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/91315625061
April 24, 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 Millage Advisory Committee Meeting Minutes and Actions 2/9/26 (Attachment #1A)
B. WCCMH Board Meeting Minutes and Actions – 2/27/26 (Attachment #1B)
C. WCCMH Quality-Finance Status Report for period ending December 31, 2025 (Attachment #1C)
D. WCCMH Millage Financial Status Report for period ending December 31, 2025 (Attachment #1D)
E. WCCMH Advisory Council Meeting Minutes and Actions – 2/11/26 (Attachment #1E)

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

VI. Executive Director Report - **T. Cortes** (15 minutes)

VII. CMHPSM Regional Update (5 minutes)

VIII. New Business (30 minutes)
- Innovative Behavioral Health (IBH) demonstration presentation (Attachment #4) **T. Cortes/L. Gentz**
- Contracts and Leases (Attachment #5) **M. Taylor**
- Annual Recipient Rights Training for Board Members (Attachment #6) **K. Snay**
- Annual Conflict of Interest Training (Attachment #7)
- Annual Ethics Statement (Attachment #8)
- Board of Commissioners – WCCMH Board member appointment resolution (Attachment #9)
- WCCMH Board Officers for 4/1/26 – 3/31/27 discussion (Attachment #10 & #11)
  - Vice Chair – Holly Heaviland
- WCCMH Committee assignments 4/1/26 – 3/31/27
  - WCCMH Quality-Finance Committee
  - WCCMH Millage Advisory Committee
  - WCCMH Executive Committee
  - CMHPSM Regional Board

IX. Old Business (0 minutes)

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.

- 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
  - 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 litigation updates (30 minutes)

XII. Resume public meeting (1 minute)

XIII. Adjournment of Public Meeting (Next WCCMH Board Meeting: June 26, 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/91315625061

Phone one-tap:
+19292056099, 91315625061# US (New York)
12678310333, 91315625061# US+(Philadelphia)

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

Webinar ID: 913 1562 5061

International numbers available:
https://zoom.us/u/aceUVWTjl4

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

APRIL 24, 2026

CONSENT AGENDA

A. WCCMH Millage Advisory Committee Meeting Minutes and Actions 2/9/26 (Attachment #1A)
B. WCCMH Board Meeting Minutes and Actions – 2/27/26 (Attachment #1B)
C. WCCMH Quality-Finance Status Report for period ending December 31, 2025 (Attachment #1C)
D. WCCMH Millage Financial Status Report for period ending December 31, 2025 (Attachment #1D)
E. WCCMH Advisory Council Meeting Minutes and Actions – 2/11/26 (Attachment #1E)

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH MILLAGE ADVISORY COMMITTEE MEETING MINUTES *DRAFT*
February 9, 2026
Learning Resource Center-Michigan Room (in person)
https://zoom.us/j/99422923777 (virtual)
3:30–5:00 pm

A. Somerville called the meeting to order at 3:36 pm.

ROLL CALL:

A. Carlisle attending in person
H. Heaviland attending in person
B. Higman attending in person
R. Rion attending in person
A. Somerville attending in person
M. Udow-Phillips attending in person
G. Waddles Jr attending

MEMBERS ABSENT: A. Dusbiber, S. Petty, M. Radzik, A. Rooks

STAFF PRESENT: T. Cortes, N. Phelps, L. Gentz, R. Avedisian, M. Taylor, T. Florence, S. Ray, S. Amos O'Neal, N. Testorelli, M. Tasker, C. Holston, S. Stewart

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

I. Introductions
- S. Stewart (Jail Services), C. Holston (CRU), M. Tasker (CMH)

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None.

IV. Millage Advisory Committee Minutes and Actions from 12/8/25 (Attachment #1)
- Millage Advisory Committee Minutes and Actions from 12/8/25, were reviewed.

MOTION BY H. HEAVILAND, SUPPORTED BY R. RION TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE DECEMBER 8, 2025, MILLAGE ADVISORY COMMITTEE MEETING AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

V. Discussion Items

- Millage Process, Investments and Progress Update
  - L. Gentz provided the Millage Process, Investments and Progress Update to the Committee.

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

VII. Old Business
- None

VIII. New Business –
- WCCMH Crisis System (Attachment #3)
  - C. Holston, S. Stewart & M. Tasker presented on the WCCMH Crisis System to the Committee.

IX. Items for Future Discussions
- Millage Investment Plan
- Washtenaw Coordinated Funding Partnership Update
- CHRT gaps analysis

MOTION BY H. HEAVILAND TO ADJOURN THE WCCMH MILLAGE ADVISORY COMMITTEE MEETING.

Meeting adjourned at 4:53 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/98848701576
February 27, 2026
9:30am

F. Brabec called the meeting to order at 9:37 am.

ROLL CALL: F. Brabec attending in person
A. Dusbiber attending virtually
J. Gardner attending in person
B. Higman attending in person
B. King attending in person
A. LaBarre attending in person
S. Petty attending in person

MEMBERS ABSENT: H. Heaviland, A. Rooks, A. Somerville, M. Tolstyka, M. Udow-Phillips

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

OTHERS PRESENT: L. Lutomski, 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 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)

MOTION BY B. KING SUPPORTED BY A. LABARRE TO ACCEPT AND APPROVE THE FEBRUARY 27, 2026, WCCMH BOARD CONSENT AGENDA AS PRESENTED.

ROLL CALL VOTE:

BRABEC	**Y**	**DUSBIBER**	**Y**
GARDNER	**Y**	**HEAVILAND**	**N/A**

HIGMAN	**Y**	**KING**	**Y**
LABARRE	**Y**	**PETTY**	**Y**
ROOKS	**N/A**	**SOMERVILLE**	**N/A**
TOLSTYKA	**N/A**	**UDOW-PHILLIPS**	**N/A**

MOTION CARRIED

V. Treasurer's Report

- WCCMH Quality-Finance Status Report (Attachment #2) **ACTION**
  - N. Phelps presented the Quality-Finance Status Report for the period ending December 31, 2025.

MOTION BY A. LABARRE. KING SUPPORTED BY B. KING TO ACCEPT AND APPROVE THE WCCMH QUALITY-FINANCE FINANCIAL STATUS REPORT ENDING DECEMBER 31, 2025, AS PRESENTED.

ROLL CALL VOTE:

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

MOTION CARRIED

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

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

ROLL CALL VOTE:

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

MOTION CARRIED

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 discussed a memo from the Ann Arbor Police Department letter of Commendation for a recent incident that occurred in Downtown Ann Arbor.
  - T. Cortes thanked the CMH PATH team for all their hard work during the recent cold snap that occurred in our area.
  - T. Cortes distributed a resolution to the Board regarding Crisis Response to review.

VII. CMHPSM Regional Update

- T. Cortes provided the regional update to the Board.

VIII. New Business

- Advisory Council
  - M. Hershberger provided an update on the Advisory Council to the WCCMH Board.

- Board Appointment Update
  - T. Cortes provided and update on Board Appointments to the WCCMH Board.

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)

MOTION BY A. LABARRESUPPORTED BY B. KING TO ADJOURN THE PUBLIC MEETING OF THE WCCMH BOARD.

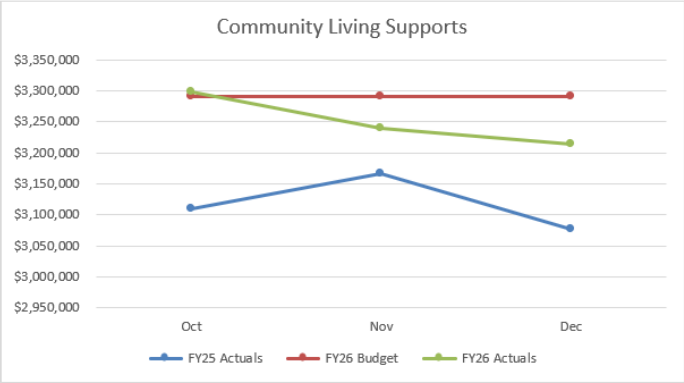
WCCMH Board meeting adjourned at 10:59 am.

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

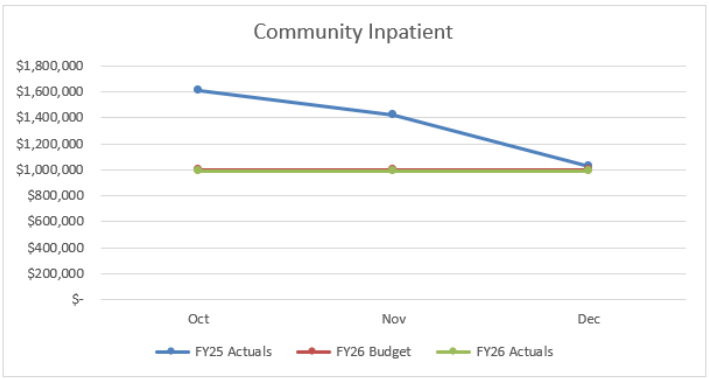
a. CLS service costs to date are estimated to be about $9.7 million and running just slightly under budget through December of FY 2026. The costs year to date are about 4.24% higher than last year at this time.

	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		



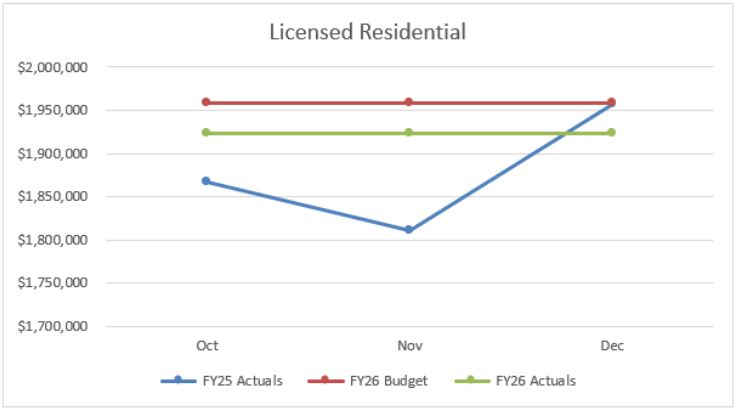
b. Community Inpatient costs to date are $2.9 Million. The costs year to date are lower than this time last year and are slightly under budget.

	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		



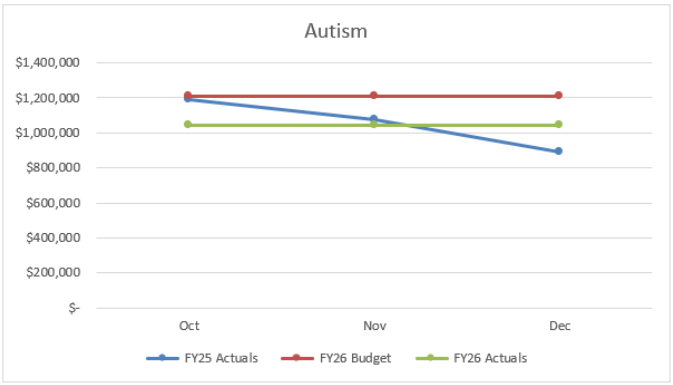
c. Licensed Residential costs to date are $5.7 Million and coming in slightly under budget. The costs year to date are about 2.5% more than this time last year.

	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

	FY 2026 YTD Actuals	Prior Year Comparison: 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)**

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

February 11, 2026

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

Meeting called to order at: _ 12:30 _ pm_.
MOTION BY _ Pam _ - SUPPORTED BY _ Barb _: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) ADVISORY COUNCIL (AC) CONSENT AGENDA. MOTION CARRIED.

I. **Sheriff's office:** Alycia Dyer, Sheriff joined via Zoom; Eugene Rush of Engagement Division joined in person. They are addressing PTSD among staff and destigmatization of seeking therapy: victim's rights work, housing, gun violence, helping mom's involved in legal system, serving 300-350 in jail unit, reentry after jail, Women's support in jail., . Critical incident debriefings continue. CHANCE program: Community Helping and Navigating Challenging Encounters. Crisis Negotiation Team (CNT) was discussed. Adreanne Waller (Transformational Strategies Specialist) talked about her work as an epidemiologist, in Sheriff's office for 3 years, "Our Say, Our Way" asking questions of those involved in murder. She discussed violence-related issues and they all addressed various initiatives directed by the sheriff. RE: Tobacco Treatment, they talked about how regulation enforcement at gas stations helps reveal and curtail under-age sales. They talked about Metro Dispatch and the non-emergency line for potholes, debris, etc: 734-994-2911 – Available 24/7. Upstream prevention & victimization & trauma were discussed, particularly in regard to the incident on Cross Street in Ypsilanti in January of this year. They talked about how Metro Swat only becomes involved when requested by the local jurisdiction, same with Metro CNT team. There was acknowledged to be lots of room for improvement. Following youth involved in weapons charges / violent incident's they are referred to Corner Health Center. Adreanne mentioned a need for trauma recovery centers in Washtenaw County in her report "Out of Harm's Way."

II. **Youth & Family:** Alyssa stated her desire to support CMH-Advisory Council as best she could, but acknowledged her plans to move to another position and to ask a parent of a youth member of Youth and Family to participate in the Advisory Council in her stead.

III. **Regional Update:**
   a. Quality Assurance: Satisfaction surveys showed marked improvement
   b. Art Show: The state traveling Art Show will happen soon. Mert will start collecting art for Washtenaw. We are still looking at coordinating time with

Nika and Scott for downtown space on July 17th and maybe July 18th. We also talked about Melissa's suggestion to have artists featured in the Celtic Festival booth for CMH on July 11th. Mert will refer this to Sally for input.

c. We are looking at shifting the picnic to June 25, 2026.
d. We are looking at November 12, 2026 for the regional training.

