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
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Michigan Conference Room
October 18, 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-8/16/19 (Attachment #1A)
   B. WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-8/12/19 (Attachment #1B)
   C. WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-9/9/19 (Attachment #1C)
   D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/12/19 (Attachment #1D)
   E. WCCMH Millage Advisory Committee Meeting Minutes and Actions-9/9/19 (Attachment #1E)
   F. WCCMH Executive Committee Meeting Minutes and Actions-6/10/19 (Attachment #1F)
   G. Contracts and Leases-9/9/19 (Attachment #1G)
   H. Contracts and Leases-10/7/19 (Attachment #1H)
   I. Executive Director Authorizations (Attachment #1I)
   J. CMHPSM Oversight Policy Board Re-appointment for Charles Coleman (Attachment #1J)
   K. WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/12/19 (Attachment #1K)
   L. WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/10/19 (Attachment #1L)
   M. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/14/19 (Attachment #1M)
   N. CMHPSM Credentialing for Licensed Independent Practitioners Policy (Attachment #1N)
   O. CMHPSM Self-Determination Policy (Attachment #1O)
   P. WCCMH FY2020 Annual Operating Budget (Attachment #1P)
   Q. WCCMH Quarterly Staff Newsletter (Attachment #1Q)
   R. WCCMH Celebration of Success & Staff Appreciation Flyer (Attachment #1R)

V. Treasurer's Report (10 minutes)
   • Financial Status Report (Attachment #2) ACTION

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

VII. Report from WCCMH Board Chair-J. Martin (15 minutes)

VIII. CMHPSM Regional Update (15 minutes)
   • August 14, 2019 meeting minutes (Attachment #3)
   • September 11, 2019 meeting minutes (Attachment #3A)
   • October 9, 2019 meeting update

IX. New Business (45 minutes)
   • WCCMH Board Stipends (10 minutes) C. Hedger
   • WCCMH Consumer Advisory Council Report (10 minutes) M. Hershberger
   • Youth Mapping Overview (Attachment #4 and #4A) (15 minutes) L. Gentz
   • WCCMH Executive Director Evaluation (Attachment #5) (10 minutes) J. Martin

X. Old Business
   • None

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
ATTACHMENT #1
SEPTEMBER 2019

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) BOARD

OCTOBER 18, 2019

CONSENT AGENDA

A. WCCMH Board Meeting Minutes and Actions-8/16/19
B. WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-8/12/19
C. WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-9/9/19
D. WCCMH Millage Advisory Committee Meeting Minutes and Actions-8/12/19
E. WCCMH Millage Advisory Committee Meeting Minutes and Actions-9/9/19
F. WCCMH Executive Committee Meeting Minutes and Actions-6/10/19
G. WCCMH Contracts and Leases 9/9/19
H. WCCMH Contracts and Leases 10/7/19
I. WCCMH Executive Director Authorizations
J. CMHPSM Oversight Policy Board re-appointment for Charles Coleman
K. WCCMH Consumer Advisory Council Meeting Minutes and Actions-6/12/19
L. WCCMH Consumer Advisory Council Meeting Minutes and Actions-7/10/19
M. WCCMH Consumer Advisory Council Meeting Minutes and Actions-8/14/19
N. CMHPSM Credentialing for Licensed Independent Practitioners Policy
O. CMHPSM Self-Determination Policy
P. WCCMH FY2020 Annual Operating Budget
Q. WCCMH Quarterly Staff Newsletter
R. WCCMH Celebration of Success & Staff Appreciation Flyer
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH BOARD MEETING MINUTES DRAFT
4135 Washtenaw Ave, Ann Arbor, MI 48108
Learning Resource Center, Michigan Room
August 16, 2019 9:30am


MEMBERS ABSENT: C. Richardson


J. Martin called the meeting to order at 9:31 am.

I. Introductions
   • J. Martin asked for everyone in attendance to introduce themselves to the WCCMH Board.

II. Audience Participation
   • J. Morgan, County BOC Chair, expressed his concern over the WCCMH budget that is being presented today and would like for the board to have an open mind with the amendments that K. Scott will be presenting later in the meeting.

III. Board response to audience participation
   • J. Martin thanked J. Morgan for his comments and stated that the WCCMH Board will look at the amendments once presented.

IV. Consent Agenda Actions
   • WCCMH Board Meeting Minutes and Actions-7/19/19
   • WCCMH Budget-Finance and Program-Quality Committee Combined Meeting Minutes and Actions-6/10/19
   • WCCMH Millage Advisory Committee Meeting Minutes and Actions-7/8/19

MOTION BY K. WALKER, SUPPORTED BY C. COLLINS TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH CONSENT AGENDA DATED AUGUST 16, 2019 AS PRESENTED.

MOTION CARRIED

V. Financial Status Report
   • N. Phelps reviewed the financial status report for the month ending June 30, 2019.
   • Medicaid Enrollees were 32,525 in June 2019.
   • Healthy Michigan Enrollees in June 2019 were 15,546.
• Medicaid consumers served through June 2019 are 3,735. This is 264 more consumers served than the same period last year.
• ABA Waiver consumers served through June 2019 were 210. This is 51 more consumers served than the same period last year.
• General Fund consumers served through June 2019 are 789. This is 40 more consumers served than the same period last year.
• Healthy Michigan consumers served through June 2019 are 1,053. This is 43 more consumers served than the same period last year.
• CLS costs to date are $20.0 Million. This is $223,000 over budget.
• Community Inpatient costs to date total $4.5 Million. This is $480,000 over budget.
• Licensed Residential costs to date are $8.4 Million. This is $211,000 under budget.
• Applied Behavior Analysis/Autism service costs to date are $2.7 Million. This is $595,000 over budget.
• Medicaid, Healthy Michigan and Autism funds are on budget.
• Financial performance by funding source:
  o Medicaid is showing a deficit of $5.2 Million.
  o Healthy Michigan is showing a deficit of $2.4 Million.
  o State General Funds is showing a deficit of $545,000.
  o Local Funds are showing a surplus of $110,000 through June 2019.
• WCCMH currently has no fund balance available for fiscal year 2019.

MOTION BY A. DUSBIBER, SUPPORTED BY C. COLLINS TO ACCEPT THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH TREASURERS REPORT FOR THE PERIOD OF JUNE 30, 2019.

MOTION CARRIED

VI. Executive Director Report
• T. Cortes presented the Executive Director report to the board.
• Lakeshore Region is in formal litigation with the state regarding contract termination.
• State has not released FY20 rates.
• State litigation is set for oral arguments on September 19, 2019
• Supplemental funding is pending FY20 budget release.

VII. CMHPSM Regional Update
• July 10, 2019 meeting minutes were reviewed.
• August 14, 2019 Regional update
  o T. Cortes presented the regional update to the WCCMH Board.
  o Regional CEO Search committee continues to meet, narrowed to 3 candidates for interview.
  o Regional PIHP offices will be relocating around December 2019

VIII. Old Business
• Millage Update
  o L. Gentz provided the millage update
CARES team continues to serve approximately 300 individuals between the ages of 8-77
Access/CARES has received 7,500 calls over the last month.
750 Towner construction has started, and the targeted open date is late Fall 2019.
Rural expansion continues to move forward. Currently there are 2 locations in Chelsea, and spaces identified in Manchester Schools and Dexter.
Whitmore Lake Schools may have 2 days a week with CARES staff.
Youth projects update
  ▪ Youth Mental Health Stigma, UMatter campaign begins in the Fall.
  ▪ The Trails Program is launching in Ypsilanti and Lincoln schools.
  ▪ The 31n project is moving forward in the Fall.
  ▪ Law Enforcement programs continue.
  ▪ The youth mapping data has been received, analysis of jail mental health/substance abuse services tentatively suggests that Washtenaw is ahead of other counties in the state providing these services.
The Anti-stigma Campaign will be reviewed at the Millage Advisory Committee (MAC) meeting in September
Continued work on the Request for Proposal (RFP) for supportive housing
Continued work on community education campaign.

FY2019 WCCMH Final Budget Amendment
  N. Phelps presented the FY2019 WCCMH Final Budget Amendment to the WCCMH Board.

MOTION BY A. DUSBIBER SUPPORTED BY C. COLLINS TO APPROVE THE FY2019 WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FINAL BUDGET AMENDMENT AS PRESENTED.

MOTION CARRIED

IX. New Business
  • WCCMH FY2020 Annual Operating Budget
    ▪ N. Phelps presented the WCCMH FY2020 Annual Operating Budget to the board.
    ▪ N. Phelps described details of the revenue projections included in the budget.
    ▪ T. Cortes stated that the PIHP has sent a letter to the regional provider network stating that due to the budget issues with the State they have asked not to have an increase at this time.
    ▪ N. Phelps stated that the CAP increase is reflected in the FY2020 cap figures. The total increase from FY2018-FY2020 was just shy of 17%.
    ▪ In response to the County Administrator’s recommendations to consider moving a large part of the CMH operations out of the Annex, N. Phelps stated that the renovations made in 2014 were done to make the space suitable for clinical services and WCCMH will not see any savings from this move for a few years due to the Cost Allocation Plan (CAP) timelines.
    ▪ WCCMH is requesting non-structural one time support from the County.
    ▪ WCCMH is also requesting structural and ongoing support from the County for PDQ reclassifications and any increases associated with negotiated labor contracts.
    ▪ N. Phelps stated that this proposed budget has no impact to individuals we serve, no impact on the County staff supporting the individuals we serve and no impact on the provider network supporting the individuals we serve.
    ▪ K. Scott commented that the PIHP is accounting for 3.8% increase as opposed to 4.0%.
    ▪ B. King inquired on assumed attrition. Response is 9% attrition rate.
K. Walker commented on the current legislation with CCBHC funding, which will include Michigan and Kentucky for renewal and if passed could bring substantial revenue opportunities.

MOTION BY K. WALKER SUPPORTED BY C. COLLINS TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FY2020 ANNUAL OPERATING BUDGET.

- CMH Budget Amendments
  - K. Scott presented six proposed amendments from the Washtenaw County Board of Commissioners.
  - J. Martin suggested reviewing each amendment individually to better understand the requests.
  - K. Walker expressed his concern over the timing of this document and not giving the WCCMH Board notice to review the information. He expressed his concern that this is a large reduction in the administration budget and that this may impact the services that are provided to the clients.

Proposed Amendment One language: CMH shall implement actual reductions to administration budget, not shifts to the CCBHC or millage budgets, of at least $981,500 as initially proposed by CMH, with increased reductions up to $1.8 million dollars.

  - Suggestion to change Amendment One amount of $981,500 to $900,000.
  - C. Collins suggested to strike the clause in Amendment One “with increased reductions up to $1.8 million dollars” but keep the $900,000 that was initially proposed by CMH.
  - C. Collins requested to remove “Not shift to CCBHC or Millage Budgets” from Amendment One.

