



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)
BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING
AGENDA**

<https://zoom.us/j/99427595657>

June 14, 2021

1:00-2:30 pm

- I. Roll Call (5 minutes)
- II. Introductions (5 minutes)
- III. Audience Participation (see guidelines below) (5 minutes)
- IV. Budget-Finance Committee meeting minutes (5 minutes)
 - Budget-Finance Committee Meeting Minutes and Actions from 5/10/21 (Attachment #1A) **ACTION**
- V. Program-Quality Committee meeting minutes (5 minutes)
 - Program-Quality Committee Meeting Minutes and Actions from 5/10/21 (Attachment #1B) **ACTION**
- VI. Finance Status Reports (5 minutes)
 - Financial Status Report (Attachment #2) **N. Phelps ACTION**
- VII. Contracts and Leases (5 minutes)
 - None
- VIII. Regional Finance Update (5 minutes)
- IX. Old Business (5 minutes)
 - CCBHC Update
- X. New Business (40 minutes)
 - Program Committee Dashboard FY21 Qtr. 1 – T. Florence/L. Hagle (Attachment #3) **ACTION**
 - Provider Presentation-H. Linky (Attachment #4)
- XI. Items for Future Discussions (5 minutes)
 - Integrated planning (Millage/CCBHC/CMH service provider funding)-Strategic Planning category (Program-Quality Committee)
 - Important data points on CARES implementation impact on hospitals-return rates to hospitals and what the impact on caseloads is as well as other Millage Investments-Program-Quality Committee
 - Looking at call data and how it affects the CARES team-Program-Quality Committee
- XII. Adjournment of Public Meeting

Please click this URL to join. <https://zoom.us/j/99427595657>

Or One tap mobile:

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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.

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

US: +1 929 205 6099 or +1 267 831 0333 or +1 312 626 6799 or +1 646 518 9805

Webinar ID: 994 2759 5657

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

Effective March 17, 2021 the Washtenaw County Board of Commissioners has approved the continuation of all public meetings to be held virtually until December 31, 2021, per resolution #21-050.

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 BUDGET-FINANCE COMMITTEE MEETING MINUTES DRAFT**

<https://zoom.us/j/96085366466>

May 10, 2021

2:00 pm

ROLL CALL: N. Graebner attending remotely from Chelsea, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County MI
D. Strong attending remotely from Scio Twp, Washtenaw County, MI
M Udow-Phillips attending remotely from Wayne County, MI

MEMBERS ABSENT: B. King, K. Scott

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

OTHERS PRESENT: L. Lutomski, K. Walker, J. Martin, K. Belknap

N. Graebner called the meeting to order at 2:02pm.

- I. Introductions
 - None
- II. Audience Participation
 - None
- III. Board Response to Audience Participation
 - None
- IV. Budget- Committee Meeting Minutes and Actions from 4/12/21.
 - The Budget-Finance Committee Meeting Minutes and Actions from 4/12/21 were reviewed. (Attachment #1)

M. Udow-Phillips joined the meeting at 2:16pm.

MOTION BY R. JEFFERSON, SUPPORTED BY D. STRONG TO APPROVE THE MINUTES AND ACTIONS FROM THE APRIL 12, 2021 BUDGET-FINANCE COMMITTEE MEETING.

ROLL CALL VOTE:

GRAEBNER	Y	SCOTT	N/A
JEFFERSON	Y	STRONG	Y
KING	N/A	UDOW-PHILLIPS	Y

MOTION CARRIED

- V. Finance Status Reports (Attachment #2)
- N. Phelps reviewed the Financial Status Report for the month ending March 31, 2021.

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE FINANCIAL STATUS REPORT THROUGH MARCH 31, 2021 AS PRESENTED.

ROLL CALL VOTE:

GRAEBNER	Y	SCOTT	N/A
JEFFERSON	Y	STRONG	Y
KING	N/A	UDOW-PHILLIPS	Y

MOTION CARRIED

- VI. Contracts and Leases
- The Contracts and Leases were reviewed (Attachment #3)

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

ROLL CALL VOTE:

GRAEBNER	Y	SCOTT	N/A
JEFFERSON	Y	STRONG	Y
KING	N/A	UDOW-PHILLIPS	Y

MOTION CARRIED

- VII. Regional Finance Update
- N. Phelps and T. Cortes presented the Regional Finance Update to the committee.
- VIII. Old Business
- CCBHC Update
 - T. Cortes presented an update on the CCBHC.
 - This is a good opportunity to look at core CMH, CCBHC, Millage and a unified plan for best use for resources available to WCCMH.
 - Internal discussions ongoing to determine effective deployment of this program. Difficulty hiring staff, shoring up administrative efforts.
 - Request for a special meeting of the WCCMH Board, along with WCCMH leadership to redefine mission and what WCCMH will look like in the future.
- IX. New Business
- Fiscal Year 2021 Second Budget Amendment (Attachment #4)
 - N. Phelps presented Fiscal Year 2021 Second Budget Amendment to the committee.

MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO APPROVE THE FISCAL YEAR 2021 SECOND BUDGET AMENDMENT AS PRESENTED.

ROLL CALL VOTE:

GRAEBNER	Y	SCOTT	N/A
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JEFFERSON	Y	STRONG	Y
KING	N/A	UDOW-PHILLIPS	Y

MOTION CARRIED

- Prior Year Cost Settlement Discussion
 - o N. Phelps discussed potential prior year cost settlement opportunities.

X. Items for Future Discussions

- Integrate planning (Millage/CCBHC/CMH service provider funding)-Strategic Planning category

MOTION BY R. JEFFERSON, SUPPORTED BY D. STRONG TO ADJOURN THE BUDGET-FINANCE COMMITTEE MEETING.

- XI. Meeting adjourned at 2:43 pm.

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH PROGRAM-QUALITY COMMITTEE MEETING MINUTES *DRAFT***

<https://zoom.us/j/99283662107>

May 10, 2021

3:00 pm

ROLL CALL: S. Antonow attending remotely from Ann Arbor, Washtenaw County, MI
A. Dusbiber attending remotely from Ann Arbor, Washtenaw County, MI
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI
R. Jefferson attending remotely from Ypsilanti Twp, Washtenaw County, MI
K. Walker attending remotely from Pittsfield Twp, Washtenaw County, MI

MEMBERS ABSENT: K. Scott

STAFF PRESENT: T. Cortes, N. Phelps, R. Dornbos, L. Gentz, S. Lefferts, L. Hagle, H. Linky,
T. Florence, M. Harding, S. Amos O'Neal, B. Hagaman, K. Diebboll,
K. Hoener, M. Taylor, S. Ray, M. Tasker

OTHERS PRESENT: L. Lutomski

S. Antonow called the meeting to order at 3:02 pm

- I. Introductions
 - None
- II. Audience Participation
 - None
- III. Board Response to Audience Participation
 - None
- IV. Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 3/8/21 (Attachment #1)
 - Budget-Finance and Program-Quality Combined Committee Minutes and Actions of 3/8/21 were reviewed.

MOTION BY K. WALKER, SUPPORTED BY B. HIGMAN TO APPROVE THE MINUTES AND ACTIONS FROM THE MARCH 8, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
HIGMAN	Y	JEFFERSON	Y
SCOTT	N/A	WALKER	Y

MOTION CARRIED

- V. Discussion Items

- Strategic Planning for WCCMH Board
 - o T. Cortes sent an email recently to the WCCMH Board regarding a strategic planning/Board retreat on June 29th. She has invited B. Sheehan and A. Janssen to discuss system transformation within the state. She would also like to continue the conversation on merging millage dollars, CCBHC dollars, WCCMH proper funds.

VI. Old Business

- CCBHC Update
 - o T. Cortes presented the CCBHC update to the committee.
 - o This is for MI and SUD diagnosis population as opposed to the expansion grant.
 - o An update on CCBHC will be presented at the next Program-Quality Committee meeting.

VII. New Business

- Annual Performance Improvement Year End Report (Attachment #2)
 - o L. Hagle and T. Florence presented the Annual Performance Improvement Year End Report to the committee.
 - o Request to have CARES data included in the Number of Individuals Enrolled in CMH Programs.

MOTION BY A. DUSBIBER, SUPPORTED BY R. JEFFERSON TO ACCEPT THE ANNUAL PERFORMANCE IMPROVEMENT YEAR END REPORT AS PRESENTED.

ROLL CALL VOTE:

ANTONOW	Y	DUSBIBER	Y
HIGMAN	Y	JEFFERSON	Y
SCOTT	N/A	WALKER	Y

MOTION CARRIED

VIII. Items for Future Discussions

- Important data points on CARES implementation impact on hospitals-return rates to hospitals and what the impact on caseloads is as well as other millage investments.
- Reviewing call data that is going to the CARES team.