IV. **Topics/issues to raise with Legislators (state, federal, local): Melissa** has been coordinating with Jeremy of Elissa Slotkin's office for later this year. It is taking a while to hear from him. Questions to talk to federal legislators about were sought to propose to the Senator's office.

V. **Public Health: Lisa deRamos** mentioned an event and asked us to help spread the word with clients, colleagues, and peers. This free event is geared toward college students but we won't turn anyone away and parking vouchers are available if you sign up by 2/16. "Join YpsiWrites (@ypsiwrites) and WishYouKnew (@wishyouknewwashtenaw) next Wed, 2/18 from 11am-12:30pm for a free wellness workshop titled "What's Up with Emotions?" hosted by Write for Mental Wellness on Zoom or in-person at EMU Halle Library Rm 109. Register here: tinyurl.com/whats-up-with-emotions" Pam and Melissa offered to distribute paper flyers at the CMH locations. Mert offered to share on CMH social media accounts too!"

VI. **Speaker's Bureau:** Mert mentioned an upcoming couple of speaking appointments different people have.

VII. **NAMI: Barb**: Barb talked about advocacy to different audiences and upcoming Family-to-Family classes in March and social club events and workshops.

VIII. **Newsletter: Mert** distributed; Anton Contributed.

IX. **Walk-A-Mile –** Updates from Leo. Mert had heard nothing from Lisa Gentz about the #WishYouKnew tagline. "#MentalHealthMatters" was recommended as a tagline only since the #WishYouKnew tagline is more specific to Washtenaw.

X. **NEW BUSINESS –**

a. Proposal to have a Peer Advocate Coordinator for Peers was proposed and passed unanimously.

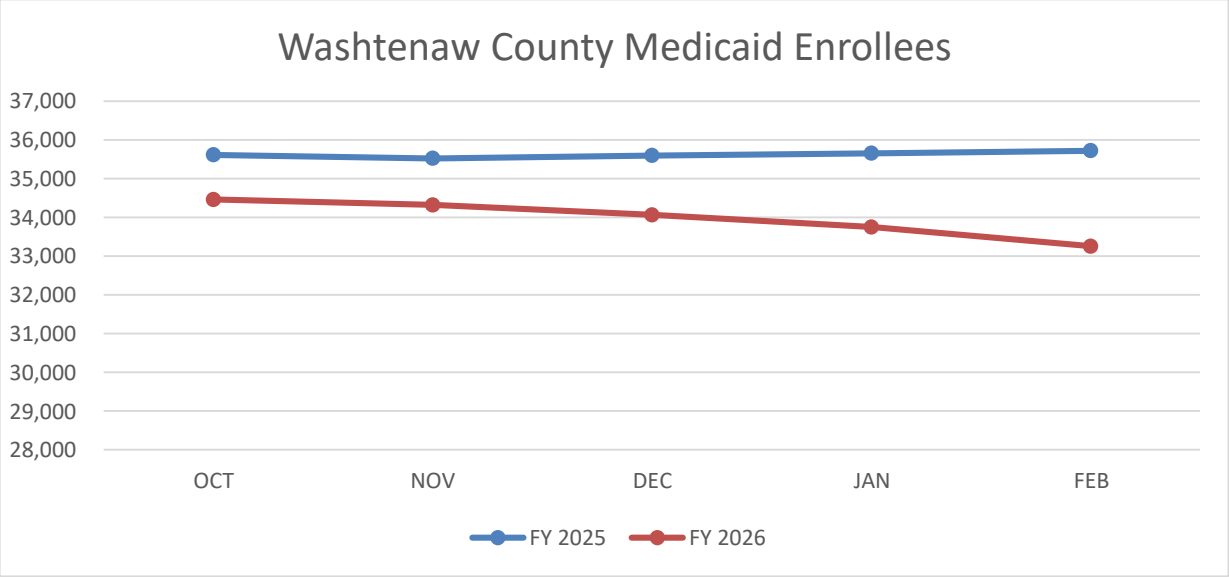
_ Pam _ motioned to adjourn the meeting at _ 1:55 pm_, Supported by _ Melissa_.

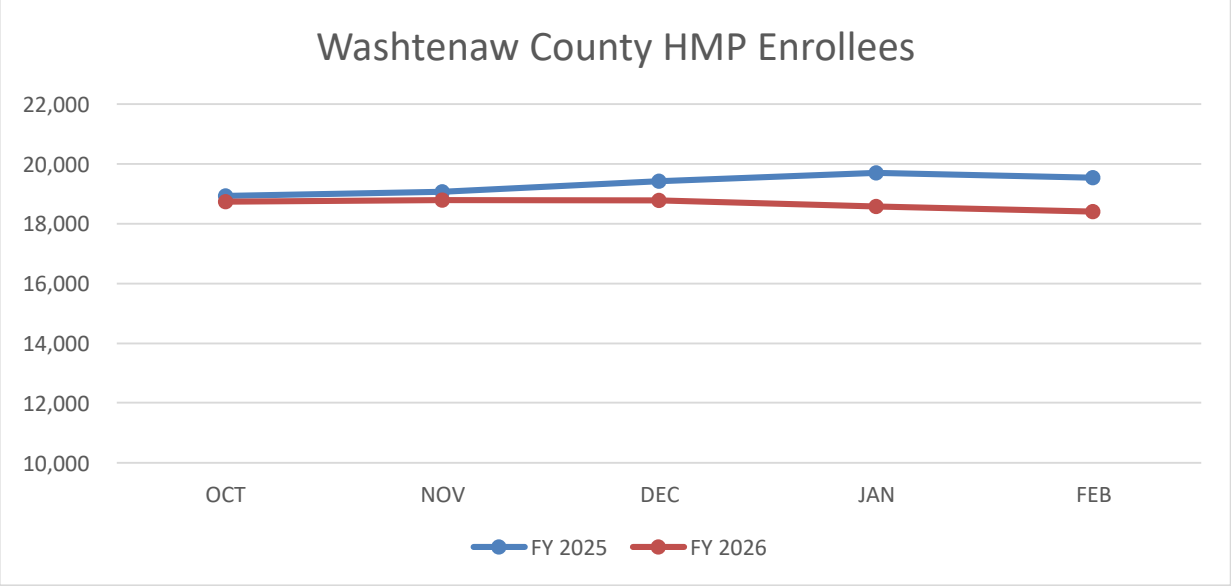
The next meeting will be March 11, 2026 at 2140 E. Ellsworth or via Zoom at 12:30-2pm. Please arrive / join a few minutes early (as early as 12:15pm) if possible. NOTE: the room & calendar is reserved for Noon to 2pm to accommodate set-up for the meeting. However, the official meeting doesn't start until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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2026: For the period ending February 28, 2026
Prepared: April 17, 2026

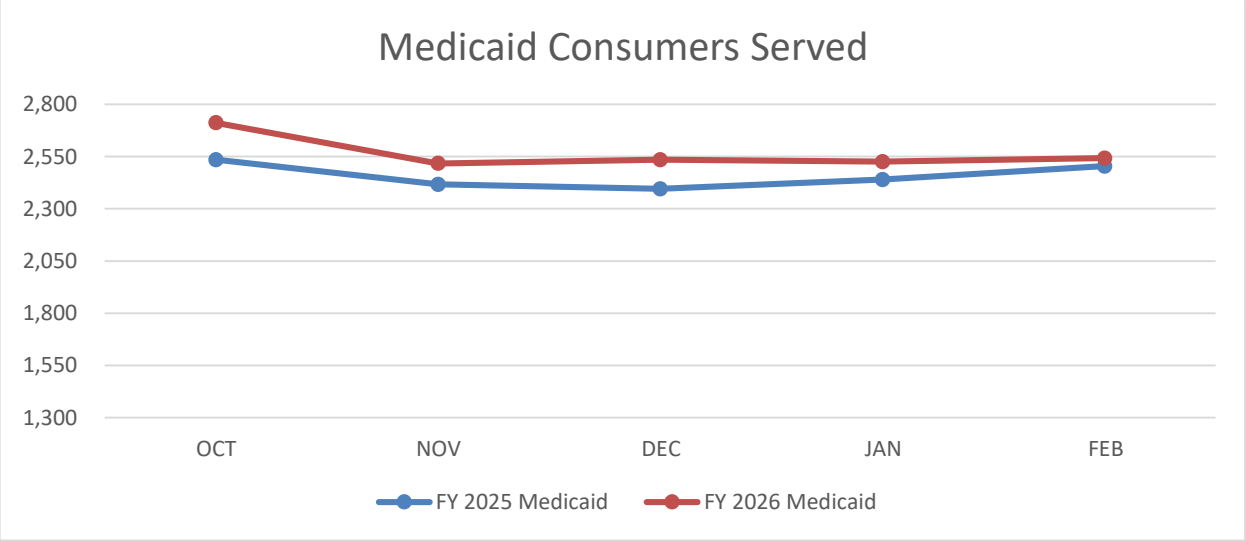
1. Washtenaw County Enrollees

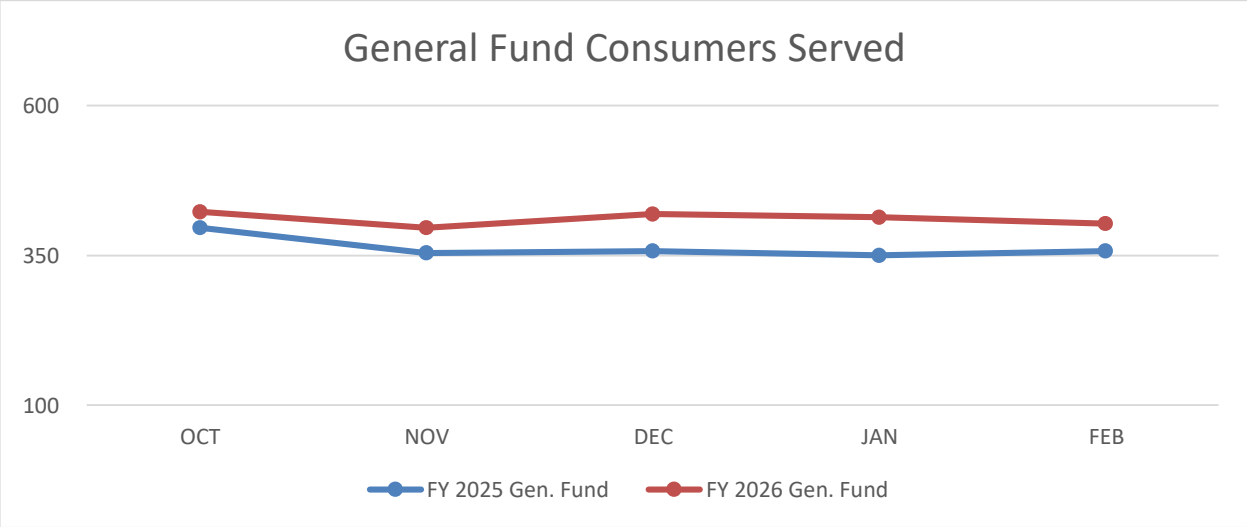
A summary of FY 2026 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



