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) BOARD MEETING AGENDA

**** In person at Learning Resource Center-Michigan Room**
4135 Washtenaw Ave, Ann Arbor, MI
OR
Virtually at https://zoom.us/j/98848701576
February 27, 2026
9:30 – 11:30AM

I. Roll Call (5 minutes)

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

III. Board Response to Audience Participation (5 minutes)

IV. Consent Agenda (Attachment #1) (5 minutes) **ACTION**
- A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 12/8/25 (Attachment #1A)
- B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 12/8/25 (Attachment #1B)
- C. WCCMH Board Meeting Minutes and Actions – 12/19/25 (Attachment #1C)
- D. WCCMH Millage Financial Status Report for period ending October 31, 2025 (Attachment #1D)
- E. Contracts and Leases recommended approval by WCCMH Quality-Finance Committee 2/9/26 (Attachment #1E)
- F. WCCMH Advisory Council Meeting Minutes and Actions – 12/10/25 (Attachment #1F)
- G. WCCMH Advisory Council Meeting Minutes and Actions – 1/14/26 (Attachment #1G)
- H. Program Committee Dashboard FY25, Quarter 4 (Attachment #1H)
- I. Office of Recipient Rights Annual Report (Attachment #1I)
- J. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
  - Corporate Compliance Policy (Attachment #1J)

V. Treasurer's Report **ACTION** (15 minutes)
- WCCMH Quality-Finance Status Report (Attachment #2) **N. Phelps ACTION**
- WCCMH Millage Financial Status Report (Attachment #3) **N. Phelps ACTION**

VI. Executive Director Report - **T. Cortes** (15 minutes)
- Ann Arbor Police Department Memo (Attachment #4) – **T. Cortes**

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (30 minutes)
- Advisory Council (Attachment #5) – **M. Hershberger**
- Board Appointment Update – **T. Cortes**

IX. Old Business (0 minutes)
- None

X. Items for Future Discussions (4 minutes)
- Homelessness Updates
- ABA Budget gap discussion
- Plans for upcoming Medicaid cuts and how to keep members enrolled

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.

- In person trainings with people
- Social Media roll outs
- Consistent documentation between organizations (one document that everyone is handing out)

XI. Adjourn to closed session to discuss the WCCMH Executive Director Evaluation (30 minutes)

XII. Resume public meeting (1 minute)

XIII. Adjournment of Public Meeting (Next WCCMH Board Meeting: April 24, 2026)

****Board members are required to participate in person to count towards a quorum**

VIRTUAL MEETING LINK IS:

Join from PC, Mac, iPad, or Android:
https://zoom.us/j/98848701576

Phone one-tap:
+12678310333, 98848701576# US (Philadelphia)
13126266799, 98848701576# +US (Chicago)

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

Webinar ID: 988 4870 1576

International numbers available: https://zoom.us/u/acG1Xhm21y

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 (WCCMH) BOARD

FEBRUARY 27, 2026

CONSENT AGENDA

A. WCCMH Quality-Finance Committee Meeting Minutes and Actions 12/8/25 (Attachment #1A)
B. WCCMH Millage Advisory Committee Meeting Minutes and Actions 12/8/25 (Attachment #1B)
C. WCCMH Board Meeting Minutes and Actions – 12/19/25 (Attachment #1C)
D. WCCMH Millage Financial Status Report for period ending October 31, 2025 (Attachment #1D)
E. Contracts and Leases recommended approval by WCCMH Quality-Finance Committee 2/9/26 (Attachment #1E)
F. WCCMH Advisory Council Meeting Minutes and Actions – 12/10/25 (Attachment #1F)
G. WCCMH Advisory Council Meeting Minutes and Actions – 1/14/26 (Attachment #1G)
H. Program Committee Dashboard FY25, Quarter 4 (Attachment #1H)
I. Office of Recipient Rights Annual Report (Attachment #1I)
J. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
    - Corporate Compliance Policy (Attachment #1J)

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

- 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.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
December 8, 2025
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/94803743472 (virtual)
3:30–5:00 pm

A. Somerville called the meeting to order at 3:31pm.

ROLL CALL:

A. Carlisle attending virtually
H. Heaviland attending in person
B. Higman attending in person
S. Petty attending virtually
A. Rooks attending virtually
A. Somerville attending in person
M. Udow-Phillips attending in person
G. Waddles Jr attending in person

MEMBERS ABSENT: A. Dusbiber, M. Radzik, R. Rion

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, L. Gentz, R. Avedisian, M. Taylor, T. Florence, E. Montgomery

OTHERS PRESENT: L. Lutomski, T. Gavalier, J. Gardner

I. Introductions
- J. Lapedis and K. Stupple from WHP

II. Audience Participation
- D. Green from Public Safety Committee spoke to introduce himself the WCCMH Quality-Finance Committee members.

III. Committee Response to Audience Participation
- L. Gentz and A. Somerville thanked D. Green for attending and are also members of the Public Safety Committee.

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

V. Discussion Items
- Millage Process, Investments and Progress Update
  - L. Gentz provided the Millage Process, Investments and Progress Update to the Committee and informed the Committee that all contracts will be reaffirmed for 2026.

VI. Financial Budget Update
- Financial Budget Update (Attachment #2)
  - N. Phelps presented the Millage Budget Update through October 31, 2025, to the Committee.

VII. Old Business
- None

VIII. New Business –

- Washtenaw Health Project Mental Health and Public Safety Millage Report (Attachment #3)
  - J. Lapedis & K. Stupple presented the Washtenaw Health Project Mental Health and Public Safety Millage Report to the Committee.
- Washtenaw Health Project Funding Request (Attachment #4)
  - J. Lapedis presented the Washtenaw Health Project Funding Request to the Committee.

MOTION BY M. UDOW-PHILLIPS BY H. HEAVILAND TO RECOMMEND APPROVAL OF WASHTENAW HEALTH PROJECT FUNDING REQUEST AS PRESENTED.

ROLL CALL VOTE:

DUSBIBER	**N/A**	**CARLISLE**	**Y (virtual)**
HEAVILAND	**Y**	**HIGMAN**	**Y**
PETTY	**Y (virtual)**	**RADZIK**	**N/A**
RION	**N/A**	**ROOKS**	**Y (virtual)**
SOMERVILLE	**Y**	**UDOW-PHILLIPS**	**Y**
WADDLES JR.	**Y**		

MOTION CARRIED

IX. Items for Future Discussions

- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

MOTION BY M. UDOW-PHILLIPS, SUPPORTED BY G. WADDLES JR, TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 4:21 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BOARD MEETING MINUTES *DRAFT*

In Person: Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor, MI
Virtually: https://zoom.us/j/97500684345
December 19, 2025
9:30am

F. Brabec called the meeting to order at 9:35 am.

ROLL CALL: F. Brabec attending in person
J. Gardner attending virtually
H. Heaviland attending in person
B. Higman attending in person
B. King attending in person
A. LaBarre attending in person
S. Petty attending in person
A. Rooks attending virtually
A. Somerville attending in person
M. Tolstyka attending in person
M. Udow-Phillips attending virtually

MEMBERS ABSENT: A. Dusbiber

STAFF PRESENT: R. Avedisian, T. Cortes, M. Harding, M. Taylor, S. Ray
S. Amos O'Neal, E. Waddell, K. Snay, S Amos O'Neal, E. Montgomery, L. Gentz

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

I. Introductions
- None

II. Audience Participation
- None

III. Board response to audience participation
- None

IV. Consent Agenda (Attachment #1) (5 minutes) **ACTION**
A. WCCMH Board Meeting Minutes and Actions – 10/24/25 (Attachment #1A)
B. WCCMH Financial Status Report for period ending August 31, 2025 (Attachment #1B)
C. WCCMH Millage Financial Status Report for period ending August 31, 2025 (Attachment #1C)
D. Contracts and Leases recommended approval by Executive Committee on 11/21/25 (Attachment #1D)
E. WCCMH Advisory Council Meeting Minutes and Actions – 9/10/25 (Attachment #1E)
F. WCCMH Advisory Council Meeting Minutes and Actions – 10/8/25 (Attachment #1F)
G. WCCMH Advisory Council Meeting Minutes and Actions – 11/12/25 (Attachment #1G)
H. Program Committee Dashboard FY25, Quarter 3 (Attachment #1H)
I. Washtenaw Health Project Funding Request (Attachment #1I)
J. CMHPSM Policy – Reviewed and Recommended for Approval by Regional Operations Committee
- Assessment Reassessment Policy (Attachment #1J)

MOTION BY H. HEAVILAND SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE DECEMER 19, 2025, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

BRABEC	**Y**	**DUSBIBER**	**N/A**
GARDNER	**N/A (virtual)**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A (virtual)**	**SOMERVILLE**	**Y**
TOLSTYKA	**Y**	**UDOW-PHILLIPS**	**N/A (virtual)**

MOTION CARRIED

V. Treasurer's Report
- WCCMH Millage Financial Status Report (Attachment #3) **ACTION**
  - N. Phelps presented the Millage Financial Status Report for the period ending October 31, 2025.

MOTION BY B. KING SUPPORTED BY A. SOMERVILLE TO ACCEPT AND APPROVE THE WCCMH MILLAGE FINANCIAL STATUS REPORT ENDING OCTOBER 31, 2025, AS PRESENTED.

ROLL CALL VOTE:

BRABEC	**Y**	**DUSBIBER**	**N/A**
GARDNER	**N/A (virtual)**	**HEAVILAND**	**Y**
HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**PETTY**	**N/A**
ROOKS	**N/A (virtual)**	**SOMERVILLE**	**Y**
TOLSTYKA	**Y**	**UDOW-PHILLIPS**	**N/A (virtual)**

MOTION CARRIED

Steve Petty arrived at 9:40 am

VI. Executive Director report
- T. Cortes presented the Executive Director report to the WCCMH Board
  - T. Cortes provided updates on the ongoing RFP litigation case.
  - T. Cortes provided updates for HUD funding to the Board.
  - T. Cortes spoke on the WHP funding proposal request to the Board.
  - N. Phelps updated on the progress of fee for service transition.

VII. CMHPSM Regional Update
- T. Cortes provided the regional update to the Board.

VIII. New Business
- Annual Strategic Plan Update
  - M. Harding provided an update on the Annual Strategic Plan to the WCCMH Board.
  - T. Cortes reviewed strategic plan goals and highlighted progress/successes towards meeting them.