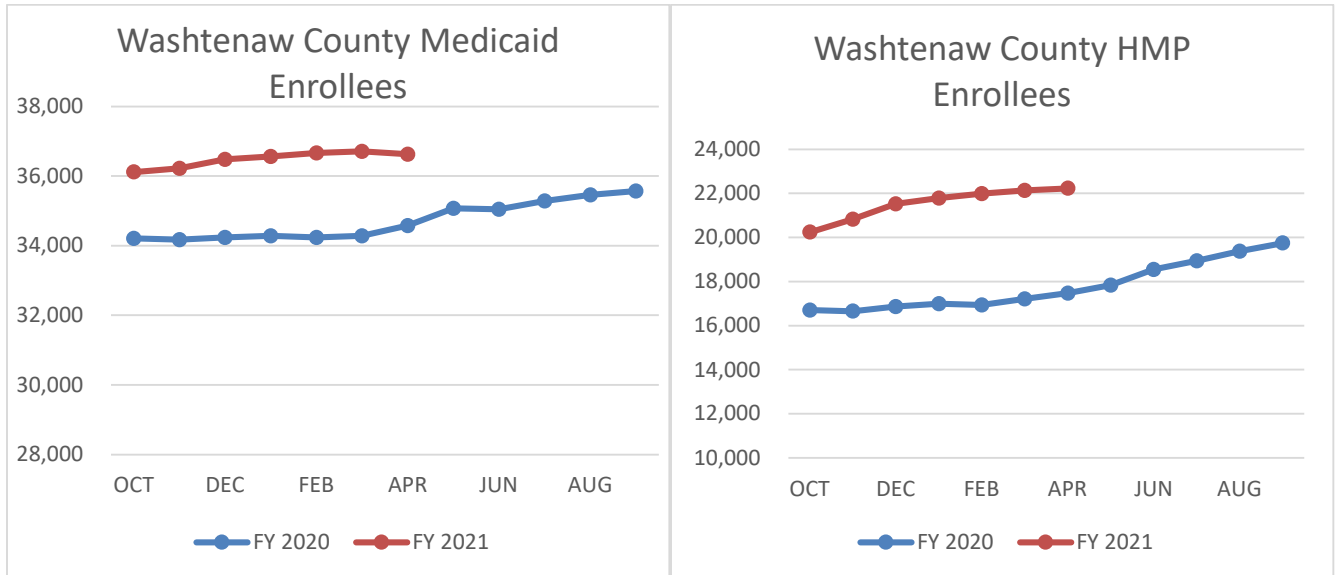
MOTION BY A. DUSBIBER, SUPPORTED BY B. HIGMAN TO ADJOURN THE PROGRAM-QUALITY COMMITTEE MEETING.

- IX. Meeting adjourned at 3:56 pm.

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2021: For the period ending April 30, 2021
Prepared: June 7, 2021**

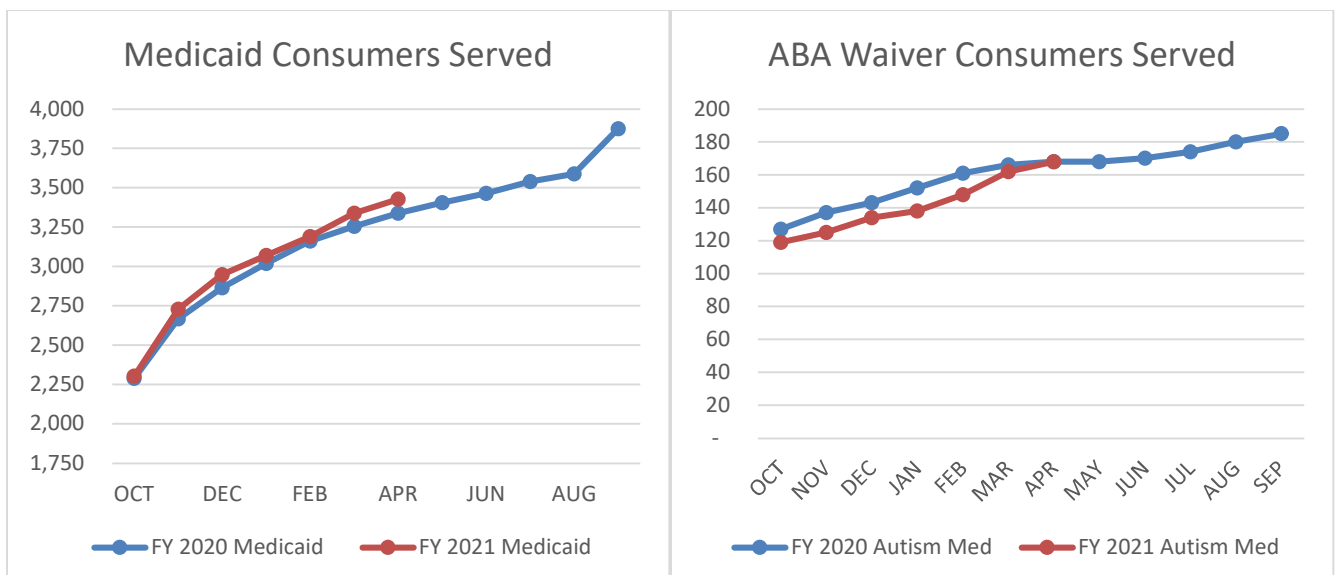
1. Washtenaw County Enrollees

A summary of FY 2021 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



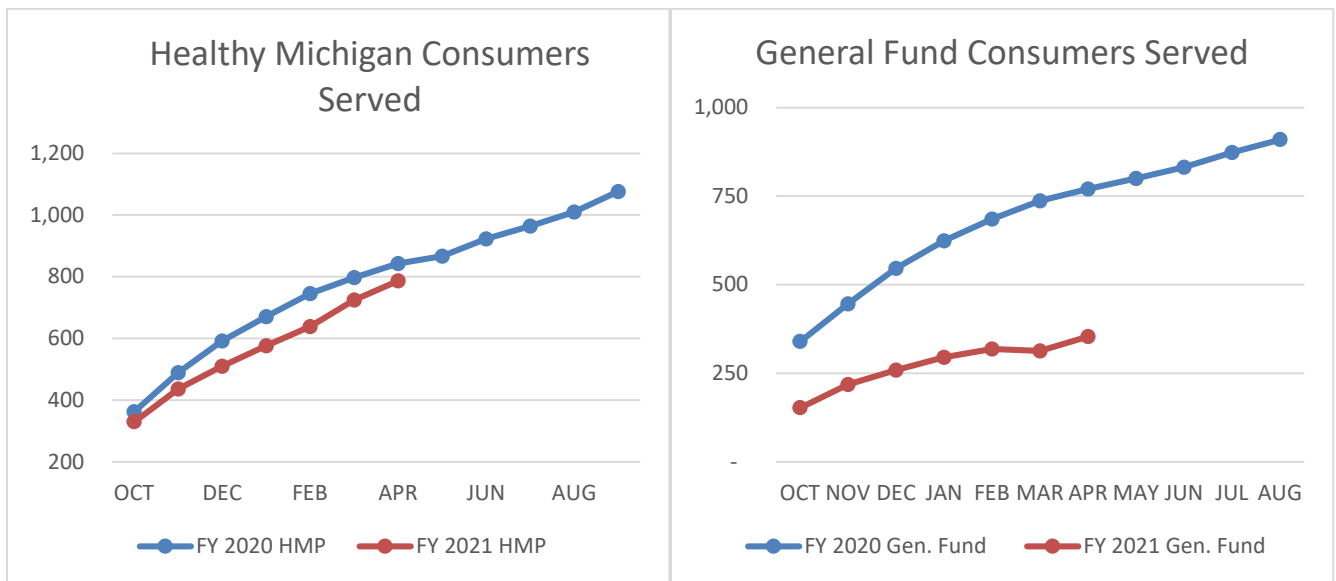
Washtenaw County Medicaid Enrollees were 36,623 in April 2021. This is a 5.93% increase from the same time last year (2,051 more enrollees than in April 2020). Healthy Michigan enrollment in April 2021 was 22,231. This is a 27.18% increase from the same time last year (4,751 more enrollees than in April 2020).

2. WCCMH Consumers Served to Date



Medicaid consumers served through April 2021 are 3,428. This is 91 more consumers than the prior year (3,337 consumers were served through April 2020).

ABA Waiver consumers served through April 2021 are 168. This is the same number of consumers as prior year (168 consumers were served through April 2020).



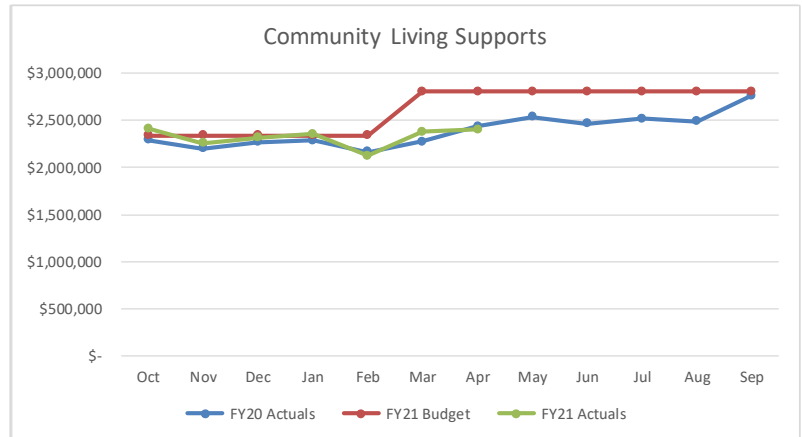
Healthy Michigan consumers served through April 2021 were 787. This is 55 less consumers than the same period last year.

General Fund consumers served through April 2021 were 354. This is 354 less consumers than the same period last year.

