Mission: To promote hope, recovery, resilience and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH)
QUALITY-FINANCE COMMITTEE 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/91306263998
February 9, 2026
2:30-3:30 pm

I. Roll Call (1 minute)

II. Introductions (1 minute)

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

IV. Budget-Finance Committee Meeting Minutes (3 minutes) **ACTION**
- Quality-Finance Committee Meeting Minutes and Actions from 12/8/25 (Attachment #1)

V. Financial Status Report (5 minutes)
- Financial Status Report (Attachment #2) **N. Phelps ACTION**

VI. Contracts and Leases (5 minutes)
- Contracts and Leases (Attachment #3) **M. Taylor ACTION**

VII. Executive Director Authorizations (5 minutes)
- None

VIII. Regional Finance Update (5 minutes)

IX. Old Business (10 minutes)
- CCBHC Direct Payment
- PIHP Procurement Update

X. New Business (15 minutes)
- 4th Quarter Dashboard (Attachment #4) **L. Higle T. Florence ACTION**
- Office of Recipient Rights Annual Report (Attachment #5) **K. Snay ACTION**

XI. Items for Future Discussions (5 minutes)
- Accounts Receivable

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 and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

XII. Adjournment of Public Meeting (Next Quality-Finance Committee Meeting: April 13, 2026)

VIRTUAL MEETING LINK IS:

Join from PC, Mac, iPad, or Android:
https://zoom.us/j/91306263998

Phone one-tap:
+16465189805, 91306263998# US (New York)
19292056099, 91306263998# US +(New York)

Join via audio:
+1 646 518 9805 US (New York)
+1 929 205 6099 US (New York)
+1 267 831 0333 US (Philadelphia)
+1 312 626 6799 US (Chicago)

Webinar ID: 913 0626 3998

International numbers available:
https://zoom.us/u/apwmW1bpx

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 QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

December 8, 2025
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/91258036655 (virtual)
2:30-3:30 pm

ROLL CALL:	A. Dusbiber attending H. Heaviland attending in person B. Higman attending in person M. Udow-Phillips attending in person
MEMBERS ABSENT:	S. Petty, M. Tolstyka
STAFF PRESENT:	T. Cortes, M. Harding, S. Ray, N. Phelps, L. Gentz, R. Avedisian, K. Snay, M. Taylor, T. Florence, E. Montgomery
OTHERS PRESENT:	Laurie Lutomski, T. Gavalier

NO QUORUM

M. Udow-Phillips called the meeting to order at 2:33 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 10/6/25 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 10/6/25, were included for Committee review, minutes were approved at the 10/24/25 WCCMH Board meeting.

V. Financial Status Report
- No report fiscal year transition

VI. Contracts and Leases
- None

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update
- Rate Setting
  - T. Cortes provided an update on the status of the rate setting to the Committee.

IX. Old Business
- CCBHC Direct Payment

DRAFT

- T. Cortes and N. Phelps updated the Committee on progress being made regarding the CCBHC Direct Payment processes.

- PIHP Procurement Update
  - T. Cortes provided an update on the PIHP Procurement to the Committee.

X. New Business
- 3rd Quarter Dashboard
  - K. Snay and T. Florence presented the 3rd Quarter Dashboard to the Committee.

XI. Items for Future Discussions
- Accounts Receivable

MOTION BY H. HEAVILAND TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

XII. Meeting adjourned at 3:17 pm.

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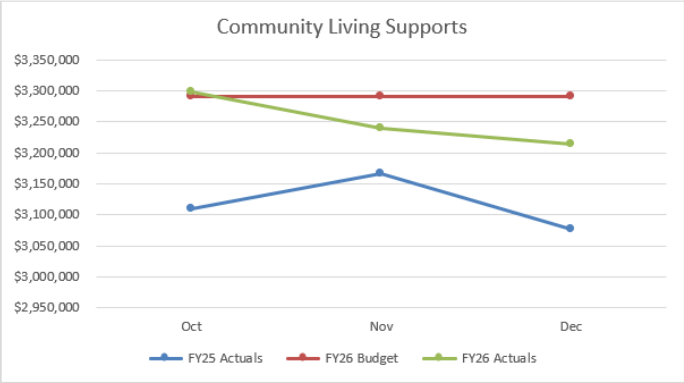
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2026: For the period ending December 31, 2025
Prepared: February 6, 2026

1. Financial Statement Highlights

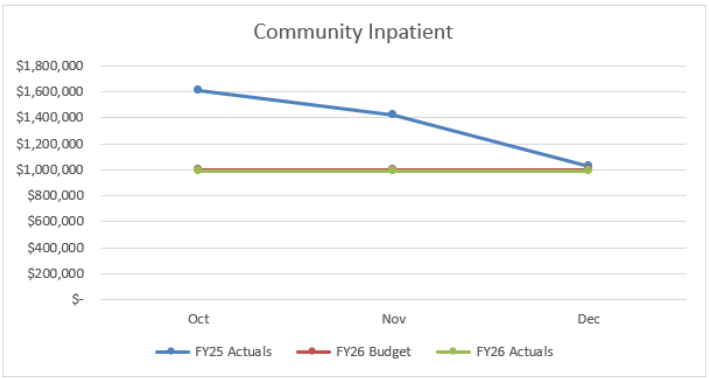
a. CLS service costs to date are estimated to be about $9.7 million and running just slightly under budget through December of FY 2026. The costs year to date are about 4.24% higher than last year at this time.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 3,110,404	$ 3,291,666	$ 3,298,711	6.05%
Nov	3,166,798	3,291,666	3,239,428	4.16%
Dec	3,077,601	3,291,666	3,213,745	4.24%
Jan	3,263,270	3,291,666		
Feb	2,946,981	3,291,666		
Mar	3,333,810	3,291,666		
Apr	3,150,443	3,291,666		
May	3,169,815	3,291,666		
Jun	3,070,142	3,291,666		
Jul	3,464,599	3,291,666		
Aug	3,464,500	3,291,666		
Sep	3,333,080	3,291,666		



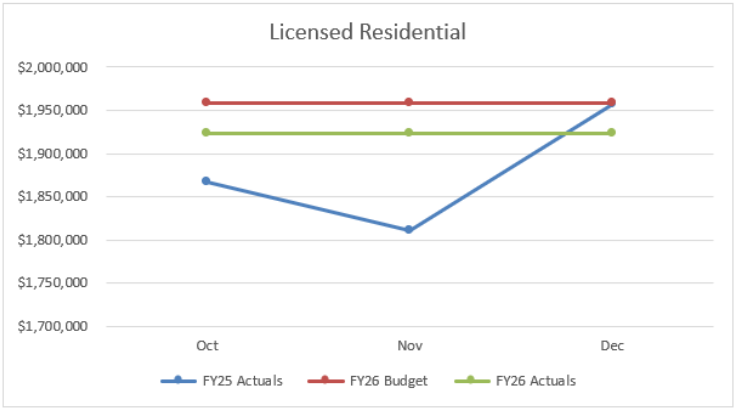
b. Community Inpatient costs to date are $2.9 Million. The costs year to date are lower than this time last year and are slightly under budget.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,605,037	$ 1,000,000	$ 992,634	-38.16%
Nov	1,420,600	1,000,000	992,634	-34.39%
Dec	1,027,322	1,000,000	992,634	-26.53%
Jan	643,501	1,000,000		
Feb	1,207,305	1,000,000		
Mar	631,698	1,000,000		
Apr	631,699	1,000,000		
May	645,000	1,000,000		
Jun	700,000	1,000,000		
Jul	1,029,214	1,000,000		
Aug	1,029,214	1,000,000		
Sep	919,476	1,000,000		



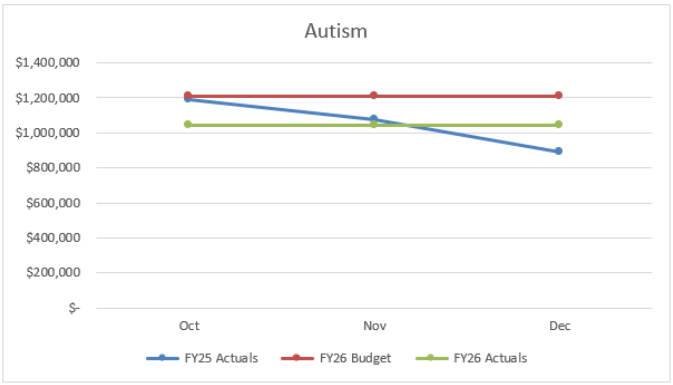
c. Licensed Residential costs to date are $5.7 Million and coming in slightly under budget. The costs year to date are about 2.5% more than this time last year.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,867,597	$ 1,958,333	$ 1,923,967	3.02%
Nov	1,810,965	1,958,333	1,923,967	4.60%
Dec	1,957,547	1,958,333	1,923,967	2.41%
Jan	1,909,077	1,958,333		
Feb	1,763,459	1,958,333		
Mar	1,858,924	1,958,333		
Apr	1,858,924	1,958,333		
May	1,861,729	1,958,333		
Jun	1,861,729	1,958,333		
Jul	1,947,540	1,958,333		
Aug	1,947,540	1,958,333		
Sep	1,876,821	1,958,333		



d. Applied Behavior Analysis/Autism service costs to date are $3.1 Million. The costs year to date are coming in slightly over budget although trending about 1% lower than this time last year.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,190,528	$ 1,208,333	$ 1,040,655	-12.59%
Nov	1,073,749	1,208,333	1,040,655	-8.08%
Dec	891,494	1,208,333	1,040,655	-1.07%
Jan	960,952	1,208,333		
Feb	1,087,528	1,208,333		
Mar	981,454	1,208,333		
Apr	981,454	1,208,333		
May	990,000	1,208,333		
Jun	1,000,000	1,208,333		
Jul	1,045,733	1,208,333		
Aug	1,045,733	1,208,333		
Sep	1,030,499	1,208,333		



e. Internal staffing expenses are coming in line with budget after successful recruitment efforts as well as increased salary/fringe costs.