IX. Old Business
- None

X. Items for future discussion
- Homelessness Updates
- Plans for upcoming Medicaid cuts and how to keep members enrolled
  - In person trainings with people
  - Social media roll outs
  - Consistent documentation between organizations (one document that everyone is handing out)

WCCMH Board meeting adjourned at 10:35 am.

Washtenaw County Community Mental Health - Millage Advisory Committee
Millage Financial Update - For Ten Months Ending October 31, 2025

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Community Wide Service Expansion				
CARES Team				
Access & Triage	$ 720,000	$ 600,000	$ 578,145	$ (21,855)
Treatment & Stabilization Services	820,000	683,333	691,144	7,811
Crisis Response	860,000	716,667	705,322	(11,345)
Other CARES Team	450,000	375,000	340,982	(34,018)
Criminal Justice Diversion & Deflection				
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 375,000	$ 259,136	$ (115,864)
Prosecutting Attorney Office	155,000	129,167	129,167	0
Jail Medical Assisted Treatment	400,000	333,333	374,941	41,608
Supportive Housing				
Avalon - Permanent Supportive Housing	$ 363,509	$ 302,924	$ 342,322	$ 39,398
Michigan Ability Partners	252,124	210,103	195,044	(15,059)
Ozone	238,689	198,908	209,059	10,152
Ypsilanti Housing Commission	140,144	116,787	70,071	(46,716)
Shelter Association of MI	85,443	71,203	113,605	42,403
Emergency Housing	250,000	208,333	253,870	45,537
Youth Initiatives and Support				
Washtenaw Intermediate School District	$ 803,879	$ 669,899	$ 734,660	$ 64,761
Student Advocacy Center	380,672	317,227	317,225	(2)
Garrett's Space	373,306	311,088	197,215	(113,873)
Packard Health - YBMen	235,397	196,164	208,079	11,915
Community Family Life Centers	158,250	131,875	173,862	41,987
Washtenaw Area Council for Children	85,047	70,873	58,030	(12,843)
All Other Youth Initaties and Support	250,000	208,333	102,470	(105,863)
Other Service Expansion				
Jewish Family Services	$ 385,642	$ 321,368	$ 266,808	$ (54,560)
Health Dept - Healthy Neighborhoods	210,811	175,676	170,588	(5,088)
Washtenaw Health Plan	198,438	165,365	165,365	-
Ypsilanti District Library	176,522	147,102	93,637	(53,465)
Women's Center of Southeastern MI	79,803	66,503	66,300	(203)
All Other Service Expansion	500,000	416,667	187,999	(228,668)
TOTAL Community Wide Service Expansion	$ 9,022,676	$ 7,518,897	$ 7,005,046	$ (513,851)

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Education & Prevention				
NAMI Contract	$ 189,223	$ 157,686	$ 153,683	$ (4,003)
Health Dept - Anti Stigma Campaign	170,000	141,667	157,909	16,242
Miles Jeffery Roberts Foundation	45,000	37,500	30,000	(7,500)
Issue Media Group	12,000	10,000	2,000	(8,000)
TOTAL Education & Prevention	$ 416,223	$ 346,853	$ 343,592	$ (3,261)
Evaluation & Communication				
CHRT Contract	$ 239,960	$ 199,967	$ 144,074	$ (55,893)
TOTAL Evaluation & Communication	$ 239,960	$ 199,967	$ 144,074	$ (55,893)
Administration of the Millage				
WCCMH	$ 650,000	$ 541,667	$ 507,955	$ (33,712)
5 Healthy Towns (Planning)	25,000	20,833	-	(20,833)
National Assessment Center	20,660	17,217	13,771	(3,446)
TOTAL Administration of the Millge	$ 695,660	$ 579,717	$ 521,726	$ (57,991)
Grand Totals	**$ 10,374,519**	**$ 8,645,433**	**$ 8,014,438**	**$ (630,995)**

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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MINUTES

December 10, 2025

Members Present/on the Call: Darren Beland, Anton Clark, Melissa Concannon (Chair), Joy Duffy, Leo Hanifin, Alayna Manzanares, Lisa Porzondek, Pam Rathbun, Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison).
Absent: Lisa deRamos, Barb Higman, Alyssa Newsome.

Meeting called to order at: _ 12:32 _ pm_.
MOTION BY _ Lisa _ - SUPPORTED BY _ Alayna _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **What are the best and most difficult things that have happened this year**:
Mert shared this video to help people grieving during the holidays: https://youtu.be/sf6_JBLTNAM "A Different Kind of Christmas" by Mark Schultz.

II. **Regional Update:**
   a. **Training**: Most agreed that they enjoyed it, that it was wonderful, and that we covered new and helpful material.
   b. **Art Show:** Mert will coordinate between the region and the local Ann Arbor Art Show Presence at 110 N. 4th St, since pretty much everyone else has their hands full with assignments. We will table finding someone else to help with this until April.

III. **Topics/issues to raise with Legislators (state, federal, local): Melissa:** Melissa underscored the importance of connecting to legislators and leaders any and everywhere possible. She thinks some leaders are slow to join the council to speak up since it is not an election year right now. Potential contact: Christopher Taylor, mayor of Ann Arbor. Alicia Dyer, Sheriff of Washtenaw.

IV. **Fresh Start**: **Joy** talked about a social recreation at the Christmas Parade in Saline and going to a Chinese Buffet. She expressed thoughts that it feels a bit like a Grinchy Christmas since Fresh Start won't be sharing presents from a local church this year. She said Fresh Start is hiring another staff.

V. **Speaker's Bureau: Darren** talked about speaking at the University Psychological Society which was inquisitive and responsive, and fewer opportunities to deliver messages for the speaker's Bureau. Joy reports that Alex is doing well.

VI. **NAMI: Alayna** had nothing to report since she has been out with family and personal concerns.

VII. **Newsletter: Mert** just needs to type up Anton's essay on Mr & Mrs Indifferent. Someone else submitted an essay on a for-profit housing solution.

VIII. **NEW BUSINESS –**

Agenda Items for next year:

i. Work Plan:
   1. Picnic for region: Suggested to have it in the first half of June next year. Mert will coordinate with Livingston.
   2. Art Show in July.
   3. Speaker's Bureau Training in August and Maybe January too.
   4. Walk-A-Mile: September. Leo to do a T-Shirt to be shared throughout the region.
   5. Celebration of Success: Event in October, reminders to nominate at the start of each month. Request that Sally send out a reminder for nominations at the start of EACH month and that requests for nominations also be sent to Fresh Start monthly.
   6. Regional Training: in November, the usual date will be a Federal Holiday (Veteran's Day, so we will need to schedule for a different time.) Mert will reach out to the other counties to coordinate a good day.

ii. Jason as secretary for 2026. Darren as Chair and Joy as Co-Chair in 2026. All accepted their new positions.

_ Alayna _ motioned to adjourn the meeting at _ 1:22 pm_, Supported by _ Pam.

The next meeting will be January 14, 2026 at 2140 E. Ellsworth or via Zoom at 12:30-2pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible. NOTE: the room & calendar is reserved for Noon to 2pm to accommodate set-up for the meeting. However, the official meeting doesn't start until 12:30pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY
WC-CMH ADVISORY COUNCIL MINUTES draft

January 14, 2026

Members Present/on the Call: Darren Beland (Chair), Melissa Concannon, Lisa deRamos, Joy Duffy (Co-Chair), Leo Hanifin, Barb Higman, Alayna Manzanares, Alyssa Newsome, Lisa Porzondek, Pam Rathbun, Jason Zurawski (Secretary).
Staff: Mert Hershberger (Staff Liaison).
Absent: Anton Clark

Meeting called to order at: _ 12:36 _ pm_.
MOTION BY _ LisaP _ - SUPPORTED BY _ MelissaC _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **What would you like to see happen in 2026? What would you like to avoid in 2026?**
II. **Youth & Family: Alyssa** talked about her departure from her current role as a youth peer support when she ages out this year. She offered to share a position description with others to encourage people to refer prospects to consider the role (GED/HS diploma, driver's license, transportation, identifying as having a mental health condition or emotional disturbance, willing to gain certification and work with youth. (age 18-25 yo, age out at 29 yo). She also talked about the backlog of people in Youth & Family needing Therapy who struggle due to a shortage of therapy positions at CMH. Others also talked about how many people talk about their desire to have therapy for a longer term than the 12 weeks allowed by Medicaid in Michigan.
III. **Regional Update:**
    a. **Art Show:** Mert will communicate with F.ScottL. and NikaG about the Art Show/Ann Arbor Art Show. A number of clients who have heard about the past art show are looking forward to a future show or a crafts exchange.
    b. **We are looking at shifting the picnic to June rather than August.**
    c. We are looking at November 12, 2026 for the Regional Training. Lisa-dR. offered to speak on speaking & Wish You Knew.
IV. **Topics/issues to raise with Legislators (state, federal, local): Melissa** mentioned the correspondence, mostly at her initiative, with Elissa Slotkins and Advocacy Day and the opportunity that presents to ask legislators about a wider range of topics in an unprompted way to get more unscripted answers from legislators. Darren mentioned his outreach to the Saline Mayor. Lisa dR. mentioned contacting the sheriff's office for Washtenaw County (Commander Rush) to get a representative to share about their response to recent events.
V. **Public Health: Lisa deRamos** shared the following updates:
Wish You Knew Year in Review: https://bit.ly/wyk2025
New materials are now available/in development. Lisa was grateful for the way this has been a huge success and has impacted so many!

Campaign materials order form: https://bit.ly/wykorderform
Campaign feedback opportunities: https://bit.ly/WYKfeedbackform
https://bit.ly/WYKprojectinterestform

VI. **Fresh Start**: **Joy** talked about a partnership underway between EMU and the Clubhouse. She talked an upcoming camp trip. She mentioned giving day on May 1 and employment trainings coming up. Joy also mentioned how WYK materials from public health (posters, buttons) are being employed at Skyline HS when she went there recently to be interviewed along with other clubhouse members for a video project by psychology students featuring the Fresh Start Clubhouse. Lisa deRamos offered to promote the video via the WYK channels if Joy can help make the connection.

VII. **Speaker's Bureau: Darren** and others talked about how the bureau has positively impacted many since 2004 by providing an outlet for people to share their stories and by providing high school and college classes and libraries and nursing homes and churches opportunities to learn about mental illnesses from those who have lived with them. Mert forwarded the training materials to Lisa deRamos for her review.

VIII. **NAMI: Alayna** shared about the prospective March 10-11 start dates for NAMI Family-To-Family and that there is not yet a Peer-To-Peer facilitator. Barb mentioned the Ending the Silence speaking campaign in local schools to reduce stigma and encourage folks to reach out for help.