K. SCOTT CALLED THE QUESTION ON AMENDMENT ONE.
VOICE VOTE ON QUESTION-YES/10, NO/0
VOTE ON QUESTION PASSED

Amendment one to read as follows: CMH shall implement actual reductions to administration budget, not shifts to the CCBHC or millage budgets, of at least $900,000 as initially proposed by CMH.

ROLL CALL VOTE:

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AMENDMENT ONE FAILED 3/7

Proposed Amendment Two language: (In progress): 2,260,581 of CAP relief from county general fund of non-structural dollars and a structural increase of 339,419 to provide for the negotiated labor increase in the 2020 contract.

  - C. Collins asked for further discussion on Amendments 1-4.
F. Brabec requested an additional meeting to discuss the amendments to allow for thoughtful consideration.

K. Walker proposed to approve the budget with approval of amendments of 4-6

J. MARTIN CALLED THE QUESTION ON AMENDMENT TWO
VOICE VOTE ON QUESTION-YES/10, NO/0
VOTE ON QUESTION PASSED

MOTION BY J. MARTIN, SUPPORTED BY K. WALKER TO APPROVE THE AMENDMENT TWO LANGUAGE AS PRESENTED.

ROLL CALL VOTE:

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MOTION FAILED

Proposed Amendment Three language: CMH shall transfer $1.5 million in qualified expenses from their regular operating budget to the CCBHC/millage budgets.

Proposed Amendment Four language: If additional revenue, above the budgeted amount, is realized from the State of Michigan, such additional revenue shall offset the amount of CAP relief provided to CMH by the county general fund.

Proposed Amendment Five language: If less revenue, below the budgeted amount, is realized from the State of Michigan, CMH administration shall bring a budget to the BOC that aligns service delivery expenditures with revenue within 45 days of rates being presented.

Proposed Amendment Six language: CMH will bring formal quarterly updates on budget to the BOC within 60 days of quarter end.

MOTION BY K. WALKER, SUPPORTED BY N. GRAEBNER TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH BUDGET AS PRESENTED WITH THE ACCEPTANCE OF AMENDMENT FOUR, AMENDMENT FIVE AND AMENDMENT SIX.

ROLL CALL VOTE:

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MOTION CARRIED
• WCCMH FY2020 Master Contracts List
  o M. Taylor presented the WCCMH FY2020 Master Contracts List to the Board.

MOTION BY K. WALKER SUPPORTED BY A. DUSBIBER TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FY2020 MASTER CONTRACTS LIST AS PRESENTED.

N. GRAEBNER ABSTAINED FROM THE TRINITY HEALTH CONTRACT.

S. ANTONOW ABSTAINED FROM THE TRINITY HEALTH CONTRACT.

C. COLLINS ABSTAINED FROM THE MICHIGAN MEDICINE CONTRACT.

K. SCOTT ABSTAINED FROM THE MICHIGAN MEDICINE CONTRACT.

K. WALKER ABSTAINED FROM THE ROBERTA WALKER CONTRACT.

A. DUSBIBER ABSTAINED FROM THE MICHIGAN REHABILITATION SERVICES CONTRACT.

N. GRAEBNER ABSTAINED FROM THE ST. LOUIS CENTER CONTRACT.

MOTION CARRIED

J. Martin mentioned that the LRC is closed for maintenance September 16-20th, so R. Dornbos has reserved the 2140 conference room at 555 Towner St. Ypsilanti beginning at 9:30am for the September 20th WCCMH Board meeting.

J. Martin mentioned that the October and November committee meetings are on County Holidays and requested that K. Walker and C. Collins work with R. Dornbos to get them scheduled.

R. Dornbos will send out meeting notifications and post on the website once the dates are scheduled.

X. Items for future discussion
  • Youth mapping
  • ABLE Change
  • Housing
  • Funding crisis

WCCMH Board public meeting adjourned at 11:55am.
K. Walker called the meeting to order at 2:01 P.M.

I. Introductions
   • None

II. Audience Participation
   • None

III. Board Response to Audience Participation
   • None

IV. Budget-Finance and Program-Quality Committee Combined Minutes and Actions from 6/10/19/19
   • Budget-Finance Committee Minutes and Actions of 6/10/19 were reviewed.

MOTION BY D. STRONG SUPPORTED BY K. SCOTT TO APPROVE THE MINUTES AND ACTIONS FROM THE JUNE 10, 2019 BUDGET-FINANCE AND PROGRAM-QUALITY COMMITTEE COMBINED MEETING AS PRESENTED.

MOTION CARRIED

K. Walker stated the purpose of this special combined meeting was for both Budget-Finance and Program-Quality Committees to plan for FY2020 and take into consideration the budget issues facing WCCMH.

V. Finance Status Reports
   • N. Phelps reviewed the financial status report for the month ending June 30, 2019.
   • Medicaid Enrollees were 32,525 in June 2019.
   • Healthy Michigan Enrollees in June 2019 were 15,546.
• Medicaid consumers served through June 2019 are 3,735. This is 264 more consumers served than the same period last year.
• ABA Waiver consumers served through June 2019 were 210. This is 51 more consumers served than the same period last year.
• General Fund consumers served through June 2019 are 789. This is 40 more consumer served than the same period last year.
• Healthy Michigan consumers served through June 2019 are 1,053. This is 43 more consumers served than the same period last year.
• CLS costs to date are $20.0 Million. This is $223,000 over budget.
• Community Inpatient costs to date total $4.5 Million. This is $480,000 over budget.
• Licensed Residential costs to date are $8.4 Million. This is $211,000 under budget.
• Applied Behavior Analysis/Autism service costs to date are $2.7 Million. This is $595,000 over budget.
• Medicaid, Healthy Michigan and Autism funds are coming in slightly higher than budget.
• Financial performance by funding source:
  o Medicaid is showing a deficit of $5.2 Million.
  o Healthy Michigan is showing a deficit of $2.4 Million.
  o State General Funds is showing a deficit of $545,000.
  o Local Funds are showing a surplus of $110,000 through June 2019.
• WCCMH currently has no fund balance available for fiscal year 2019.
• B. King inquired about the actual deficit. N. Phelps stated that with offsets gained through CCBHC and Millage funding, the projected $10M deficit will not be exceeded.
• D. Strong inquired who decides the use of millage dollars. The ultimate approval is from the BOC. B. King inquired if Washtenaw County could place a risk reserve from millage dollars to help with the deficit? N. Graebner cautioned that we have been very transparent with the spending of millage dollars and ensure we communicate that the millage dollars cannot be used towards the deficit. K. Scott asked that the communication should happen immediately regarding what the millage funds are to be used for.

MOTION BY B. KING SUPPORTED BY C. COLLINS TO APPROVE THE FINANCIAL STATUS REPORT THROUGH JUNE 30, 2019 AS PRESENTED.
MOTION CARRIED

VI. Contracts and Leases
  o None

VII. Regional Finance Update
• T. Cortes provided the Regional Finance update.
• Advocacy efforts continue to be discussed at the Regional Board meeting.
• Directors from the 10 PIHP’s continue to engage in advocacy efforts regarding the Lakeshore situation.

VIII. Old Business

• FY2019 WCCMH Final Budget Amendment
  o N. Phelps presented the FY2019 WCCMH Final Budget Amendment to the committee.
  o N. Phelps noted that the CCBHC federal grant reward was moved from the WCCMH proper fund and will be managed with the millage fund. The two funds will be separated in the budget lines.
  o The County Cost Allocation Plan (CAP) line was adjusted to fund WCCMH PDQ position reclassifications.

MOTION BY A. DUSBIBER, SUPPORTED BY C. COLLINS TO APPROVE THE FY2019 WCCMH FINAL BUDGET AMENDMENT AS PRESENTED.

MOTION CARRIED

IX. New Business

• WCCMH FY2020 Annual Operating Budget
  o N. Phelps presented the FY2020 WCCMH Annual Operating Budget.
  o N. Phelps stated that the WCCMH hiring freeze will continue.
  o B. King stated that the Washtenaw County Board of Commissioners had directed G. Dill to talk with the hospital services and requested an update. G. Dill stated that the meetings will be scheduled soon, and he will provide an update in the next few weeks after these meetings occur.
  o K. Scott stated that she had a conversation with a WCCMH Psychiatrist on other possible cost savings suggestions. Dr. Florence will look into the suggested cost savings and provide an update.
  o B. King stated that labor submitted a proposal at the end of July to the BOC regarding the budget deficit. B. King will meet with N. Phelps and T. Cortes to discuss the proposal and possibly bring suggestions back to the WCCMH Board.
  o D. Strong asked for something to hold management accountable for a balanced budget. Helpful to identify the cost drivers that we have control over, revenue is a variable, use of out of home placement/hospital/efficiency of the overall organization, staff productivity.
  o Suggestion was made to consider an outside consultant to review WCCMH practices.
  o N. Phelps will make changes to the budget including staff reductions and millage offsets.
  o Suggestion to add running total lines to FY20 projections
  o N. Phelps will provide an updated budget at the next meeting.

MOTION BY D. STRONG, SUPPORTED BY B. KING TO RECOMMEND THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FY2020 ANNUAL OPERATING BUDGET AS PRESENTED WITH THE RECOMMENDATION THAT THE DEVELOPMENT OF PERFORMANCE METRICS BE NAMED WITHIN THREE MONTHS.

MOTION CARRIED

T. Cortes thanked N. Phelps and the Finance Team for all their help on the budget.
WCCMH FY2020 Master Contract List
- M. Taylor presented the FY2020 WCCMH Master Contract list to the committee.
- K. Scott requested the addition of the cost by service/per diem, unit, etc. on the document.
- B. King asked about the Direct Care Worker wage status with the County. H. Linky stated that the contracts are held with the County and could check to see what has the exception requests. A. DeLeeuw stated that he would provide the information by 8/16/19.

MOTION BY C. COLLINS, SUPPORTED BY N. GRAEBNER TO APPROVE THE FY2020 WASHTENAW COUNTY COMMUNITY MENTAL HEALTH MASTER CONTRACT LIST AS PRESENTED WITH THE AMENDMENT TO PROVIDE VERIFICATION ON THE WASHTENAW COUNTY LIVING WAGE AND/OR APPLICATION FOR THE EXTENSION.

MOTION CARRIED

K. WALKER ABSTAINED FROM THE ROBERTA WALKER CONTRACT.

B. KING ABSTAINED UNTIL RECEIVING INFORMATION FROM THE COUNTY WITH ATTESTATIONS FROM THE WASHTENAW COUNTY LIVING WAGE ORDINANCES.