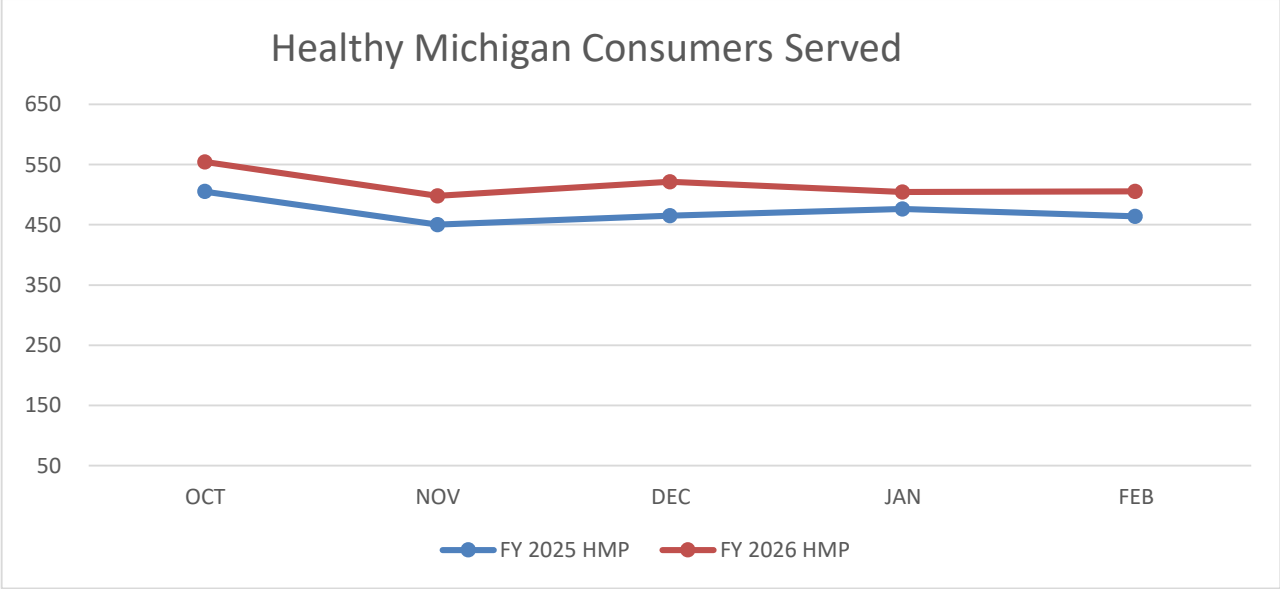


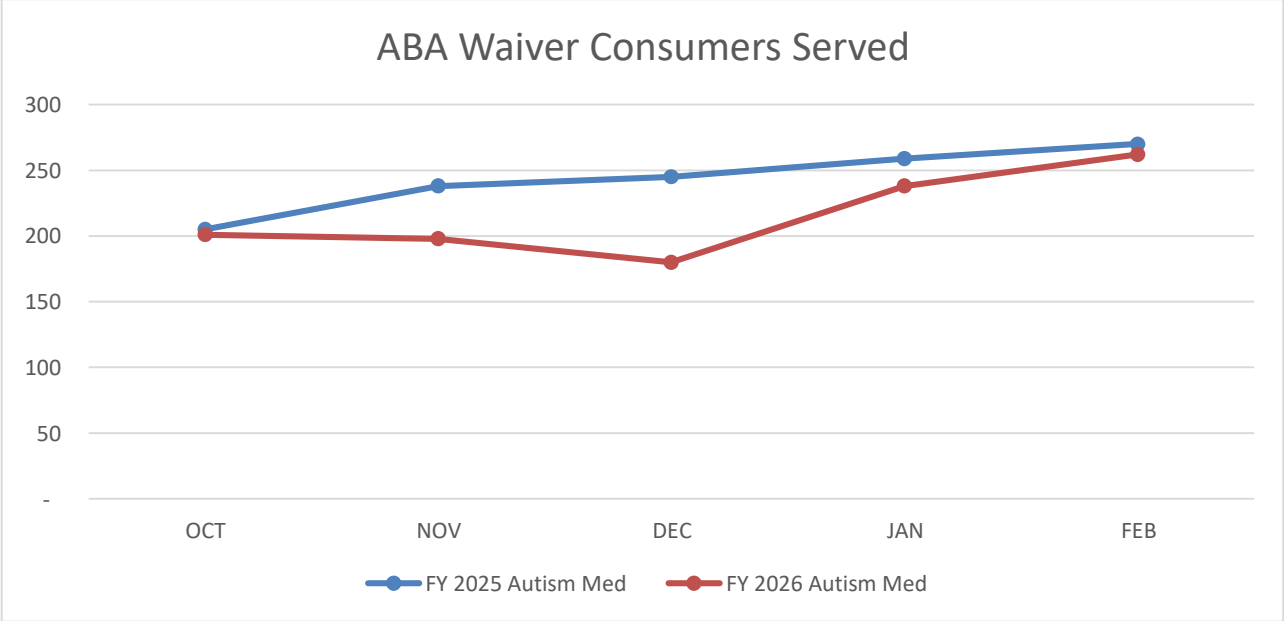
Washtenaw County Medicaid Enrollees were 33,254 in February 2026. This is a 6.91% decrease from the same time last year (2,469 less enrollees than in February 2025). Healthy Michigan enrollment in February 2026 was 18,399. This is a 5.84% decrease from the same time last year (1,142 less enrollees than in February 2025).





Medicaid consumers served were 2,542 in February 2026. This is 39 more consumers served from the same time last year (2,503 served in February 2025). General Fund consumers served in February 2026 was 403. This is 46 more consumers served from the same time last year (357 served in February 2025).



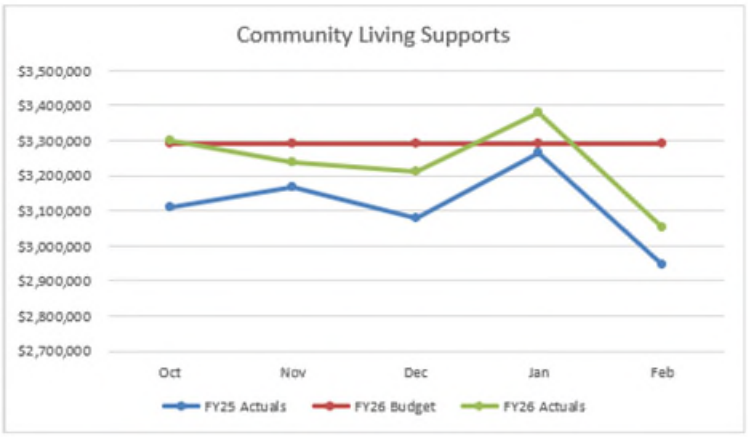


Healthy Michigan consumers served were 504 in February 2026. This is 28 more consumers served from the same time last year (464 served in February 2025). Autism consumers served in February 2026 was 262. This is 8 less consumers served from the same time last year (270 served in February 2025).

2. Financial Statement Highlights

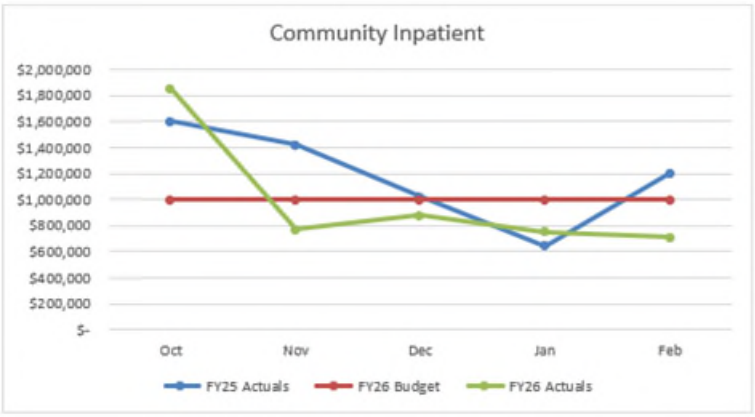
a. CLS service costs to date are estimated to be about $16.1 million and running just slightly under budget through February of FY 2026. The costs year to date are about 3.98% higher than last year at this time.

	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	3,380,419	4.08%
Feb	2,946,981	3,291,666	3,052,654	3.98%
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	3,274,248	3,291,666		
Aug	3,121,309	3,291,666		
Sep	3,185,461	3,291,666		



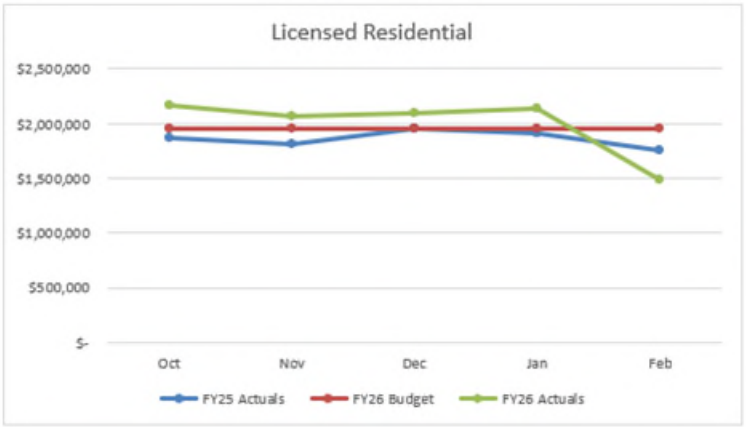
b. Community Inpatient costs to date are $4.9 Million. The costs year to date are lower than this time last year and are slightly under budget.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,605,037	$ 1,000,000	$ 1,861,507	15.98%
Nov	1,420,600	1,000,000	775,230	-12.85%
Dec	1,027,322	1,000,000	879,178	-13.25%
Jan	643,501	1,000,000	746,665	-9.24%
Feb	1,207,305	1,000,000	713,702	-15.71%
Mar	1,457,107	1,000,000		
Apr	1,542,660	1,000,000		
May	1,543,225	1,000,000		
Jun	1,572,138	1,000,000		
Jul	1,459,593	1,000,000		
Aug	1,574,457	1,000,000		
Sep	1,652,209	1,000,000		



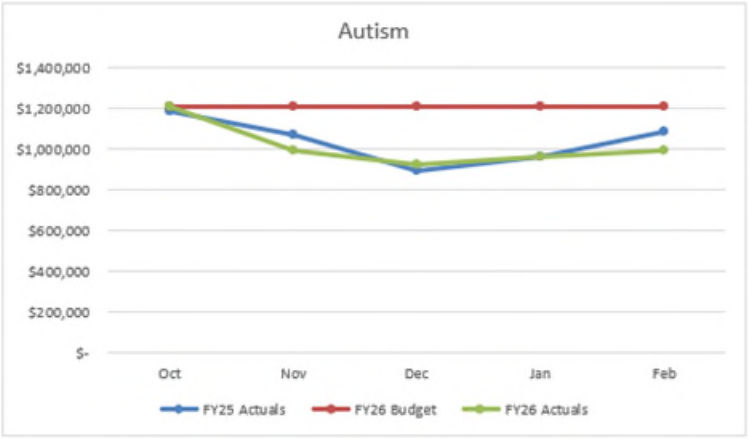
c. Licensed Residential costs to date are $9.9 Million and coming in slightly over budget. The costs year to date are about 6.9% more than this time last year.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,867,597	$ 1,958,333	$ 2,162,039	15.77%
Nov	1,810,965	1,958,333	2,067,657	14.98%
Dec	1,957,547	1,958,333	2,099,792	12.30%
Jan	1,909,077	1,958,333	2,132,709	12.15%
Feb	1,763,459	1,958,333	1,490,292	6.92%
Mar	1,861,729	1,958,333		
Apr	1,282,733	1,958,333		
May	1,347,234	1,958,333		
Jun	1,312,190	1,958,333		
Jul	1,350,727	1,958,333		
Aug	1,382,778	1,958,333		
Sep	1,395,630	1,958,333		



d. Applied Behavior Analysis/Autism service costs to date are $5 Million. The costs year to date are coming in under budget and trending about 2.1% lower than this time last year.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,190,528	$ 1,208,333	$ 1,211,534	1.76%
Nov	1,073,749	1,208,333	994,414	-2.58%
Dec	891,494	1,208,333	928,796	-0.67%
Jan	960,952	1,208,333	961,355	-0.50%
Feb	1,087,528	1,208,333	997,922	-2.12%
Mar	1,178,664	1,208,333		
Apr	1,334,716	1,208,333		
May	1,306,790	1,208,333		
Jun	1,385,580	1,208,333		
Jul	1,469,549	1,208,333		
Aug	1,268,414	1,208,333		
Sep	1,152,025	1,208,333		



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

3. 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 $5.5 M through February.
c. By funding source, HMP is showing a deficit of $962k through February.
d. Overall, the PIHP surplus is $4.5M through February.

4. CCBHC Fee For Service (FFS) Key Points

a. CCBHC is billed to MDHHS on a fee-for-service basis.
b. CCBHC program is showing a deficit of $975k through February.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of $1.1M.

6. Local Key Points

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

b. Local Funds are currently showing a surplus of $500k through February.

c. Uses of Local Funding include:

   i. The 10% GF Match of non-residential services
   ii. Local contribution – required by MDHHS
   iii. Local share for State Facilities
   iv. Shelter expenses and other Local needs

7. Fund Balance

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

		Total
Medicaid **		
Revenue		
B & 1115i	$	25,992,084
HSW		15,201,535
Behavioral Health Home		-
Child Waiver/SED Waiver		448,485
Autism		5,199,619
Prior Year Adjustments		-
Care for Caid		62,597
Total Medicaid Revenue	$	46,904,320
Total Medicaid Expense	$	41,373,013
Medicaid Surplus/(Deficit)	$	5,531,307
Healthy Michigan **		
Revenue	$	2,930,932
Expense		3,893,910
Healthy MI Surplus/(Deficit)	$	(962,979)
CCBHC		
CCBHC FFS Revenue	$	12,489,889
Total CCBHC Revenue	$	12,489,889
CCBHC Non-Medicaid Expense		1,765,278
CCBHC HMP Expense		2,145,011
CCBHC Medicaid Expense		9,555,323
Total CCBHC Expense	$	13,465,612
CCBHC Surplus/(Deficit)	$	(975,723)
General Fund		
Revenue		
CMH Operations	$	1,881,704
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		-
Funding Fr. Other Local Sources		681,264
Total General Fund Revenue	$	2,562,968
Total General Fund Expense	$	1,384,300
General Fund Surplus/(Deficit)	$	1,178,667
HEALTH HOME SERVICES		
Revenue		
Behavioral Health Home	$	252,392
Other Revenue		-
Total BHH Revenue		252,392

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE

		Total
Expense		
Medicaid Health Home Services		394,702
Other Expenses		-
Total BHH Expenses		394,702
Behavioral Health Home Surplus/(Deficit)	$	(142,310)
Injectable Meds		
Revenue	$	30,494
Expense		34,131
Inj. Meds. Surplus/(Deficit)	$	(3,637)
Grants And Contracts		
Revenue	$	1,201,742
Expense		1,088,536
Grants & Cont. Surplus/(Deficit)	$	113,206
CMHSP To CMHSP		
Revenue	$	312,135
Redirect to GF		-
Expense		293,377
CMHSP to CMHSP Surplus/(Deficit)	$	18,758
Local		
Revenue	$	787,886
Expense		282,806
Local Surplus/(Deficit)	$	505,080
Private Grant & All NOR		
Revenue	$	102,780
Expense		90,868
Priv. Grant & NOR Surplus/(Deficit)	$	11,911
Grand Total		
Revenue	$	67,575,537
Expense		62,301,257
Grand Total Surplus/(Deficit)	$	5,274,281