IX. **Newsletter: Mert** will send out the Newsletter for distribution at each location later today when he sends out the draft minutes.

X. **NEW BUSINESS –**

Walk-A-Mile – Leo suggested just having "Walk-A-Mile" on the back of the T-Shirts. Lisa P suggested "Walk with me" and Barb suggested "Believe in me." and Mert suggested including "#WishYouKnew" on the bottom on the back of the T-Shirts as a way of promoting the campaign that Lisa deRamos has worked so hard on. When it was recalled that this would involve networking more resources in other counties since we plan to share the basic back design with Livingston, Lenawee, and Monroe, Lisa offered to communicate with her supervisor to see if it would be feasible to expand the #WishYouKnew campaign to other counties in our PIHP region. Mert will also reach out to Sally Amos-Oneal and Lisa Gentz about this to see if they think this would be feasible from a CMH side of things; and to Stacy Pijanowski, to see if the CMHPSEM could get behind this.

XI. Sally said that she would send out nomination forms for Celebration of Success each month.

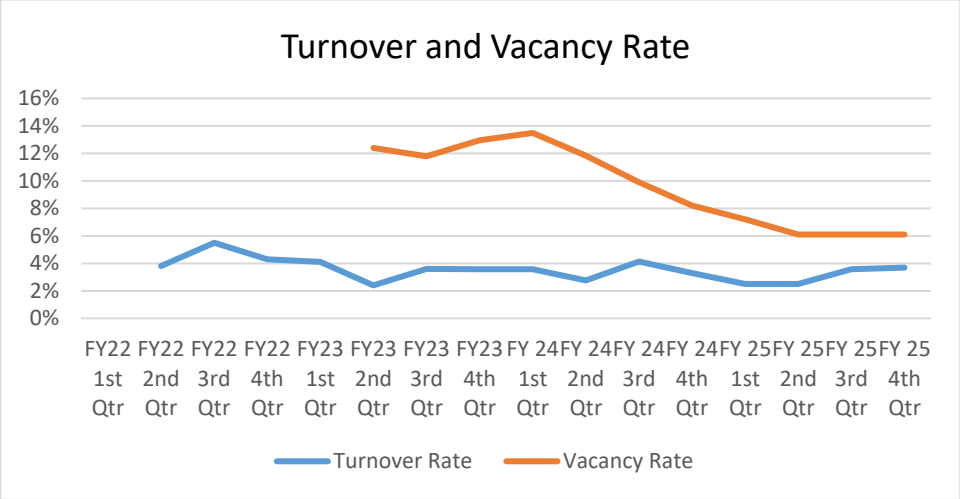
_ Pam _ motioned to adjourn the meeting at _ 1:35 pm_, Supported by _ Barb _.

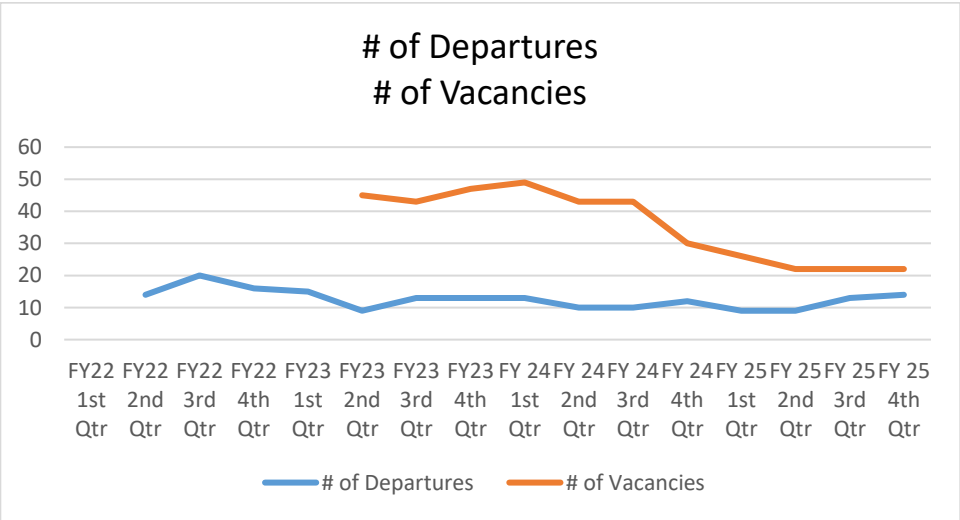
The next meeting will be February 11, 2026 at 2140 E. Ellsworth or via Zoom at 12:30-2pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible. NOTE: the room & calendar is reserved for Noon to 2pm to accommodate set-up for the meeting. However, the official meeting doesn't start until 12:30pm.

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

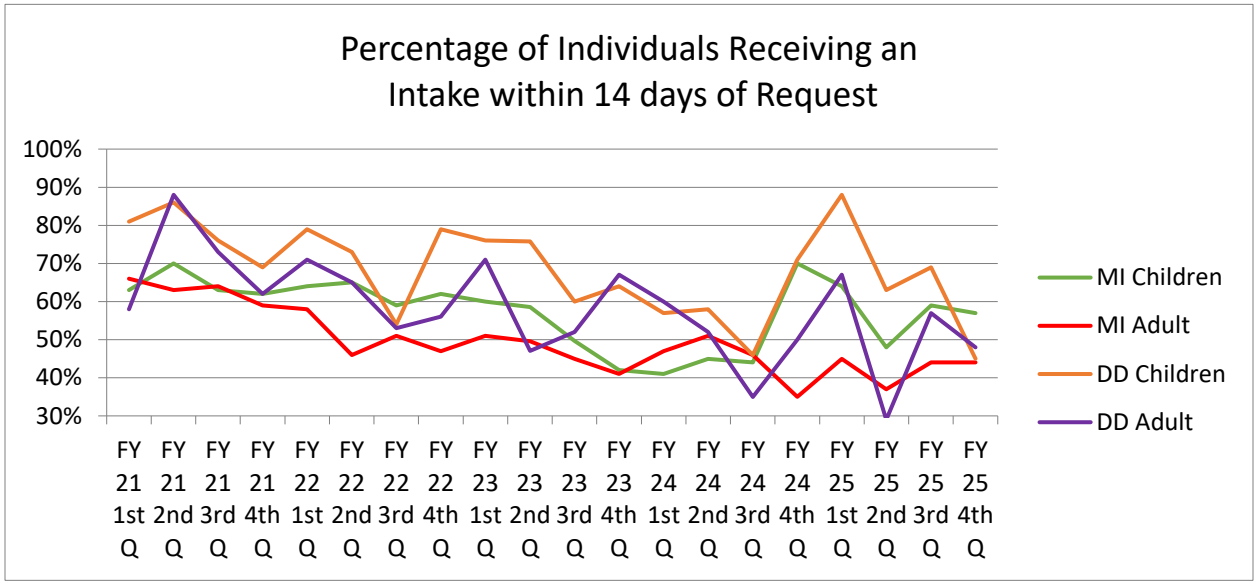




Michigan Department of Health and Human Services (MDHHS) Performance Indicators:
As of April 1, 2020, MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to Ongoing Service) and removed the 95% historical expected goal.

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".

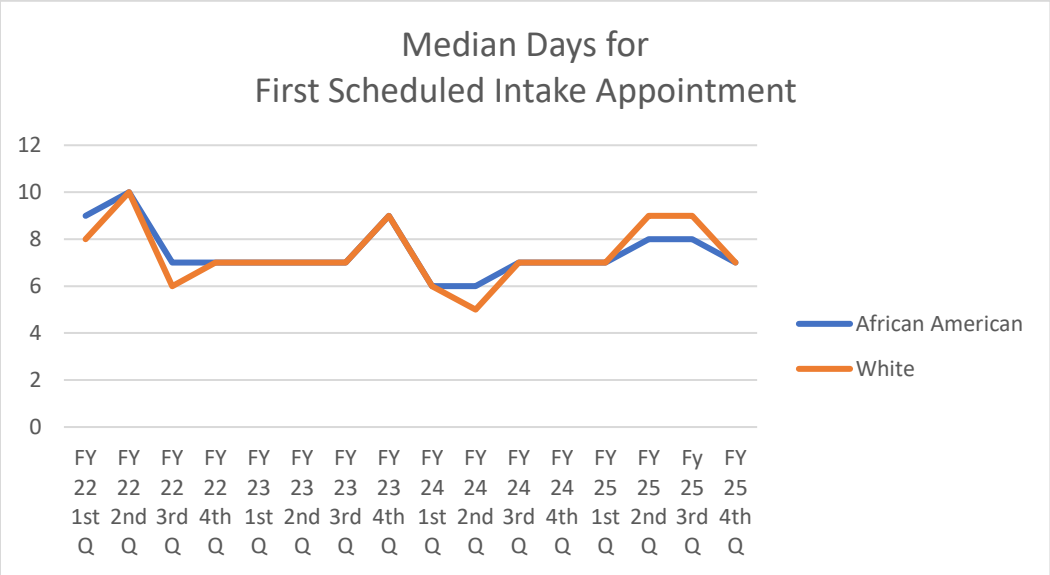
For fiscal year 2024, MDHHS expects each PIHP to move to either the statewide 50th or 75th percentile from FY 22 Regional (PIHP) baseline. For indicator 2 and 3, the PIHP baseline was 61.3% and 74.5% respectively which set an expectation of achieving the 75th percentile for both indicators. The 75th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