C. COLLINS ABSTAINED FROM THE MICHIGAN MEDICINE CONTRACT.

K. SCOTT ABSTAINED FROM THE MICHIGAN MEDICINE CONTRACT.

N. GRAEBNER ABSTAINED FROM THE TRINITY HEALTH AND ST. LOUIS CENTER CONTRACTS.

A. DUSBIBER ABSTAINED FROM THE MICHIGAN REHABILITATION SERVICES CONTRACT.

S. ANTONOW ABSTAINED FROM THE TRINITY HEALTH CONTRACT.

X. Items for Future Discussions
- Rehman Financial Analysis
- Community Living Supports funding model/utilization.
- Develop performance metrics

XI. Meeting adjourned at 4:02 pm.
K. Walker called the meeting to order at 1:04 P.M.

I. Introductions
   • None

II. Audience Participation
   • None

III. Board Response to Audience Participation
   • None

Ricky Jefferson arrived at the meeting at 1:10 pm.

IV. Budget-Finance and Program-Quality Committee Combined Minutes and Actions from 8/12/19
   • Budget-Finance Committee Minutes and Actions of 8/12/19 were reviewed.

MOTION BY D. STRONG SUPPORTED BY K. SCOTT TO APPROVE THE MINUTES AND ACTIONS FROM THE AUGUST 12, 2019 BUDGET-FINANCE AND PROGRAM-QUALITY COMMITTEE COMBINED MEETING AS PRESENTED.

MOTION CARRIED

V. Finance Status Reports
   • R Clark reviewed the financial status report for the month ending July 31, 2019.
   • Medicaid Enrollees were 32,437 in July 2019.
   • Healthy Michigan Enrollees in July 2019 were 15,268.
   • Medicaid consumers served through July 2019 are 3,863. This is 254 more consumers served than the same period last year.
• ABA Waiver consumers served through July 2019 were 226. This is 53 more consumers served than the same period last year.
• General Fund consumers served through July 2019 are 856. This is 61 more consumer served than the same period last year.
• Healthy Michigan consumers served through July 2019 are 1,114. This is 22 more consumers served than the same period last year.
• CLS costs to date are $22.2 Million. This is $220,000 over budget.
• Community Inpatient costs to date total $4.8 Million. This is $384,000 over budget.
• Licensed Residential costs to date are $9.4 Million. This is $141,000 under budget.
• Applied Behavior Analysis/Autism service costs to date are $3.2 Million. This is $830,000 over budget.
• Medicaid, Healthy Michigan and Autism funds are coming in at budget.
• Financial performance by funding source:
  o Medicaid is showing a deficit of $5.8 Million.
  o Healthy Michigan is showing a deficit of $2.5 Million.
  o State General Funds is showing a deficit of $171,000.
  o Local Funds are showing a surplus of $127,000 through July 2019.
• WCCMH currently has no fund balance available for fiscal year 2019.
• B. King requested a report on the trend for the deficit and to identify where the offset will be funded.
• Request to find out why the Medicaid enrollees are declining and to clarify the reasons.

**MOTION BY N. GRAEBNER SUPPORTED BY A. DUSBIBER TO APPROVE THE FINANCIAL STATUS REPORT THROUGH JULY 31, 2019 AS PRESENTED.**

**MOTION CARRIED**

VI. Contracts and Leases
• Care Linc Medical Equipment
  o This contract is to provide enhanced pharmacy services and adaptive equipment for the period of September 1, 2019 – September 30, 2020.

• Sharon O’Bryan
  o This contract is to provide OBRA assessments for the period of August 1, 2019 – September 30, 2020.

• Lyneah Blake
  o This contract is to provide behavioral psychology for the period of October 1, 2019 t September 30, 2020.
MOTION BY A. DUSBIBER SUPPORTED BY N. GRAEBNER TO APPROVE THE CONTRACTS AND LEASES AS PRESENTED.

MOTION CARRIED

- Discussion on contracting with Behavioral Psychologists instead of using current staff.
- H. Linky stated that there are currently 4 psychologist positions serving adults and 1 serving youth.
- There have been 2 adult positions that have been vacant leading to increased caseloads.

VII. Executive Director Authorizations

- Lindsay Bornheimer
  - This contract is to utilize CBT for psychosis and suicide assessment training.
  - This is for the period of August 1, 2019 – September 30, 2019.

MOTION BY A. DUSBIBER, SUPPORTED BY N. GRAEBNER TO APPROVE THE EXECUTIVE DIRECTOR AUTHORIZATIONS AS PRESENTED.

MOTION CARRIED

VIII. Regional Finance Update

- T. Cortes provided the Regional Finance update.
- The draft rates were received from MDHHS and Milliman.
- The new rates look positive, but the new methodology is complicated.
- The regional board packet that was distributed had a projected increase with approximately 2% increase.
- The WCCMH Budget is going to be presented at the regional meeting.
- Supplemental is still being worked on and will use the new geographic factors for the supplemental rates.

IX. Old Business

- WCCMH FY2020 Annual Operating Budget
  - The WCCMH FY2020 operating budget is removed from the agenda so that the latest rates can be included, and it will be discussed at the Executive Committee on 9/16/19.

X. New Business

- MDHHS Performance Quarterly Dashboard
  - L. Higle presented the MDHHS Performance Quarterly Dashboard to the committee.
  - There were no sentinel events per Joint Commission Standards and one sentinel event per MDHHS definition for the 2nd quarter of FY2019.
    - N. Graebner requested more clarity on who is responsible for the next steps with clients as they go through the process.
    - Request to show the actual number of people that are in/out of hospitalization.
    - D. Strong requested a quarterly report on the critical events.
• K. Walker requested a comparison report with the opioid rates compared to the county rates.
• B. King requested categorizing the sentinel events and bring forward a broader categorical definitions and what actions should have been taken without violating HIPAA laws.
• Suggestion to include a closed session on the agenda when the dashboard is being presented just in case the committee needs to dig deeper into the issues.
• Staff will check with the County Corporation Counsel to see what WCCMH staff can and cannot disclose.

- Initial Performance Metrics Discussion
  - T. Cortes will send a communication from the CMH Board Association about performance metrics to the committee for them to review.
  - This was created 3 years ago so it might be an opportunity to re-evaluate for better information.
  - Focus on the budget strategy for next year and look at what is happening with the organization, a general strategy on filling/keeping positions, current capacity, average case load sizes, productivity and size of program.
  - Staff will bring the program/case load sizes along with baseload productivity at the next meeting for discussion.
  - The Board of Commissioners has an RFP out currently that should help to get this information.
  - The WCCMH psychologists are completing the 612 reports for any new clients whether they are on Medicaid or not for Washtenaw County. WCCMH is not reimbursed for non-Medicaid 612 reports.
  - There are approximately 84/year of the 612 reports that are completed.
  - Suggestion to continue the conversation with D. Dwyer about the necessity of the 612 reports for non-Medicaid clients.

J. Martin stated that D. Strong will be taking an interim position and will be resigning his position as an ex-officio member on the WCCMH Budget-Finance Committee effective today. J. Martin thanked D. Strong for his service and stated that the WCCMH Board will not be filling this position on the committee at this time.

XI. Items for Future Discussions
- Rehman Financial Analysis
- Community Living Supports funding model/utilization.
- Initial Performance Metrics Discussion-Program Committee

XII. Meeting adjourned at 2:28 pm.
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
August 12, 2019 4:00pm


MEMBERS ABSENT: A. Dusbiber, J. Martin


OTHERS PRESENT: M. Creekmore, R. Jefferson,

N. Graebner called the meeting to order at 4:05pm.

I. Introductions
   • None

II. Audience Participation
   • None

III. Millage Advisory Committee Minutes and Actions from 6/10/19
   • The Millage Advisory Committee Minutes and Actions from 6/10/19 were reviewed.

MOTION BY A. CARLISLE SUPPORTED BY G. WADDLES TO APPROVE THE MILLAGE ADVISORY COMMITTEE MINUTES AND ACTION FROM JUNE 10, 2019 AS PRESENTED.

MOTION CARRIED

IV. Millage Advisory Committee Minutes and Actions from 7/8/19
   • The Millage Advisory Committee Minutes and Actions from 7/8/19 were reviewed.

MOTION BY A. CARLISLE SUPPORTED BY G. WADDLES TO APPROVE THE MILLAGE ADVISORY COMMITTEE MINUTES AND ACTION FROM JULY 8, 2019 AS PRESENTED.

MOTION CARRIED

V. Discussion Items
   • Millage Process, Investments and Progress Update
     o T. Cortes presented the update on the Millage process, investments and progress.
     o Funds will be distributed for the Youth Mapping Process.
     o Millage funding was not used for the Able Change process.
     o WCCMH will enter into a contract relationship with Public Health to launch the Anti-Stigma campaign.
     o K. Scott asked if there is an intent to have follow up with the anti-stigma campaign participants after. This information will come back to the committee to review later.
Chelsea and Dexter have established locations and days. There is a verbal agreement with Manchester to utilize the Village Township Offices as well as a youth agreement with their K-12 schools. There is a verbal agreement with Whitmore Lake Schools for 2-3 days/week.

VI. Old Business
- Communication Plan
  - L. Gentz presented the updated Communication Plan to the committee.
  - This was updated with suggestions from the committee at the July meeting.

MOTION BY D. JACKSON SUPPORTED BY C. COLLINS TO APPROVE THE MILLAGE ADVISORY COMMITTEE COMMUNICATION PLAN AS PRESENTED.
MOTION CARRIED
- 750 Update
  - R. Rion asked for a status update on the 750 Towner location.
  - L. Gentz stated that construction has started and that the team is hopeful to be in the building providing services by the end of Fall.

VII. New Business
- WISD/Umatter Funding Proposal Recommendations
  - L. Gentz presented the Washtenaw Intermediate School District (WISD)/Umatter funding proposal recommendations to the committee.
  - This will affect approximately 15 high schools within the District.
  - K. Walker requested an outcome evaluation.

MOTION BY K. WALKER SUPPORTED BY K. SCOTT TO APPROVE THE WASHTENAW INTERMEDIATE SCHOOL DISTRICT/UMATTER FUNDING PROPOSAL AS PRESENTED.
MOTION CARRIED
H. HEAVILAND ABSTAINED FROM VOTING.
- D. Jackson suggested having a standing agenda update from the Washtenaw County Sheriff’s Office (WCSO) regarding millage.
- This will be added to future agendas.

VIII. Items for Future Discussion
- Process Development for Requests for Millage Funds
- Housing RFP Presentation
- NAMI proposal Presentation

IX. Meeting adjourned at 4:39PM
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
September 9, 2019 2:30pm


MEMBERS ABSENT: A. Dusbiber


OTHERS PRESENT: J. Gardner, M. Creekmore, K. Homan, L. Lutomski, A. Larsen

N. Graebner called the meeting to order at 2:35 pm.

I. Introductions
   • None

II. Audience Participation
   • A. Larson stated that she was interested in the youth needs assessment information and would like to see the data broken down for the townships as well.