3. Financial Statement Highlights

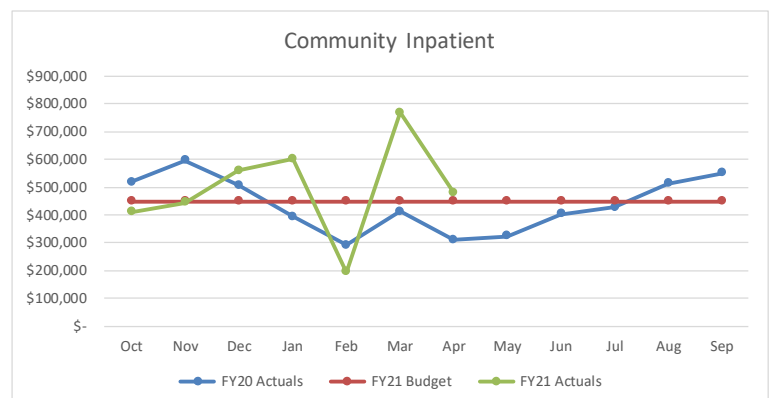
- a. CLS service costs to date are estimated to be \$16.6 Million and \$1.6 Million under budget. The costs year to date are 1.96% higher than this time last year, primarily due to the temporary \$2.25 per hour direct care worker increase is included in the FY21 Actuals. The temporary increase has been extended through September 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 2,290,691	2,335,165	\$ 2,413,000	5.34%
Nov	2,198,453	2,335,165	2,254,699	3.98%
Dec	2,269,119	2,335,165	2,315,490	3.33%
Jan	2,287,654	2,335,165	2,356,679	3.25%
Feb	2,166,793	2,335,165	2,123,200	2.23%
Mar	2,276,977	2,804,524	2,376,891	2.60%
Apr	2,436,420	2,804,524	2,398,988	1.96%
May	2,535,453	2,804,524		
Jun	2,462,540	2,804,524		
Jul	2,518,980	2,804,524		
Aug	2,486,795	2,804,524		
Sep	2,762,607	2,804,524		



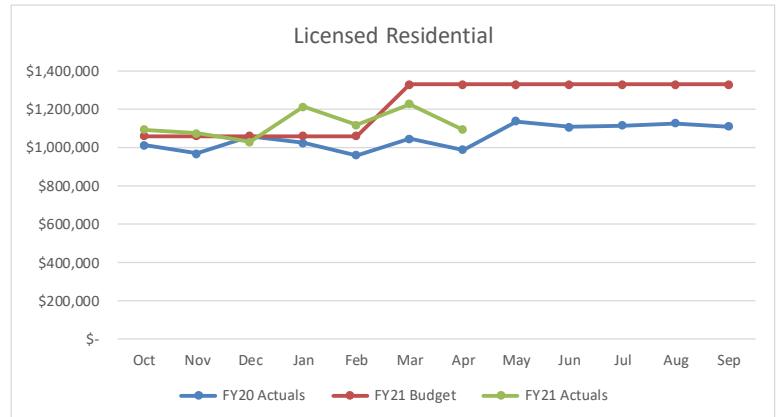
- b. Community Inpatient costs to date are \$3.4 Million. The costs year to date are 10.4% more than this time last year and \$326,000 over budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 518,019	\$ 447,917	\$ 411,150	-20.63%
Nov	595,144	447,917	444,907	-23.10%
Dec	506,426	447,917	560,543	-12.53%
Jan	393,137	447,917	601,931	0.29%
Feb	290,304	447,917	194,823	-3.89%
Mar	411,873	447,917	767,313	9.79%
Apr	310,948	447,917	480,817	14.40%
May	323,671	447,917		
Jun	402,174	447,917		
Jul	426,500	447,917		
Aug	512,121	447,917		
Sep	550,126	447,917		



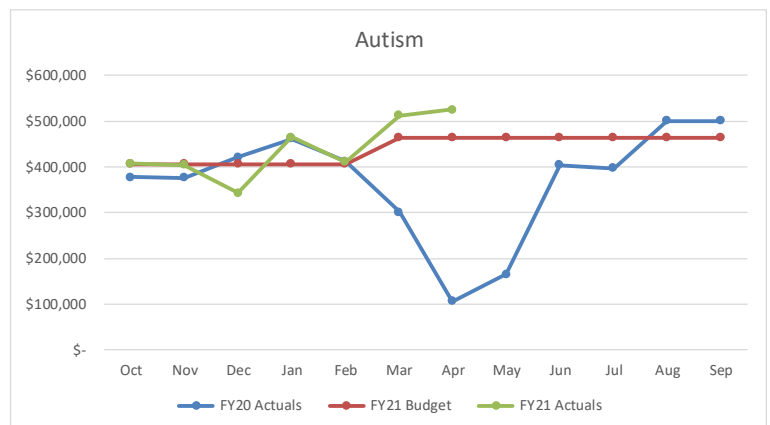
- c. Licensed Residential costs to date are \$7.8 Million and \$662,000 under budget. The costs year to date are 11.22% more than this time last year and primarily due to the temporary \$2.25 per hour direct care worker increase. The temporary increase has been extended through September 2021.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 1,011,548	\$ 1,058,350	\$ 1,093,095	8.06%
Nov	968,709	1,058,350	1,073,263	9.40%
Dec	1,055,503	1,058,350	1,028,927	5.25%
Jan	1,022,251	1,058,350	1,211,062	8.58%
Feb	959,842	1,058,350	1,118,469	10.10%
Mar	1,047,035	1,327,021	1,225,127	11.30%
Apr	987,543	1,327,021	1,093,521	11.22%
May	1,137,635	1,327,021		
Jun	1,106,832	1,327,021		
Jul	1,114,786	1,327,021		
Aug	1,124,986	1,327,021		
Sep	1,109,577	1,327,021		



- d. Applied Behavior Analysis/Autism service costs to date are \$3.0 Million. The costs year to date are 24.88% more than this time last year due to pandemic related factors and \$10,000 under budget.

	FY20 Actuals	FY21 Budget	FY21 Actuals	YTD % Change
Oct	\$ 377,299	\$ 405,991	\$ 408,109	8.17%
Nov	376,345	405,991	404,662	7.85%
Dec	421,658	405,991	342,956	-1.67%
Jan	461,206	405,991	464,654	-0.99%
Feb	412,563	405,991	410,998	-0.86%
Mar	301,850	464,421	512,641	8.21%
Apr	107,090	464,421	525,526	24.88%
May	165,001	464,421		
Jun	404,100	464,421		
Jul	397,582	464,421		
Aug	500,967	464,421		
Sep	501,047	464,421		



- e. Internal staffing expenses are trending under budget due to medical benefit savings for the first quarter and 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 \$4.5 Million through April.
- c. By funding source, HMP is showing a deficit of \$319,000 through April.
- d. Combined, the PIHP surplus is \$4.2 Million through April.
- e. CARES Act funding related to Direct Care Worker wages 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 \$1.2 Million.

6. Local Key Points

- a. The majority of Local Funding comes from Washtenaw County.
- b. Local Funds are showing a surplus of \$27,000 through April 2021.
- 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 2021.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
 APR 2021 FYTD

ATTACHMENT #2
JUNE 2021

	<u>Total</u>
Medicaid **	
Revenue	
B & B3	\$ 24,848,384
HSW	14,882,417
DCW	4,167,161
Child Waiver/SED Waiver	565,308
Autism	2,810,826
Prior Year Adjustments	-
Care for Caïd	18,481
Total Medicaid Revenue	<u>\$ 47,292,576</u>
Total Medicaid Expense	\$ 42,819,851
Medicaid Surplus/(Deficit)	<u><u>\$ 4,472,725</u></u>

Healthy Michigan **	
Revenue	\$ 3,385,074
Expense	3,704,775
Healthy MI Surplus/(Deficit)	<u><u>\$ (319,701)</u></u>

General Fund	
Revenue	
CMH Operations	\$ 2,258,916
CMH Operations Contra	-
GF Carryforward	175,491
Categorical	-
Redirect To Injectable Meds.	-
Funding Fr. Other Local Sources	-
Total General Fund Revenue	<u>\$ 2,434,407</u>
Total General Fund Expense	\$ 1,158,728
General Fund Surplus/(Deficit)	<u><u>\$ 1,275,679</u></u>

Injectable Meds	
Revenue	\$ 70,876
Expense	58,235
Inj. Meds. Surplus/(Deficit)	<u><u>\$ 12,641</u></u>

Grants And Contracts	
Revenue	\$ 712,982
Expense	<u>712,982</u>

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
 APR 2021 FYTD

ATTACHMENT #2
 JUNE 2021

	Total
Grants & Cont. Surplus/(Deficit)	\$ -
CMHSP To CMHSP	
Revenue	\$ 346,803
Redirect to GF	-
Expense	346,803
CMHSP to CMHSP Surplus/(Deficit)	\$ -
Local	
Revenue	\$ 901,980
Expense	874,177
Local Surplus/(Deficit)	\$ 27,803
Private Grant & All NOR	
Revenue	\$ 145,907
Expense	145,907
Priv. Grant & NOR Surplus/(Deficit)	\$ -
Grand Total	
Revenue	\$ 55,447,645
Expense	49,978,498
Grand Total Surplus/(Deficit)	\$ 5,469,147

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	\$ 4,165,664
WCCMH Surplus/(Deficit)	1,303,483
	\$ 5,469,147

**Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 2021**

Current Fiscal Year					
	FY 2021 Amended Budget	FY 2021 Amended Budget YTD	FY 2021 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
<u>Operating Revenue</u>					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	\$ 42,678,933	\$ 24,896,044	\$ 24,848,384	\$ (47,660)	-0.19%
HSW	24,674,716	14,393,584	14,882,417	488,833	3.40%
Children & SED Waivers	894,097	521,557	565,308	43,751	8.39%
Healthy Michigan Capitation	5,875,998	3,427,666	3,385,074	(42,592)	-1.24%
Autism Capitation	4,657,841	2,717,074	2,810,826	93,752	3.45%
CARES Act DCW	7,297,312	4,256,765	4,167,161	(89,604)	-2.10%
TOTAL PIHP Revenue	\$ 86,078,897	\$ 50,212,690	\$ 50,659,170	\$ 446,480	0.89%
MDHHS Revenue					
State General Funds	\$ 4,047,922	\$ 2,361,288	\$ 2,434,407	\$ 73,119	3.10%
Grants & Earned Contracts	1,779,812	1,038,224	820,101	(218,123)	-21.01%
All Other Revenue					
County Appropriation	\$ 1,748,770	\$ 1,020,116	\$ 521,556	\$ (498,560)	-48.87%
Project Revenue	782,545	456,485	391,807	(64,678)	-14.17%
All Other	1,917,652	1,118,630	1,307,285	188,655	16.86%
TOTAL Operating Revenue	\$ 96,355,598	\$ 56,207,432	\$ 56,134,326	\$ (73,106)	-0.13%
<u>Operating Expenses</u>					
Administrative Expenses					
General Administration	\$ 5,624,552	\$ 3,280,989	\$ 2,857,544	\$ (423,445)	-12.91%
Program Administration	3,304,826	1,927,815	1,619,060	(308,755)	-16.02%
Residential Services					
Community Living Supports	\$ 31,307,490	\$ 18,262,703	\$ 16,639,683	\$ (1,623,020)	-8.89%
Licensed Residential	14,580,900	8,505,525	7,843,464	(662,061)	-7.78%
Outpatient Services					
Autism Services	\$ 5,280,900	\$ 3,080,525	\$ 3,069,546	\$ (10,979)	-0.36%
Case Management	5,221,985	3,046,158	2,443,981	(602,177)	-19.77%
Supports Coordination	2,535,741	1,479,182	1,304,617	(174,565)	-11.80%
Skill Building	4,256,172	2,482,767	1,386,903	(1,095,864)	-44.14%
Supported Employment	1,364,871	796,175	794,017	(2,158)	-0.27%
Psychiatry	2,770,122	1,615,905	1,548,785	(67,120)	-4.15%
Nursing Services	2,353,003	1,372,585	1,140,570	(232,015)	-16.90%
Therapy Services	1,875,621	1,094,112	985,757	(108,355)	-9.90%
All Other	7,441,765	4,341,030	3,944,858	(396,172)	-9.13%
Other Expenses					
Community Inpatient	\$ 5,375,000	\$ 3,135,417	\$ 3,461,483	\$ 326,066	10.40%
Local Matches & Shelter	1,282,838	748,322	844,347	96,025	12.83%
Grants & Earned Contracts	1,779,812	1,038,224	780,564	(257,660)	-24.82%
TOTAL Operating Expenses	\$ 96,355,598	\$ 56,207,432	\$ 50,665,179	\$ (5,542,253)	-9.86%
Revenue Over/(Under) Expenses	-	-	5,469,147	5,469,147	

Washtenaw County Community Mental Health
Budget to Actuals
For Seven Months Ending April 30, 2021

Prior Year Comparison				
	FY 2021 YTD Actuals	FY 2020 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
<u>Operating Revenue</u>				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	\$ 24,848,384	\$ 24,023,290	\$ 825,094	3.43%
HSW	14,882,417	14,075,904	806,513	5.73%
Children & SED Waivers	565,308	482,612	82,696	17.14%
Healthy Michigan Capitation	3,385,074	2,837,054	548,020	19.32%
Autism Capitation	2,810,826	2,737,087	73,739	2.69%
CARES Act DCW	4,167,161	-	4,167,161	
TOTAL PIHP Revenue	\$ 50,659,170	\$ 44,155,947	\$ 6,503,223	14.73%
MDHHS Revenue				
State General Funds	\$ 2,434,407	\$ 2,161,804	\$ 272,603	12.61%
Grants & Earned Contracts	820,101	864,946	(44,845)	-5.18%
All Other Revenue				
County Appropriation	\$ 521,556	\$ 491,830	\$ 29,726	6.04%
Project Revenue	391,807	283,399	108,408	38.25%
All Other	1,307,285	1,341,669	(34,384)	-2.56%
TOTAL Operating Revenue	\$ 56,134,326	\$ 49,299,595	\$ 6,834,731	13.86%
<u>Operating Expenses</u>				
Administrative Expenses				
General Administration	\$ 2,857,544	\$ 3,077,337	\$ (219,793)	-7.14%
Program Administration	1,619,060	1,781,192	(162,132)	-9.10%
Residential Services				
Community Living Supports	\$ 16,639,683	\$ 15,911,417	\$ 728,266	4.58%
Licensed Residential	7,843,464	7,052,781	790,683	11.21%
Outpatient Services				
Autism Services	\$ 3,069,546	\$ 2,458,012	\$ 611,534	24.88%
Case Management	2,443,981	2,559,159	(115,178)	-4.50%
Supports Coordination	1,304,617	1,182,591	122,026	10.32%
Skill Building	1,386,903	3,189,606	(1,802,703)	-56.52%
Supported Employment	794,017	1,032,314	(238,297)	-23.08%
Psychiatry	1,548,785	1,502,766	46,019	3.06%
Nursing Services	1,140,570	1,198,400	(57,830)	-4.83%
Therapy Services	985,757	995,653	(9,896)	-0.99%
All Other	3,944,858	3,686,139	258,719	7.02%
Other Expenses				
Community Inpatient	\$ 3,461,483	\$ 3,025,852	\$ 435,631	14.40%
Local Matches & Shelter	844,347	863,281	(18,934)	-2.19%
Grants & Earned Contracts	780,564	831,680	(51,116)	-6.15%
TOTAL Operating Expenses	\$ 50,665,179	\$ 50,348,180	\$ 316,999	0.63%
Revenue Over/(Under) Expenses	5,469,147	(1,048,585)	6,517,732	

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

Prior Year FY 2020	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>
Total Revenue	\$ 6,420,879	\$ 12,762,586	\$ 19,557,248	\$ 27,034,137	\$ 33,790,813	\$ 41,347,119	\$ 48,354,984	\$ 55,979,589	\$ 64,750,232	\$ 72,489,244	\$ 80,554,716	
Total Expense	\$ 7,061,564	\$ 13,824,563	\$ 21,701,361	\$ 28,573,303	\$ 35,391,004	\$ 42,808,785	\$ 49,403,569	\$ 56,153,455	\$ 63,224,817	\$ 70,893,620	\$ 77,864,354	
Surplus / (Deficit)	\$ (640,685)	\$ (1,061,977)	\$ (2,144,113)	\$ (1,539,166)	\$ (1,600,191)	\$ (1,461,666)	\$ (1,048,585)	\$ (173,866)	\$ 1,525,415	\$ 1,595,624	\$ 2,690,362	\$ -
Current Year FY 2021	<u>October</u>	<u>November</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>September</u>
Total Revenue	\$ 7,755,401	\$ 15,310,244	\$ 23,580,591	\$ 31,333,092	\$ 38,921,338	\$ 47,115,196	\$ 56,134,326					
Total Expense	\$ 6,390,300	\$ 13,468,771	\$ 20,308,564	\$ 28,129,172	\$ 35,311,210	\$ 42,743,574	\$ 50,665,179					
Surplus / (Deficit)	\$ 1,365,101	\$ 1,841,473	\$ 3,272,027	\$ 3,203,920	\$ 3,610,128	\$ 4,371,622	\$ 5,469,147	\$ -	\$ -	\$ -	\$ -	\$ -

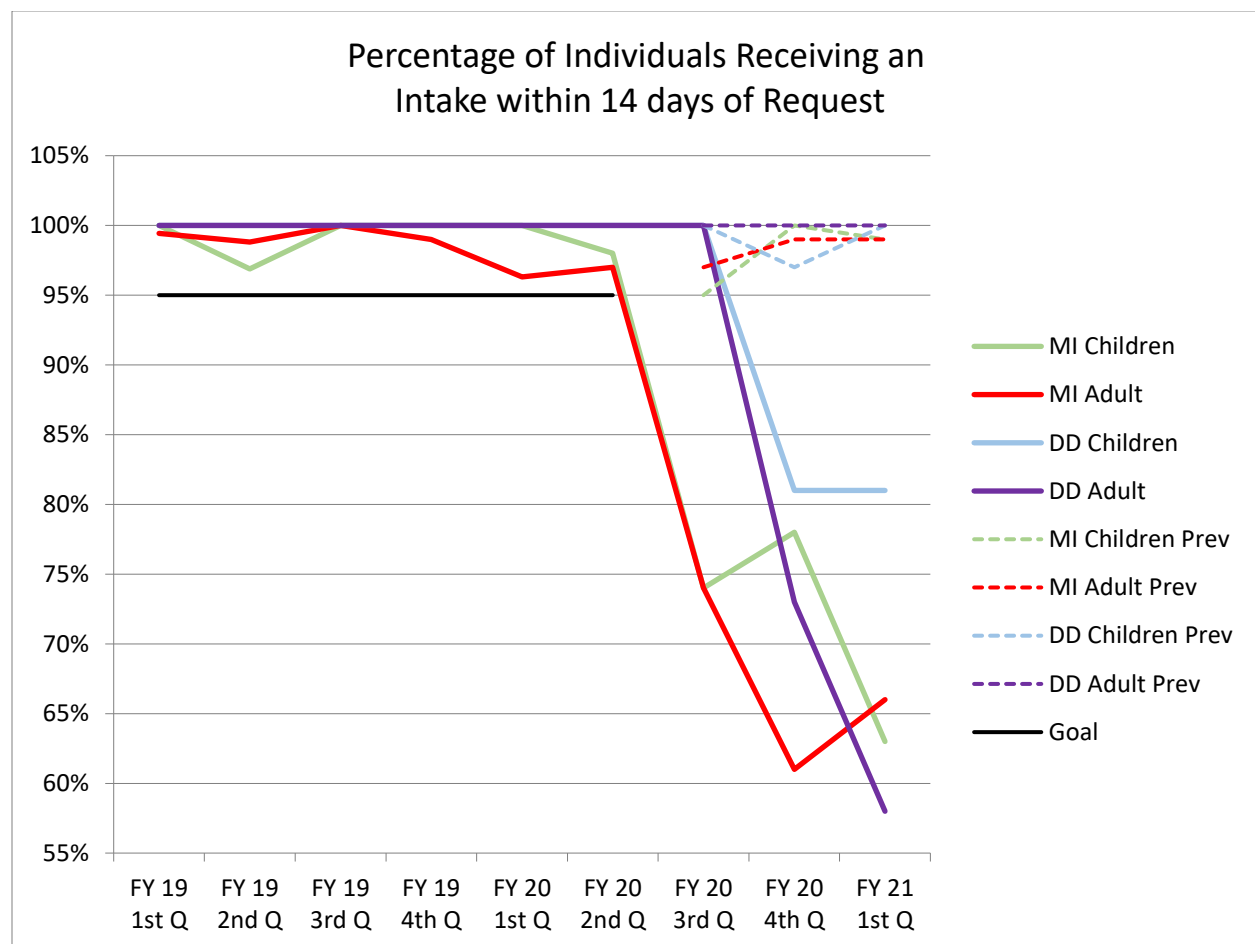
Program and Quality Board Committee
Dashboard Data FY 2021 1st Qtr (Oct 2020 - Dec 2020)

