVILAND	Y	HIGMAN	Y
JACKSON	Y	JEFFERSON	N/A
KING	N/A	LABARRE	N/A

MARTIN	Y	RION	Y
UDOW-PHILLIPS	Y	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 (Attachment #2A) to the committee.

VI. Financial Budget Update (Attachment #3)

- N. Phelps presented the Financial Budget update ending December 31, 2021 to the committee.
- The FY2022 will show more funding being pushed out.
- Continuing to utilize the current funds as well as trying to spend down the fund balance.
- COVID has had a major impact on other projects but those should be going back soon.

VII. Old Business

- Washtenaw County Sheriff's Office (WCSO) Millage and Financial Status Update
 - D. Jackson presented the WCSO report for this month.
 - D. Jackson will forward the attachment to R. Dornbos for distribution to the committee.

VIII. New Business

- Strategic Planning Update
 - T. Cortes presented the Strategic Planning Update to the committee (Attachment #4).
- Funding Requests Summary
 - L. Gentz presented the following funding requests to the committee for approval (Attachment #5) totaling \$698,069.00.
 - Community, Leadership, Revolution (CLR) Academy in the amount of \$45,000.00 annual for 1 year (Attachment #5A).

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY H. HEAVILAND TO APPROVE THE COMMUNITY, LEADERSHIP, REVOLUTION ACADEMY FUNDING REQUESTS TOTALING \$45,000.00 FOR ONE YEAR AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	Y	GRAEBNER-SUNDLING	Y
HEAVILAND	Y	HIGMAN	Y
JACKSON	ABSTAINED	JEFFERSON	N/A
KING	N/A	LABARRE	N/A
MARTIN	Y	RION	Y
UDOW-PHILLIPS	Y	WADDLES, JR.	Y
WALKER			

MOTION CARRIED

- WCCMH Wraparound Position in the amount of \$85,305.00 annual continuous (Attachment #5B).

MOTION BY G. WADDLES, JR., SUPPORTED BY B. HIGMAN TO APPROVE THE WCCMH WRAPAROUND POSITON FUNDING REQUEST TOTALING \$85,305.00 ANNUALLY AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	Y	GRAEBNER-SUNDLING	Y
HEAVILAND	Y	HIGMAN	Y
JACKSON	Y	JEFFERSON	N/A
KING	N/A	LABARRE	N/A
MARTIN	Y	RION	Y
UDOW-PHILLIPS	Y	WADDLES, JR.	Y
WALKER	Y		

MOTION CARRIED

- Office of Community and Economic Development (OCED) Family Empowerment Program in the amount of \$69,576.00 annually for 3 years totaling \$210,218.00 (Attachment #5C)

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY J. MARTIN TO APPROVE THE OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT FAMILY EMPOWERMENT PROGRAM FUNDING REQUEST IN THE AMOUNT OF \$69,576.00 ANNUALLY FOR 3 YEARS TOTALING \$210,218.00 AS PRESENTED.

ROLL CALL VOTE:

CARLISLE	Y	GRAEBNER-SUNDLING	Y
HEAVILAND	Y	HIGMAN	
JACKSON	Y	JEFFERSON	N/A
KING	N/A	LABARRE	N/A
MARTIN	Y	RION	Y
UDOW-PHILLIPS	Y	WADDLES, JR.	Y
WALKER	Y		

MOTION CARRIED

- Office of Community and Economic Development (OCED) Michigan Ability Partners in the amount of \$347,546.00 annual for 1 year (Attachment #5D),
- A. Carlisle requested removal of the word CHRONIC from project criteria, board agreed. Proposal now reads:
The project will add leasing assistance and supportive services to 14 homeless, disabled and low-income individuals as well as supportive services only to an additional eight households already receiving a subsidy but who need the supportive services.