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	4,568,329
WCCMH Surplus/(Deficit)		705,952
	$	5,274,281

Washtenaw County Community Mental Health - Millage Advisory Committee

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

| | 2024 | 2025 | 2
(|
|---|---|---|---|
| Revenue | $8,660,423.39 | $9,125,657.51 | |
| 22245100 - CMH MH Millage Operations | $8,660,423.39 | $9,125,657.51 | |
| 401000 - Current Property Tax | $7,745,774.32 | $8,254,450.89 | |
| 660000 - Interest Earnings | $828,791.69 | $440,131.65 | |
| 661000 - GASB 31 Adjustment | $2,928.67 | $330,863.81 | |
| 690000 - Transfers In | $82,928.71 | $100,211.16 | |
| Expense | $8,629,045.05 | $11,540,284.67 | |
| 22245100 - CMH MH Millage Operations | $8,629,045.05 | $11,540,284.67 | |
| 702000 - Salaried Permanent | $2,802,077.31 | $2,383,434.20 | |
| 703000 - Part Time Temporary | $26,736.23 | $123,360.71 | |
| 703010 - On Call | $18,303.09 | $19,306.94 | |
| 704000 - Overtime | $196,249.61 | $235,800.52 | |
| 706000 - Shift Premium | $13,783.63 | $13,342.68 | |
| 715200 - Fringe Benefits | $1,444,338.72 | $1,521,201.90 | |
| 752000 - Printing | $155.14 | $0.00 | |
| 753000 - Postage | $288.70 | $0.00 | |
| 754000 - Operating Supplies | $703.28 | $1,212.47 | |
| 801300 - Subscriptions and Dues | $1,082.50 | $1,641.88 | |
| 801500 - Consultants and Contracts | $2,696,451.41 | $5,383,734.99 | |
| 803000 - Telephone | $25,252.93 | $187,545.77 | |
| 805000 - Travel | $7,461.30 | $1,601.68 | |
| 805500 - Employee Development | $16,984.18 | $16,556.51 | |
| 815900 - Client Transportation | $821.21 | $0.00 | |
| 816700 - Reallocated Expense | $756,644.69 | $1,013,120.92 | |
| 817200 - Client Care | $26,433.57 | $9,236.33 | |
| 817300 - Housing Assistance | $235,170.72 | $290,300.86 | |
| 829900 - Miscellaneous | $0.00 | $42.49 | |
| 951000 - Cost Allocation Plan | $344,447.03 | $335,036.64 | |
| 952100 - Fleet Fuel | $4,231.89 | $3,421.75 | |
| 952200 - Fleet Maintenance | $7,627.41 | $164.79 | |
| 952300 - Fleet Administration | $3,800.50 | $220.64 | |
| **Net Income:** | **$31,378.34** | **($2,414,627.16)** | |

Total Use of Fund Balance 2025 = $2,414,627.16
Total Fund Balance as of 1/1/2026 = $6,626,317

Innovation in Behavioral Health (IBH) Model

T. Cortes/L. Gentz- April 24, 2026

Care Delivery Framework Overview

- Behavioral health setting as a point of entry
- Identifies and secures further care for the individual
- Facilitates close collaboration with primary and specialty care providers
- Accountablity based-integration not referral-based

Three Core Innovations

Behavioral Health as the Integrator

BH practices are responsible for identifying, coordinating, and influencing physical health outcomes

The BH setting becomes the most reliable point of engagement

A New Role: Physical Health Consultant

Not co-location, not primary care takeover

A consultative, accountable role embedded in BH workflows

Payment + Infrastructure Designed for BH

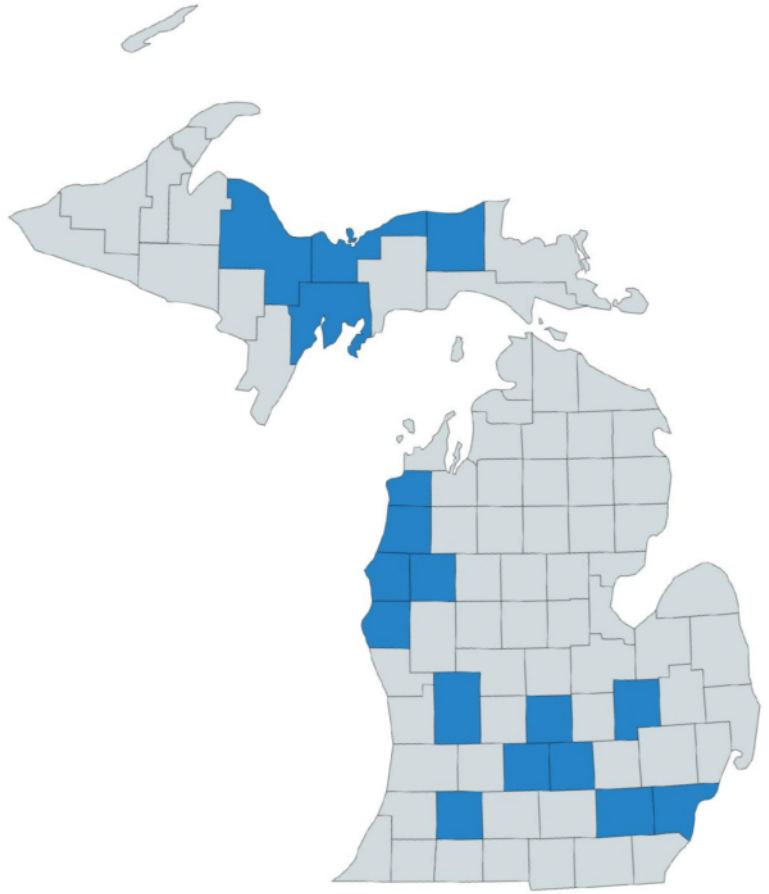
Value-based payment aligned across Medicaid and Medicare

Upfront infrastructure investment (health IT, data, workflows)

BH practices finally positioned to succeed in VBP

Practice Participant Counties

8 Year Demonstration



Populations

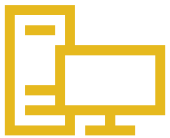
- Medicaid
- Medicare
- Dually Eligible
- Moderate to Servere Mental Health Conditions
- Substance Use Disorders
- Both MH/SUD

Outcomes

Fewer Visits to the Emergency Department

Improved Behavioral and Physical Health Outcomes

Improve Access to Care



Promote High Quality Integrated Care

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

BACKGROUND:

1. Byerly Enterprises II, LLC: provides Specialized Licensed Residential services.
2. Integrated Home Care Agency, LLC: provides Specialized Licensed Residential services.
3. Camp A.B.L.E.: provides Respite Camp services.
4. Camp Grace Bentley: provides Respite Camp services.
5. Lahser Pre-Vocational Centers, Inc: provides Skill Building/Out of Home Non-Vocational services.

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Byerly Enterprises II, LLC	Medicaid	As Authorized	March 15, 2026-September 30, 2026	Specialized Licensed Residential Services
2. Integrated Home Care Agency, LLC	Medicaid	As Authorized	March 1, 2026-September 30, 2026	Specialized Licensed Residential Services
3. Camp A.B.L.E.	Medicaid	As Authorized	April 1, 2026-September 30, 2026	Respite Camp Services
4. Camp Grace Bentley	Medicaid	As Authorized	March 1, 2026-September 30, 2026	Respite Camp Services
5. Lahser Pre-Vocational Centers, Inc.	Medicaid	As Authorized	April 1, 2026-September 30, 2026	Skill Building/Out of Home Non-Vocational Services

Recipient Rights Board of Directors Training

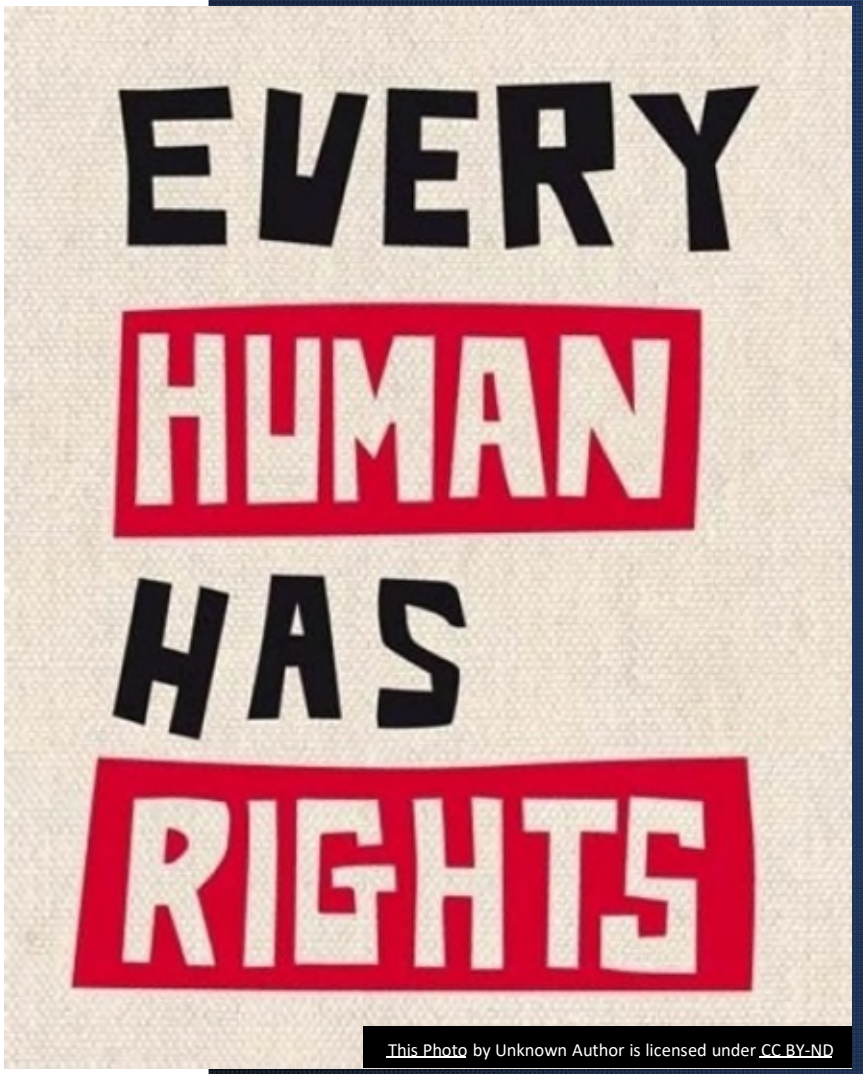
Office of Recipient Rights Overview

- The Office of Recipient Rights (ORR) is a department of the local CMH that is responsible for investigating, resolving and assuring remediation of apparent or suspected rights violations

- ORR works to ensure that mental health services are provided in a manner which respects and promotes the rights of recipients as guaranteed by Chapter 7 and 7A of the Mental Health Code.

Functions of the Rights Office

- Prevention
- Monitoring
- Education/Training
- Complaint resolution



Overview of Code Protected Rights

The Mental Health Code guarantees certain rights for recipients of public mental health services in Michigan. These rights include, among others:

- To be free from abuse and neglect
- To be treated with dignity and respect
- To be treated in a safe, sanitary, and humane treatment environment
- To have information kept confidential (in compliance with the Code and HIPAA)

Overview of Code Protected Rights

The Mental Health Code also guarantees certain rights for family members of recipients of public mental health services in Michigan. These rights include:

- To be treated with dignity and respect
- The opportunity to provide information to treating professionals
- The opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance, and coping strategies

All employees, students, volunteers, contractors, and board members are required to **immediately** (by the next business day) verbally **report** to the Office all apparent or **suspected violations** of recipient rights and maintain recipients' confidentiality.

Investigative Process

- A recipient (or someone on their behalf) may file a Recipient Rights Complaint
- Within 90 days, the Rights Office will investigate the complaint and determine whether a violation occurred
- If the complaint is substantiated, the provider of services will take appropriate remedial action to correct the violation
- The CMH Director will issue a Summary Report to the recipient, complainant, and parent of a minor recipient or guardian (if applicable)

Recipient Rights Advisory and Appeals Committee (RRAC)

The RRAC is a committee appointed by the CMH Board comprised of primary recipients, secondary recipients, and community members. The committee meets quarterly and has the following functions:

- Protects the office from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions
- Serves in an advisory capacity to the executive director, the ORR director and the ORR
- Consults with the executive director regarding any proposed dismissal of the director of the Office of Recipient Rights
- Assures that Rights staff receive training in Rights protection and that the head of the Office has sufficient training, education, and experience to fulfill the responsibilities of the Office
- Annually reviews the funding for the Office
- Monitors the Office by reviewing and providing comments on data reports, including the Semi-Annual and Annual Reports submitted to MDHHS ORR
- Acts as the Appeals Committee

Appeal Process

- After receiving the Summary Report, the recipient, complainant, or parent of a minor recipient/guardian may file an appeal within 45 days
- Grounds for appeal include:
  - The investigative findings of the Rights Office are not consistent with the facts, law, rules, policies, or guidelines
  - The action taken or proposed by the provider does not provide an adequate remedy
  - The investigation was not initiated or completed on a timely basis
- The Recipient Rights Appeals Committee will review the appeal
- If accepted, the committee will make a decision within 30 days
- The Appeals Committee shall do one of the following:
  - Uphold the investigative findings of the Office and the action taken or plan of action proposed by the provider
  - Return the investigation to the Office and request that it be reopened or reinvestigated (If appeal is related to investigating findings)
  - Recommend that the local CMH Board request an external investigation by the Department of Health and Human Services (MDHHS) ORR (If appeal is related to investigating findings)
  - Recommend that the provider take additional or different action to remedy the violation (If appeal is related to action taken)
  - Recommend the MDHHS ORR director or CMH Director address the cause of the lack of timeliness (If appeal is related to investigation not being timely)
- If the appeal is upheld by the Appeals Committee, the Appellant can file a second level appeal with MDHHS

Responsibilities of the CMH Director

- Directly supervises the Recipient Rights Director
- Issues Summary Reports
- Submits the Recipient Rights Annual Report to the CMH Board and MDHHS

Responsibilities of the CMH Board

- Approves the Recipient Rights Annual Report
- Approves new members of the RRAC
- The RRAC may also make additional recommendations to the CMH Board outside of the Annual Report, based on any concerns noted in the bullets on the prior slide.
- If a Rights complaint is received regarding the conduct of the CMH Director, the Board shall request MDHHS or another CMH's Rights Office complete the investigation
- If recommended by the RRAC, the Board can request an external investigation related to a Recipient Rights Appeal

Monitoring of the Rights Office

The Rights Office is monitored in the following ways:

- **Internal review**- The Director of the Office oversees the daily operations of the Office. Complaint data is reviewed quarterly during management meetings and at the RRAC.