2. PIHP Revenue Key Points

a. Medicaid capitation and Healthy Michigan Plan revenues are collected from the PIHP.
b. By funding source, Medicaid capitation is showing a surplus of $3.5M through December.
c. By funding source, HMP is showing a deficit of $453k through December.
d. Overall, the PIHP surplus is $3M through December.

3. CCBHC Fee For Service (FFS) Key Points

a. CCBHC is billed to MDHHS on FFS basis.
b. CCBHC program is showing a surplus of $900k through December.

4. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $799,188. The deficit is primarily resulting from CCBHC Non-Medicaid costs as well as covering Medicaid deductibles (spenddowns) for individuals served.

5. Local Key Points

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

b. Local Funds are currently showing even through December.

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

6. Fund Balance

a. The final figures for FY 2025 fund balance are not available yet. At the end of FY 2024, WCCMH has a fund balance of $6,415,570.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
DECEMBER 2025 FYTD

		Total
Medicaid **		
Revenue		
B & 1115i	$	15,594,933
HSW		9,015,753
Behavioral Health Home		172,634
Child Waiver/SED Waiver		268,940
Autism		3,141,664
Prior Year Adjustments		-
Care for Caid		62,597
Total Medicaid Revenue	$	28,256,521
Total Medicaid Expense	$	24,707,433
Medicaid Surplus/(Deficit)	$	3,549,088
CCBHC PIHP Section **		
CCBHC FFS	$	6,880,881
Total CCBHC Revenue	$	6,880,881
CCBHC HMP Expense	$	1,160,693
CCBHC Medicaid Expense		4,821,365
Total CCBHC Expense	$	5,982,058
CCBHC Surplus/(Deficit)	$	898,823
CCBHC Local Section		
GF/Local Redirect	$	751,603
CCBHC Non-Medicaid Expense		751,603
CCBHC Surplus/(Deficit)	$	-
Healthy Michigan **		
Revenue	$	1,741,103
Expense		2,194,697
Healthy MI Surplus/(Deficit)	$	(453,594)
General Fund		
Revenue		
CMH Operations	$	1,149,417
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		(43,724)
Redirect To CCBHC Non-Medicaid		(751,603)
Funding Fr. Other Local Sources		(483,373)
Total General Fund Revenue	$	(129,283)

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
DECEMBER 2025 FYTD

		Total
Total General Fund Expense	$	669,905
General Fund Surplus/(Deficit)	$	(799,188)
Injectable Meds		
Revenue	$	53,570
Expense		12,716
Inj. Meds. Surplus/(Deficit)	$	40,854
Grants And Contracts		
Revenue	$	307,760
Expense		307,760
Grants & Cont. Surplus/(Deficit)	$	-
CMHSP To CMHSP		
Revenue	$	121,671
Redirect to GF		21,278
Expense		142,949
CMHSP to CMHSP Surplus/(Deficit)	$	-
Local		
Revenue	$	284,818
Expense		54,423
Local Surplus/(Deficit)	$	230,395
Private Grant & All NOR		
Revenue	$	18,337
Expense		45,210
Priv. Grant & NOR Surplus/(Deficit)	$	(26,873)
Grand Total		
Revenue	$	39,586,959
Expense		34,868,754
Grand Total Surplus/(Deficit)	$	4,718,206

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	4,035,171
WCCMH Surplus/(Deficit)		(595,666)
	$	3,439,505

Washtenaw County Community Mental Health
Budget to Actuals
For Three Months Ending December 31, 2025

	Current Fiscal Year				
	FY 2026 Budget	FY 2026 Budget YTD	FY 2026 YTD Actuals	YTD Actuals Over/(Under) YTD Budget	% O(U)
Operating Revenue					
PIHP Revenue					
Medicaid Capitation:					
Medicaid (b) & 1115i	$ 62,354,316	$ 15,588,579	$ 15,657,530	$ 68,951	0.44%
HSW	32,526,924	8,131,731	9,015,753	884,022	10.87%
Children & SED Waivers	1,100,446	275,112	268,940	(6,172)	-2.24%
Healthy Michigan Capitation	7,034,236	1,758,559	1,741,103	(17,456)	-0.99%
Autism Capitation	12,347,733	3,086,933	3,141,664	54,731	1.77%
CCBHC FFS	22,713,125	5,678,281	6,880,881	1,202,600	21.18%
Behavioral Health Home	614,907	153,727	172,634	18,907	0.00%
TOTAL PIHP Revenue	$ 138,691,687	$ 34,672,922	$ 36,878,505	$ 2,205,583	6.36%
MDHHS Revenue					
State General Funds	$ 4,461,704	$ 1,115,426	$ 1,149,417	$ 33,991	3.05%
Grants & Earned Contracts	2,392,867	598,217	307,760	(290,457)	-48.55%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 437,940	$ 284,818	$ (153,122)	-34.96%
Project Revenue	950,000	237,500	175,240	(62,260)	-26.21%
All Other	2,024,358	506,090	487,481	(18,609)	-3.68%
TOTAL Operating Revenue	**$ 150,272,377**	**$ 37,568,094**	**$ 39,283,221**	**$ 1,715,127**	4.57%
Operating Expenses					
Administrative Expenses					
General Administration	$ 9,165,000	$ 2,291,250	$ 1,983,270	$ (307,980)	-13.44%
Program Administration	4,750,000	1,187,500	939,131	(248,369)	-20.92%
Residential Services					
Community Living Supports	$ 39,500,000	$ 9,875,000	$ 9,751,833	$ (123,167)	-1.25%
Licensed Residential	23,500,000	5,875,000	5,771,901	(103,099)	-1.75%
Outpatient Services					
Autism Services	$ 14,500,000	$ 3,625,000	$ 3,121,965	$ (503,035)	-13.88%
Case Management	6,850,000	1,712,500	1,578,155	(134,345)	-7.84%
Supports Coordination	3,950,000	987,500	817,263	(170,237)	-17.24%
Skill Building	4,950,000	1,237,500	1,041,070	(196,430)	-15.87%
Supported Employment	2,050,000	512,500	488,826	(23,674)	-4.62%
Psychiatry	5,700,000	1,425,000	1,312,844	(112,156)	-7.87%
Nursing Services	3,100,000	775,000	694,870	(80,130)	-10.34%
Therapy Services	3,350,000	837,500	753,290	(84,210)	-10.05%
All Other	13,354,510	3,338,628	3,025,519	(313,109)	-9.38%
Other Expenses					
Community Inpatient	$ 12,000,000	$ 3,000,000	$ 2,977,902	$ (22,098)	-0.74%
Local Matches & Shelter	1,160,000	290,000	303,155	13,155	4.54%
Grants & Earned Contracts	2,392,867	598,217	307,760	(290,457)	-48.55%
TOTAL Operating Expenses	**$ 150,272,377**	**$ 37,568,094**	**$ 34,868,754**	**$ (2,699,340)**	-7.19%
Revenue Over/(Under) Expenses	-	-	4,414,467	4,414,467	

Washtenaw County Community Mental Health
Budget to Actuals
For Three Months Ending Decemver 31, 2025

	Prior Year Comparison			
	FY 2026 YTD Actuals	FY 2025 Prior YTD Actuals	YTD Actuals Over/(Under) Prior YTD Actuals	% O(U)
Operating Revenue				
PIHP Revenue				
Medicaid Capitation:				
Medicaid (b) & 1115i	$ 15,657,530	$ 13,637,500	$ 2,020,030	14.81%
HSW	9,015,753	8,791,648	224,105	2.55%
Children & SED Waivers	268,940	270,881	(1,941)	-0.72%
Healthy Michigan Capitation	1,741,103	1,968,528	(227,425)	-11.55%
Autism Capitation	3,141,664	1,995,038	1,146,626	57.47%
CCBHC FFS	6,880,881	2,284,375	4,596,506	0.00%
CCBHC Supplementary	-	5,139,792	-	0.00%
Behavioral Health Home	172,634	153,492	19,142	0.00%
TOTAL PIHP Revenue	$ 36,878,505	$ 34,241,254	$ 2,637,251	7.70%
MDHHS Revenue				
State General Funds	$ 1,149,417	$ 1,149,417	$ -	0.00%
Grants & Earned Contracts	307,760	562,840	(255,080)	-45.32%
All Other Revenue				
County Appropriation	$ 284,818	$ 214,396	$ 70,422	32.85%
Project Revenue	175,240	122,843	52,397	42.65%
All Other	487,481	872,186	(384,705)	-44.11%
TOTAL Operating Revenue	**$ 39,283,221**	**$ 37,162,936**	**$ 2,120,285**	5.71%
Operating Expenses				
Administrative Expenses				
General Administration	$ 1,983,270	$ 2,077,359	$ (94,089)	-4.53%
Program Administration	939,131	1,193,057	(253,926)	-21.28%
Residential Services				
Community Living Supports	$ 9,751,833	$ 9,295,689	$ 456,144	4.91%
Licensed Residential	5,771,901	5,628,522	143,379	2.55%
Outpatient Services				
Autism Services	$ 3,121,965	$ 3,059,981	$ 61,984	2.03%
Case Management	1,578,155	1,725,519	(147,364)	-8.54%
Supports Coordination	817,263	878,974	(61,711)	-7.02%
Skill Building	1,041,070	1,072,895	(31,825)	-2.97%
Supported Employment	488,826	389,112	99,714	25.63%
Psychiatry	1,312,844	1,208,841	104,003	8.60%
Nursing Services	694,870	837,670	(142,800)	-17.05%
Therapy Services	753,290	784,885	(31,595)	-4.03%
All Other	3,025,519	2,689,697	335,822	12.49%
Other Expenses				
Community Inpatient	$ 2,977,902	$ 4,037,708	$ (1,059,806)	-26.25%
Local Matches & Shelter	303,155	234,076	69,079	29.51%
Grants & Earned Contracts	307,760	543,380	(235,620)	-43.36%
TOTAL Operating Expenses	**$ 34,868,754**	**$ 35,657,365**	**$ (788,611)**	-2.21%
Revenue Over/(Under) Expenses	4,414,467	1,505,571	2,908,896	

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

BACKGROUND:

1. Elite III: provides Specialized Licensed Residential services.
2. Brightwell Behavioral Health: provides Psychiatric Inpatient Services.
3. Brightwell @ McLaren Campus: provides Psychiatric Inpatient Services.

