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) MILLAGE ADVISORY COMMITTEE (MAC) MEETING AGENDA
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Michigan Conference Room
July 8, 2019
4:00pm-5:00pm

I. Introductions (5 minutes)

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

III. Millage Advisory Committee minutes ACTION (5 minutes)
- Millage Advisory Committee meeting minutes and actions 6/10/19 (Attachment #1)

IV. Discussion Items (15 minutes)
- Communication Plan feedback (Attachment #2)

V. Old Business
- None

VI. New Business (25 minutes)
- Community Mental Health Advisory Committee (CMHAC) Recommendations (Attachment #3)
- Millage Process, Investments, and Progress Presentation (Attachment #4)

VII. Items for Future Discussions (5 minutes)
- Process Development for Requests for Millage Funds
- Housing RFP

VIII. 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 AGENCY (WCCMH) MILLAGE ADVISORY COMMITTEE MEETING MINUTES DRAFT
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Huron Conference Room
June 10, 2019 3:30pm


MEMBERS ABSENT: D. Jackson, K. Walker


OTHERS PRESENT: M. Creekmore, L. Lutomski, K. Holman, R. Jefferson

J. Martin, WCCMH Board Chair called the meeting to order at 3:30 pm.

I. Introductions
   • The Millage Advisory Committee members introduced themselves

II. Audience Participation
   • None

III. New Business
   • Identifying Millage Advisory Committee Chair
     o J. Martin stated that the WCCMH Executive Committee appointed N. Graebner as the Millage Advisory Committee Chair pending approval by the WCCMH Board at the June 21, 2019 meeting.


MOTION CARRIED

   • Meeting Frequency
     o T. Cortes stated that the original plan was for the committee to meet quarterly but after much thought the WCCMH Board would like to have the committee meet either bi-monthly or monthly meetings.
     o Decision from the committee to meet monthly on the 2nd Monday from 4-5pm and then possibly move to bi-monthly meetings as projects are established.

   • Communication Plan
     o L. Gentz presented the Communication Plan to the committee.
     o The CMHAC recommendation document was emailed to the committee members for their review.
     o This committee will review the Communication Plan document and have further discussion at the July 8th meeting.
IV. Discussion Items

- Process Development for Requests for Millage Funds
  - L. Gentz presented the process to request Millage Funds for the committee to review.
  - Suggestion to have an identical structure on all funding applications to ensure that they are comparable. Some suggestions to include on the application were:
    - What are the guidelines?
    - Potential conflict of interest statements from applicants
    - Expectations of the grant recipient
    - What is the frequency of the improvement updates (annually/monthly/etc.)?
    - Spending timeline and what will happen with excess funding if not used during the timeframe agreed upon.
  - Suggestion to use caution about how information is promoted. Decision to have promotional information dispersed through this committee instead of the recipients.

- CARES team update
  - There have been approximately 200 referrals that came in mainly through the Access Department with some referrals also coming from the local emergency rooms and Packard Health.
  - Staff have engaged and assessed about 100 of the 200 referrals from Ypsilanti, Ann Arbor, Pittsfield Township, Dexter and Chelsea areas.
  - Majority of clients served meet the mild to moderate population.
  - This program is diverting a lot of people from the hospitals
  - There are 6 Peer Support Specialists on the team
  - There are 2 sites in Chelsea, 2 in Manchester, 1 in Dexter, 1 potential site in Northfield Township and possibly an additional site in Ypsilanti to expand the service sites
    - Anti-stigma campaign
      - This Project launched with Public Health who is developing a survey.
      - Focusing on youth for the first 2 years of the campaign
    - OCED is getting close to finalizing language on the crisis housing, transitional and permanent housing RFP.
    - Able Change
      - There is another meeting in September which could help to review some other opportunities
    - Youth Mapping
      - The Planning Committee is meeting this week to look at the over representation with youth on substance use and Mental Health issues within the Judicial System.

