



**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)  
PROGRAM-QUALITY COMMITTEE MEETING  
AGENDA**

<https://zoom.us/j/92298249672>

**November 8, 2021**

**3:00-4:00pm**

- I. Roll Call (5 minutes)
- II. Introductions (5 minutes)
- III. Audience Participation (see guidelines below) (5 minutes)
- IV. Budget-Finance and Program-Quality Combined Committee meeting minutes (5 minutes)
  - Program-Quality Committee Meeting Minutes and Actions from 8/9/21 (Attachment #1A) **ACTION**
  - Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 9/13/21 (Attachment #1B) **ACTION**
- V. Discussion Items
  - None
- VI. Old Business (15 minutes)
  - CCBHC Update **M. Harding**
- VII. New Business (20 minutes)
  - Program Committee Dashboard-FY2021, Qtr. 3 **T. Florence/L. Higle** (Attachment #2)
- VIII. Items for Future Discussions (5 minutes)
  - 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
  - Looking at call data and how it affects the CARES Team
- IX. Adjournment of Public Meeting

**Join from a PC, Mac, iPad, iPhone or Android device:**  
**Please click this URL to join. <https://zoom.us/j/92298249672>**

**Or One tap mobile:**  
**+12678310333, 92298249672# US (Philadelphia)**  
**+13126266799, 92298249672# US (Chicago)**

**Or join by phone:**  
**Dial(for higher quality, dial a number based on your current location):**  
**US: +1 267 831 0333 or +1 312 626 6799 or +1 646 518 9805 or +1 929 205 6099**  
**Webinar ID: 922 9824 9672**

**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.

**International numbers available:** <https://zoom.us/j/abhfYUcw5d>

**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 PROGRAM-QUALITY COMMITTEE MEETING MINUTES *DRAFT***

<https://zoom.us/j/92176238502>

**August 9, 2021**

**2:00 pm**

ROLL CALL: S. Antonow attending remotely from Ypsilanti, 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: B. King, K. Scott

STAFF PRESENT: T. Cortes, M. Harding, K. Hoener, N. Phelps, B. Hagaman, L. Gentz,  
S. Lefferts, L. Hagle, K. Hoener, T. Florence, C. Johnson, W. Wieger, J. Stacy,  
C. Wilde, E. Mix, R. Dornbos, S. Amos O'Neal

OTHERS PRESENT: G. Dill, L. Lutomski, T. Gavalier

S. Antonow called the meeting to order at 3:05 pm.

- I. Introductions
  - T. Cortes, introduced K. Hoener, J. Stacy, E. Mix, C. Wilde, C. Johnson, B. Wieger who will be presenting later in the meeting.
- II. Audience Participation
  - None
- III. Board Response to Audience Participation
  - None
- IV. Budget- Committee and Program-Quality Combined Committee Meeting Minutes and Actions from 6/14/21
  - The Budget-Finance and Program-Quality Combined Committee Meeting Minutes and Actions from 6/14/21 were reviewed. (Attachment #1)

**MOTION BY K. WALKER, SUPPORTED BY B. HIGMAN TO APPROVE THE MINUTES AND ACTIONS FROM THE JUNE 14, 2021 BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.**

**ROLL CALL VOTE:**

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

**MOTION CARRIED**

- V. Discussion Items
  - Program Education Presentation-PORT/PATH
    - K. Hoener, J. Stacy, C. Wilde, C. Johnson, W. Wieger, E. Mix presented the PORT/PATH presentation to the committee. (Attachment #2)
- VI. Old Business
  - CCBHC Update
    - M. Harding presented an update on the CCBHC.
    - The Companion guide was released last week and there was a lot of clarity on service delivery.
    - The WCCMH Clinical teams are reviewing and looking at opportunities to see how to enhance/broaden services.
    - The certification process should begin early October.
    - Currently there are not any concrete rates in the companion documents but they did release placeholder rates and waiting for them to be finalized.
- VII. New Business
  - Programmatic Updates
    - T. Cortes discussed the programmatic updates with the committee.
    - In 2014-2015 Washtenaw County was one of the original health homes in the State of Michigan.
    - WCCMH was paying to participate in this program previously and was one of the largest health home enrollees in the State. There is additional funding in the Governor's budget to increase health home funding.
    - T. Cortes recently met with the State to possibly engage WCCMH as one of the health homes in the state with the earliest implementation date of April 2022.
  - Program Committee Dashboard-FY2021, Qt. 2
    - T. Florence and L. Hagle presented the FY2021, Qtr. 2 Program Committee Dashboard to the committee.
    - There were no sentinel events for this period.
- 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
  - Looking at call data and how it affects the CARES Team
  - CCBHC-specifically wanting to know more about how we are positioned on the evidence-based practices they require of CMH/staffing/gaps.

**MOTION BY K. WALKER, SUPPORTED BY B. HIGMAN TO ADJOURN THE PROGRAM-QUALITY COMMITTEE MEETING.**

- IX. Meeting adjourned at 4:02 pm.