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

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

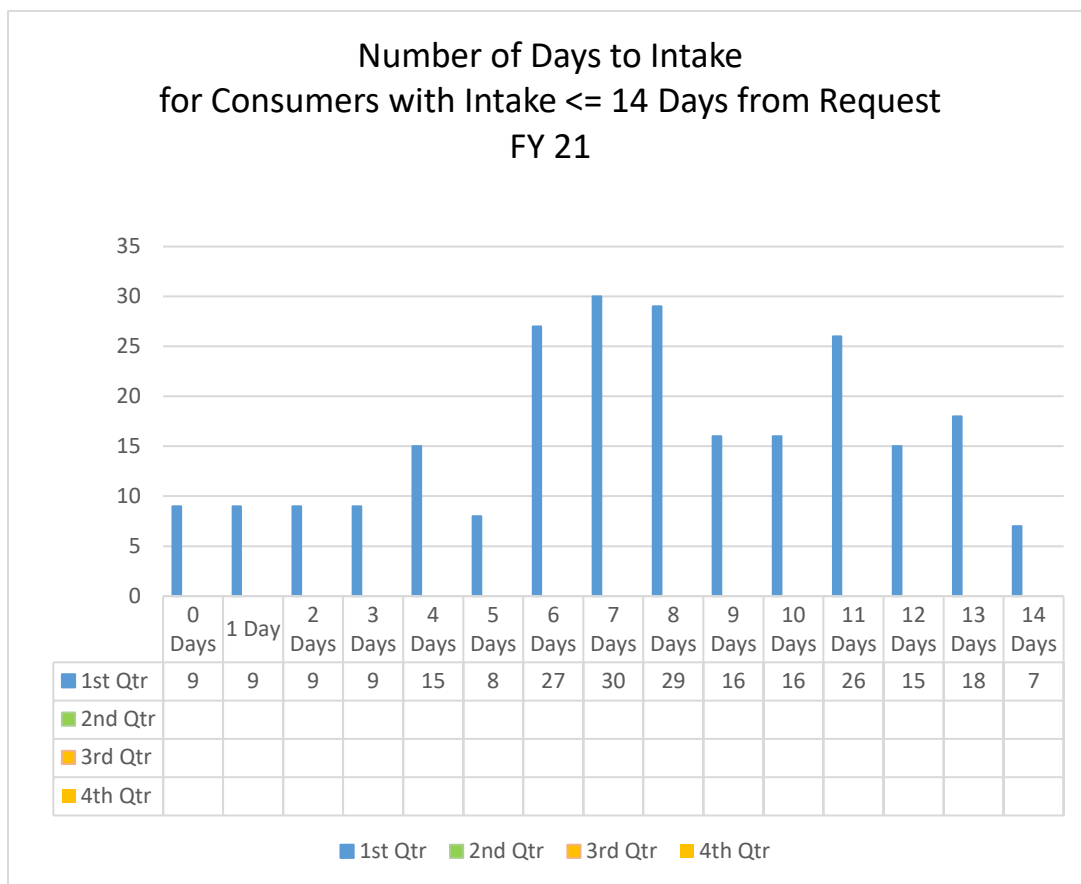
Therefore, across the State, percentage numbers are significantly different. MDHHS is treating the first year as baseline collection.

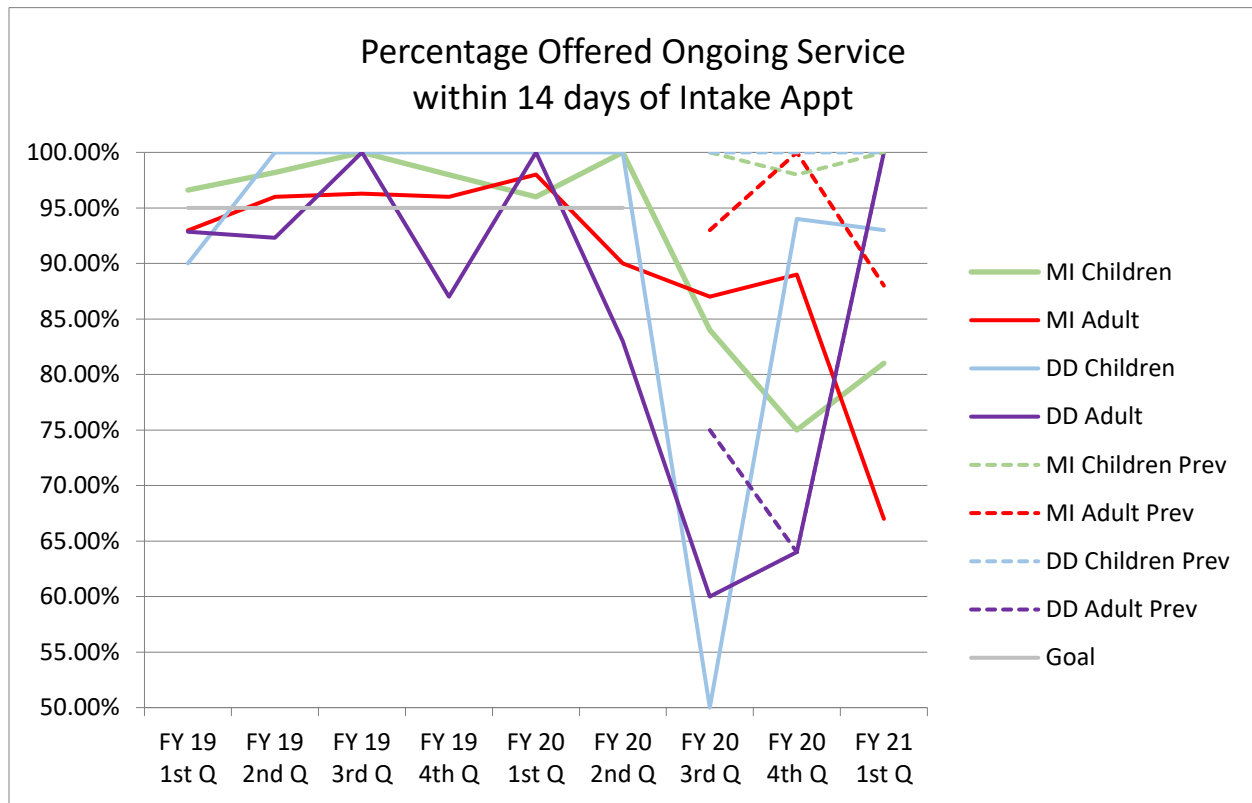
The third and fourth quarter data points are indicated on the graphs. The “dashed lines” indicate where our compliance would have been under previous definitions. The data points are detailed in the tables below the graphs.



FY 21 1st Qtr Intake Appt within 14 days Detail						
Population	Total # of new persons requesting service	Number receiving appt. within 14 days of request	State defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- was formerly removed from the denominator	Percent Compliant by new State definition	Percent Compliant in previous definition
MI Child	96	60	36	35	62.5%	99%
MI Adult	193	127	66	64	66%	99%
DD Child	27	22	5	5	81%	100%
DD Adult	12	7	5	5	58%	100%

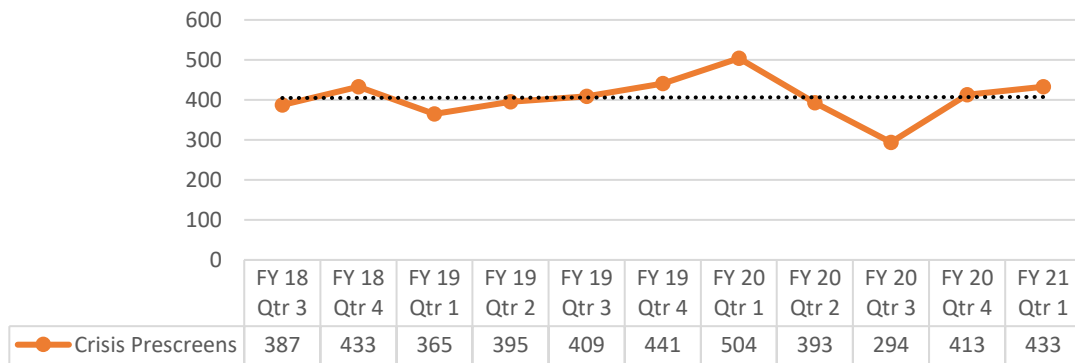
The total # of new persons requesting service for 3rd Q FY 20 (Indicator #3) was 98, 4th Qtr was 82 and 1st Qtr FY 21 was 193.