V. Items for Future Discussion

- If requests don’t fit within the Millage program look at what other supports are out there.
- Communication plan
- Provide metric sheet on number served-M. Tasker
- Determine responsibilities, authority and roles for this committee as delegated by the WCCMH Board.

VI. Meeting adjourned at 4:30pm
Proposed Target Audiences.

1. **High-risk populations.** Teenagers and young adults; individuals with co-occurring conditions; individuals with moderate to severe mental health conditions; individuals who are uninsured or under-insured

2. **Traditionally under-served populations.** Individuals who live and work in traditionally under-served urban and rural communities; individuals who experience barriers and need assistance connecting to appropriate community resources; individuals with limited economic and social resources

3. **Key stakeholders.** Individuals across the county who work closely with those who live with mental health and substance use disorders

Strengths.
- Millage financial resources and CCBHC grant
- Numerous mental health and substance use disorder providers across the county and myriad social and health service providers
- Highly educated and aware community
- High insurance rate, on average, across the county

Weaknesses.
- High socioeconomic and geographic health disparities across county
- Systemic underfunding of Michigan’s public mental health system
- Complex treatment system can be difficult for residents to navigate
- Low reimbursement rates for providers who work with Medicaid and Healthy Michigan Plan enrollees

Opportunities.
- Numerous opportunities for collaboration with well-established agencies and entities across the county
- Evidence-based best practices to enhance service and equity objectives
- Grant opportunities to advance integration and outcomes

Threats.
- Millage may not be renewed
- Agency Medicaid budget deficit continues due to chronic underfunding

Proposed Communications Objectives.

**Washtenaw County residents and stakeholders—particularly high-risk and traditionally under-served populations—will:***

1. Understand how to quickly and easily access a broad range of evidence-based mental health and substance use services--from prevention services to treatment and recovery services--through WCCMH.

2. Understand millage-supported services that are launched and led by the county’s government entities, nonprofit organizations, and health and human services providers.
3. Be ready and empowered to support individuals with mental health disorders, substance use disorders, and co-occurring conditions.
4. Have opportunities to share their experiences with, and suggest improvements to, the county’s mental health safety net.
5. Have the information they need to objectively assess the millage’s impact on the community.

With a focus on reaching Washtenaw County residents and stakeholders—and with special attention to equity including high-risk and traditionally underserved populations—we propose:

Proposed Strategies.

**Strategy 1.** Promote behavioral health services provided by WCCMH.

**Strategy 2.** Promote millage-supported services that are launched and led by WCCMH and other organizations and entities across the county.

**Strategy 3.** Develop and disseminate anti-stigma campaigns and other educational programs to enhance prevention.

**Strategy 4.** Create ways for residents and key stakeholders to share their experiences with, and suggest improvements to, the county’s BH safety net.

**Strategy 5.** Share quantitative and qualitative data to illuminate the millage’s impact on the community.

Proposed Tactics: Preparation and Publications.

**Preparation.** Develop contact lists for key community stakeholders, media representatives, local government leaders, and other interested parties and invite them to receive periodic millage updates.

**Preparation.** As WCCMH staff work collaboratively with local agencies and entities, and as millage funds are invested to support new initiatives, provide communications support to boost visibility.

**Preparation.** Subcontract anti-stigma work with trusted community outlet and support efforts to collect input from urban and rural areas to shape campaigns. Develop new, evidence-based educational programs.

**Preparation.** Benchmark the feedback mechanisms employed by CMH providers in best-practice communities across the state and nation.

**Preparation.** Develop a list of key metrics and consistent data collection methods as well as a report format to share key metrics about millage-funded initiative outcomes.

**Publications.** Develop reports and news stories about WCCMH’s new and ongoing initiatives.

**Publications.** Write news stories about millage-funded initiatives.

**Publications.** Write news stories about educational programs and anti-stigma efforts.

**Publications.** Assemble anonymized feedback annually and share internally to inform future activities.

**Publications.** Develop annual report with data and infographics for distribution to key audiences.
Proposed Tactics: Promotion.