- **Regional review**- Affiliate partners complete peer reviews of the Office. Complaint data is reviewed annually during the regional Clinical Performance Team Committee.

- **State review**- Complaint data and additional information are submitted to MDHHS semi-annually. The MDHHS Office of Recipient Rights completes a tri-annual assessment and certification of the Office. The internal and regional monitoring is preparation for this assessment. Certification of the Office of Recipient Rights is required for an agency to be certified as the CMH. Washtenaw's MDHHS ORR assessment will take place in 2027.

Contact your WCCMH Rights Officers

Leah Raehtz

Jessica Krefman

Sarah Starkey

Jody Marsh

Officer of the day phone number:

734-219-8519

Katie Snay, Director of Recipient Rights:

734-544-2958

Community Mental Health Partnership of Southeast Michigan	***Policy:*** ***Conflict of Interest***	
CMHPSM Board Governance		
Original Board Approval Date 12/09/2020	Date of Board Approval 6/14/2023	Date of Implementation 6/14/2023

I. POLICY / PURPOSE

It shall be the policy of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) to require any Covered Person to identify and disclose to CMHPSM's Board of Directors (the Board), any financial or personal Conflict of Interest. Covered Persons should avoid even the appearance of a perceived conflict of interest while fulfilling their required duties to ensure public trust in all CMHPSM processes, remain in compliance with federal and state laws and CMHPSM policy.

The purpose of this Conflict of Interest Policy is to protect the CMHPSM's interest when it contemplates entering a transaction or arrangement that might benefit the private interest of a Covered Person. To achieve this objective, this Policy defines Conflict of Interest, identifies individuals covered by this Policy, provides a means for those individuals to disclose information, and outlines procedures for managing conflicts of interest. This policy is intended to supplement, not replace, any applicable state and federal laws governing Conflict of Interest applicable to the CMHPSM.

II. REVISION HISTORY

REVISION DATE	MODIFICATION
12/09/20	This Board Governance policy replaces a CMHPSM Operational Policy last approved on 9/13/2017, that operation policy was rescinded 12/22/2020.
4/14/2021	Annual Board review
4/12/2023	Combined policy/purpose, updated application table

III. APPLICATION

This policy applies to the individuals or groups identified with a checkmark in the table below.

☒ 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 DD Service Providers
☐ SUD Treatment Providers ☐ SUD Prevention Providers
☐ Other as listed:

IV. DEFINITIONS

Compensation. Compensation includes direct and indirect renumeration as well as gifts or favors that are not insubstantial.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one's financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person's Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Covered Person. A "Covered Person" refers to all persons covered by this policy and includes:

- Members of the CMHPSM's Board (Directors)
- Members of the CMHPSM's Oversight Policy Board
- Officers of CMHPSM
- Individuals to whom the board has delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control $100 or more of CMHPSM's expenditures, operating budget, or compensation for employees.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;

B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement.
D. A financial interest is not necessarily a conflict of interest. Under Section VI of this Policy, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Interested Person. Any Covered Person, who has a direct or indirect Financial Interest, as defined below, is an interested person.

Public Officer. Public officer means a person who is elected or appointed to a position in the CMHPSM, a CMHSP, or some other public entity.

V. DUTIES OF COVERED PERSONS

Duty of Care. Covered Persons shall act in a reasonable and informed manner and perform their duties for CMHPSM in good faith and with the degree of care that an ordinarily prudent person would exercise under similar circumstances.

Duty of Loyalty. Covered Persons owe a duty of loyalty to act in the best interest of CMHPSM and those who CMHPSM serves. No Covered Person may personally take advantage of a business opportunity that is offered to CMHPSM unless the Board determines not to pursue that opportunity, after full disclosure and a disinterested and informed evaluation.

Conflicts of Interest. All Covered Persons shall comply with this Policy when engaging in a transaction or arrangement that involves a Conflict of Interest. All Covered Persons shall:

- Disclose to the Board Chairperson, or any committee chairperson with Board delegated powers, the existence of a Financial Interest in connection with any actual or possible Conflict of Interest.
- Unless a Conflict of Interest Waiver has been granted by the Board, recuse themselves from voting, and being present for deliberations and voting, on any transaction or arrangement involving CMHPSM in which they have a Financial Interest. The Interested Person may respond to Board inquiries necessary for its deliberations and/or decisions.
- Comply with any restrictions or conditions stated in any Conflict of Interest Waiver or within the Board's bylaws.

Duty to Disclose. In connection with any actual or possible Conflict of Interest, Interested Persons must disclose the existence of the Financial Interest. They must be given the opportunity to disclose all material facts and answer questions from the Board—and from members of committees with governing board delegated powers—who are considering the proposed transaction or arrangement.

VI. PROCEDURES

Determining a Conflict of Interest. After disclosure of the Financial Interest and all material facts, and after discussion with the Interested Person, the disinterested members of the Board or committee discuss and vote to determine whether a Conflict of Interest exists. The Interested Person must not participate in the discussion, or vote on, whether a Conflict of Interest exists.

Appointment of Disinterested Person. If appropriate, the chairperson of the governing board or committee shall appoint a disinterested person or committee to investigate alternatives to the proposed transaction.

Alternatives. After exercising due diligence, the CMHPSM Board or committee shall determine whether the CMHPSM can obtain, with reasonable efforts, a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

Board Vote. If a more advantageous transaction or arrangement is not reasonably possible, under circumstances that would not produce a conflict of interest, the CMHPSM Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the CMHPSM's best interest, for its own benefit, and whether it is fair and reasonable. An Interested Person may make a presentation at the CMHPSM board or committee meeting. The Interested Person, however, must not participate in the discussion, or the vote on, the transaction or arrangement involving the conflict of interest.

VII. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

Notice to Interested Person. If the CMHPSM Board or committee has reasonable cause to believe a Covered Person has failed to disclose actual or possible Conflicts of Interest, it shall inform that person of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

Taking Appropriate Action. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

VIII. WAIVERS

Procedure for Waiving a Conflict of Interest. If, after exercising reasonable efforts, the board determines that it is not able to obtain a more advantageous transaction or arrangement not involving the Interested Person, then the Board may grant a Conflict of Interest waiver. A Conflict of Interest waiver may be granted only if the Board determines that the Financial Interest is not so substantial as to be deemed likely to affect the integrity

of the Interested Person's services (*see* 18 USC §208(b)(1)). A Conflict of Interest waiver further requires a majority vote by the Board to waive the Conflict of Interest and proceed with the proposed transaction or arrangement. A Conflict of Interest Waiver shall be in writing and signed by the chairperson of the Board on CMHPSM's Conflict of Interest Waiver Form (Exhibit B). All Conflict of Interest Waivers shall be issued prior to the Interested Person's participation in any transaction or arrangement with CMHPSM.

Content of a Waiver of Conflict of Interest (*See* 5 CFR 2640.301). If the Board votes to waive the Conflict of Interest and proceed with the proposed transaction or arrangement, the Waiver may still restrict the Interested Person's participation in the matter to the extent deemed necessary by the Board. The Conflict of Interest Waiver may cover all matters the Interested Person may undertake as part of his/her official duties with CMHPSM, without specifically enumerating those duties. The information contained in the waiver, however, should provide a clear understanding of the nature and identity of the Financial Interest, the matters to which the waiver will apply, and the Interested Person's role in such matters.

Factors for Consideration when Granting a Waiver (*See* 5 CFR 2640.301). In determining whether a Financial Interest is substantial enough to be likely to affect the integrity of the Interest Person's services to CMHPSM, the Board may consider, as applicable:

- **i.** The type of Financial Interest (e.g. stocks, bonds, real estate, cash payment, job offer or enhancement of a family member's employment);
- **ii.** The identity of the person whose Financial Interest is involved, and if the interest does not belong directly to the Interested Person, the Interested Person's relationship to that person;
- iii. The dollar value of the Financial Interest, if known and quantifiable (e.g. amount of cash payment, salary of job to be gained or lost, change in value of securities);
- iv. The value of the financial instrument or holding from which the disqualifying Financial Interest arises and its value in relationship to the individual's assets;
- v. The nature and importance of the Interested Person's role in the matter including the level of discretion which the Interested Person may exercise in the matter;
- vi. The sensitivity of the matter
- vii. The need for the Interested Person's services (e.g. consider alternatives); and
- viii. Adjustments which may be made in the Interested Person's duties that would eliminate the likelihood that the integrity of the Interested Person's services would be questioned by a reasonable person.

Waivers Supported by Michigan Law (*See* 1968 PA 317, MCL 15.321 to 15.330; 1978 PA 566 MCL 15.183(8))

- A Community Mental Health Services Program (CMHSP) Board member or employee may be a party to a contract with a CMHSP if the contract is between the CMHSP and the CMHPSM.
- A CMHSP Public Officer or public employee may also be a Public Officer or employee of the CMHPSM, even if the CMHPSM has a contract with the CMHSP.
- The CMHPSM Board may approve a contract with a CMHSP, even if a CMHSP Board member is also an employee or independent contractor of the CMHPSM.

IX. RECORDS OF PROCEEDINGS

The minutes of the CMHPSM board and committees with board delegated powers shall contain:

Names of Covered Persons. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the CMHPSM's Board or committee's decision as to whether a conflict of interest in fact existed.

Names of persons present. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Waiver of conflict of interest. If the Board grants a waiver of a Conflict of Interest, the waiver shall be in writing and shall be signed by the Chairperson of the Board. The writing shall describe the financial Interest, the transaction or arrangement to which the Financial Interest applies, the Interested Person's role in the transaction or arrangement, and any restriction on the Interested Person's participation in the proceeding, transaction or matter.

X. COMPENSATION COMMITTEES

Precluded from voting. A voting member of the CMHPSM Board or of any committee whose authority includes compensation matters, and who receives compensation, directly or indirectly, from the CMHPSM for services is precluded from voting on matters pertaining to that member's compensation.

Providing information. No voting member of the CMHPSM Board or any committee whose authority includes compensation matters and who receives compensation, directly or indirectly, from the CMHPSM, either individually or collectively, is prohibited from providing information to the Board or any committee regarding compensation.

XI. ANNUAL FINANCIAL INTEREST DISCLOSURE STATEMENT

Annually, on a date to be determined by the Board, each Covered Person shall sign and date a statement which affirms that the signor:

- Has received a copy of this Conflict of Interest Policy;
- Has read and understands the Policy;
- Has agreed to comply with the Policy;
- Has disclosed on the CMHPSM Financial Interest Disclosure Statement (Exhibit A) all Financial Interests which the signor may currently have; and
- Will complete a new, updated, Financial Interest Disclosure Statement if the information changes and/or a new Financial Interest arises.

XII. REFERENCES/LEGAL AUTHORITIES

Federal:

- INTERNAL REVENUE SERVICE, *Instructions for Form 1023 (01/2020), Appendix A: Sample Conflict of Interest Policy*, last accessed October 2020 at https://www.irs.gov/instructions/i1023.
- SSA Section 1902(a)(4)(C) and (D)
- 41 USC Chapter 21 (formerly 41 USC 423 –ch. 27 of the Office of Federal Procurement Policy Act—restrictions on obtaining and disclosing certain information)
- 18 USC §208 (Federal Conflict of interest statute)
- 5 CFR §2540.201 (Waivers issued pursuant to 18 USC 208)
- 5 CFR Part 2640 (Interpretation, Exemptions and Waiver Guidance concerning 18 USC 208)
- 42 USC 1396a (Federal Medicaid statute- State plans for medical assistance)
- 42 CFR §438.58 (Conflict of Interest Safeguards)
- 45 CFR Part 74 (Administrative requirements for awards to non profit organizations and local governments)
- 45 CFR Part 92 (Federal procurement regulations)
- 42 CFR 455 Subpart B - Board disclosure of interest statement
- 42 CFR 1001.1001(a)(1) (Reporting to state)

Michigan:

- 1978 PA 566; MCL 15.181 to 15.185 (Incompatible public offices)
- Mental Health Code Act 258 of 1974, MCL 330.1222 (Board composition)
- 1968 PA 318, MCL 15.301 to 15.310 (Conflict of Interest in contracts between state officers and political subdivisions)
- 1968 PA 317, MCL 15.321 to 15.330 (contracts of public servants with public entities)
- 1973 Act 196 MCL 15.341 to 15.348 (code of ethics for public officers and employees)
- Michigan Medicaid State Plan
- 1972 PA 284, MCL 450.1541a (duties of care and loyalty)

EXHIBIT A

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM)

FINANCIAL INTEREST DISCLOSURE STATEMENT

Definitions

Compensation. Compensation includes direct and indirect renumeration as well as gifts or favors that are not insubstantial.