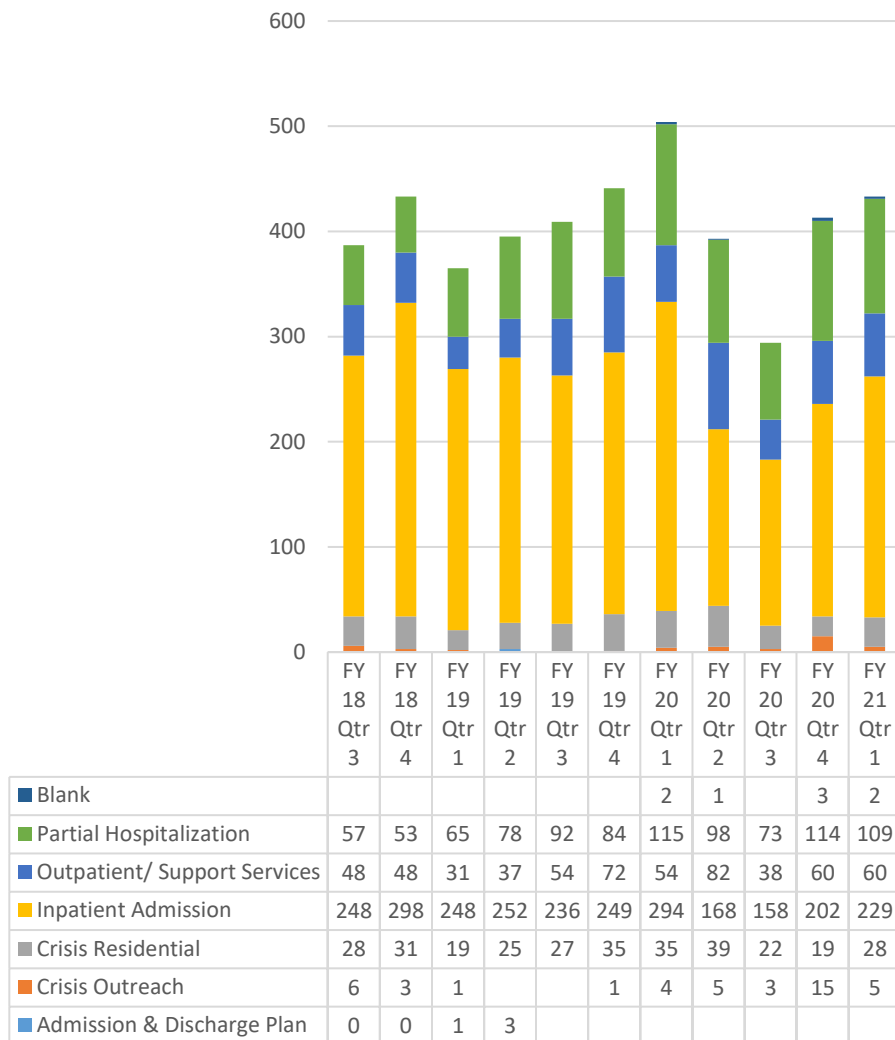


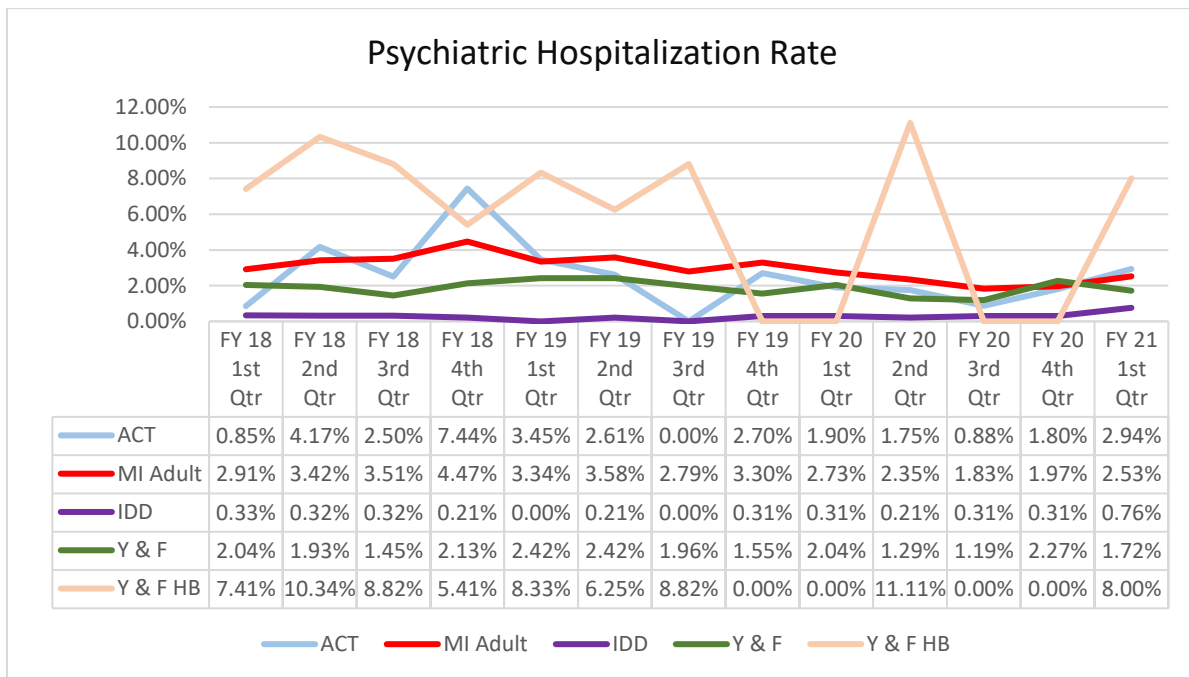
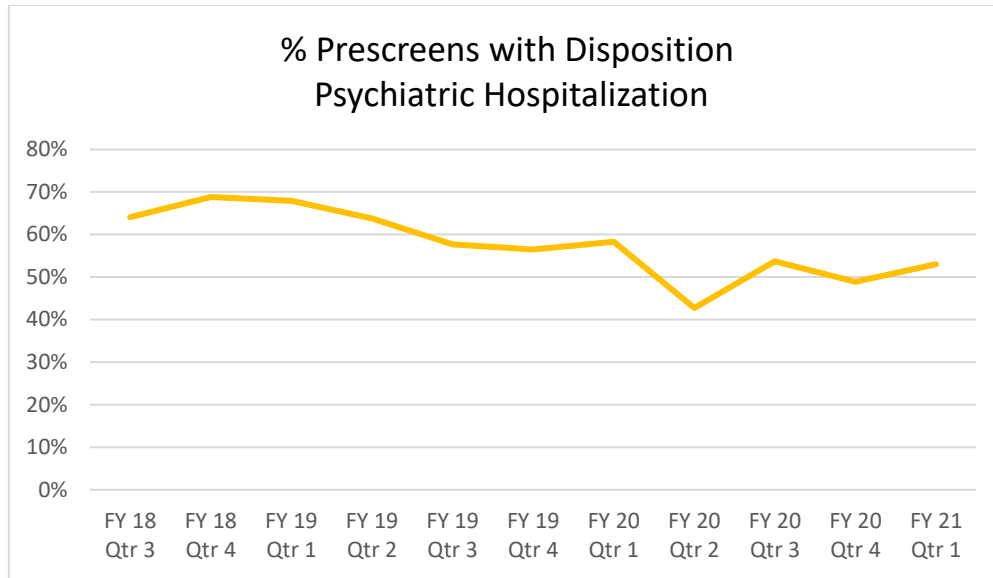
FY 21 1st Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled or Requested >14 days)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	57	46	11	11	81%	100%
MI Adult	124	100	24	15	67%	88%
DD Child	30	28	2	2	93%	100%
DD Adult	6	6	0	0	100%	100%

Number of Crisis Prescreens

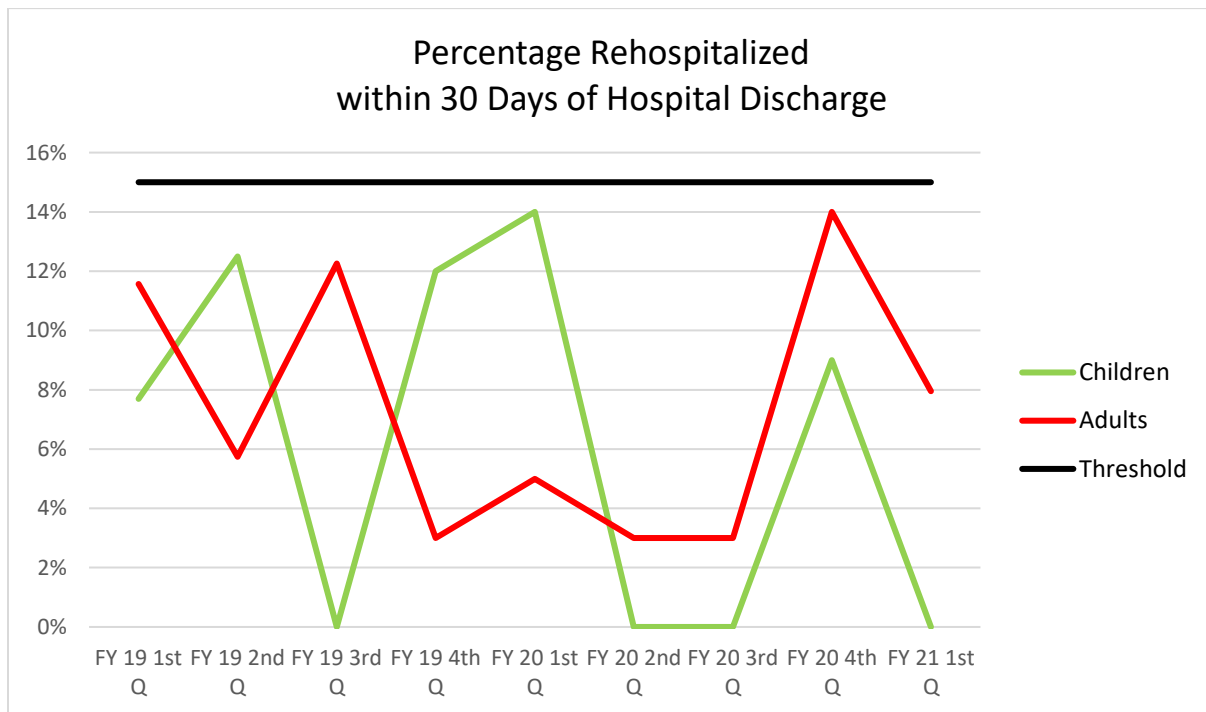
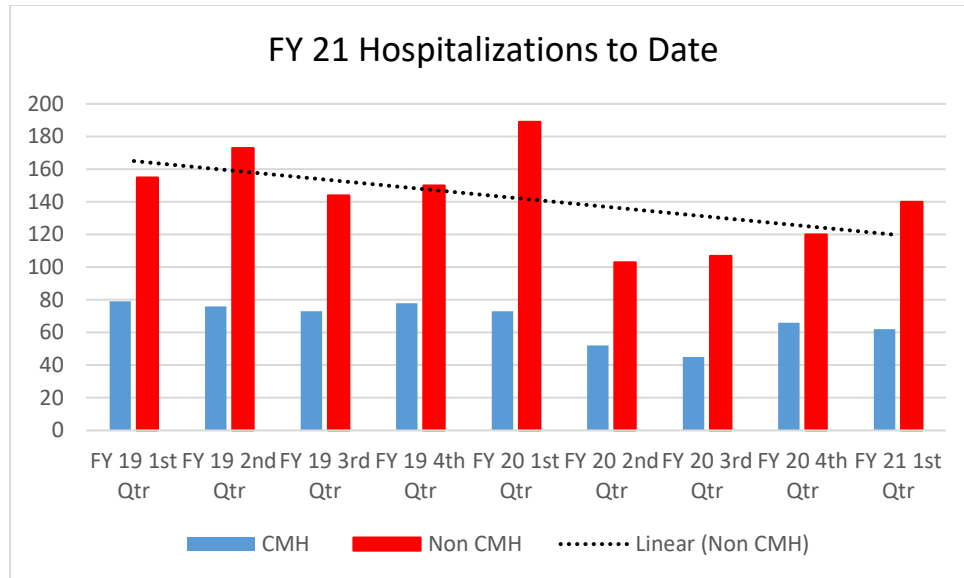