**Strategy 1.** Promote behavioral health services provided by WCCMH.

- Send e-newsletter quarterly with news about new and ongoing WCCMH activities.
- Develop and disseminate four press releases annually to local media.
- Share e-newsletter stories via WCCMH Facebook, Twitter, and Instagram accounts.
- Use social promotion—paid social media advertising—to enhance the reach of posts describing key initiatives.
- Redesign WCCMH website to make it easier for key audiences to find the services and educational materials they need.

**Strategy 2.** Promote millage-supported services that are launched and led by WCCMH and other organizations and entities across the county.

- Develop stories about millage-funded initiatives and share in quarterly e-newsletter.
- Work with partners on press releases, as appropriate.
- Share stories via WCCMH Facebook, Twitter, and Instagram accounts.
- Use social promotion—paid social media advertising—to enhance the reach of posts describing key initiatives.
- Create one or more new pages on WCCMH website to help key audiences locate millage-funded programs run by other entities.

**Strategy 3.** Develop and disseminate anti-stigma campaigns and other educational programs to enhance prevention.

- Highlight anti-stigma work and educational programs in quarterly e-newsletters.
- Promote this work via WCCMH Facebook, Twitter, and Instagram accounts.
- Use social promotion—paid social media advertising—to enhance the reach of posts.
- Create one or more new pages on WCCMH website to help key audiences locate millage-funded programs.

**Strategy 4.** Create ways for residents and key stakeholders to share their experiences with, and suggest improvements to, the county’s BH safety net.

- Announce collaborative activities and feedback mechanisms via e-newsletter and social media, as appropriate.
- Promote annual report through e-mail and print outlets.
- Share data from report via WCCMH Facebook, Twitter, and Instagram accounts.
- Create one or more new pages on WCCMH website to help key audiences locate annual report and associated data about millage-funded activities.

**Strategy 5.** Share quantitative and qualitative data to illuminate the millage’s impact on the community.

- Highlight anti-stigma work and educational programs in quarterly e-newsletters.
- Promote this work via WCCMH Facebook, Twitter, and Instagram accounts.
- Use social promotion—paid social media advertising—to enhance the reach of posts.
- Create one or more new pages on WCCMH website to promote educational programs.
Proposed Measures.

**Strategy 1.** Promote behavioral health services provided by WCCMH.

- # of people receiving e-newsletters; # of opens, clicks, and downloads.
- # of press releases sent each year; # of positive stories released by local media outlets.
- Website analytics including # of users, amount of time spent on site, etc.
- Social media metrics including # of followers, likes, posts, engagements, etc.

**Strategy 2.** Promote millage-supported services that are launched and led by WCCMH and other organizations and entities across the county.

- # of people receiving e-newsletters; # of opens, clicks, and downloads.
- # of press releases sent each year; # of positive stories released by local media outlets.
- Website analytics including # of users, amount of time spent on site, etc.
- Social media metrics including # of followers, likes, posts, engagements, etc.

**Strategy 3.** Develop and disseminate anti-stigma campaigns and other educational programs to enhance prevention.

- Proposed: # of campaign pieces developed and # of individuals and organizations shared with.
- Proposed: Social media metrics including # of followers, likes, posts, engagements, etc.
- # of individuals attending educational programs.
- Feedback collected after educational programs.
- # of individuals who go on to teach programs of their own following training.

**Strategy 4.** Create ways for residents and key stakeholders to share their experiences with, and suggest improvements to, the county’s BH safety net.

- # of people and organizations that participate in planning and design activities.
- # of people who provide anonymized feedback.
- Regular review of feedback and continuous quality improvement.

**Strategy 5.** Share quantitative and qualitative data to illuminate the millage’s impact on the community.

- # of people receiving annual report; # of opens, clicks, and downloads.
- Website analytics including # of page visitors, amount of time spent, etc.
Community Mental Health Advisory Committee Recommendations
June 26, 2018, amended by CMH Board July 20, 2018
BACKGROUND

In November 2017, Washtenaw County residents voted 2-to-1 in support of an eight year millage for improved access and more effective health care for persons living with mental illness and substance use disorders.

