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

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH)
QUALITY-FINANCE COMMITTEE MEETING
AGENDA
***In-Person at the Learning Resource Center-Michigan Room
4135 Washtenaw Ave, Ann Arbor
OR
You may attend virtually at
https://zoom.us/j/93597463860
August 10, 2026
2:30-3:30 pm

I. Roll Call (1 minute)

II. Introductions (1 minute)

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

IV. Budget-Finance Committee Meeting Minutes (3 minutes) **ACTION**
- Quality-Finance Committee Meeting Minutes and Actions from 6/8/26 (Attachment #1)

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

VI. Contracts and Leases (5 minutes)
- None

VII. Executive Director Authorizations (5 minutes)
- None

VIII. Regional Finance Update (5 minutes)

IX. Old Business (5 minutes)
- CCBHC Fee-for-service Update **N. Phelps**

X. New Business (25 minutes)
- WCCMH Fiscal Year 2027 Draft Annual Budget (Attachment #3) **N. Phelps**
- Program Committee Dashboard FY26, Quarter 2 (Attachment #4) **L. Higle ACTION**
- Performance Improvement FY25 Report (Attachment #5) **L. Higle ACTION**
- Semi-Annual Recipient Rights Report (Attachment #6) **K. Snay**

XI. Items for Future Discussions (5 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 and advance health equity in Washtenaw County by providing, high quality, integrated behavioral health services to adults and youth with intellectual/development disabilities, mental health and/or substance use needs.

- Accounts Receivable

XII. Adjournment of Public Meeting (Next Quality-Finance Committee Meeting: October 5, 2026)

VIRTUAL MEETING LINK IS:

Join from PC, Mac, iPad, or Android:
https://zoom.us/j/93597463860

Phone one-tap:
+12678310333, 93597463860# US (Philadelphia)
13126266799, 93597463860#+US (Chicago)

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

Webinar ID: 935 9746 3860
International numbers available:
https://zoom.us/u/acmXk6kC2

Audience Participation Guidelines:

- Three (3) minutes are allowed per speaker
- Speakers are asked to bring a copy of their concerns/comments in writing
- Resolutions on issues will be brought to the appropriate committee as necessary

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)

WCCMH QUALITY-FINANCE COMMITTEE MEETING MINUTES

DRAFT

June 8, 2026

Learning Resource Center-Michigan Room (in person)

https://zoom.us/j/981409141864 (virtual)

2:30-3:30 pm

ROLL CALL:	H. Heaviland attending in person B. Higman attending in person S. Petty attending virtually M. Tolstyka attending in person
MEMBERS ABSENT:	A. Dusbiber, M. Udow-Phillips
STAFF PRESENT:	M. Harding, S. Ray, N. Phelps, L. Gentz, R. Dornbos, M. Taylor, L. Higle, S. Amos O'Neal, T. Florence, B. Hagaman, K. Hoener
OTHERS PRESENT:	L. Lutomski, M. Creekmore

H. Heaviland called the meeting to order at 2:37 pm.

I. Introductions
- None

II. Audience Participation
- None

III. Committee Response to Audience Participation
- None

IV. Quality-Finance Committee Meeting Minutes and Actions from 2/9/26 (Attachment #1)
- Quality-Finance Committee Meeting Minutes and Actions of 2/9/26, were reviewed.

MOTION BY B. HIGMAN SUPPORTED BY S. PETTY TO RECOMMEND APPROVAL OF THE MINUTES AND ACTIONS FROM THE FEBRUARY 9, 2026, QUALITY-FINANCE COMMITTEE MEETING AS PRESENTED.

V. Financial Status Report
- N. Phelps presented the Financial Status Report for the period ending April 30, 2026 (Attachment #2)

MOTION BY B. HIGMAN SUPPORTED BY M. TOLSTYKA TO RECOMMEND APPROVAL OF THE WCCMH FINANCIAL STATUS REPORT FOR THE PERIOD ENDING APRIL 30, 2026, AS PRESENTED.

VI. Contracts and Leases
- M. Taylor presented the Contracts and Leases to the Committee. (Attachment #3)

MOTION BY B. HIGMAN BY SUPPORTED BY M. TOLSTYKA TO RECOMMEND APPROVAL OF THE CONTRACTS AND LEASES AS PRESENTED.

VII. Executive Director Authorizations
- None

VIII. Regional Finance Update
- N. Phelps provided a status update on the status of the rate setting to the Committee.
- Starting to discuss the FY 2027 budget development.

IX. Old Business
- CCBHC Fee-For-Service Update
  - N. Phelps updated the Committee on progress being made regarding the CCBHC Fee-For-Service Payment processes.
- CCBHC/Mental Health Framework Updates
  - L. Gentz provided updates on the CCBHC/Mental Health Framework.
  - M. Harding is retiring in August and L. Gentz is taking over as the CCBHC Administrator.
- PIHP Procurement Update
  - L. Gentz provided an update on the PIHP Procurement Update to the Committee.

X. New Business
- 1st Quarter Dashboard (Attachment #4) **L. Higle/T. Florence ACTION**
  - L. Higle presented the Program Dashboard FY26 Quarter 1 to the Committee.
  - There were no sentinel events in the 1st quarter of FY 2026.

MOTION BY M. TOLSTYKA SUPPORTED BY B. HIGMAN TO RECOMMEND APPROVAL OF THE PROGRAM COMMITTEE DASHBOARD FY26, QUARTER 1, AS PRESENTED.

- IBH Medicare Application
  - L. Gentz discussed the progress of the IBH Application with the Committee.
  - The application has been submitted and waiting for an update.

XI. Items for Future Discussions
- Accounts Receivable
- Fee for Service

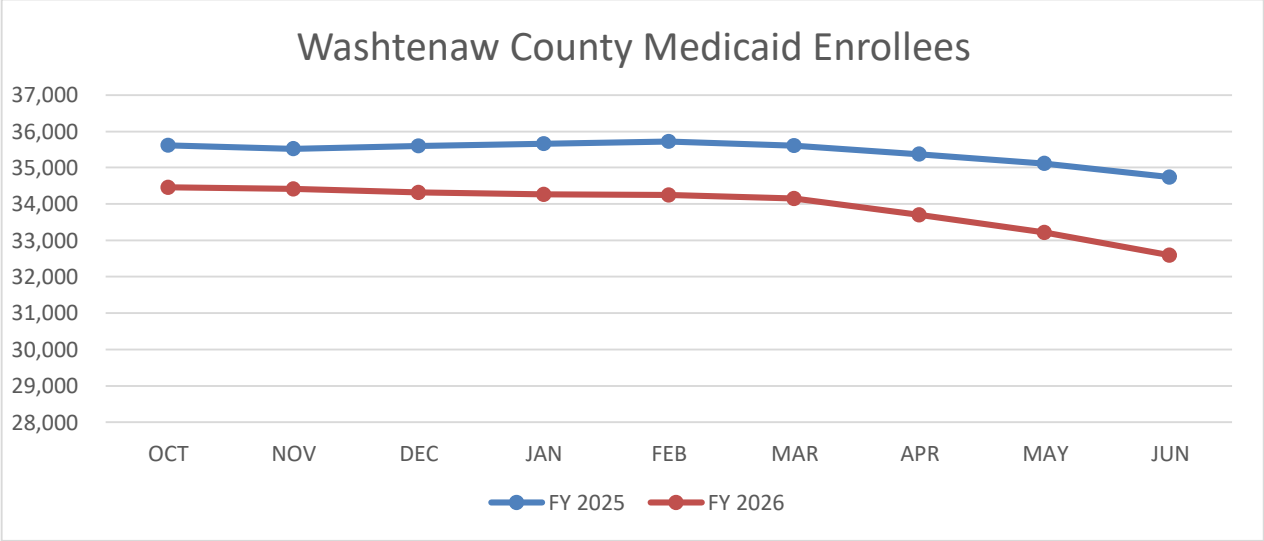
MOTION BY B. HIGMAN, SUPPORTED BY M. TOLSTYKA TO ADJOURN THE WCCMH QUALITY-FINANCE COMMITTEE MEETING.

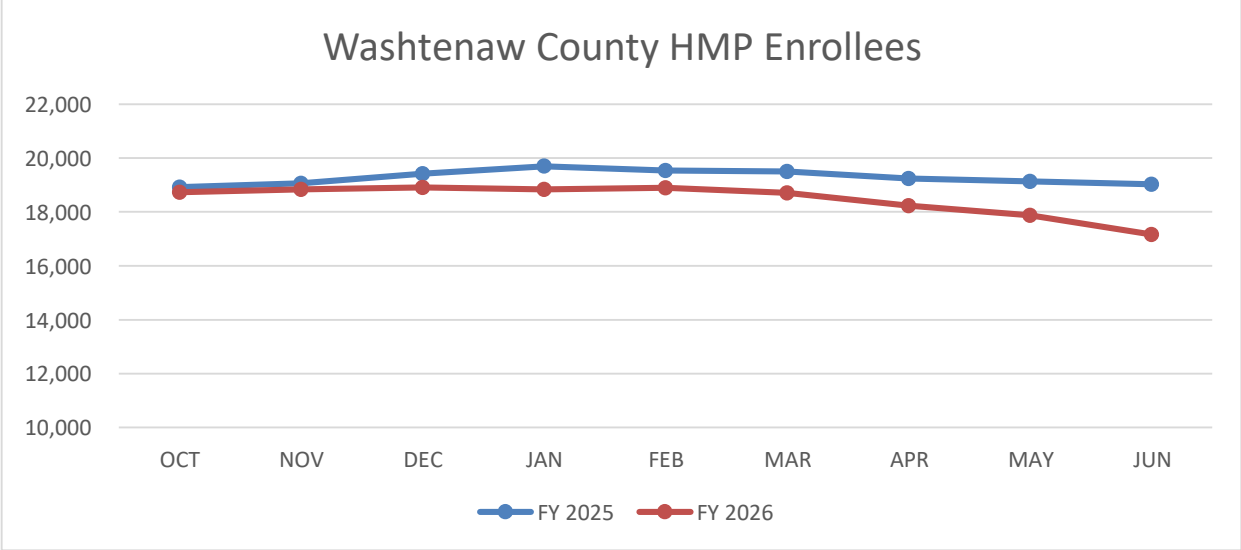
XII. Meeting adjourned at 3:15 pm.

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2026: For the period ending June 30, 2026
Prepared: August 2, 2026

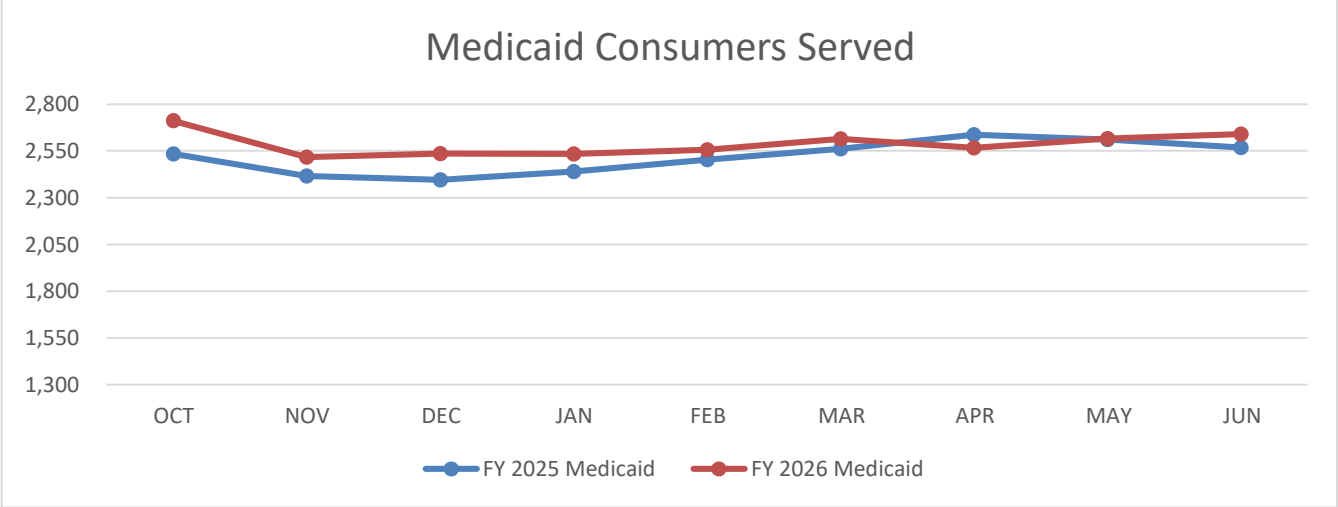
1. Washtenaw County Enrollees

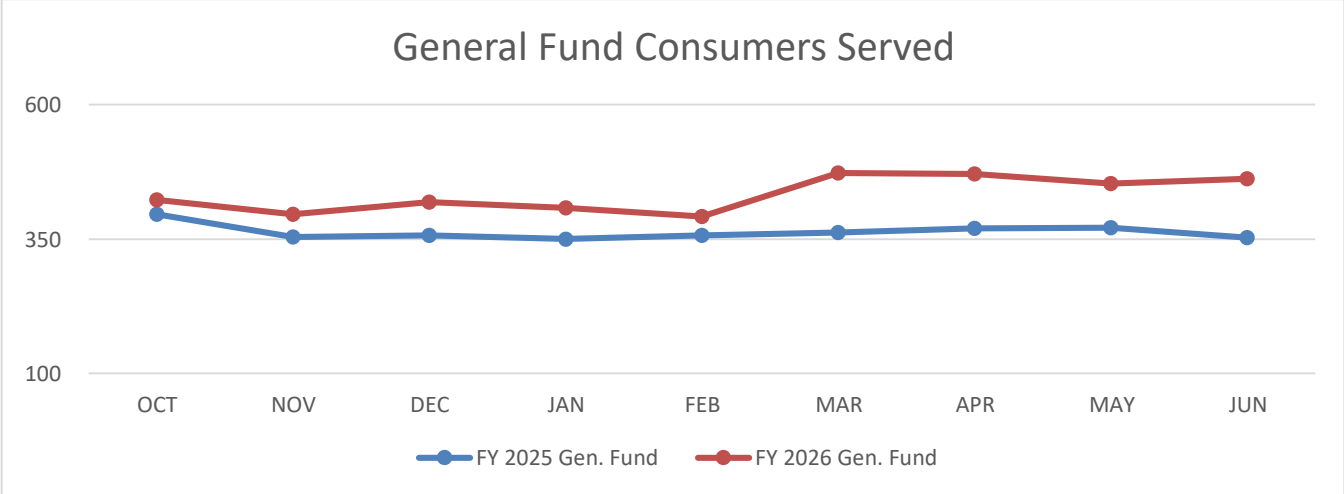
A summary of FY 2026 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



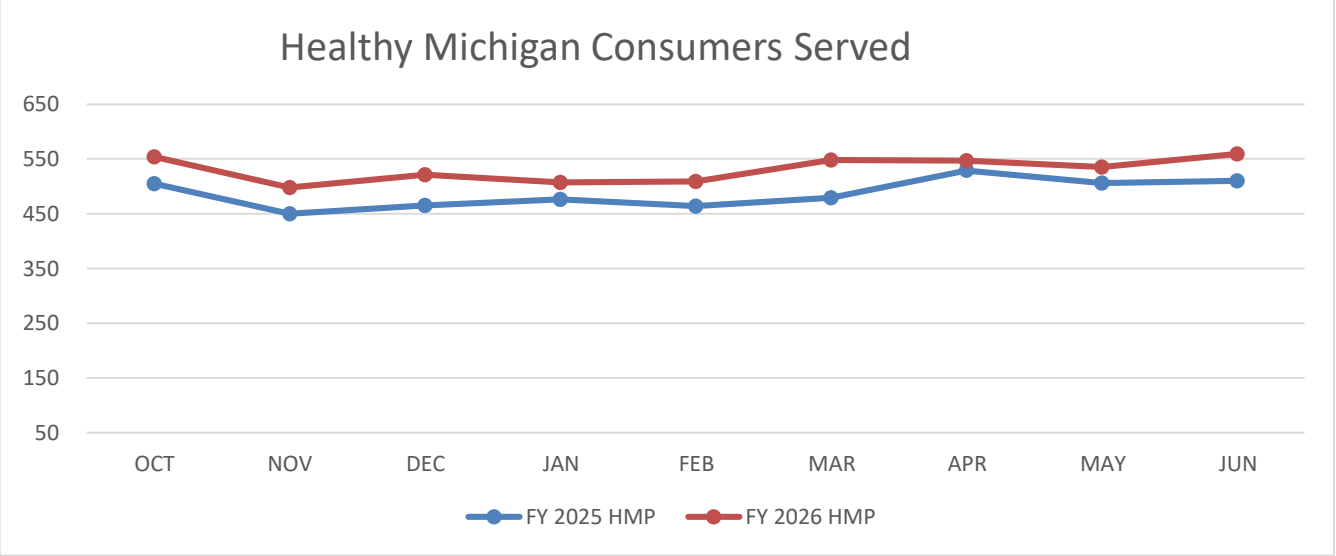


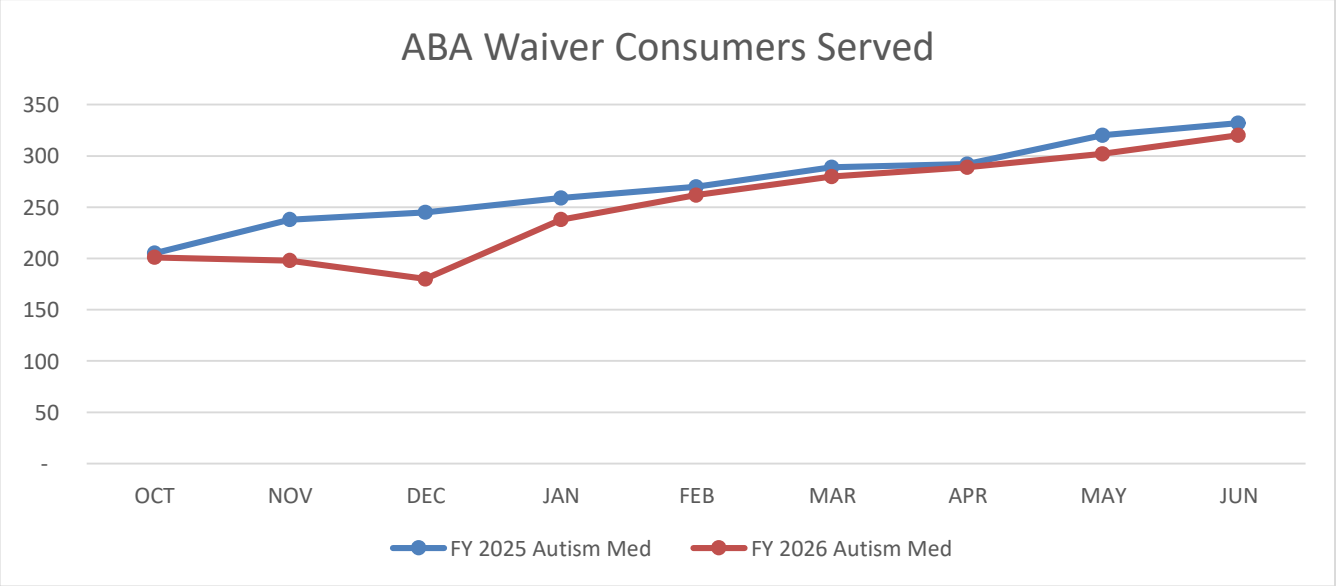
Washtenaw County Medicaid Enrollees were 32,597 in June 2026. This is a 6.17% decrease from the same time last year (2,143 less enrollees than in June 2025). Healthy Michigan enrollment in June 2026 was 17,166. This is a 9.80% decrease from the same time last year (1,865 less enrollees than in June 2025).