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

**September 13, 2021**

**<https://zoom.us/j/99244805581>**

**1:00 pm**

ROLL CALL: N. Graebner-Sundling attending remotely from Chelsea, Washtenaw County, MI  
B. Higman attending remotely from Ann Arbor, Washtenaw County, MI  
R. Jefferson attending remotely from Van Buren Twp, Wayne County, MI  
D. Strong attending remotely from Scio Twp, Washtenaw County, MI  
M. Udow-Phillips attending remotely from Ann Arbor, Washtenaw County, MI  
K. Walker attending remotely from Cadillac, Wexford County, MI

MEMBERS ABSENT: S. Antonow, A. Dusbiber, B. King, K. Scott

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, E. Spring, H. Linky, S. Amos O'Neal,  
K. Snay, M. Taylor, S. Ray, B. Hagaman, L. Hagle, M. Tasker, L. Gentz

OTHERS PRESENT: L. Lutonski, T. Gavalier, M. Creekmore

N. Graebner-Sundling called the meeting to order at 1:05 pm.

- I. Introductions
  - None
- II. Audience Participation
  - None
- III. Board Response to Audience Participation
  - None
- IV. Budget-Finance Committee Meeting Minutes and Actions from 8/9/21.
  - The Budget-Finance Committee Meeting Minutes and Actions from 8/9/21 were reviewed. (Attachment #1A)

**MOTION BY D. STRONG, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE MINUTES AND ACTIONS FROM THE AUGUST 9, 2021 WCCMH BUDGET-FINANCE COMMITTEE MEETING.**

**ROLL CALL VOTE:**

|               |                                 |          |                                 |
|---------------|---------------------------------|----------|---------------------------------|
| ANTONOW       | NOT ON BUDGET-FINANCE COMMITTEE | DUSBIBER | NOT ON BUDGET-FINANCE COMMITTEE |
| GRAEBNER      | Y                               | HIGMAN   | NOT ON BUDGET-FINANCE COMMITTEE |
| JEFFERSON     | Y                               | KING     | N/A                             |
| SCOTT         | N/A                             | STRONG   | Y                               |
| UDOW-PHILLIPS | Y                               | WALKER   | NOT ON BUDGET-FINANCE COMMITTEE |

**MOTION CARRIED**

- V. Program-Quality Committee Meeting Minutes and Actions from 8/9/21.
- The Program-Quality Committee Meeting Minutes and Actions from 8/9/21 were reviewed. (Attachment #1B)

**THERE WAS NOT A QUORUM OF THE PROGRAM-QUALITY COMMITTEE SO THIS ITEM WILL BE BROUGHT FORWARD AT THE NEXT WCCMH PROGRAM-QUALITY COMMITTEE MEETING.**

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

**MOTION BY D. STRONG , SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE FINANCIAL STATUS REPORT THROUGH JULY 31, 2021 AS PRESENTED.**

**ROLL CALL VOTE:**

|               |                                 |          |                                 |
|---------------|---------------------------------|----------|---------------------------------|
| ANTONOW       | NOT ON BUDGET-FINANCE COMMITTEE | DUSBIBER | NOT ON BUDGET-FINANCE COMMITTEE |
| GRAEBNER      | Y                               | HIGMAN   | NOT ON BUDGET-FINANCE COMMITTEE |
| JEFFERSON     | Y                               | KING     | N/A                             |
| SCOTT         | N/A                             | STRONG   | Y                               |
| UDOW-PHILLIPS | Y                               | WALKER   | NOT ON BUDGET-FINANCE COMMITTEE |

**MOTION CARRIED**

- VII. Contracts and Leases
- M. Taylor presented the contracts and leases to the committee. (Attachment #3)
  - There is a correction on the contract list-both contracts for Student Advocacy Center are funded by millage and not Medicaid so this will be one contract. This contract will need approval from the Millage Advisory Committee prior to board approval.

**MOTION BY D. STRONG, SUPPORTED BY M. UDOW-PHILLIPS TO APPROVE THE CONTRACTS AND LEASES WITH THE CORRECTION ON THE STUDENT ADVOCACY CENTER CONTRACT TO BE FUNDED BY MILLAGE AND PENDING MILLAGE ADVISORY COMMITTEE APPROVAL.**

**ROLL CALL VOTE:**

|               |                                 |          |                                 |
|---------------|---------------------------------|----------|---------------------------------|
| ANTONOW       | NOT ON BUDGET-FINANCE COMMITTEE | DUSBIBER | NOT ON BUDGET-FINANCE COMMITTEE |
| GRAEBNER      | Y                               | HIGMAN   | NOT ON BUDGET-FINANCE COMMITTEE |
| JEFFERSON     | Y                               | KING     | N/A                             |
| SCOTT         | N/A                             | STRONG   | Y                               |
| UDOW-PHILLIPS | Y                               | WALKER   | NOT ON BUDGET-FINANCE COMMITTEE |

**MOTION CARRIED**

- VIII. Regional Finance Update
- N. Phelps presented the Regional Finance Update to the committee.