The millage resolution identified these four categories of services:

- **Prevention**: Support mental health awareness, prevention, and early intervention programming in partnerships with families, schools, faith communities, libraries, law enforcement, and health care providers.
- **Crisis**: Offer immediate mental health and substance use disorder crisis assessment, referral, treatment and support diversion from jail, emergency departments, and inpatient stays. Enhance support services post crisis engagement.
- **Stabilization**: Provide services that stabilize and support recovery and enhance quality of life for adults and youth regardless of insurance status. Reach to individuals who do experience obstacles to securing helpful services: lack of resources, homelessness, distrust, and stigma.
- **Jail Services**: Enhance mental health and substance use disorder assessment and treatment in the jail. Support diversion options and offer expanded education and support to first responders.

County millage resources for mental health services are expected to generate between 5 and 6 million annually per year, beginning in 2019.

To develop recommendations for detailed, well informed mental health millage investments, the County Board of Commissioners launched the Community Mental Health Advisory Committee (CMHAC), a group made up of community members, service providers, and elected officials who bring a diversity of subject matter expertise, skills, lived experiences, and community relationships.

These recommendations developed by CMHAC are being sent to the Community Mental Health Board in June 2018 for review and then to the Board of Commissioners in September 2018.
CMHAC PROCESS and APPROACH TO RECOMMENDATIONS

CMHAC had six working sessions between February 23 and May 29, 2018. The CMHAC process involved the following:

▪ Developed a vision of success, guiding principles/success factors and risk factors in accomplishing their charge;
▪ Reviewed analyses of gaps and needs within the mental health and substance use disorder system of care, based on sources developed between 2015-2018;
▪ Reviewed written resources, and participated in learning sessions regarding the healthcare environment, effective planning and service approaches, and local and national health disparities in access and services, among others;
▪ Participated in interviews and a survey to help develop draft recommendations.

Committed to learning from the community and to ensure transparency in the process, CMHAC hosted four (4) Community Conversations, and also received counsel and input from many collaboratives across the community. Additionally members of the CMH Board and leadership staff hosted a fifth Community Conversation on May 29. Total attendees at these sessions exceeded 200 persons. These themes emerged from community members when asked about their visions of success for millage investments:

● Community is aware, has easy access to needed information about services and resources;
● Stigma is reduced;
● Enhanced integration and coordination across the whole system;
● There is improved equity across the county: there are accessible services and supports within each community;
● There are increased and enhanced services. Most commonly cited were:
  ○ Capacity for quicker psychiatric assessment and outpatient therapy services
  ○ Crisis Center
  ○ Faster crisis response
  ○ Prevention resources: community centers, safe space for teens, outreach to isolated seniors, in-school supports
  ○ Peer-based, community-based services
  ○ More youth services: peer to peer supports, socio-emotional education, outpatient and inpatient
  ○ Suicide prevention, especially for youth
  ○ Stable and supportive housing
  ○ More inpatient, residential beds
COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

Based on CMHAC guiding principles, success factors, and counsel offered during Community Conversations, the following strategies became primary in the development of investment recommendations:

- Use the millage resources to serve all regardless of insurance status.
- Leverage the millage planning and limited resources to secure other sources of funding for more impact: Third Party Payers, HUD, SAMHSA, foundations, etc.
- Use investments to serve the entire county, within and beyond the urban centers.
- Target additional millage resources to serve persons, families, and areas with high levels of disparity and risk:
  - Youth*
  - Persons with moderate to severe mental health and co-occurring illnesses/disabilities who are uninsured or underinsured
  - Zip Codes which are underserved/high levels risk & disparity or both - 48197, 48198, 48189
  - Persons with very low economic and/or social resources
- Build on current demonstrated capacity and expertise in the community, optimizing community partnerships, especially with other sources of funding.
- Invest in community based prevention work and services, as well as traditional services and supports.
- Reserve some millage resources for needs and opportunities that are uncovered during planning processes and initial expansion of services.