Prescreen Dispositions

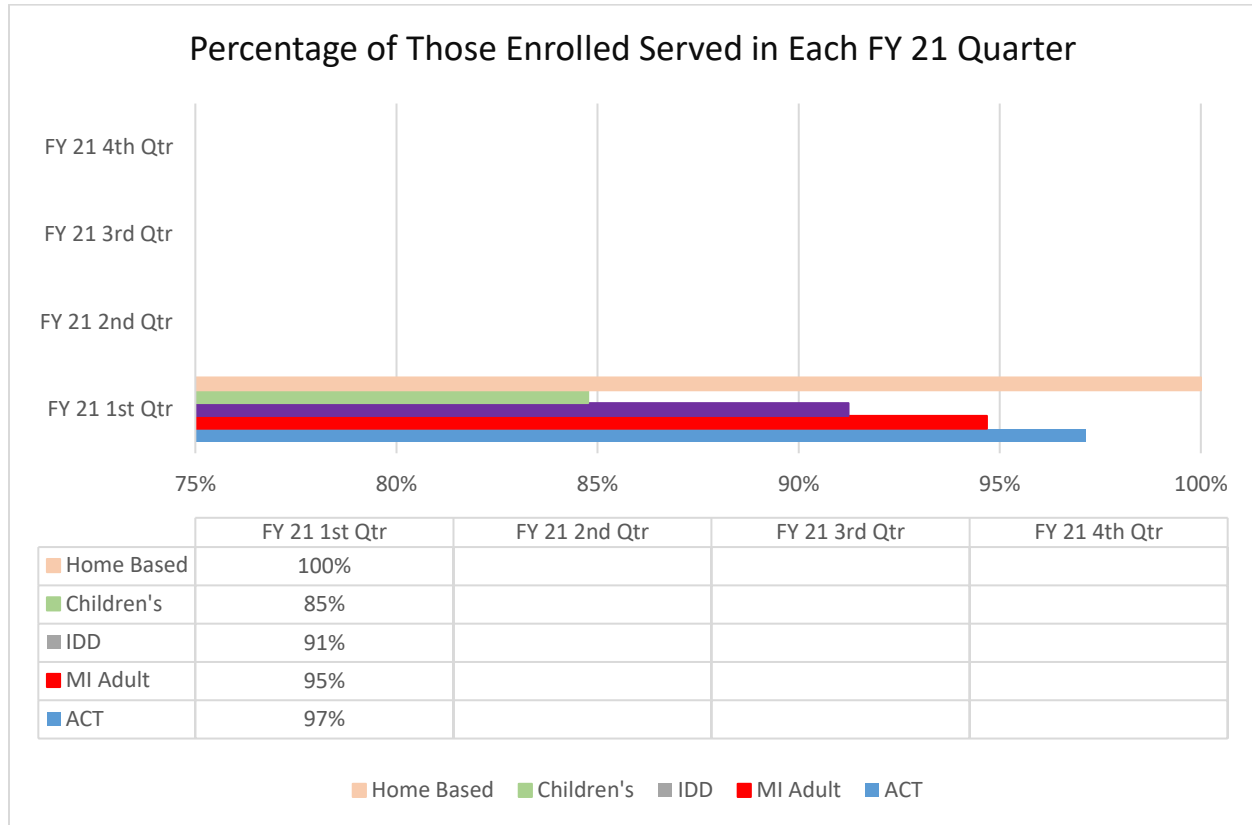




FY 21 1st Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	102	3(1)	1.96%
MI Adult	1583	35(5)	1.90%
IDD	927	7(2)	0.54%
Y & F	640	11(0)	1.72%
Y & F Home Based	25	2(1)	4%



FY 21 1st Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	15	0	0%
Adult	103	7	7%



Critical Event Data Reported Thru Qtr 1 FY 2021

Critical Events are population and category driven with definitions mandated by MDHHS. Besides reporting deaths, events are typically reflective of ER treatment or Hospital admissions due to injury or medication error and involve Waiver or Residential clients. Arrests are only reported when the individual is either a recipient of a Waiver or is in a Specialized AFC setting.

	Team at Event	Type	Total
	IDD	Emergency Medical Treatment	3
		Non Suicide Death	4
	MI Adult	Non Suicide Death	13
		Suicide	1
	ACT	Non Suicide Death	1
Qtr 1 Total			22

Mortality Data Thru Qtr 1 FY 2021

Cause of Death	Number of Deaths FY 16	Number of Deaths FY 17	Number of Deaths FY 18	Number of Deaths FY 19	Number of Deaths FY 20	Number of Deaths FY 21
Accident (Drowning)		1				1
Aspiration Pneumonia				1	2	1
Cancer	10	10	8	9	7	6
Cardiovascular	16	8	13	14	14	2
Dehydration			1			
Drug Abuse	8	6	12	5	8	1
Endocrine System (Diabetes)						1
Environmental Hypothermia				1		
Gastrointestinal	1				3	
Hip Fracture Complications			1			
Homicide		1	3			
Inanition					2	
Infection					4	3 (2 - COVID 19)
Kidney Disease	2	1	1		1	
Liver Disease		1	2		2	
Metabolic				1		
Muscular Dystrophy	1					
Natural/Other		3	1			
Neurological	5	2	2	1	3	
Other						
Respiratory	6	4	5	9	10	
Sturge Weber Syndrome	1					
Suicide	2	3	2	2	5	1
System Infection		4	3	1		
Trauma	1		1	2		
Unknown	5	3	9	10	8	3
Grand Total	58	47	65	55	67	19

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

Residential Services for Individuals in the Public Mental Health System



**WASHTENAW COUNTY COMMUNITY MENTAL
HEALTH SERVICE PROVIDERS**

MONDAY, JUNE 14, 2021

Scott Brown
Renaissance Community Homes
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Overview of Residential Services and the Role of Direct Support Professionals



Job Duties

- Provide & Support all aspects of the Social Determinants of Health
 - ❖ Food assistance
 - ❖ SSI/SSB benefit applications
 - ❖ Medicaid/Medicare paperwork
 - ❖ Transportation benefits
 - ❖ Housing assistance
 - ❖ Medical appts and follow-ups
 - ❖ Mental Health Service appts. & follow-up care
 - ❖ Pharmacy benefits and needs
 - ❖ Work Rehab & supports
 - ❖ Social Supports
 - ❖ Recovery (Substance Use & Mental Health)Resources & Supports
 - ❖ Secure Legal ID and other documents
 - ❖ Navigation with the Court System
- Provide Monitoring & assistance as outlined in the IPOS
- Provide support for all aspects of life including self care, goals and activities

Overview of Residential Services and the Role of Direct Support Professionals cont...



- Administer Medications
- Provide Transportation
- Ensure a clean, healthy living environment
- Monitor and encourage healthy food choices and good nutrition
- Encourage adherence to dietary restrictions
- Accompany individuals on all Medical appts. And manage treatment as outlined
- Follow all Policies and procedures in addressing unusual occurrences and problems as they arise
- Respond to health and environmental emergencies
- Document all services provided in an accurate manner
- Be aware of all individuals whereabouts and actions throughout shift
- Manage the Confidentiality of all written & verbal communication while adhering to the strict, limited disclosure regulations
- Manage the signing and updating of specific releases

Categories of Service



Specialized Licensed Residential:

An operation that provides **personal care, supervision and protection** in addition to **room and board** to 3 to 20 unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks. These services are billed based on per diem rates.

Unlicensed Congregate Settings:

An unlicensed home with a capacity of 4 or less persons that only serves community mental health (CMH) served individuals that CMH monitors through contracted provider services. These services are billed in 15 minute increments with modifiers based on the service provided & who is present.

Community Living Services:

These services are outlined in the IPOS and administered in short prescribed time frames in individual homes/apartments. Staff come and go from the site and persons served tend to navigate the community independently. These services are billed in 15 minute increments with modifiers based on the service provided & who is present.

Elements that Constitute Direct Service:



Personal care means personal assistance with dressing, personal hygiene, grooming, maintenance of a medication schedule, or the development of those personal and social skills required to live in the least restrictive environment.