III. Millage Advisory Committee Minutes and Actions from 8/12/19
   • The Millage Advisory Committee Minutes and Actions from 8/12/19 were reviewed.

MOTION BY A. CARLISLE SUPPORTED BY K. SCOTT TO APPROVE THE MILLAGE ADVISORY COMMITTEE MINUTES AND ACTION FROM AUGUST 12, 2019 AS PRESENTED.

MOTION CARRIED

IV. Discussion Items
   • Millage Process, Investments and Progress Update
     o L. Gentz presented the update on the Millage process, investments and progress.
     o The Umatter campaign information is being worked on and will be launched soon in the schools.
     o The 31n positions are being posted within the Washtenaw Intermediate School District (WISD)
     o Discussion on the budget from the July WCCMH budget recommendations that was finalized on 6/26/18.
     o As of July 2019, there were approximately $1.2 Million of the millage funds used.
     o Suggestion for a report on the line funding streams and a foundation report for the next millage meeting.
     o Washtenaw County was one of the first to receive the 31n funding from the State.
     o The RFP process has been developed with Office of Community and Economic Developments (OCED) for supportive housing. This should be ready to present at the 10/19 Millage Advisory Committee meeting.
Staff are working on outcome metrics for this committee to review.
- There is a new electronic record for the CARES team.
- Suggestion to look at other partners within the community that might contribute some funding towards these programs.

V. CARES Program Update
- The program has been officially running since May 1, 2019.
- To date there have been:
  - 330 referrals
  - 225 face to face intakes
    - 105 from Ann Arbor, 113 from Ypsilanti, 13 from Saline and 4 from Chelsea.
    - 138 of the 225 people have a co-occurring disorder.
    - 190 of them receive Medicaid, 29 receive Medicare and the remainder are with private insurance.
- There is a mental health professional stationed on various days in Chelsea, Manchester and Whitmore Lake.
- The team has started 4 groups within the last month for DBT for men and women, Co-Occurring, a women’s TREM group, Seeking Safety group that is a trauma focused group for women with substance abuse disorder.
- The CARES team is building a better resource list to tap into the community services that are provided so that we can partner for the resources.

VI. Old Business
- Anti-Stigma Campaign Update
  - E. Shane presented an update for the Anti-Stigma Campaign to the committee.
  - They are using the #wishyouknew.
  - The group would like to include artwork included with various phrases as another way of marketing.
  - Whitmore Lake focus groups will begin soon.

MOTION BY G. WADDLES, SUPPORTED BY K. WALKER TO MOVE FORWARD WITH THE ANTI-STIGMA CAMPAIGN PROPOSAL AND STRATEGIES AS PRESENTED.

MOTION CARRIED

VII. New Business
- NAMI proposal presentation
  - L. Gentz presented the National Alliance on Mental Illness (NAMI) proposal presentation to the committee.
  - J. Gardner and M. Creekmore from NAMI were available to answer any questions.
  - The contract request is to increase targeted outreach support in Ypsilanti, Ypsilanti Township and Whitmore Lake.
  - B. King stated that $105,000 is a small amount of funding for 2.5 FTE’s and he would like to have a discussion with the group about trying to find a way to increase their wages.
  - J. Gardner stated that most of the staff are part time and they don’t receive benefits.
  - This program ties in with the Ypsilanti Community Schools campaign.
  - F. Brabec requested a budget status each month that for this project.
MOTION BY B. KING, SUPPORTED BY K. WALKER TO APPROVE THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) COMMUNITY OUTREACH AND EDUCATION STRATEGY PROJECT WITH AN AMENDMENT THAT THE MILLAGE ADVISORY COMMITTEE HAVE THE FLEXIBILITY TO INCREASE THE PAY FOR THE 2 FTE POSITIONS IF POSSIBLE.

MOTION CARRIED

VIII. Items for Future Discussion
• WCSO Update
• Process Development for Requests for Millage Funds
• Housing RFP Presentation-October
• Financial Budget Information-October
• Outcome metrics

IX. Meeting adjourned at 3:39 PM
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
June 10, 2019 2:30pm

MEMBERS PRESENT: J. Martin, F. Brabec (phone), C. Collins, N. Graebner, B. King,

MEMBERS ABSENT: K. Walker


OTHERS PRESENT: L. Lutomski, K. Homan, G. Dill, L. Lutomski, M. Creekmore, K. Scott

J. Martin called the meeting to order at 2:35 pm.

I. Introductions
   • None

II. Audience Participation
   • None

III. Executive Committee Minutes and Actions
   • Executive Committee Minutes and Actions of 3/11/19 were reviewed

MOTION BY C. COLLINS SUPPORTED BY F. BRABEC TO APPROVE THE MINUTES AND ACTIONS OF THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY EXECUTIVE COMMITTEE DATED MARCH 11, 2019.

MOTION CARRIED

IV. Discussion Items
   • Millage Advisory Committee Chair
     ○ J. Martin stated that the WCCMH Board will need to appoint a committee chair for the WCCMH Millage Advisory Committee that is meeting later today.
     ○ J. Martin spoke with N. Graebner and she agreed to be chair of the committee.


MOTION CARRIED

V. Old Business
   • None
VI. New Business
   • Flinn Foundation Grant
     o T. Cortes proposed an alternative to the 298 pilot projects
     o Suggestion to work with CHRT for asset mapping, reviewing health plans to compare
       against WCCMH treatment standards.

MOTION BY B. KING, SUPPORTED BY C. COLLINS TO WORK WITH CHRT TO PROCEED WITH
THE FLINN FOUNDATION GRANT AND CONDUCT ASSET MAPPING IN PARTNERSHIP WITH
BLUE CROSS COMPLETE.

MOTION CARRIED

• WCCMH Strategic Plan
  o M. Harding presented the WCCMH Strategic Plan to the committee.
  o B. King requested a copy of the consumer satisfaction survey.
  o J. Martin thanked the staff for the hard work and that they continue to monitor the
    progress.

MOTION BY B. KING, SUPPORTED BY C. COLLINS TO ACCEPT THE WCCMH STRATEGIC PLAN
AS PRESENTED.

MOTION CARRIED

• Discussion of the WCCMH Board’s role regarding budget proposals from the Budget Task
  Force.
  o J. Martin stated that the Budget Task Force has and will continue to meet to present
    budget recommendations to the WCCMH Board and Board Committees.
  o T. Cortes is meeting with G. Dill and Director Gordon to discuss funding issues.

VII. Items for Future Discussion
   • None

VIII. Public Meeting adjourned at 3:19 pm.
**ACTION REQUESTED:** To approve the following contract(s):

**BACKGROUND:**

1. Care Linc Medical Equipment – will provide Enhanced Pharmacy services and Adaptive Equipment.
2. Sharon O’Bryan - will provide OBRA assessments.
3. Lyneah Blake - will provide Behavioral Psychology services.

**Service Contracts**

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Funding</th>
<th>Estimated Budget</th>
<th>Contract Term</th>
<th>Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Care Linc Medical Equipment</td>
<td>Medicaid</td>
<td>Per consumer authorizations</td>
<td>September 1, 2019-September 30, 2020</td>
<td>Enhanced Pharmacy Services &amp; Adaptive Equipment</td>
</tr>
<tr>
<td>2. Sharon O’Bryan</td>
<td>Medicaid</td>
<td>$40,000</td>
<td>August 1, 2019 – September 30, 2020</td>
<td>OBRA Assessments</td>
</tr>
<tr>
<td>3. Lyneah Blake</td>
<td>Medicaid</td>
<td>Per consumer authorizations</td>
<td>October 1, 2019-September 30, 2020</td>
<td>Behavioral Psychology</td>
</tr>
</tbody>
</table>

**RECOMMENDATIONS:** To approve the contract(s) listed above.
ACTION REQUESTED: To approve the following contract(s):

BACKGROUND:

1. Elite Medical Staffing – will provide Private Duty Nursing (PDN) services.
2. Carnegie AFC, Inc.- will provide Licensed Residential services.

Service Contracts

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Funding</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Elite Medical Staffing</td>
<td>Medicaid</td>
<td>Per consumer authorizations</td>
<td>October 1, 2019-September 30, 2020</td>
<td>PDN Services</td>
</tr>
<tr>
<td>2. Carnegie AFC, Inc.</td>
<td>Medicaid</td>
<td>Per consumer authorizations</td>
<td>October 1, 2019-September 30, 2020</td>
<td>Licensed Residential Services</td>
</tr>
</tbody>
</table>

RECOMMENDATIONS: To approve the contract(s) listed above.
### Executive Director Contract Authorizations
#### September 2019 Finance Committee Meeting

**ACTION REQUESTED:** Acceptance of the Executive Director’s signature on contracts with a value of less that $25,000

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Amount</th>
<th>Term</th>
<th>Purpose</th>
<th>Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Interactive Services</td>
<td>$7,392</td>
<td>10/1/18 – 9/30/19</td>
<td>Reminder Communications</td>
<td>10/19/2018</td>
</tr>
<tr>
<td>Deborah Kennard</td>
<td>$2,000</td>
<td>10/1/18 – 9/30/19</td>
<td>Eye Movement Desensitization and Reprocessing Training</td>
<td>10/19/2018</td>
</tr>
<tr>
<td>Saline Area Schools</td>
<td>$20,000</td>
<td>10/1/18 – 9/30/19</td>
<td>Respite Services</td>
<td>10/19/2018</td>
</tr>
<tr>
<td>UpToDate</td>
<td>$5,850</td>
<td>10/1/18 – 9/30/19</td>
<td>Evidence-based physician-authored clinical decision support resource</td>
<td>10/19/2018</td>
</tr>
<tr>
<td>Policy Research Associates</td>
<td>$22,500</td>
<td>1/1/19 – 9/30/19</td>
<td>Youth System Intercept Mapping</td>
<td>1/18/2019</td>
</tr>
<tr>
<td>MEND</td>
<td>$22,116</td>
<td>3/1/19 – 9/30/19</td>
<td>Telemedicine system</td>
<td>3/15/2019</td>
</tr>
<tr>
<td>Washtenaw Alliance for Children &amp; Youth (WACY)</td>
<td>$4,000</td>
<td>7/1/18 – 6/30/19</td>
<td>Become a participating member of Leadership Team, supports increased high school graduation rates</td>
<td>4/19/2019</td>
</tr>
<tr>
<td>Organization</td>
<td>Amount</td>
<td>Date</td>
<td>Description</td>
<td>Date</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------</td>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>U.S. Transport Service</td>
<td>$4,000</td>
<td>5/1/19-9/30/19</td>
<td>Transportation Company</td>
<td>5/17/2019</td>
</tr>
<tr>
<td>Washtenaw Intermediate School District</td>
<td>$5,100</td>
<td>5/21/18-7/31/19</td>
<td>Provide Mom Power Group presentations, phone checks, post-group reflection</td>
<td>6/21/2019</td>
</tr>
<tr>
<td>Deb Kennard</td>
<td>$13,000</td>
<td>10/1/18-9/30/19</td>
<td>Eye Movement Desensitization and Reprocessing Training</td>
<td>6/21/2019</td>
</tr>
<tr>
<td>Lindsay Bornheimer</td>
<td>$1,560</td>
<td>8/1/19-9/30/19</td>
<td>CBT for Psychosis and Suicide Assessment Training</td>
<td></td>
</tr>
</tbody>
</table>

**Recommendation:** Acceptance
Charles Coleman  
3841 Cloverlawn, Ypsilanti, MI 48197  
(734) 604-4237 - cell  
chazcoleman@comcast.net  
cecolem@umich.edu

Objective
To acquire a placement within an agency that would allow me to expand my knowledge and skills centered on social, systems inequalities, justice concerns. Working within the organization to enhance my qualifications and experiences that that would foster my professional and personal growth as a Social Work.