* May be able to also use other funding streams available through educational resources; foundations; or current state and local efforts

It is expected that over the next few months, that WCCMH, as the lead agency will provide a more specific framework for how and when the millage dollars will be spent AND will commence planning and coordination with key partners to explore how to jump start some of the most critically needed services in our community; e.g., injection services or expanded integrated care or youth counseling.
COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

OVERVIEW: CMHAC VISION AND RECOMMENDED INVESTMENTS

<table>
<thead>
<tr>
<th>CMHAC VISION &amp; OUTCOMES</th>
<th>RECOMMENDED INVESTMENTS</th>
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<tbody>
<tr>
<td><strong>What does success look like in six years?</strong></td>
<td><strong>1.</strong> ACCESS Plus, Crisis Center and Stabilization Services, Planning And Integration of the System of Care</td>
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<td></td>
<td><strong>2.</strong> Youth Services, Planning</td>
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<td><strong>3.</strong> Substance Use Disorder, Planning</td>
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<tr>
<td>Comprehensive, integrated system of care in place</td>
<td><strong>4.</strong> Expand outreach services and maximize use of peer supports</td>
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<td><strong>5.</strong> Expand prevention services for youth</td>
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<tr>
<td></td>
<td><strong>6.</strong> Implement ACCESS Plus &amp; Crisis Center &amp; Stabilization Services</td>
</tr>
</tbody>
</table>
| | **7.** Expand access to MH/SUD services  
| | A. Expand Injection Clinic/Services  
| | B. Expand Integrated Care  
| | C. Expand counseling services for youth  
| | D. Expand SUD, including Opioid Use Treatment Services |
| | **8.** Increase supportive housing services |
| | **9.** Implement robust communication initiative. |
| | **10.** Develop evaluation plan; track and communicate outcomes |
| | **11.** Administer millage |
| **▪** Services are accessible, based on need, not insurance  
| **▪** Services are community based, culturally aware and competent  
| **▪** Outreach to those who face obstacles to securing services  
| **▪** Early identification of needs and intervention  
| **▪** Easy finding information on needed services  
| **▪** Helpful crisis options: Non-jail, Non-ER, MH/SUD assessment, immediate support, post crisis services  
| **▪** Decrease in suicides  
| **▪** Less demand on jails, courts, ERs, shelter  
| **▪** Enhanced support for co-occurring illnesses  
| **▪** Choices for treatment approach and provider  
| **▪** Reliable supportive services to maintain housing | **EXPAND SERVICES** |
| | **10.** Develop evaluation plan; track and communicate outcomes |
| | **11.** Administer millage |
| | **▪** Increased awareness of mental health issues  
| | **▪** Less stigma for Mental Health/SUD illnesses  
| | **▪** Enough capacity to deliver services  
| | **▪** Services are cost effective  
| | **▪** Strong, continued community support | **EVALUATE & COMMUNICATE** |
COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

CONTEXT FOR MEASURES AND COST ESTIMATES To support the ability to make effective recommendations, CMHAC sought initial measures of success and high level cost estimates associated with the recommendations. It is expected that demand, service approaches, measures of success, and cost estimates will be examined, verified, and/or refined, by collaborative planning processes with lead organizations and partner providers over the coming 6-18 months. It is expected that planning dollars will be used judiciously and millage dollars are primarily reserved to increase services.

MEASURES OF SUCCESS

The measures noted in the following pages serve as illustrative examples of the direction that measures will take. Many important measures of success will first need to establish baselines to be useful. Some measures will need multi-year analysis to provide meaningful information to guide adjustments in services or investment (e.g. decrease in demand for crisis services, population health outcomes, among others.) In the first few years of the millage, milestones and “leading process indicators” will be developed and used more often. These will be tracked and communicated until longer range outcome measures are available.