- PIHP did approve their budget recently and there will be a budget amendment for CMH coming soon.

IX. Old Business

- CCBHC Update
  - T. Cortes, T. Florence, M. Harding, and N. Phelps presented an update on the CCBHC.
  - This CCBHC presentation will be sent out to the board and committee after this meeting and will be included in the board packet for September.

R. Jefferson joined the meeting at 1:31pm.

X. New Business

- October Committee meetings cancelled
  - Due to a County holiday on October 11<sup>th</sup> the WCCMH Committee meetings have been cancelled.
- Program Education Presentation-Wraparound and SED Waiver (Attachment #4)
  - Due to time issues, this will be brought to the next Program-Quality Committee.

XI. Items for Future Discussions

- Accounts Receivable (Budget-Finance Committee)
- Cost Per Case Comparisons (Budget-Finance 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)
- CCBHC-specifically wanting to know more about how we are positioned on the evidence-based practices they require of CMH/staffing/gaps (Program-Quality Committee)
- Program Education Presentation-Wraparound and SED Waiver (Program-Quality Committee-November)

**MOTION BY D. STRONG, SUPPORTED BY R. JEFFERSON TO ADJOURN THE BUDGET-FINANCE AND PROGRAM-QUALITY COMBINED COMMITTEE MEETING.**

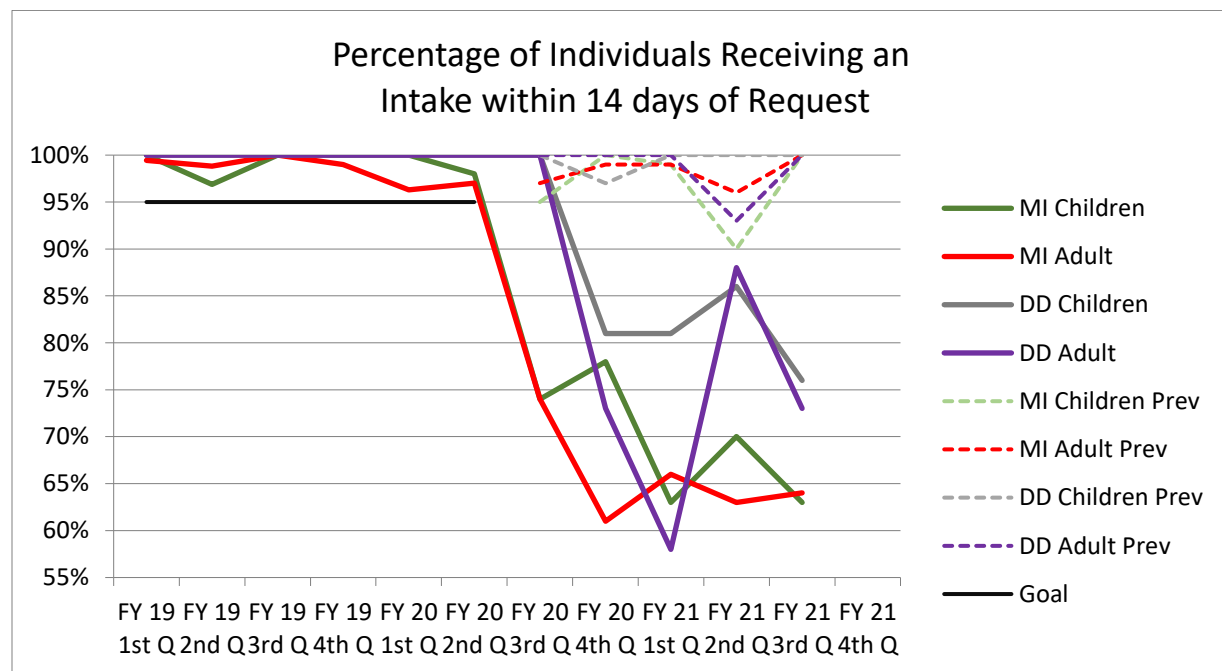
XII. Meeting adjourned at 2:31 pm.