MOTION BY K. WALKER , SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE OFFICE OF COMMUNITY AND ECONOMIC DEVELOPMENT MICHIGAN ABILITY PARTNERS FUNDING REQUEST TOTALING \$347,546.00 FOR ONE YEAR WITH THE REMOVAL OF THE WORD CHRONIC FROM THE PROJECT CRITERIA.

ROLL CALL VOTE:

CARLISLE	Y	GRAEBNER-SUNDLING	Y
HEAVILAND	Y	HIGMAN	Y
JACKSON	Y	JEFFERSON	N/A
KING	N/A	LABARRE	N/A
MARTIN	Y	RION	Y
UDOW-PHILLIPS	Y	WADDLES, JR.	Y
WALKER	Y		

MOTION CARRIED

- Millage Advisory Committee members terms expiring on March 31, 2022.
 - The following Millage Advisory Committee members terms are set to expire:
 - B. King
 - A. LaBarre
 - A. Carlisle
 - G. Waddles, Jr.
 - Reminder that if the mentioned members are interested to continue on the committee to notify K. Walker in writing.
 - R. Dornbos will contact members for their intent to continue.

IX. Items for Future Discussions

- Youth Assessment Center
- Millage Investment Plan
- Youth Needs Discussion
- Updated Millage Commitments
- Survey regarding funding opportunities for FY2022
- Washtenaw Coordinated Funding Partnership Update

MOTION BY M. UDOW-PHILLIPS SUPPORTED BY H. HEAVILAND TO ADJOURN THE MEETING.

Meeting adjourned at **4:40** pm.

Washtenaw County Mental Health and Public Safety Millage Initiative Dashboard

Initiative	New or expanded services	Crisis services	Stabilization services	Integrated & coordinated	Peer support services	SUD services	Housing services	Education & prevention	Reducing stigma	Adult-focused	Youth-focused	Cross-sector collaboration	Needs assessment &	Grants: supplements millage	Status	Date Implemented, Expected, or Completed
Washtenaw CARES	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓			Implemented	May 2019
CCBHC	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓		✓	Implemented	May 2019
750 Towner assessment center	✓	✓	✓	✓						✓		✓			Implemented	March 2020
NAMI peer project	✓				✓					✓		✓			In progress	2020
Mental Health First Aid training								✓	✓	✓	✓	✓			In progress	2020
Youth assessment center	✓							✓			✓	✓	✓	✓	In progress	Ongoing
Youth court therapeutic CSM position	✓										✓	✓			Implemented	December 2020
31N WISD school MH project	✓							✓	✓		✓	✓			In progress	Ongoing
Mini-grant Anti-stigma campaign w/WISD								✓	✓		✓	✓			In progress	Ongoing
Anti-stigma campaign w/public health								✓	✓	✓	✓	✓			In progress	Ongoing
Corner psychiatry access	✓	✓	✓	✓							✓	✓			Implemented	November 2019
SUD system transformation	✓					✓		✓	✓	✓	✓	✓	✓	✓	Implemented	January 2022
MAT in jail	✓					✓				✓		✓		✓	Implemented	January 2020
LEAD initiative	✓							✓		✓	✓	✓		✓	In progress	Ongoing
Housing RFP w/OCED	✓	✓	✓				✓			✓	✓	✓			In progress	January 2020
Washtenaw Health Plan	✓			✓				✓		✓					In progress	Ongoing
Student Advocacy Center	✓							✓			✓				In progress	Ongoing
Ozone Psychiatry Access	✓						✓				✓	✓			Implemented	June 2021
5 Healthy Towns										✓	✓	✓	✓		In progress	Ongoing

