



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**

555 Towner Street, Ypsilanti, MI

Towner 2, 2nd floor, Room 2140 (Please check in with WCCMH Reception)

March 15, 2019

9:30AM-11:30AM

- I. Introductions
- 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 Board Meeting Minutes and Actions-2/15/19 (Attachment #1A)
 - B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-1/14/19 (Attachment #1B)
 - C. WCCMH Program-Quality Committee Meeting Minutes and Actions-2/11/19 (Attachment #1C)
 - D. WCCMH Executive Committee Meeting Minutes and Actions-12/10/18 (Attachment #1D)
 - E. WCCMH Contracts and Leases (Attachment #1E)
 - F. WCCMH Executive Director Authorizations (Attachment #1F)
 - G. FY 2019 Year End Update (Attachment #1G)
 - H. CMHPSM Psychotropic Medication Orders and Consents Policy-Attachment #1H)
 - I. CMHPSM Medication Administration, Medication Storage & Other Medical Treatment Policy (Attachment #1I)
- V. Treasurer's Report (30 minutes)
 - Financial Status Report (Attachment #2) **ACTION**
 - FY 2019 Budget Amendment (Attachment #2A) **ACTION**
- VI. Executive Director Report-**T. Cortes** (20 minutes)
- VII. CMHPSM Regional Update (10 minutes)
 - February 13, 2019 meeting minutes (Attachment #3)
 - March 13, 2019 meeting update
- VIII. Old Business (10 minutes)
 - WCCMH Board Officers (Attachment #4) **ACTION**
 - WCCMH Committee Structure (Attachment #4) **ACTION**
- IX. New Business (15 minutes)
 - WCCMH Board Evaluation results
- X. Items for Future Discussions (5 minutes)
 - I/DD presentation-June
 - Youth Mapping
 - ABLE Change
 - Housing
 - Funding Crisis
 - Diversion Council (data review)
- XI. Adjournment

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 OF DIRECTORS

MARCH 15, 2019

CONSENT AGENDA

- A. WCCMH Board Meeting Minutes and Actions-2/15/19
- B. WCCMH Budget-Finance Committee Meeting Minutes and Actions-1/14/19
- C. WCCMH Program-Quality Committee Meeting Minutes and Actions-2/11/19
- D. WCCMH Executive Committee Meeting Minutes and Actions-12/10/18
- E. WCCMH Contracts and Leases
- F. WCCMH Executive Director Authorizations
- G. FY 2019 Year End Update
- H. CMHPSM Psychotropic Medication Orders and Consents Policy
- I. CMHPSM Medication Administration, Medication Storage & Other Medical Treatment Policy

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

**4135 Washtenaw Ave, Ann Arbor, MI 48108
Learning Resource Center, Michigan Room
February 15, 9:30am**

MEMBERS PRESENT: K. Walker, C. Collins, M. Creekmore, N. Graebner, C. Richardson, K. Scott, P. Spriggel (phone), S. Antonow, F. Brabec (phone)

MEMBERS ABSENT: J. Martin, A. Dusbiber, M. Bloom

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, R. Dornbos, N. Soos, H. Linky, L. Gentz, K. Bellus, S. Ray, T. Florence

OTHERS PRESENT: G. Nelson, B. Garlock, J. Barker, L. Lutomski, G. Dill

K. Walker called the meeting to order at 9:36 am.

I. Introductions

- T. Cortes introduced K. Scott who is a new board member as a BOC representative

II. Audience Participation

- G. Nelson, Co-Chair of the Citizens for Mental Health & Public Safety (CMHPS) distributed a handout out announcing their new website (www.a2MentlaHealthMillage.com). The primary focus is on the allocation of Ann Arbor's funds from the County Mental Health and Public Safety Millage. The site presents information relevant to the entire county. Mr. Nelson requested board and community support in letting the Mayor and Ann Arbor City Council about the mental health funds allocations.
- J. Barker stated that there is a group home with 6 residents that are medically fragile. They received flu shots and 3 of them had contracted the flu and ended up in the hospital. This caused a lot of stress on the group home and she is asking what happens in this instance.

III. Board Response to Audience Participation

- J. Martin thanked G. Nelson for his information
- T. Cortes will discuss with J. Barker opportunities that are available to the residents.

IV. Consent Agenda Actions

- WCCMH Board Minutes and Actions – 1/18/19 (Attachment #1A)
- WCCMH Program-Quality Committee Meeting Minutes and Actions 1/14/19(Attachment #1B)

MOTION BY M. CREEKMORE SUPPORTED K. SCOTT TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH CONSENT AGENDA DATED FEBRUARY 15, 2019 AS PRESENTED.

MOTION CARRIED

V. Monthly Treasurers Report

- N. Phelps reviewed the financial status report for the month ending December 31, 2018.
- Medicaid Enrollees were 34,100 in November 2018 and 33,985 in December 2018.
- Healthy Michigan Enrollees in November was 16,793 and 16,847 in December 2018.
- Medicaid consumers served through December 2018 are 2,819. This is 120 more consumers served than the same period last year.
- ABA Waiver consumers served through December 2018 are 114. This is 8 more consumers served than the same period last year.
- General Fund consumers served through December 2018 are 463. This is 37 more consumers served than the same period last year.
- Healthy Michigan consumers served through December 2018 are 543. This is 14 less consumers served than the same period last year.
- CLS costs to date are \$6.4 Million. This is \$154,000 over budget.
- Community Inpatient costs to date total \$1.4 Million. This is \$143,000 over budget.
- Licensed Residential costs to date are \$2.7 Million. This is \$4,700 over budget.
- Applied Behavior Analysis/Autism service costs to date are \$857,000. This is \$136,000 over budget.
- Medicaid, Healthy Michigan and Autism revenues are coming in at budget.
- Financial performance by funding source:
 - Medicaid is showing a deficit of \$2.2 Million.
 - Healthy Michigan is showing a deficit of \$930,000.
 - State General Funds is showing a deficit of \$240,000.
 - Local Funds are showing a surplus of \$231,000.
- The Fund Balance at the beginning of FY2018 was \$2.7 Million. It is projected that the use of \$750,000 will be necessary to close the State General Fund deficit for FY2018.

MOTION BY C. RICHARDSON SUPPORTED BY C. COLLINS TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD OF DECMEBER 31, 2018.

MOTION CARRIED

VI. Executive Director Report

- T. Cortes presented the Executive Director report to the WCCMH Board.
 - Litigation Update
 - The pre-trial was held in late January 2019. There was a request to dismiss the case and the attorney will respond to the motion.
 - Michigan Department of Health and Human Services (MDHHS)
 - MDHHS has requested meeting schedules for all CMH's so that they may attend them. R. Dornbos will send the WCCMH Board and Board Committee meetings to them.
 - MDHHS is requesting monthly reporting to the State.
 - Rate update

- T. Cortes has had ongoing meetings with Governor Whitmer's transition team.
- There is a tremendous crisis at the state hospitals and they are highly understaffed.
- CMH was informed that Milliman wants to do a rate study and would like all the CMH's to submit data and any input regarding rates and any local issues that may be considered in rate development.
- CMH Task Force update
 - The Board of Commissioners met last month and has expanded the workgroup to include 4 BOC members and 2 labor representatives.
 - This group meets monthly prior to the CMH Board meeting.
- Budget issues update
 - T. Cortes is working with the Governor and K. Profit on the budget issues.
- 298 update
 - The 298 pilots are moving forward.
 - The negotiations between CMH and health plans are somewhat complicated.

VII. CMHPSM Regional Update

- There weren't any representatives present at the February 13, 2019 due to various scheduling conflicts.
- PIHP Executive Director (ED) Evaluation was discussed at a meeting with the regional ED's.
- The January 9, 2019 CMHPSM meeting minutes were reviewed.

VIII. Old Business

- Millage/CARES Update
 - L. Gentz presented an update on the Millage process.
 - Service expansion team is going into a phased implementation by March 18th.
 - First satellite site will begin on March 18th in Chelsea. Services array will be crisis response, case management. Full service implementation for Chelsea is May 1st.
 - 750 Towner location is projected to open end of summer
 - Additional millage investments scheduled to happen March 18 and 19th. Formal invitation was sent on 2/15/19.
 - Able change 2nd phase is starting next week.
 - Continuing to have key stakeholder meetings around the housing projects related to millage investments and pushing out funding from the millage funds.
 - There have been several meetings with Housing Alliance and Office of Community and Economic Development (OCED) about crisis needs for housing. The group is looking at how to help define the issues that are presented and how to work through the housing issues for client transition into permanent housing after release from Emergency rooms.
 - There is a significant crisis around youth housing and the group is looking at meeting the needs for 17-24-year-old youth.
 - Meetings have been ongoing with NAMI and Public Health to discuss the peer project around the anti-stigma campaign.
- CCBHC Update
 - M. Harding presented an update on the CCBHC
 - Mike will send the recent CCBHC presentation to K. Scott so she can get updated.
 - Millage, CCBHC and CARES will have a separate Electronic Health Record.
 - Staff met with the coordinating agency and will be meeting with Home of New Vision at Dawn Farms to work on outpatient services for the SUD clients and ensure they are receiving services that are mandated.

- Telemedicine contract will be used at the satellite site in Chelsea and other satellite sites.

IX. New Business

- WCCMH Contracts and Leases
 - H. Linky presented a contract request for Residential Opportunities, Inc to provide residential services for a term of February 1, 2019 through September 30, 2019.

MOTION BY C. COLLINS SUPPORTED BY C. RICHARDSON TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

MOTION CARRIED

- March 15, 2019 WCCMH Board meeting
 - R. Dornbos notified the board that the March 15, 2019 WCCMH Board meeting will be held in the Towner 2, 2nd floor, 2140 conference Room.
 - A meeting invitation was sent by R. Dornbos to all board members and posted on the website.
- WCCMH 2019 Board officers and committee structure
 - T. Cortes reminded the board members to send their officer and committee requests to John Martin soon.
 - Officers and Committees will be discussed at the 3/11/19 WCCMH Executive Committee to take effect on 4/1/19.
 - There is discussion to possibly have a CMHAC sub-committee added to the board structure
 - CMHAC sub-committee would meet quarterly after the other WCCMH committee meetings.
- WCCMH Board new and re-appointments for terms expiring 3/31/19
 - T. Cortes mentioned that Martha Bloom, Mark Creekmore and Caroline Richardson 's terms are up for renewal.
 - The BOC will send notification of the newly appointed members for the WCCMH board after their March 6th meeting and these members will be sworn in with a term effective April 1, 2019.
- Swearing in of new and re-appointed board members
 - R. Dornbos conducted the swearing in of Katie Scott to the WCCMH Board with a term of February 15, 2019 through March 31, 2020.
- WCCMH Board Annual Evaluation
 - T. Cortes reminded the board that an email and link was sent out from R. Dornbos to complete the Annual Board evaluation.
 - J. Martin would like to have all evaluations completed by 2/28/19 so that they can be reviewed and discussed at the 3/11/19 WCCMH Executive Committee.