Covered Person. A "Covered Person" refers to all persons covered by this policy and includes:

- Members of the CMHPSM's Board (Directors)
- Members of the CMHPSM's Oversight Policy Board
- Officers of CMHPSM
- Individuals to whom the board delegated authority
- Employees, agents, or contractors of CMHPSM who have responsibilities or influence over CMHPSM similar to that of officers, directors, or trustees; or who have or share the authority to control $100 or more of CMHPSM's expenditures, operating budget, or compensation for employees.

Conflict of interest. A conflict of interest refers to a situation where a Covered Person has a real or seeming incompatibility between one's financial or personal private interests and the interest of the CMHPSM. This type of situation arises when a Covered person; the Covered Person's Family member; or the organization that the Covered Person serves as an officer, director, trustee, or employee, has a financial or personal interest in the entity in which the Covered Person participates or proposes to participate in a transaction, arrangement, proceeding or other matter.

Family Member means a spouse, parent, children (natural or adopted), sibling (whole or half-blood), father-in-law, mother-in-law, grandchildren, great-grandchildren, and spouses of siblings, children, grandchildren, great grandchildren, and all step family members, wherever they reside, and any person(s) sharing the same living quarters in an intimate, personal relationship that could affect business decisions of the Covered Person in a manner that conflicts with this Policy.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

A. An ownership or investment interest in, or serves in a governance or management capacity for, any entity with which CMHPSM has a transaction or arrangement;

B. A compensation arrangement with CMHPSM or with any entity or individual with which CMHPSM is negotiating a transaction or arrangement; or

C. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CMHPSM is negotiating a transaction or arrangement;

D. A financial interest is not necessarily a conflict of interest. Under Article III, section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Affirmation of Conflict of Interest Policy

By my signature below, I agree that I:

Have received a copy of the CMHPSM's Conflict of Interest Policy;

Have read and understand the CMHPSM's Conflict of Interest Policy;

Understand that I am a Covered Person under the Conflict of Interest Policy;

Agree to comply with the CMHPSM's Conflict of Interest Policy;

Have disclosed below all Financial Interests which I may have; and

Will update the information I have provided on this Statement in the event that the information changes and/or a new Financial Interest arises.

Disclosure of Financial Interests

By my signature below, I certify that I or one of my Family Members has the Financial Interest(s) described below. (Please attach additional pages, if necessary.) I understand that the CMHPSM's Board may request further information about the Financial Interests described below, and that I agree to cooperate with providing such information. If I have not disclosed any information below, it is because I am not aware that I or any of my Family Members has a Financial Interest.

Disclosure #1
Name and Contact Information for Individual with Financial Interest:

_____
_____

Individual's Relationship to You: [_____] Self
[_____] Other, specify:

_____

Description of Financial Interest:

Disclosure #2

Name and Contact Information for Individual with Financial Interest:

_____
_____

Individual's Relationship to You: [_____] Self
[_____] Other, specify:

_____

Description of Financial Interest:

_____
_____

Disclosure #3
Name and Contact Information for Individual with Financial Interest:

_____
_____

Individual's Relationship to You: [_____] Self
[_____] Other, specify:

_____

Description of Financial Interest:

_____
_____

I certify that the above information is accurate and complete to the best of my knowledge, information and belief.

_____
_____
Signature Date

_____
Typed or Printed Name

_____
Title/Position with Entity

Please return this form, signed and dated, to the Entity's Chief Executive Officer.

EXHIBIT B

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
CONFLICT OF INTEREST WAIVER

Review of the Disclosed Financial Interest

In accordance with the requirements of the Community Mental Health Partnership of Southeast Michigan's (the "Entity") Conflict of Interest Policy, the Entity Board has undertaken appropriate due diligence review and deliberation regarding the Financial Interest disclosed by [Interested Person] on the Financial Interest Disclosure Statement (the "Statement") attached as Exhibit A.

Board Resolution Granting Conflict of Interest Waiver

At the conclusion of such due diligence review and deliberation, at its meeting on [Date], the Board passed the resolution attached as Exhibit B in which it determined that it is not, with reasonable efforts, able to obtain a more advantageous arrangement from a person other than [Interested Person] and the Financial Interest disclosed on the Statement is not so substantial as to be likely to affect the integrity of services which the Entity may expect from [Interested Person] and granted this Conflict of Interest Waiver under the terms described below.

Conflict of Interest Waiver Terms and Conditions

Name of Interested Person:

Description of Financial Interest:

Description of the Transaction, Arrangement, Proceeding or Matter to which the Financial Interest Applies:

Interested Person's Role in the Transaction, Arrangement, Proceeding or Matter

Scope of Waiver and Restrictions, if any:
This Conflict of Interest Waiver shall cover all matters [Interested Person] may undertake as part of his/her official duties with the Entity concerning any matters arising between the Entity and the [the organization in which the Interested Person has an interest].

_____ Date: _____
Chairperson of the Board

_____
(Print Name)

Community Mental Health Partnership of Southeast Michigan/PIHP	*Policy* *Ethics and Conduct*
Committee/Department: **Clinical Performance Team**	**Local Policy Number (if used)**
Implementation Date **08/19/2024**	**Regional Approval Date** **06/26/2024**

Reviewed by:	**Recommendation Date:**
ROC	05/06/2024
CMH Board:	**Approval Date:**
Lenawee	05/30/2024
Livingston	05/28/2024
Monroe	06/26/2024
Washtenaw	06/21/2024

I. PURPOSE

The policy establishes guidelines which ensure that all persons will perform ethically and professionally.

II. REVISION HISTORY

DATE	MODIFICATION
08/27/2007	Original document
03/29/2011	Re-formatted; Peer Support Specialists clarified; the authority and role of the Affiliation Ethics Committee; role of supervisor detailed; the Role of the Employee Exit Interviewer was added; Gift Giving/Receiving was expanded; Professional Boundaries section clarified
2014	Revised to reflect the new regional entity effective January 1, 2014.
05/16/2017	Scheduled Review
07/27/2020	Preferential treatment for board members, etc. prohibited
06/26/2024	Scheduled 3-year review

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

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.

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

V. POLICY

This policy establishes that all work shall be performed in an ethical and professional manner as determined by statute, code, accrediting organization standards, professional organizations' code of conduct standards, and the content of the policy itself. This includes engaging in courteous, respectful relationships with co-workers, other health care providers, educational institutions, payers, people served and their family members. Principles of consumer/individual served autonomy, compassion, safety, privacy, informed consent, competence and other related principles shall be demonstrated. Any and all ethical and relationship questions, issues or dilemmas arising from work relationships should be discussed proactively with a supervisor, and/or administrator

VI. STANDARDS

A. All consumers/individuals served, family members, community members, other treatment providers and internal colleagues shall be treated with the utmost respect, courtesy, compassion and dignity.

B. In making decisions, primary consideration shall be given to what is in the best interest of the consumer/individual served or what the consumer/individual served desires**.**

C. It is the responsibility of immediate supervisors to ensure the behavior of their employees is not in violation of the provisions of this policy.

D. All licensed and registered professional employees of any affiliation organization shall abide by their profession's Code of Ethics.

E. When in doubt about the ethical dimensions of a particular situation, a proactive approach shall be taken by discussing the situation with a supervisor or appropriate administrator.

F. Any staff member whose cultural, religious, or moral values conflict with aspects of a particular job responsibility or task may ask their supervisor to be excused from that responsibility or task. The supervisor shall seek other options for addressing that particular job responsibility by other staff and grant the request only if there is no negative impact on consumer/individual served care as a result of doing so.

G. Clinical decisions shall be based on the assessed needs and desires of the consumer/individual served, regardless of how leaders, managers and clinical staff are compensated.

H. Preferential treatment in the application and/or receipt of services for CMH Board members, CMH employees or consultants, or their family members or associates, is prohibited.

I. Service referrals given to current or past consumers/individuals served or service applicants shall not be influenced by any consideration of possible financial or personal gain for the referring person or their family members or the appearance thereof.

J. All new employees shall be informed during orientation of their obligation to follow this policy and shall provide written verification of having been thus informed. Any time there is a significant change made to this policy, all staff shall be informed, and new signatures shall be obtained and placed in the personnel file.

K. All staff, students and volunteers shall utilize their administrative chain of command and formal grievance procedure should they feel they are being asked to engage in an unethical activity.

L. Workers are encouraged to report observations of unethical conduct. There shall be no retaliation or repercussions for such good faith reporting

M. Violations of any of the provisions of this policy may be cause for disciplinary action up to and including immediate termination of employment.

VII. EXHIBITS

A. Ethical Guidelines for Consideration
B. Gift-Giving & Receiving Guidelines for Consideration
C. Ethical Practices Agreement
D. Request Not to Participate In Treatment

VIII. REFERENCES

Reference:	**Check if applies:**	**Standard Numbers:**
42 CFR Parts 400 et al. (Balanced Budget Act)		
45 CFR Parts 160 & 164 (HIPAA)		
42 CFR Part 2 (Substance Abuse)		
Michigan Mental Health Code Act 258 of 1974		
The Joint Commission - Behavioral Health Standards	X	
Michigan Department of Health and Human Services (MDHHS) Medicaid Contract		
MDHHS Substance Abuse Contract		
Michigan Medicaid Provider Manual		
PIHP Policy Review Schedule	X	
Policy Tracking Form		

EXHIBIT A

ETHICAL GUIDELINES FOR CONSIDERATION

1. Respect and Dignity

The ethical worker treats everyone, whether colleagues or consumers/individuals served, with courtesy, respect and dignity, always being open to their unique characteristics, their unique histories and to the person as a whole. This is evident in their speech, appearance, manner, attitude and behavior.

2. Worker as Guide, Support and Provider of Assistance

The ethical worker guides, empowers and advocates for the people they serve, maintaining a focus on their desired outcomes and on helping them find their own way.

The focus of the relationship is on the needs of the person being assisted, not those of the worker. However, the ethical worker does not allow the needs or desires of the person to lead to a loosening of professional relationship boundaries which are always respected and maintained.

People are supported in deciding for themselves if, when, where, and how to use professional and non-professional supports and services.

3. Gift Giving and Receiving

The ethical worker is aware of the multiple perceived meanings and underlying intents that receiving or giving a gift may have for a consumer/individual served and a worker, meanings and intents that may interfere with the maintenance of an ultimately effective working relationship. Thus, consultation with a supervisor is pursued before money or gifts are accepted from or given to a consumer/individual served – See Exhibit B, Gift-Giving and Receiving Guidelines for Consideration

4. Worker as Role Model

The ethical worker recognizes that their values, beliefs, actions, and problem-solving methods impact others, both consumers/individuals served and staff members and acts accordingly.

5. Autonomy and Shared Power

In providing services, the ethical worker promotes consumer/individual served autonomy and shared power, never exerting strong influence on a person unless there is a clear and immediate threat to the person's or others' safety or health.

Consumers/individuals served are given the freedom to make their own decisions. The ethical worker offers suggestions rather than directives, identifies

and explores options and choices and discusses possible consequences of the consumer/individuals' decisions.

6. Compassion

The ethical worker demonstrates compassion in dealing with others, appreciating their struggles, their pain, our common humanity, and protecting them from imminent risk of harm.

The ethical worker advocates for and with the person.

7. Fairness and Justice

The ethical worker provides fair and just access to services, as well as fair and just ongoing care, never discriminating on the basis of race, color, gender, sexual orientation, religion, national origin, marital status, disability or other personal characteristics.

The rights of consumers/individuals served are acknowledged and protected.

8. Honesty

The ethical worker is honest with consumers/individuals served and co-workers as well as with themselves.

To maximize consumer/individuals' ability to make service decisions based on full and accurate information, the ethical worker communicates frankly about their role, relevant capacities, intent, limitations and role boundaries.

The ethical worker does not lie, cheat, steal, or condone or associate with others who are involved in such activities. They do not use their position or relationship with consumers/individuals served for personal advantage or give the appearance of the same.

9. Communication

The ethical worker communicates with consumers/individuals served openly, clearly, and frequently, doing what is promised, meeting expectations and fulfilling commitments, including those related to appointments and telephone calls.

Ambiguity, confusion and difficulty with consumer/individual served situations are to be expected and do not deter the worker from persisting in seeking guidance or consultation.

10. Confidentiality

The ethical worker upholds standards of consumer/individual served confidentiality and privacy while being candid about information that cannot be kept confidential and about with whom it can be shared.

The ethical worker also respects the privacy and dignity of co-workers.

11. Competence

The ethical worker performs job duties to the best of their ability, being open with supervisors when lacking the skills needed for a particular task and making efforts to enhance skills and competencies through timely professional development activities.

12. Personal Awareness and Self-Care

To fully appreciate each consumer/individual's perspective and, thus, be able to address their unique needs and desires, the ethical worker strives to identify their own personal issues, preconceptions, biases and areas of vulnerability and is open to making personal changes.