Medicaid consumers served were 2,640 in June 2026. This is 72 more consumers served from the same time last year (2,568 served in June 2025). General Fund consumers served in June 2026 was 462. This is 109 more consumers served from the same time last year (353 served in June 2025).



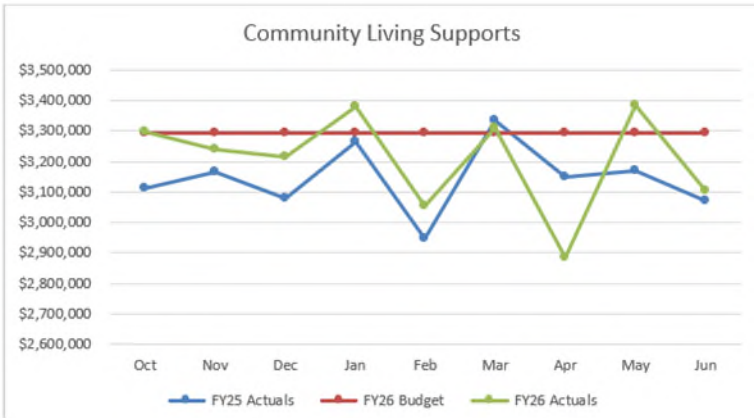


Healthy Michigan consumers served were 559 in June 2026. This is 49 more consumers served from the same time last year (510 served in June 2025). Autism consumers served in June 2026 was 320. This is 12 less consumers served from the same time last year (332 served in June 2025).

2. Financial Statement Highlights

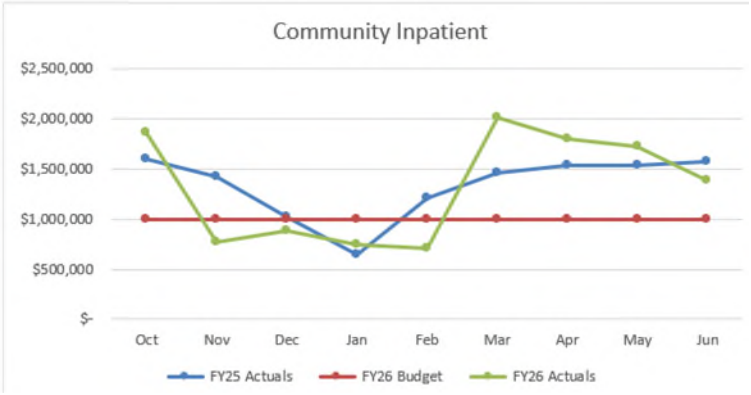
a. CLS service costs to date are estimated to be about $28.8 million and running just slightly under budget through June of FY 2026. The costs year to date are about 2.04% higher than last year at this time.

	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	3,310,586	3.16%
Apr	3,150,443	3,291,666	2,884,030	1.50%
May	3,169,815	3,291,666	3,383,736	2.16%
Jun	3,070,142	3,291,666	3,103,036	2.04%
Jul	3,274,248	3,291,666		
Aug	3,121,309	3,291,666		
Sep	3,185,461	3,291,666		



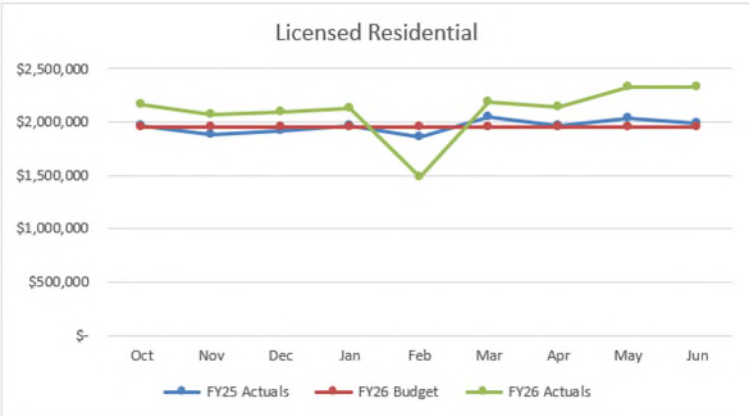
b. Community Inpatient costs to date are $11.9 Million. The costs year to date are lower than this time last year and are over budget by about 2 million YTD.

	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	2,012,419	-5.06%
Apr	1,542,660	1,000,000	1,798,709	-1.30%
May	1,543,225	1,000,000	1,729,506	0.67%
Jun	1,572,138	1,000,000	1,388,611	-0.94%
Jul	1,459,593	1,000,000		
Aug	1,574,457	1,000,000		
Sep	1,652,209	1,000,000		



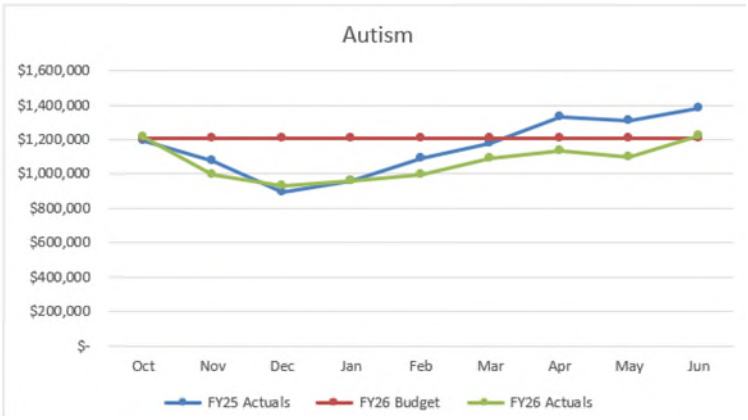
c. Licensed Residential costs to date are $18.9 Million and coming in slightly over budget. The costs year to date are about 7.3% more than this time last year.

	FY25 Actuals	FY26 Budget	FY26 Actuals	YTD % Change
Oct	$ 1,963,615	$ 1,958,333	$ 2,162,039	10.10%
Nov	1,887,271	1,958,333	2,067,657	9.84%
Dec	1,923,364	1,958,333	2,099,792	9.62%
Jan	1,961,078	1,958,333	2,132,709	9.40%
Feb	1,866,036	1,958,333	1,490,292	3.66%
Mar	2,051,542	1,958,333	2,184,189	4.15%
Apr	1,967,738	1,958,333	2,136,993	4.79%
May	2,040,781	1,958,333	2,327,965	6.00%
Jun	1,984,954	1,958,333	2,333,797	7.30%
Jul	2,063,159	1,958,333		
Aug	2,092,497	1,958,333		
Sep	2,082,652	1,958,333		



d. Applied Behavior Analysis/Autism service costs to date are $9.6 Million. The costs year to date are coming in under budget and trending about 7.4% 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	1,091,252	-3.10%
Apr	1,334,716	1,208,333	1,136,093	-5.13%
May	1,306,790	1,208,333	1,096,034	-6.73%
Jun	1,385,580	1,208,333	1,222,114	-7.40%
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 $8.7 M through June.
c. By funding source, HMP is showing a deficit of $3 M through June.
d. Overall, the PIHP surplus is $5.6 M through June.

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 $5.7 M through June.

5. State General Fund Key Points

a. General Fund programs and funding redirected to other Risk-Based programs is showing a surplus of approximately $2 M.

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 June.

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. At the end of FY 2025, WCCMH has a fund balance of $6,342,913.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
As of June 30, 2026

		Total
Medicaid **		
Revenue		
B & 1115i	$	46,787,976
HSW		26,525,854
Behavioral Health Home		-
Child Waiver/SED Waiver		766,510
Autism		9,315,530
Prior Year Adjustments		-
Care for Caid		87,180
Total Medicaid Revenue	$	83,483,050
Total Medicaid Expense	$	74,732,960
Medicaid Surplus/(Deficit)	$	8,750,090
Healthy Michigan **		
Revenue	$	5,275,677
Expense		8,361,703
Healthy MI Surplus/(Deficit)	$	(3,086,026)
CCBHC		
CCBHC FFS Revenue	$	17,296,399
Total CCBHC Revenue	$	17,296,399
CCBHC Non-Medicaid Expense		3,416,955
CCBHC HMP Expense		3,920,705
CCBHC Medicaid Expense		15,671,292
Total CCBHC Expense	$	23,008,951
CCBHC Surplus/(Deficit)	$	(5,712,552)
General Fund		
Revenue		
CMH Operations	$	3,278,295
CMH Operations Contra		-
GF Carryforward		-
Categorical		-
Redirect To Injectable Meds.		-
Redirect To CCBHC Non-Medicaid		-
Funding Fr. Other Local Sources		1,748,841
Total General Fund Revenue	$	5,027,136
Total General Fund Expense	$	2,989,966
General Fund Surplus/(Deficit)	$	2,037,170
HEALTH HOME SERVICES		
Revenue		
Behavioral Health Home	$	550,820
Other Revenue		-
Total BHH Revenue		550,820

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
As of June 30, 2026

		Total
Expense		
Medicaid Health Home Services		447,019
Other Expenses		-
Total BHH Expenses		447,019
Behavioral Health Home Surplus/(Deficit)	$	103,801
Injectable Meds		
Revenue	$	51,269
Expense		58,599
Inj. Meds. Surplus/(Deficit)	$	(7,330)
Grants And Contracts		
Revenue	$	2,184,239
Expense		1,588,559
Grants & Cont. Surplus/(Deficit)	$	595,680
CMHSP To CMHSP		
Revenue	$	572,908
Redirect to GF		-
Expense		538,619
CMHSP to CMHSP Surplus/(Deficit)	$	34,289
Local		
Revenue	$	1,434,316
Expense		930,448
Local Surplus/(Deficit)	$	503,868
Private Grant & All NOR		
Revenue	$	188,816
Expense		175,038
Priv. Grant & NOR Surplus/(Deficit)	$	13,778
Grand Total		
Revenue	$	116,064,629
Expense		112,831,863
Grand Total Surplus/(Deficit)	$	3,232,766

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	$	5,664,064
WCCMH Surplus/(Deficit)		(2,431,298)
	$	3,232,766

Washtenaw County Community Mental Health
Budget to Actuals
For Four Months Ending June 30, 2026

	Current Fiscal Year				
	FY 2026 Amended Budget	FY 2026 Amended 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	$ 46,765,737	$ 46,875,156	$ 109,419	0.23%
HSW	32,526,924	24,395,193	26,525,854	2,130,661	8.73%
Children & SED Waivers	1,100,446	825,335	766,510	(58,825)	-7.13%
Healthy Michigan Capitation	7,034,236	5,275,677	5,275,677	-	0.00%
Autism Capitation	12,347,733	9,260,800	9,315,530	54,730	0.59%
Behavioral Health Home	614,907	461,180	550,820	89,640	0.00%
TOTAL PIHP Revenue	$ 115,978,562	$ 86,983,922	$ 89,309,547	$ 2,325,626	2.67%
MDHHS Revenue					
CCBHC Fee-For-Service	29,000,000	21,750,000	17,296,399	(4,453,601)	-20.48%
State General Funds	4,461,704	3,346,278	3,278,295	(67,983)	-2.03%
Grants & Earned Contracts	2,392,867	1,794,650	1,577,967	(216,683)	-12.07%
All Other Revenue					
County Appropriation	$ 1,751,761	$ 1,313,821	$ 1,365,951	$ 52,130	3.97%
All Other	2,984,357	2,238,268	3,236,470	998,202	44.60%
TOTAL Operating Revenue	**$ 156,569,251**	**$ 117,426,938**	**$ 116,064,629**	**$ (1,362,309)**	-1.16%
Operating Expenses					
Administrative Expenses					
General Administration	$ 14,158,884	10,619,163	$ 9,830,521	$ (788,642)	-7.43%
Program Administration	4,750,000	3,562,500	3,474,229	(88,271)	-2.48%
Contracted Services					
Community Living Supports	$ 39,500,000	29,625,000	$ 28,764,235	$ (860,765)	-2.91%
Licensed Residential	23,500,000	17,625,000	17,836,800	211,800	1.20%
Applied Behavioral Analysis	14,500,000	10,875,000	9,619,943	(1,255,057)	-11.54%
Community Inpatient	12,000,000	9,000,000	11,002,386	2,002,386	22.25%
Vocational Services	3,100,000	2,325,000	2,370,683	45,683	1.96%
All Other Contracted	2,587,500	1,940,625	2,719,331	778,706	40.13%
Internal Services					
Case Management	$ 10,800,000	8,100,000	$ 7,311,186	$ (788,814)	-9.74%
Psychiatry	5,700,000	4,275,000	3,906,506	(368,494)	-8.62%
Vocational Services	3,900,000	2,925,000	1,579,353	(1,345,647)	-46.01%
Therapy Services	3,350,000	2,512,500	2,344,789	(167,711)	-6.68%
Nursing Services	3,100,000	2,325,000	2,044,783	(280,217)	-12.05%
ACT	2,600,000	1,950,000	1,381,541	(568,459)	-29.15%
All Other Internal	9,650,000	7,237,500	6,473,447	(764,053)	-10.56%
		-			
Other Expenses					
Local Matches & Shelter	980,000	735,000	594,163	$ (140,837)	-19.16%
Grants & Earned Contracts	2,392,867	1,794,650	1,577,967	(216,683)	-12.07%
TOTAL Operating Expenses	**$ 156,569,251**	**$ 117,426,938**	**$ 112,831,863**	**$ (4,595,075)**	-3.91%
Revenue Over/(Under) Expenses	-	-	3,232,766	3,232,766	

Washtenaw County Community Mental Health
DRAFT Fiscal Year 2027 Budget

	FY 2027 Proposed Budget	FY 2026 Final Budget	FY 2027 Adjusted Budget Over / (Under) FY 2026 Budget	FY 2026 Projected YE	FY 2027 Adjusted Budget Over / (Under) FY 2026 Projections
Revenues					
Medicaid (b) & 1115i	$ 62,354,316	$ 62,354,316	$ -	$ 62,354,316	$ -
Habilitation Supports Waiver	32,526,924	32,526,924	-	34,726,924	(2,200,000)
Children's & SED Waivers	1,100,446	1,100,446	-	1,100,446	-
Healthy Michigan Plan	7,034,236	7,034,236	-	7,034,236	-
Autism Medicaid	12,347,733	12,347,733	-	12,347,733	-
Behavioral Health Home	614,907	614,907	-	714,907	(100,000)
CCBHC Fee-For-Service	29,000,000	29,000,000	-	24,000,000	5,000,000
State General Funds	4,461,704	4,461,704	-	4,461,704	-
Funding From Washtenaw County	1,751,761	1,751,761	-	1,751,761	-
Grants and Earned Contracts Incl. OBRA	2,392,867	2,392,867	-	2,392,867	-
CMHPSM/Affiliate & U of M Billings	950,000	950,000	-	950,000	-
All Other	2,034,357	2,034,357	-	3,284,357	(1,250,000)
Use of Prior Year Fund Balance	-	400,000	(400,000)	-	-
Total Revenues	**$ 156,569,251**	**$ 156,969,251**	**$ (400,000)**	**$ 155,119,251**	**$ 1,450,000**
Expenses					
Administrative Expenses					
WCCMH Administration	$ 14,158,884	$ 14,158,884	$ -	$ 13,507,000	$ 651,884
Total Administrative Expenses	$ 14,158,884	$ 14,158,884	$ -	$ 13,507,000	$ 651,884
Direct Services					
WCCMH Direct Services	$ 43,850,000	$ 43,850,000	$ -	$ 39,045,000	$ 4,805,000
Total Direct Services	$ 43,850,000	$ 43,850,000	$ -	$ 39,045,000	$ 4,805,000
Contracted Services					
WCCMH Contracted Services	$ 95,187,500	$ 95,187,500	$ -	$ 96,500,000	$ (1,312,500)
Total Contracted Services	$ 95,187,500	$ 95,187,500	$ -	$ 96,500,000	$ (1,312,500)
Other Non-Service Costs					
Special Item - Group Home Purchases	$ -	$ 400,000	$ (400,000)	$ 400,000	$ (400,000)
State Facilities Local Contribution	900,000	900,000	-	900,000	-
Shelter	80,000	80,000	-	80,000	-
Total Other Non-Service Costs	$ 980,000	$ 1,380,000	$ (400,000)	$ 1,380,000	$ (400,000)
Grants And Contracts	$ 2,392,867	$ 2,392,867	$ -	$ 2,392,867	$ -
Total Expenses	**$ 156,569,251**	**$ 156,969,251**	**$ (400,000)**	**$ 152,824,867**	**$ 3,744,384**
Revenue Over/(Under) Expenses	0	0	0	2,294,384	$ (2,294,384)

Washtenaw County Community Mental Health
DRAFT Fiscal Year 2027 Budget

WCCMH Administrative Expenses

		FY 2027 Proposed Budget	FY 2026 Final Budget	FY 2027 Budget Over / (Under) FY 2026 Budget	FY 2026 Projected YE	FY 2027 Budget Over / (Under) FY 2026 Projections
	Administration	$ 1,400,000	$ 1,450,000	$ (50,000)	$ 1,380,000	$ 20,000
(a)(b)	Compliance	190,000	190,000	-	175,000	15,000
(a)	Finance	1,500,000	1,650,000	(150,000)	1,500,000	-
	Human Resources	275,000	275,000	-	195,000	80,000
(a)	Information Management	275,000	275,000	-	270,000	5,000
(a)	Intake/Enrollment	775,000	775,000	-	775,000	-
(a)	Member Services	275,000	275,000	-	197,000	78,000
(a)	Network Management	675,000	675,000	-	650,000	25,000
(a)	Quality/Performance Imp.	410,000	500,000	(90,000)	396,000	14,000
(b)	Recipient Rights	1,550,000	1,650,000	(100,000)	1,480,000	70,000
(a)	Utilization Review	1,150,000	1,150,000	-	1,125,000	25,000
	County Cost Allocation Plan	5,680,884	5,290,884	390,000	5,364,000	316,884
	TOTAL	$ 14,155,884	$ 14,155,884	$ -	$ 13,507,000	$ 648,884

-

(a) All or a portion of this administrative category is a delegated function of the PIHP.
(b) Revenue contracts exist with Affiliate Partner CMH's for the purchase of these administrative functions.