X. Items for future discussion

- I/DD presentation-June
- Funding crisis
- Diversion council update/youth mapping
- Able change results and process
- Continuum of care.
- Point in time count results-housing partners

MOTION BY N. GRABNER SUPPORTED BY M. CREEKMORE TO ADJOURN THE WCCMH BOARD MEETING AT 11:30 AM.

MOTION CARRIED

- XI. Meeting adjourned at 11:30 AM

DRAFT

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BUDGET-FINANCE COMMITTEE MEETING MINUTES DRAFT
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Michigan Conference Room
January 14, 2019 2:00 pm

MEMBERS PRESENT: C. Collins, D. Strong, A. Dusbiber (phone), M. Creekmore

MEMBERS ABSENT: M. Bloom

STAFF PRESENT: T. Cortes, M. Harding, N. Phelps, R. Clark, R. Dornbos, S. Ray,
T. Florence, N. Soos, L. Gentz

OTHERS PRESENT: K. Belknap, L. Lutomski

C. Collins called the meeting to order at 2:00 pm.

I. Introductions

- R. Dornbos introduced Nick Soos. He is an intern from Eastern Michigan University that will be working with Rhonda for about three months.

II. Audience Participation

- None

III. Board Response to Audience Participation

- None

IV. Budget-Finance Committee Minutes and Actions from 12/15/18

- Budget-Finance and Program-Quality combined quarterly committee meeting minutes from 12/15/18 were reviewed.

MOTION BY D. STRONG SUPPORTED BY M. CREEKMORE TO APPROVE THE MINUTES AND ACTIONS FROM THE DECEMBER 15, 2018 BUDGET-FINANCE AND PROGRAM-QUALITY QUARTERLY COMMITTEE MEETING.

MOTION CARRIED

V. Finance Status Reports

- N. Phelps reviewed the financial status report for the month ending November 30, 2018.
- The November data for enrolled consumers and consumers served was not available at the time that the report was created. This information will be updated as soon as it is available.
- CLS costs to date are \$4.2 Million. This is \$21,000 over budget.
- Community Inpatient costs to date total \$939,000. This is \$39,000 over budget.
- Licensed Residential costs to date are \$1.8 Million. This is \$2,000 under budget.

- Applied Behavior Analysis/Autism service costs to date are \$515,000. This is \$34,000 over budget.
- Medicaid, Healthy Michigan and Autism funds are on budget.
- Financial performance by funding source:
 - Medicaid is showing a deficit of \$1.3 Million
 - Healthy Michigan is showing a deficit of \$533,000
 - State General Funds is showing a deficit of \$68,000
 - Local Funds are showing a surplus of \$114,000
- The Fund Balance at the beginning of FY2018 was \$2.7 Million. It is projected that the use of \$750,000 will be necessary to close the State General Fund.

MOTION BY M. CREEKMORE SUPPORTED BY D. STRONG TO APPROVE THE FINANCIAL STATUS REPORT THROUGH NOVEMBER 30, 2018.

MOTION CARRIED

VI. Contracts and Leases

- None
- Executive Director Contract Authorizations
 - Policy Research Associates
 - This contract is to provide youth system intercept mapping from January 1, 2019 to September 30, 2019.

MOTION BY D. STRONG SUPPORTED BY M. CREEKMORE TO APPROVE THE EXECUTIVE DIRECTOR CONTRACT AUTHORIZATIONS AS PRESENTED

MOTION CARRIED

VII. Regional Finance Update

- T. Cortes presented the Regional Finance update.

VIII. Old Business

- None

IX. New Business

- M. Harding presented on the Millage /CCBHC Grant/Medicaid Funding. On December 18, 2018 administration received notification that WCCMH was awarded the CCBHC grant for an annual amount of \$1.8 Million for 2 years. This is a grant federal grant through SAMHSA.

- X. Items for Future Discussions
 - On-going financial analysis on millage recommendations will be a continued discussion for future meetings
- XI. Meeting adjourned at 2:59 pm.

DRAFT

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

4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Huron Conference Room
February 11, 2019 3:00pm

MEMBERS PRESENT: A. Dusbiber (phone), P. Spriggel (phone), N. Graebner, K. Walker,
M. Creekmore, S. Antonow

MEMBERS ABSENT: None

STAFF PRESENT: M. Harding, S. Ray, L. Gentz, S. Amos O'Neal, R. Dornbos, N. Soos,
L. Higle, K. Hoener, G. Parker, D. Woodward, K. Bellus

OTHERS PRESENT: L. Lutomski

K. Walker called the meeting to order at 3:02 pm.

- I. Introductions
 - None
- II. Audience Participation
 - None
- III. Program-Quality Committee Minutes and Actions
 - Program-Quality Committee Minutes and Actions of 1/14/19 were reviewed.

MOTION BY N. GRAEBNER SUPPORTED BY S. ANTONOW TO APPROVE THE MINUTES AND ACTIONS FROM THE JANUARY 14, 2019 WASHTENAW COUNTY COMMUNITY MENTAL HEALTH PROGRAM-QUALITY COMMITTEE MEETING.

MOTION CARRIED

- IV. Discussion Items
 - Evidence Based Practice
 - The Assertive Community Treatment (ACT) program description was presented by K. Hoener, D. Woodward and G. Parker
- V. Old Business
 - CCBHC Update
 - M. Harding provided an update on the CCBHC.
 - The service design flow chart was presented to the committee to review.
 - CARES Program (Millage) Update
 - K. Bellus and L. Gentz provided and update on the CARES Program
 - Staff hiring is moving forward.
 - A phased implementation is targeted for mid-March to be up and running.
 - Full expansion completed in May
 - Looking at youth suicide prevention in Washtenaw County
 - Meeting with Public Health about partnering on an anti-stigma campaign

- There will be quarterly communications to stakeholders within Washtenaw County to give updates on the program.

VI. New Business

- MDHHS Performance Quarterly Indicators
 - Due to lack of time remaining for the meeting this item was tabled until the March 11, 2019 Budget-Finance and Program-Quality committee meeting.

VII. Items for Future Discussions

- Grant/Special Program Initiative presentation
- Future Data Dashboard

MOTION BY N. GRAEBNER SUPPORTED BY M. CREEKMORE TO ADJOURN THE PROGRAM-QUALITY COMMITTEE MEETING AT 4:05PM.

MOTION CARRIED

- VIII. Meeting adjourned at 4:05 pm.

DRAFT

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

**4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Huron Conference Room
December 10, 2018 3:00pm**

MEMBERS PRESENT: J. Martin, K. Walker, C. Collins, M. Bloom, M. Creekmore

MEMBERS ABSENT: F. Brabec

STAFF PRESENT: T. Cortes, M. Harding, R. Dornbos, K. Bellus, S. Ray, M. Taylor, H. Linky,
S. Amos O'Neal, L. Gentz, N. Phelps, T. Florence

OTHERS PRESENT: L. Lutomski

J. Martin called the meeting to order at 3:11 pm.

- I. Introductions
 - None
- II. Audience Participation
 - None
- III. Executive Committee Minutes and Actions
 - Executive Committee Minutes and Actions of 6/11/18 were reviewed

MOTION BY M. BLOOM SUPPORTED BY C. COLLINS TO APPROVE THE MINUTES AND ACTIONS OF THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY EXECUTIVE COMMITTEE DATED JUNE 11, 2018.

MOTION CARRIED

- IV. Discussion Items
 - None
- V. Old Business
 - Strategic Plan Update
 - M. Harding provided an update on the WCCMH Strategic Plan.
 - The Strategic Plan has been an ongoing process for the past two years and it continues to grow with the new processes as they come forward.
 - The Strategic Plan is integrated within the organization.
 - Outcomes of the Strategic Plan will be presented next month.
 - Suggestion by K. Walker to keep the previous CCBHC manuals/etc. to possibly be an opportunity for WCCMH to participate in as a future revenue opportunity.
 - Suggestion to include the lawsuit or legal strategy outcome in the Strategic Plan
 - Suggestion to have a mid-5-year plan to revamp the Strategic Plan to see what can be adjusted.

VI. New Business

- Discussion on Millage
 - Staff are reviewing the Community Mental Health Advisory Committee (CMHAC).
 - Suggestion to create a sub-committee of the WCCMH Board to streamline the millage information and include non-WCCMH committee members.
 - Recommendation to have representatives on this subcommittee from Packard Health, Washtenaw Housing Alliance, Washtenaw Intermediate School District (WISD), etc.
 - The WCCMH Bylaws state that there needs to be a majority of WCCMH Board members on the committee.
 - Recommendations to have quarterly meetings
 - The millage has taken a lot of effort to plan and implement.

VII. Items for Future Discussion

- None

VIII. Move to closed session to discuss the WCCMH Executive Director Evaluation.

MOTION BY K. WALKER SUPPORTED BY M. BLOOM TO ADJOURN THE PUBLIC MEETING OF THE WCCMH EXECUTIVE COMMITTEE AND MOVE INTO CLOSED SESSION TO DISCUSS THE WCCMH EXECUTIVE DIRECTOR EVALUATION.

MOTION CARRIED

IX. Public Meeting adjourned at 3:49 pm.

ACTION REQUESTED: To approve the following contracts:

BACKGROUND:

1. Rainbow Rehabilitation Centers, Inc. - will provide Licensed Residential Services.
2. Washtenaw County Trial Court - WCCMH will provide a Mental Health Professional to work closely with Trial Court Juvenile Division to engage and provide trauma focused therapeutic services

Service Contracts

Contractor	Funding	Estimated Budget	Contract Term	Service Description
1. Rainbow Rehabilitation Centers, Inc.	Medicaid	Per consumer authorizations	March 1, 2019- September 30, 2019	Licensed Residential Services
2. Washtenaw County Trial Court	Revenue	\$85,000/year	April 1 2019 – September 30, 2021	Trauma focused therapeutic services

RECOMMENDATIONS: To approve the contracts listed above.