Initiative Descriptions

Plan and Integrate

<i>Initiative</i>	<i>Status</i>	<i>Updates?</i>
LEAD	Case manager hired, 1 position still posted. Engagement has begun with participants. 23 referrals received.	
Youth Assessment Center	Working with Commissioners and NAC to put together a implementation team to make recommendations to BOC and County Administration on implementation of youth assessment center.	
Community Response to MH Crisis	Working with University of Chicago's Health Lab to provide analytic support and conduct a process evaluation of the program. The program will deliver the most appropriate services, supports, and responses to persons involved in public situations (e.g., behavioral health-related crises). It will provide a full continuum of services, including behavioral health, public health, social services, and police services.	No
Rethink Health/5 Healthy Towns	Core group has been working to develop a logic model to guide upcoming joint activities and track key metrics related to negative outcomes of mental health and substance use in the 5 towns region. Key focus areas include social isolation, lack of sense of purpose, housing, food access, transportation, ease of service access and barriers to service access.	
5HT Intergenerational Populations Project	Findings have been reviewed and next steps are being identified.	No
SUD System Transition	Implementation began on January 1, 2022.	No

Initiative Descriptions

Expand Services

<i>Initiative</i>	<i>Status</i>	<i>Updates?</i>
CARES/Crisis/750/CCBHC	M. Tasker to report	
Housing RFP	New housing RFP being developed with OCED to roll out in the spring offering continuation funds for currently funded projects but also to meet additional needs identified in the Unite and CHRT gaps analysis documents. Focus populations are being identified for this upcoming round of funding.	
31 N/ WISD Mini Grants	Mini Grants -20 total mini grants have been awarded so far this year. Milan Middle School, Dexter High School, Saline Middle School, Slauson Middle School, and Lincoln Middle School. ACCE hosted a mental health day for students and is doing a Pride Prom in May in partnership with Ypsilanti high school. Saline middle school is developing a black student union to promote connection and social emotional wellness for minority students. 31N - 37 students served from Oct.-Dec. providing over 60 hours of services including case management, crisis intervention and therapy. No Update	
Youth Center MHP	Position in place and going well. Psychiatry supports will be reduced to 4 hrs/week and moved to Ozone to support community-based justice involved youth.	No
Justice Involved Youth Ozone Psychiatry Access	4 hours of psychiatry is being provided at Ozone House.	No
Corner Health Psychiatry Expansion	CMH increased psychiatry time at Corner Health from 1 to 2 full days/week.	No
Jail MAT	Up and running since January 2021	No
Washtenaw Health Plan	For this quarter WHP has connected 120 individuals to behavioral health services, they have contracted with 36 mental health providers. These providers are providing services in 7 different languages- Italian, French, Mandarin, Russian, Spanish, Farsi, and Arabic.	No

Initiative Descriptions

Student Advocacy Center

Ed Advocacy- 55 students served fall semester, majority students have been black males from 48197, 98 and 48108. 100% of students served had no further behavioral referrals, 71% increased attendance and 91% increased grades.

Check and Connect-61 students served this semester with majority students being black males all from Ypsi and Lincoln schools. They served students from 2nd grade to 12th grade and saw 63% increase in attendance and 66% improvement on CAFAS scores.

Shelter Association

Emergency covid crisis stabilization funds (under \$50,000) were provided to the Shelter to provide emergency isolation quarantine staffing for Omicron Covid surge.