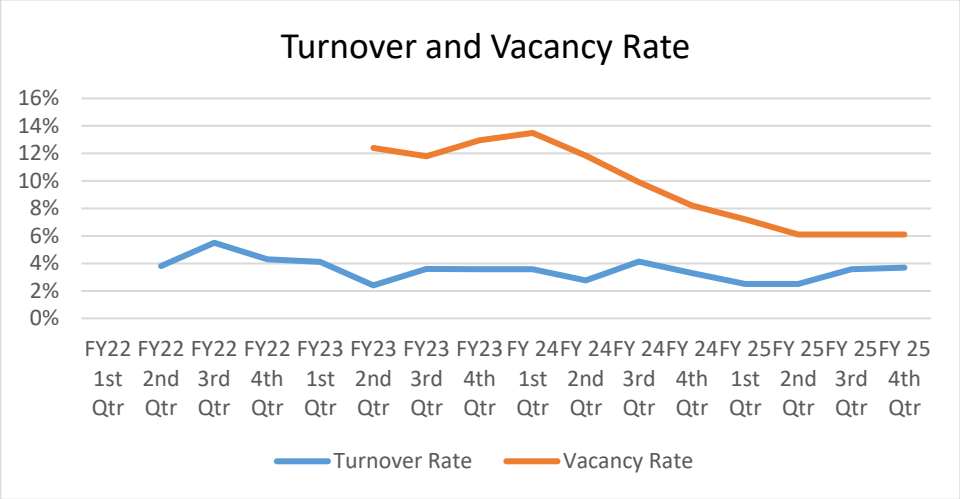
Service Contracts

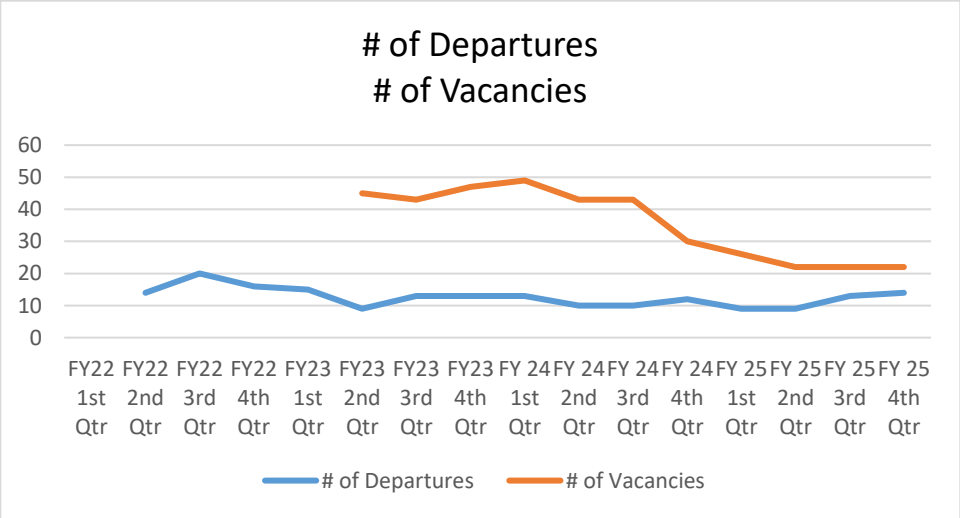
Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Elite III	Medicaid	As Authorized	January 15, 2026-September 30, 2026	Specialized Licensed Residential Services
2. Brightwell Behavioral Health	Medicaid	As Authorized	February 1, 2026-September 30, 2026	Psychiatric Inpatient Services
3. Brightwell @ McLaren Campus	Medicaid	As Authorized	February 1, 2026-September 30, 2026	Psychiatric Inpatient Services

Quality-Finance Board Committee
Performance Improvement Dashboard
4th Qtr Data FY 2025 (July - Sept)

4th quarter Human Resources
Turnover Rate:
3.86%
14 staff left the organization with 363 active positions

Vacancy Rate:
6.1%
22 vacancies with 363 active positions

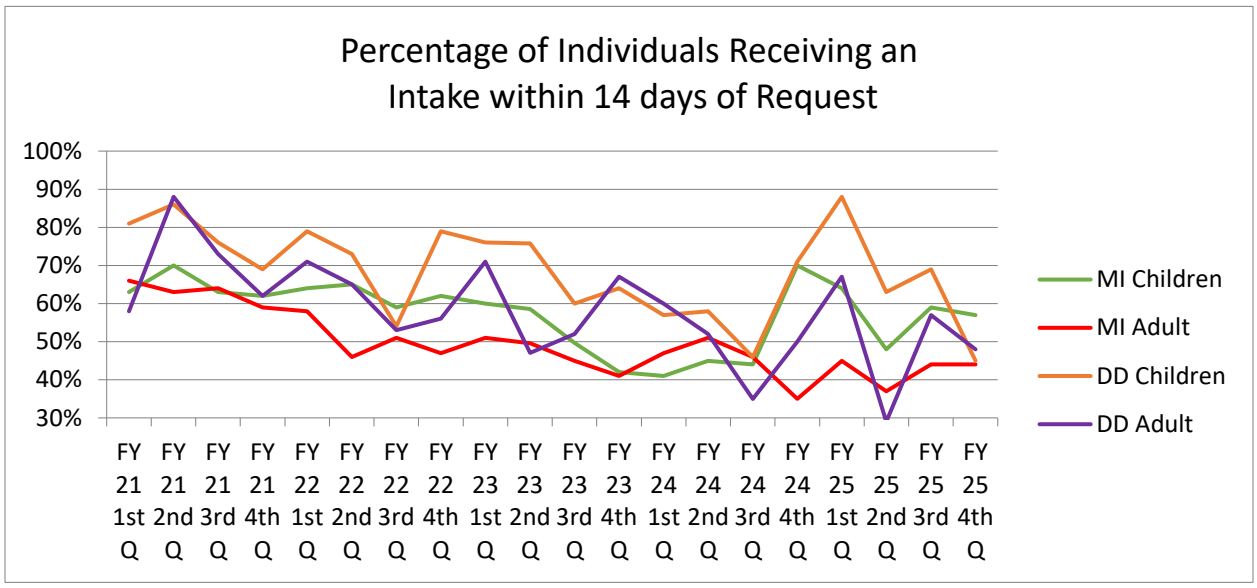




Michigan Department of Health and Human Services (MDHHS) Performance Indicators:
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

The major change in the operational definition did not allow accounting for consumer choice. 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".

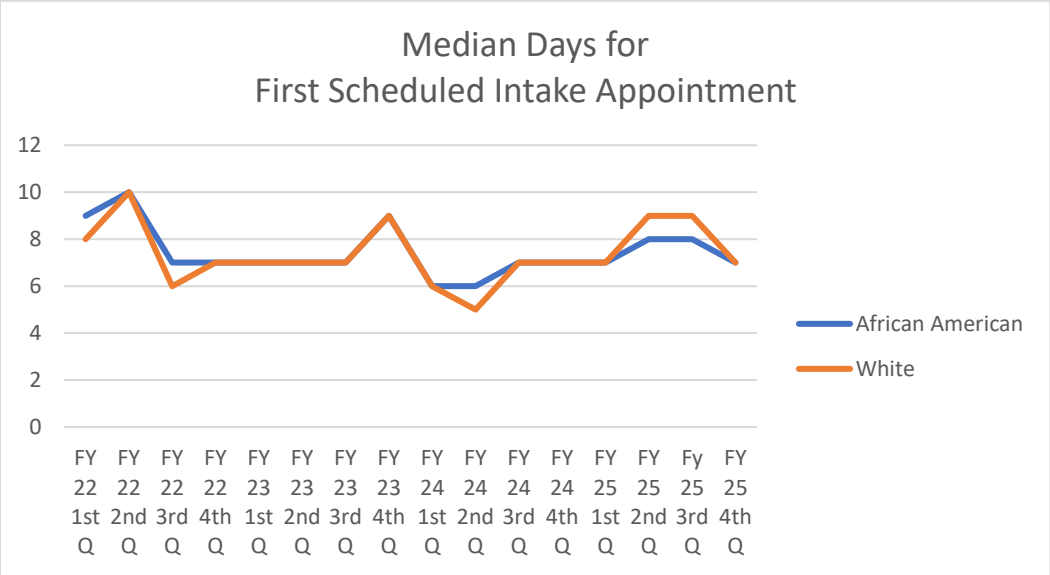
For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th percentile for the indicators are 62% and 83.8% respectively.