**Executive Director Contract Authorizations
March 2019 Finance Committee Meeting**

ACTION REQUESTED: Acceptance of the Executive Director's signature on contracts with a value of less than \$25,000

Contracts

Contractor	Amount	Term	Purpose	Approval Date
West Interactive Services	\$7,392	10/1/2018-9/30/2019	Reminder Communications	10/19/2018
Deborah Kennard	\$2,000	10/1/2018-9/30/2019	Eye Movement Desensitization and Reprocessing Training	10/19/2018
Saline Area Schools	\$20,000	10/1/2018-09/30/2019	Respite Services	10/19/2018
UpToDate	\$5,850	10/1/2018-09/30/2019	Evidence-based physician-authored clinical decision support resource	10/19/2018
Policy Research Associates	\$22,500	1/1/2019-09/30/2019	Youth System Intercept Mapping	1/18/2019
MEND	\$22,116	3/1/2019-09/30/2019	Telemedicine system	

Recommendation: Acceptance

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
 SEPTEMBER 2018 FYTD
 Preliminary FY 2018 Year-End

ATTACHMENT #1G
MARCH 2019

	Total
Medicaid **	
Revenue	
B, B3 & HSW	\$ 68,262,260.95
Prior Year Adjustments	-
Care for Caid	292,943.18
Total Medicaid Revenue	\$ 68,555,204.13
Expense	
Service Costs	\$ 60,583,531.34
Admin. Cost Allocation	7,945,411.65
Redirect To Cover COFR Exp.	-
Redirect To Cover MiChild Exp	26,261.14
Total Medicaid Expense	\$ 68,555,204.13
Medicaid Surplus/(Deficit)	\$ -
Autism Benefit **	
Revenue	
Medicaid Benefit	\$ 2,471,171.54
MIChild Benefit	43,945.27
Total Autism Benefit Revenue	\$ 2,515,116.81
Expense	
Medicaid Service Costs	\$ 2,188,897.88
Admin. Cost Allocation	282,273.66
MIChild Service Costs	38,925.55
Admin. Cost Allocation	5,019.72
Total Autism Benefit Exp.	\$ 2,515,116.81
Total Autism Surplus/(Deficit)	\$ -
Healthy Michigan **	
Revenue	\$ 7,511,708.63
Expense	7,511,708.63
Healthy MI Surplus/(Deficit)	\$ -
General Fund	
Revenue	
CMH Operations	\$ 3,164,653.20
CMH Operations Contra	-
Categorical	10,000.00
Redirect To SED Waiver	(59,470.43)
Redirect To Children's Waiver	(388,188.30)
Redirect To Injectable Meds.	(2,199.58)
Funding Fr. Other Local Sources	496,667.24
Total General Fund Revenue	\$ 3,221,462.13
Total General Fund Expense	\$ 3,211,462.13
General Fund Surplus/(Deficit)	\$ 10,000.00

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
 SEPTEMBER 2018 FYTD
 Preliminary FY 2018 Year-End

ATTACHMENT #1G
MARCH 2019

	Total
SED Waiver	
Revenue	\$ 116,896.90
Expense	116,896.90
SED Waiver Surplus/(Deficit)	\$ -
Children's Waiver	
Revenue	\$ 942,500.13
Expense	942,500.13
CW Surplus/(Deficit)	\$ -
Injectable Meds	
Revenue	\$ 52.80
Expense	52.80
Inj. Meds. Surplus/(Deficit)	\$ -
Grants And Contracts	
Revenue	\$ 1,390,667.76
Expense	1,390,667.76
Grants & Cont. Surplus/(Deficit)	\$ -
CMHSP To CMHSP	
Revenue	\$ 739,661.91
Redirect to GF	\$ (116,179.69)
Expense	623,482.22
CMHSP to CMHSP Surplus/(Deficit)	\$ -
Local	
Revenue	\$ 1,278,053.90
Expense	1,348,649.02
Local Surplus/(Deficit)	\$ (70,595.12)
Private Grant & All NOR	
Revenue	\$ 292,925.23
Expense	271,031.22
Priv. Grant & NOR Surplus/(Deficit)	\$ 21,894.01
Grand Total	
Revenue	\$ 85,824,588.42
Expense	85,863,289.53
Grand Total Surplus/(Deficit)	\$ (38,701.11)

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	\$ -
WCCMH Surplus/(Deficit)	\$ (38,701.11)
	\$ (38,701.11)

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy</i>
Department: Clinical Author:	<i>Psychotropic Medication Orders and Consents</i> Local Policy Number (if used)
Regional Operations Committee Approval Date 02/04/2019	Implementation Date 03/15/2019

I. PURPOSE

To establish regional practice standards for the safe prescribing and monitoring of psychotropic medications.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
3/8/17	1.0	New regional policy (formerly local)
6/18/18	2.0	Updated to address Public Acts 246-255 of 2017 (Michigan Opioid Laws)

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

Medication and medical treatments shall be administered only at the order of a physician or a prescriber who is a medical professional vested with legal authority through professional licensing or certification to prescribe medications.

Psychotropic medications will be prescribed only following informed consent by the recipient, legal representative, or pursuant to a court order authorizing treatment.

V. DEFINITIONS

Chemotherapy: The use of psychotropic medications.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the 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.

Delegated Prescribing Authority: A licensed physician who is a credentialed and privileged member of the CMH may delegate the authority to prescribe medications to a Mental Health Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall

supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17076; 17210; 17708(2).

Informed Consent: Informed consent is defined as either of the following:

1. A written agreement signed by a recipient, unless the recipient has a designated legal representative with authority to execute consent. If the recipient has a designated legal representative, the legal representative must provide written agreement.
2. A verbal agreement of a recipient, unless the recipient has a designated legal representative with authority to execute a consent, that is witnessed and documented by an individual other than the individual providing treatment. If the recipient has a designated legal representative, the legal representative must provide verbal agreement.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Michigan Automated Prescription System (MAPS): Michigan's prescription monitoring program. MAPS is used to track controlled substances, schedules 2-5 drugs. It is a tool used by prescribers and dispensers to assess patient risk and is also used to prevent drug abuse and diversion at the prescriber, pharmacy, and patient levels.

Medication Order: A written direction provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a **licensed person** such as a pharmacist or a nurse. **Examples of some different types of medication orders are:**

- Copy of a written prescription
- Written order on a consultation form, signed by the practitioner
- Written list of medication orders, signed by the practitioner
- Copy of a pharmacy call-in order, given to you by the pharmacist
- A verbal order given to a **licensed person**
- Electronic prescriptions signed electronically via a secured system

Nurse Practitioner or Clinical Nurse Specialist: An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan.

Physician: An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws. The "practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333.17001(1)(f)).

Physician Assistant: An individual licensed to practice as a physician assistant by the State of Michigan.

Prescriber: A Physician who is licensed to prescribe medications, or Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist with delegated prescribing authority who is licensed to prescribe medications. A licensed physician who is a credentialed and privileged member of CMH may delegate the authority to prescribe medications to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17076, 17210, 17708(2).

Psychotropic Medications: Medications prescribed to treat or ameliorate disorders of thought, mood or behavior.

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

VI. STANDARDS

- A. Prescribers will be familiar with psychotropic medication through specific training and/or experience. Medication references, such as the Physicians' Desk Reference, are available.
- B. Psychotropic chemotherapy shall not be administered unless: (1) the recipient gives informed consent; (2) there is a court order; (3) the administration is necessary to prevent physical injury to the recipient or others. A provider may administer chemotherapy to prevent physical harm or injury after signed documentation of the physician is placed in the recipient's clinical record and when the actions of a recipient or other objective criteria clearly demonstrate to the physician that a recipient poses a risk to him/herself or others. The initial course of medication may not extend beyond 48 hours unless there is consent. The duration of psychotropic chemotherapy shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The medication shall be terminated as soon as there is little likelihood that the recipient will pose a substantial risk to him/herself or others.
- C. Medication Orders will include the name of the recipient and at least one other identifier, the name of the medication, dose and timing of medication administration, method of drug administration, number/amount of medication to be dispensed, number of refills allowed and special instructions, when indicated.
- D. Psychotropic medication will be selected by the prescriber based on best research evidence of effectiveness and safety, prescriber expertise, and recipient preference.
- E. Medications are selected from a list of medications, maintained in the medical record, which comprises the formulary. The CMH maintains an open formulary to ensure that medication determined by the Medical Staff to meet the selection criteria noted above is available to the recipient.
- F. Staff will identify the diagnosis, condition, or indication-for-use for each medication ordered.
- G. Medication orders are completed in the Psychiatric Evaluation or Medication Review Note and maintained in the recipient record, showing the prescribed medication

use/history. The recipient's medication history prior to involvement with the CMH is documented in the Psychiatric Evaluation.

- H. The prescriber will determine for each individual the initial psychotropic medication dosage for treatment by considering the recipient's, age, sex, weight, physical condition and any previous adverse reactions to medication.
- I. All orders for medication shall be in effect only for the specific number of days indicated by the prescriber.
- J. All new or discontinued medications will be documented by the prescriber in the medical record.
- K. The use of all medications will follow Physician's Desk Reference (PDR) guidelines regarding contraindications, warnings, precautions, adverse effects, dosing and administration. If a prescriber departs from these guidelines, the clinical justification for it shall be documented in the Psychiatric Evaluation or Medication Review Note in the medical record.
- L. Justification and rationale for the concomitant use of two or more psychotropic medications from the same category (e.g., Antipsychotic, Antidepressants), use of high dose pharmacotherapy (i.e., dosage greater than that recommended in the PDR), or prescription of controlled substances (i.e., benzodiazepines, psycho-stimulants) must be recorded in the Psychiatric Evaluation or Medication Review Note.
- M. Before initiating a course of treatment with psychotropic medication, the prescriber or another licensed health professional acting under his/her delegated authority, will explain the specific risks and potential side effects associated with the medication and shall provide the recipient with a written summary of the most common adverse effects.
- N. Except as delineated above (IV. Standard B.), informed consent is required prior to the initiation of psychotropic medication. The recipient or recipient's legal representative signify their consent to the use of psychotropic medication by signing the Consumer Medication Consent form (Exhibit A). The consent form can be revoked by the recipient at any time.
- O. All apparent adverse reactions/side effects from psychotropic medications such as leukopenia, extra-pyramidal syndromes, etc. and action taken as a result of an adverse reaction/side effect will be documented in the medical record.
- P. Effects of the medication(s) on target symptoms will be recorded in the medical record each time the recipient is evaluated by the prescriber. CMH Nurses administering medication document recipient-reported and observed effects of medication(s), and CMH staff in contact with recipients monitor effects of medication(s) on an ongoing basis. CMH staff has immediate access to CMH health professionals for consultation and/or triage in situations of potential adverse effects.
- Q. For those recipients taking antipsychotic medications associated with the potential to induce tardive dyskinesia, an AIMS test will be performed at least quarterly, or at each appointment with a prescriber if appointments occur less than quarterly.

- R. Medication use will be reviewed at least quarterly, or as indicated in the recipient's individual plan of services or based upon the recipient's clinical status, and either continued, revised, or discontinued.

The following types of orders will be used as noted:

- a. Standing Orders are medication orders written for over-the-counter medications prescribed by the primary care physician for recipients living in residential programs. These medications are reviewed by the CMH prescriber during the medication reconciliation process.
 - b. Taper Orders and/or Titration Orders are written by CMH prescribers when recommended by the manufacturer and/or as recommended in the Physicians' Desk Reference to minimize side effects when instituting a medication or to minimize withdrawal symptoms when terminating a medication.
 - c. The rationale or justification for the use of a psychotropic medication prescribed on an "as needed" basis must be documented in the Medication Review. The medication order will also document general indications for its use and length of time it is in effect.
- S. Verbal/telephone orders for medication are allowed. The order is to be given to a CMH nurse by the prescriber, recorded in the medical record/Nurses Progress Note, read back verbatim to the prescriber, signed by the RN and co-signed by the prescriber.
- T. For telephonic reporting of critical test results, the prescriber or nurse receiving the test results will record the value in the medical record, read it back verbatim to the caller, and have the caller confirm the accuracy of the read back. A facsimile may be requested in order to ensure accuracy. Results shall be immediately given to the prescribing practitioner and follow-up with the recipient will occur, if directed by the practitioner.
- U. All forms referenced in this policy will become a part of the recipient's clinical record.
- V. Prescribers will not prescribe medications for non-behavioral health conditions (including seizure disorders). Recipients that have known medical illness, or that are determined to have symptoms suggestive of medical illness by history, response to the Personal Health Review, or routine laboratory screening, will be referred to a primary care provider for medical assessment and treatment.
- W. Opioid controlled substances shall not be prescribed by any prescribers employed or under contract with the CMHPSM.
- X. All prescribers must be enrolled in the Michigan Automated Prescribing System (MAPS).
- Y. Before prescribing a controlled substance for a recipient in a quantity that exceeds a 3-day supply, a prescriber shall obtain and review a MAPS report pertaining to the recipient and signify in the electronic health record (EHR) that the MAPS report was reviewed.
- Z. Prescriber delegates may run MAPS reports on behalf of a prescriber. The reports must be reviewed by the prescriber.