No

Communicate and Evaluate

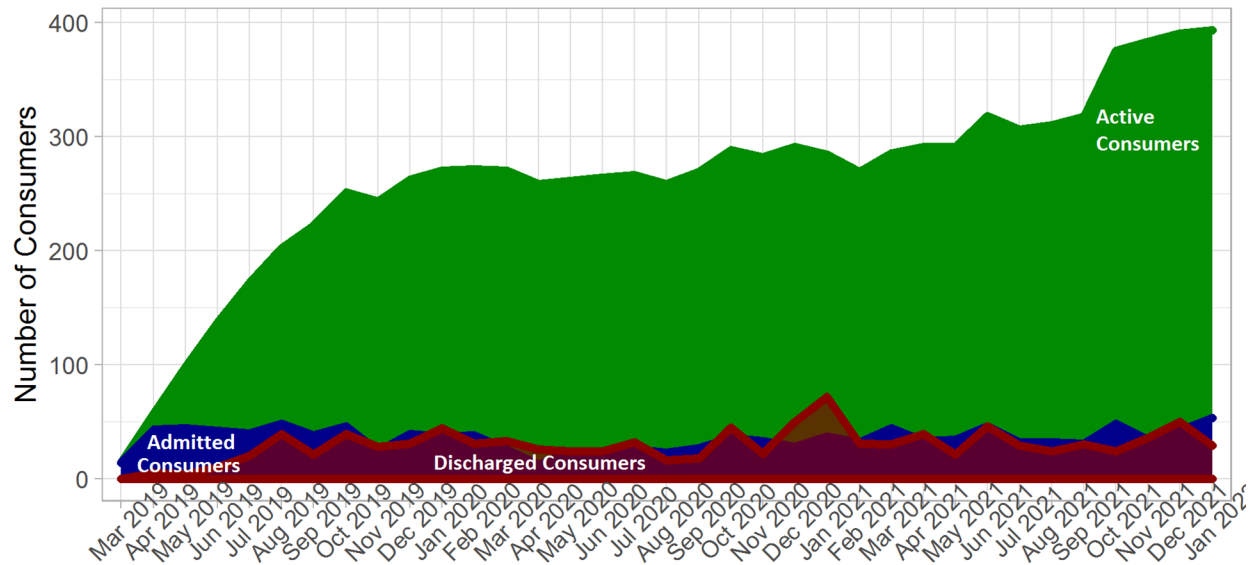
<i>Initiative</i>	<i>Status</i>	<i>Updates?</i>
NAMI Peer Project	Funding proposal attached for MAC review	
Anti-Stigma Campaign	Funding proposal attached for MAC review	
MHFA/YMHFA Education initiatives	Trainings occurring monthly for MHFA and WISD is developing their summer training schedule to include 20 YMHFA trainings.	
Millage Comms Strategy	Funding proposal attached for MAC review	

Washtenaw County Community Mental Health – CARES Report January 2022

Last Updated: 02/22/2022

CARES THROUGHPUT

Cares Throughput is about consumers entering, leaving, and remaining active in the program. There are more consumers in CARES since October 2022 which may be a result of increased admissions relative to discharges.

Oct 2021 - Jan 2022: CARES Throughput

Month	# Active Cases	CARES Adm Cases	CARES Disc Cases
Mar-19		14	
Apr-19	58	44	5
May-19	99	44	4
Jun-19	138	42	10
Jul-19	173	40	20
Aug-19	203	48	39
Sep-19	224	39	21
Oct-19	253	46	39
Nov-19	245	24	28
Dec-19	264	39	31
Jan-20	272	37	44
Feb-20	273	38	31
Mar-20	272	26	33
Apr-20	259	12	26
May-20	262	24	24
Jun-20	265	23	24

Jul-20	267	26	32
Aug-20	259	23	16
Sep-20	270	27	18
Oct-20	290	37	45
Nov-20	285	34	22
Dec-20	293	28	50
Jan-21	284	37	72
Feb-21	269	32	31
Mar-21	285	44	30
Apr-21	291	33	39
May-21	291	34	21
Jun-21	318	46	46
Jul-21	306	32	29
Aug-21	310	32	24
Sep-21	317	31	30
Oct-21	375	48	24
Nov-21	383	34	36
Dec-21	390	42	50
Jan-22	393	53	29

Referrals to CARES by Month

Also known as automatic enrollment in CARES

Note that when there are less automatic enrollment/referrals this generally leads to a decrease in the number of current (or active) CARES Admissions. This ceased starting 10/1/2022 – we could replace this with [CARES Adm Cases] from the above table if desired, but it is not a perfect replacement either.