FY 25 4th 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	112	64	48	47	57%	98%
MI Adult	539	237	301	289	44%	95%
DD Child	51	36	15	15	71%	97%
DD Adult	22	10	12	11	45%	91%

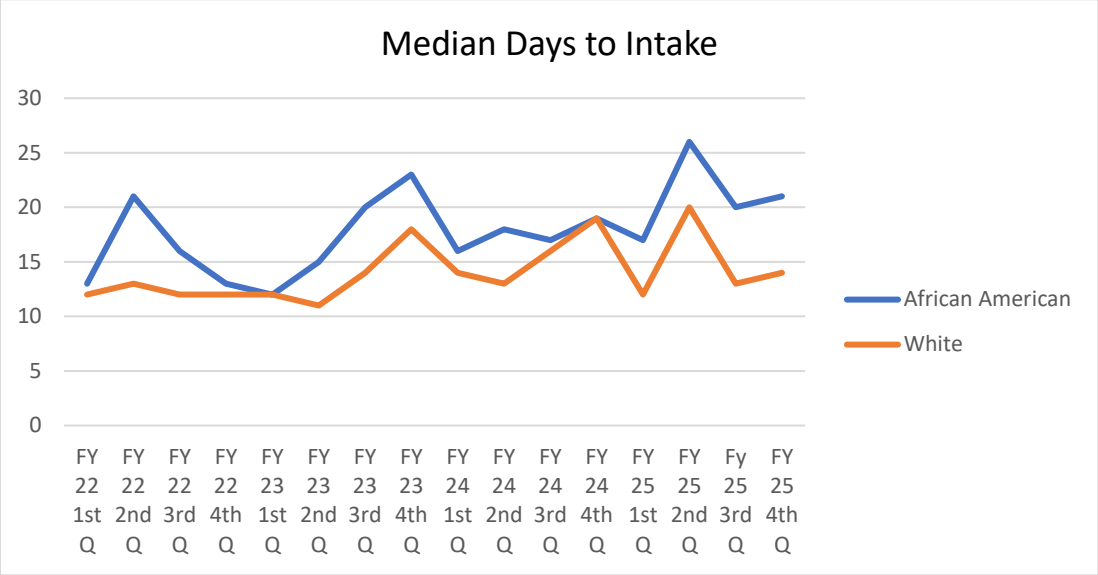
Recently the PIHP responded to a request for data graphs to help understand the dataset comparing the number of days from request for service to the first scheduled BPS date and the number of days from the request for service to the the actual BPS date. The median number of days was identified for both datapoints.

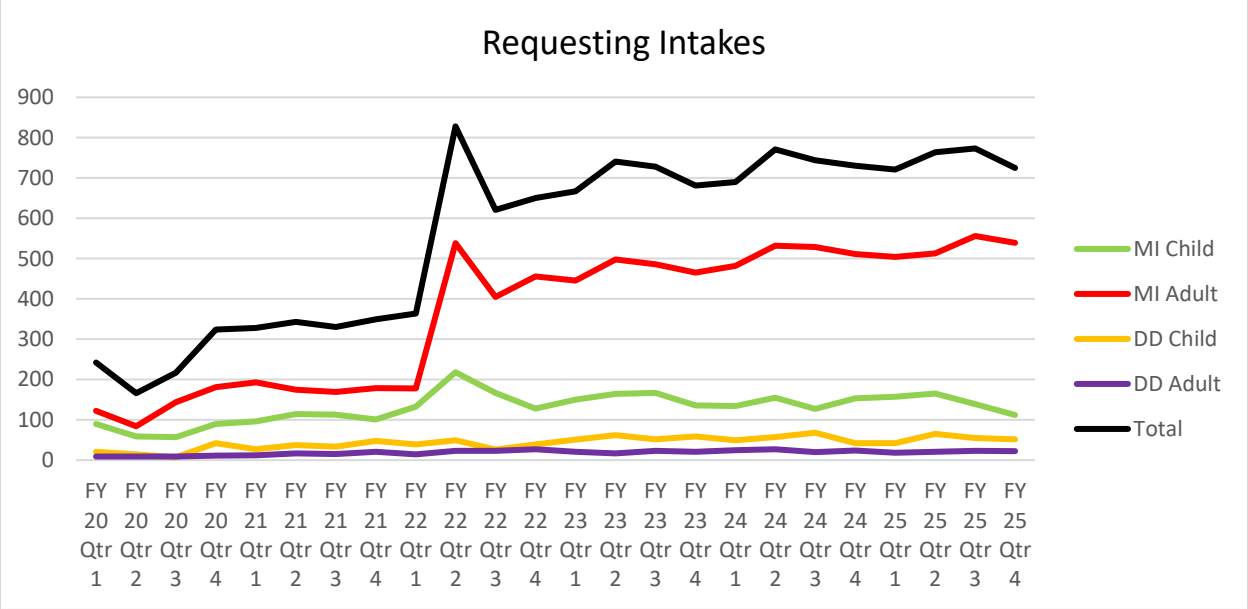
Below are graphs for Washtenaw's data relative to the scheduling and occurrence of the Intake Appointment. The first graph identifies the median between the request for service and the first scheduled BPS date for both white (blue line) and black populations (red line).

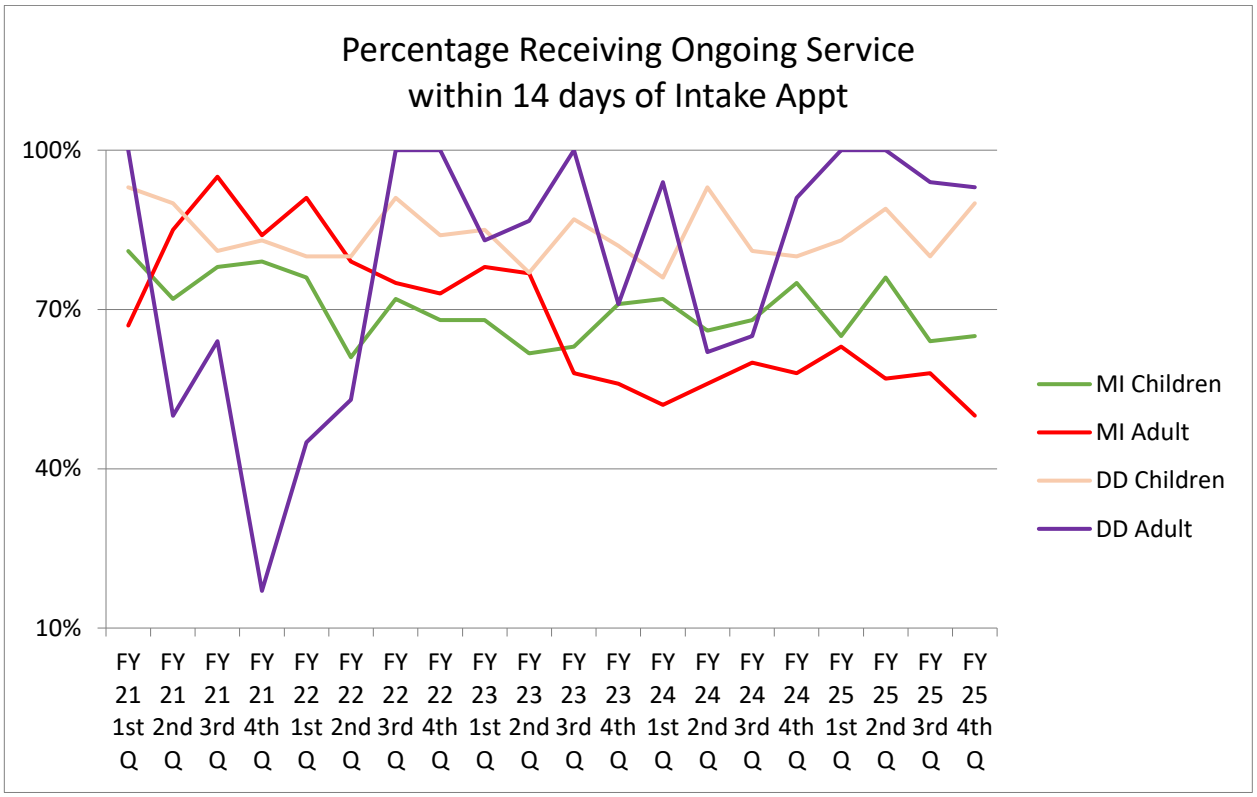


Consumers can have their first appointment scheduled and then can no show, call to reschedule, or call to cancel. The first graph shows the median to the first appointment scheduled which are very impressive medians for Washtenaw. Each of those datapoints reflect a number where the dataset is 50% below (as well

as 50% above) confirming our Access department tries very hard to schedule people quickly. We know that a large number of consumers end up receiving their intake/ BPS outside of 14 days. The graph below identifies the median number of days from the request for service to the actual BPS for the same populations and legend.