- AA. MAPS reports may not be uploaded into the EHR or provided to the recipient.
- BB. MAPS findings and information may be included within the EHR note and may be discussed with the recipient.
- CC. While providing on call coverage for the physician/nurse practitioner group, the on call provider may not prescribe a controlled substance to a recipient in a quantity that exceeds a 3-day supply unless the on call provider is also the prescriber of record and has a pre-existing prescriber-patient relationship.
- DD. During a prescriber vacation or leave of absence, the covering prescriber may provide medication refills until the return of the away prescriber. Based on clinical judgment, the covering prescriber may request to face-to-face visit with the recipient prior to granting refills and may adjust, taper, or discontinue medications according to the clinical and safety needs of the recipient.
- EE. Incomplete or unclear medication orders will be brought to the prescriber's attention when identified. The prescriber will rewrite the orders for clarity.
- FF. Use of abbreviations, acronyms and symbols are to be avoided and a list of abbreviations to be avoided is available to prescribers and medication certified staff.
- GG. The medical record will contain medication history information to reduce risks associated with medication. Information includes: current medications; allergies to medication, food, environment; sensitivities to medication; age; gender; height/weight; vital signs; use of alcohol/illicit substances; pregnancy/lactation status; any other relevant health/medication history.
- HH. Use of abbreviations on the Joint Commission official DO NOT USE list is prohibited. The list will be printed on bright paper and posted in prescriber and nurse offices and in medication rooms. The list will be reviewed for revisions annually by the Medical Director or designee (see Exhibit B).
- II. Prescribers, nurses, and staff trained in medication safety will be aware of the potential danger of "Look-alike & Sound-alike" medications. A list of "Look-alike & Sound-alike" medications will be printed on bright paper and posted in prescriber and nurse offices and in medication rooms. The list will be reviewed annually by the Medical Director or designee (see Exhibit C).
- JJ. Prescribers, nurses and staff trained in medication safety will be aware of the potential danger of "High Alert Medications." A list of high-alert medications relevant to the medications utilized by staff will be printed on bright paper and posted in the prescriber and nurse offices and in medication rooms. The list will be reviewed annually by the Medical Director or designee.

VII. EXHIBITS

- A. Medication Consent form
- B. Joint Commission "Do Not Use" abbreviation list
- C. "Look alike and sound alike" medication list

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
The Joint Commission	X	MM 4.10-5.20
MDHHS Administrative Rules	X	AR 7158
MDHHS Policy	X	Psychotropic Medications, III-7158-R-GL
Michigan Public Health Code	X	
Physician's Desk Reference	X	

Organization Name

CONSENT FOR THE USE OF MEDICATION

Name: John Doe (Test)

Case Number: 0000000011

It has been explained to me that I have a psychiatric illness. To treat my illness, the doctor recommends initiation or continued treatment with:

Medication	Class	Dosage Range mg/day
Abilify	Antipsychotic	2 - 30
Adderall XR	Central Nervous System Agent	5 - 60
Ativan	Antianxiety	0.5 - 10
Depakote	Anticonvulsant	125 - 4500
Escitalopram Oxalate	Antidepressant	5 - 20
Haldol Decanoate	Antipsychotic	Max 400 mg IM/month
Metformin XR	Antidiabetic	500 - 2000
Narcan	Opioid Antagonist	
Nardil	Antidepressant	45 - 90
Risperdal Consta	Antipsychotic	12.5mg IM q2w - 50mg IM q2w
Valium	Antianxiety	2 - 40

I and/or Guardian was provided with both a verbal explanation and a written summary of the benefits, specific risks, and most common adverse effects associated with the prescribed medication.

While medications of this type have been used successfully in the treatment of others with symptoms similar to mine, I understand that no guarantee can be made that any of these agents will be effective in the treatment of my particular symptoms. If I think the medication is not helping me within the time the doctor has said I should, or if I have any other problems with the medication, I understand I should contact my doctor.

Also, I will inform my doctor if I have a change in my physical health status.

Female Consumers only: I am pregnant I am not pregnant (Also, I will inform my doctor if I am pregnant or plan to become pregnant to avoid any ill effects to my unborn child.)

I voluntarily consent to take this medication. I also understand I have the right to withdraw my consent and stop taking the medication at anytime. **By signing I acknowledge that I have received a copy of this form for my personal reference.**

Special Remarks (Other known physical and/or medical issues related to the medication(s) prescribed above)

Consumer _____ Date _____ Date _____

Parent Guardian _____ Date _____ Witness Signature _____ Date _____

JOINT COMMISSION OFFICIAL “Do not Use “List

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod(every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "l"	Write "daily" Write "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO ₄ and MgSO ₄	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

LOOK-ALIKE & SOUND-ALIKE MEDS

USE CAUTION WITH THESE MEDICATIONS PLEASE

Medication	Confused with
Adderall	Inderal
Alprazolam	Lorazepam
Artane	Altace
Benadryl	Benazepril
Bupropion	Buspirone
Carbamazepine	Oxcarbazepine
Celexa	Celebrex; Zyprexa; Cerebyx
Chlorpromazine	Chlordiazepoxide; Chlorpropamide
Clomipramine	Clomiphene
Clonazepam	Lorazepam, Clonidine
Clozaril	Colazal, Clonidine
Cymbalta	Symbyax
Depakote	Depakote ER
Desipramine	Disopyramide
Diphenhydramine	Dimenhydrinate
Duloxetine	Fluoxetine
Effexor	Effexor XR
Fluoxetine	Paroxetine; Duloxetine
Fluvoxamine	Flavoxate
Hydroxyzine	Hydralazine
Klonopin	Clonidine
Lamictal	Lamisil, Lomotil
Lamotrigine	Lamivudine; Levothyroxine
Lexapro	Loxitane
Lorazepam	Alprazolam; Clonazepam; Lovaza
Loxitane	Lexapro; Soriatane;
Lunesta	Neulasta
Luvox	Lasix
Lyrica	Lopressor
Naloxone	Lanoxin

Medication	Confused with
Neurontin	Motrin; Noroxin
Norpramin	Normodyne
Olanzapine	Quetiapine
Oxcarbazepine	Carbamazepine
Pamelor	Panlor DC; Tambocor
Paroxetine	Fluoxetine
Paxil	Doxil; Taxol; Plavix
Prozac	Prograf; Provera; Prilosec
Quetiapine	Olanzapine
Restoril	Risperdal
Risperdal	Restoril
Risperidone	Ropinirole
Ritalin	Ritodrine
Ritalin LA	Ritalin SR
Rozerem	Razadyne
Sarafem	Serophene
Seroquel	Seroquel XR; Serzone; Sinequan
Sertraline	Cetirizine; Soriatane;
Serzone	Seroquel
Sinequan	Saquinavir; Singulair; Zonegran; Seroquel
Topamax	Toprol-XL
Tegretol	Tegretol XR; Tequin; Trental
Trazodone	Tramadol
Wellbutrin XL	Wellbutrin SR
Xanax	Zantac
Zyban	Diovan
Zyprexa	Celexa; Reprexain; Zestril; Zyrtec
Zyprexa zydis	Zelepar; Zydis

COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
		<i><u>Administration of Medication Administration, Medication Storage & Other Medical Treatment</u></i>	
Department: Author:		Local Policy Number (if used)	
Revision Date	Approval Date	Implementation Date	
Archive Information			
Date:			
Reason:			

I. PURPOSE

To establish regional guidelines regarding the administration of psychotropic medications, other medications, storage of medications, and medical treatment procedures for the Community Mental Health Partnership of Southeast Michigan (CMHPSM)

II. POLICY

Medication and medical treatments shall be administered only at the order of a physician OR a prescriber who is a medical professional, vested with legal authority through professional licensing or certification to prescribe medications, using the highest standards of medical practice..

III. APPLICATION

This policy applies to all staff and contractual organizations within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. DEFINITIONS

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the 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.

Delegated Prescribing Authority – When a licensed physician delegates the authority to prescribe medications and medical treatment procedures to a Nurse Practitioner, Clinical Nurse Specialist or Physician Assistant. The physician shall supervise the performance of this delegated function in accordance with the Michigan Public Health Code (1978 P.A. 368), including, but not limited to Section 16109(2); 16215; 17076; 17210; 17708(2).

Medication Training Program - Training for the CMHPSM, CMHSPs, and contract provider staff on the standards for administering, and maintaining medications. This training is conducted by a person qualified to train on this topic.

Medical Treatment Procedures – Treatment procedures that are ordered by a physician or prescriber with delegated prescribing authority prior to implementation by staff (e.g. hot wet soak to left foot). Exceptions include emergency situations where injury is apparent and first aid by trained individuals does not require orders from a physician or prescriber with delegated prescribing authority prior to initiation.

Medication - A drug or medical treatment prescribed by a physician or nurse practitioner, clinical nurse specialist or physician assistant with delegated prescribing authority for the therapeutic benefit of a patient.

Medication Administration - The provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered to achieve its pharmacological effect. This includes directly introducing the medication into or onto the individual's body.

-Medication Dispensing - Providing, furnishing, or otherwise making available a supply of medications to the individual for whom it was ordered (his or her representative) by a licensed pharmacy according to a specific prescription or medication order, or by a licensed independent practitioner authorized by law to dispense. Dispensing does not involve providing an individual a dose of medication previously dispensed by the pharmacy.

~~-Medication Administration – The provision of a prescribed and prepared dose of an identified medication to the individual for whom it was ordered to achieve its pharmacological effect. This includes directly introducing the medication into or onto the individual's body.~~

Medication Order - ~~A medication order is~~ A written directions provided by a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a medication order verbally to a **licensed person** such as a pharmacist or a nurse.

Examples of some different types of medication orders are:

- Copy of a written prescription
- Written order on a consultation form, signed by the practitioner
- Written list of medication orders, signed by the practitioner
- Copy of a pharmacy call-in order, given to you by the pharmacist*

- A verbal order given to a **licensed** person*
- Electronic prescriptions signed electronically via a secured system

Nurse Practitioner or Clinical Nurse Specialist – An individual licensed to practice as a registered nurse and certified in a nursing specialty by the State of Michigan.

Physician - An individual who is licensed to practice medicine or osteopathic medicine in the State of Michigan under article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being sections 33.16101 to 333.18838 of the Michigan Compiled Laws. The “practice of medicine” means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance, advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts (MCL 333-1978-15-170).

Physician Assistant – An individual licensed to practice as a physician assistant by the State of Michigan.