**Program and Quality Board Committee**  
**Dashboard Data FY 2021 3rd Qtr (April - June 2021)**

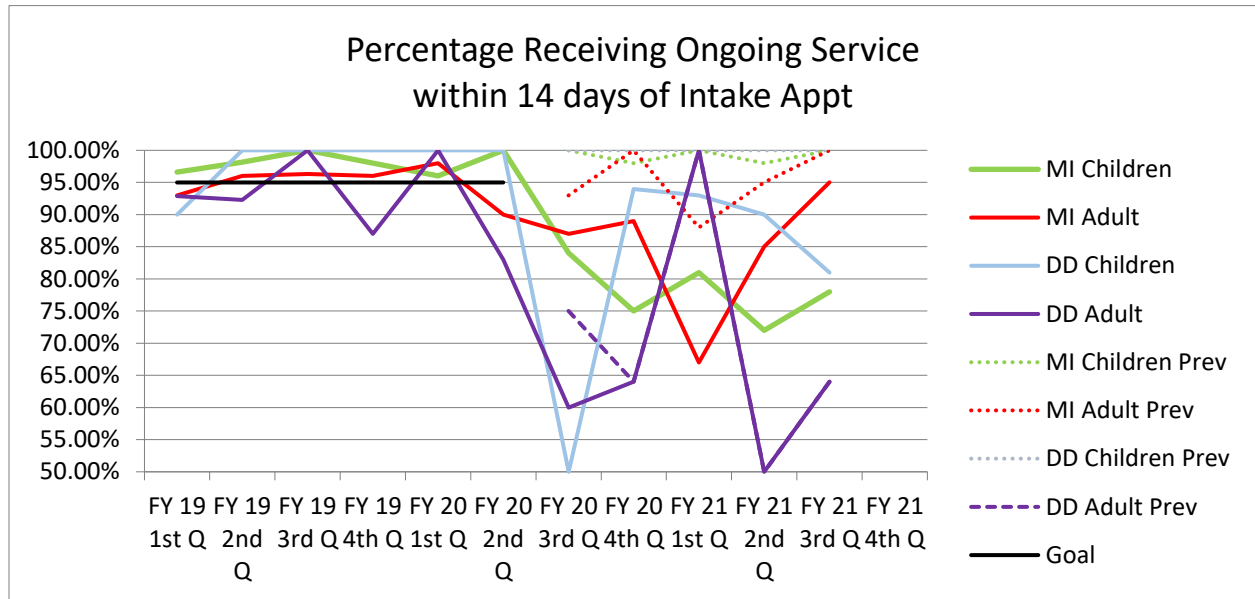
As of April 1 2020, the Michigan Department of Health and Human Service (MDHHS) changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

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.

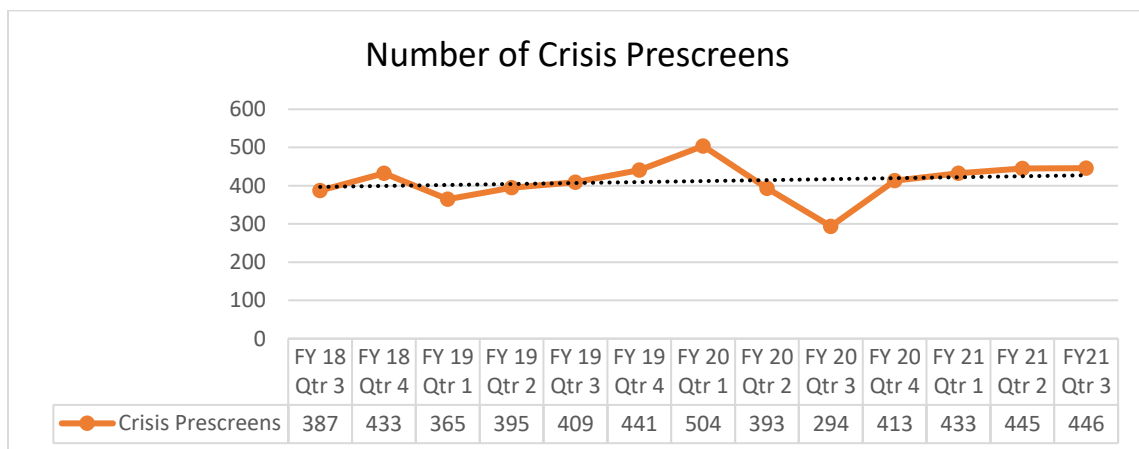
The “dashed lines” indicate where our compliance would have been under previous definitions. The data points are detailed in the tables below the graphs.