It is expected that measures should help the community understand how these investments are affecting all four quadrants of “Quadruple Aim”

● population health outcomes
● person/client experience and satisfaction
● provider experience and satisfaction
● cost effectiveness

Measures should leverage those already in use by WCCMH and by community providers. Tracking of selected common measures (e.g. community service standards) would be requirements for all who are delivering services with millage resources. Responsibility for this work is included in the evaluation component outlined in these recommendations.

COST ESTIMATES

These dollar ranges are based on assumptions of demand and of service strategies. These assumptions need review and refinement with providers, human resource and finance professionals. These will be tested, refined and made more specific in planning sessions with lead organizations and provider partners in summer 2018, and in planning, integration, and evaluation work outlined in the recommendations.

HEALTH CARE FUNDING ENVIRONMENT

These recommendations are based on today’s revenue streams and requirements for use. We know that there are potential shifts in Medicaid funding approaches and there are substantive federal grants, via SAMHSA, HUD and others, that could affect resources available in Washtenaw County. These recommendations would be re-evaluated as changes in funding approaches and/or revenue streams become evident.
## COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

**RECOMMENDATIONS**

### PLAN & INTEGRATE  
**cost estimate: 500-700K total for 3 years**

<table>
<thead>
<tr>
<th>Investment</th>
<th>Persons Served</th>
<th>Milestones, Expected Measures</th>
<th>Expected Lead, Partners, 3 Year Cost Estimate</th>
</tr>
</thead>
</table>
| **1. ACCESS Plus, Crisis Center and Stabilization Services, Planning and Integration** | • Entire County  
• All Ages  
• Insurance Agnostic | • Comprehensive Planning completed includes:  
  o implementation strategies and  
  o evaluation metrics | Lead: WCCMH with contractual support, expected to be multi-year e.g. IHI, Community Solutions, Lewin Group  
Partners: e.g. CMHPSM, Packard Health, Avalon, Ozone, Corner, Hospitals, Law Enforcement  
$250K-350K, not carried into Year 4 |
| **2. Youth Services, Planning** | • Entire County  
• All Ages  
• Insurance Agnostic | • Comprehensive Planning completed includes:  
  o implementation strategies and  
  o evaluation metrics | Lead: WACY/WISD with contractual support  
Partners: e.g. schools, WCCMH Youth Services, Ozone, Corner, Depression Center, RAHS, Avalon, CAN  
$250K-350K, not carried into Year 4 |
| **3. Substance Use Disorder, Planning** | • Entire County  
• All Ages  
• Insurance Agnostic | • Action teams working towards implementation with measures of success in place  
• An accountability structure with plans for monitoring action team activity | Lead: WHI/ SIM - process is underway  
Partners: multiple as id’d in ABLe Change process  
Year One: funded by SIM - No millage dollars identified at this time |
## COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

**EXPAND SERVICES:** Cost estimate: 11M to 16.6M total for 3 years  
All services are accessible regardless of insurance.

<table>
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<tr>
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<th>Expected Lead, Partners, 3 Year Cost Estimate</th>
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</table>
| 4. Expand outreach services and maximize use of peer supports & community health workers | • Entire County with focus on persons/families with high levels of disparity & risk | • Initial baseline measures to be developed  
• Earlier access to needed services  
• Increase in client/patient/family satisfaction  
• Decrease in persons experiencing homelessness  
• Increase in at-risk, isolated persons being served  
• Decrease cost/capita | Lead: TBD  
Partners: e.g. NAMI, PORT/Path, Schools, Fresh Start, Full Circle, Avalon, Packard Health, CAN, Parkridge, Northfield, and West Willow Community Centers, Delonis Center  
$900K-1.1M |
| 5. Expand prevention services for youth. | • Entire County with focus in areas with high levels of disparity & risk | • Initial baseline measures to be developed  
• Timely access to assessment and services  
• More schools develop and implement comprehensive MH/SUD plans  
• Increase screenings for depression/risk within the WISD. | Lead: WACY/WISD  
Partners: as identified in Youth Planning process  
$600K-1.2M |
| 6. Implement ACCESS Plus, Crisis Center & Stabilizing Services | • Entire County  
• All Ages  
• Insurance Agnostic | • Initial baseline measures to be developed  
• Improved crisis response time  
• Fewer people in unnecessary levels of institutional care or criminal justice system  
• Improve timely access to assessment and services  
• Increase in client/patient/family satisfaction  
• Understanding & documentation of costs across the system of care  
• Decrease cost/capita over time. | Lead: WCCMH  
Partners: e.g. Law Enforcement, Hospitals, Packard Health, Avalon, Home of New Vision, Dawn Farm, Ozone, Corner, Hospitals  
$6M-$10M |
COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