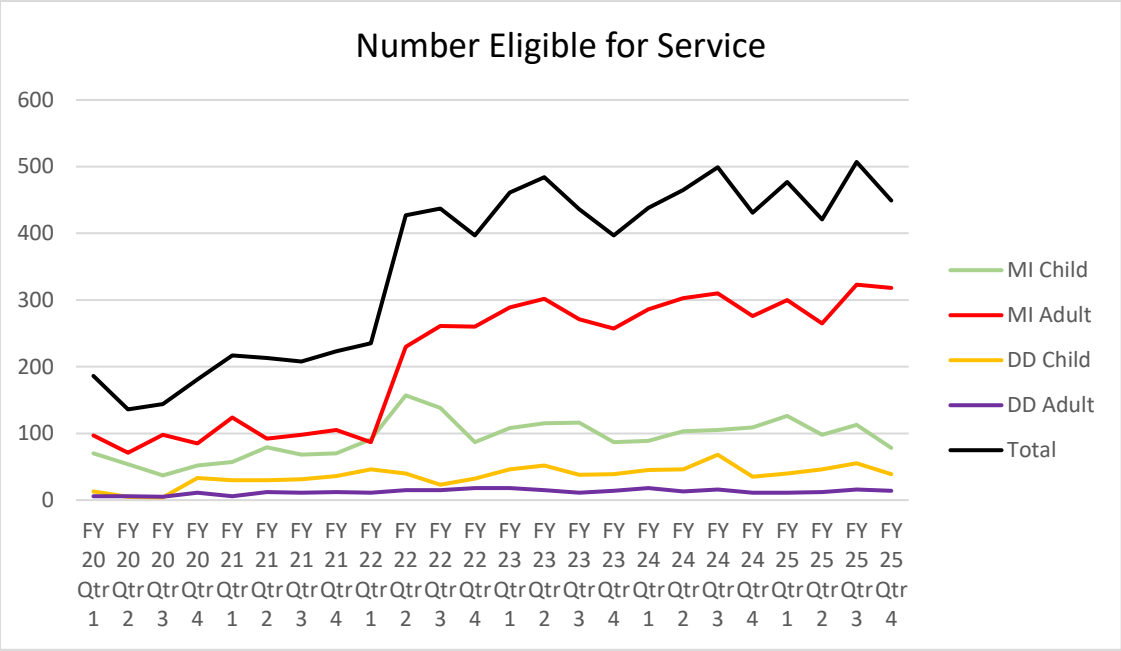


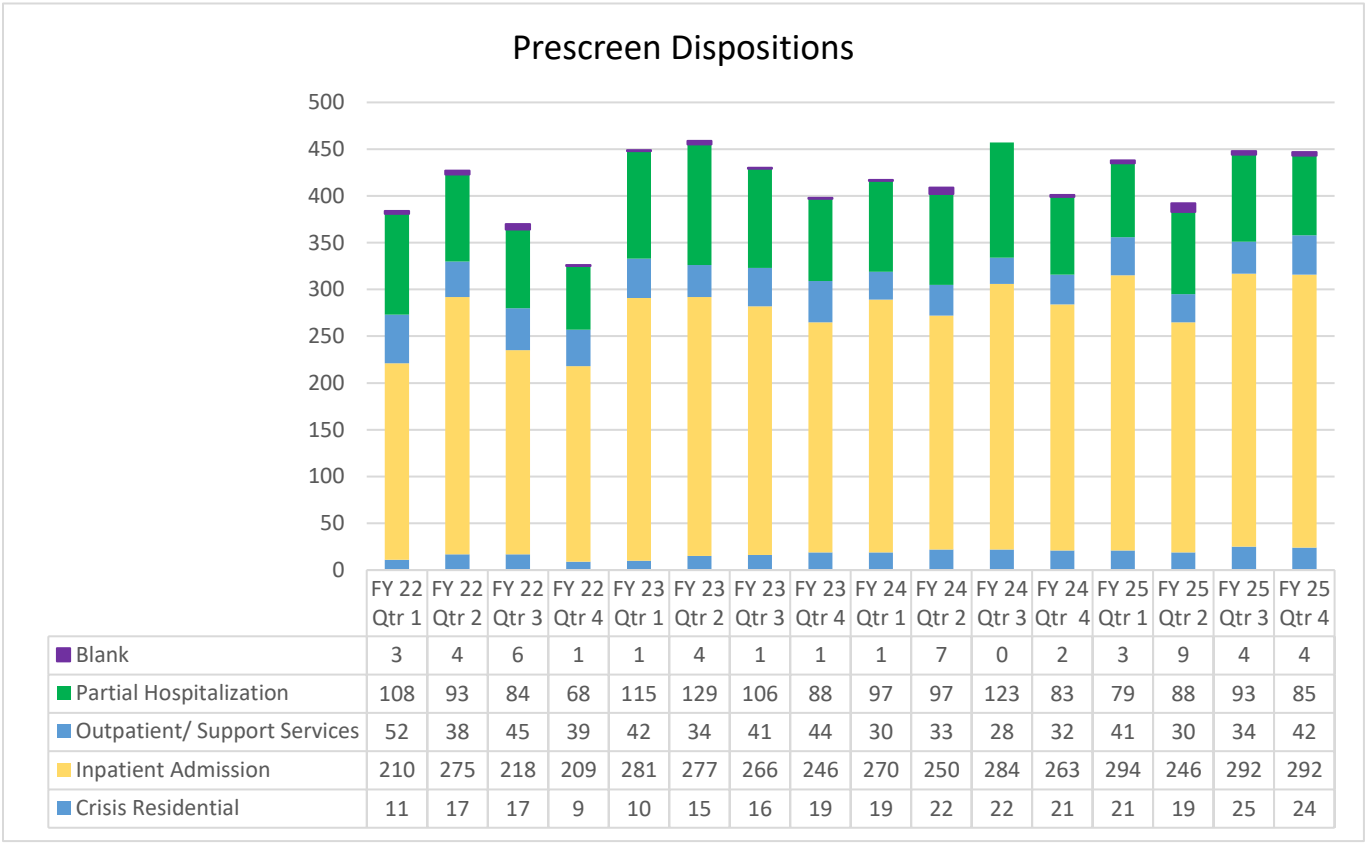


FY 25 4th Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled, Requested >14 days or chose to go elsewhere)- used to be removed from the denominator	Percent Compliant under new definition	Percent Compliant under previous definition
MI Child	78	51	27	26	65%	98%
MI Adult	318	160	158	138	50%	89%
DD Child	39	35	4	3	90%	97%
DD Adult	14	13	1	0	93%	93%

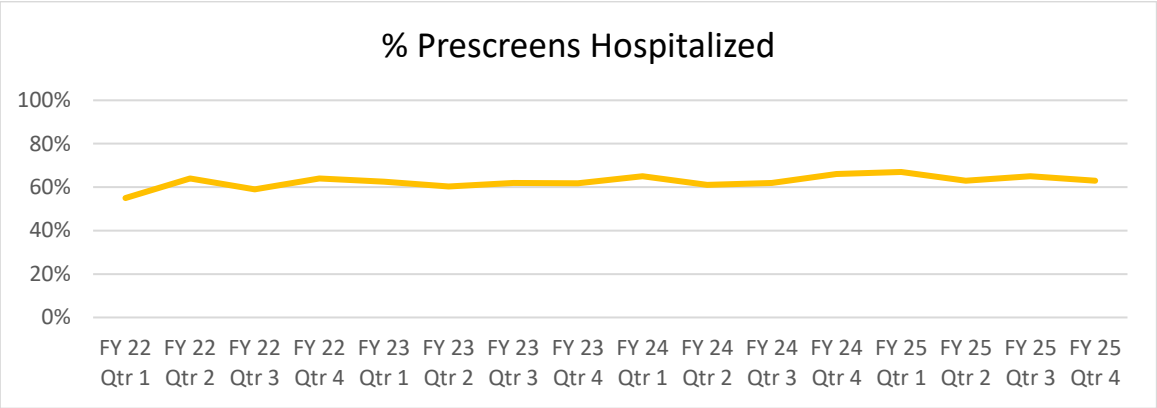
*We have found some individuals who attend their BPS appointment and are found eligible, do not wish to pursue our services. We share other resources with them. These cases still count as out of compliance. The breakdown of these numbers are listed below.