Washtenaw County Community Mental Health
DRAFT Fiscal Year 2027 Budget

WCCMH Direct Service Expenses

	FY 2027 Proposed Budget	FY 2026 Final Budget	FY 2027 Budget Over / (Under) FY 2026 Budget	FY 2026 Projected YE	FY 2027 Budget Over / (Under) FY 2026 Projections
Program Support	$ 4,750,000	$ 4,750,000	-	$ 4,700,000	$ 50,000
ACT	2,600,000	2,600,000	-	2,100,000	500,000
Autism	420,000	420,000	-	145,000	275,000
Behavior Management	940,000	940,000	-	750,000	190,000
Case Management	10,800,000	10,800,000	-	9,750,000	1,050,000
Crisis Stabilization	3,000,000	3,000,000	-	2,750,000	250,000
Health Home	450,000	450,000	-	450,000	-
Home Based	1,725,000	1,725,000	-	1,650,000	75,000
Jail Services	680,000	680,000	-	675,000	5,000
Jail Diversion	185,000	185,000	-	275,000	(90,000)
Nursing	3,100,000	3,100,000	-	2,900,000	200,000
Nursing Home Services	190,000	190,000	-	160,000	30,000
Outpatient	3,350,000	3,350,000	-	3,200,000	150,000
Peer Supports	1,250,000	1,250,000	-	1,250,000	-
Psychiatric Services	5,700,000	5,700,000	-	5,300,000	400,000
Skill Building	2,200,000	2,200,000	-	1,400,000	800,000
Specialty Services	335,000	335,000	-	290,000	45,000
Supported Employment	1,700,000	1,700,000	-	900,000	800,000
Wraparound	475,000	475,000	-	400,000	75,000
TOTAL	$ 43,850,000	$ 43,850,000	$ -	$ 39,045,000	$ 4,805,000

Washtenaw County Community Mental Health
DRAFT Fiscal Year 2027 Budget

WCCMH Contracted Service Expenses

	FY 2027 Proposed Budget	FY 2026 Final Budget	FY 2027 Budget Over / (Under) FY 2026 Budget	FY 2026 Projected YE	FY 2027 Budget Over / (Under) FY 2026 Projections
Access/Assessments	$ 150,000	$ 150,000	$ -	$ 150,000	$ -
Autism Services	14,500,000	14,500,000	-	13,000,000	1,500,000
Community Inpatient	12,000,000	12,000,000	-	14,000,000	(2,000,000)
Community Living Supports	39,500,000	39,500,000	-	39,000,000	500,000
Licensed Facilities	23,500,000	23,500,000	-	23,800,000	(300,000)
Nursing	150,000	150,000	-	180,000	(30,000)
Outpatient	12,500	12,500	-	980,000	(967,500)
Peer Supports/Drop-In	400,000	400,000	-	300,000	100,000
PERS	150,000	150,000	-	150,000	-
PSR/Clubhouse	600,000	600,000	-	500,000	100,000
Respite	715,000	715,000	-	580,000	135,000
Skill Building	2,750,000	2,750,000	-	2,900,000	(150,000)
Specialty Services	150,000	150,000	-	150,000	-
Supported Employment	350,000	350,000	-	220,000	130,000
All Other Contracted Services	260,000	260,000	-	590,000	(330,000)
TOTAL	$ 95,187,500	$ 95,187,500	$ -	$ 96,500,000	$ (1,312,500)

Quality-Finance Board Committee
Performance Improvement Dashboard
2nd Qtr Dashboard (Jan 1 – March 31, 2026)

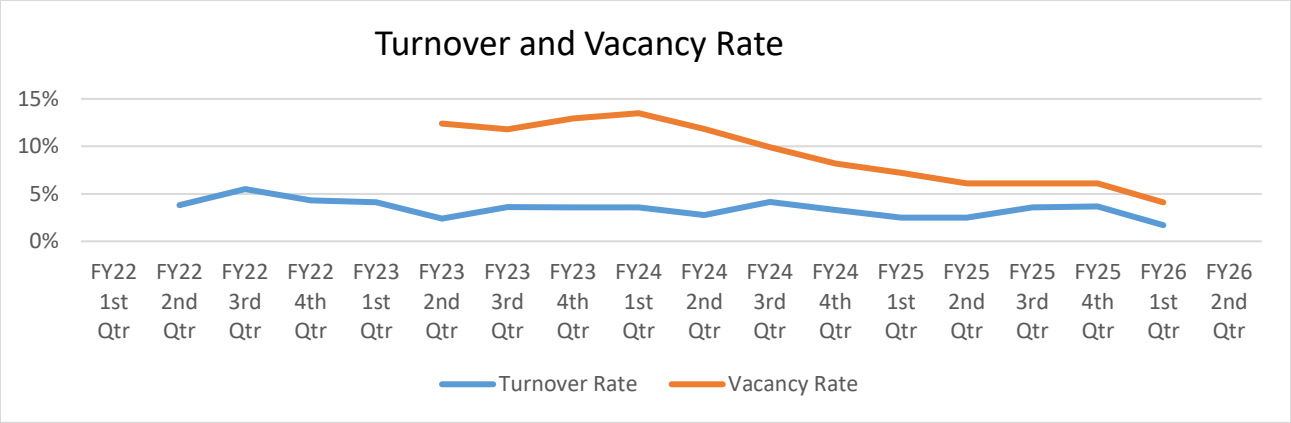
2nd Quarter Human Resources

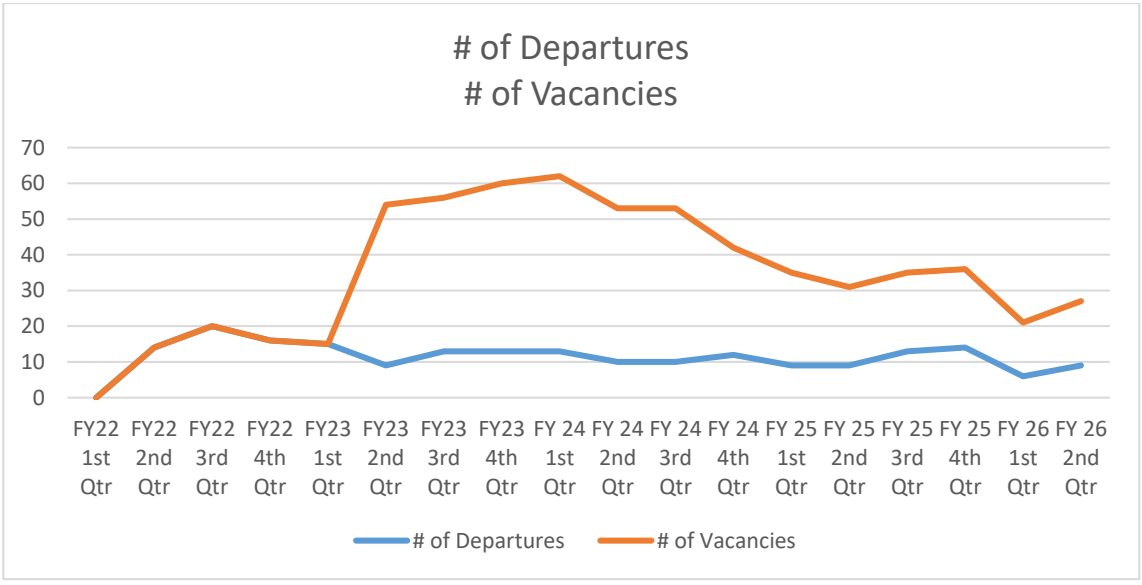
Turnover Rate:

9 staff resigned or were involuntarily terminated
363 positions
Turnover rate is 2.48%

Vacancy Rate:

18 vacancies
363 active positions
Vacancy rate 4.96%

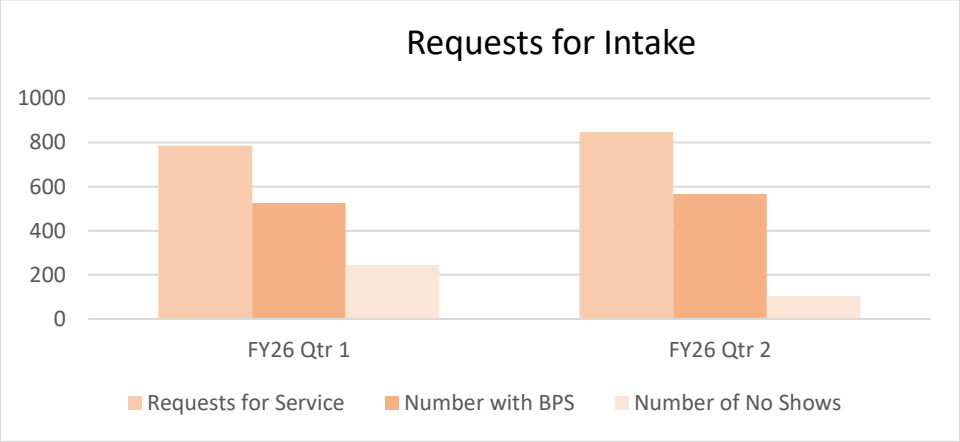




Michigan Department of Health and Human Services (MDHHS) Performance Indicator Hedis Measure Transition (Verbal Update)

Hedis Measures:
Initiation and engagement alcohol treatment (IET)
Follow up after psychiatric hospitalization (FUH)
Follow up after emergency room visit for mental illness (FUM)
Follow up after emergency room visit for substance use (FUA)
Follow up for children prescribed medications for ADHD (ADD)
Metabolic Monitoring for children prescribed antipsychotics (APM)
Psychosocial care for children and adolescents on antipsychotics (APP)

Access to Services



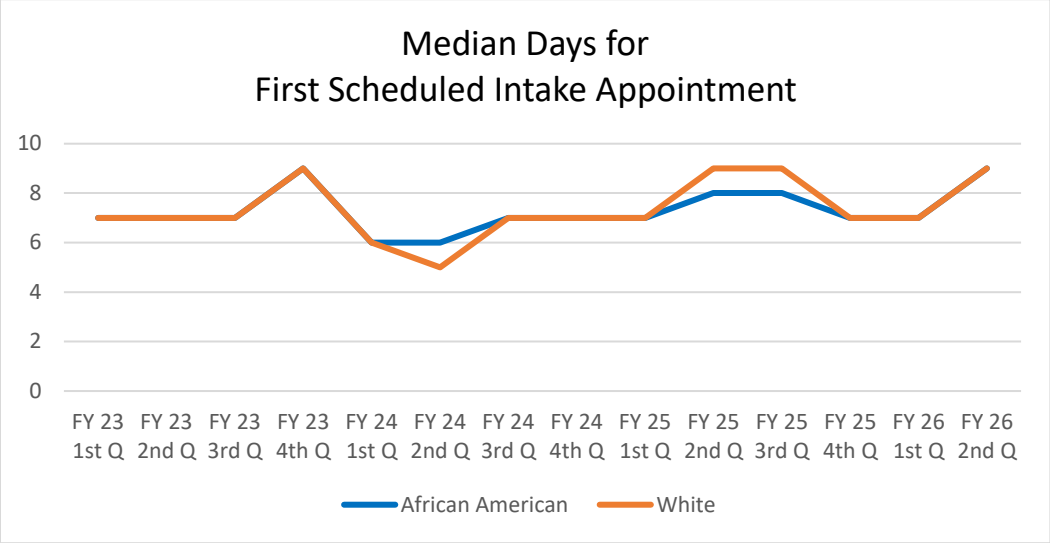
2nd Qtr Detail of Intake Data				
Time Frame	**Requests for Intake**	**Received BPS**	**Percentage receiving BPS**	**No Shows**
Jan	**272**	**184**	**68%**	**37**
Feb	**293**	**195**	**67%**	**31**
Mar	**283**	**187**	**66%**	**35**
Grand Total	**848**	**566**	**67%**	**103**

Median Days for Intake Appointment

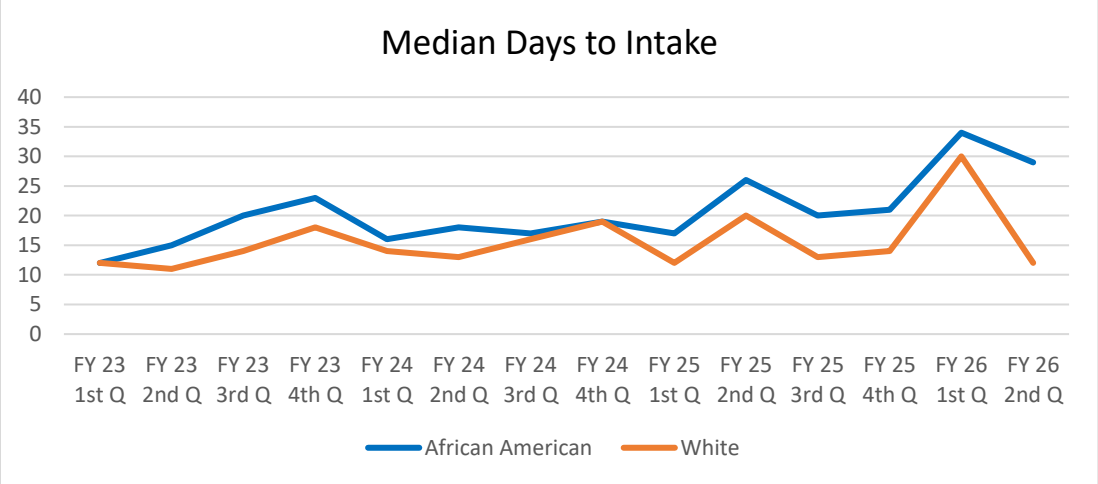
This dataset compares the number of days from request for service to the first scheduled BPS date and the number of days from the request for service to the the actual BPS date. The median number of days was identified for both datapoints.

The first graph identifies the median between the request for service and the first scheduled BPS date for both white (blue line) and black populations (red line). Each of those datapoints reflect a number where the

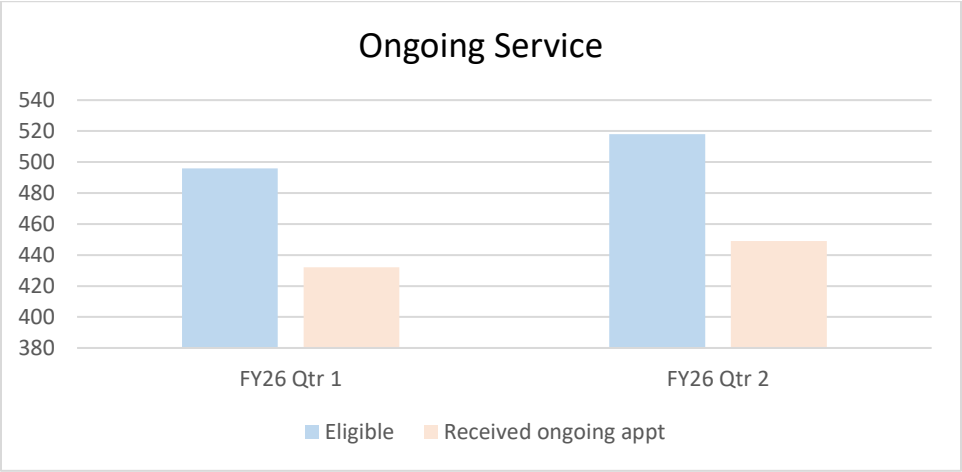
dataset is 50% below (as well as 50% above) confirming our Access department tries very hard to schedule people quickly.



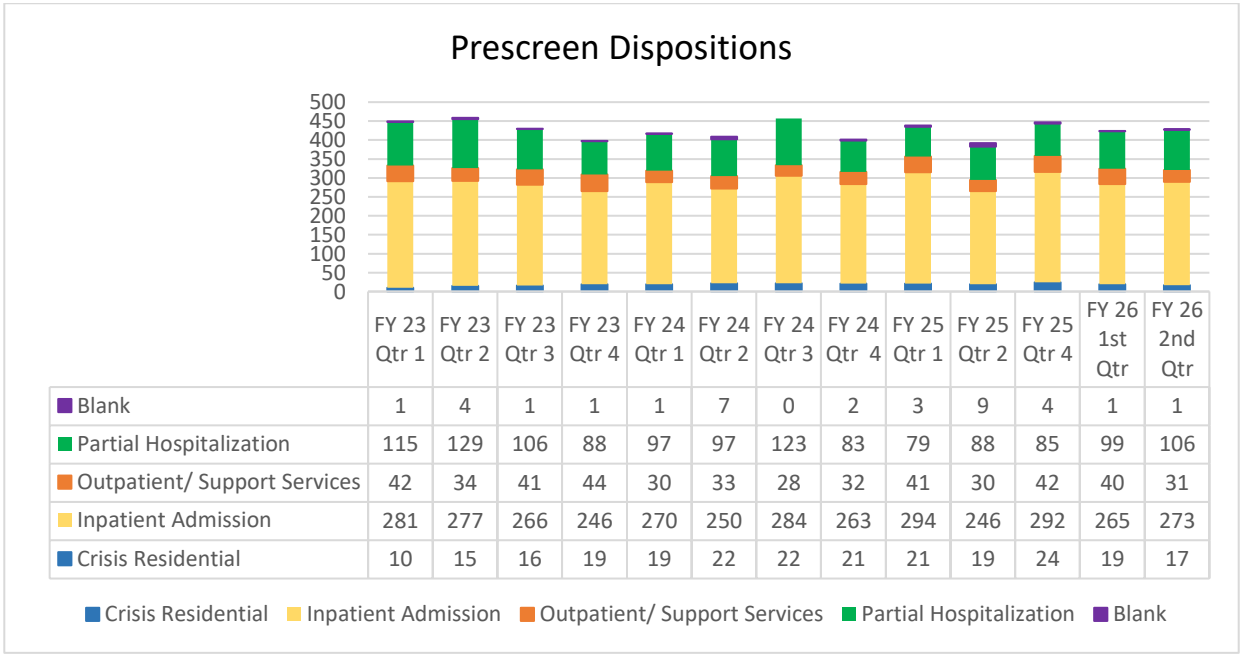
Consumers can have their first appointment scheduled and then can no show, call to reschedule, or call to cancel. We know that a large number of consumers end up receiving their intake/ BPS outside of 14 days. The graph below identifies the median number of days from the request for service to the actual BPS for the same populations and legend.