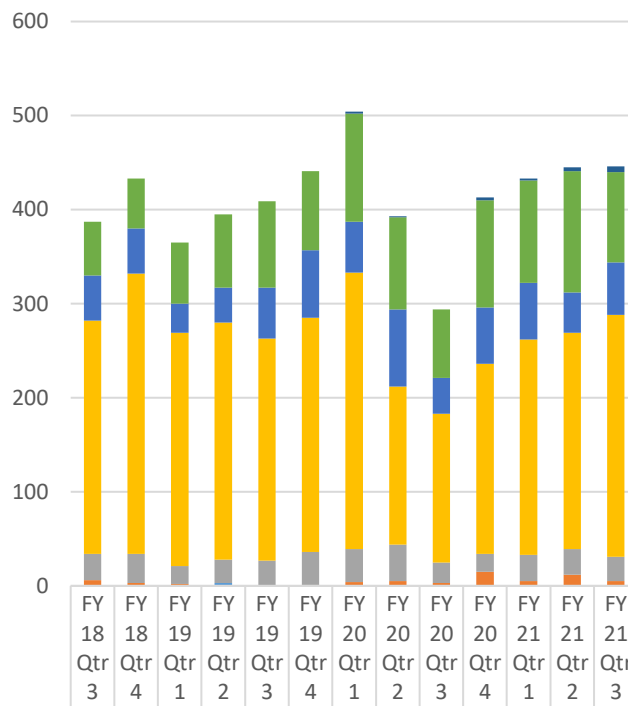
| FY 21 3rd Qtr Intake Appt within 14 days Detail |                                           |                                                  |                                    |                                                                                                           |                                           |                                          |
|-------------------------------------------------|-------------------------------------------|--------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------|
| 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                                        | 113                                       | 71                                               | 42                                 | 42                                                                                                        | 63%                                       | 100%                                     |
| MI Adult                                        | 169                                       | 108                                              | 61                                 | 61                                                                                                        | 64%                                       | 100%                                     |
| DD Child                                        | 33                                        | 25                                               | 8                                  | 8                                                                                                         | 76%                                       | 100%                                     |
| DD Adult                                        | 15                                        | 11                                               | 4                                  | 4                                                                                                         | 73%                                       | 100%                                     |



| FY 21 3rd 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                             | 68                                    | 53                                                                       | 15                                 | 15                                                                                                      | 78%                                    | 100%                                        |
| MI Adult                             | 98                                    | 93                                                                       | 5                                  | 4                                                                                                       | 95%                                    | 99%                                         |
| DD Child                             | 31                                    | 25                                                                       | 6                                  | 5                                                                                                       | 81%                                    | 100%                                        |
| DD Adult                             | 11                                    | 7                                                                        | 4                                  | 4                                                                                                       | 64%                                    | 63%                                         |