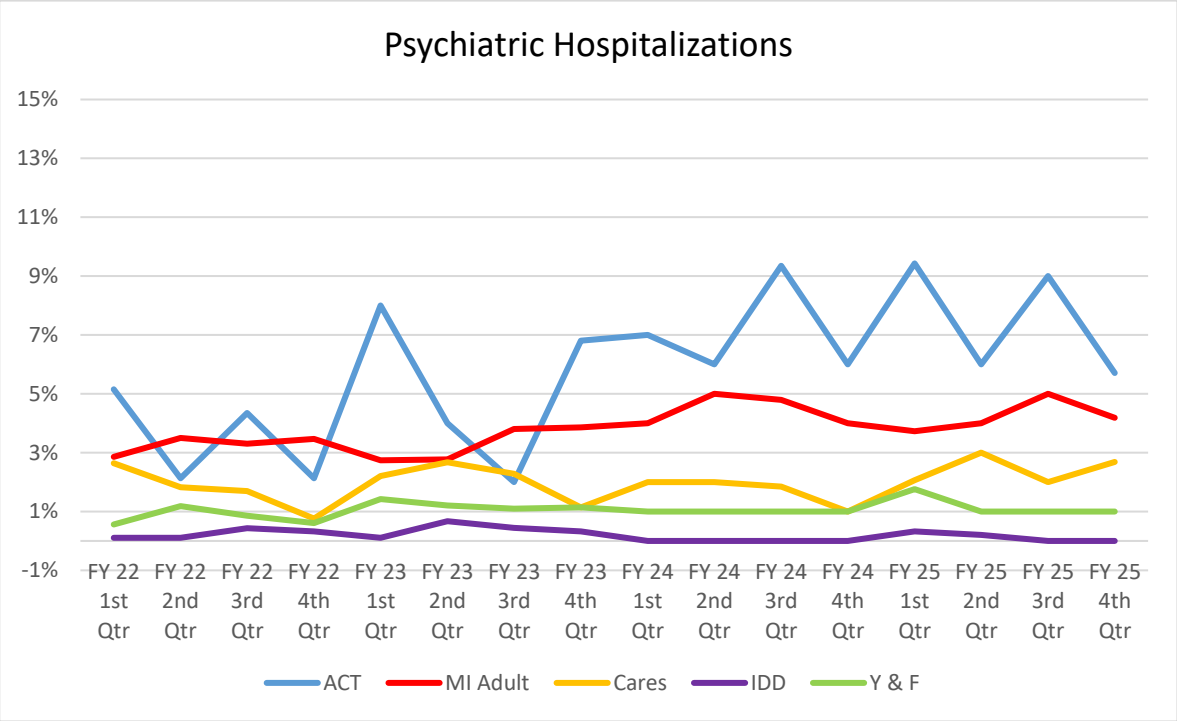
MI Child – 1/26
MI Adult –14/138



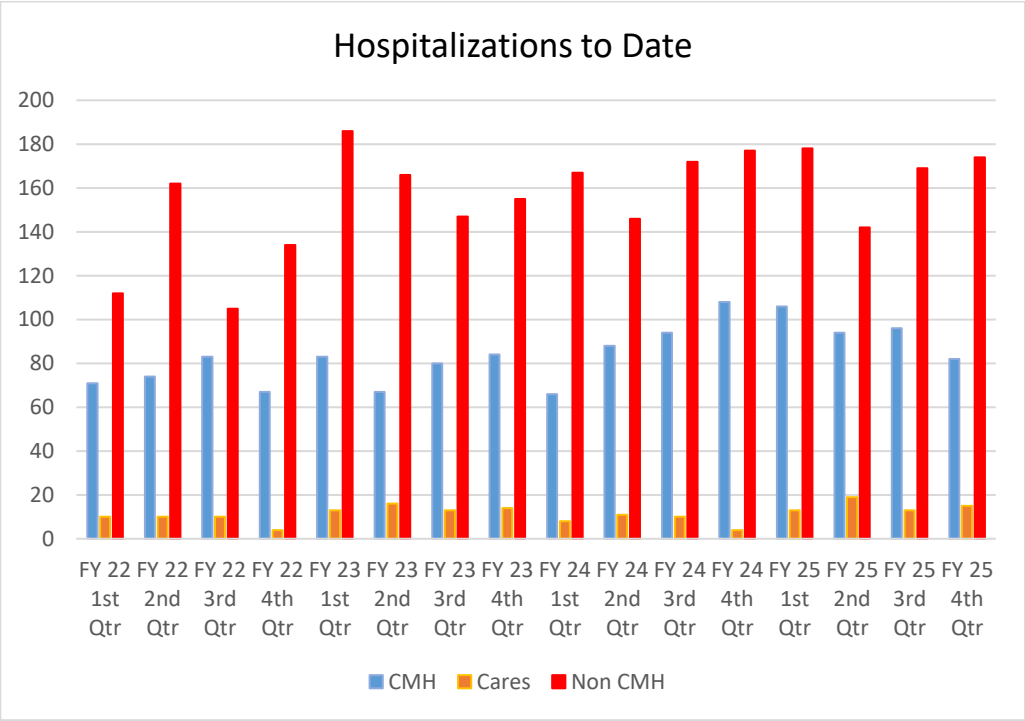


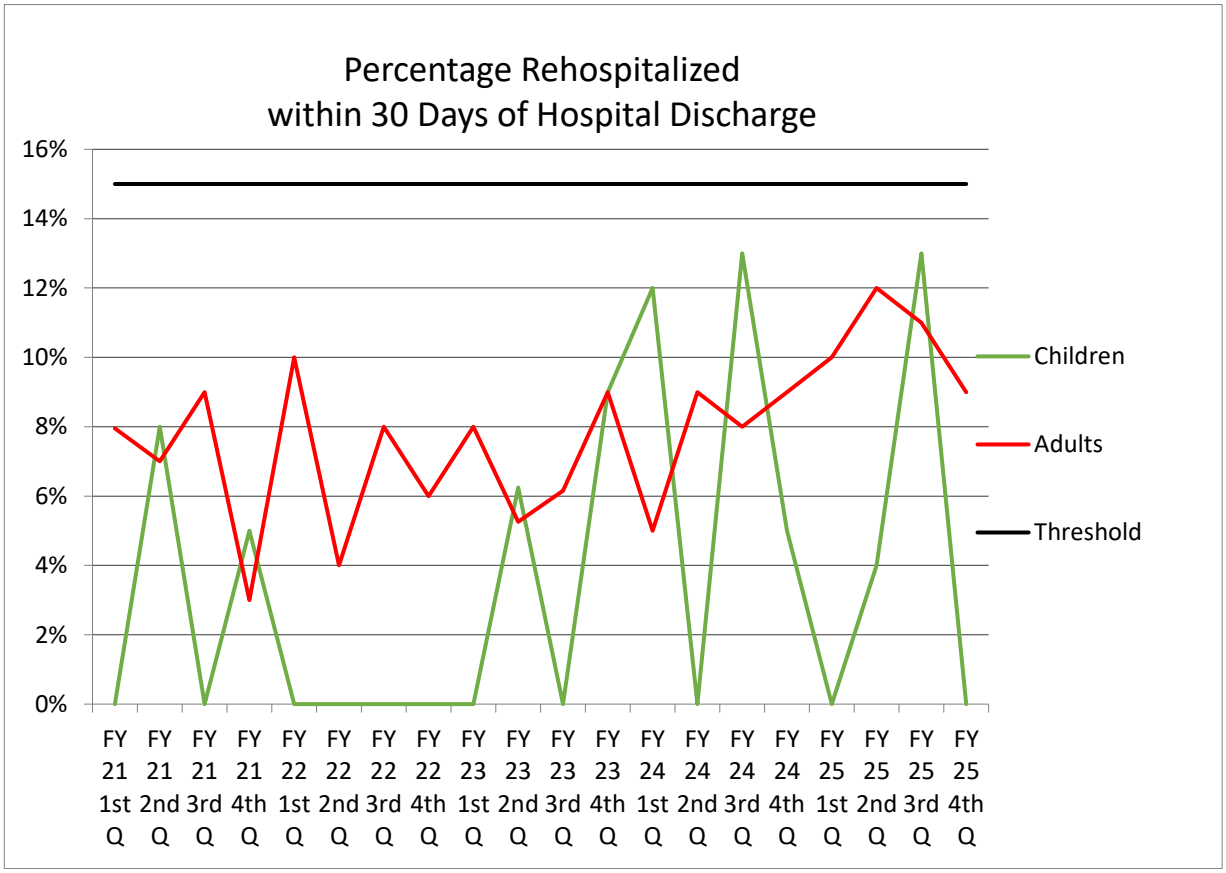
	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2	FY 24 Qtr 3	FY 24 Qtr 4	FY 25 Qtr 1	FY 25 Qtr 2	FY 25 Qtr 3	FY 25 Qtr 4
Blank	3	4	6	1	1	4	1	1	1	7	0	2	3	9	4	4
Partial Hospitalization	108	93	84	68	115	129	106	88	97	97	123	83	79	88	93	85
Outpatient/ Support Services	52	38	45	39	42	34	41	44	30	33	28	32	41	30	34	42
Inpatient Admission	210	275	218	209	281	277	266	246	270	250	284	263	294	246	292	292
Crisis Residential	11	17	17	9	10	15	16	19	19	22	22	21	21	19	25	24



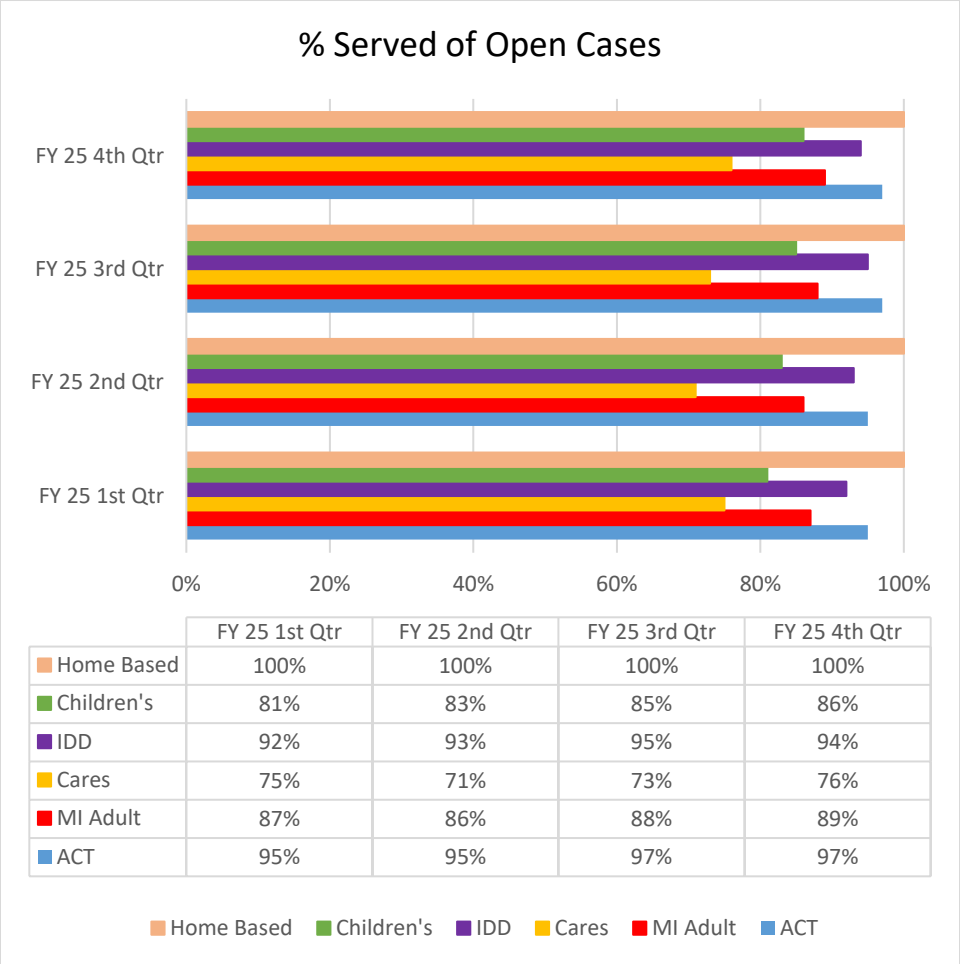


FY 25 4th Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	105	6 (1)	5.71%
MI Adult	1063	67 (14)	4.18%
Cares	559	15 (1)	2.68%
IDD	995	1 (0)	0.10%
Y & F	1042	8 (1)	0.79%


Hospitalizations to Date
200
180
160
140
120
100
80
60
40
20
0
FY 22 1st Qtr
FY 22 2nd Qtr
FY 22 3rd Qtr
FY 22 4th Qtr
FY 23 1st Qtr
FY 23 2nd Qtr
FY 23 3rd Qtr
FY 23 4th Qtr
FY 24 1st Qtr
FY 24 2nd Qtr
FY 24 3rd Qtr
FY 24 4th Qtr
FY 25 1st Qtr
FY 25 2nd Qtr
FY 25 3rd Qtr
FY 25 4th Qtr
CMH
Cares
Non CMH


Percentage Rehospitalized
within 30 Days of Hospital Discharge
16%
14%
12%
10%
8%
6%
4%
2%
0%
FY 21 1st Q
FY 21 2nd Q
FY 21 3rd Q
FY 21 4th Q
FY 22 1st Q
FY 22 2nd Q
FY 22 3rd Q
FY 22 4th Q
FY 23 1st Q
FY 23 2nd Q
FY 23 3rd Q
FY 23 4th Q
FY 24 1st Q
FY 24 2nd Q
FY 24 3rd Q
FY 24 4th Q
FY 25 1st Q
FY 25 2nd Q
FY 25 3rd Q
FY 25 4th Q
Children
Adults
Threshold

FY 25 4th Qtr Detail Readmit within 30 days of Discharge			
Population	# Discharged and Core Team Assignment	# Readmitted within 30 days of Discharge	% Readmit
Child	9	0	0%
Adult	163	15	9%



	FY 25 1st Qtr	FY 25 2nd Qtr	FY 25 3rd Qtr	FY 25 4th Qtr
Home Based	100%	100%	100%	100%
Children's	81%	83%	85%	86%
IDD	92%	93%	95%	94%
Cares	75%	71%	73%	76%
MI Adult	87%	86%	88%	89%
ACT	95%	95%	97%	97%

Critical Event Data Reported Thru Qtr 4 FY 2025

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, fall or medication error and involve iSPA, 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.