Education
Master of Social Work, University of Michigan December 2017

Experiences
- December- 2017 – Present – DAWN FARM
  SUMMARY
  Counsels individuals requiring treatment for chemical dependency, by performing the following duties.

  ESSENTIAL DUTIES AND RESPONSIBILITIES
  - Provides group therapy for clients
  - Formulates individualized treatment plans with clients
  - Performs psycho-social interviews and writes assessments
  - Interacts with family members to assist them in providing support for clients
  - Refers clients to other support services, as needed such (i.e. medical evaluation and treatment, social services, employment services)
  - Monitors condition of clients to evaluate success of therapy, and adapts treatment as needed
  - Maintains complete client records, including assessments, referrals, and therapy notes
  - Interacts with funding sources regarding treatment authorization
  - Interacts with the criminal justice system regarding treatment progress, as needed
  - Participates in team process and formal meetings
  - Attends all required trainings, seminars and special events
  - Give tours or presentations to the public

2001 – 2016  DAWN FARM
Transitional Housing Coordinator/Street Outreach Worker/Community Liaison
  - Under the direction of the President and Clinical Director, I was responsible for developing programming for street outreach services and the Chapin Street Project.
  - Oversee referral and liaison work, establish and maintain working
relationships with local businesses, shelters, hospitals, police, treatment centers and diagnostic and referral centers aiding in connecting with other agencies to ensure the next level of care

- Located indigenous community resources that support recovery and links clients with them (Including resources [i.e. people and groups] within the recovering community).
- Recruited, hired and trained transitional house managers
- Supervised twenty house managers
- Ensured that conditions of our units were safe and ready to move
- Inspected units to ensure compliance with City and Funding sources.
- Performed routine Outreach functions, including monitoring primary business districts, providing referral service, responding to community calls, etc.
- Coordinated with the Health & Safety Coordinator, to ensure that the Chapin Street Project was in compliance with all health and safety policies.
- Serviced as part of the Dawn Farm treatment team
- Worked with our Detox counselors at the local Spera detox center
- Worked with client in developing recovery and aftercare plans
- Sought out avenues to help with social changes in the Ann Arbor community
- Facilitated weekly employment which assists client in developing necessary job skills that would allow them to be confident candidates for employment

Public Services Positions

Member of the Washtenaw County Substance Advisory Council
- Approved proposals and grants submitted by local non-profit agencies
- Approved 100 million in grants
- Established policies for the operation of organizations within our county

Regional Board Member Community Mental Health Partnership S.E.M.
- Oversee and approved budgets and organizations with a five county area
- Ensure adherence to protocol and procedures were agencies that received State funding

Member of the Mayor Task Force to end Homelessness in Washtenaw Co.
- Working with member or Ann Downtown Development Authority to develop plans to lessen the impact of aggressive panhandling in Ann Arbor
- Assisted the City of Ann Arbor Police in identifying those who may need to enter into the local detox or homeless shelter
- Help to develop ordinances regarding panhandling in the downtown area

Active member of the local AA recovery community
- Sober for 17 years
• Sponsor men in early recovery
• Assisted to established and run local AA meeting
• Served and Chairperson and Secretary of several AA groups
• Served and General Service Representative of the largest AA meeting in Ann Arbor

Transitional House Manager 17 years
Member of Continuum of Care Board
Prior Member University of Michigan A2C3 Advisory Board
• Help to start dialog with University of Michigan and local Business to reduce the consumption of alcohol during games
• Explored ways to reduce binge drinking on and around campus

Council Member Church of the Good Shephard
Facilitate Men of Color Motivational Group
• Facilitated weekly group discussions
• Served on the Board of Trustees

Deacon Full Truth Fellowship Church

• Work with Pastor of the church to provide Pastoral Care
Council, member of The Church of the Good Shepheard (Ann Abor)
• Served on several committees within the church to ensure the daily operations were maintain
• Part of the search committee that recruited and hired the current Pastor.
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH CONSUMER ADVISORY COUNCIL MEETING MINUTES
June 12, 2019

MEMBERS PRESENT: Alayna Manzanares, Lisa Porzondek, Jason Zurawski, Ed Howlett, Pam Rathbun, Laura Garcia, Barb Higman
STAFF PRESENT: Merton Hershberger, Nicole Buccalo
MEMBERS ABSENT: Debbie Patterson, Denise Simpson, Kim Vandenburg, Melissa Vaden

I. Called to order at 12:35 pm.
II. Audience Participation.
   • Nicole introduced herself and her background in social work and talked about her new role at WC-CMH as a community organizer. She said that she had just started working with the county on Monday after working in Wayne County as a social worker.

III. Consent Agenda Actions.
   • May minutes were approved with the modification.
MOTION BY Laura - SUPPORTED BY Alayna: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA. MOTION CARRIED

IV. Chairpersons Report: July 10, at 10am is the next RCAC meeting on Zeeb Road. Lisa requested the address. Mert will reserve a car. We need to explore ways of advocating better at the state level. Nicole looked at notes Pam had typed up on a collaborate letter that various members had submitted for sending to the state. She suggested giving more detail to send to legislators, if folks would like to. Lisa and Ed offered to write focused testimony from their own stories of recovery to the state. Laura offered to call legislator’s offices in Lansing leading up to next year’s Walk-A-Mile to build repoire and to help open doors with legislators in May 2020.

V. Old Business
   • Speaker’s Bureau: This year we spoke to 22 classes, this was reduced a little by the number of snow days that were taken from the school year. Lisa and Ed talked about how they enjoyed speaking in local schools. We are planning a dinner at the Olive Garden for those in the Speaker’s Bureau who can attend. Mert proposed a time of August 28, from Noon – 2pm for a Speaker’s Bureau training: lite lunch, introductions to each other/icebreaker, Ed to talk about overcoming fear. Mert to lead a discussion of how things went this past year and a discussion of what works. Then new speakers will be given a chance to share their stories with input on what they did well and how to improve. An updated resource list for all participants will be shared that can be given by teams of speakers to classes when we speak. Mert will contact those who have expressed interest in speaking: Melissa Vaden, Laura Garcia, as well as Alex Mitrovitch, in order to maximize participation.
   • Walk-A-Mile In My Shoes – Everyone was glad that there was no rain while we were in Lansing and everyone got to and from Lansing safely. Pam praised Barb’s design for the T-shirts. Nicole took a list shirt sizes for members who wanted a Walk-A-Mile T-Shirt at next month’s meeting.
   • The Newsletter was passed around with an invitation for new articles and submissions for the fall of 2019, articles ready by the end of August, by the September CAC meeting at the latest.
      o Ed is working on his story of recovery.
      o Lisa plans to write an article on something.
      o Barb plans to write a legislative update.
      o Laura plans to write something about a group or staff member at CMH.

VI. New Business.
   • Everyone concurred that they wanted to have the Celebration of Success. Mert offered to ask Sally to ensure that St. Luke Lutheran Church was reserved in the latter half of October.
Nomination Forms will be updated by Jeff Hackett. It was suggested to ask various art groups, as well as the writing group, to submit creative pieces, as well as inviting all-CMH to submit art for display. Perhaps 2 pieces per person. Laura asked if some of the submitted artwork could be sold to raise funds for a purpose to assist the CAC. Perhaps funds could help fund the hosting of the Celebration of Success and other CAC functions like the Walk-A-Mile and Speaker’s Bureau.

- Pam suggested that training on trauma by JiMHO be offered to all CMH staff. Mert offered to introduce Pam to Angela Zander via email to get this conversation started.

- Meeting adjourned at 1:36pm

Next meeting planned for July 10, 2019 at 12:30 pm. at 2140 E. Ellsworth, Ann Arbor.
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH CONSUMER ADVISORY COUNCIL MEETING MINUTES
July 10, 2019

MEMBERS PRESENT: Alayna Manzanares, Lisa Porzondek, Jason Zurawski, Ed Howlett, Pam Rathbun, Laura Garcia, Barb Higman, Debbie Patterson, Denise Simpson
STAFF PRESENT: Merton Hershberger, Nicole Buccalo
MEMBERS ABSENT: Melissa Vaden

I. Called to order at 12:42 pm.
II. Audience Participation.
III. Consent Agenda Actions.
   - June minutes were approved without modification.
   - MOTION BY Laura - SUPPORTED BY Pam: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA. MOTION CARRIED
IV. Chairpersons Report: Nicole to promote communicating with legislators. The threats to CMH from state lack of funding was discussed. We discussed certain moves to privatization of CMH services in some parts of Michigan and how this would impact CMHs. Many are impacted with poor funding from MDHHS/bad actuarial data.
V. RCAC Update
   - Planning a get-together on August 7th at Kensington Park. Set to arrive at 10 AM. Children are welcome to come. Leave WCCMH Ellsworth at 9:30 AM; Arrive at Kensington Metropark at 10 AM. Training for RCAC and all county CACs/CAPs set for 11/13/2019 at Zeeb Road. All CAC members welcome.
VI. Old Business
   - One County is changing from “Consumer” to “Citizen” Advisory Council. Pros for adopting this: eliminates stigma and non-clients do participate and retains “CAC”. Cons: People always want to change things and it may stigmatize non-citizens and Consumer Reports is a reputable organization.
   - Nicole emphasized sharing with representatives the importance of services and passed out a list of representatives’ contact info. Some things to share in letters: What you want from the legislators; Who you are; How CMH has impacted you. If the state of Michigan doesn’t fund adequately then only local resources will be available to fund shortfalls for the services that the state requires. Share at next meeting what we have done. Nicole gave a tip on advocacy: Phone instead of writing during business hours, leave message after hours.
   - CARES Program: Community, Access, Resources, Engagement, and Support: Therapists and social workers to visit schools for advocacy.
   - Celebration of Success: October 28. Greeters: Pam and Ed will greet. For artwork, poems, essays, etc. Mert will contact Kim V + Danielle H. from Creative Recovery Arts Group; Pam will contact her art group at Full Circle; and the writing group. Speakers: Ed will decide by next CAC meeting. CMH leadership will hand out certificates. Lisa will attend to the snacks, food, and beverage. Laura will help with set up and spotlighting an employee. Mert will put a blurb in the newsletter and send out announcements and invite submissions/nominations.
   - Speaker’s Bureau Training: Laura, Ed, Pam, Barb, & Lisa are interested in going @ Ellsworth on August 28, 2019. (Laura will ask for other volunteers in DBT.)
   - The Newsletter was passed around with an invitation for new articles and submissions for the fall of 2019, articles ready by the end of August, by the September CAC meeting at the latest.
      - Ed is working on his story of recovery.
      - Lisa plans to write an article on something.
      - Barb plans to write a legislative update.
Laura plans to write something about a DBT group or staff member at CMH.
- Meeting adjourned at 1:53 PM.