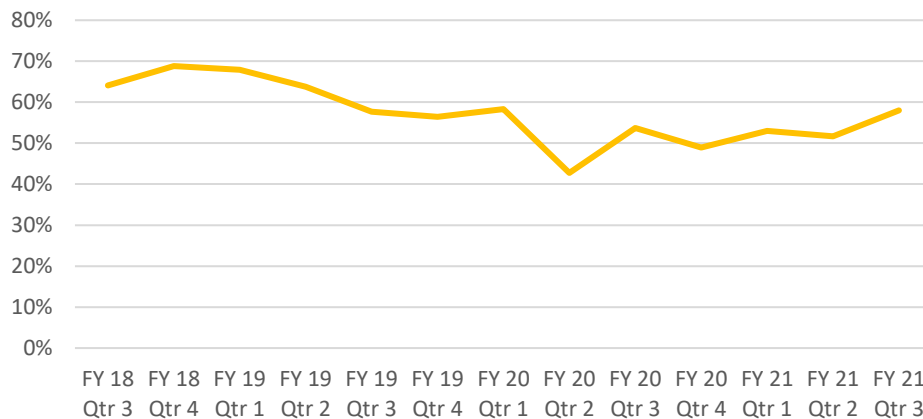


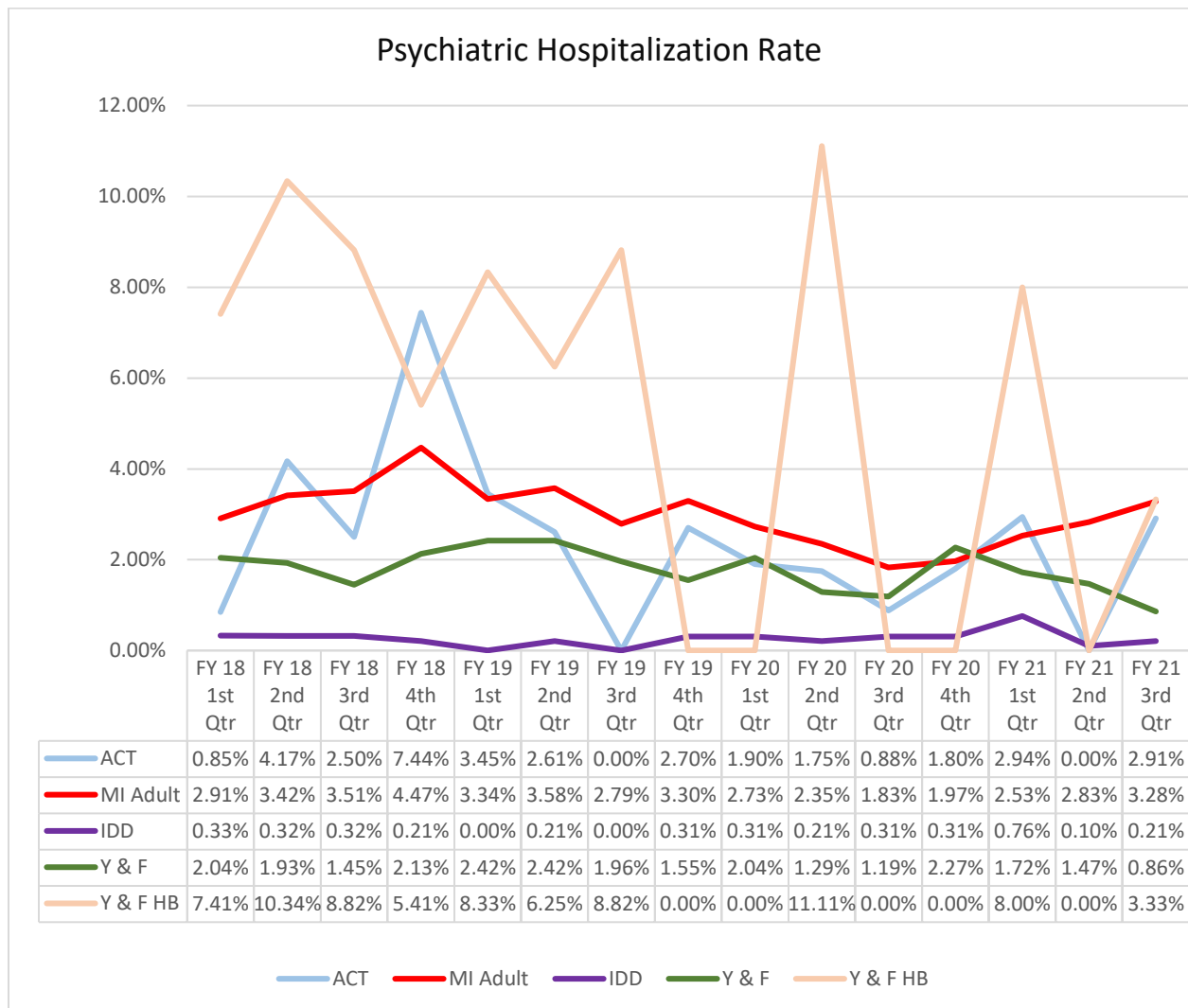
### Prescreen Dispositions



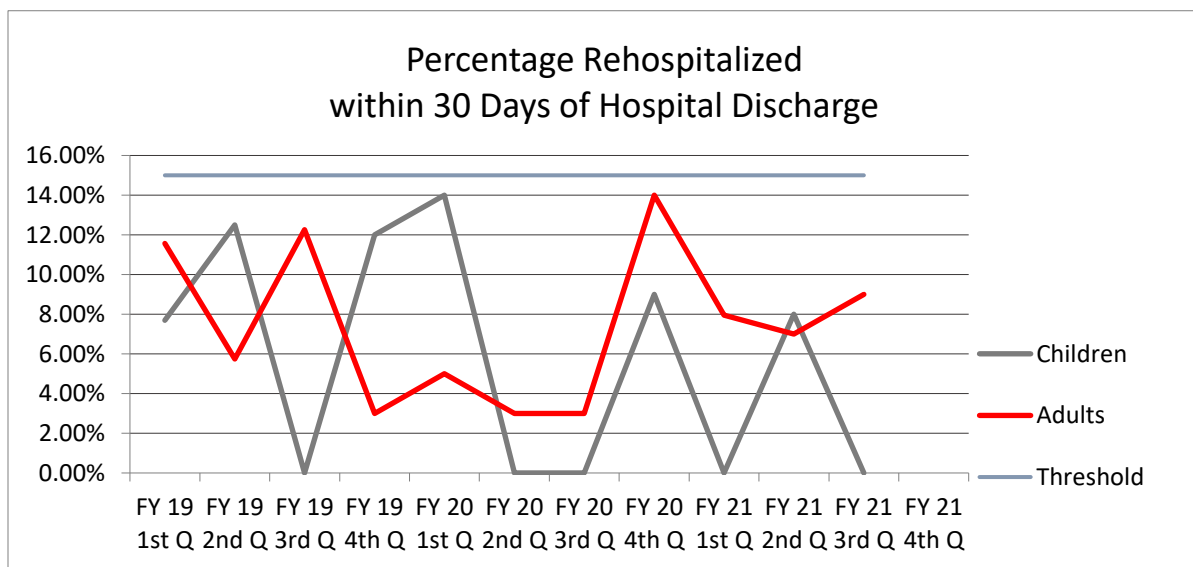
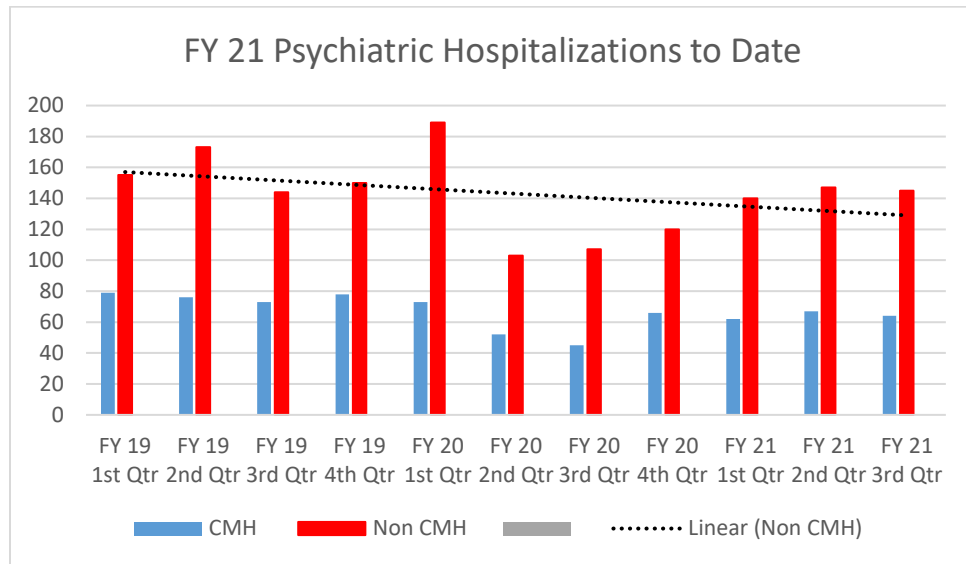
|                              |     |     |     |     |     |     |     |     |     |     |     |     |     |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Blank                        |     |     |     |     |     |     | 2   | 1   |     | 3   | 2   | 4   | 6   |
| Partial Hospitalization      | 57  | 53  | 65  | 78  | 92  | 84  | 115 | 98  | 73  | 114 | 109 | 129 | 96  |
| Outpatient/ Support Services | 48  | 48  | 31  | 37  | 54  | 72  | 54  | 82  | 38  | 60  | 60  | 43  | 56  |
| Inpatient Admission          | 248 | 298 | 248 | 252 | 236 | 249 | 294 | 168 | 158 | 202 | 229 | 230 | 257 |
| Crisis Residential           | 28  | 31  | 19  | 25  | 27  | 35  | 35  | 39  | 22  | 19  | 28  | 27  | 26  |
| Crisis Outreach              | 6   | 3   | 1   |     |     | 1   | 4   | 5   | 3   | 15  | 5   | 12  | 5   |
| Admission & Discharge Plan   | 0   | 0   | 1   | 3   |     |     |     |     |     |     |     |     |     |