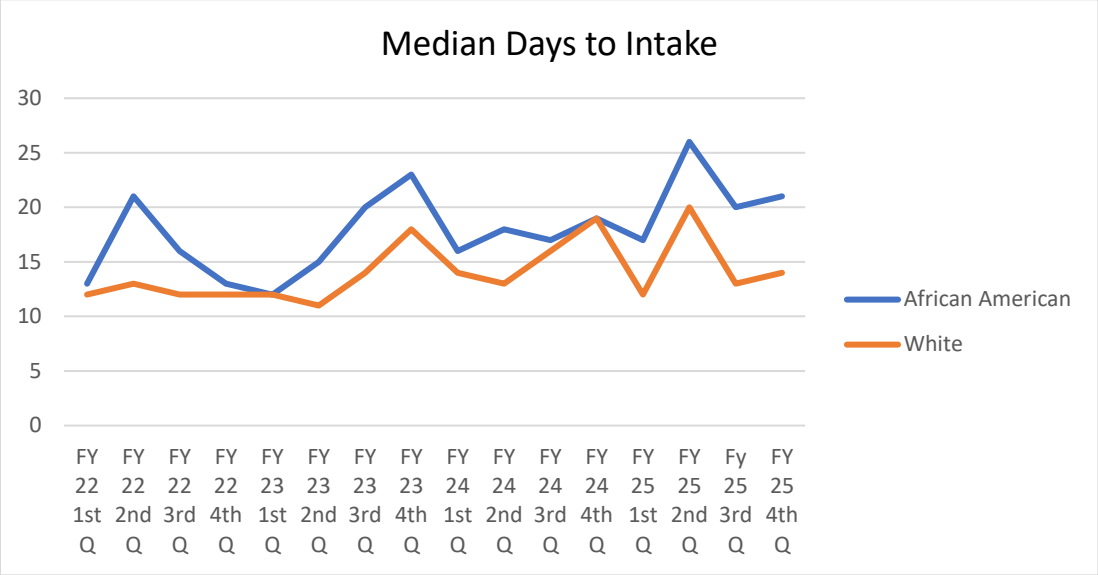
Recently the PIHP responded to a request for data graphs to help understand the dataset comparing the number of days from request for service to the first scheduled BPS date and the number of days from the request for service to the the actual BPS date. The median number of days was identified for both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

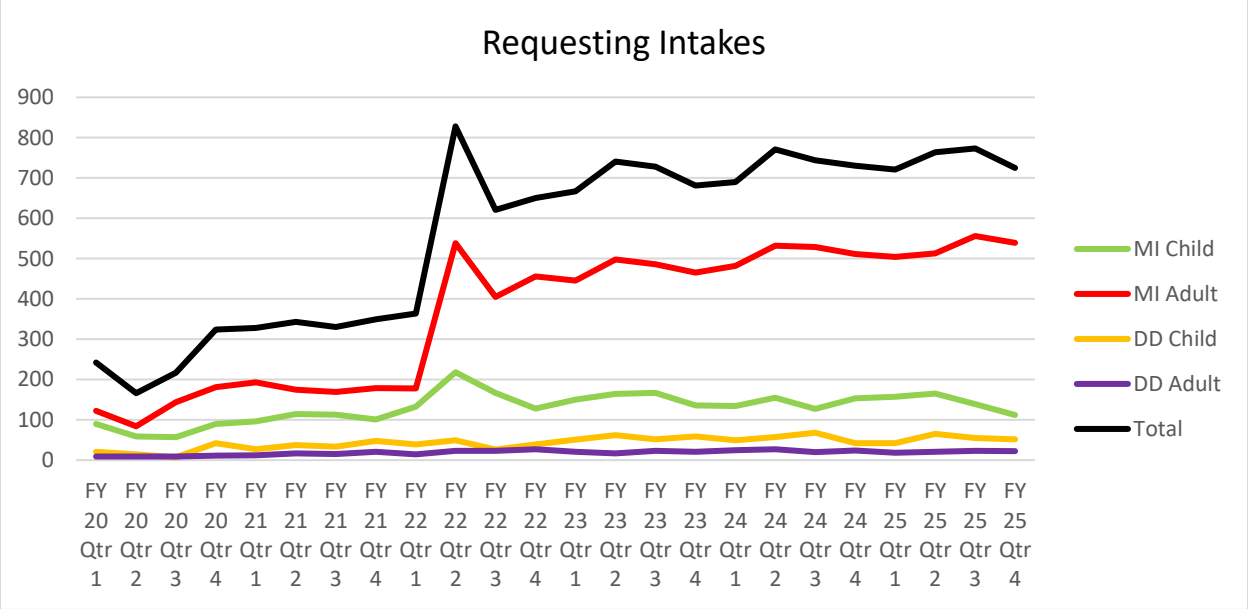
Below are graphs for Washtenaw's data relative to the scheduling and occurrence of the Intake Appointment. The first graph identifies the median between the request for service and the first scheduled BPS date for both white (blue line) and black populations (red line).

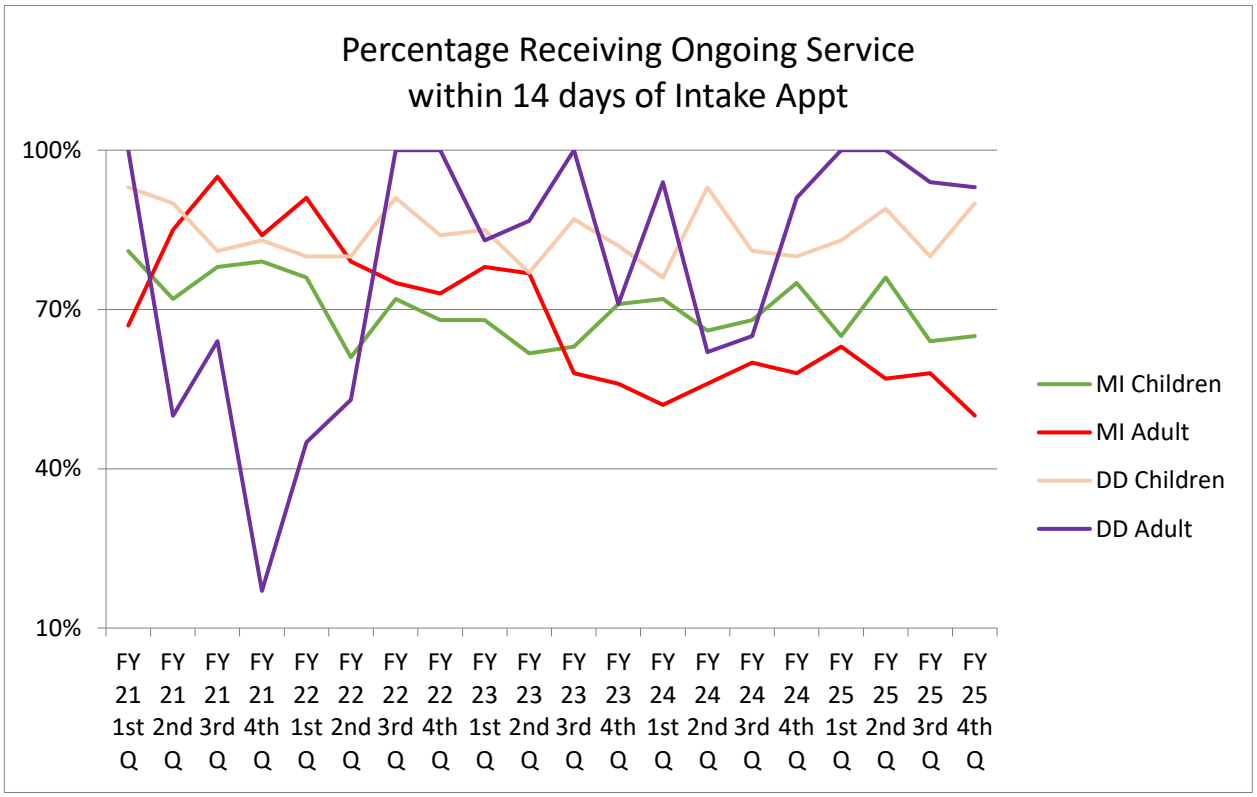


Consumers can have their first appointment scheduled and then can no show, call to reschedule, or call to cancel. The first graph shows the median to the first appointment scheduled which are very impressive medians for Washtenaw. Each of those datapoints reflect a number where the dataset is 50% below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