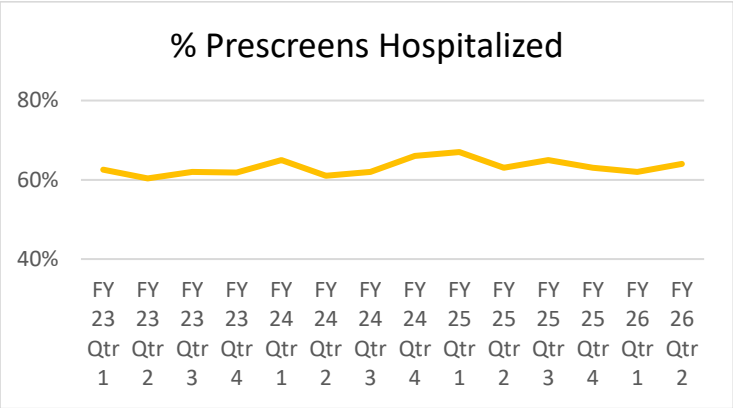
Ongoing Service

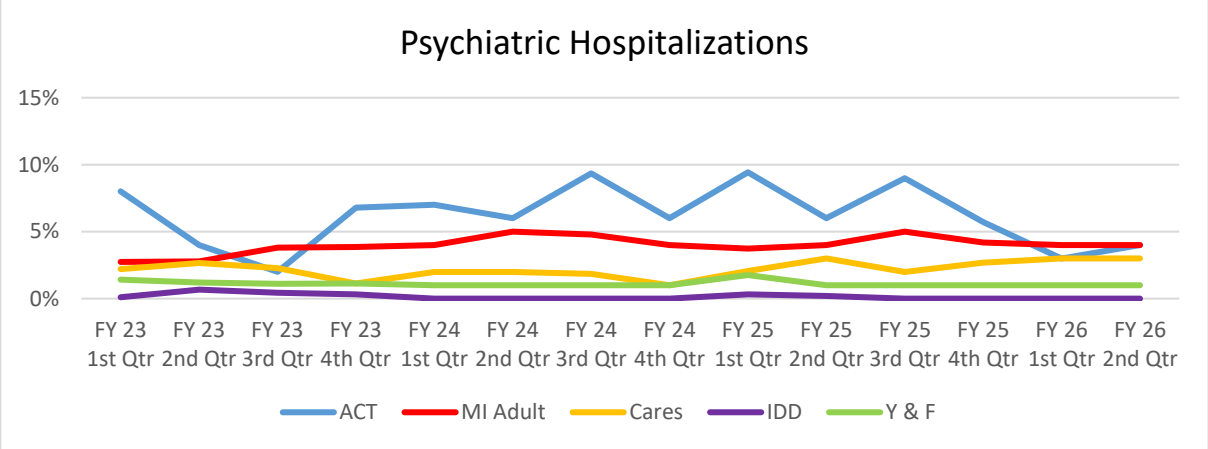


2nd Qtr Detail for ongoing appointment			
Month	**Eligible**	**Received ongoing appt**	**Percentage receiving ongoing appt**
Jan	**176**	**145**	**82%**
Feb	**180**	**159**	**88%**
Mar	**162**	**145**	**90%**
	518	**449**	**87%**

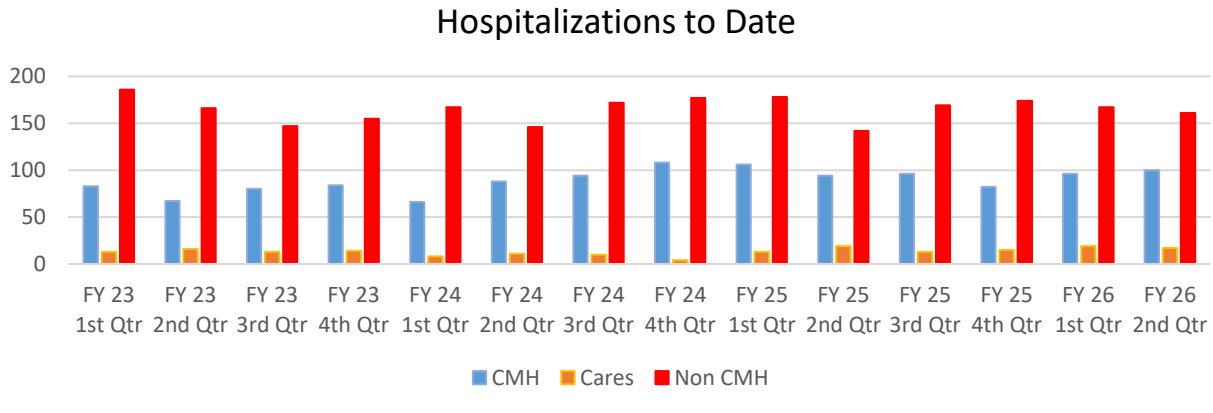


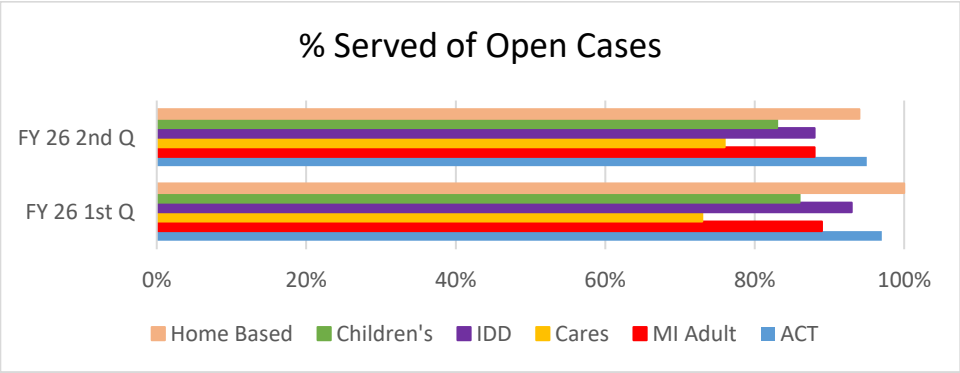
	FY 23 Qtr 1	FY 23 Qtr 2	FY 23 Qtr 3	FY 23 Qtr 4	FY 24 Qtr 1	FY 24 Qtr 2	FY 24 Qtr 3	FY 24 Qtr 4	FY 25 Qtr 1	FY 25 Qtr 2	FY 25 Qtr 4	FY 26 1st Qtr	FY 26 2nd Qtr
Blank	1	4	1	1	1	7	0	2	3	9	4	1	1
Partial Hospitalization	115	129	106	88	97	97	123	83	79	88	85	99	106
Outpatient/ Support Services	42	34	41	44	30	33	28	32	41	30	42	40	31
Inpatient Admission	281	277	266	246	270	250	284	263	294	246	292	265	273
Crisis Residential	10	15	16	19	19	22	22	21	21	19	24	19	17





FY 26 2nd Qtr Detail Hospitalizations			
Program	Number Served	Number Hospitalized (Multiple Admits)	% Consumers Hospitalized
ACT	105	4 (0)	4%
MI Adult	1843	63 (17)	4%
Cares	724	17 (3)	3%
IDD	1072	1 (0)	0%
Y & F	1275	11 (0)	1%





Critical Event Data Reported Thru Qtr 2 FY 2026

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

Time period	Team at Event	Type	Total
1st Qtr	CARES	Non Suicide Death	1
	IDD	Non Suicide Death	7
		Emergency Medical Tx due to Fall	1
	MI Adult	Non Suicide Death	6
		Arrest	1
		Emergency Medical Tx due to Fall	1
Qtr 1 Total			17
Qtr 2	ACT	Non Suicide Death	1
	IDD	Non Suicide Death	10
		Emergency Med Tx due to fall	1
	CARES	Non-Suicide Death	1
	Crisis Team	Suicide	1
	MI Adult	Non Suicide Death	12
		Suicide Death	1
		Arrest	3
		Emergency Med Tx due to Injury	1
		Emergency Medical Treatment due to a Med Error	1
	Children's	Suicide	1
Qtr 2 Total			33

Mortality Data Thru Qtr 2 FY 2026

Cause of Death	Number of Deaths FY 22	Number of Deaths FY 23	Number of Deaths FY 24	Number of Deaths FY 25	Number of Deaths FY 26
Aspiration Pneumonia	3	4	1	1	
Cancer	3	8	2	7	4
Cardiovascular	12	10	20	11	6
Dehydration					
Diabetes					
Drug Abuse	6	10	5	6	2
Endocrine System (Diabetes)					
Environmental Hypothermia					
Fluid Electrolyte Disturbance		1			
Gastrointestinal		3	3	3	3
Hip Fracture Complications					
Homicide		3			
Hyponatremia	2				
Inanition				1	
Infection	4 (3 - COVID 19)		2	3	1
Kidney Disease		1	1	1	1
Liver Disease	1	1	1	1	
Metabolic					
Medication Toxicity				1	
Natural/Other					
Neurological	3	3	3	4	2
Respiratory	5	5	5	4	2
Suicide	2	6	1	3	3
Trauma	3	2	1		
Unknown	10	8	3	6	17
Grand Total	**54**	**65**	**48**	**52**	**41**

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

Washtenaw County Community Mental Health (WCCMH)
Annual Year End Performance Improvement Report
Fiscal Year 25 (October 1, 2024 – September 30, 2025)

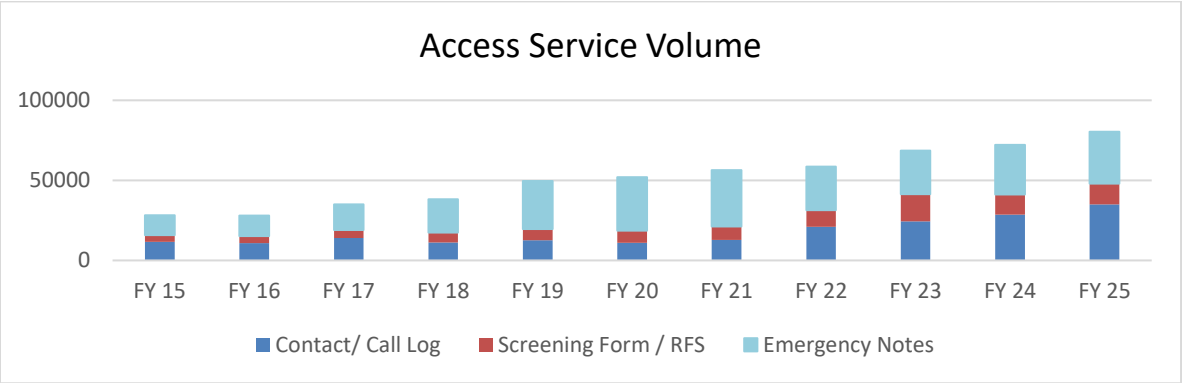
FY 25 Organizational Foci

- WCCMH continued to actively participate in the Certified Community Behavioral Health Clinic (CCBHC) programming (Cohort 1).
- Anticipating a change in the CCBHC funding model, WCCMH implemented systems and training intended to impact turnaround times on submitted claims and reimbursement.
- WCCMH, working with Community Partners, implemented and provided ongoing communication of Millage initiatives, results and outcomes.
- WCCMH Administration continued to work to increase funding levels by leading advocacy efforts at local and state levels for a diverse portfolio of funding opportunities, including, but not limited to: Medicaid, CCBHC, Managed Care, and grants.
- Continued focus on filling vacancies continues to result in fewer vacancies.
- Continued efforts to implement Zero Suicide Evidence Based Practices (EBP) throughout the organization. Project managed by Performance Improvement with Program Administrators, Directors, and front line staff creating content via committees of Care Path, Treatment Modalities and Training.
- Continued implementation of the Black Lives Matter (BLM) Task Force with twelve events and almost 2900 participants during 2025.
- Received full compliance from the Michigan Department of Health and Human Services (MDHHS) Office of Recipient Rights (ORR) during the triennial WCCMH ORR system assessment November 19-21, 2024.
- The Incident Review Committee authored multiple policies and procedures and continues to work to enhance and consolidate existing safety policies. Safety Tabletop Exercises began in 2025 and will continue in 2026 throughout the organization to better understand our current action steps during emergency incidents. The discussions during these exercises will be used to inform the development of new safety trainings, policies, and procedures with the aim of consistently prioritizing the safety of our staff, consumers, and community.
- Received re-accreditation by Joint Commission with an expiration of September 27, 2028.
- 2025 was the seventh year that the Public Safety and Mental Health Preservation Millage provided funding to expand access to mental health and substance use services across Washtenaw County. These dollars were used to support Washtenaw County youth, to assist unhoused people into stable housing, to provide services to people who would not otherwise qualify for them, and to divert low-level, low-risk offenders away from the criminal justice system and into much-needed mental health and substance use treatment.

This concludes a narrative overview of various activities conducted during FY 25. Additional information follows, which includes WCCMH's performance in some areas of efficiency and effectiveness as indicated by presenting various indicators monitored throughout the year. These indicators may reveal trends and patterns which assist our future foci. This is a summary review of our status in FY 25.

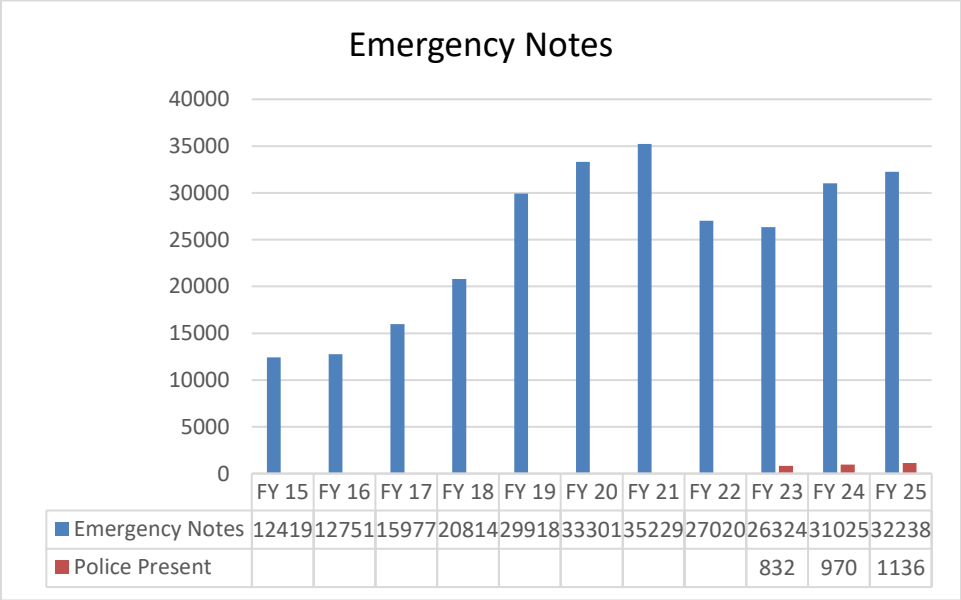
Access, Triage and Crises

Our indicator monitoring begins with a focus on access to our services. Typically, the process starts with a phone call. The phone call may result in a Call Log or Request for Services (RFS). If the phone call is considered urgent, the call will be routed to the Crisis Team which results in an Emergency Note. Below is a graph of Access Services from FY 15 – FY 25.



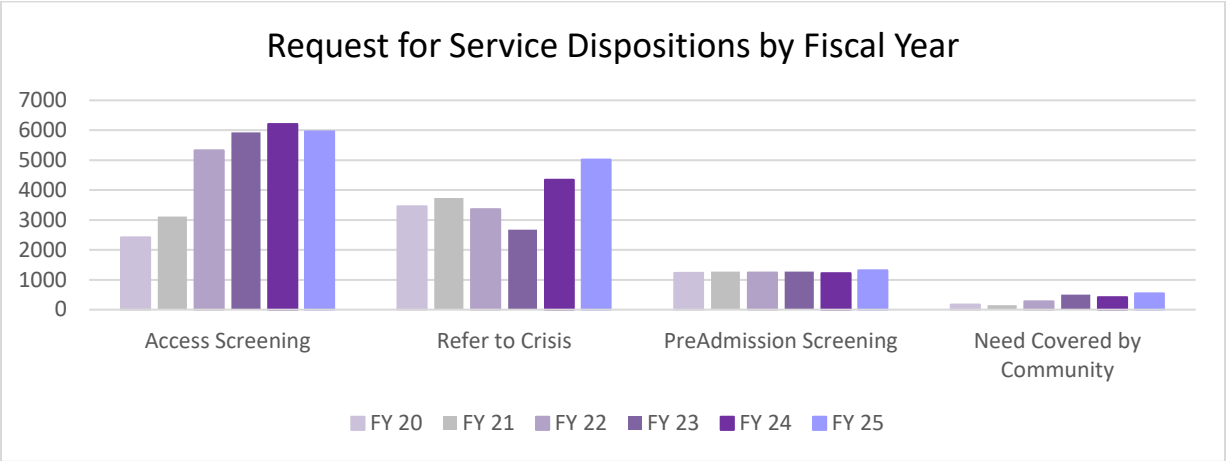
Monitoring the total number of services per fiscal year reveals a continued increase in services. This overall increase continues to be most likely due to millage services, increased collaborations with various law enforcement departments, marketing, and the ongoing Certified Community Behavioral Health Clinics (CCBHC) services. It is clear we continue to increase our ability to identify and respond to the needs in the community.

Continuing to monitor the flow of a request for service, individuals who contact us for services and present with an urgent situation are referred to the Crisis Team which then results in a service and a corresponding emergency note. The emergency note will also occur when a Prescreen is needed. Monitoring the volume of emergency notes by fiscal year reveals the relatively same number of emergency notes in FY 25 compared to FY 24. In FY 23, we also started capturing if police were present during the service. That detail is displayed below. The "police present" emergency notes is a subset of the overall emergency notes. We are seeing an increase in the number of services implemented with the collaboration of police presence.



	FY 15	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
Emergency Notes	12419	12751	15977	20814	29918	33301	35229	27020	26324	31025	32238
Police Present									832	970	1136

The RFS document produces dispositions identifying the type of requests. When an individual requests a service, the caller can be routed to an Access Screen, referred to the crisis team (for urgent issues), routed for a preadmission screening if there is an emergent situation or given information of options in the community. The graph below includes FY 20 – FY 25 RFS disposition data that pertain to a service request.