Next meeting planned for August 14, 2019 at 12:30 pm. at 2140 E. Ellsworth, Ann Arbor.
WASHTENAW COUNTY COMMUNITY MENTAL HEALTH AGENCY (WCCMH)
WCCMH CONSUMER ADVISORY COUNCIL MEETING MINUTES
August 14, 2019

MEMBERS PRESENT: Laura Garcia, Barb Higman, Alayna Manzanares, Pam Rathbun, Melissa Vaden, Jason Zurawski
STAFF PRESENT: Merton Hershberger, Nicole Buccalo, Sally Amos-Oneal.
MEMBERS ABSENT: Ed Howlett, Debbie Patterson, Lisa Porzondek, Denise Simpson

I. Called to order at 12:41 pm.
II. Audience Participation. - none
III. Consent Agenda Actions.
   • July minutes were approved without modification.
   MOTION BY Laura - SUPPORTED BY Pam: APPROVE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH (WCCMH) CONSUMER ADVISORY COUNCIL (CAC) CONSENT AGENDA.
   MOTION CARRIED
IV. Chairpersons Report: We have challenges, but our advocating is paying off. Our voice is needed today regarding the website.
V. Website updates: Sally and Nicole sought feedback on what would be helpful to have on the website and what it might best look like. Items discussed included: How to get enrolled, who to talk to in order to get started, who to talk to about options, groups & times offered, get our link on other websites/agencies, get advertising visible in the community (bus, billboard), who to get info from regarding resources, a list of services offered and what is available at each site, insurance factors, basic reasons to call for help (what are some challenges that CMH helps people with), links to info online about mental health conditions, links to other State & county agencies, like public health & WIC and DHHS, and SSA and where to find them, information about the speaker’s Bureau and how to get a speaker, a chat/message board, food bank/resource/location of bus routes per site/thrift shops, housing, resource guide, how to get a group to happen. Pictures in life settings and not just big events. A pathway through service.
VI. RCAC Update
   • Get-together on August 7th at Kensington Park went well. There were about 20-25 people. Mert, Jason, Pam, & Barb attended from CMH-Washtenaw.
   • Pam expressed concern about the absence of Judy from the meetings. Mert offered to follow up with the liaison staff, “Do we need a new co-chair in view of her illnesses?”
VII. Old Business
   • Regarding the budget crunch: The board of commissioners met and have a deficit reduction plan. The CLS providers will not have a pay cut. A resolution for a balanced budget for 2020 was passed. Some staff attrition may happen. Sally reviewed how CMH is funded with Federal, State, and County dollars. The situation of unfunded mandates may be improving, but our final funding may not be known until the state’s finances & rates are settled. Budget will be finalized in September. Melissa to share her story with CMH-Board in September 20.
   • 1 Celebration of Success nomination so far. More to follow. Get the word out. Forms were distributed for peer and staff nomination.
   • Articles for the newsletter: Ed to share his story. Melissa to share about pets. Pictures are an option. 150-200 words.
   • Speaker’s Bureau Training: Laura, Ed, Pam, Barb, & Lisa are interested in going @ Ellsworth on August 28, 2019. (Laura will ask for other volunteers in DBT.) PowerPoint was shared with folks interested in serving as peers.
   • Meeting adjourned at 1:48 PM.

Next meeting planned for September 11, 2019 at 12:30 pm. at 2140 E. Ellsworth, Ann Arbor.
I. PURPOSE

To outline the processes and guidelines for the Community Mental Health Partnership of Southeast Michigan (CMHPSM) partners’ review of credentials, competence assessment, and delineation of duties and responsibilities for independent providers who are licensed independent providers (LIP).

II. REVISION HISTORY

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<td>10/2009</td>
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<tr>
<td>8/2013</td>
<td>2</td>
<td>Revisions to PIHP language and modification to persons affected by this policy. Standards revised to align with current requirements.</td>
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<tr>
<td>10/2014</td>
<td>3</td>
<td>Updated regional entity language and made some EQR-related corrections.</td>
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<td>5/2016</td>
<td>4</td>
<td>Revision based on updated standards from The Joint Commission.</td>
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<td>7/2019</td>
<td>5</td>
<td>Scheduled Review</td>
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III. APPLICATION

A. Professionals Covered by This Policy, and Their Required Licensure/Certification.

This policy applies to the following licensed independent providers providing contracted professional services to the CMHPSM and CMHSPs who are not operating as part of a credentialed organizational provider.

Art Therapist: Board certified as an Art Therapist (ATR-BC) by the Art Therapy Credentials Board, Inc.

Dietitian: Licensed by the State of Michigan as a dietitian or nutritionist under Public Act 333 of 2006. (Prior to full implementation of the Act: registered dietitian or an individual who meets the qualifications of Registered Dietitian established by the American Dietetic Association.)


Music Therapist: Board certified as a Music Therapist (MT-BC) by the Certification Board for Music Therapists, or registered as ACMT, CMT or RMT by the National Music Therapy Registry. For Child Waiver services only MT-BC is accepted.


Physician: M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration.

Physician’s Assistant: Licensed by the State of Michigan to practice as a Physician’s Assistant per Public Act 368 of 1978, as amended.

Professional Counselor: Licensed by the state of Michigan to practice as a professional counselor under Part 181, Public Act 368 of 1978, as amended. This includes Rehabilitation Counselors.

Psychiatrist: M.D. or D.O. possessing a permanent license to practice medicine in the State of Michigan, a Michigan Controlled Substances license and a Drug Enforcement Agency registration, who is Board eligible or Board certified in psychiatry.

Psychologist: Per Part 182 of Michigan Public Act 368 of 1978, as amended: Full license by the state of Michigan to independently practice psychology; or a master’s degree in psychology (or a closely related field as defined by the Michigan Consumer and Industry Services) and licensed by the State of Michigan as a limited licensed psychologist.

Recreation Therapist: Certified as a Certified Therapeutic Recreation Specialist (CTRS) by the National Council for Therapeutic Recreation.

Social Worker: Licensed by the state of Michigan to practice as a Licensed Master’s Social Worker under Michigan Public Act 61 of 2004.


B. Professionals Not Covered by this Policy. This policy applies specifically to the providers listed above. Professionals credentialed under this policy must meet the definition of providers cited above, which excludes the following:

- Licensed Practical Nurses (LPNs),
- Licensed Bachelor’s Social Workers,
- Individuals with a temporary or educational licensure status who have not acquired regular licensure status,
- Registered Social Service Technicians,
- OT Assistants,
- PT Assistants.

In the event that regulations allow for the inclusion of these professionals, these professionals could be credentialed in accordance with this policy.

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.

Competence: The knowledge, skills, ability, and behaviors that a person possesses in order to perform tasks correctly and skillfully.

Credentialing (or credentials review): The process of obtaining, verifying, and assessing the qualifications of a practitioner to provide mental health or substance use disorder services based on established criteria.

Credentialing Committee: A group of behavioral healthcare providers and other staff assigned specific responsibilities for the oversight and management of the credentialing and re-credentialing processes. These responsibilities include: the development and review of credentialing criteria; development and review of competency assessment mechanisms; review of Licensed Independent Provider (LIP) applications to verify accuracy; verification of LIP credentials; review and determination of the status of LIPs who have problematic consumer satisfaction, consumer complaints/grievances, and/or
practice patterns; and development and implementation of an appeal process for adverse credentialing decisions.

The members of the CMHPSM Credentialing Committee will be appointed by the Regional Operations Committee. Members may include representatives from a variety of professional disciplines. Individuals from professional disciplines not represented on the Committee may be asked to participate on a temporary, as-needed basis. Meetings will occur monthly or as needed.

Credentialing Criteria: The minimum qualifications expected for network providers such as: licensure, education, experience, training, current competence, malpractice/liability insurance limitations and claims history, and ability to perform clinical responsibilities.

Cultural Competence: The ability to provide services tailored to the unique needs of a particular population. This can include language competence or knowledge of and sensitivity to specific issues related to cultural or group values and norms.

Licensed Independent Provider (LIP): Any individual permitted by law and the contracting organization to provide care and services without direction or supervision, within the scope of the individual’s license.

Peer Review: For the purposes of this policy, an assessment of the competence of an individual, performed by another individual of the same professional discipline, typically completed through reviewing clinical documentation and examples of the individual’s work, against existing professional standards.

Primary Source Verification: The confirmation of specific credentials of a network provider applicant such as licensure, education, experience, training, etc., obtained directly from the original source from or by which the applicant received the credential.

Provider Network: The comprehensive list of LIPs who are credentialed as outlined in this policy.

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

V. POLICY

The CMHPSM ensures the following:

- The provision of high quality, cost effective mental health and substance use disorder services to CMHPSM consumers.
- Consumer access to a timely, geographically convenient, and specialized array of mental health and substance use disorder treatment and support services.
- LIPs meet and/or exceed the accreditation and regulatory standards for practicing and delivering services independently.
- The decision to enter into a contractual relationship with any LIP credentialed by the CMHPSM under this policy is left to each CMHSP based on the needs of their board and community.
VI. STANDARDS

A. CMHPSM vs. CMHSP Responsibilities

The CMHPSM will conduct the credentialing process for Licensed Independent Providers. This policy applies to professionals meeting the definitions under section III.A who enter into a contract as an individual, not as an employee of an accredited provider organization.

CMHSPs who wish to contract with an LIP will refer those providers to the CMHPSM Network/Operations Manager for credentialing, along with a verified picture identification issued by a state or federal agency (e.g. driver’s license or passport).