Time period	Team at Event	Type	Total
Qtr 1	ACT	Non-Suicide Death	2
	CARES	Non-Suicide Death	1
	IDD	Non-Suicide Death	3
	MI Adult	Non-Suicide Death	9
Qtr 1 Total			15
Qtr 2	ACT	Emergency Med Tx	1
	IDD	Non-Suicide Death	5
		Emergency Med Tx	2
		Emergency Med Tx due to fall	4
	CARES	Non-Suicide Death	1
	MI Adult	Non-Suicide Death	9
		Suicide Death	3
		Arrest	3
		Emergency Med Tx	1
Qtr 2 Total			29
Qtr 3	DD Adult	Non-Suicide Death	4
		Emergency Med Tx	1
		Emergency Med Tx due to fall	3
	MI Adult	Non-Suicide Death	4
		Arrest	1
Qtr 3 Total			13
Qtr 4	IDD	Arrest	2
		Non-Suicide Death	3
		Emergency Medical Treatment due to a fall	2
	ACT	Non-Suicide Death	1
	MI Adult	Arrest	1
		Non-Suicide Death	7
Qtr 4 Total			16

Mortality Data Thru Qtr 4 FY 2025

Cause of Death	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24	Number of Deaths FY 25
Aspiration Pneumonia	3	4	1	1
Cancer	3	8	2	7
Cardiovascular	12	10	20	11
Dehydration				
Diabetes				
Drug Abuse	6	10	5	6
Endocrine System (Diabetes)				
Environmental Hypothermia				
Fluid Electrolyte Disturbance		1		
Gastrointestinal		3	3	3
Hip Fracture Complications				
Homicide		3		
Hyponatremia	2			
Inanition				1
Infection	4 (3 - COVID 19)		2	3
Kidney Disease		1	1	1
Liver Disease	1	1	1	1
Metabolic				
Medication Toxicity				1
Natural/Other				
Neurological	3	3	3	4
Respiratory	5	5	5	4
Suicide	2	6	1	3
Trauma	3	2	1	
Unknown	10	8	3	6
Grand Total	**54**	**65**	**48**	**52**

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

WCCMH - Office of Recipient Rights

Annual Report - FY 24/25

Executive Summary

Report Complaint Data:

Aggregate Summary

Fiscal Year	24/25	23/24	22/23	21/22
All Allegations Received	**155**	187	215	202
Allegations Investigated	**144**	168	196	183
Allegations Resolved by Intervention	**0**	0	0	0
Allegations Substantiated	**81**	85	78	81

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

	FY 24/25		FY 23/24		FY 22/23		FY 21/22	
	Received	Substantiated	Received	Substantiated	Received	Substantiated	Received	Substantiated
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**15**	**5**	**27**	**7**	**27**	**5**	**26**	**6**
Class III	**12**	**3**	**9**	**2**	**19**	**4**	**10**	**4**
Sexual Abuse	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**0**
Neglect:								
Class I	**2**	**2**	**1**	**0**	**0**	**0**	**1**	**0**
Class II	**4**	**1**	**0**	**0**	**3**	**2**	**0**	**0**
Class III	**34**	**27**	**43**	**27**	**47**	**26**	**54**	**35**

Abuse Class I

-Sexual Abuse

-Nonaccidental act of staff that caused/contributed to serious physical harm to a recipient. Serious physical harm is harm that a physician or registered nurse determines caused or could have caused:

- Death
- Impairment of bodily functions
- Permanent disfigurement

Abuse Class II

Staff caused/contributed to:

- Physical (non-serious)/emotional harm
  - Nonserious physical harm means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions
- Exploitation
- Unreasonable force

Abuse Class III

Staff used language to

- Degrade (ex: swearing, racial/ethnic/disability slurs, etc.)
- Threaten
- Sexually harass

Neglect Class I

Staff failed to follow a written standard (ex: IPOS, doctor's order, policy, etc.), and it CAUSED/CONTRIBUTED to SERIOUS physical harm:
Serious physical harm is harm that a physician or registered nurse determines caused or could have caused:

- Death
- Impairment of bodily functions
- Permanent disfigurement

Neglect Class II

Staff failed to follow a written standard (ex: IPOS, doctor's order, policy, etc.), AND it CAUSED/CONTRIBUTED to nonserious physical harm (ex: pain).

Neglect Class III

Staff failed to follow a written standard (ex: IPOS, doctor's order, policy, etc.), AND it placed the consumer at risk of physical harm.

The following is a four year comparison of **the top three complaint substantiations**:

FY 24/25	(Received) **Substantiated**	**FY 23/24**	(Received) **Substantiated**	**FY 22/23**	(Received) **Substantiated**	**FY 21/22**	(Received) **Substantiated**
Neglect Class III	(34) **27**	Neglect Class III	(43) **27**	Neglect Class III	(47) **26**	Neglect Class III	(54) **35**
Dignity and Respect	(31) **11**	Dignity and Respect	(25) **13**	Mental Health Services Suited to Condition	(29) **12**	Mental Health Services Suited to Condition	(22) **14**
Safe, Sanitary, Humane Treatment Environment	(13) **10**	Safe, Sanitary, Humane Treatment Environment	(30) **12**	Safe, Sanitary, Humane Treatment Environment	(18) **12**	Dignity and Respect	(38) **7**

Helpful definitions of the top three complaint substantiations:

Neglect Class III

Staff failed to follow a written standard (ex: IPOS, doctor's order, policy, etc.), AND it placed the consumer at risk of physical harm.

Dignity and Respect

Staff failed to treat a recipient with politeness, consideration, protect their privacy or allow them to make a choice.

Safe, Sanitary, Humane Treatment Environment

Mental health services are to be provided in a safe, sanitary, and humane treatment environment.

- An **unsafe treatment environment** example might include staff drinking alcohol or smoking marijuana on shift.
- An **unsanitary treatment environment** example might include staff failing to change soiled bedding, failing to assist with hygiene/cleaning, or dropping a pill on the floor that they then administer to a consumer.
- An **inhumane treatment environment** example might include two staff members arguing or swearing in front of, but not at, a consumer.

Mental Health Services Suited to Condition

Staff Fail to follow a written standard (ex: IPOS, doctor's order, policy, etc.)

- No harm or risk of harm

ATTACHMENT #5
FEBRUARY 2026

Summary of Complaint Data by Category

Code	Category	Total Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	0	0	0	0
7224	Abuse Class I Sexual Abuse	1	1	0	0
72221	Abuse Class II Nonaccidental Act	8	8	0	1
72222	Abuse Class II Unreasonable Force	5	5	0	3
72223	Abuse Class II Emotional Harm	0	0	0	0
72224	Abuse Class II Treating as Incompetent	0	0	0	0
72225	Abuse Class II Exploitation	2	2	0	1
7223	Abuse Class III	12	12	0	3
72251	Neglect Class I	2	2	0	2
72252	Neglect Class I Failure to Report	0	0	0	0
72261	Neglect Class II	4	4	0	1
72262	Neglect Class II Failure to Report	2	2	0	2
72271	Neglect Class III	34	34	0	27
72272	Neglect Class III Failure to Report	3	3	0	3
7040	Civil Rights	0	0	0	0
7044	Religious Practice	0	0	0	0
7045	Voting	0	0	0	0
7081	Mental Health Services Suited to Condition	11	11	0	7
7082	Safe Sanitary and Humane Treatment Environment	13	13	0	10
7083	Least Restrictive Setting	0	0	0	0
7084	Dignity and Respect	31	31	0	11
7100	Physical and Mental Exams	0	0	0	0
7110	Family Rights	2	2	0	1
7120	Individual Written Plan of Service	2	2	0	1
7130	Choice of Physician or Mental Health Professional	1	1	0	1
7140	Notice of Clinical Status and Progress	0	0	0	0
7150	Services of a Mental Health Professional	0	0	0	0

ATTACHMENT #5
FEBRUARY 2026

Code	Category	Total Received	Investigation	Intervention	Substantiated
7160	Surgery	0	0	0	0
7170	Electroconvulsive Therapy	0	0	0	0
7180	Psychotropic Drugs	0	0	0	0
7190	Medication Side Effects	0	0	0	0
7240	Fingerprints Photographs Recordings	0	0	0	0
7249	Video Surveillance	0	0	0	0
7261	Visits	0	0	0	0
7262	Telephone	1	1	0	0
7263	Mail	0	0	0	0
7281	Possession and Use of Personal Property	1	1	0	0
7286	Limitations on Personal Property	2	2	0	0
7300	Safeguarding Money (State Hospitals Only)	0	0	0	0
7360	Labor and Compensation	0	0	0	0
7440	Freedom of Movement	0	0	0	0
7400	Restraint	0	0	0	0
7420	Seclusion	0	0	0	0
7460	Complete Record	0	0	0	0
7480	Disclosure of Confidential Information	7	7	0	7
7481	Access Denial to Confidential Information	0	0	0	0
7490	Correction of Record	0	0	0	0
7500	Privileged Communication	0	0	0	0
0000	No Right Involved	3			
0001	Outside ORR Jurisdiction	8			