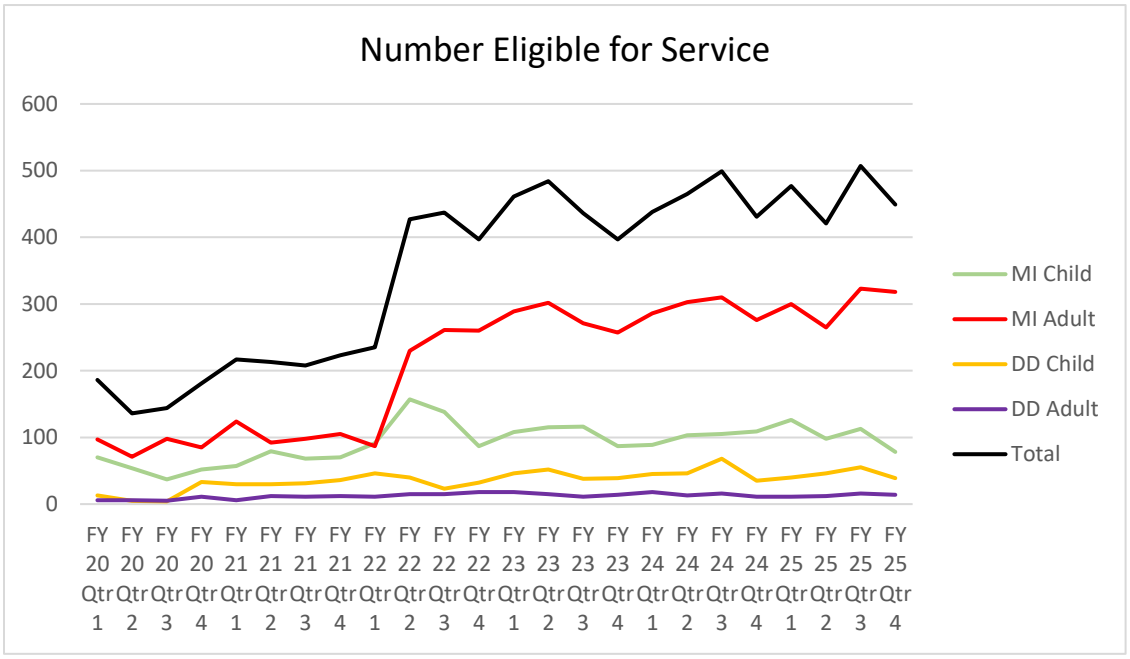


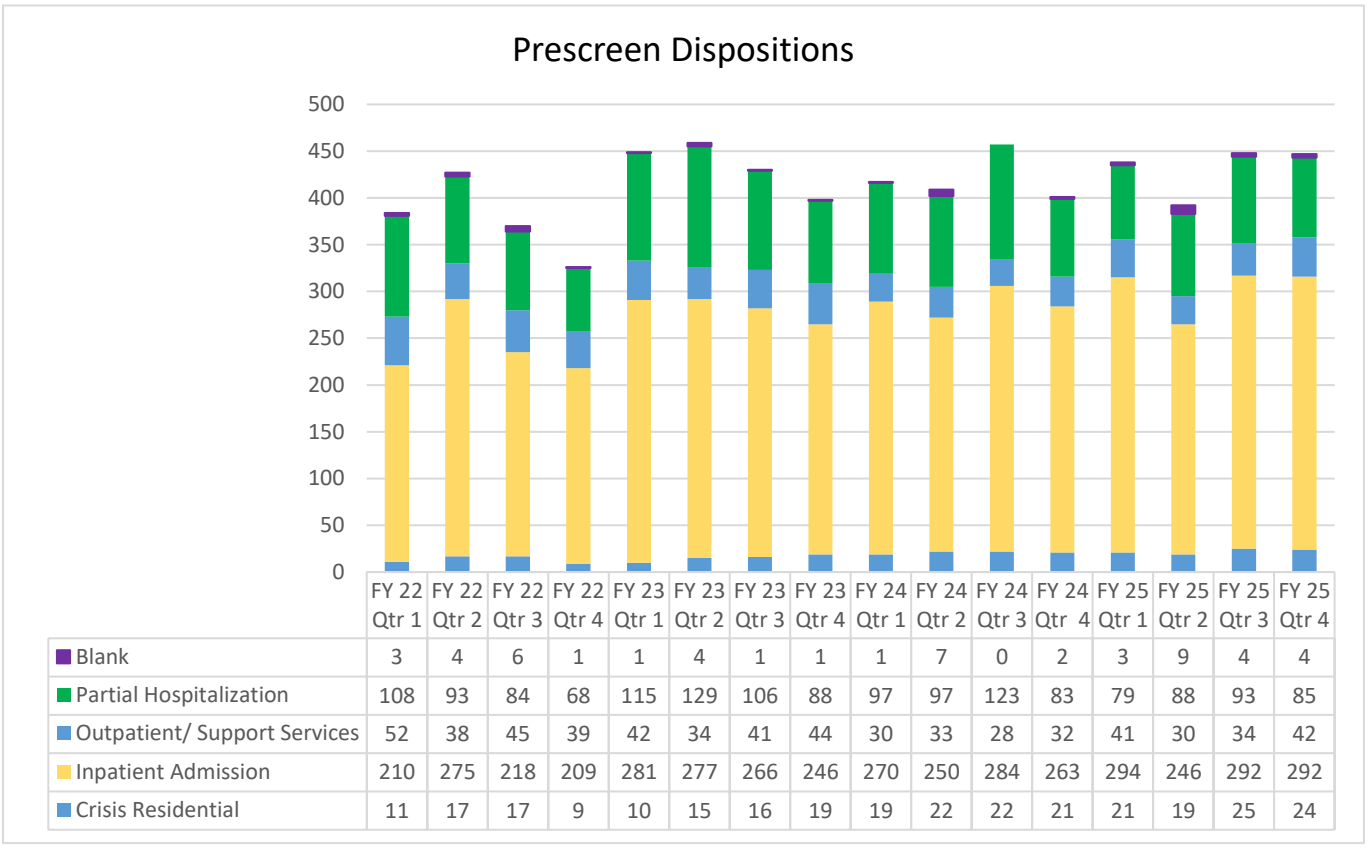


FY 25 4th Qtr Detail Ongoing Service						
Population	# of New Persons Eligible for Service	# of New Persons who started a new service within 14 days of eligibility	State Defined as Out of Compliance	Consumer Preference (No Show, cancelled, Requested >14 days or chose to go elsewhere)- used to be removed 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%

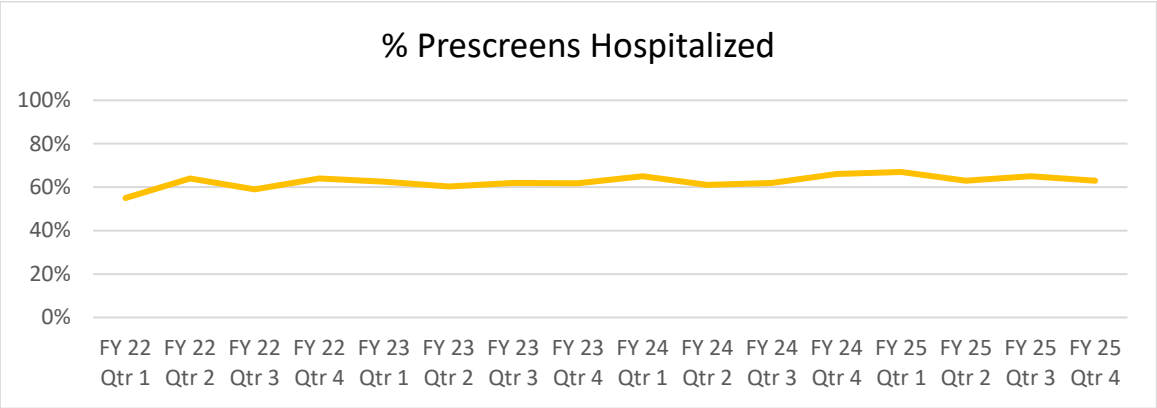
*We have found some individuals who attend their BPS appointment and are found eligible, do not wish to pursue our services. We share other resources with them. These cases still count as out of compliance. The breakdown of these numbers are listed below.