EXPAND SERVICES:  *The cost estimate for these investments is included on page 8.*  
*All services are accessible regardless of insurance.*

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</thead>
</table>
| 7. Expand access to MH/SUD treatment services | • Entire County  
• All Ages  
• Insurance Agnostic | • Fewer people in crisis and being hospitalized and/or involved in the criminal justice system  
• Decrease cost/capita | Lead: WCCCMH  
Partners:  
Cost included in estimate for ACCESS Plus |
| A. Expand Injection Clinic/Services | • Those with need for long acting antipsychotic medication | • Improve timely access to assessment and services  
• Cases/care distributed based on need & severity - may migrate as stabilized  
• Increase in client/patient/family satisfaction  
• Decrease cost/capita | Lead: Packard Health  
Partners: SJMHS and Michigan Medicine  
$1.2-2M not carried into Year 4 at this level |
| B. Expand Integrated care | • Eventually the entire county – early focus on zip codes 48197, 48198, & 48189 | • Increased access to services in non-detention setting  
• Fewer people in unnecessary levels of institutional care or criminal justice system | Leads: Ozone, Corner  
$675K-1.125M |
| C. Expand counseling services for youth | • High risk, high disparity youth, county wide eventually migrating to access to all youth | • Measures to be identified in the SUD Planning process and by Medication Assisted Treatment (MAT) service providers  
• Increased volume of opioid users in MAT  
• Decrease in accidental opioid deaths  
• Improved integration of MH and SUD services where appropriate | Leads: CMHPSM, WCCCMH  
Partners: multiple service providers across county  
Services and costs estimate needs input from planning process |
### COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

<table>
<thead>
<tr>
<th>8. Increase supportive housing services</th>
<th>• Persons with MH/SUD issues who are homeless or housing insecure</th>
<th>• Fewer persons/families experience or are at risk of homelessness</th>
<th>• Increase in person/family satisfaction</th>
<th>• Fewer people in unnecessary levels of institutional care or criminal justice system</th>
<th>Lead: WHA</th>
<th>Partners: Avalon, MAP, Ozone, Housing Commission, Delonis Center</th>
<th>$900K-1.2M</th>
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**EVALUATE & COMMUNICATE:** *cost estimate for 3 years: 600-850K*

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<tbody>
<tr>
<td>9. Communicate, educate and engage community</td>
<td>• Entire County</td>
<td>• County residents are familiar with how to learn about or access services</td>
<td>Lead: WCCMH with contractual support</td>
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<tr>
<td></td>
<td></td>
<td>• County residents understand millage investments and outcomes</td>
<td>Partners: NAMI, all agencies, County Admin, Board of Commissioners</td>
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<td></td>
<td>• Anti-stigma campaign is underway</td>
<td>$150K-250K</td>
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<td></td>
<td>• Educate and advocate for the stabilization of direct care workers</td>
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<tr>
<td>10. Evaluate outcomes</td>
<td>• Entire County</td>
<td>• Baselines are well developed</td>
<td>Lead: WCCMH with contractual support e.g. CHRT; Lewin Group</td>
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<td></td>
<td>• Evaluation measures are in place and outcomes communicated to the community.</td>
<td>Partners: all service providers using millage resources</td>
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<td>$150K-250K</td>
</tr>
<tr>
<td>11. Administer and leverage millage resources</td>
<td>• Entire County</td>
<td>• Projects and contracts are advanced on time</td>
<td>Lead: WCCMH, internal and portions possible via contractual</td>
</tr>
<tr>
<td></td>
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<td>• Other funding streams optimized; e.g., SIM, SAMHSA, FQHC, HUD</td>
<td>Partners: all service providers using millage resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Private funding secured</td>
<td>$300K-450K</td>
</tr>
</tbody>
</table>
**COST ESTIMATES**