To reduce stress, time and space is carved out for a variety of self-care activities.

13. Professional Boundaries

The ethical worker always behaves professionally with all consumers/individuals served who receive services from the CMHPSM, avoiding interactions that are or might be perceived as flirtatious, provocative, threatening, harassing or hurtful.

The ethical worker never engages in a dating relationship with a person whom the worker directly or indirectly currently supervises or has done so in the past. ("indirectly supervises" is defined as having supervisory authority over the person's supervisor as evidenced by the organizational chart), including students and interns.

The ethical worker does not enter into a dating relationship with a consumer/individual served of the CMHSP who is served by another worker

The ethical worker does not provide services directly to individuals with whom they currently have or have had a prior friendship or dating relationship. Previous infrequent social contact or acquaintanceship would not preclude the provision of services by the worker.

The ethical worker notifies their supervisor regarding any past or current personal relationship with a CMHSP consumer/individual served. The worker whose helping relationship is becoming personal or intimate notifies a supervisor, discontinues the relationship and maintains professional boundaries. Direct treatment or support services are not provided to a person if there is intent to develop a personal or intimate relationship with them.

The ethical worker is aware of a consumer/individual's perceived power imbalance with the worker and the effect it may have on the consumer/individual's freedom to make their own decisions

The ethical worker respects consumer/individuals' religious and spiritual views and preferences and never pressures them to accept the religious or spiritual views of the worker. When initiated by the consumer/individual served and agreed upon as being related to an issue in the Individual Plan of Service, the worker may ethically explore spiritual issues with a consumer/individual served.

Depending on the worker's comfort and based on a determination that it is in the best interest of the consumer/individual served, the ethical worker may choose to disclose their own religious or spiritual views when an inquiry is made by the consumer/individual served.

Any worker-consumer/individual served service activity of a spiritual or religious nature, e.g., praying with a consumer/individual served, calls for prior approval by the worker's supervisor as well as the consumer/individual served themselves.

14. Alcohol and Drugs

The ethical worker never works under the influence of alcohol or drugs (legal or illegal).

The worker never purchases illegal substances from consumers/individuals served, never uses them with a consumer/individual served and never sells or gives them to a consumer/individual served.

Prescription medication is not to be shared with or borrowed from another person.

15. Alternative Interventions

Before engaging in support or treatment activities that might depart from traditional or conventional practices, the ethical worker discusses them with their supervisor to ensure their consistency with current professional standards.

16. Consumer/individuals' Right to Know

The ethical worker ensures that consumers/individuals served know and understand the rights, risks, opportunities and obligations associated with being a recipient of services.

Service activities and interventions are explained in understandable terms as are the limits of their impact and the implications and potential consequences of choices made by consumers/individuals served during the course of service provision.

Consumers/individuals served are informed of the cost of services and any available financial resources that may help them meet this obligation.

17. Organizational Relationships

The ethical worker, while taking into account funding/financial constraints, bases service provision decisions on standard clinical practice and organization criteria, regardless of how the agency compensates or shares financial risk with leaders, managers, clinicians, or licensed individual practitioners.

The ethical worker does not market or sell outside products or services to consumers/individuals served or engage in any non-job related activity with them that might result in or give the appearance of financial gain for the worker.

18. Equipment Use

The ethical worker only uses CMHPSM office equipment for CMHPSM business unless otherwise approved by their supervisor. Home use of equipment is authorized in advance by the appropriate supervisor or designee.

19. Service Provision and Documentation

The ethical worker ensures that all service~~s~~ types, amount, scope and duration are medically necessary and that their justification is clearly and thoroughly documented.

The ethical worker ensures that all services provided are in accordance with the Individual Plan of Service and with what has been authorized.

Documentation of a provided service is accurate, thorough and clear.

Assistance is obtained when there is uncertainty regarding the documentation requirements of service or financial information.

The ethical worker reports any suspected financial abuse or fraud to the Compliance Officer or designee and follows any other reporting requirements mandated by state or federal law.

20. Political Activity

The ethical worker ensures that any of their partisan political activities are conducted separately from their job responsibilities.

These activities never occur during those hours when the worker is being compensated for the performance of their work duties.

CMHPSM office supplies and equipment are not used for partisan political purposes.

The ethical worker never uses the authority or influence inherent in their CMHPSM position to interfere with or influence the results of an election or nomination for office.

The worker never requires contributions for political or partisan purposes as a duty or condition of employment, promotion or tenure and never coerces or

compels another CMHSPM employee to make contributions for political or partisan ends for any reason.

21. Self-Disclosure

The ethical worker only discloses personal information when it is consistent with the outcomes and interventions contained in the consumer/individual's Individual Plan of Service (IPOS).

These disclosures are intended to provide hope. They are intended to provide personal information as a means to facilitate consumer/individual served outcome achievement. Thus, the ethical worker does not self-disclose without considering the consumer/individual's service needs and current capacity to apply the information to their own life.

EXHIBIT B

GIFT GIVING & RECEIVING GUIDELINES FOR CONSIDERATION

Part One

1. The decision to accept or refuse a gift from a consumer/individual served should be given serious consideration as should the decision to give or not give a gift to a consumer/individual served. For the purposes of these Guidelines, "gift" is defined as a concrete object.

2. Like the majority of ethical decisions we face, we need to be fully aware of their possible positive and negative effects, both short and long term ones. This often takes a little time and involves the assistance of a supervisor and / or other staff with expertise in behavioral health ethics.

3. These effects might include a change in the consumer/individual's understanding of the nature of their relationship with the worker. For example, it might blur the difference between the worker as a professional and the worker as a friend, thereby interfering with the consumer/individual's progress toward outcome achievement.

4. Thus, accepting a gift from or giving a gift to a consumer/individual served may initially appear natural, innocent and without important consequences. Further analysis is often needed to confirm or bring into question this initial impression. A full understanding may involve consideration of the following:

   a. **What is the consumer/individual's intent in giving the gift?**

      - To express thanks for being helpful?
      - To express hope that the worker will be gentler in the future?
      - To express an apology for missing a contact or not achieving goals more quickly?
      - To express a wish to be personal friends?
      - To comply with the request of a parent or guardian?
      - To demonstrate good judgment in selecting the given item?
      - To express an interest in ending the work together via this thank-you gift?
      - To divert the worker's attention from the consumer/individual's anger or disappointment or misbehavior?
      - To express appreciation for sticking with the consumer/individual served through a crisis?
      - No intent, it's just what I do?
      - To express a wish for a gift in return?

   b. **Based on the intent, what might it mean to the consumer/individual served if the gift is graciously accepted without further discussion**?

      - I can expect better treatment?
      - The worker was so pleased; I will give more gifts in the future so as not to disappoint?
      - I am less uncertain about being seen as special by my worker?
      - I've found a nice way to make friends?
      - This is a good and easy way to show my private thoughts and feelings?

c. **What might it mean to the consumer/individual served if the gift is refused by the worker or there is some hesitation about accepting it?**

- My worker just makes things more complicated than they are?
- I can't do anything right? My worker doesn't understand my feelings?
- I have bad taste in gifts?
- My worker doesn't understand my cultural traditions and I am hurt and offended?
- This is interesting – I wonder why my worker won't accept it?
- My feelings are hurt – I'm sure other gifts are accepted?

d. What behavior or personal quality does accepting a consumer/individual served gift reinforce?

- Dependency?
- Subordination?
- Pleasing people in authority?
- Generosity?
- Sociability?
- Comfort with social norms?
- Need for social bonding?

e. **What impact might accepting a gift or giving a gift to a consumer/individual served have on the worker?**

- What personal needs does it satisfy?
- To what extent is the worker's self-esteem related to receiving the gift?
- Are those needs reducing the worker's focus on the consumer/individual's needs?
- How might the worker's objectivity be affected?
- Feelings of being appreciated, accepted?
- Increased sense of competence?

d. **What might it communicate to the consumer/individual served if the worker starts a discussion about gift giving in general or about the consumer/individual's thoughts and feelings behind the particular gift?**

- This is different; I wonder how it will help me to talk about my decisions and actions?
- I guess there are special rules at CMH?
- The worker thinks it's important to stick to how I'm doing with my outcomes?
- Pausing to talk before making a decision is something my worker values?
- Why is my worker making a mountain out of a molehill?

5. In summary, our natural inclination to graciously accept a gift might reduce consumer/individuals' hurt feelings in the short term but might not be the best response. More important may be the need to focus on providing a steady, predictable unambiguous professional relationship as well as on the consumer/individual's longer-term service goals. A lack of clarity about the relationship being more personal or professional can instill additional stress and distract the consumers/individuals served from the main purpose of the service provision.

It can be advisable to delay a decision until thoughtful consideration is given, often involving some timely and sensitive discussion with the consumer/individual served and / or a supervisor.

Guidelines for Consideration – Part Two

1. When feasible, discuss issues related to gift-giving in the early part of the consumer/individual served-worker relationship.

    - Opportunities can arise when expectations / logistics / parameters are being addressed, when the roles / tasks of those involved in implementing the IPOS are being discussed.
    - Talking about "working together" can provide an opportunity for elaborating on the meaning of the "working" part of the term, on what constitutes a working relationship.
    - Although some overlap exists, the uniqueness of the mental health working relationship, as distinct from those with friends, family members, religious officials, probation officers, judges, teachers and others can be spelled out.
    - For consumers/individuals served who have behavioral challenges or otherwise have difficulties with verbal emotional expression, the issue of gifts might be worked into an early conversation, as appropriate, when discussing more useful ways of expressing thoughts and feelings both in the community or with the mental health worker.
    - The consumer/individual's cultural background and resulting perspective on gift-giving can be discussed as a bridge to understanding later gift-related behavior and reactions.

2. Many consumers/individuals served can benefit from hearing the message from their workers that what is of greatest importance is "our work together," in outcome achievement and the satisfaction it can bring to the consumer/individual served. Other "gifts" might pale in comparison.

3. Although the meaning(s) given to gift giving and receiving is always an important thing to take into consideration or discuss before accepting or giving a gift, examples of less potentially impactful gifts can include:

    - Holiday cards
    - Very inexpensive gifts
    - Drawings or other artwork from children
    - Poems or songs composed or found by the consumer/individual served treated as an expression of something to be discussed and understood
    - Inexpensive food or decorative items that will be shared or displayed for a whole team or staff group.
    - Items created by the consumer/individual served as a result and demonstration of successful IPOS outcome achievement.
    - Anonymous staff donations to organized holiday gift-giving arrangements, e.g., "The Giving Tree."
    - Gifts given to young children on special occasions, like birthdays.

EXHIBIT C

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
ETHICAL PRACTICES AGREEMENT

I, (print name) _____ have read and understand the Ethics and Conduct policy of CMHPSM and I agree to follow its requirements including but not limited to the following:

I will not discuss or reveal consumer/individual served information to non-agency staff unless required by law and will only discuss or reveal it to agency staff on a need-to-know basis.

I will treat all consumers/individuals served with dignity and respect.

I will avoid any conflict of interest activities.

I do not have a mental or physical impairment that would interfere with my ability to carry out the requirements of the aforementioned policy.

In situations where my cultural values, ethics or religious beliefs conflict with those of a consumer/individual served to the extent that it influences my ability to provide appropriate services, I understand that I have the right and obligation to discuss this with my supervisor (EXHIBIT D).

I agree to be bound by applicable state laws including any / all reporting requirements

I agree to meet relevant accreditation standards.

Further, I agree to review the Recipient Rights policies, to be accountable for conducting myself in accordance with them, and to report any care concerns to my supervisor or to the Recipient Rights Officer.

_____ _____
Employee Signature Date

Employee to turn in signed form to Supervisor

_____ _____
Supervisor Signature Date

EXHIBIT D

Ethical Practices Agreement
Request Not to Participate in Treatment

Complete the following form and submit to your supervisor if there is an aspect of care that conflicts with your cultural values, ethics or religious beliefs:

Employee Name:

Date:

Consumer/Individual Served Name:

Aspect of Care requesting not to participate in:

Reason why (include the cultural values, ethic or religious beliefs that treatment conflicts with):

Resolution (to be completed by supervisor or Program Administrator) (include your conclusion as to whether the request, if granted, will or will not negatively affect treatment)

_____ _____
Supervisor's Signature Date

WASHTENAW COUNTY BOARD OF COMMISSIONERS

March 18, 2026

RECORD OF PROCEEDINGS

I. PLEDGE OF ALLEGIANCE

II. ROLL CALL

A session of the Washtenaw County Board of Commissioners was held at the Administration Building, in the City of Ann Arbor, Michigan, on March 18, 2026.

The meeting was called to order at 07:03 PM by Comm. Scott, Chair of the Board of Commissioners.

Members Present: Comms. Shannon Beeman, Justin Hodge, Andy LaBarre, Crystal Lyte, Jason Maciejewski, Yousef Rabhi, Caroline Sanders, Katie Scott, Annie Somerville

Members Absent: Comms.

Others Present: Greg Dill, County Administrator; Andrew DeLeeuw, Deputy County Administrator; Michelle Billard, Corporation Counsel; Tina Gavalier & Catherine Jones-Alther, Finance; Guillermo Hernandez, Director of Human Resources; Brady Peck, Director of Operations; Terrence Williams, Administration; Jeff Rose, ITS; Ashley Hall, Director of Board Operations; Tabatha Reynolds, Board of Commissioners Constituent Outreach Coordinator; Reyanne Rowland, Clerk's Office; and members of the public.