### % Prescreens with Disposition Psychiatric Hospitalization

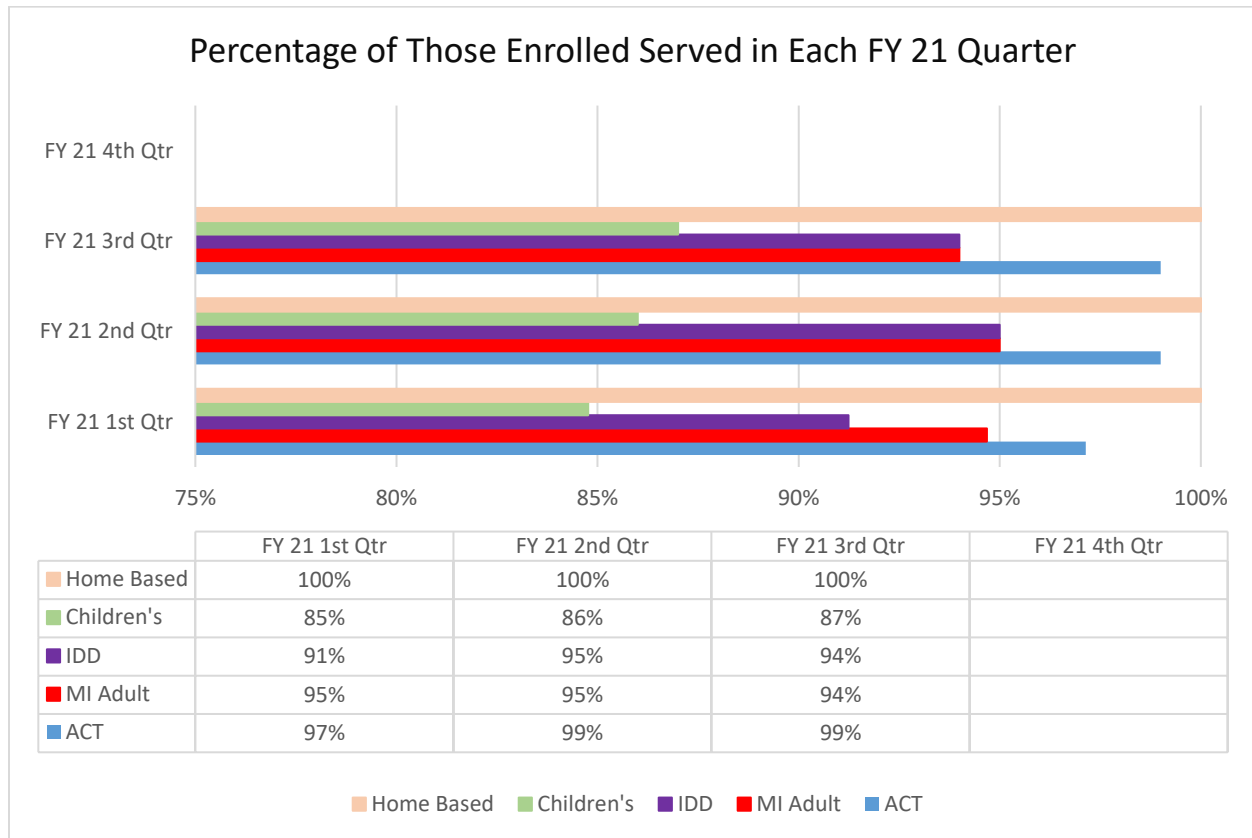




| FY 21 3rd Qtr Detail Hospitalizations |               |                                          |                             |
|---------------------------------------|---------------|------------------------------------------|-----------------------------|
| Program                               | Number Served | Number Hospitalized<br>(Multiple Admits) | % Consumers<br>Hospitalized |
| ACT                                   | 103           | 3 (0)                                    | 2.91%                       |
| MI Adult                              | 1583          | 52 (13)                                  | 3.28%                       |
| IDD                                   | 956           | 2 (1)                                    | 0.21%                       |
| Y & F                                 | 701           | 6 (0)                                    | 0.86%                       |
| Y & F Home Based                      | 30            | 1 (1)                                    | 3.33%                       |



| FY 21 3rd Qtr Detail Readmit within 30 days of Discharge |                                       |                                          |           |
|----------------------------------------------------------|---------------------------------------|------------------------------------------|-----------|
| Population                                               | # Discharged and Core Team Assignment | # Readmitted within 30 days of Discharge | % Readmit |
| Child                                                    | 18                                    | 0                                        | 0%        |
| Adult                                                    | 100                                   | 9                                        | 9%        |



#### Critical Event Data Reported Thru Qtr 3 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 |
|-------------|---------------|-----------------------------|-------|
| Qtr 1       | 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    |
| Qtr 2       | Children’s    | Non Suicide Death           | 1     |
|             | IDD           | Non Suicide Death           | 6     |
|             | Adult MI      | Non Suicide Death           | 9     |
| Qtr 2 Total |               |                             | 16    |
| Qtr 3       | DD Adult      | Non Suicide Death           | 6     |
|             | MI Adult      | Non Suicide Death           | 7     |
|             |               | Suicide Death               | 1     |
| Qtr 3 Total |               |                             | 14    |

**Mortality Data Thru Qtr 3 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 |
|-----------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Aspiration Pneumonia        |                        |                        |                        | 1                      | 2                      | 2                      |
| Cancer                      | 10                     | 10                     | 8                      | 9                      | 7                      | 9                      |
| Cardiovascular              | 16                     | 8                      | 13                     | 14                     | 14                     | 5                      |
| Dehydration                 |                        |                        | 1                      |                        |                        |                        |
| Drug Abuse                  | 8                      | 6                      | 12                     | 5                      | 8                      | 2                      |
| Endocrine System (Diabetes) |                        |                        |                        |                        |                        | 1                      |
| Environmental Hypothermia   |                        |                        |                        | 1                      |                        |                        |
| Gastrointestinal            | 1                      |                        |                        |                        | 3                      | 1                      |
| Hip Fracture Complications  |                        |                        | 1                      |                        |                        |                        |
| Homicide                    |                        | 1                      | 3                      |                        |                        |                        |
| Inanition                   |                        |                        |                        |                        | 2                      |                        |
| Infection                   |                        |                        |                        |                        | 4                      | 5 (4 - COVID 19)       |
| Kidney Disease              | 2                      | 1                      | 1                      |                        | 1                      |                        |
| Liver Disease               |                        | 1                      | 2                      |                        | 2                      | 3                      |
| Metabolic                   |                        |                        |                        | 1                      |                        |                        |
| Muscular Dystrophy          | 1                      |                        |                        |                        |                        |                        |
| Natural/Other               |                        | 3                      | 1                      |                        |                        |                        |
| Neurological                | 5                      | 2                      | 2                      | 1                      | 3                      | 5                      |
| Respiratory                 | 6                      | 4                      | 5                      | 9                      | 10                     | 4                      |
| Sturge Weber Syndrome       | 1                      |                        |                        |                        |                        |                        |
| Suicide                     | 2                      | 3                      | 2                      | 2                      | 5                      | 2                      |
| Trauma                      | 1                      |                        | 1                      | 2                      |                        | 2                      |
| Unknown                     | 5                      | 3                      | 9                      | 10                     | 8                      | 8                      |
| <b>Grand Total</b>          | <b>58</b>              | <b>47</b>              | <b>65</b>              | <b>55</b>              | <b>67</b>              | <b>49</b>              |

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