- The high estimate noted here meets or exceeds forecasted revenue from the millage. More detailed planning will ensure this amount is not fully committed. A reserve will be held for needs and opportunities that are uncovered during planning processes and based on service demands.
- The range of costs noted above are based on assumptions of service strategies and demand. These assumptions need review and refinement with providers, human resource and finance professionals. These estimates will become more specific in planning sessions with CMH and community provider partners in summer 2018, and in ongoing planning and integration work.
- It is expected that millage dollars are “spared” where there are appropriate, robust partner services with additional funding streams and where clients/patients with insurance/third party payers will be appropriately billed.
COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

TIMELINE

Draft Timeline Initiative Implementation

2018

- Access Plus, Crisis & Stabilization & Youth Services & SUD—Organize System Planning & early adoption of improved services
- Expand MH/SUD Services – injections; integrated care; youth counseling outside detention
- Prepare for administrative needs incl. contract administration, communication plan; etc
- Track potential aligned funding streams; e.g., FHHCs, HUD, CCBBHC, SIM etc.
- Organize to seek private grant dollars through foundation support - partnerships favored

2019-22

- Access Plus, Crisis & Stabilization & Youth Services – System Planning begins in each include evaluation planning – and moves to fully scoped implementation 2020-21.
- Track Community Funding Streams; e.g., SIM, FHHC, HUD, CCBBHC, etc. - ongoing
- Expand MH/SUD Services – above continues; measure milestones/effectiveness & adjust as needed
- Expand supportive housing services
- Expand outreach services & deploy more peer support specialists and community health workers
- Begin to measure off 2018 baseline: ED visits; Inpatient stays; Incarceration/detention rates along with ongoing mandated measures

2023-26

- All above services continue
- Evaluation framework applied with standards of care established and measured across all partners and entities providing prevention; access, crisis, & stabilization services along with mandated measures
- Measurement dictates modification and/or further expansion of services as fewer people in crisis; less disparity in services by both race, ethnicity and geography; more people housed; barriers to care reduced - moving to community wide metrics of improvement.
INVESTMENTS NOT RECOMMENDED AT THIS TIME

There were several possible investments discussed, all were based on historically documented community issues and needs and also came forward in Community Conversations. Based upon either the interpretation of the millage language, capacity for impact within the limits of the millage, and/or because of more pressing priorities seen by CMHAC, these items were not recommended at this time:

1. Inpatient beds or residential treatment beds for adults or youth - Per gaps analysis and Community Conversations, it is clear that there are needs for increased access to inpatient beds and residential treatment, especially for youth within Washtenaw County. It is possible that some of this need could be addressed through collaborative analysis and adjustment of bed allocation. Additionally, because of the current lack of upstream services of a crisis center and/or ongoing services to support stabilization, beds are currently thought to be overused. The discussion of beds could be conducted after upstream services are put in place and the forecast for beds can be better predicted.

2. Wage increases - Given the size of the labor force, even a very modest adjustment in wages would result in the consumption of a significant part, if not all of the millage dollars, while likely not having a significant impact on the recruitment, retention, and quality of life of providers. Additionally, the pre-millage communication to the community was targeted to enhanced service needs, not wage increases. This was seen as a federal, state, and local issue that merits system level attention and action by governing and funding bodies at all levels.