Prescriber – A physician who is licensed to prescribe medications and medical treatment procedures, or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority who is licensed to prescribe medications and medical treatment procedures. A licensed physician may delegate the authority to prescribe medications to a nurse practitioner, clinical nurse specialist or physician assistant in accordance with the Michigan Public Health Code (1978 P.A. 368) Section 16109(2), 16215, 17076; 17210, 17708(2).

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports for people with mental health, developmental disabilities, and substance use disorder needs.

Stop Order - An order by a physician or nurse practitioner, clinical nurse specialist, or physician assistant with delegated prescribing authority, to discontinue the administration of a medication or medical treatment procedure.

V. STANDARDS

- A. All licensed contract providers must adhere to licensing regulations related to the administration and management of medications, and in addition follow all outlined responsibilities of the licensed setting as determined by the individual plan of service.
- B. Staff involved in providing medication administration or medical treatment-related services shall follow any outlined responsibilities in the individual plan of service and/or any related documents.
- C. Staff administering medications shall have satisfactorily completed a CMHPSM-approved medication training program that is provided by a qualified professional and shall demonstrate knowledge of medication doses, expected actions, and side effects of medications administered.

~~D.~~ Medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

~~E.~~ Any use of medication to address behavioral issues must be approved by the local CMHSP Behavior Treatment Committee.

~~F.~~ All orders for medication shall be in effect only for the specific number of days indicated by the prescriber.

~~G.~~ Schedule II opioid controlled substances shall not be prescribed by any prescribers employed by or under contract with the CMHPSM.

~~H.~~ Medication use will be reviewed by a prescriber at least quarterly or as indicated in the individual plan of service or based upon the consumer's clinical status, and either continued, revised or discontinued.

~~I.~~ All new or discontinued medication orders will be initiated by the prescriber.

~~J.F.~~ Staff maintains current medication and medical treatment orders on site.

~~K.G.~~ The CMHSP is responsible for ensuring that medication reconciliation is done at least quarterly.

~~L.H.~~ Controlled substances will be documented on a controlled medication log.

1.

~~M.I.~~ The medication administration record must be updated whenever a medication is prescribed, changed, or discontinued, and should be signed or initialed by staff.

~~N.J.~~ Discontinued, expired, recalled, or unused medications stored on the premises shall be destroyed according to the site procedure.

~~O.K.~~ Any destroyed or returned medications to the pharmacy shall be documented on the Expired, Recalled or Discontinued Medication Inventory Sheet, and documented on an incident report if required in that county.

~~Telephone orders shall be:~~

~~0.~~ Received only by a Registered Nurse from a prescriber only

~~0.~~ Immediately recorded in the Electronic Medical Record, read back verbatim to the prescriber, read back is verbally confirmed by the prescriber, signed by the Registered Nurse, and placed in the prescriber's inbox.

~~0.~~ Countersigned by the prescriber at the prescriber's next regularly scheduled shift at the CMHSP.

~~O.L.~~ Medications that are stored at CMH site or a licensed residential site shall be stored on the premises only to facilitate the delivery of services to consumers and shall be safeguarded as follows:

1. A "double-locked" system shall be employed such as a locked medication box in a locked file.
2. Keys to locked storage areas shall be available only to staff who are authorized to have access to medications.
3. Unless a CMHSP has an agreement with a pharmacy, the CMHSP will implement a process to record and review the medication inventory quarterly either through internal reviews or external provider audits.
4. If a consumer had received a recalled or discontinued medication, the consumer will be notified as soon as possible and an incident report will be completed.
5. When a medication is recalled or discontinued outside the standard inventory schedule, the consumer will be notified as soon as possible and an incident report will be completed.
6. Medication requiring storage in a refrigerator is governed by the same standards as other medications for security, control and inspection.

R-M. Any consumer receiving services in his or her own home shall have any med admin of meds or storage of meds needs identified in the IPOS.

S-N. All medication stored at CMH sites or a licensed residential sites must be in the original container which is labeled as follows:

1. Name of recipient
2. Name of prescriber
3. Name of medication
4. Strength of medication
5. Dosage of medication
6. Schedule of administration
7. Dispensing pharmacy: lot number and expiration information

T-O. Staff will use at least two of the following identifiers whenever administering medication(s) or treatment(s):

1. Consumer photograph attached to the medication and treatment record or medication injection record
2. Staff who knows the individual identifies the consumer.
3. Consumer states his/her name and staff compares the name to the medication and treatment record or medication injection record
4. Consumer states his/her birth date and staff compare it to the medication and treatment record or medication injection record.

U-P. Each time a medication or medical treatment is administered, the administration shall be documented on the medication and treatment record.

- 1.

~~V.Q.~~ Medication errors and adverse reactions will be handled as follows:

1. reported immediately to the prescriber and
2. documented according to procedures for the completion of the medication and treatment record
3. along with completion of an Incident Report.
4. Medical emergencies caused by medication error will be reviewed according to the CMHPSM Critical Events policy.

~~W.R.~~ Medication errors that result in an adverse reactions will be reported according to the CMH's medication training. (ADD THE TRAINING TO THE REFERENCE SECTION)

~~X.S.~~ Only medications for which there is an active prescription shall be given to a consumer upon leave or discharge. Enough medication is to be made available to ensure the consumer has an adequate supply until he/she can become established with another provider.

~~Y.T.~~ If outlined in the Individual Plan of Service, consumers may self-administer medication in a licensed contract provider setting upon completion of an independent self-medication module. Home staff will assure the medications are safely stored and provide monitoring of an independent self-medication activity.

~~Z.~~ For telephonic reporting of critical test results, the prescriber or nurse receiving the test results will record the value in the electronic medical record, read it back verbatim to the caller, have the caller verbally confirm the accuracy of the read back.. A facsimile may be requested in order to ensure accuracy. Results shall be immediately given to the prescribing practitioner and follow up with the consumer will occur, if directed by the practitioner.

~~AA.U.~~

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
The Joint Commission	X	MM 4.10-5.20
MDCH MDHHS Administrative Rules	X	AR 7158
MDCH MDHHS Policy	X	Psychotropic Medications, III-7158-R-GL
CMHPSM Training Policy	X	

| ADD BTC POLICY

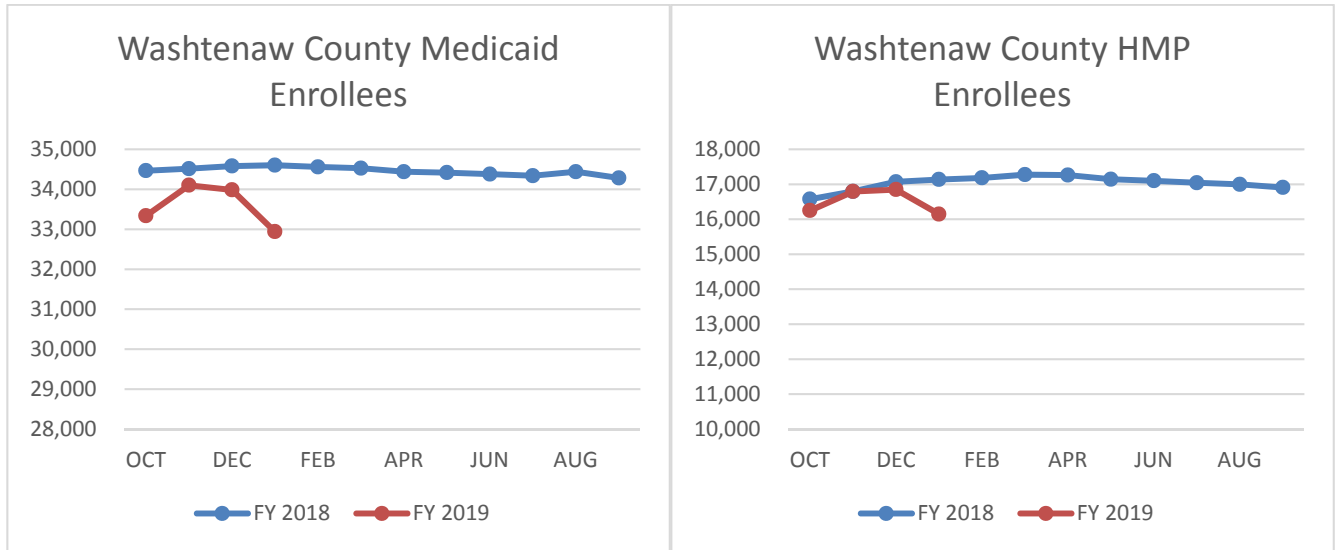
VIII. PROCEDURES

None

**WASHTENAW COUNTY COMMUNITY MENTAL HEALTH
YEAR-TO-DATE FINANCIAL STATUS
FISCAL YEAR 2019: For the period ending January 31, 2019
Prepared: February 28, 2019**

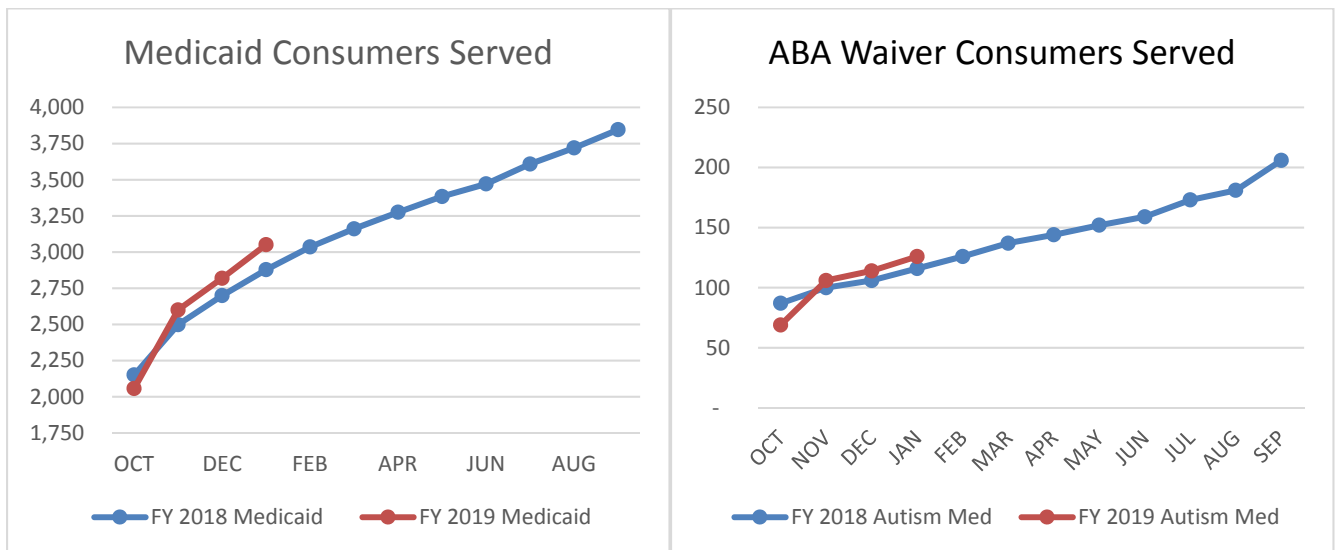
1. Washtenaw County Enrollees

A summary of FY 2019 Washtenaw County Medicaid and Healthy Michigan Enrollees is shown below:



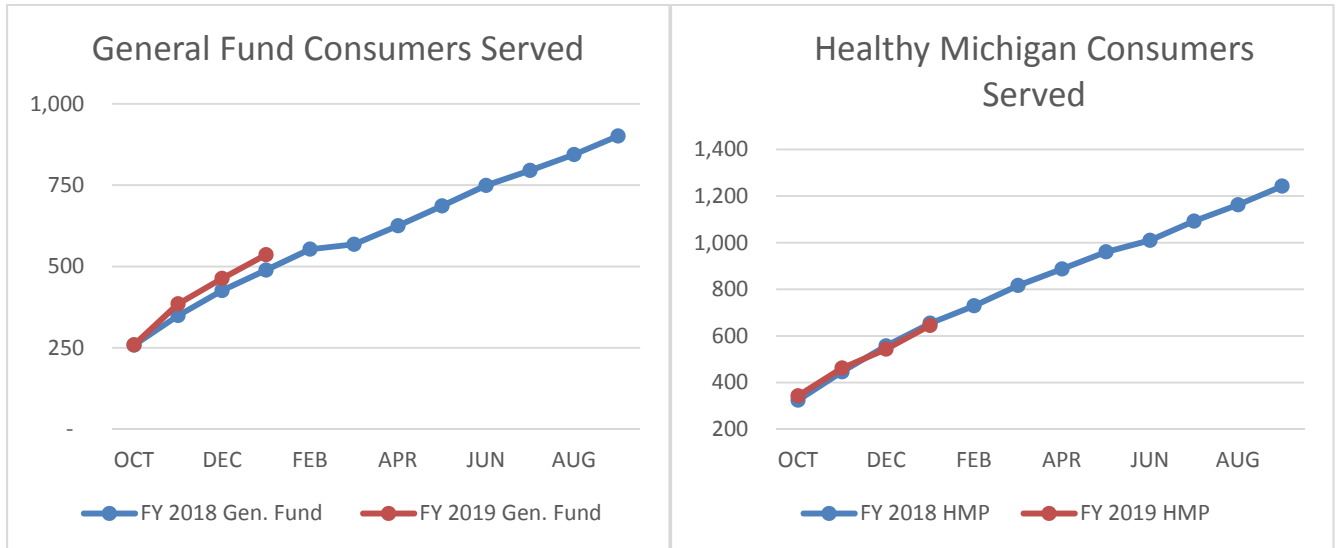
Washtenaw County Medicaid Enrollees were 32,939 in January 2019. This is a 4.81% decrease from the same time last year (1,663 less enrollees than in January 2018). Healthy Michigan enrollment in January was 16,147. This is a 5.78% decrease from the same time last year (990 less enrollees than in January 2018).

2. WCCMH Consumers Served to Date



Medicaid consumers served through January 2019 are 3,051. This is 173 more consumers than the prior year (2,878 consumers were served through January 2018).

ABA Waiver consumers served through January 2019 are 126. This is 10 more consumers than the prior year (116 consumers were served through January 2018).



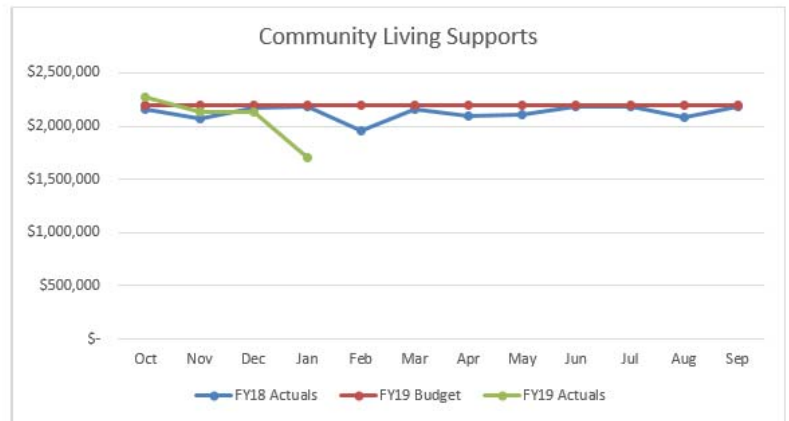
General fund consumers served through January 2019 are 536. This is 47 more consumers served than the same period last year.

Healthy Michigan consumers served through January 2019 were 645. This is 9 less consumers than the same period last year.

3. Financial Statement Highlights

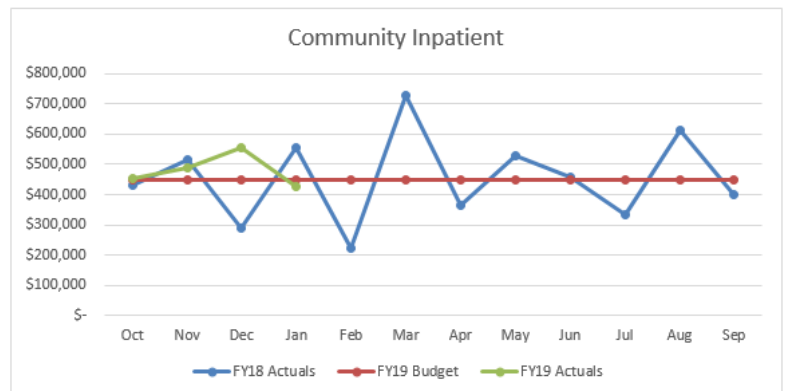
- a. CLS service costs to date are \$8.3 Million. The costs year to date are 4.05% less than last year as of January 2018. This is \$417,000 under the budget.
- b. The graph below is presented with actual paid claims for CLS services and does not reflect the general ledger. Figures below have been updated retrospectively back to October in order to incorporate all paid claim amounts from prior periods. In doing so, the graph represents the most accurate and up to date information for this service at the time of report preparation.

	FY18 Actuals	FY19 Budget	FY19 Actuals	YTD % Change
Oct	\$ 2,158,063	\$ 2,200,000	\$ 2,273,996	5.37%
Nov	2,074,986	2,200,000	2,131,130	4.07%
Dec	2,173,418	2,200,000	2,136,525	2.11%
Jan	2,185,057	2,200,000	1,701,628	-4.05%
Feb	1,951,526	2,200,000		
Mar	2,163,993	2,200,000		
Apr	2,101,028	2,200,000		
May	2,103,031	2,200,000		
Jun	2,182,163	2,200,000		
Jul	2,188,001	2,200,000		
Aug	2,084,920	2,200,000		
Sep	2,182,573	2,200,000		



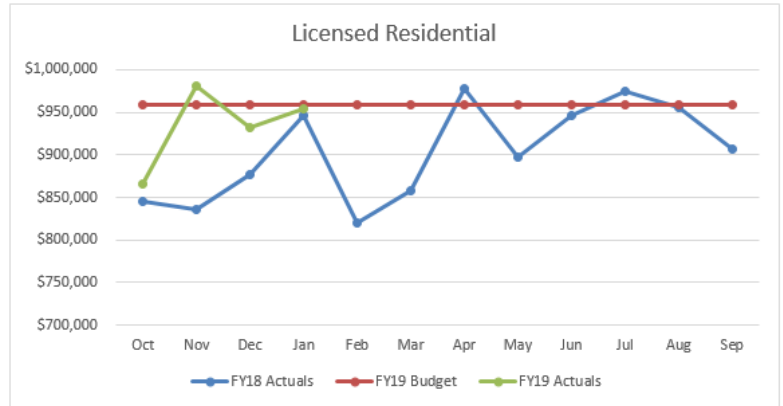
- c. Community Inpatient costs to date are \$1.9 Million. The costs year to date are 7.69% more than last year as of January 2018. This is \$121,000 over the budget.

	FY18 Actuals	FY19 Budget	FY19 Actuals	YTD % Change
Oct	\$ 429,190	450,000	\$ 451,590	5.22%
Nov	514,899	450,000	488,108	-0.47%
Dec	286,978	450,000	553,470	21.29%
Jan	553,608	450,000	428,822	7.69%
Feb	224,309	450,000		
Mar	727,928	450,000		
Apr	365,206	450,000		
May	526,885	450,000		
Jun	456,373	450,000		
Jul	332,017	450,000		
Aug	611,452	450,000		
Sep	401,452	450,000		



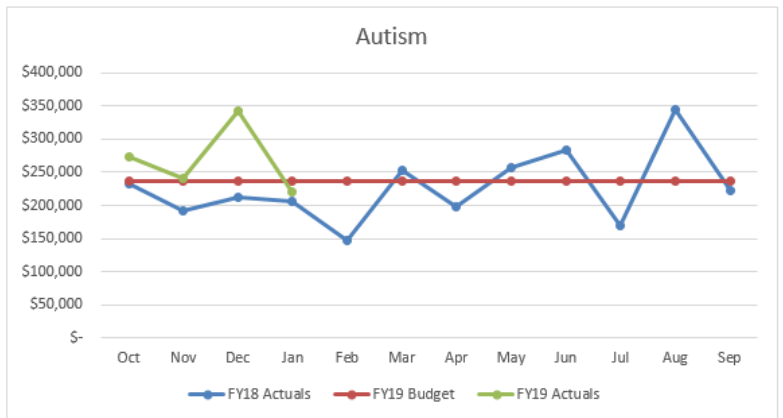
d. Licensed Residential costs to date are \$3.7 Million. The costs year to date are 6.51% more than last year as of January 2018. This is \$100,000 under the budget.

	FY18 Actuals	FY19 Budget	FY19 Actuals	YTD % Change
Oct	\$ 845,486	\$ 958,333	\$ 866,002	2.43%
Nov	835,932	958,333	981,647	9.89%
Dec	877,606	958,333	932,083	8.62%
Jan	945,844	958,333	953,401	6.51%
Feb	819,635	958,333		
Mar	857,183	958,333		
Apr	977,074	958,333		
May	897,294	958,333		
Jun	946,248	958,333		
Jul	973,928	958,333		
Aug	955,501	958,333		
Sep	907,217	958,333		



e. Applied Behavior Analysis/Autism service costs to date are \$1.0 Million. The costs year to date are 27.99% more than last year as of January 2018. This is \$128,000 over the budget.

	FY18 Actuals	FY19 Budget	FY19 Actuals	YTD % Change
Oct	\$ 232,440	\$ 237,500	\$ 274,122	17.93%
Nov	191,560	237,500	241,620	21.64%
Dec	211,309	237,500	342,030	35.02%
Jan	206,977	237,500	220,299	27.99%
Feb	147,684	237,500		
Mar	252,156	237,500		
Apr	197,173	237,500		
May	257,596	237,500		
Jun	284,231	237,500		
Jul	170,328	237,500		
Aug	344,560	237,500		
Sep	223,270	237,500		



f. A significant amount of General Fund is used to supplement Medicaid deductibles for our consumers on a spend-down. The number of cases that did not meet their spend-down deductible through January 2019 were 110. The number of cases that met their spend-down deductible through January 2019 were 141. The amount spent through January 2019 is \$336,000.