Supervision means guidance of a person in the activities of daily living, including reminders of important activities and appointments and to take medication, and being aware of a person's general whereabouts even if the person may travel independently in the community.

Protection means actions taken to insure the health, safety, and well-being of a person, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation.

Supervised personal care means guidance (cuing, prompting, reminding) or assistance with eating, toileting, bathing, grooming, dressing, transferring, mobility, medication management, reminders of important activities to be carried out, assisting with keeping appointments, supporting a person's personal and social needs, and being aware of general whereabouts even if the person is capable of independent travel about the community.

Transportation means the direct provision of or securing required transportation in the community as outlined in the IPOS.

Room and board means the provision of housing and meals. Under this definition, a "room" could be a bedroom, an apartment, a suite, etc. Board means any involvement in the purchase or preparation of meals.

Provider Examples



Washtenaw County Overall

Total Number of consumers who received any of the following;
H0043, H2015, H2016, T1020, T2025, T2027 in a given month.

							Fiscal Quarter	Retention rate (Staff)
							FY18 Q2	70%
2017	2017	2018	2019	2020	Jan-21	2021	FY18 Q3	73%
Provider	10	10	10	10	1	Provider	FY18 Q4	80%
CHS 9%	68	58	48	47	42	CHS 6%	FY19 Q1	83%
INI 8%	62	74	77	65	60	INI 9%	FY19 Q2	85%
Renaissance 10%	81	71	70	64	61	Renaissance 9%	FY19 Q3	85%
Spectrum 5%	40	41	31	30	31	Spectrum 5%	FY19 Q4	82%
Synod 6%	45	46	41	36	36	Synod 5%	FY20 Q1	88%
Other 62%	479	510	535	453	450	Other 66%	FY20 Q2	89%
Grand Total	775	800	802	695	680	Grand Total	FY20 Q3	87%
			High		Low		FY20 Q4	81%
Notes:							FY21 Q1	79%

* 122 less consumers served in last two years

* As you see in the slides, even as employee counts drop, retention stabilizes.

* Meaning that for the most part, only the core staff remain.

Spectrum Human Services



Agency: Spectrum Human Services

	2017	2018	2019	2020	2021 so far
Employee Count	894	895	925	821	647
Individuals Served	902	911	982	963	996
Starting Wage*	\$10.00	\$10.15	\$10.25	\$11.00*	\$11.00*
Retention	46%				
Turnover	44%				
Sites Closed	1	3	2	3	1

Notes:

- Starting wage data does not include Michigan Premium Pay
- Spectrum has a 28% drop in employee count from 2017 to present
- Spectrum has a 10% increase in consumers served from 2017 to present
- Spectrum has closed 10 sites since 2017

Synod Community Services



Agency: Synod Community Services:

	2017	2018	2019	2020	2021 so far
Employee Count	151	146	141	121	120
Individuals Served all categories	380	373	317	319	219
Individuals Served less payee services	213	212	175	188	128
Individuals Served less payee & CRS	97	91	90	88	77
Starting Wage	\$10.00	\$10.00	\$10.50	\$12.50*	\$12.75*
after training completion	\$10.50	\$10.50	\$11.00	\$13.00*	\$13.25*
Rétention	93.79%	96.69%	96.58%	85.82%	99.17%
Turnover	27.10%	20.50%	34.75%	39.60%	9.16%
Sites Closed	0	0	0	2	0

* Includes premium pay

Synod Community Services, cont...



Notes:

- **Synod has a 21% drop in employee count from 2017 to present**
- **Synod has a 21% drop in Residential consumers served count from 2017 to present**
- **Synod closed two sites in 2020**
- **Average pay rate DCW-Manager = \$15.36 - this is current with the \$2.25 added to DCW wages**
- **Deficit as of 3/31 (6 months) - Total (\$140,550.62); Residential includes NFC = (\$125,477.96); Co-Op & Silo = (\$15,072.67)**
- **Increased signing/referral Bonus**
- **Synod has always contributed 2% to employee 401K & matches an additional 1 % if employee contributes**
- **Overtime hours are 11% of all hours paid in Washtenaw**
- **Occupancy rate as of 3/31 for the FY21= 80%**

Renaissance Community Homes



Renaissance Community Homes

	Employee Count	Starting Wage
2017	437	\$9.00/hr (untrained) \$9.50/hr (Trained)
2018	372	\$9.50/hr (untrained) \$10.50/hr (Trained)
2019	346	\$10.25/hr (untrained) \$10.75/hr (Trained)
2020	340	\$10.25/hr (untrained) \$10.75/hr (Trained) Plus 15% COVID Hero Pay, plus \$2/hr premium pay (all factored into hourly rate or purposes) comes to \$14.36/ hour Trained rate.
2021	327	\$11.00/ (untrained) \$11.50/hr (Trained) plus \$2.25/hr premium pay (factored into hourly rate or OT purposes) comes to \$13.75/hr Trained rate

*** Overall Renaissance payroll has increased by \$100K every two-weeks since the beginning of COVID Pandemic**

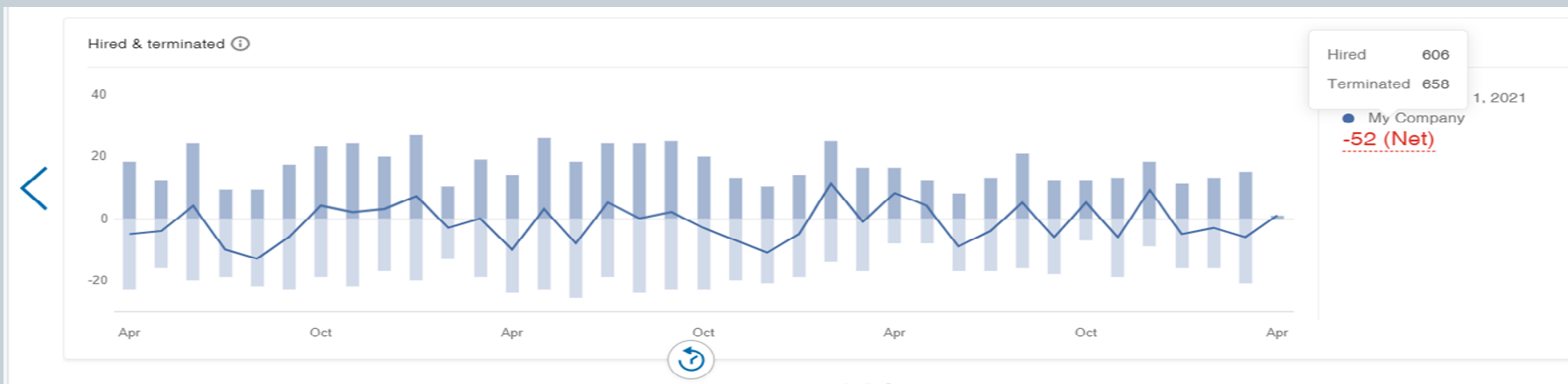
*** Renaissance now spends almost \$40,000 annually in recruitment advertising. (Indeed, Facebook, etc..)**

Renaissance Community Homes, cont...

4/2018 to 4/2021



*** Only 1 out of every 10 employees that leave Renaissance are initiated by Renaissance**



Renaissance Community Homes, cont...



Notes for Renaissance Washtenaw Programs:

- **Current average pay rate for scheduled caregivers is \$15.38/hour**
- **Overtime rate (average \$23.07/hour)**
- **Started employer match 401K on 1/1/2021**
- **Increased employee referral and sign on Bonuses to \$500**
- **Closed out three 24 hour CLS sites since 2017**
- **Closed out several low intensity CLS sites since 2017**
- **At six month point our Washtenaw programs are in a deficit of (\$264,055.00); Group Homes (\$119,371); CLS (\$144,680)**
- **12% of hours staffed in Washtenaw County are paid at the Overtime Rate.**
 - * This OT rate is consistent with Lenawee and Livingston County.
 - * ***Our Jackson/Hillsdale programs run at 7.5%***

Recruiting Challenges

Issues/Struggles

- Reimbursement Rates
- Scheduling Challenges
- Overtime costs
- Training/Supervision Issues
- Individuals served have a higher level of acuity
- Staff burnout

What we have tried

- Flexible Scheduling
- Job Share
- Signing Bonus/referral pay
- Contributions to 401k
- Increase contribution to Health Insurance

Premium Pay Impact



- Has allowed us to maintain a percentage of our core staff
- Does not cover overtime cost
- Has not increased recruiting/job interest
- can't advertise Premium Pay rate due to temporary nature of revenue

Administrative Burdens



- Increase in compliance requirements
- Increase burden on provider's with other agencies working remotely (must scan in all documents for submission)
- Increase cost to cover HIPPA compliant virtual systems
- Had to cut middle mgt. positions to cover increase cost of Direct Support due to overtime – insufficient reimbursement rates
- Admin staff covering Direct Service Shifts
- Inability to offer Living Wage due to reimbursement rates

Observations?



- Fundamental Design of System of Care is flawed
- Individuals who require complex high levels of supervision/care end up in jail
- Problem is multifaceted and complex
- Intervention/restructuring is often related to a crisis
- Impact of Covid-19
 - Further reduced the ability to hire
 - Reduced the prospective employee pool
 - ✦ Schools closed
 - ✦ Encouraged people to stay home
 - ✦ Increased unemployment eligibility
 - ✦ Reduced restrictions on FMLA leave
 - ✦ Drew attention to the profession but is not being followed up with support in line with inflation.
 - ✦ Tele Health
 - ✦ Virtual audits

What has helped?



- ❖ More online trainings available
- ❖ Movement with Training reciprocity across the State
- ❖ \$2.25/hour premium pay
- ❖ More attention to the work we do and the populations we serve
- ❖ DSP premium pay **must be** permanent