The CMHPSM will collect, verify and evaluate the provider’s credentials and communicate its decision as to whether the provider is approved and for which populations to the CMHSP. The CMHSP may then choose to enter into a contractual relationship with the provider if it is the CMHSP’s desire to do so. The execution of a service contract is the responsibility of the CMHSP. It is at the discretion of each CMHSP whether or not to contract with an LIP recommended by the Credentialing Committee. Each CMHSP will follow its own board approved procedures for offering a contract to an LIP credentialed under this policy. The duties and responsibilities of the LIP provider including the services to be provided must be identified in the contract, and must conform to those services allowed under their Michigan licensure and the Medicaid Manual and Medicaid Provider Qualifications published by the State of Michigan. LIP’s will be oriented to the organization, relevant policies and procedures, and to their duties and responsibilities regarding consumers, prior to delivering services.

The LIP credentialing process is implemented by the PIHP as follows:
1. CMHPSM Chief Executive Officer: Responsible for overall oversight and implementation of credentialing process;
2. CMHPSM Network Management Committee: Appoint CMHPSM Credentialing Committee chair, provide oversight to CMHPSM Credentialing Committee;
3. CMHPSM Network/Operation Manager assigned staff: receive and process credentialing requests, conduct and compile credentials verification, present completed credentialing packets to CMHPSM Credentialing Committee for review, communicate results of credentialing review and recommendations to CMHSPs and providers.

B. Initial Credentialing Process

Credentialing of all licensed independent providers (LIPs) will require primary source verification to confirm degree awarded, state licensure/certification/registration, psychiatric residency, board certification, and insurance coverage. Credentialing of all LIPs will also include a criminal background check, and a Child Abuse/Neglect Central Registry Check.
Credentialing of all licensed independent providers will include verification that the provider is not excluded from participation in federal health care programs through the Office of Inspector General’s exclusions database, per MDHHS contract specifications. It will include queries from the American Medical Association and the National Practitioners Database and other resources for applicable disciplines. Any identified restrictions or sanctions of clinical responsibilities enacted by these or other behavioral health care organizations will be investigated through the primary source.

The CMHPSM shall ensure that the credentialing and re-credentialing processes do not discriminate against any healthcare professional solely on the basis of licensure, registration, or certification; or due to the fact that the individual serves high-risk populations or specializes in the treatment of conditions that require costly treatment.

Credentialing of all LIPs will include verification of current competence by obtaining a written attestation by the applicant of their ability to perform the applicable duties and responsibilities and verified by at least two written peer recommendations from professionals of the same or equivalent discipline.

Collection, verification of credentialing information, and the retention of the completed file will be conducted by staff of the CMHPSM. A completed file for each applicant will contain:

1. A completed, signed, and dated credentialing application which includes attestation of:
   a. lack of current illegal drug use;
   b. any history of loss of license and/or felony convictions;
   c. any history of loss or limitations of privileges or disciplinary action;
   d. correctness and completeness of the application;
   e. ability to perform duties and responsibilities.

2. Verification of identity conducted by viewing a valid picture identification issued by a state or federal agency (e.g. driver’s license or passport).

3. Resume/curriculum vitae covering at least the last five years.

4. Education - verification of highest degree awarded from an accredited school.

5. Training – verification of residency completion and board certification (physician only).

6. Licensure – verification of license/certification/registration including any actions against license/certification/registration.

7. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list; results of follow up on identified restrictions to clinical responsibilities/privileges; results of follow up on any disciplinary status with a regulatory board or agency; results of NPDB query for applicable disciplines.

8. Results of criminal background check.

9. Results of Child Abuse/Neglect Central Registry Check.
10. Minimum of two written peer recommendations of the same discipline or equivalent.
11. Professional liability insurance – verification of current & adequate coverage and history of professional liability claims resulting in a judgment or settlement.
12. Verification of Drug Enforcement Agency registration, and if applicable, controlled substance certificate. (Physicians, Physician Assistants, and Nurse Practitioners only)

The CMHPSM will conduct the credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information that prevents the process from proceeding. Applicant files which remain incomplete after 90 days will be closed with notice sent to the applicant. Completed application files will be presented to the CMHPSM Credentialing Committee for review. The CMHPSM Credentialing Committee review will occur within 90 days from the date the applicant’s information is verified.

At the request of the Executive Director of a CMHSP, and due to immediate consumer need, the credentialing process described above may be expedited. Under the expedited process, credentialing may be temporarily approved without the Child Abuse/Neglect Central Registry Check, as long as the criminal background check is conducted; and the professional references may be taken verbally instead of in writing. These items shall be obtained and included for a full review by the Credentialing Committee during the month following the expedited process.

In some instances, the CMHPSM may decide to use and not duplicate the credentialing process of a hospital accredited by The Joint Commission. The CMHPSM will notify the hospital of its intention to use the hospital’s credentialing decision as a basis for contracting with an LIP credentialed by that hospital.

Upon receipt of a completed application file from the CMHPSM, the Credentialing Committee will review the application materials to establish that the applicant’s education and training, experience, licensure, competency, and ability to perform duties and responsibilities are appropriate for their professional discipline and for the populations requested. Based on this review, the CMHPSM will communicate the decision that the provider is approved or denied, and for which populations, to the CMHSP Executive Director(s).

C. Re-Credentialing

The credentialing of licensed independent providers in accordance with this policy must be renewed at least every two years. The CMHPSM Operations Manager/Credentialing Committee will re-credential providers at the request of the CMHSPs. The CMHPSM will not re-credential providers with whom no CMHSP intends to contract. At the end of the two year credentialing period, an LIP who no longer wishes to provide services for the CMHPSM or CMHSPs will not be re-credentialled. The CMHPSM will initiate the re-credentialing process 90 days before the expiration of the current credentialing term.
During the re-credentialing process, if an LIP is determined by the Credentialing Committee to not meet the necessary standards, a recommendation will be presented to the CMHSP to terminate its contract with the LIP. The CMHPSM will provide notification to the LIP in writing of the recommendation and reason for the recommendation along with written notification of the appeal process. The LIP file will contain the appropriate documentation supporting the decision for not re-credentialing the LIP.

For an LIP to be re-credentialed, a completed re-credentialing file for each applicant will contain updated information on all of the following:

1. An update of information obtained during the initial credentialing (see Section B of this policy).
2. Ongoing monitoring and intervention, if appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which includes:
   a. Sanctions/exclusions/restrictions – results of queries of Medicaid/Medicare sanctioned providers list, results of follow up on identified restrictions to clinical responsibilities, results of NPDB query for applicable disciplines.
   b. Licensure – verification of license/certification/registration including any actions against license/certification/registration.
3. Verification of current competence by Peer Review, as defined in section VI above. The LIP and/or contracting CMHSP will identify cases to be reviewed. For an LIP that has not contracted with a CMHSP or in a case where consumer files are not available to be peer reviewed, two professional references will be obtained from the same or equivalent discipline.
4. Verification of current competence by CMH Review, to include confirmation of adherence to organization policies and procedures or contract requirements, consumer feedback or concerns, including any grievances or appeals against the LIP, any relevant performance improvement issues/feedback, and clinical performance that either exceeds or fails to meet acceptable standards, if applicable.
5. Professional liability insurance – verification of current & adequate coverage provided by the insurance carrier.
6. Verification of Drug Enforcement Agency registration and, if applicable, controlled substance certificate.

The CMHPSM will conduct the re-credentialing process in a timely manner. Applicants will be notified as soon as possible of missing information which prevents the process from proceeding. Completed application files will be presented to the CMHPSM Credentialing Committee for review. The CMHPSM Credentialing Committee review will occur within 30 days from the date the applicant’s information is verified. Based on this review, the CMHPSM will communicate the decision that the provider is approved or denied, and for which populations, to the CMHSP Executive Director(s).

An applicant brought forward for re-credentialing who does not have all necessary information submitted for the credentialing committee review prior to the credentialing expiration date, shall not deliver services past the expiration
date. Upon completion of the application and a favorable credentialing committee recommendation the applicant shall deliver services.

D. Additional Responsibilities of the CMHPSM Credentialing Committee

In addition to the responsibilities identified in previous sections of this policy, the CMHPSM Credentialing Committee is charged with the following responsibilities:

1. Make recommendations to the CMHPSM Network Management Committee regarding additions, deletions, or changes to the list of professions covered by this policy.
2. Review an LIP’s documented performance in between credentialing and re-credentialing time periods per the request of the CMHPSM and/or CMHSP. Make recommendations to the CMHSP on whether to maintain credentialing status or withdraw credentialing status. If credentialing status is withdrawn, the CMHSP shall proceed with termination of the contract. The CMHPSM will provide notification to the LIP in writing of the recommendation and reason for the recommendation along with written notification of the appeal process.
3. Develop credentialing criteria and update these criteria as needed. Criteria will be based on Joint Commission standards, MDHHS, federal or other state requirements, and other relevant professional standards. CMHPSM & CMHSP approval for these criteria will be obtained as necessary.
4. Establish reasonable timelines for the credentialing process.
5. Assist CMHPSM staff in creating provider applications and other forms or processes to assist in the implementation of this policy.

E. Reporting

The CMHPSM and CMHSPs shall ensure that practitioner misconduct is reported to the appropriate authorities (i.e., MDHHS, the provider’s regulatory board or agency, and/or the Attorney General, etc.), if such conduct results in the termination or denial of credentialing status. Reporting procedures will be consistent with current federal and state requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

F. Appeal Process for Licensed Independent Providers

Licensed independent providers may appeal adverse CMHPSM credentialing decisions. LIPs will be notified of their right to appeal adverse decisions, during initial credentialing and re-credentialing processes.

Information relevant to an LIP’s ability, suitability or appropriateness to fulfill CMHPSM’s credentialing requirements will be considered by the CMHPSM Credentialing Committee during the initial credentialing and subsequent re-credentialing processes, and at any other time that such information comes to the attention of CMHPSM. Additional information from the LIP or from other
sources, when available, will be included for consideration. Criteria to terminate or deny credentialing may include:

1. Failure to maintain appropriate insurance as required by contract;
2. Failure to maintain an active license and failure to inform the CMHPSM of any changes in licensure status, pending investigations relating to licensure or malpractice suits being filed;
3. Falsifying information on initial or renewal application;
4. Falsifying any documents submitted with the initial or renewal application;
5. Failure to abide by the terms of the contract;
6. Illegal or fraudulent billing practices;
7. Exclusion from participation in Federal health care programs;

The LIP may request to appeal an adverse decision regarding credentialing by contacting the CMHPSM Chief Executive Officer/designee directly within 10 business days of the date of the written notification. The appeal must be in writing and must specify the nature of the disagreement or the facts in dispute.

The CMHPSM Chief Executive Officer/designee will schedule a hearing within 10 business days of the LIP’s request for appeal. The CMHPSM Chief Executive Officer/designee will convene an appeal committee which may include: members of the CMHPSM Credentialing Committee; another licensed independent practitioner who has clinical responsibilities in the same discipline as the LIP requesting the hearing, clinical staff, board members, consumers, and/or others based on their relevance to the nature of the appeal.