III. PUBLIC PARTICIPATION

1. Ellen Rabinowitz, Ann Arbor, spoke in support of a healthcare millage ballot proposal.
Cortland Travis Parsey, spoke about mental health care.
Dave Davarti, spoke in support of the mental health care millage.
Bob King, Ann Arbor, spoke about the universal right to healthcare.
Billy Cole, President of Supreme Felons Inc., thanked the Board of Commissioners for their support.
Brian Foley, City of Ypsilanti, spoke as Vice-President of Supreme Felons Inc and expressed their need for additional funding.
Emily Dustell, City of Ypsilanti, spoke in support of the healthcare millage and Supreme Felons Inc.
Alex Thomas, Ypsilanti Twp, spoke about the Willow Run bombers site.
Jeremy Haley, Ypsilanti Twp, spoke about U of M closing on a textile site and expressed opposition to data centers.
KJ, spoke in opposition of data centers and in support of a healthcare millage.

IV. COMMISSIONER FOLLOW-UP TO PUBLIC PARTICIPATION

Comm. Hodge spoke in response to Public Participation and presented a resolution related to Social Work Month.

V. LIAISON REPORTS

Liaison reports were given.

VI. REPORT FROM THE COUNTY ADMINISTRATOR

1. A report from the County Administrator was given.

VII. REPORT FROM THE CHAIR OF THE BOARD OF COMMISSIONERS

A report on behalf of the Chair was given by Ashley Hall.

VIII. SPECIAL ORDER OF BUSINESS

1. **26-042** Comm. Maciejewski, seconded by Comm. LaBarre that a resolution to set a Public Hearing on the Arbor South Redevelopment Brownfield Plan for April 15 be approved. Roll Call Vote: 8 YEAS 0 NAYS 1(Beeman) ABSENT. Motion carried.

IX. APPOINTMENTS

1. **26-043** Comm. LaBarre, seconded by Hodge, moved that a Resolution Appointing a Member to the Washtenaw County Brownfield Redevelopment Authority be approved. Roll Call Vote: 8 YEAS 0 NAYS 1(Beeman) ABSENT. Motion carried.

2. **26-044** Comm. Labarre, seconded by Comm. Hodge, moved that a Resolution Appointing Members to the Washtenaw County Community Mental Health Board be approved. Roll Call Vote: 8 YEAS 0 NAYS 1(Beeman) ABSENT. Motion carried.

X. CONSENT AGENDA

1. Comm. Labarre, seconded by Comm. Hodge, moved that the minutes of the March 4, 2026, meeting of the Board of Commissioners be approved as presented. Voice vote - motion carried. (Complete report is on file in the County Clerk/Register's Office.)

2. Comm. LaBarre, seconded by Comm. Hodge, moved that the communications be received and dealt with as recommended. Voice vote - motion carried. (Complete report is on file in the County Clerk/Register's Office.)
R-0023 RECEIVED: February 27, 2026: Ann Arbor District Library Board of Trustees: Resolution to Exempt All Library Taxes From Future Capture by Ann Arbor Downtown Development Authority
R-0024 RECEIVED: March 2, 2026: Wexford County Board of Commissioners: Resolution in Support of Appealing MCL 46.415 (2)
R-0025 RECEIVED: March 3, 2026: Ann Arbor Charter Township Planning Commission: Adoption of Master Plan
R-0026 RECEIVED: March 9, 2026: Sylvan/Lima Joint Municipal Area Planning Commission: Notice of Intent to Prepare a Master Plan
R-0027 RECEIVED: March 10, 2026: Ypsilanti Township Planning & Zoning Department: Notice of Public Hearing

3. None.

4. None.

5.

A. Comm. LaBarre, seconded by Comm. Hodge, moved that the following reports be received: A report on contracts in the amount of $25,000 and under from February 24, 2026 through March 10, 2026. Voice vote - motion carried. (Complete report is on file in the County Clerk/Register's Office.)

B. Comm. LaBarre, seconded by Comm. Hodge, moved that the following reports be received: A report from the Washtenaw County Road Commission on the summary of service requests for the month of February, 2026. Voice vote - motion carried. (Complete report is on file in the County Clerk/Register's Office.)

C. Comm. LaBarre, seconded by Comm. Hodge, moved that the following reports be received: A report on the Older Persons Millage collections. Voice vote - motion carried. (Complete report is on file in the County Clerk/Register's Office.)

6. None.

XI. RESOLUTIONS

Comm. Hodge, seconded by Comm. LaBarre, moved to enter closed session to review pending litigation Dyer V. Board of Commissioners and receive a legal opinion from Corporation Counsel. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. The Commissioners returned from closed session at 9:33pm.

1.

A. Comm. LaBarre, seconded by Comm. Hodge, moved that a resolution adopting a Work from Home Policy from Human Resources be approved. Commisioner comment regarding this item ensued. Voice vote - motion carried.

B. Comm. LaBarre, seconded by Comm. Hodge, moved that a resolution approving the creation of a Municipal Civil Infraction Ordinance for violations of the Michigan Construction Code from Building Inspection be approved. Voice vote - motion carried.

C. Comm. LaBarre, seconded by Comm. Hodge, moved that a resolution to approve all formula grants received by the Office of Community and Economic Development with a fiscal year starting during the 2025 Calendar year, from the Office of Community and Economic Development be approved. Voice vote - motion carried.

2.

A. **26-045** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution to approve compensation adjustments for non-union employees from County Administration be approved. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

3.

A. **26-046** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution honoring the life, work, and enduring legacy of Melvin Parsons be approved. Commissioner comment regarding this item ensued. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

B. **26-047** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution recognizing March as National Women's History Month be approved. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

C. **26-048** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution celebrating March 31, 2026, as Transgender Day of Visibility in Washtenaw County and supporting the display of the Transgender Pride Flag be approved. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

D. **26-049** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution honoring March 2026 as Social Work Month in Washtenaw County be approved. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

E. **26-050** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution recognizing March 2026 as National Kidney Month and March 12, 2026 as World Kidney Day be approved. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

F. **26-051** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution to exempt Washtenaw County taxes from capture within the proposed expansion area of the Ann Arbor Downtown Development Authority tax increment financing district be approved. Commissioner comment regarding this item ensued.

Motion by Comm. Rabhi, seconded by Comm. Hodge, to amend the resolution's first "now therefore be it resolved" clause to add "pursuant to MCL 125.4201 et. sequential." Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

Motion by Comm. Rabhi, seconded by Comm. Hodge to amend the resolution's second "further resolved" clause to include "that was the subject of the Ann Arbor City Council's February 2, 2026 hearing." Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

Roll Call Vote: 7 YEAS 2(Maciejewski, Scott) NAYS 0 ABSENT. Motion carried as amended.

4.

A. **26-052** Comm. Hodge, seconded by Comm. Rabhi, moved that a resolution authorizing the payment of claims commencing with the last previously approved claim and continuing through the date of March 9, 2026 be approved. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

XII. ITEMS FOR CURRENT/FUTURE DISCUSSION

1.

XIII. PENDING

1. **26-053** Chair Scott picked up the motion previously made by Comm. LaBarre, seconded by Comm. Hodge, to approve a resolution authorizing the Secondary Road Patrol and Traffic Accident Program Grant from the Sheriff's Office during the March 4, 2026 Board of Commissioners meeting. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

2. Chair Scott picked up the motion previously made by Comm. LaBarre, seconded by Comm. Hodge, to approve a resolution recommending the University of Michigan locate its proposed high performance computing center at Willow Run during the March 4, 2026, Board of Commissioners meeting. Comm. Hodge moved to withdraw the motion, to which Comm. LaBarre agreed.

26-054 Comm. Hodge, Seconded by Comm. LaBarre, moved that a resolution formally supporting local municipalities for enacting data center moratoriums and commending the Washtenaw County Resiliency Office for leading collaboration with local units of government be approved. Commisioner comment regarding this item ensued. Comm. Maciejewski made a friendly amendment to include Dexter Township as a municipality that has passed a moratorium, Comm. Sanders made a friendly amendment to include Pittsfield Township as a municipality that has passed a moratorium, and Comm. Beeman made a friendly amendment to include the City of Saline as a municipality that has passed a moratorium. Comm. Hodge agreed to these amendments. Roll Call Vote: 9 YEAS 0 NAYS 0 ABSENT. Motion carried.

26-055 Comm. Rabhi, Seconded by Comm. Lyte, moved that a resolution supporting state legislative action for fiscal accountability be approved. Comms. Hodge, Scott, and Beeman announced they would not be voting on this item due to a possible conflict of interest. Roll Call Vote: 6 YEAS 0 NAYS 0 ABSENT. Motion carried.

XIV. ADJOURN TO NEXT SESSION

Comm. Rabhi, seconded by Comm. Scott, moved to adjourn. Voice vote - motion carried.

The meeting adjourned at 10:33pm.

_____
Katie Scott, Chair of
the Board of
Commissioners

_____
Lawrence
Kestenbaum,
Clerk/Register

By: Brenden McArthur, Deputy Clerk

Board Approved: April 15, 2026

WCCMH BOARD AND BOARD COMMITTEE MEMBERS FOR 4/1/26-3/31/27

WCCMH Board

Name	Term expiring
Felicia Brabec (Board Chair)	3/31/27
Holly Heaviland (Vice-Chair)	3/31/29
Marianne Udow-Phillips (Treasurer)	3/31/27
Anna Dusbiber (Secretary)	3/31/27
Barbara Higman	3/31/29
Bob King	3/31/28
Andy LaBarre	3/31/28
Steve Petty	3/31/27
Alfreda Rooks	3/31/28
Judy Gardner	3/31/28
Annie Somerville	3/31/29
Melissa Tolstyka	3/31/29

*** The WCCMH Board includes representation from primary and secondary WCCMH consumers, the community and the Washtenaw County Board of Commissioners.**

WCCMH Executive Committee Members

Felicia Brabec (Chair)
Anna Dusbiber
Holly Heaviland
Bob King
Andy LaBarre
Marianne Udow-Phillips

WCCMH Quality-Finance Committee Members

Marianne Udow-Phillips (Co-Chair)
Holly Heaviland (Co-Chair)
Anna Dusbiber
Barb Higman
Steve Petty
Felicia Brabec
Melissa Tolstyka

Community Mental Health Partnership of Southeast Michigan (CMHPSM) Board Representatives

Bob King
Alfreda Rooks
VACANT

WCCMH Millage Advisory Committee Members

Name	Term Expiring
Annie Somerville (Chair)	3/31/29
Barb Higman	3/31/29
Amanda Carlisle	3/31/28
Anna Dusbiber	3/31/27
Holly Heaviland	3/31/29
Steve Petty	3/31/27
Marlene Radzik	3/31/28
Ray Rion	3/31/28
Alfreda Rooks	3/31/28
Marianne Udow-Phillips	3/31/27
George Waddles, Jr.	3/31/28

*** The WCCMH Millage Advisory Committee includes representation from the WCCMH Board, Washtenaw County Board of Commissioners, housing partners, education, law enforcement and the community.**

Please email wccmhboard@washtenaw.org for questions and/or concerns. Revised 4/20/26 rla

ATTACHMENT #11
APRIL 2026

2026 WCCMH Board and Board Committees/Officers
4/1/26-3/31/27

	term expires	Executive (meets bi-monthly)	Quality-Finance (meets bi-monthly)	CMHPSM (meets monthly)	Officers
Anna Dusbiber	3/31/2027	X	X		Board Secretary
Felicia Brabec	3/31/2027	X	X		Board Chair/Executive Committee Chair
Judy Gardner	3/31/2028				
Holly Heaviland	3/31/2029	X	X		Board Vice Chair
Barbara Higman	3/31/2029		X		
Bob King	3/31/2028	X		X	
Andy LaBarre	3/31/2028	X			
Steve Petty	3/31/2027		X		
Alfreda Rooks	3/31/2028			X	
Annie Somerville	3/31/2029			X	
Melissa Tolstyk	3/31/2029		X		
Marianne Udow-Phillips	3/31/2027	X	X		Board Treasurer

Total CMH Board members assigned to Committees		6	7	3
# members required for committee-per Bylaws		6 (4 officers, 2 additional board members and immediate past board chair) (Executive Director is an ex-officio member)	5 (Vice Chair &Treasurer and not less than 3 other Board members)	3 (per PIHP)
Quorum for committees		4/6	4/7	

Quorum for Board is 7/12

2026 WCCMH Board and Board Committees/Officers
4/1/26-3/31/27

Millage Advisory Committee (MAC) (meets monthly)		
Annie Somerville (Chair)	3/31/2029	WCCMH Board Representative /Board of C
Barb Higman	3/31/2029	WCCMH Board Representative
Amanda Carlisle	3/31/2028	Washtenaw Housing Alliane Representativ
Anna Dusbiber	3/31/2027	Primary Consumer
Holly Heaviland	3/31/2029	Washtenaw Intermediate School District
Steve Petty	3/31/2027	Community Member
Marlene Radzik	3/31/2028	Washtenaw County Sheriff's Office Repres
Alfreda Rooks	3/31/2028	WCCMH Board Representative
Ray Rion	3/31/2028	Packard Health Representative
Marianne Udow-Phillips	3/31/2027	WCCMH Board Representative
George Waddles, Jr.	3/31/2028	Community Member

Quorum for Millage Advisory Committee		6/11

Please email wccmhboard@washtenaw.org for questions and/or concerns