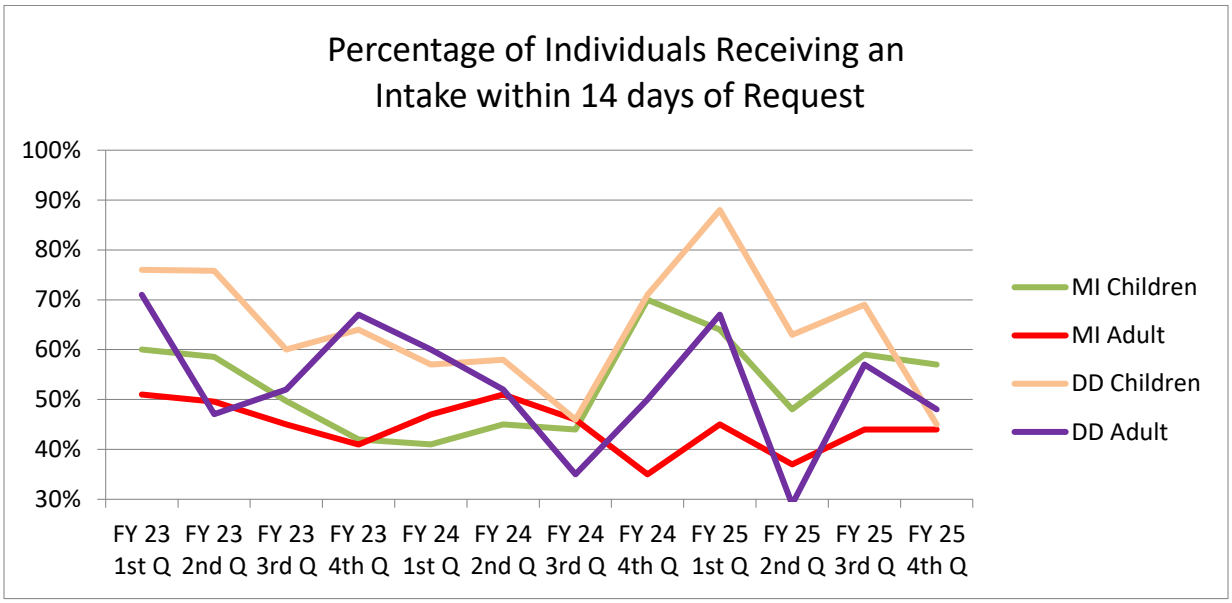


A summary of the data is as follows:

- Over the past six years, there was a trend identifying a significant increase in Access Screenings. This past year shows a small decrease though appears to help identify a baseline hovering at 6000 requests resulting in Access Screenings.
- In the past year, there continued to be a strong number of referrals to Crisis. This number continues to be much higher than it has been in the past.
- Conversely, we continue to see a minimal change in the number of calls that resulted in a preadmission screening. This has been stable in the past six years.
- Needs covered by community increased in FY 23 (which may be due to the millage impact on available services in the community). FY 24 and FY 25 suggest relative consistency and perhaps a new baseline.

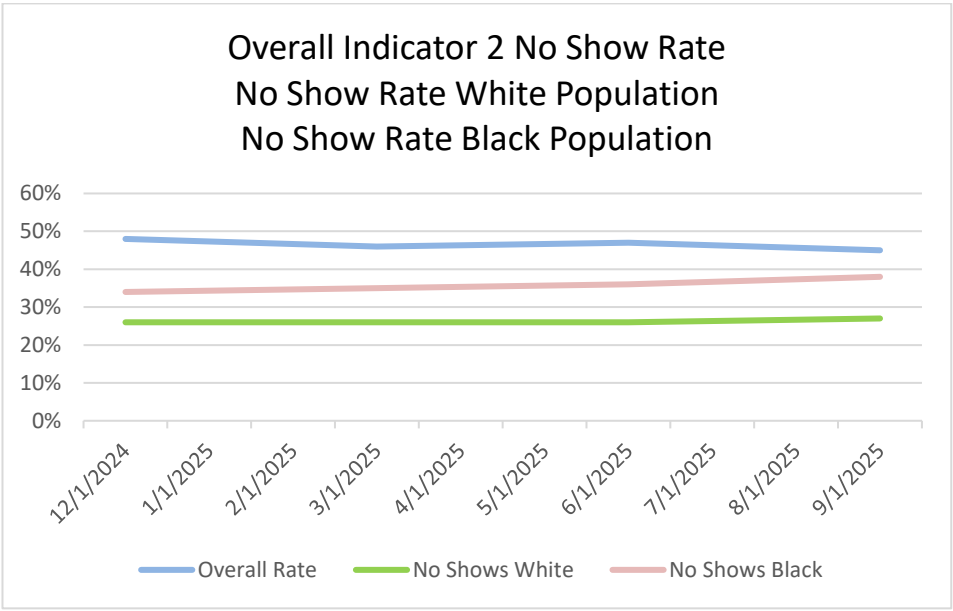
RFS dispositions, resulting in "Access Screening" leads to identifying if an intake is appropriate for the individual. If so, this results in the scheduling of a Biopsychosocial (BPS) appointment. (Please note, callers seeking substance use services may be routed to other organizations in the County). The individual receiving their BPS/intake appointment within fourteen days of the request is one of the Michigan Department of Health and Human Services (MDHHS) performance indicators (specifically indicator #2). As of April 1, 2020, the MDHHS changed the operational definitions for calculating Indicators #2 (14 days to Intake) and #3 (14 days to ongoing service) and removed the historical goal of 95% compliance. The major change in the operational definition does not allow accounting for individual choice of when they want their appointment or choosing not to attend the appointment. The new definition identifies a case as noncompliant if the BPS does not occur within 14 days regardless of the consumer's preference. Because of the changes in the definition, the number of out of compliance cases has increased statewide.

The graph below shows our performance on the indicator per the new definition. (Please note, for State Performance Indicators, all population naming follows the MDHHS population naming convention. MDHHS continues to identify adults who experience a developmental disability as "DD Adult" while our internal programming describes these individuals as experiencing an Intellectual and/or Developmental Disability (IDD)).

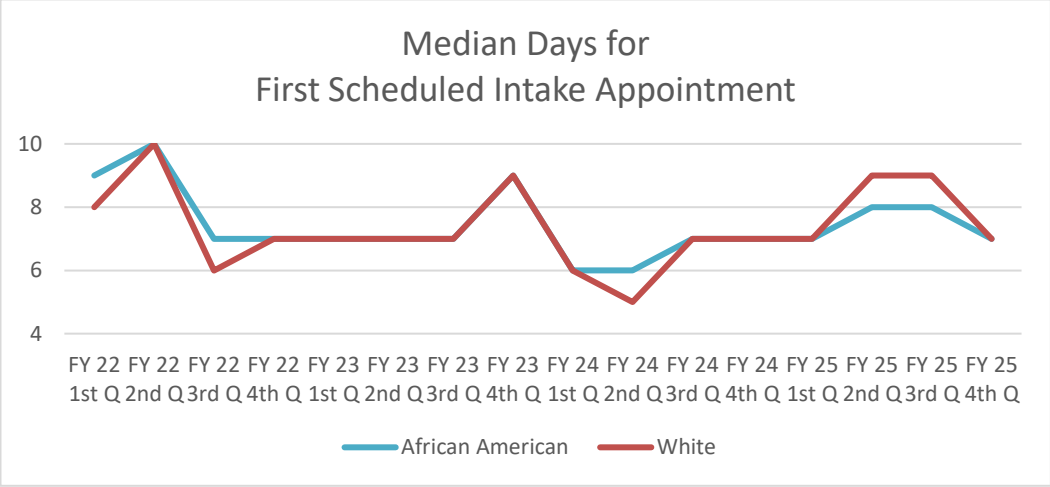


The Performance Improvement Department and Program Administrators evaluate each case out of compliance to identify trends and/or patterns and identify possible systemic improvements. This arduous process continually identifies that the individual's preference has a significant impact on the intake occurring within 14 days. This preference is indicated by the consumer scheduling the appointment outside of 14 days, rescheduling the appointment, or not attending the appointment (no show). Our Access Department offers appointments as close to the request as possible hoping this will help the consumer keep the appointment as a priority. However, consumers seeking services often have competing priorities or other variables that prohibit them from attending appointments within 14 days.

MDHHS has also mandated a Quality Assurance Performance Improvement Project to focus on reducing racial disparities specific to No-Shows for the Initial BioPsychoSocial Assessment (BPS). Previous years were considered baseline years with the project expecting an impact beginning January 2023. The graph below shows no show rates by each population (white and black) based on rolling year data from the Prepaid Inpatient Health Plan (PIHP).

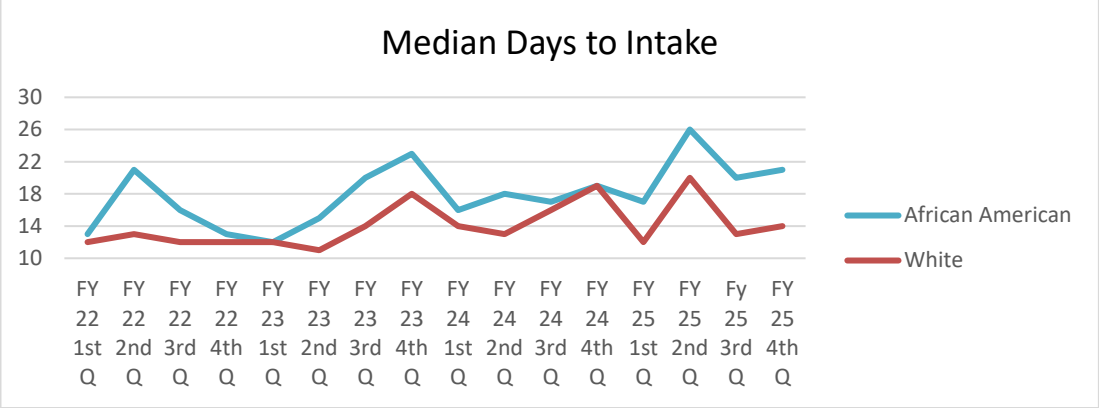


All quarters continued to show significant disparity. In FY 23, WCCMH accessed members of the Black Lives Matter (BLM) taskforce to review and revise our triage phone guide in hopes of establishing a warm and trusted connection with black callers seeking services. However, we continued to observe this disparity. We then focused on scheduling the intakes as soon as possible. Below are graphs displaying medians for the number of days the appointment is scheduled from the request and then the number of days the appointment actually occurs, both delineated for white and black consumers.



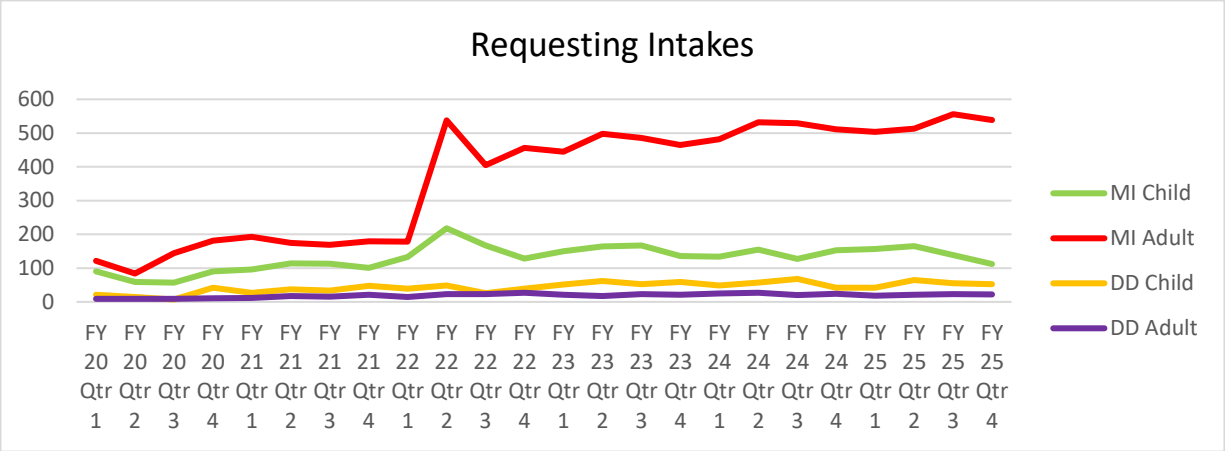
We are not seeing any difference in the scheduling of the appointment and the median is typically around 7 days with some variance.

However, the median for the number of days to intake is much different due to consumer preference.



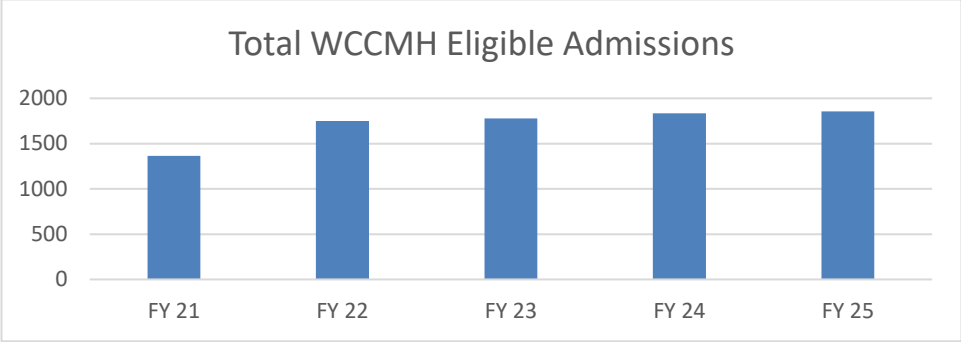
Both black and white consumers frequently no show or reschedule their appointments. The black population tends to have their actual appointment a higher number of days from the initial request. This is due to their requests and preferences. It is not known to us why their preference pushes the appointment farther out from the original request (when compared to the white population). WCCMH has hired the Research Leadership Institute which focuses on justice, equity, diversity and inclusion (JEDI). This institute is led by Dr. Daphne Watkins. The insititute is reviewing our organization and will be providing an analysis. The insights we gain will directly shape our strategic priorities and hopefully be able to impact this significant disparity.

With the implementation of CCBHC and the integration of CARES datasets, we experienced a significant increase of requests for intakes which continues to be present.

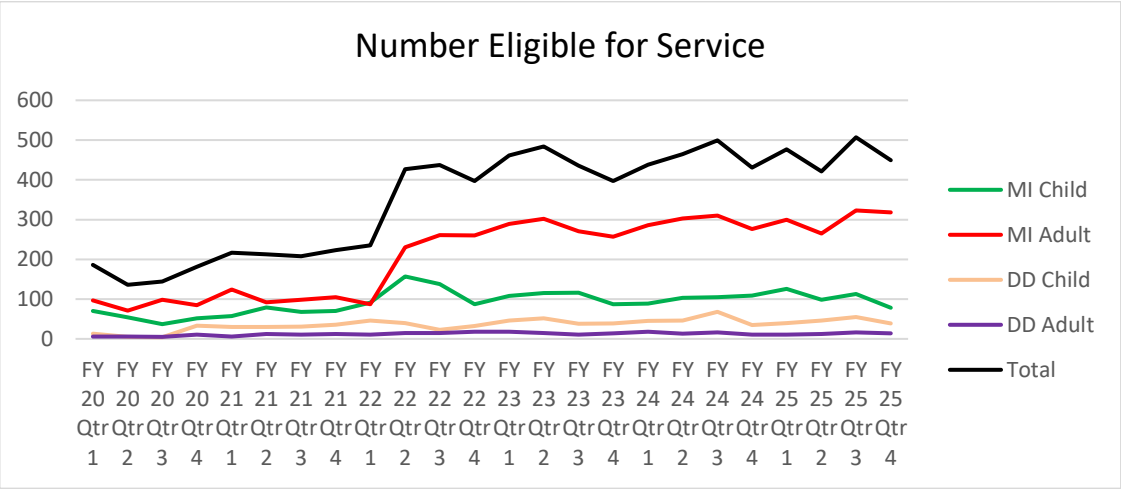


The increase in requests for Adults who experience mental health complications continues to be remarkable. Children with mental health complications seeking services remained relatively stable. These increases reflect CCBHC's ability to serve the individuals who experience mild to moderate symptoms which allows WCCMH to be able to identify and serve more individuals with mental health needs. This is a strength for the community.

The BPS (intake) results in identifying eligibility. With the increase in BPSes, it is not surprising the number of individuals identified as eligible has increased a great deal as well and remains consistent, again suggesting a new baseline.

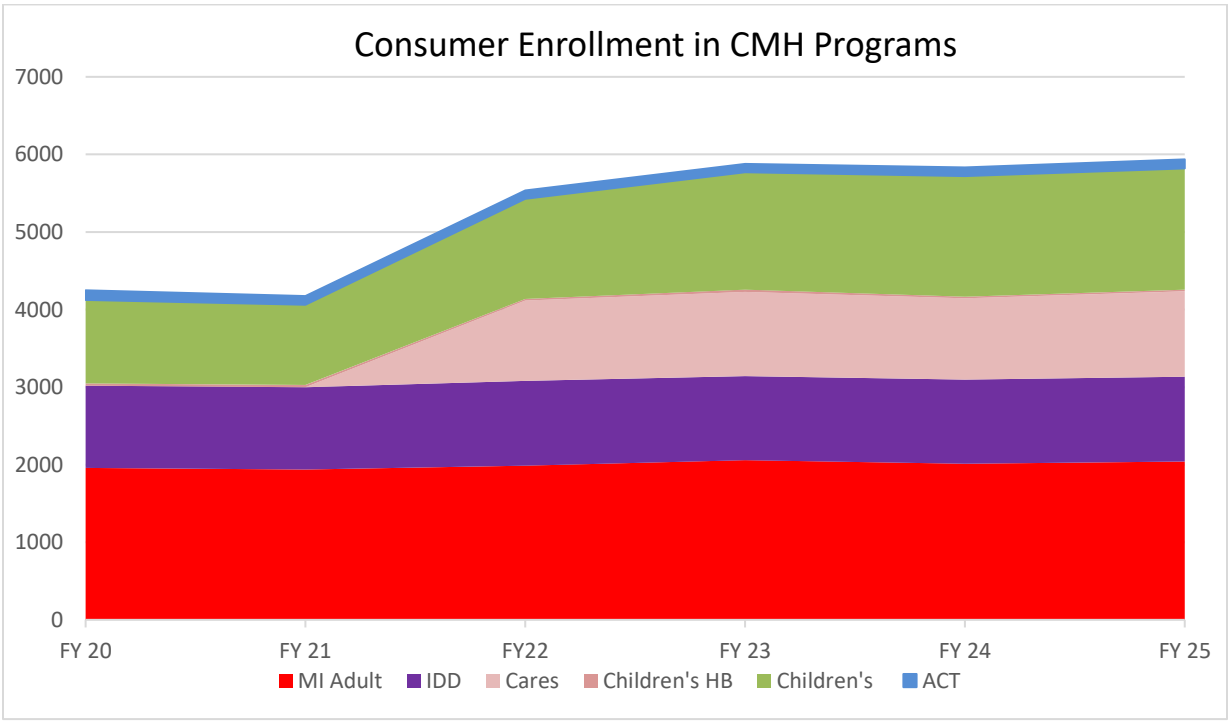


Admissions increased in FY 22 and have continued to remain about the same. This increase in admissions is due to eligibility expanding due to the CCBHC eligibility criteria. Those eligible for services are then admitted into one of our programs. Tracking these admissions into WCCMH core teams reveals the following graph:



Overall, MI Adult continues to experience a higher level of admissions (compared to pre CCBHC). Youth and Family experienced an increase in FY 22 and has since leveled off suggesting a new baseline.

The following graph identifies enrollment in the organization's program. The overall increased cumulative enrollment is mostly impacted by enrollment in the Cares and Youth and Family programs.