Substantiated Rights Violations and Remedial Action Taken

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted Provider	Employee Resigned	
Disclosure of Confidential Information	Direct Hire	Training	
Mental Health Services Suited to Condition	Contracted Provider	Written Reprimand	Plan of Service Revision
Neglect Class III	Contracted Provider	Employment Termination	
Neglect Class III	Contracted Provider	Employment Termination	
Disclosure of Confidential Information	Contracted Provider	Training	
Dignity and Respect	Contracted Provider	Written Counseling	
Neglect Class III	Direct Hire	Written Reprimand	Suspension
Abuse Class II Unreasonable Force	Contracted Provider	Employment Termination	
Abuse Class II Unreasonable Force	Contracted Provider	Employee Resigned	
Individual Written Plan of Service	Direct Hire	Verbal Counseling	
Neglect Class III	Contracted Provider	Written Reprimand	Verbal Counseling
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	Verbal Counseling
Neglect Class III Failure to Report	Direct Hire	Written Reprimand	Verbal Counseling
Abuse Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	
Abuse Class III	Contracted Provider	Employment Termination	
Neglect Class I	Direct Hire	Suspension	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted Provider	Training	Written Reprimand
Dignity and Respect	Contracted Provider	Employee Resigned	
Dignity and Respect	Contracted Provider	Written Counseling	Training
Neglect Class III	Contracted Provider	Employment Termination	Other
Abuse Class III	Contracted Provider	Suspension	Employment Termination
Neglect Class III Failure to Report	Contracted Provider	Written Reprimand	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Suspension	Employment Termination
Neglect Class III	Contracted Provider	Employee Resigned	
Neglect Class II	Contracted Provider	Written Reprimand	Training
Neglect Class II Failure to Report	Contracted Provider	Verbal Reprimand	Other
Neglect Class III	Contracted Provider	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Written Reprimand	Training
Disclosure of Confidential Information	Direct Hire	Training	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Verbal Counseling	
Abuse Class II Nonaccidental Act	Contracted Provider	Employee Resigned	
Neglect Class II Failure to Report	Contracted Provider	Training	Written Reprimand
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training
Neglect Class III	Contracted Provider	Written Reprimand	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class I	Contracted Provider	Policy Revision/Development	Written Reprimand
Mental Health Services Suited to Condition	Contracted Provider	Verbal Counseling	
Mental Health Services Suited to Condition	Contracted Provider	Written Reprimand	Training
Neglect Class III	Direct Hire	Employee Resigned	Training
Mental Health Services Suited to Condition	Direct Hire	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Direct Hire	Employment Termination	
Dignity and Respect	Direct Hire	Employment Termination	
Dignity and Respect	Contracted Provider	Contract Action	Written Reprimand
Family Rights	Contracted Provider	Contract Action	Written Reprimand
Neglect Class III	Contracted Provider	Employee Resigned	
Mental Health Services Suited to Condition	Contracted Provider	Employee Resigned	
Neglect Class III	Contracted Provider	Written Reprimand	Demotion
Neglect Class III	Contracted Provider	Written Reprimand	Demotion
Neglect Class III	Contracted Provider	Written Reprimand	Demotion
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employee Resigned	
Mental Health Services Suited to Condition	Contracted Provider	Training	Other
Dignity and Respect	Contracted Provider	Training	Employment Termination
Neglect Class III	Contracted Provider	Employment Termination	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employment Termination	

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Training	Verbal Counseling
Dignity and Respect	Contracted Provider	Training	Verbal Counseling
Neglect Class III	Contracted Provider	Employment Termination	
Neglect Class III	Contracted Provider	Employment Termination	
Dignity and Respect	Contracted Provider	Employment Termination	
Dignity and Respect	Contracted Provider	Employment Termination	
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Suspension	Training
Dignity and Respect	Contracted Provider	Employee Resigned	
Disclosure of Confidential Information	Contracted Provider	Employee Resigned	
Neglect Class III	Contracted Provider	Employment Termination	
Neglect Class III	Contracted Provider	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Written Reprimand	Training
Mental Health Services Suited to Condition	Contracted Provider	Written Reprimand	Other
Neglect Class III	Contracted Provider	Training	Written Reprimand
Disclosure of Confidential Information	Contracted Provider	Training	Policy Revision/Development
Neglect Class III	Contracted Provider	Written Reprimand	Suspension
Disclosure of Confidential Information	Contracted Provider	Training	
Disclosure of Confidential Information	Contracted Provider	Training	
Neglect Class III	Direct Hire	Written Reprimand	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted Provider	Suspension	Employment Termination
Abuse Class II Exploitation	Contracted Provider	Contract Action	Written Reprimand
Safe Sanitary and Humane Treatment Environment	Contracted Provider	Employee Resigned	
Dignity and Respect	Contracted Provider	Employee Resigned	
Abuse Class II Unreasonable Force	Contracted Provider	Employment Termination	Other
Neglect Class III	Contracted Provider	Written Reprimand	Other

ATTACHMENT #5
FEBRUARY 2026

Training Received by the Office of Recipient Rights

Staff Name	Training Category I	II	III	IV	Total
Jessica Krefman	3.25	0	1.5	10	14.75
Jody Marsh	6	0	3	8.5	17.5
Sarah Starkey	6	0	4	8.5	18.5
Leah Raehtz	3	0	2	8.5	13.5
Katie Snay	7	0	3	6	16

ATTACHMENT #5
FEBRUARY 2026

Training Provided by the Office of Recipient Rights

Topic	Mode	Length	Number of attendees by type			
			Direct Hire	Contracted	Recipient	Other
Recipient Rights Training Check-Ins	Instructor-Led (Virtual)	0.5	24	15		
Recipient Rights Training	eLearning	2.0	824	315		
WCCMH I/DD Training	Instructor-Led (Virtual)	1.0	32			
RRAC Training	Instructor-Led (In Person)	1.0				6
WCCMH Board Training	Instructor-Led (In Person)	1.0				12

Appeals

Allegation Appealed	Grounds for Appeal	Action	Final Decision

Data Summary

Demographic Information	
Reporting CMH/LPH	Washtenaw County CMH
Recipient Rights Office Director Name	Katie Snay
Reporting Period	October 1, 2024 through September 30, 2025
Number of Rights Office Staff	5
Full Time Equivalents (FTEs)	4.25
Staff with an Investigative Role	4
FTEs for Investigation	4.00
Complaints per FTE	36

Complaint Data Summary		
Type	***Received***	
All Allegations Received	155	
Allegations Received Subject to Investigation/Intervention	144	
Allegations Received with No Right Involved or Outside Jurisdiction	11	
Investigations Completed	144	
Interventions Completed	0	
Allegations Substantiated	81	
Percent of All Allegations Substantiated	56%	
Highlighted Complaint Categories	***Received***	***Substantiated***
Abuse I, II, III	28	8
Neglect I, II, III	45	35
Dignity and Respect	31	11
MH Services Suited to Condition	11	7
Individual Written Plan of Service	2	1
Disclosure of Confidential Information	7	7

Complaint Remediation	
Remediation Type	***Total***
Verbal Counseling	8
Written Counseling	2
Verbal Reprimand	1
Written Reprimand	32
Suspension	7
Demotion	3
Staff Transfer	0
Training	29
Employment Termination	17
Employee Resigned	13
Contract Action	3
Policy Revision/Development	2
Environmental Repair/Enhancement	0
Plan of Service Revision	1
Recipient Transfer to Another Provider/Site	0
Other	6
None	0

Training Received by the Office of Recipient Rights	
Training Categories	***Hours***
I - Operations	25.25
II - Legal Foundations	0
III - Leadership	13.5
IV - Augmented Training	41.5
Total	80.25

Training Provided by the Office of Recipient Rights				
	Agency	***Contracted***	***Recipient***	***Other***
Instructor-Led (In Person)	0	0	0	18
Instructor-Led (Virtual)	56	15	0	0
eLearning	824	315	0	0
Video	0	0	0	0
Paper	0	0	0	0
Total	880	330	0	18

Appeals	
Grounds	***Total***
Findings	0
Action Taken	0
Timeliness	0
Decision	***Total***
Denied Appeal	0
Upheld Investigative Findings	0
Returned for Reinvestigation	0
Requested External Investigation	0
Take Additional Action	0
Address Timeliness Issues	0

Desired Outcomes and Progress Toward These Outcomes

Outcomes

Recruit new committee members to the Washtenaw RRAC.
Monitor administrative responsibilities within the ORR for needed support or assistance.
Hire, onboard, and train a Recipient Rights Officer for the WCCMH ORR
Complete plan of correction based on state assessment feedback and implement changes.

Outcomes established for the Office of Recipient Rights for 2026

Recruit new committee members to the Washtenaw RRAC.
Monitor ORR Administrative responsibilities for efficiency and the need for support and or assistance.
In the event of a CMHPSM/PIHP system revision, ORR and the RRAC will work in collaboration to provide adv

Recommendations to the Governing Board

The Office of Recipient Rights and Recipient Rights Advisory Committee Recommends:

The RRAC recommends that the WCCMH Board supports the 2025/2026 outcomes for the WCCMH Rights Office, and continues to support and fund the WCCMH Rights Office at the level it needs to be effective.

Director Attestation

(To be completed by the CMH/LPH Director)

I attest that I have reviewed this annual report and I am submitting it as required by law.

Name (sign or type below)

Trish Cortes

DATE

12/22/2025