Referral Month	# New CARES Referrals
Mar-19	37
Apr-19	77
May-19	80
Jun-19	62
Jul-19	58
Aug-19	70
Sep-19	67
Oct-19	71
Nov-19	67
Dec-19	62
Jan-20	77
Feb-20	59

Mar-20	40
Apr-20	21
May-20	39
Jun-20	44
Jul-20	40
Aug-20	33
Sep-20	45
Oct-20	72
Nov-20	61
Dec-20	48
Jan-21	52
Feb-21	48
Mar-21	73
Apr-21	72
May-21	68
Jun-21	58
Jul-21	57
Aug-21	77
Sep-21	67

Emergency Contact Notes by Month

Note that there were less Emergency Contact Notes across the board for WCCMH clients and the WCCMH-CARES clients during the government shutdown. As the shutdown is over, it seems like Emergency Contact Notes are on the rise again and becoming more stable.

ER_Note_Month	Yr	Mon	Num_ER_Notes	num_CRCT_cases	num_Cares_cases
Mar-18	2018	3	1	1	0
Apr-18	2018	4	100	76	2
May-18	2018	5	97	82	1
Jun-18	2018	6	124	100	1
Jul-18	2018	7	123	90	5
Aug-18	2018	8	118	96	3
Sep-18	2018	9	147	101	3
Oct-18	2018	10	183	102	3
Nov-18	2018	11	182	83	3
Dec-18	2018	12	205	102	1
Jan-19	2019	1	173	86	5
Feb-19	2019	2	200	106	8
Mar-19	2019	3	253	125	14
Apr 2019	2019	4	229	133	9
May 2019	2019	5	237	130	9
Jun 2019	2019	6	245	130	22
Jul 2019	2019	7	229	126	22
Aug 2019	2019	8	210	128	21
Sep 2019	2019	9	245	131	5
Oct 2019	2019	10	305	157	15
Nov 2019	2019	11	242	131	9
Dec 2019	2019	12	268	138	15
Jan 2020	2020	1	230	130	15
Feb 2020	2020	2	223	134	5
Mar 2020	2020	3	121	82	5
Apr 2020	2020	4	57	51	6
May 2020	2020	5	66	55	3
Jun 2020	2020	6	168	94	7
Jul 2020	2020	7	312	110	10
Aug 2020	2020	8	206	98	7
Sep 2020	2020	9	248	95	3
Oct 2020	2020	10	227	88	5
Nov 2020	2020	11	209	87	3
Dec 2020	2020	12	104	55	5
Jan 2021	2021	01	158	79	7

Feb 2021	2021	02	107	65	5
Mar 2021	2021	03	171	99	6
Apr 2021	2021	04	258	124	12
May 2021	2021	05	221	126	8
Jun 2021	2021	06	202	115	5
Jul 2021	2021	07	261	80	1
Aug 2021	2021	08	252	111	6
Sep 2021	2021	09	160	83	2
Oct 2021	2021	10	142	99	0
Nov 2021	2021	11	135	67	0
Dec 2021	2021	12	119	78	0
Jan 2022	2022	01	77	56	0

Gender

Gender data is from CRCT electronic medical record using any consumers at least one day active on the CARES Program between 3/1/2019 and the report run date.

# Consumers	Gender
742	F
645	M
1387	Total

# Consumers	Gender Identity
831	
4	Chose not to disclose
262	Man/Cisgender Man
5	Non-binary/Genderqueer
6	Not collected-Full Rec Exception
3	Other, please specify
3	Transgender Man
1	Transgender Woman
4	Unknown for this Crisis Event
268	Woman/Cisgender Woman
1387	Total

Race

Race data is from CRCT electronic medical record using any consumers at least one day active on the CARES Program between 3/1/2019 and the report run date.

Race	# Consumers
White	786
Black or African American	383
-missing data-	88
Other race	64
Asian	27
Refused to Provide	16
Two or more races	13
American Indian (non-Alaskan)	6
Native Hawaiian or other Pacific	4

Typical Length of Stay for Cases that Already Closed

We expect the mean and median to continue to grow as time continues and to fully stabilize after CARES has been fully functioning for two years. We are approaching the two year mark at this time, but it is good to keep in mind that we should consider July 2021 the two year mark since enrolling all of the clients that we previously could not serve was a 3 month process; see throughput chart or graph for a better understanding.