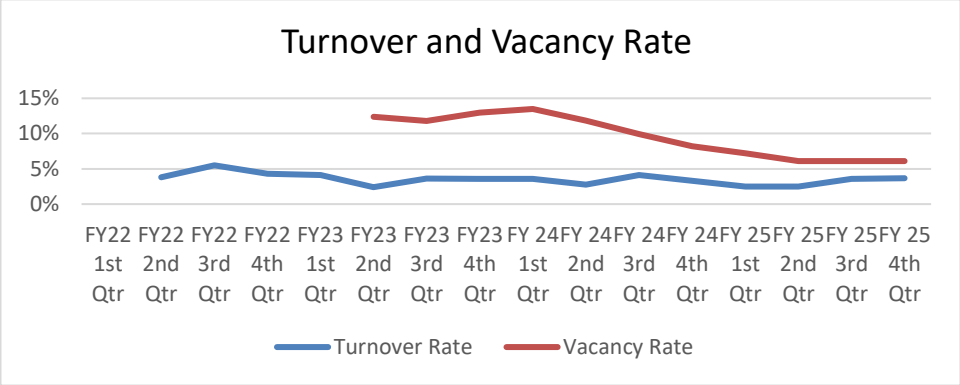


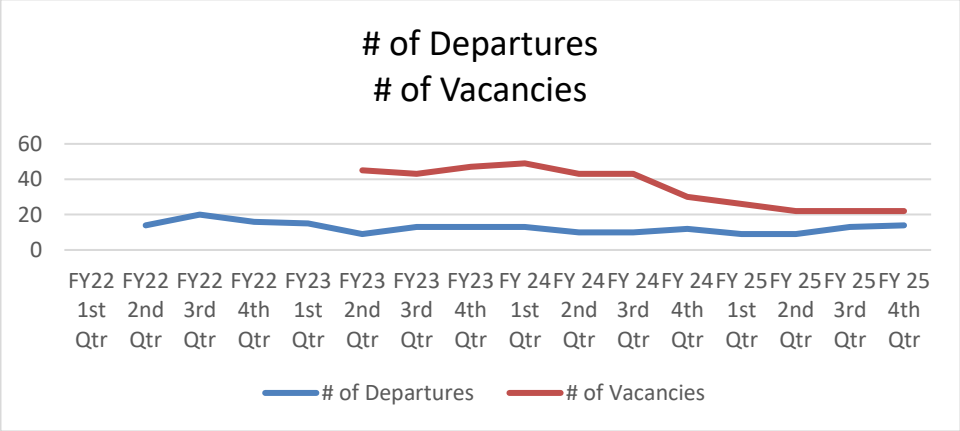
Cumulative enrollment from FY 20 to FY 25 shows an overall increase in admission to WCCMH services which is mostly impacted by the implementation of CCBHC and integration of the CARES dataset.

While experiencing higher enrollment, we continue to focus on decreasing our employee turnover and vacancies. The turnover rate is defined as the the number of terminations (voluntary, retiring and involuntary) divided by the average number of active positions during the quarter. The vacancy rate is defined by the number of vacancies divided by the number of active positions each quarter. FY 25 shows an overall decrease in both rates with minor variance. The rates for each quarter were:

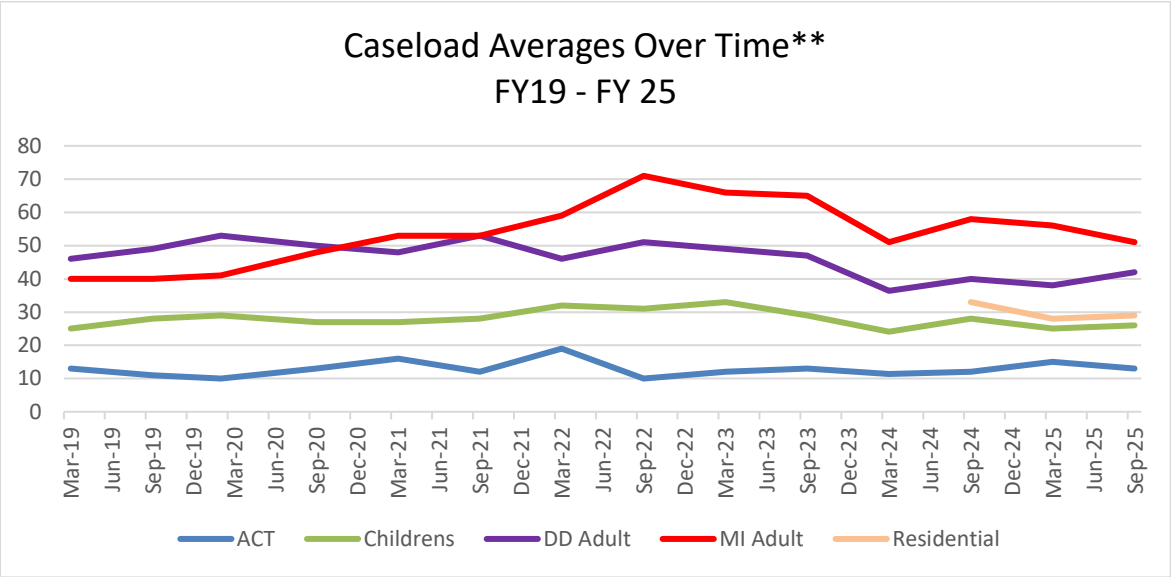
FY 25 Quarter	Average Number of Active Positions	Number of Employment Termination	Turnover Rate	Number of Vacancies	Vacancy Rate
1st	363	9	2.5%	26	7.2%
2nd	363	9	2.5%	22	6.1%
3rd	363	13	3.6%	22	6.1%
4th	363	14	3.9%	22	6.1%

The overall vacancy rate has decreased considerably since we began reporting this data in FY 23. The graphs for Turnover and Vacancy Rate and the number of turnovers and vacancies are below:





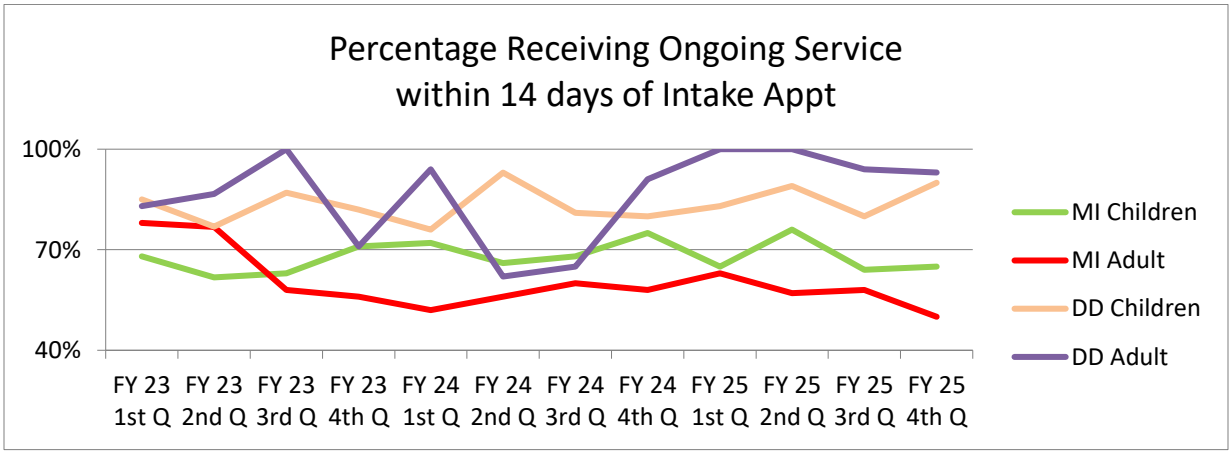
As individuals are found eligible for service, their case is opened, assigned to a program and then assigned to a caseload. The graphic below displays the average caseloads. The trending increase of caseload sizes began in FY 19 (due to a hiring freeze). Focusing on minimizing vacancies and reducing the turnover rate has impacted caseload averages in a positive manner.



*Children's/Home Based and Assertive Community Treatment (ACT) have much lower caseload sizes due to MDHHS and/or Medicaid mandates.
**Average caseload does not reflect the full variance a program can experience over the course of a year

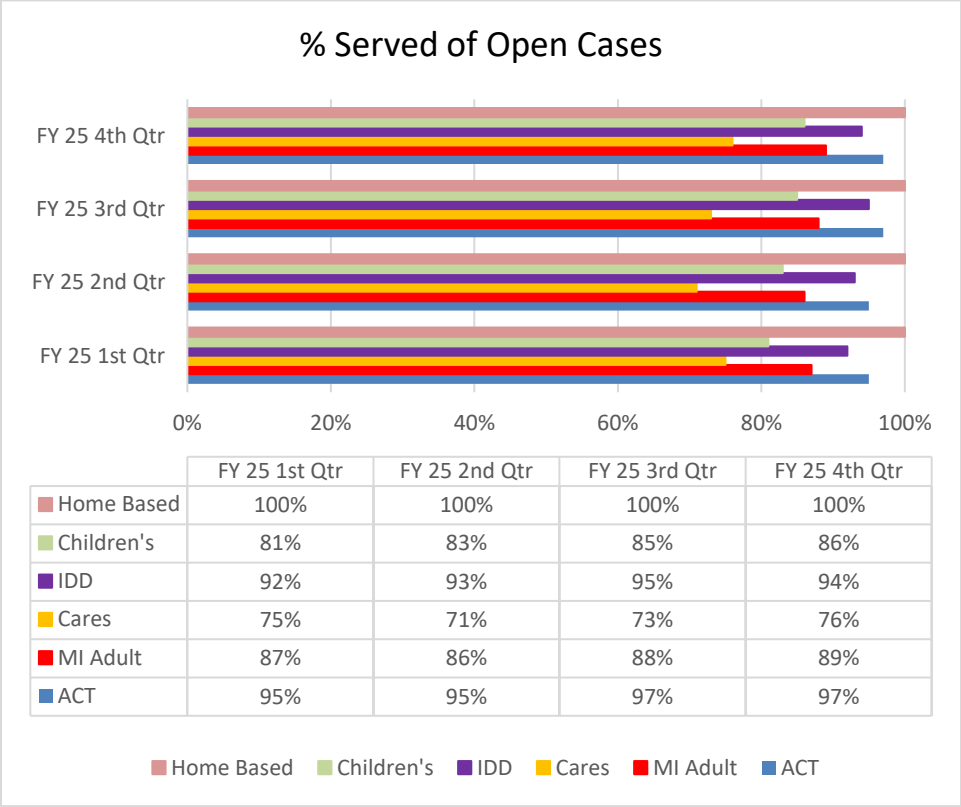
Average caseload sizes were the highest in FY 22. With the number of vacant positions decreasing, we saw a correlating decrease in caseload sizes for MI Adult, I/DD Adult and Youth and Family in FY 24 which continued through FY 25. I/DD Adult caseload sizes are lower than they were prior to the hiring freeze. Youth and Family are where they were in FY 19. MI Adult is still experiencing higher caseloads than before the hiring freeze. Cares no longer implements a program model of caseloads electing to implement a clinic model able to respond to clients as they arrive to the clinic.

For programs where a caseload is carried, once a case is assigned to a primary staff, ongoing services are initiated. Below is a graph showing the percentages of consumers who received their first ongoing appointment within 14 days, which is the MDHHS Performance Indicator #3. As in indicator #2, the definition of compliance changed for indicator #3 in FY 2020 and the new definition does not consider the consumer's preference (e.g. scheduled outside of 14 days, rescheduled by consumer, no show, found eligible but chose to pursue services elsewhere). The new compliance rate is much lower than prior to the definition change.



The DD Adult performance visually displays the greatest variance due to a low denominator which is then sensitive to numerator changes. MI Adult and MI Children's percentages are greatly impacted by the consumer's choice of not showing for their appointment or scheduling outside of the 14 days. DD Children (in the Youth and Family program) decreased then increased with a strong increase in the fourth quarter. MI Adult had an overall increase from FY 23 though remains much lower than in FY 22.

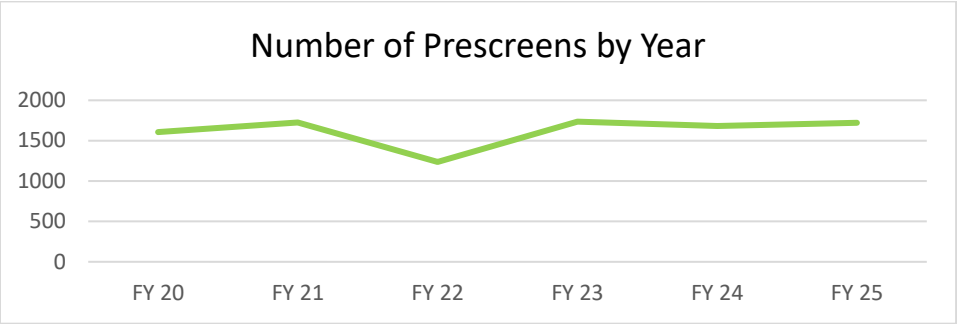
The organization's priority continues to focus on the individual receiving their services and that we remain in contact with them. Of those enrolled, it is helpful to monitor the percentage receiving a service in the designated time period as indicated below:



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

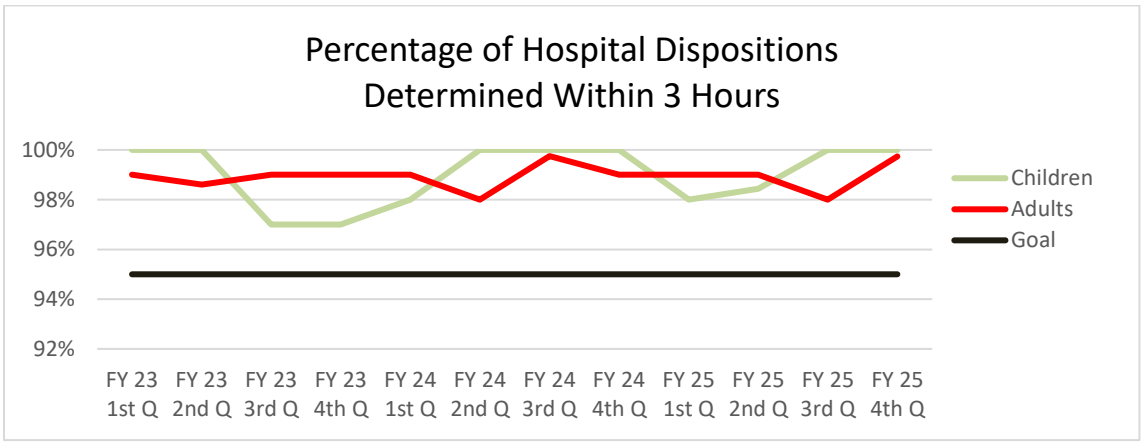
This graph displays the percentage of individuals receiving at least one service in the corresponding time period. It should be noted, engaging those enrolled in the Children's program can be quite challenging due to the complexity and competing priorities in the family's life. Also, medical necessity drives the frequency of service so not all consumers would be expected to be seen in a quarter. This graph does help us monitor if there are any trends or patterns to be aware of. Currently, we have not identified any.

Whether or not a consumer is open to our organization, they may experience a psychiatric crisis. The consumer is evaluated for the appropriate level of care during a prescreen. Below are the total number of prescreens over a five-year period.



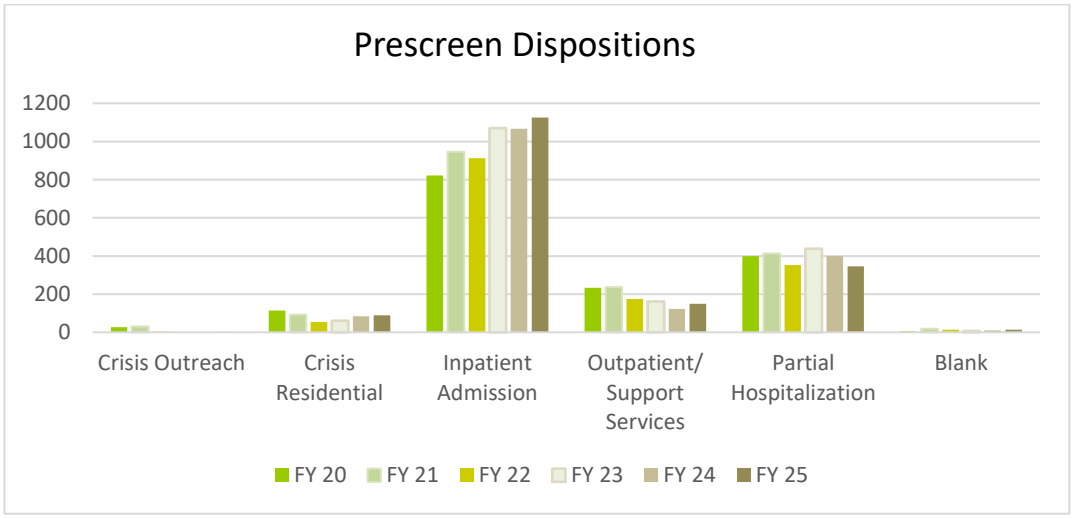
The number of prescreens is consistent with most previous years.

During the hospital prescreen, the organization has three hours from the moment the individual is medically cleared to complete the disposition which includes identifying the level of service needed to address the emergent issue. This is another performance indicator monitored by MDHHS (Indicator #1). Our ability to achieve higher than the expected 95% compliance is depicted below:



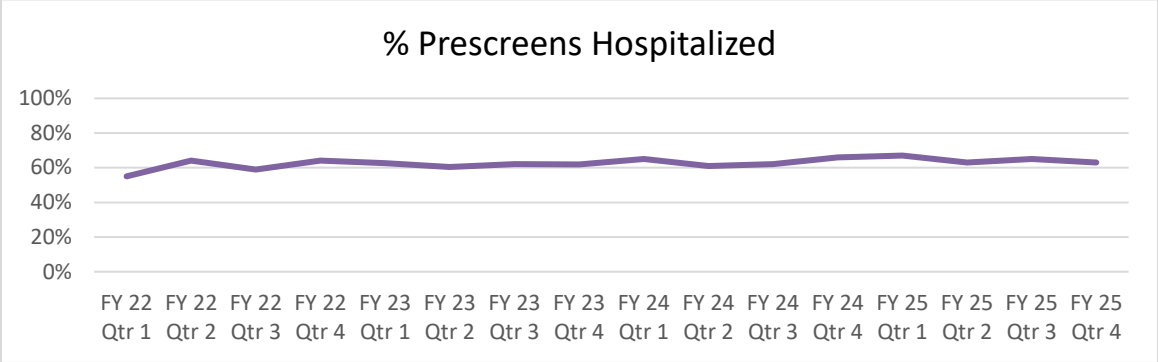
We continue to excel beyond expectations. (Please note, this does not indicate the amount of time a consumer waits for an available bed once the disposition is identified.)

Of the Crisis Prescreens, it is useful to look at all disposition categories that resulted from the screening. The following graph helps to pictorially represent these dispositions.