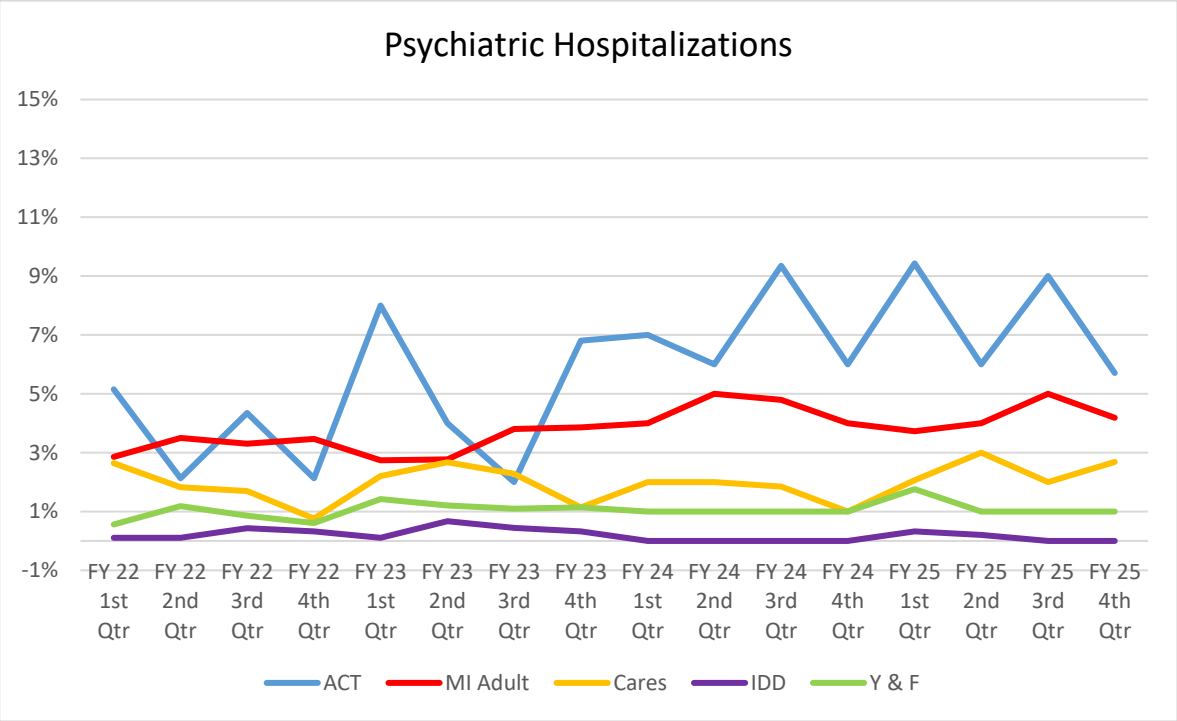
MI Child – 1/26
MI Adult –14/138



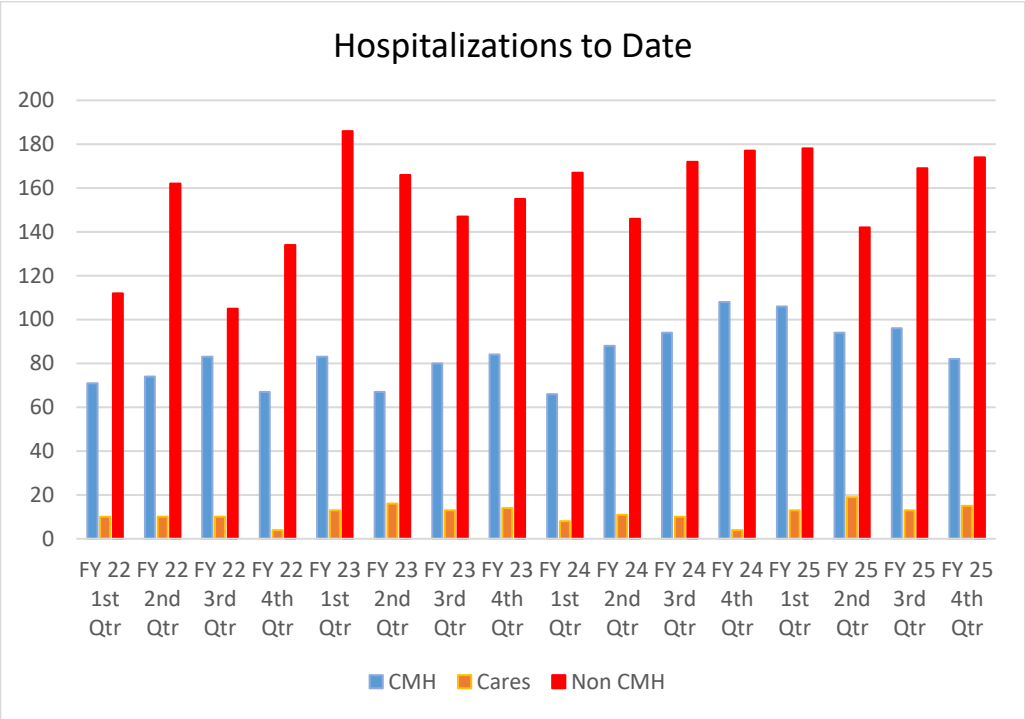


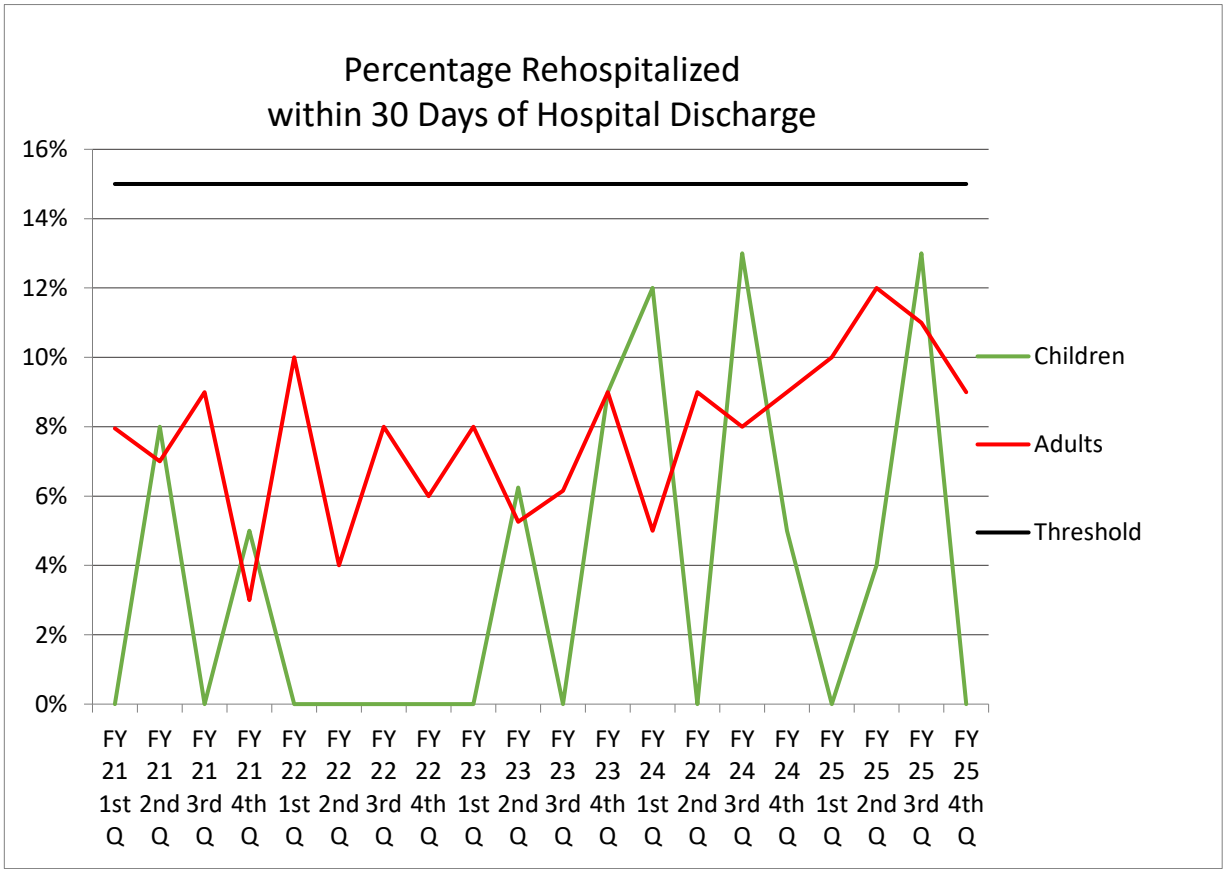
	FY 22 Qtr 1	FY 22 Qtr 2	FY 22 Qtr 3	FY 22 Qtr 4	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2	FY 24 Qtr 3	FY 24 Qtr 4	FY 25 Qtr 1	FY 25 Qtr 2	FY 25 Qtr 3	FY 25 Qtr 4
Blank	3	4	6	1	1	4	1	1	1	7	0	2	3	9	4	4
Partial Hospitalization	108	93	84	68	115	129	106	88	97	97	123	83	79	88	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



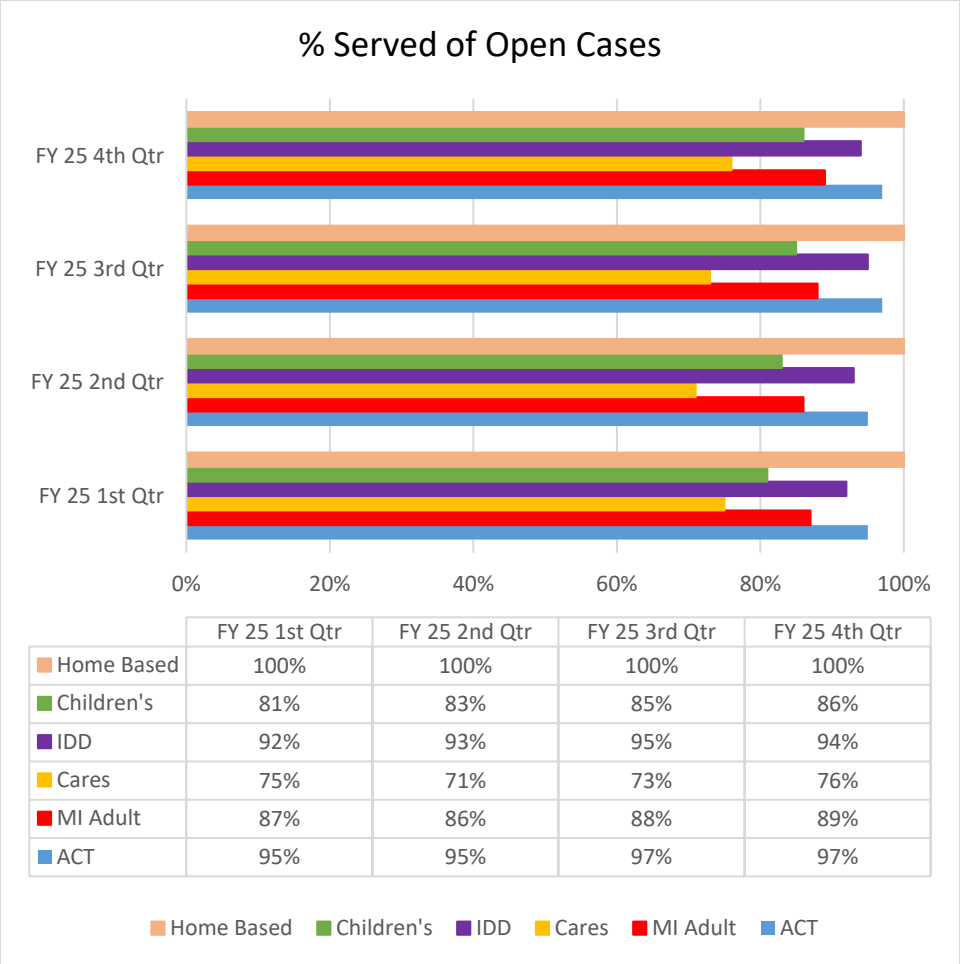


FY 25 4th Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	105	6 (1)	5.71%
MI Adult	1063	67 (14)	4.18%
Cares	559	15 (1)	2.68%
IDD	995	1 (0)	0.10%
Y & F	1042	8 (1)	0.79%


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 #1I
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 #1I
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 #1I
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

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

Community Mental Health Partnership of Southeast Michigan/PIHP	Policy Corporate Compliance
Committee: **Regional Compliance Committee**	**Local Policy Number (if used)**
Implementation Date	**Regional Approval Date**

Reviewed by:	Recommendation Date:
ROC	02/11/2026
CMH Board:	**Approval Date:**
Lenawee	
Livingston	
Monroe	
Washtenaw	

I. PURPOSE

To establish policy that ensures the Community Mental Health Partnership of Southeast Michigan (CMHPSM) complies with all relevant federal, state, and local laws, rules, and regulations and other standards set forth by accrediting organizations and professional licensure requirements.

II. REVISION HISTORY

DATE	MODIFICATION
2014	Revised to reflect the new regional entity.
01/27/2017	Revised to reflect regional compliance activities.
12/17/2021	Scheduled Review. Revised to reflect Compliance Plan.
06/03/2024	Revised to reflect Compliance Plan revisions. Approved by Compliance Committee 06/05/2024 (item J added)
08/22/2025	Due for review
Will be the regional approval date	Added Sanctions for Non-Compliance (Letter F) per OIG FY25 6.9 recommendations; minor revisions related to these sanctions made to Letter I.

III. APPLICATION

This policy applies to:

☒ CMHPSM PIHP Staff, Board Members, Interns & Volunteers
☒ Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
☒ Mental Health / Intellectual or Developmental Disability Service Providers
☒ SUD Treatment Providers ☒ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Abuse: Practices that are inconsistent with sound fiscal, business, or medical practices and result in unnecessary cost to the Medicaid payor, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Fraud: An intentional deception or misrepresentation by a person with the knowledge that the deception could result in an unauthorized benefit to him/herself or another person. This definition is not meant to limit the meaning of fraud as it is defined under applicable federal or state laws.

Healthcare Information: Any information, whether oral or recorded in any form or medium that: (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and that (b) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

Protected Health Information (a.k.a. confidential information): All personally identifiable information and material about a consumer/individual served in any form or medium, and the information that an individual is or is not receiving services.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Risk Assessment or Risk Analysis: The process of selecting appropriate measures to protect against particular dangers to computer systems, data, clinical records, and violations of regulatory and compliance standards.

Waste: Inappropriate utilization and/or inefficient use of resources.

V. POLICY

All staff, board members, students, volunteers, and providers with the CMHPSM network shall comply with all federal, state, and local laws, rules, and regulations applicable to the region's business lines, as well as other standards set forth by accrediting organizations and professional licensure requirements. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region shall coordinate efforts to ensure the security and privacy of protected health information, and to ensure compliance with all other applicable regulations, laws, and standards.

VI. STANDARDS

A. CMHPSM and each CMHSP shall ensure the security, privacy, integrity, and confidentiality of all consumer/individual served-related information in accordance with professional ethics and legal requirements.

B. Policies and procedures necessary to ensure compliance with federal, state, and local laws, rules, and regulations are maintained by the regional entity, which issues these policies and procedures to providers within the CMHPSM network.

C. The CMHPSM and each CMHSP shall ensure that their staff, students, and board members receive compliance training that includes state and federal compliance standards and reporting requirements. Such training shall include at a minimum, standards and reporting requirements related to HIPAA, HITECH, federal Medicaid regulations, and state regulations.

D. No director or board member of the CMHPSM, or any person with an employment, consulting, or other arrangement with the CMHPSM, can be a person who is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation, or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549, or anyone who is an affiliate, as defined in the Federal Acquisition Regulation, of such a person.