	Days
Median	153
Mean	195.7
Min	1
Max	964

City/Zip Code for Open Cases

The cases here are open by automatic referral and not necessarily fully admitted which is why these numbers are greater than the throughput numbers which requires an initial Assessment and Plan.

City	# Consumers
YPSILANTI	658
ANN ARBOR	462
Whitmore Lake	57
Saline	37
Chelsea	20
Dexter	18
MILAN	18
	14
Manchester	12
Willis	12
Northville	7
BELLEVILLE	6
Detroit	5
GRASS LAKE	5
Pinckney	5
Westland	4
Adrian	3
Brighton	3
Canton	3
Clinton	2
Gregory	2
Monroe	2
Plymouth	2
South Lyon	2
Superior Township	2
Taylor	2
Wayne	2
White Lake	2
Beaverton	1
Berkley	1
Clarkston	1
Clinton Twp	1
Corbin	1
Dearborn	1

Dundee	1
Florence	1
Fountain Hill	1
Gaylord	1
Ida	1
Idaho Falls	1
Inkster	1
Redford	1
Romulus	1
South Gate	1
Southfield	1
Standish	1
Van Buren Twp	1
Whittaker	1
Total	1387

Zip_Code	# Consumers
48197	347
48198	310
48103	171
48108	107
48104	98
48105	71
48189	57
48176	36
	25
48118	20
48130	18
48160	18
48158	12
48191	12
48111	7
48107	6
48167	6
48169	5
49240	5
48185	4
48109	3
49221	3
48114	2
48137	2

48161	2
48170	2
48178	2
48184	2
48188	2
49236	2
18015	1
40701	1
41042	1
48036	1
48072	1
48106	1
48116	1
48126	1
48131	1
48140	1
48141	1
48168	1
48174	1
48180	1
48187	1
48190	1
48202	1
48204	1
48209	1
48215	1
48224	1
48240	1
48348	1
48383	1
48386	1
48612	1
48658	1
49735	1
83401	1
90280	1
Total	1387

Age Groups for Consumers Active at least 1 Day in CARES

Age Category	# CARES Adm Cases
	1
0-16	75
17-19	62
20-24	189
25-29	172
30-34	183
35-39	152
40-44	120
45-49	98
50-54	101
55-59	81
60-64	67
65-69	49
70+	37
Total	1387

Funding Sources for Open CARES Consumers

Funding Sources	Medicare	# CARES cases
	N	96
	Y	8
HMP	N	205
Medicaid	N	133
Medicaid	Y	30
S/D	N	5
S/D	Y	5
	Total	482

Commercial Insurance

This provides a glimpse of the top priority insurance types that clients have in CARES, first excluding the following insurance names: (1) anything including the word 'Medicare', (2) 'CCBHC Demonstration', (3) 'Financial Determination', (4) 'Assessed for Medicaid Expansion - Not Eligible', (5) 'Assessed for Medicaid Expansion - Eligible', (6) no insurance listed whatsoever.

Insurance_Name	Open_Cares_Cases
BLUE CROSS BLUE SHIELD OF MI	12
SDA,SSI,SSDI	6
Medicaid Deductible	5
BLUE CARE NETWORK OF MICHIGAN	2
MERIDIAN CARE EXTRA HMO SNP	2
MOLINA MARKETPLACE MI	2
United Healthcare	2
WELLCARE HEALTH PLANS	2
BLUE CARE NETWORK (PO 68710)	1
BLUE CARE NETWORK PILOT	1
Blue Care Network Advantage	1
CIGNA MEDICAL	1
COFINITY	1
Physician Health Plan/PHPOFSM	1
SED Waiver	1
UNITED HEALTH CARE	1
United Healthcare Community Plan	1

CPT Categories from CARES and CRCT EMR. CPT Codes not categorized are lacking a category and are largely a result of new CPT codes.