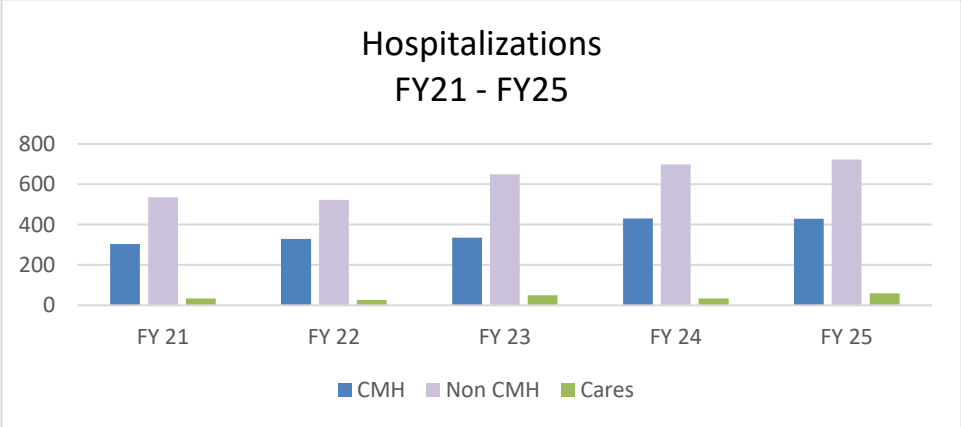
Partial hospitalizations decreased while Inpatient admissions increased in FY 25.

Monitoring the percentage of prescreens that result in dispositions of psychiatric hospitalizations reveals the following:



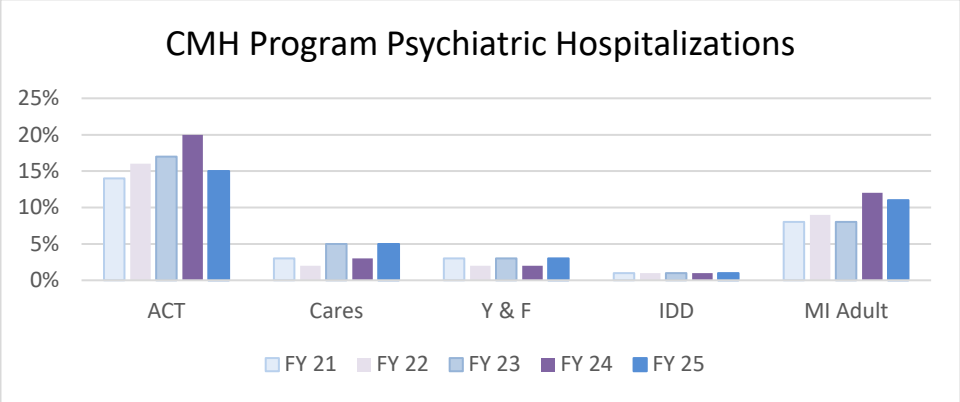
While the number of inpatient hospitalizations has increased, the percentage of psychiatric hospitalizations dispositions remains steady.

Many of our prescreens occur for individuals who are not open to our services but are in the community, do not have insurance or are underinsured and may require inpatient psychiatric hospitalization. These medically necessary situations are funded by WCCMH. Below are hospitalization data points differentiating those in the community and not open to us (NON CMH), those open to our CMH services (CMH) and consumers assigned to the Cares program (typically mild to moderate/CCBHC cases). Monitoring a trend of how many individuals experiencing a psychiatric crisis resulting in an inpatient hospitalization assists us in understanding community need. Data regarding the hospitalization trends over four fiscal years between these two categories is depicted below:



Psychiatric hospitalizations of CMH-served individuals (open CMH cases) remain stable. Non-CMH individuals show a slight increase in hospitalizations. Cares data for FY 25 seems to be like previous years.

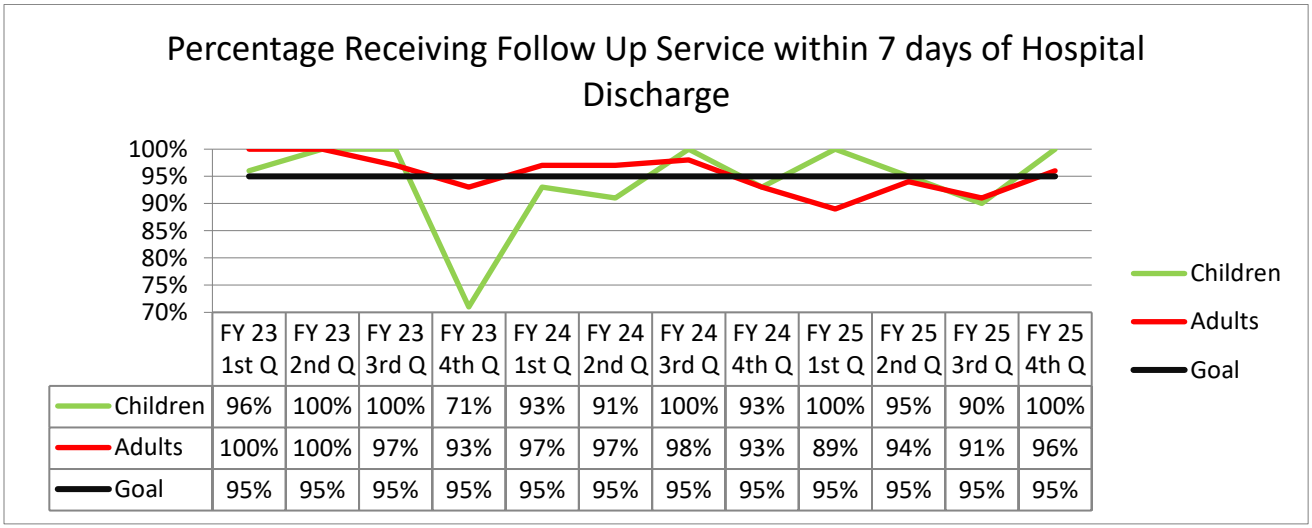
Considering a psychiatric hospitalization rate (number of individuals hospitalized compared to number of individuals served as an open case) can be a very useful measure to monitor as it helps identify the percentage of admissions per those served. The following graph helps depict these rates and possible trends by Core Program:



The graph displays the percentage of CMH funded hospitalizations per the number of served individuals by the corresponding program. For the ACT program, it is important to note that the actual percentage of hospitalizations is higher due to Medicare funded hospitalizations and our inability to access that data. However, based on CMH funded hospitalizations, the previous trend of increasing hospitalization rate for ACT is no longer occurring with a substantial decrease in FY 25.

Cares hospitalization is a bit higher than FY 24 though negligible. Youth and Family (Y & F) is relatively stable. The IDD program remains steady. The MI Adult program saw a significant increase in hospitalizations in FY 24 with a slight decrease in FY 25. However, overall, the rate is relatively stable with no concerning trends.

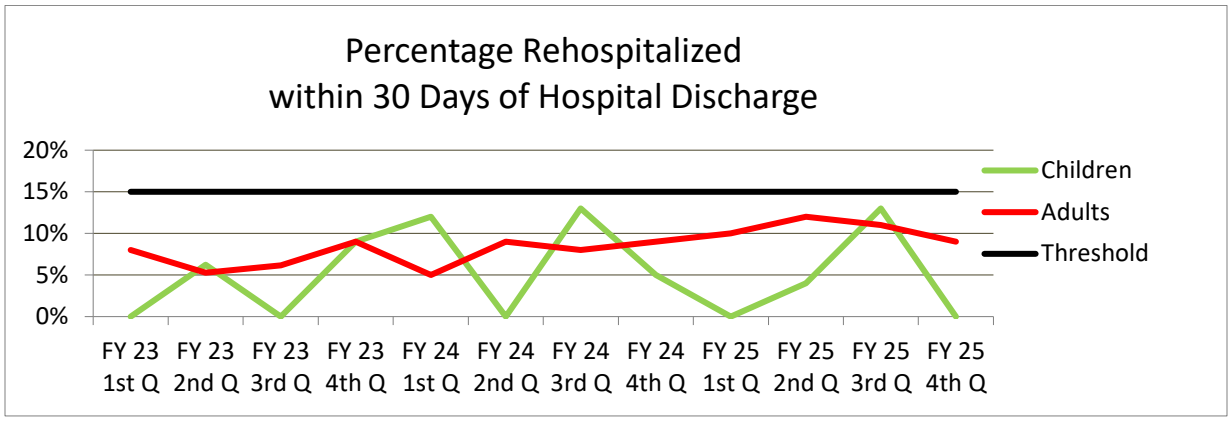
Below is a graph depicting the percentage of individuals who had a CMH funded psychiatric hospitalization that received a follow up service from CMH within 7 days of discharge.



	FY 23 1st Q	FY 23 2nd Q	FY 23 3rd Q	FY 23 4th Q	FY 24 1st Q	FY 24 2nd Q	FY 24 3rd Q	FY 24 4th Q	FY 25 1st Q	FY 25 2nd Q	FY 25 3rd Q	FY 25 4th Q
Children	96%	100%	100%	71%	93%	91%	100%	93%	100%	95%	90%	100%
Adults	100%	100%	97%	93%	97%	97%	98%	93%	89%	94%	91%	96%
Goal	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

For FY 25, Children were above the goal three of the four quarters while Adults were below the goal for three quarters. Each time we are below the goal, a corrective action plan is implemented.

The following MDHHS Performance Indicator helps to monitor our effectiveness of avoiding repeat hospitalization within 30 days of discharge from the hospital. This graph is comprised of adults and children who are enrolled in and receive services from WCCMH, were hospitalized and then re-hospitalized within 30 days of discharge.



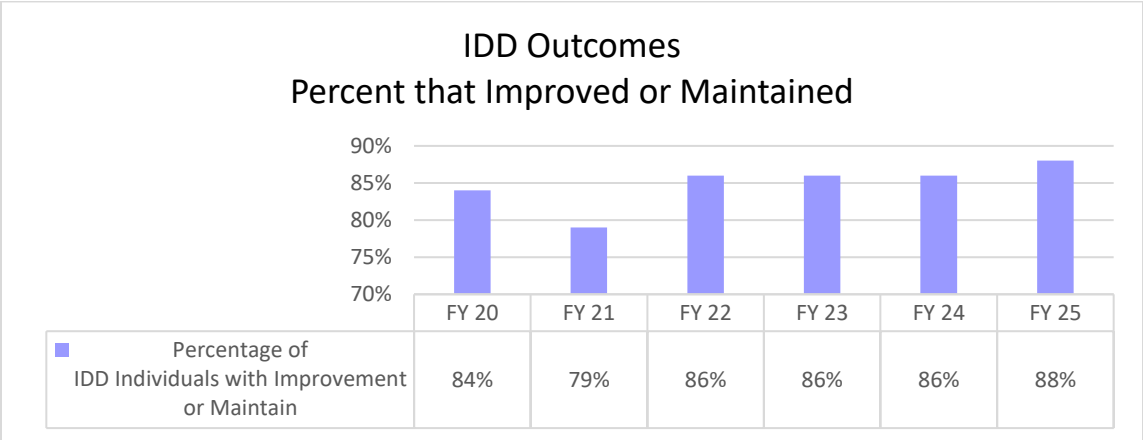
The organization continues to remain below the MDHHS threshold of 15%.

Program Outcomes

IDD Program Outcomes

Adults with an Intellectual/Developmental Disability are continually assessed with the standardized "DD Outcome" tool. The tool was developed in 2007 to quantify the status of an individual's life domains and needs. The tool was then implemented to achieve a standardized manner of collecting outcome data. The tool focuses on the individual's status and/or level of independence in factors of Self Determination (Work, Community Living, Choice & Decision Making, Relationships, Housing) and Health and Welfare (Safety, Safety Education, Health Access, and Wellness). Their status in each of these items is assigned a quantitative designation. The range of assigned number is from 1 – 5. "1" reflects extreme need while "5" reflects that specific area is addressed and in place. Based on the sum of completed items, an average for all items is determined. This tool continues to be used in a standardized manner by WCCMH.

Identifying aggregated results of maintaining status or improving are developed based on calculating differences between the average scores of the most recent assessment and the initial assessment. The most recent assessment must be within seven months.



The program increased the percentage of cases that improved or maintained to 88% in FY 25.

Youth and Family Program Outcomes

The Youth and Family program had used the Child, Adolescent Functional Assessment System (CAFAS) as the valid and reliable outcome measures for children who experience a serious emotional disorder. However, due to mandates from MDHHS, this outcome tool is no longer used. The Children's

program shifted to the Michicans tool in FY 25. All outcome measurements are based on comparing outcomes from two points in time and aggregating these outcomes. Since Michicans is a tool implemented on an annual basis and was first implemented in FY 25 with no second time point, there are no available outcome data for this year.

MI Adult Program Outcomes

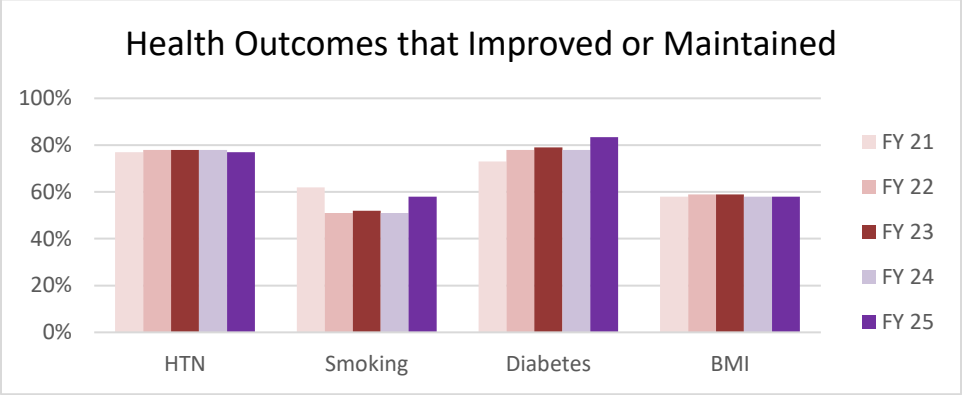
The MI Adult program's outcome tool was the Self Sufficiency Matrix which was identified as no longer being the outcome tool of choice. CCBHC required the implementation of the Social Determinants of Health (SDOH) tool to be implemented on an annual basis. This tool has been identified as the new outcome tool for the MI Adult program. As with the children's program, all outcome measurements are based on comparing outcomes from two points in time and aggregating these outcomes. The SDOH tool has data from the first point in time. The second point of time should occur in FY 26 and outcome data will be developed then.

Integrated Care

WCCMH continues to maintain a strong focus of integrated care. We monitor indicators of Hypertension (HTN), Smoking, Diabetes and Body Mass Index (BMI) for improvements. These definitions are:

Hypertension: the percentage of individuals diagnosed with Hypertension who either improved or maintained their health based on their blood pressure.
Smoking: the percentage of individuals who either smoked in the past or currently smoke either improved or maintained their health based on their smoking status.
Diabetes: the percentage of individuals who have a Diabetes diagnosis and a current laboratory value (within 12 months of the end of the fiscal year) who either improved or maintained their health as indicated by an improvement or maintained level of their A1C.
BMI: the percentage of individuals who either improved or maintained their health by a static or decrease in their BMI.

The graph below depicts the percentage of individuals who either improved or maintained on measures of health:



Smoking and Diabetes has an increase in the percentage improved or maintained while BMI remained steady and HTN had a very slight decrease.

Health and Mortality

Research and industry trends identify those individuals who experience a severe mental illness tend to die much younger than their counterparts. WCCMH monitors our mortality rate, as well as the average age of the individual at the time of death. The data below are commensurate with research identified trends. For every reported individual death, WCCMH process includes reviewing the chart, obtaining the death certificate

(if available) and presenting this information and the death report to the Medical Director. The Medical Director then classifies the cause of death. Below are the aggregated categories of cause of death and the average age at the time of death for each category.

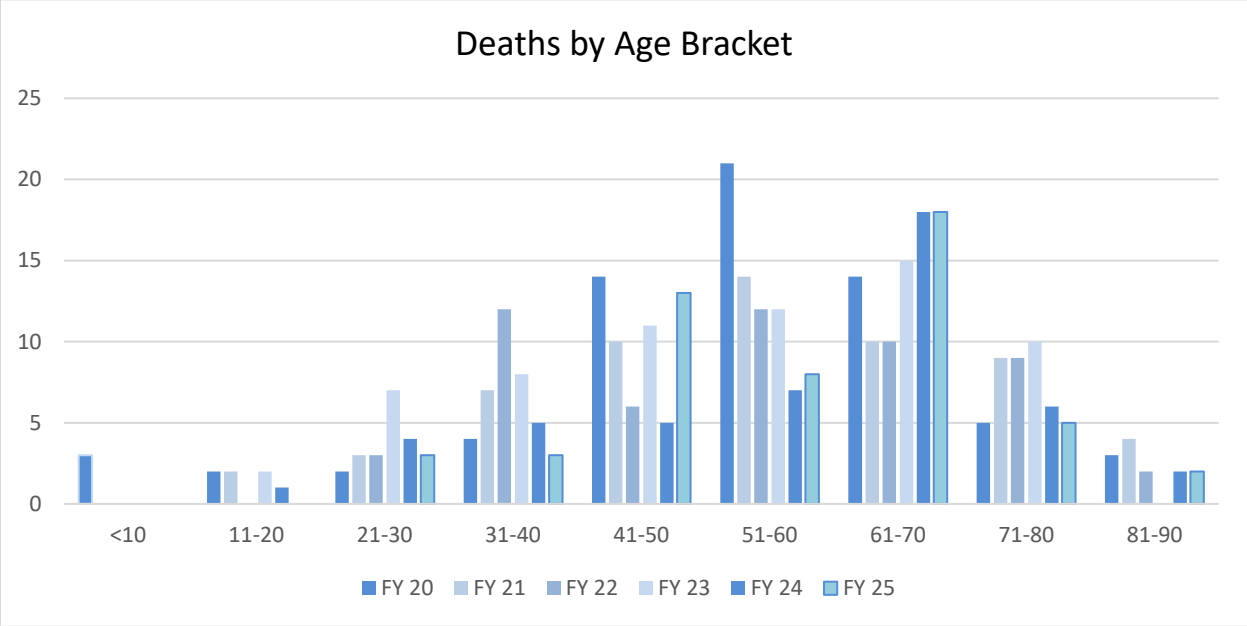
Mortality

Cause of Death	FY 21	Age FY 21	FY 22	Age FY 22	FY 23	Age FY 23	FY 24	Age FY 24	FY 25	Age FY 25
Aspiration Pneumonia	2	76	3	66	4	68	1	62	1	55
Cancer	10	62	3	51	8	65	2	68	7	56
Cardiovascular	6	69	12	64	10	67	20	68	11	65
Diabetes	1	50								
Drug Abuse	2	37	6	43	10	48	5	40	6	53
Endocrine System (Diabetes)										
Fluid Electrolyte Disturbance					1	49				
Gastrointestinal	1	65			3	42	3	46	3	50
Homicide					3	36				
Hyponatremia			2	43						
Inanition									1	63
Infection	5 (4 - COVID 19)	49	4 (3 - COVID 19)	49			2	27	3	66
Kidney Disease					1	54	1	49	1	34
Liver Disease	3	62	1	61	1	39	1	47	1	63
Medication Toxicity									1	49
Metabolic										
Natural/Other										
Neurological	7	60	3	69	3	55	3	43	4	47
Respiratory	4	40	5	60	5	44	5	61	4	62
Suicide	2	23	2	36	6	32	1	34	3	46
Trauma	2	40	3	50	2	73	1	43		
Unknown	15	49	10	38	8	44	3	49	6	54
Grand Total	**# of Deaths 60**	**Avg Age 54**	**# of Deaths 54**	**Ave Age 52**	**# of Deaths 65**	**Ave Age 52**	**# of Deaths 48**	**Ave Age 56**	**# of Deaths 52**	**Ave Age 56**

Mortality data is based on death certificates from the Washtenaw County Medical Examiner. If an individual dies out of county, we do not receive that death certificate, and it is coded as "unknown". The number of

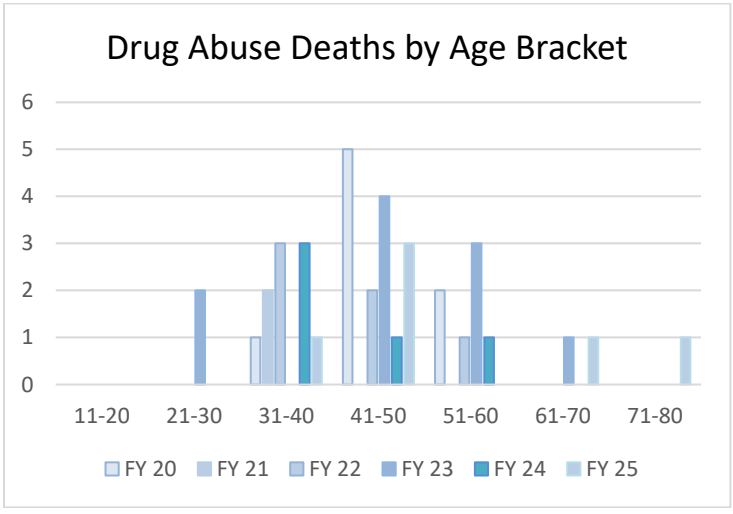
deaths tend to vary as indicated by the five-year dataset. The number of deaths in FY 25 is within the expected variance. The average age of deaths continues to be somewhat consistent.