E. All CMHPSM staff, board members, students, volunteers, and providers are expected to conduct themselves in an ethical manner while performing their duties.

F. Sanctions may be enacted against any employee, board member, student, or volunteer of the CMHPSM or its providers who violate this compliance policy. CMHs will investigate potential violations to verify that a violation occurred. Sanctions for non-compliance are listed in the table below.

   Each CMH has the discretion as to how sanctions are applied. CMHs may determine appropriate sanctions based on factors, such as degree of intent, amount of financial harm, or the frequency of the violation.

   Discretion in Sanctioning: CMHs retain discretion in determining the appropriate sanction for Category 1–3 violations, taking into account factors such as degree of intent, amount of financial or operational harm, frequency of the violation, and any mitigating or aggravating circumstances.

   Category 4 violations constitute willful and malicious misconduct and require termination of employment, consistent with applicable labor agreements, due process requirements, and agency policy.

   For non-employees (including contracted provider staff, interns placed by external entities, and other individuals not employed by a CMHSP or CMHPSM), CMHs may take actions appropriate to the individual's relationship with the organization. Such actions may include, but are not limited to:
   - revocation of access or credentials
   - removal from the premises
   - termination of assignment
   - notification to the contracting, credentialing, or educational entity
   - contract remedies as permitted by law or agreement

VIOLATION CATEGORY	POSSIBLE SANCTIONS
Category 1: Accidental or inadvertent violation. This is an unintentional violation of compliance that may be caused by carelessness, lack of knowledge, lack of training, or other human error. Examples of this type of incident include minor errors/typos or inaccurate/incomplete fields in a CRCT module.	a. Verbal reprimand; b. Written reprimand in employee's personnel file; c. Corrective action(s); d. Retraining on compliance; e. Retraining on regional, state, and/or federal policies, procedures, and standards; or f. Retraining on properly completing internal forms, internal/external reports, and/or CRCT modules.
Category 2: Failure to follow established state and/or regional policies, procedures, and standards. This is a violation due to poor job performance or lack of performance improvement. Examples of this type of incident include a pattern of failing to accurately complete an aspect of a report, form, procedure, or CRCT module; a lack of consistent quality of work; and failure to report compliance violations.	a. Written reprimand in employee's personnel file; b. Corrective action(s); c. Retraining on compliance; d. Retraining on regional, state, and/or federal policies, procedures, and standards; e. Retraining on properly completing internal forms, internal/external reports, and/or CRCT modules; or f. Suspension of employee (parameters of time and payroll to be locally determined by the CMHSP).
Category 3: Deliberate or purposeful violation without harmful intent. This is an intentional violation due to poor time management caused by a person's perception that a task, requirement, or procedure is unimportant or not worth the person's time or energy. Examples of this type of incident include failure to complete corrective actions, reports, modules, procedures, or forms by established due dates or time frames.	a. Written reprimand in employee's personnel file; b. Corrective action(s); c. Suspension of employee (parameters of time and payroll to be locally determined by the CMHSP). d. Termination of employment;
Category 4: Willful and malicious violation with harmful intent. This is an intentional violation causing organizational harm. Examples of this type of incident include purposely failing to complete corrective actions, reports, modules, procedures, or forms accurately and/or by established due dates or time frames, and by doing so, causes the organization to fail at meeting a state/federal requirement or standard, or completing an investigation, report, or audit.	a. Termination of employment;

G. All board members shall adhere to the standards in this policy, the CMHPSM Compliance Plan, and other relevant state and federal compliance laws where it applies

to their board duties. Any compliance-related issue and/or violation of a compliance standard by a board member shall be reported to the appointing entity. Alleged misconduct will be referred to both the relevant local and CMHPSM boards.

H. Any relevant issue of compliance by/with a board member will be addressed by the local CMH board or respective entity. Any necessary sanctioning of board members will be the responsibility of the appointing body.

I. All staff, students, volunteers, and providers within the CMHPSM network shall adhere to the standards in this policy, the CMHPSM Compliance Plan, and other relevant state and federal compliance laws where it applies to their duties. Any compliance-related issue and/or violation of a compliance standard shall be reported to the CMHSP who will report the issue and/or violation to CMHPSM if it appears to be related to fraud, waste, or abuse as defined in the CMHPSM Compliance Plan. If it is determined that fraud, waste, or abuse has occurred, CMHPSM shall ensure relevant reporting is made to the required state and federal authorities. Alleged misconduct will be referred to both the relevant local boards.

J. CMHPSM and subcontractors must disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without obtaining authorization from the beneficiary to disclose such information. This is required by OIG to prevent any interference with an OIG investigation.

K. To ensure compliance, the CMHPSM shall have an individual identified as the CMHPSM's Compliance Officer who reports directly to the Chief Executive Officer and the Board of Directors. The CMHPSM Compliance Officer shall ensure that the CMHPSM expediently investigates any reports of fraud/abuse, maintains data on compliance issues, and reports relevant data to state and federal entities where required. Such investigations shall be the role of the CMHPSM or the local CMHSP designee, as outlined by CMHSP contract/agreement. Investigations that result in suspected fraud shall be reported to the CMHPSM Compliance Officer using the Michigan Office of Inspector General Fraud Referral Form.

L. Each CMHSP shall have a designated Compliance coordinator identified to take local reports of alleged fraud/abuse, maintain local data, report compliance issues and data to the CMHPSM Compliance Officer, and serve on the CMHPSM Compliance Committee. This CMHSP Compliance role shall be assigned by the CMHSP Director.

M. Reports of alleged fraud/abuse shall be made in accordance with the CMHPSM Compliance Plan, and include at minimum:
   - Persons involved (both those affected and those alleged)
   - Source of complaint
   - Type of provider and service(s) involved
   - Nature of complaint
   - Approximate dollars involved
   - Legal & administrative disposition of the case including any finding(s) and action(s) taken

N. The CMHPSM Compliance Officer shall maintain and provide oversight to a CMHPSM Corporate Compliance Committee with membership appointed by the Regional Operations Committee (ROC). The Corporate Compliance Committee is charged with

the development, coordination, and oversight of the CMHPSM's compliance efforts, including:

- Reviewing annual regional compliance audits to ensure adherence with established policies, procedures, and laws. If deficiencies are detected, requiring submission of corrective action plans and monitoring of said plans.
- Reviewing changes in law, regulations, or standards and identifying any areas of need in organizational policy, procedure, practice, and training.
- Reviewing risk analysis and risk management functions necessary to assure the privacy and security of protected health information.
- Reviewing risk analysis and risk management functions necessary to ensure areas of risk are assessed and corrected in compliance with laws, rules, and regulations.
- Monitoring regional plans of correction and making necessary recommendations, including performance improvement activities/recommendations as a result of assessed areas of need.

O. The Regional Corporate Compliance Committee is also given authority to assign ad hoc members or use specialized consultants to complete its work.

P. The responsibility for ensuring compliance with the security of health-related information shall be assigned to the Regional Corporate Compliance Committee with membership appointed by the Regional Operations Committee (ROC). The director of each local CMHSP shall appoint a local Security Officer to provide local oversight in ensuring local compliance and information dissemination. Each local CMHSP member of the CMHPSM may also establish a local Compliance/Security committee at their discretion in ensuring local compliance with all laws, rules, regulations, and standards.

Q. Reports on the results of all annual compliance audits shall be shared with the ROC, which will assign further implementation of plans of correction to applicable committees.

R. Due to the collaborative nature amongst the CMHPSM members, including integrated elements of the data systems, all members of the region (the PIHP and the CMHSPs) shall coordinate efforts to ensure the security and privacy of protected health information, and shall ensure compliance with all other applicable regulations, laws, and standards. External application of standards shall be defined in Chain of Trust Agreements and/or contract language.

VII. EXHIBITS

None

VIII. REFERENCES

1. 42 CFR, Part 438 (Managed Care)
2. Balanced Budget Act
3. 45 CFR, Part 164 (Security and Privacy)
4. Health Information Portability and Accountability Act
5. The Joint Commission Standards
6. MDHHS/PIHP Contract
7. MDHHS/CMHSP Contract
8. CMHPSM Sanctions for Breaches of Security or Confidentiality Policy
9. CMHPSM Confidentiality and Access to Consumer Records Policy
10. Deficit Reduction Act of 2005

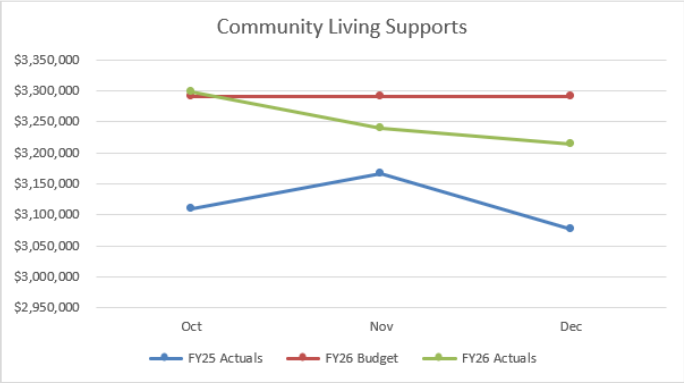
11. Patient Protection and Affordable Care Act of 2010
12. CMHPSM Compliance Plan
13. Federal False Claims Act, 31 U.S.C. §3729
14. Michigan Medicaid False Claims Act, Act 72 of 1977 §§400.601-.615 as amended through 2006

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

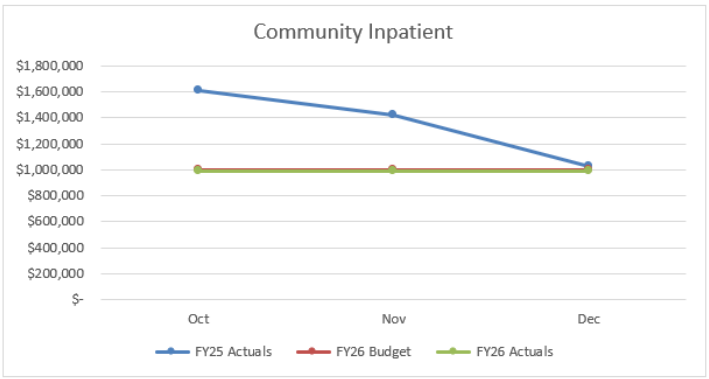
a. CLS service costs to date are estimated to be about $9.7 million and running just slightly under budget through December of FY 2026. The costs year to date are about 4.24% higher than last year at this time.