CPT_Category	num_SAL_Documents	num_cases
Targeted Case Management	21108	1371
Med Reviews	3864	669
Peer Services	3573	447
H2011	2524	282
RN Services	1622	499
Psych Evals	1152	903
Intake Assessments	1077	865
Injections	565	85
Wellness Note	339	191
T1023	107	78
H0039	78	4
Therapy Group Notes	54	11
Nursing Assessments	47	46
IND02	41	25
S5111	21	1
H2023	20	1
S9470	18	3

S9446	17	3
H2022	17	1
90834	15	8
S0316	15	7
97165	6	1
99211	4	3
90846	3	1
90847	3	1
J2426	3	1
J3490	3	2
H2014	2	1
99212	2	2
S9445	2	1
T1040	2	247
99213	1	1
H0002	1	1
IND01	1	1

<u>Type of Service</u>	<u># CARES cases</u>	<u>Percent</u>
Mood disorders	1588	83.1%
Personality Disorders	718	12.8%
Psychosis	282	12.5%
SED	247	10.5%
SUD	238	33.2%
Total duplicate count	3073	100%
(Total unique count)	(1880)	

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

Millage Budget

	<u>Annual Budget</u>	<u>Budget YTD</u>	<u>YTD Actual</u>	<u>YTD Actual O/(U) YTD Budget</u>
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
	<u>\$ 6,565,388</u>	<u>\$ 1,094,231</u>	<u>\$ 4,452,055</u>	<u>\$ 3,357,824</u>
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	<u>\$ 6,565,388</u>	<u>\$ 1,094,231</u>	<u>\$ 612,944</u>	<u>\$ (481,287)</u>
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	<u>\$ 960,000</u>	<u>\$ 480,000</u>	<u>\$ 442,572</u>	<u>\$ (37,428)</u>
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

	<u>Annual Budget</u>	<u>Budget YTD</u>	<u>YTD Actual</u>	<u>YTD Actual O/(U) YTD Budget</u>
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)
	<u>\$ 6,565,388</u>	<u>\$ 6,565,388</u>	<u>\$ 6,792,772</u>	<u>\$ 227,384</u>
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	<u>\$ 6,565,388</u>	<u>\$ 6,565,388</u>	<u>\$ 4,965,686</u>	<u>\$ (1,599,702)</u>
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	<u>\$ 2,250,971</u>	<u>\$ 2,250,971</u>	<u>\$ 2,031,585</u>	<u>\$ (219,386)</u>
Revenue Over/(Under) Expenses	-	-	-	-

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 LGBTQ 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 Arbor/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.



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**
 - 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 LGBTQ 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**

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

Campaign Elements	Resources Needed	Non-staff Costs
<u>Message development/revision:</u> 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.
<u>Advertising (paid):</u> 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)
<u>Networking/implementation:</u> 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
<u>Campaign materials/resources:</u> 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
<u>Tracking and evaluation:</u> 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.



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
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Arbor Lakes 1, Suite 2000,
Ann Arbor, MI 48105-3640
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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.

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CHRT

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

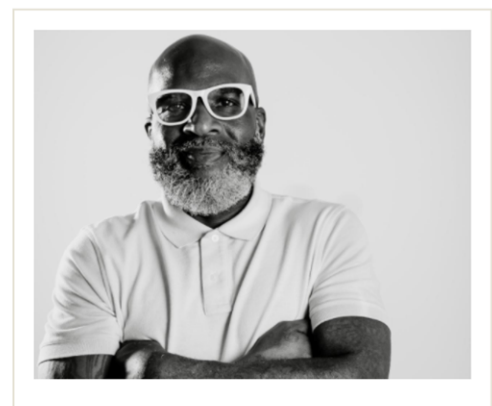


II. Stories

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](#)



CHRT

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.



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CHRT

III. Billboard



IV. Bus wrap

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CHRT

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 Townner 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

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\$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

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CHRT

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.

CHRT

“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]



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CHRT

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.

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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