Reviewing the number of individuals who were receiving services and passed away in FY 25 between frequency of deaths per bracketed age categories helps monitor and review baseline data and possible trends/ patterns.

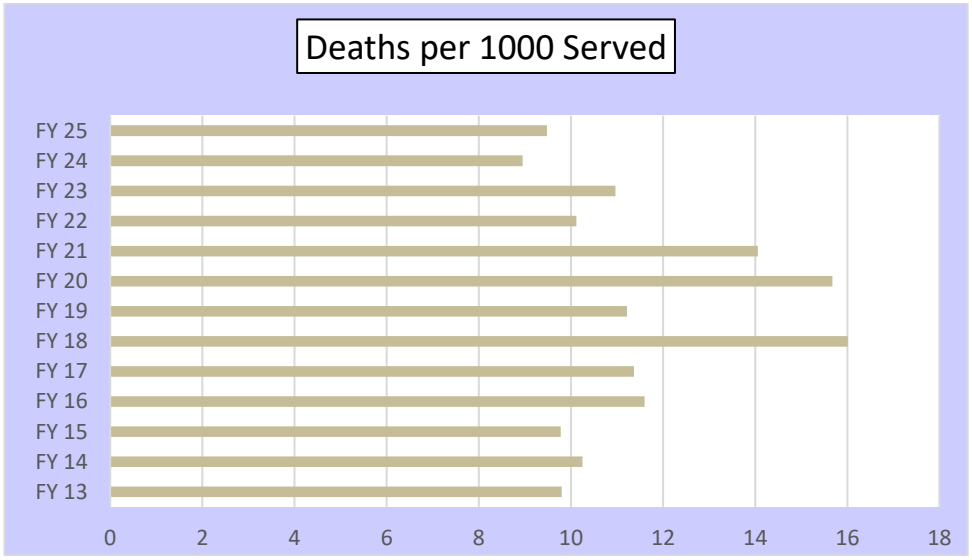


Overall, the number of deaths was the highest in the 61-70 decade for FY 24 and FY 25. The number of deaths in the 41-50 category continues to display variability while the 51-60 decade remains lower than in previous years.

The number of deaths that occurred due to accidental overdose (Drug Abuse) continue to show variance, though there was an increase in the age bracket of 41 - 50 from FY 24 reflecting variability.

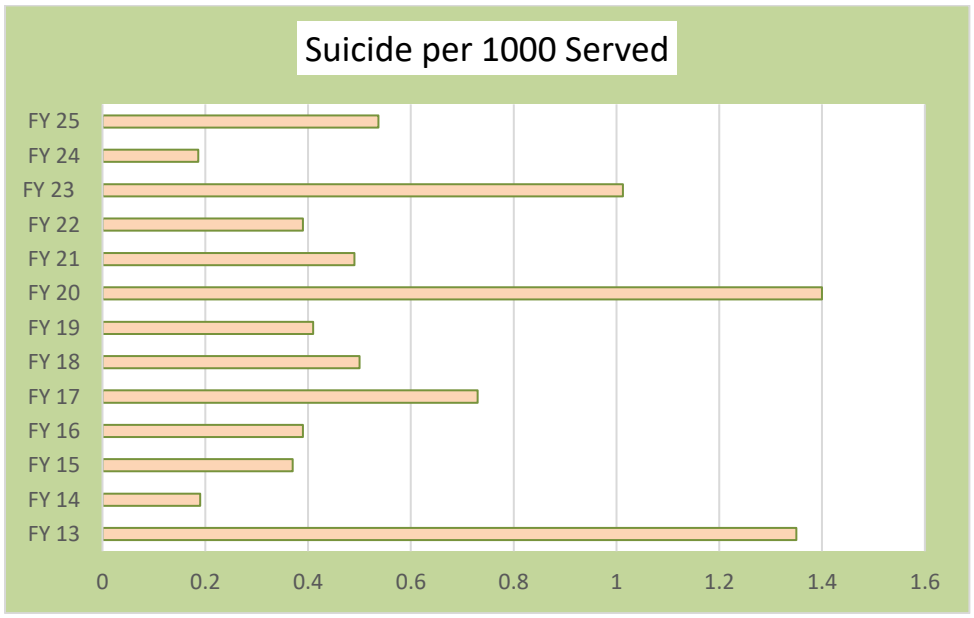


Reviewing deaths over the past thirteen years has helped us identify the number of deaths compared to the number of individuals served. There is a great deal of variance with no pattern identified.



The ratio of deaths/individuals served this past year remains lower than many previous years. There are no identified systemic mental health treatment factors contributing to these deaths.

Monitoring the ratio of suicides per 1,000 individuals served is also important. This is the data trend over the past thirteen fiscal years:



The ratio for FY 25 increased from FY 24 though is not indicative of a concerning trend or pattern. All suicides are reviewed with a root cause analysis. This is a very thorough and thoughtful review process beyond the normal death review process.

Satisfaction Survey Results

The Customer Service department, working with the Region, developed a new Satisfaction Survey and implemented it to all populations with results reported accordingly. Scores less than 80% should result in corrective action plan steps to help improve these areas.

N= 92

Survey Results from Those Who Receive Services

The survey assesses client experiences and perceptions of the services provided by Washtenaw County Community Mental Health in 2025.

- 92 responses collected.
- Participants received services for I/DD, Adult MI, or Youth & Family.
- Most respondents are aged 25-34, with responses spanning all age groups.
- Clients saw various staff members, including doctors, therapists, case managers, peers, and recovery coaches.
- High levels of safety and respect were evident; 95%-100% feel the agency is a safe place and are respected by staff.
- Most clients report their calls are returned the next day and that they see staff within 15 minutes of their appointment time.
- About 95% feel they can decide what is important when working with staff.
- Two responses expressed dissatisfaction, mainly due to past misdiagnoses or suggesting "mean what you say".
- A very high percentage of responses indicate that clients generally understand their staff and feel staff help achieve goals.
- Follow-up on physical health needs is reported positively by about 85%.
- 88% feel able to complain or disagree with staff; there is strong indication all know how to initiate a complaint while two respondents requested further follow up from the Customer Services staff.
- Overall, clients feel informed, respected, and able to communicate concerns effectively.

No scores indicate further review.

Summary

The industry of Community Mental Health and CCBHC services are complex, demanding and high-risk environments seeking to serve individuals who experience functional impairment, poverty, disabilities and severe symptoms in a limited resourced environment. Additionally, adding the CCBHC model allows us to also serve those who experience symptoms in the mild to moderate range. We continue to seek out ways to strengthen our organization in a manner that will help to improve the lives of those we are honored to serve.

WCCMH - Office of Recipient Rights
Quarter I and Quarter II- FY 26

Executive Summary

ORR Program Updates:

- In FY 26, we have added 10 new sites requiring (at minimum) annual site reviews.
- We have our annual Recipient Rights Conference on September 16-18, 2026.
- The Recipient Rights Advisory Committee is recruiting at least one new member. Please reach out if you know of anyone who may be interested. Meetings are currently scheduled for January, July, and October.

Report Complaint Data:

Aggregate Summary

Fiscal Year	**26**	**25**	**24**	**23**
Complaints Received	64	54	59	85
Allegations Involved	102	69	86	115
Allegations Investigated	98	63	81	103
Allegations Resolved by Intervention	0	0	0	0
Allegations Substantiated	51	32	40	35
Percentages:	52%	51%	49%	34%

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

	FY 26		FY 25		FY 24		FY 23	
	Received	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**	**Received**	**Substantiated**
Abuse:								
Class I	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Class II	**16**	**8**	**5**	**1**	**12**	**4**	**12**	**1**
Class III	**11**	**4**	**9**	**3**	**3**	**0**	**9**	**3**
Sexual Abuse	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**
Neglect:								
Class I	**0**	**0**	**1**	**1**	**1**	**0**	**0**	**0**
Class II	**0**	**0**	**3**	**1**	**0**	**0**	**2**	**2**
Class III	**27**	**20**	**12**	**10**	**20**	**11**	**29**	**15**

The following is a four-year comparison of **the top three complaint substantiation cases,** all categories.

FY 25/26	(Received) **Substantiated**	**FY 24/25**	(Received) **Substantiated**	**FY 23/24**	(Received) **Substantiated**	**FY 22/23**	(Received) **Substantiated**
Neglect Class III	(27) **20**	Neglect Class III	(12) **10**	Neglect Class III	(20) **11**	Neglect Class III	(29) **15**
Abuse Class II and Safe, Sanitary, & Humane Treatment Environment	(16) **8** (9) **8**	Neglect Class III-Failure to Report	(4) **4**	Mental Health Services Suited to Condition	(15) **8**	Mental Health Services Suited to Condition	(16) **6**
Dignity & Respect and Abuse Class III	(15) **4** (11) **4**	Dignity and Respect and Abuse Class III	(14) **3** (9) **3**	Safe, Sanitary and Humane Treatment Environment	(15) **6**	Safe, Sanitary or Humane Treatment Environment	(7) **4**

Definitions:

Neglect Class III

Neglect Class III is defined as either of the following:

1. Acts of commission or omission by an employee, contract employee or volunteer, which result from noncompliance with a standard of care required by law, rules, policies, guidelines, procedures, written directives or individual plan of service which either placed or could have placed, a recipient at risk of physical harm or sexual abuse.

Abuse Class II

Abuse Class II is defined as any of the following:

1. A non-accidental act or provocation of another to act by an employee, contract employee or volunteer that caused or contributed to the non-serious physical harm of a recipient;
2. The use of unreasonable force on a recipient by an employee, contract employee or volunteer with or without apparent harm;
3. Any action, or provocation of another to act, by an employee, contract employee or volunteer which causes or contributes to, emotional harm to a recipient;

4. An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient;
5. Exploitation of a recipient by an employee, contract employee or volunteer.

Safe, Sanitary, & Humane Treatment Environment
Recipients shall receive services provided in a safe, sanitary, and humane treatment environment.
Humane: Characterized by kindness, mercy or compassion.

Dignity and Respect
Dignity: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing or condescending; to be treated as an equal; to be treated the way any individual would like to be treated. Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.
Respect: To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect an individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

Abuse Class III
The use of language, or other means of communication by an employee, contract employee or volunteer to degrade, threaten, or sexually harass a recipient.

Neglect Class III-Failure to Report
The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

Mental Health Services Suited to Condition
Recipients shall receive services suited to their condition.

Office of Recipient Rights Demographic Data

Data Report Covering
October 1, 2025 through March 31, 2026

Regarding the Current Status of Recipient Rights at

Washtenaw County CMH

Rights Office Director Name

Katie Snay

ATTACHMENT #6
AUGUST 2026

Summary of Complaint Data by Category

Code	Category	Total Received	Investigation	Intervention	Substantiated
7221	Abuse Class I	0	0		0
7224	Abuse Class I Sexual Abuse	0	0		0
72221	Abuse Class II Nonaccidental Act	2	2		1
72222	Abuse Class II Unreasonable Force	7	7		6
72223	Abuse Class II Emotional Harm	0	0		0
72224	Abuse Class II Treating as Incompetent	0	0		0
72225	Abuse Class II Exploitation	7	7		1
7223	Abuse Class III	11	11		4
72251	Neglect Class I	0	0		0
72252	Neglect Class I Failure to Report	0	0		0
72261	Neglect Class II	0	0		0
72262	Neglect Class II Failure to Report	3	3		3
72271	Neglect Class III	27	27		20
72272	Neglect Class III Failure to Report	3	3		2
7040	Civil Rights	0	0		0
7044	Religious Practice	0	0		0
7045	Voting	0	0		0
7081	Mental Health Services Suited to Condition	5	5		2
7082	Safe Sanitary and Humane Treatment Environment	9	9		8
7083	Least Restrictive Setting	0	0		0
7084	Dignity and Respect	15	15		4
7100	Physical and Mental Exams	0	0		0
7110	Family Rights	1	1		0
7120	Individual Written Plan of Service	0	0		0
7130	Choice of Physician or Mental Health Professional	1	1		0
7140	Notice of Clinical Status and Progress	0	0		0
7150	Services of a Mental Health Professional	0	0		0

ATTACHMENT #6
AUGUST 2026

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

Data Summary

Demographic Information	
Reporting CMH/LPH	Washtenaw County CMH
Recipient Rights Office Director Name	Katie Snay
Reporting Period	October 1, 2025 through March 31, 2026

Complaint Data Summary	
Type	***Received***
All Allegations Received	102
Allegations Received Subject to Investigation/Intervention	98
Allegations Received with No Right Involved or Outside Jurisdiction	4
Investigations Completed	98
Interventions Completed	0
Allegations Substantiated	51
Percent of All Allegations Substantiated	52%

Highlighted Complaint Categories	***Received***	***Substantiated***
Abuse I, II, III	27	12
Neglect I, II, III	33	25
Dignity and Respect	15	4
MH Services Suited to Condition	5	2
Individual Written Plan of Service	0	0
Disclosure of Confidential Information	3	0

Complaint Remediation	
Remediation Type	***Total***
Verbal Counseling	3
Written Counseling	1
Verbal Reprimand	0
Written Reprimand	31
Suspension	3
Demotion	0
Staff Transfer	1
Training	28
Employment Termination	8
Employee Resigned	2
Contract Action	0
Policy Revision/Development	1
Environmental Repair/Enhancement	2
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	3
None	0

Substantiated Rights Violations and Remedial Action Taken

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Dignity and Respect	Contracted	Employment Termination	
Abuse Class III	Contracted	Written Reprimand	Suspension
Neglect Class III	Contracted	Written Reprimand	Training
Neglect Class III Failure to Report	Agency	Written Reprimand	Training
Neglect Class III	Contracted	Written Reprimand	
Neglect Class III	Contracted	Written Reprimand	
Neglect Class III	Contracted	Written Reprimand	
Neglect Class III	Contracted	Written Reprimand	
Neglect Class III	Contracted	Written Reprimand	
Abuse Class II Unreasonable Force	Contracted	Written Reprimand	Verbal Counseling
Dignity and Respect	Contracted	Written Reprimand	Training
Abuse Class II Unreasonable Force	Contracted	Employment Termination	
Neglect Class II Failure to Report	Contracted	Written Reprimand	Training
Neglect Class III	Contracted	Written Reprimand	Policy Revision/Development
Neglect Class III	Contracted	Written Reprimand	Training
Neglect Class III Failure to Report	Contracted	Training	
Abuse Class III	Contracted	Suspension	Staff Transfer
Neglect Class III	Contracted	Written Reprimand	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Neglect Class III	Contracted	Employment Termination	
Mental Health Services Suited to Condition	Contracted	Verbal Counseling	Training
Safe Sanitary and Humane Treatment Environment	Contracted	Employment Termination	
Abuse Class II Exploitation	Contracted	Employment Termination	Other
Abuse Class III	Contracted	Written Reprimand	
Safe Sanitary and Humane Treatment Environment	Contracted	Training	
Neglect Class III	Contracted	Employment Termination	
Neglect Class III	Contracted	Written Reprimand	Training
Neglect Class III	Contracted	Written Reprimand	Training
Abuse Class II Nonaccidental Act	Contracted	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Contracted	Training	Written Reprimand
Safe Sanitary and Humane Treatment Environment	Contracted	Environmental Repair/Enhancement	Other
Safe Sanitary and Humane Treatment Environment	Contracted	Environmental Repair/Enhancement	Other
Dignity and Respect	Contracted	Written Counseling	Training
Neglect Class II Failure to Report	Contracted	Written Reprimand	Training
Neglect Class III	Contracted	Written Reprimand	Suspension
Neglect Class III	Contracted	Written Reprimand	Training
Neglect Class III	Contracted	Written Reprimand	Training
Abuse Class III	Contracted	Employment Termination	Training

Complaint Category	Service Provider Type	Remedial Action	Remedial Action 2
Mental Health Services Suited to Condition	Contracted	Verbal Counseling	Training
Dignity and Respect	Contracted	Employee Resigned	
Neglect Class III	Contracted	Written Reprimand	Training
Abuse Class II Unreasonable Force	Contracted	Employment Termination	
Neglect Class III	Contracted	Written Reprimand	Training
Neglect Class III	Contracted	Employee Resigned	
Abuse Class II Unreasonable Force	Contracted	Written Reprimand	Training
Abuse Class II Unreasonable Force	Contracted	Written Reprimand	Training
Neglect Class II Failure to Report	Contracted	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Contracted	Training	
Safe Sanitary and Humane Treatment Environment	Contracted	Training	
Abuse Class II Unreasonable Force	Contracted	Written Reprimand	Training
Neglect Class III	Contracted	Written Reprimand	Training
Safe Sanitary and Humane Treatment Environment	Contracted	Written Reprimand	