	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		



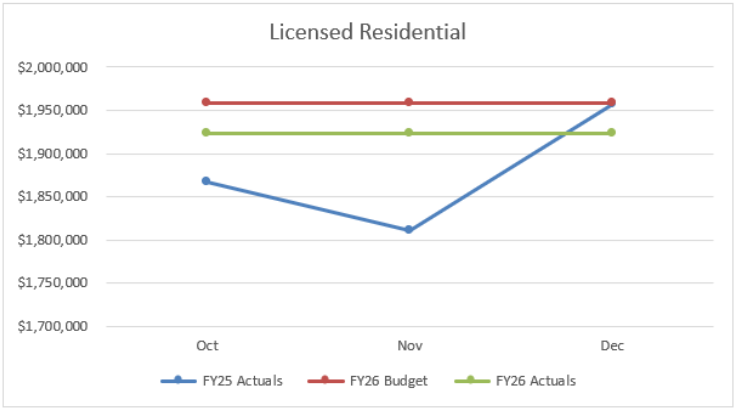
b. Community Inpatient costs to date are $2.9 Million. The costs year to date are lower than this time last year and are slightly under budget.

	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		



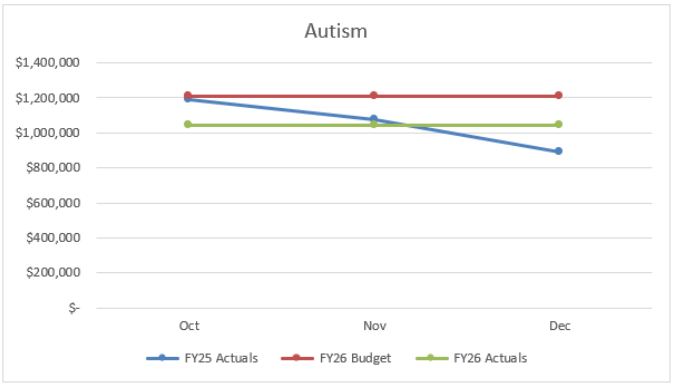
c. Licensed Residential costs to date are $5.7 Million and coming in slightly under budget. The costs year to date are about 2.5% more than this time last year.

	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	

Washtenaw County Community Mental Health - Millage Advisory Committee

PRELIMINARY YEAR END FY 2025

Millage Financial Update - For Twelve Months Ending December 31, 2025

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Community Wide Service Expansion				
CARES Team				
Access & Triage	$ 720,000	$ 720,000	$ 720,000	$ -
Treatment & Stabilization Services	820,000	820,000	820,000	-
Crisis Response	860,000	860,000	860,000	-
Other CARES Team	450,000	450,000	450,000	-
Criminal Justice Diversion & Deflection				
WCCMH Staffing - LEADD/Jail Services	$ 450,000	$ 450,000	$ 250,000	$ (200,000)
Prosecutting Attorney Office	155,000	155,000	155,000	-
Jail Medical Assisted Treatment	400,000	400,000	431,178	31,178
Supportive Housing				
Avalon - Permanent Supportive Housing	$ 363,509	$ 363,509	$ 400,423	$ 36,914
Michigan Ability Partners	252,124	252,124	281,157	29,033
Ozone	238,689	238,689	228,439	(10,250)
Ypsilanti Housing Commission	140,144	140,144	140,142	(2)
Shelter Association of MI	175,000	175,000	172,133	(2,867)
Emergency Housing	250,000	250,000	291,155	41,155
Youth Initiatives and Support				
Washtenaw Intermediate School District	$ 803,879	$ 803,879	$ 851,876	$ 47,997
Student Advocacy Center	380,672	380,672	380,672	-
Garrett's Space	373,306	373,306	350,287	(23,019)
Packard Health - YBMen	235,397	235,397	235,397	-
Community Family Life Centers	158,250	158,250	148,719	(9,531)
Washtenaw Area Council for Children	85,047	85,047	85,047	-
All Other Youth Initaties and Support	250,000	250,000	185,000	(65,000)
Other Service Expansion				
Jewish Family Services	$ 385,642	$ 385,642	$ 369,869	$ (15,773)
Health Dept - Healthy Neighborhoods	210,811	210,811	214,639	3,828
Washtenaw Health Plan	198,438	198,438	198,438	-
Ypsilanti District Library	176,522	176,522	155,045	(21,477)
Women's Center of Southeastern MI	79,803	79,803	72,752	(7,051)
All Other Service Expansion	500,000	500,000	425,000	(75,000)
TOTAL Community Wide Service Expansion	$ 9,112,233	$ 9,112,233	$ 8,872,368	$ (239,865)

Budget to Actuals

	Annual Budget	Budget YTD	Actuals YTD	Actuals YTD Over/(Under) Budget YTD
Education & Prevention				
NAMI Contract	$ 189,223	$ 189,223	$ 189,223	$ -
Health Dept - Anti Stigma Campaign	170,000	170,000	156,675	(13,325)
Miles Jeffery Roberts Foundation	45,000	45,000	45,000	-
Issue Media Group	12,000	12,000	2,000	(10,000)
TOTAL Education & Prevention	$ 416,223	$ 416,223	$ 392,898	$ (23,325)
Evaluation & Communication				
CHRT Contract	$ 239,960	$ 239,960	$ 153,472	$ (86,488)
TOTAL Evaluation & Communication	$ 239,960	$ 239,960	$ 153,472	$ (86,488)
Administration of the Millage				
WCCMH	$ 650,000	$ 650,000	$ 650,000	$ -
5 Healthy Towns (Planning)	25,000	25,000	-	(25,000)
National Assessment Center	20,660	20,660	17,216	(3,444)
TOTAL Administration of the Millge	$ 695,660	$ 695,660	$ 667,216	$ (28,444)
Grand Totals	**$ 10,464,076**	**$ 10,464,076**	**$ 10,085,954**	**$ (378,122)**

ANN ARBOR POLICE DEPARTMENT

Memorandum

TO: Sergeant Ried, Detectives Milkey, Luick, Officer Gilbee, Community of Mental Health Personnel- Katie Hoener and Christie Blais, and Day Shift Patrol Personnel

FROM: Lieutenant Mills

DATE: February 19, 2026

SUBJECT: Suicidal Subject

February 18, 2026

To: Sergeant Ried, Detectives Milkey, Luick, Officer Gilbee, Community of Mental Health Personnel- Katie Hoener and Christie Blais, and Day Shift Patrol Personnel

From: Lt. Corey Mills

Subject: Letter of Commendation, Washington St. Parking Structure Suicidal Incident

On February 17th at approximately 1415hrs a 911 caller reported observing a subject on the ledge of the top floor of the parking structure after climbing over the safety fence. It appeared as though the subject may intend to jump off the ledge and onto the street seven stories below. Responding officers rapidly established a perimeter, blocked surrounding streets, and prevented entry into or exit from the structure, immediately stabilizing the environment and reducing risk to the subject and the public.

Sergeant Ried arrived on scene and, with the elevator out of service, ran up seven flights of stairs to reach the top floor without delay. Upon arrival, he immediately began operating in his Crisis Negotiation Team (CNT) capacity by establishing dialogue with the subject.

Additional CNT personnel arrived shortly thereafter, including Officer Gilbee, Detective Milkey, Detective Luick, and Community of Mental Health (CMH) personnel Kaite Honer and Christie Blais. Sergeant Ried and CNT personnel worked collaboratively to identify the subject's triggers, gather critical background information from the subject's brother, and Sergeant Ried applied that information to develop a negotiation strategy. Their coordination was seamless and disciplined. Sergeant Ried and his team used all available resources to bring the situation to a safe, peaceful resolution. Sergeant Ried maintained full command of the incident and demonstrated skillful, patient, and calm tactics throughout the event, which lasted nearly three hours. His skillful approach directly contributed to the subject climbing back over the fence and safely submitting to protective custody and subsequently the resources he needed.

Patrol officers maintained a secure scene and communicated compassionately with the subject's brother, who arrived on scene under tense and stressful conditions. Their steady presence and professional communication supported both scene safety and the brother's immediate needs during a crisis.

We applaud the efforts of Sergeant Ried, Detectives Milkey, Luick, Officer Gilbee, CMH personnel, and the entire day shift for outstanding performance which exemplified teamwork, professionalism, and composure during a high-risk suicidal subject incident at the Washington St. parking structure. This incident reflects the highest standards of teamwork, leadership, and service, and it represents the kind of coordinated response that protects lives and reinforces public trust.

Respectfully,

Corey Mills
Lieutenant Dayshift Patrol

_____

Commander John Dunlap

_____

The Washtenaw County Community Mental Health Advisory Council

A Proposal for the Creation of a Peer Support Specialist – Peer Coordinator Position.

February 11, 2026

Whereas, there are more than 20 full time peers with Washtenaw County needing encouragement and advocacy as peers in their current roles;

Whereas, the talents of peers require the unique perspective of one who has had to face similar challenges of maintaining boundaries and ethical integrity in the midst of many difficult situations and thus would benefit from a supportive leader familiar with the work;

Whereas, most other job classifications or teams have a service coordinator or supervisor within Community Mental Health which represents them by having a leader who comes from within their ranks to prevent burnout and to support wellness amid the uniquely emotionally demanding work which can risk of compassion fatigue;

Whereas, the mental health and public safety millage and multiple other grants have demonstrated the sustainability of a collaboration of federal, state, and county-supported initiatives to advance the mental health and well-being of our community through local funding and responsibility;

Whereas, there is a need to bridge the gap between peer staff and non-peer staff, educating others on the value of peer roles and ensuring that peers are not inappropriately assigned tasks outside their scope of practice nor burdened with unrealistic expectations;

Whereas, peers need specialized support in recovery-oriented skills, such as peer support documentation and advocacy, rather than just clinical diagnostics;

Whereas, peers need support in ensuring they can continue to grow and develop in their work and not stagnate in their roles,

We recommend that the Washtenaw County – Community Mental Health Board and the Washtenaw County – Board of Commissioners create a position of Peer Support Specialist Coordinator to ensure that a peer with lived experience of going through the mental health system and/or with a history of substance use who has lived in recovery for at least 5 years and who has at least 4 years of experience as a peer (preferably in Washtenaw County Community Mental Health), as well as a Bachelors or Masters degree in a field of their choosing, and experience in some setting providing leadership to others. Our hope is that a qualified person would be able to serve effectively and with the endorsement of our community to support and lead the peers of Washtenaw County who support so many others with excellence in character and compassion.