4. PIHP Revenue Key Points

- a. Medicaid, Healthy Michigan Plan and Autism funds are coming in at budget.
- b. By funding source, Medicaid is showing a deficit of \$2.5 Million.
- c. By funding source, HMP is showing a deficit of \$1.2 Million

5. State General Fund Key Points

- a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of \$292,000.
- b. General Fund overages are primarily resulting in the CLS and Licensed Residential business units.
- c. General Fund funding has been redirected by the WCCMH as detailed below:
 - i. \$31,000 to SED Waiver
 - ii. \$62,000 to Child Waiver

6. Local Key Points

- a. The majority of Local Funding comes from Washtenaw County.
- b. Local Funds are showing a surplus of \$264,000 through January 2019.
- 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

WCCMH's Fund Balance at the beginning of FY 2018 is \$2.7 Million. At this time, it is projected that the use of \$40,000 to close the State General Fund deficit for FY 2018.

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
 JANUARY 2019 FYTD

ATTACHMENT #2
MARCH 2019

	Total
Medicaid **	
<u>Revenue</u>	
B & B3	\$ 12,764,866.02
HSW	7,694,002.96
Prior Year Adjustments	-
Care for Caid	55,888.02
Total Medicaid Revenue	\$ 20,514,757.00
 <u>Expense</u>	
Service Costs	\$ 20,300,609.43
Admin. Cost Allocation	2,719,883.94
Redirect To Cover COFR Exp.	-
Redirect To Cover MiChild Exp	-
Total Medicaid Expense	\$ 23,020,493.36
 Medicaid Surplus/(Deficit)	 \$ (2,505,736.37)
 Autism Benefit **	
<u>Revenue</u>	
Medicaid Benefit	\$ 785,937.68
MIChild Benefit	-
Total Autism Benefit Revenue	\$ 785,937.68
 <u>Expense</u>	
Medicaid Service Costs	\$ 694,493.21
Admin. Cost Allocation	91,444.47
MIChild Service Costs	-
Admin. Cost Allocation	-
Total Autism Benefit Expense	\$ 785,937.68
Autism Surplus/(Deficit)	\$ -
 Healthy Michigan **	
Revenue	\$ 1,447,031.89
Expense	2,717,954.36
Healthy MI Surplus/(Deficit)	\$ (1,270,922.47)
 General Fund	
<u>Revenue</u>	
CMH Operations	\$ 1,052,806.17
CMH Operations Contra	-
Categorical	-
Redirect To SED Waiver	(31,174.48)
Redirect To Children's Waiver	(62,447.84)
Redirect To Injectable Meds.	-
Funding Fr. Other Local Sources	10,959.37
Total General Fund Revenue	\$ 970,143.22
Total General Fund Expense	\$ 1,262,907.68
General Fund Surplus/(Deficit)	\$ (292,764.46)

Washtenaw County Community Mental Health
FINANCIAL PERFORMANCE BY FUND SOURCE
 JANUARY 2019 FYTD

ATTACHMENT #2
MARCH 2019

	Total
SED Waiver	
Revenue	\$ 49,660.83
Expense	49,660.83
SED Waiver Surplus/(Deficit)	\$ -
Children's Waiver	
Revenue	\$ 207,539.84
Expense	207,539.84
CW Surplus/(Deficit)	\$ -
Injectable Meds	
Revenue	\$ -
Expense	-
Inj. Meds. Surplus/(Deficit)	\$ -
Grants And Contracts	
Revenue	\$ 505,163.46
Expense	505,163.46
Grants & Cont. Surplus/(Deficit)	\$ -
CMHSP To CMHSP	
Revenue	\$ 229,371.38
Redirect to GF	(10,959.37)
Expense	218,412.01
CMHSP to CMHSP Surplus/(Deficit)	\$ -
Local	
Revenue	\$ 805,935.93
Expense	541,864.38
Local Surplus/(Deficit)	\$ 264,071.55
Private Grant & All NOR	
Revenue	\$ 64,361.50
Expense	56,993.51
Priv. Grant & NOR Surplus/(Deficit)	\$ 7,368.00
Grand Total	
Revenue	\$ 25,350,531.35
Expense	29,148,515.10
Grand Total Surplus/(Deficit)	\$ (3,797,983.74)

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit)	\$ (3,776,658.83)
WCCMH Surplus/(Deficit)	\$ (21,324.91)
	\$ (3,797,983.74)

Washtenaw County Community Mental Health
Budget to Actuals
For Four Months Ending January 31, 2019

	FY 2019 Proposed Budget Amendment	FY 2019 Proposed Budget Amendment YTD	FY 2019 Current YTD Actuals	YTD Actuals Over/(Under) Amended Budget	% O(U)	FY 2018 Prior YTD Actuals	YTD Actuals Over/(Under) Prior Year Actuals	% O(U)
Operating Revenue								
PIHP Revenue								
Medicaid Capitation:	\$ -	\$ -	\$ -	\$ -	0.00%	\$ 21,145,995	\$ (21,145,995)	-4.57%
State Plan/B3	37,898,761	12,632,920	12,486,137	(146,783)	-1.16%	-	12,486,137	
HSW	23,510,004	7,836,668	7,694,003	(142,665)	-1.82%	-	7,694,003	
Healthy Michigan Capitation	4,001,682	1,333,894	1,447,032	113,138	8.48%	1,308,976	138,056	10.55%
Autism Capitation	2,951,725	983,908	1,064,666	80,758	8.21%	451,010	613,656	136.06%
Anticipated Medicaid Revenue	10,361,681	3,453,894	-	(3,453,894)	-100.00%	-	-	
TOTAL PIHP Revenue	\$ 78,723,853	\$ 26,241,284	\$ 22,691,839	\$ (3,549,446)	-13.53%	\$ 22,905,981	\$ (214,142)	-0.93%
MDHHS Revenue								
State General Funds	\$ 3,147,193	\$ 1,049,064	1,052,806	\$ 3,742	0.36%	\$ 931,528	\$ 121,278	13.02%
Medicaid Fee for Service	820,235	273,412	163,578	(109,833)	-40.17%	134,368	29,211	21.74%
Grants & Earned Contracts	3,509,117	1,169,706	523,000	(646,705)	-55.29%	507,734	15,266	3.01%
All Other Revenue								
County Appropriation	\$ 2,185,277	\$ 728,426	565,413	\$ (163,013)	-22.38%	\$ 300,899	\$ 264,514	87.91%
Project Revenue	751,000	250,333	250,644	310	0.12%	238,163	12,480	5.24%
All Other	1,172,977	390,992	679,104	-	0.00%	717,142	(38,038)	-5.30%
TOTAL Operating Revenue	- \$ 90,309,652	\$ 30,103,217	- \$ 25,926,384	\$ (4,464,945)	-14.83%	\$ 25,735,814	\$ 190,570	0.74%
Operating Expenses								
Administrative Expenses								
General Administration	\$ 6,503,782	\$ 2,167,927	\$ 2,366,650	\$ 198,723	9.17%	\$ 2,254,854	\$ 111,796	4.96%
Program Administration	3,408,000	1,136,000	1,219,583	83,583	7.36%	1,202,431	17,153	1.43%
Residential Services								
Community Living Supports	\$ 26,400,000	\$ 8,800,000	\$ 8,382,742	\$ (417,258)	-4.74%	\$ 7,985,114	\$ 397,627	4.98%
Licensed Residential	11,500,000	3,833,333	3,733,133	(100,200)	-2.61%	3,504,867	228,266	6.51%
Outpatient Services								
Autism Services	\$ 2,850,000	\$ 950,000	\$ 1,078,071	\$ 128,071	13.48%	\$ 842,285	\$ 235,786	27.99%
Case Management	4,816,278	1,605,426	1,650,493	45,067	2.81%	1,528,463	122,030	7.98%
Supports Coordination	2,354,878	784,959	759,247	(25,712)	-3.28%	728,809	30,438	4.18%
Skill Building	5,979,556	1,993,185	2,065,174	71,988	3.61%	2,066,169	(995)	-0.05%
Supported Employment	1,747,546	582,515	667,143	84,628	14.53%	693,484	(26,341)	-3.80%
Psychiatry	2,747,242	915,747	965,009	49,262	5.38%	874,905	90,104	10.30%
Nursing Services	2,282,899	760,966	751,453	(9,513)	-1.25%	649,111	102,342	15.77%
Therapy Services	1,804,501	601,500	615,268	13,768	2.29%	572,861	42,407	7.40%
All Other	7,938,205	2,646,068	2,577,747	(68,321)	-2.58%	2,731,881	(154,134)	-5.64%
Other Expenses								
Community Inpatient	\$ 5,400,000	\$ 1,800,000	\$ 1,921,991	\$ 121,991	6.78%	\$ 1,784,674	\$ 137,317	7.69%
Local Matches & Shelter	1,282,838	427,613	447,662	20,050	4.69%	479,959	(32,296)	-6.73%
Grants & Earned Contracts	3,293,927	1,097,976	523,001	(574,975)	-52.37%	507,262	15,739	3.10%
TOTAL Operating Expenses	\$ 90,309,652	\$ 30,103,217	\$ 29,724,368	\$ (378,850)	-1.26%	\$ 28,407,129	\$ 1,317,239	4.64%
Revenue Over/(Under) Expenses	-	-	(3,797,984)	(4,086,095)		(2,671,314)	(1,126,669)	

Washtenaw County Community Mental Health
FY 2019 Budget Amendment
Combined Finance and Program Committee - March 11, 2019

	FY 2019 Budget			FY 2019 - Year to Date				
	Original Budget	Budget Amendment	Budget Increase (Decrease)	YTD Original Budget	Budget Amendment YTD	YTD Actuals	YTD Actuals Over/(Under) Amended Budget	% O(U)
Operating Revenue								
PIHP Revenue								
Medicaid Capitation:	\$ 68,673,590	\$ -	\$ (68,673,590)	\$ 22,891,197	\$ -	\$ -	\$ -	0.00%
State Plan/B3	-	37,898,761	37,898,761	-	12,632,920	12,486,137	(146,783)	-1.16%
HSW	-	23,510,004	23,510,004	-	7,836,668	7,694,003	(142,665)	-1.82%
Healthy Michigan Capitation	7,043,374	4,001,682	(3,041,692)	2,347,791	1,333,894	1,447,032	113,138	8.48%
Autism Capitation	3,006,863	2,951,725	(55,138)	1,002,288	983,908	1,064,666	80,758	8.21%
Anticipated Medicaid Revenue		10,361,681	10,361,681	-	3,453,894	-	(3,453,894)	-100.00%
TOTAL PIHP Revenue	\$ 78,723,827	\$ 78,723,853	\$ 26	\$ 26,241,276	\$ 26,241,284	\$ 22,691,839	(3,549,446)	-13.53%
MDHHS Revenue								
State General Funds	\$ 3,147,193	\$ 3,147,193	\$ -	\$ 1,049,064	\$ 1,049,064	\$ 1,052,806	\$ 3,742	0.36%
Medicaid Fee for Service	820,235	820,235	-	273,412	273,412	163,578	(109,833)	-40.17%
Grants & Earned Contracts	2,224,209	3,509,117	1,284,908	741,403	1,169,706	523,000	(646,705)	-55.29%
All Other Revenue								
County Appropriation	\$ 1,693,272	\$ 2,185,277	\$ 492,005	\$ 564,424	\$ 728,426	\$ 565,413	\$ (163,013)	-22.38%
Project Revenue	751,000	751,000	-	250,333	250,333	250,644	310	0.12%
All Other	1,172,977	1,172,977	-	390,992	390,992	679,104	-	0.00%
TOTAL Operating Revenue	\$ 88,532,713	\$ 90,309,652	\$ 1,776,939	\$ 29,510,904	\$ 30,103,217	\$ 25,926,384	\$ (4,464,945)	-14.83%
Operating Expenses								
Administrative Expenses								
General Administration	\$ 7,350,417	\$ 6,503,782	\$ (846,635)	\$ 2,450,139	\$ 2,167,927	\$ 2,366,650	\$ 198,723	9.17%
Program Administration	3,494,325	3,408,000	(86,325)	1,164,775	1,136,000	1,219,583	83,583	7.36%
Residential Services								
Community Living Supports	\$ 25,100,000	\$ 26,400,000	\$ 1,300,000	\$ 8,366,667	\$ 8,800,000	\$ 8,382,742	\$ (417,258)	-4.74%
Licensed Residential	11,100,000	11,500,000	400,000	3,700,000	3,833,333	3,733,133	(100,200)	-2.61%
Outpatient Services								
Autism Services	\$ 2,587,000	\$ 2,850,000	\$ 263,000	\$ 862,333	\$ 950,000	\$ 1,078,071	\$ 128,071	13.48%
Case Management	4,816,278	4,816,278	-	1,605,426	1,605,426	1,650,493	45,067	2.81%
Supports Coordination	2,354,878	2,354,878	-	784,959	784,959	759,247	(25,712)	-3.28%
Skill Building	5,979,556	5,979,556	-	1,993,185	1,993,185	2,065,174	71,988	3.61%
Supported Employment	1,747,546	1,747,546	-	582,515	582,515	667,143	84,628	14.53%
Psychiatry	2,747,242	2,747,242	-	915,747	915,747	965,009	49,262	5.38%
Nursing Services	2,282,899	2,282,899	-	760,966	760,966	751,453	(9,513)	-1.25%
Therapy Services	1,804,501	1,804,501	-	601,500	601,500	615,268	13,768	2.29%
All Other	8,476,214	7,938,205	(538,009)	2,825,405	2,646,068	2,577,747	(68,321)	-2.58%
Other Expenses								
Community Inpatient	\$ 5,400,000	\$ 5,400,000	\$ -	\$ 1,800,000	\$ 1,800,000	\$ 1,921,991	\$ 121,991	6.78%
Local Matches & Shelter	1,282,838	1,282,838	-	427,613	427,613	447,662	20,050	4.69%
Grants & Earned Contracts	2,009,019	3,293,927	1,284,908	669,673	1,097,976	523,001	(574,975)	-52.37%
TOTAL Operating Expenses	\$ 88,532,713	\$ 90,309,652	\$ 1,776,939	\$ 29,510,904	\$ 30,103,217	\$ 29,724,368	\$ (378,850)	-1.26%
Revenue Over/(Under) Expenses	-	-	-	-	-	(3,797,984)	(4,086,095)	

**COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES**

February 13, 2019



Members Present: Judy Ackley, Greg Adams, Charles Coleman, Susan Fortney, Roxanne Garber, Sandra Libstorff, Charles Londo, Sharon Slaton, Ralph Tillotson

Members Absent: Martha Bloom, Gary McIntosh, Caroline Richardson

Staff Present: Connie Conklin (phone), Jane Terwilliger, Kathryn Szewczuk, Stephannie Weary, Lisa Jennings (phone), James Colaianne, Suzanne Stolz, Marci Scalera, Kristen Ora

Others Present: Laurie Lutomski, Maureen Stapleton

I. Call to Order
Meeting called to order at 6:00 p.m. by Board Chair C. Londo.

II. Roll Call
• A quorum of members present was confirmed.

III. Consideration to Adopt the Agenda as Presented

**Motion by R. Tillotson, supported by C. Coleman, to approve the agenda
Motion carried**

IV. Consideration to Approve the Minutes of the January 9, 2019 Regular Meeting and Waive the Reading Thereof

**Motion by R. Tillotson, supported by S. Fortney, to approve the minutes of January 9, 2019 Regular Meeting and waive the reading thereof
Motion carried**

V. Audience Participation
None

VI. Old Business

a. February Finance Report

- S. Stolz presented. Discussion followed.

b. CEO Performance Review Committee Report

- The committee met with Maureen Stapleton today. M. Stapleton is President of Community Enterprises LLC and will be administering the CEO 360-degree evaluation.
- M. Stapleton anticipates the survey being completed by 3/1/2019.
- Board Chair C. Londo submitted the following recommendation, as read aloud in its entirety by S. Weary:

“In accordance with the Board Action dated December 12, 2018, approving an appropriation of an amount not to exceed \$5,000. The Performance Evaluation Committee has retained the services of Maureen Stapleton, Community Enterprises LLC, to assist in conducting a 360-degree performance evaluation of Executive Director Jane Terwilliger. The Committee has met and reviewed the documents that will be used in the performance of this evaluation and has provided them to the Board for input and review.

Per the employment contract between the Board of Directors of the CMHPSM and the Executive Director Jane Terwilliger, “the employer may complete a performance evaluation of the employee at the end of her first six (6) months of employment and annually thereafter” {section IV (A)(1)}.

The Committee agrees that the 360-degree evaluation documents meet the objective of the employment contract Section IV (A)(1) and recommends that Community Enterprises LLC be authorized to begin the evaluation process.”

Motion by R. Garber, supported by C. Coleman, to retain the services of Maureen Stapleton, Community Enterprises LLC, to assist in conducting a 360-degree performance evaluation of Executive Director Jane Terwilliger
Motion carried

VII. New Business

a. Board Action Requests

Consideration to approve the Monroe CMH vendor contract as presented

Motion by R. Tillotson, supported by J. Ackley, to approve the Monroe CMH vendor contract as presented
Motion carried

Ackley	Y	Libstorff	Y
Adams	Y	Londo	Y
Bloom	Absent	McIntosh	Absent
Coleman	Y	Richardson	Absent
Fortney	Y	Slaton	Y
Garber	Y	Tillotson	Y

Consideration to approve the use of Block Grant funding where allowable and appropriate for Monroe CMH Access Services and Marie’s House of Serenity

Motion by R. Tillotson, supported by R. Garber, to approve the use of Block Grant funding where allowable and appropriate for Monroe CMH Access Services and Marie's House of Serenity

Motion carried

Ackley	Y	Libstorff	Y
Adams	Y	Londo	Y
Bloom	Absent	McIntosh	Absent
Coleman	Y	Richardson	Absent
Fortney	Y	Slaton	Y
Garber	Y	Tillotson	Y

b. Board Action Request

Consideration to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY18

- K. Ora presented.

Motion by S. Fortney, supported by J. Ackley, to approve the Annual Summary and Evaluation of the Quality Assessment and Performance Improvement Program (QAPIP) for FY18

Motion carried

c. Board Action Request

Consideration to approve the annual plan for the Quality Assessment and Improvement Program (QAPIP) for FY19

- K. Ora presented.

Motion by C. Coleman, supported by G. Adams, to approve the annual plan for the Quality Assessment and Improvement Program (QAPIP) for FY19

Motion carried

VIII. PIHP CEO Report to the Board

- Oversight Policy Board minutes were included in the Regional Board meeting packet.
- J. Terwilliger's reported included updates on rate setting, MDHHS's new plan for monitoring PIHPs and CMHs, progress in hiring a CIO, and CMHPSM staff retirements.

IX. Adjournment

Motion by C. Coleman, supported by R. Tillotson, to adjourn the meeting

Motion carried

Meeting adjourned at 6:58 p.m.

Judy Ackley, CMHPSM Board Secretary

DRAFT

2019 WCCMH Board and Board Committees (term of 4/1/18-3/31/19)-DRAFT

	Executive		Budget-Finance		Program-Quality		Regional		CARES	Officers
	Current	Suggested	Current	Suggested	Current	Suggested	Current	Suggested	Suggested	
Suzie Antonow					X	X				
Martha Bloom	X	X	X	X			X			Secretary
Felicia Brabec	X	X							X	
Carly Collins	X	X	X	X					X	Treasurer/Budget-Finance Committee Chair
Mark Creekmore	X	X	X	X	X	X			X	
Anna Dusbiber			X	X	X				X	
Nancy Graebner					X	X		X		
John Martin	X	X							X	Board Chair/Executive Committee Chair
Caroline Richardson							X	X		
Katie Scott				X				X		
Patricia Spriggel					X	X				
Kari Walker	X	X			X	X			X	Vice Chair/Program-Quality Committee Chair
Doug Strong (ex-officio Budget-Finance member only)			X	X						

total current assigned to Committees	6	6	5	6	6	5	3	3	6
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# board members required for committee-per Bylaws	7 (4 officers, 2 additional board members and immediate past board chair**) (Executive Director is an ex-officio member)	5 (Treasurer and not less than 3 other Board members) **Doug Strong appointed as Budget-Finance Committee member only	4 (Vice Chair and not less than 3 other board members)	3 (per PIHP)	Can include non-board members. majority of membership consists of members of the board.
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Quorum for committees	4/7	3/5	4/6	2/3 of membership present
Quorum for Board is 7 out of 12				

PROPOSED QUARTERLY MEETING TIMES

COMBINED BUDGET-FINANCE AND PROGRAM-QUALITY	1:00-2:30
EXECUTIVE COMMITTEE	2:30-3:30
CARES	3:30-4:30

2019 WCCMH Board and Board Committees (term of 4/1/18-3/31/19)-DRAFT

	Executive		Budget-Finance		Program-Quality		Regional		CARES	Officers
	Current	Suggested	Current	Suggested	Current	Suggested	Current	Suggested	Suggested	
Suzie Antonow					X	X				
Martha Bloom	X	X	X	X			X			Secretary
Felicia Brabec	X	X							X	
Carly Collins	X	X	X	X					X	Treasurer/Budget-Finance Committee Chair
Mark Creekmore	X	X	X	X	X	X			X	
Anna Dusbiber			X	X	X				X	
Nancy Graebner				X	X	X				
John Martin	X	X							X	Board Chair/Executive Committee Chair
Caroline Richardson							X	X		
Katie Scott				X				X		
Patricia Spriggel					X	X				
Kari Walker	X	X			X	X			X	Vice Chair/Program-Quality Committee Chair
Doug Strong (ex-officio Budget-Finance member only)			X	X						

total current assigned to Committees	6	6	5	7	6	5	3	3	6
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# board members required for committee-per Bylaws	7 (4 officers, 2 additional board members and immediate past board chair**) (Executive Director is an ex-officio member)	5 (Treasurer and not less than 3 other Board members) **Doug Strong appointed as Budget-Finance Committee member only	4 (Vice Chair and not less than 3 other board members)	3 (per PIHP)	Can include non-board members. majority of membership consists of members of the board.
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PROPOSED QUARTERLY MEETING TIMES

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