The CMHPSM Chief Executive Officer/designee will preside over the hearing. The agenda will include: a restatement of the CMHPSM Credentialing Committee’s adverse recommendation; an opportunity for the LIP requesting the appeal to present reasons why the adverse recommendation should be changed and to present any supporting information in oral and/or written form; and an opportunity for the appeal committee members to ask questions.

Following the hearing the CMHPSM Chief Executive Officer/designee will consult with the appeal committee members. The CMHPSM Chief Executive Officer/designee will make a final decision about the appeal and notify the LIP. A copy of all appeal documentation will be retained in the licensed independent practitioner’s credentialing file.

VI. EXHIBITS (NONE)

VIII. REFERENCES

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<td>Human Resources Management Chapter Leadership Chapter</td>
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<td>CMHPSM Financial Fraud and Abuse Reporting Policy</td>
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<td>MDHHS Michigan Medicaid Provider Manual</td>
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<td>Michigan Department of Health and Human Services – PIHP Contract, Attachment P 7.1.1, Credentialing Policy</td>
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I. PURPOSE

To establish guidelines and standards that ensure consumers are provided all opportunities for self-determination available to them throughout the Community Mental Health Partnership of Southeast Michigan.

II. REVISION HISTORY

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<td>8/14/15</td>
<td>Revision/Rewriting</td>
<td>Revised to reflect current regional entity practice and compliance with state/federal requirements</td>
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<tr>
<td>7/18/2019</td>
<td>Revision/Rewriting</td>
<td>Reviewed for continued compliance and relevance.</td>
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III. APPLICATION

This policy applies to all consumers, guardians, and families served in the CMHPSM region. This policy also applies to all CMHPSM staff, and all providers in a contractual relationship with CMHSPs, in the region and/or the CMHPSM.

IV. POLICY

Consumers of the Community Mental Health Partnership of Southeast Michigan will be provided every opportunity to have the freedom to define the life that they seek and receive the necessary support in pursuit of that life. To this aim, each CMHSP shall incorporate self-determination principles in both daily practices that emphasize participation and the achievement of personal choice and control for consumers/families, and where possible, the use of formal Self Determination/Choice Voucher arrangements.

V. DEFINITIONS
Agency With Choice Model - a self-determination/choice voucher arrangement in which a contractual provider/agency maintains and oversees a resource pool of staff from which a consumer/participant can choose to hire for a self-determination/choice voucher arrangement. In this model the agency is responsible to ensure staff meet all state and federal provider staff qualifications and training requirements for arrangements. The agency with choice may also act as the role of the fiscal intermediary. Also with this model, the agency has a contractual arrangement with the CMHSP.

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, intellectual/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.

Direct Employment Model – a self-determination/choice voucher arrangement in which the consumer/participant finds and directly hires and contracts with his/her own staff. In this model it is the participants’ responsibility to ensure their staff meet all state and federal provider qualifications. The fiscal intermediary still maintains payroll responsibilities.

Fiscal Intermediary - an independent legal entity that acts as the fiscal agent of the CMHSP for the purpose of assuring fiduciary accountability for the funds comprising the consumer budget. The purpose of the fiscal intermediary is to receive funds that make up the consumer budget and make payments as authorized by the consumer receiving services to the providers and other parties to whom a that person may be obligated.

Individual Budget - a fixed allocation of public mental health resources as well as other resources MDHHS Home Help dollars, the consumer’s resources, Section 8, etc.). These resources are negotiated during the person-centered planning process, developed into an individualized budget and approved by the local CMHSP. The consumer using a Self-Determination/Choice Voucher arrangement uses the funding authorized to acquire, purchase and pay for specialty mental health services and supports that support accomplishment of the consumer’s plan.

Participant – the individual named on agreements who is considered the employer of record. The participant is responsible for hiring, overseeing, and firing staff who provide services to the consumer, signing off on timesheets, ensuring staff meet all Medicaid provider requirements, and maintaining all other employer-related aspects of Self-Determination/Choice Voucher agreements, policies, and procedures. The participant can be the consumer (if one does not have a legal guardian), the legal guardian/parent of minor, or other capable adult chosen by the consumer/guardian.

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.

**Self-Determination/Choice Voucher Arrangement(s)** - the system that supports the use of direct consumer-provider contracting by which participants (consumer, guardian/parent of minor, or other capable adult) choose to be the legal employer of record to hire/manage staff that provide the services and supports identified in the consumers individualized plan of service (IPOS). The system includes a set of written agreements/requirements, the use of a fiscal intermediary, and an individual budget, to ensure all service and payment Medicaid regulations are maintained/followed. The term Self-Determination arrangement is used for adult consumers. The term Choice Voucher is used for children/families.

**Self-Determination** - a set of concepts and values that emphasize a belief that someone with a disability should be able to define the life that they want, make meaningful choices that impact that life and have control over that life. Self-determination also involves the importance of system-change to assure that services and supports are not only person-centered, but person-defined and person-controlled. This set of concepts and values shall provide a basis for which the local CMHSP delivers their services. Self-determination is based on four principles. These principles are:

1. **Freedom**: The ability for the consumer, with assistance from those closest to them (friends, family, community, provider support), to plan the life that they choose. This includes the freedom to choose where and with whom they live with, how they connect and contribute to their community, and the development of a personal lifestyle.

2. **Authority**: Consumers have the power to make decisions and truly control their lives. This includes authority over financial resources, as well as authority to determine what supports are needed, how they will be implemented and by whom. People have control of hiring and evaluating those who will provide support.

3. **Support**: The arranging of resources and personnel, both formal and informal, to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the support to develop a life dream and reach toward that life dream.

4. **Responsibility**: Consumers, as they take greater control and authority over their lives and resources, assume greater responsibility for their decisions and actions. They are also responsible to contribute from all financial resources at their disposal. This includes the responsibility to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

**VI. STANDARDS**

A. The CMHPSM and CMHSPs will ensure that the planning and delivery of services are designed to encourage and support consumers to make their own choices and control their own lives, with self-determination as part of the daily framework.
B. Each CMHSP is responsible for managing the Self-Determination/Choice Voucher arrangements they develop with consumers/families. This includes:

- Ensuring their staff are trained in self-determination principles and practices
- Providing clear orientation/education to consumers and families on the CMHSP expectations in using a formal arrangement and their role in keeping all state and federal requirements. (See CMHPSM SDA/CV User Manual)
- Ensuring proper agreements are used
- Ensuring Fiscal Intermediaries developed an individual budget that is completed in conjunction with the individual plan of services (IPOS)
- Ensuring the use of a fiscal intermediary
- Ensuring Self-Determination/Choice Voucher arrangements meet state/MDCH contract requirements and Medicaid regulations
- Providing oversight/monitoring to ensure that services are being provided through the arrangement as written in the consumer’s IPOS and that all state/federal requirements are being met for service provision
- Having documented conditions by which a consumer’s Self-Determination/Choice Voucher arrangement would be withdrawn/terminated
- Assuring the CMHSP has a contract with at least one fiscal intermediary (FI), and the FI(s) are knowledgeable and supportive of the principles of self-determination, are able to work with a range of consumer styles and characteristics, and are free from other relationships involving the CMHSP or the consumer that would have the effect of creating a conflict of interest.
- Having a mechanism that provides oversight and monitoring in ensuring compliance with self-determination/choice voucher arrangements.

C. All consumers/families/legal representatives shall be provided with the necessary information and education about the principles of self-determination and the possibilities, models and arrangements involved. All consumers/families/legal representatives shall have access to the tools and mechanisms supportive of self-determination.

D. Consumers/families/legal representatives will be informed all self-determination opportunities available to them as part of the pre-planning stage of person centered planning. Documentation of the pre-planning process will include what aspects of self-determination were offered to the consumer and whether the consumer wishes to pursue those options.

E. Consumers who have Medicaid will be informed of their opportunities to have formal self-determination/choice voucher arrangements. Documentation of the pre-planning process will include what aspects of self-determination were offered to the consumer and whether the consumer wishes to pursue those options.
   a. Adults with intellectual /developmental disabilities and adults with mental illness who have Medicaid will be offered opportunities for
formal Self-Determination arrangements as part of the person centered planning process.

b. Families of minor children on the Children’s Waiver Program (CWP), Serious Emotional Disturbances Waiver (SEDW) and the Habilitation Supports Waiver (HSW) will be offered the option of formal Choice Voucher arrangements as part of the person centered planning process.

c. Each local CMHSP may elect to provide the option of choice voucher arrangements to other families of minor children who have Medicaid and are not enrolled in the waiver programs. If this option is provided the CMHSP shall ensure all aspects if this policy are applied.

F. Consumers/legal representatives who express a desire for a self-determination/choice voucher arrangement, but are not yet ready to manage their own arrangement nor find a willing and able participant, will be provided with as many alternative ways as possible to make choices based on self-determination principles. This includes:

- Using the person centered planning process to develop goals/steps toward removing any barriers and providing any needed services/supports towards having a self-determination/choice voucher arrangement
- Access to a provider entity that can serve as employer of record for personnel selected by the consumer
- Consumer choice of staff with contractual providers
- Consumer choice of CMHSP-employed direct staff and support personnel where possible
- Consumer choice in all/any other aspects of their life wherever possible

G. A consumer may select a representative to act as the participant/employer of record to enter into Self-Determination arrangements in order for the consumer to participate in consumer-directed supports and service arrangements.

H. A person selected as the participant for the consumer shall not supplant the role of the consumer in the process of person-centered planning.

I. Where the consumer has a legal guardian as their participant, the role of the guardian in self-determination shall be consistent with the guardianship arrangement established by the court.

J. Where the consumer has been deemed to require a legal guardian, the CMHSP shall assure that the consumer’s preferences and dreams that drive the use of self-determination arrangements and the best interests of the consumer are primary.

K. A CMHSP shall have the discretion to limit or restrict the use of self-determination arrangements by a guardian when the planned or actual use of those arrangements by the guardian is in conflict with the expressed goals and outcomes of the consumer and/or Medicaid regulation.
L. CMHSPs shall ensure that an individual budget is used with formal Self-Determination and Choice Voucher arrangements. The individual budget will be incorporated into the person-centered planning process, and comply with all state requirements related to individual budgets for Self-Determination/Choice Voucher Arrangements and funding of CMH covered services.

M. CMHSP contractual language with provider entities shall assure consumer selection of personnel, and removal or reassignment of personnel who fail to meet consumer preferences.

N. All personnel selected by the consumer, whether she or he is acting as employer of record or not, shall meet applicable provider requirements for direct support personnel.

VII. EXHIBITS
Self-Determination/Choice Voucher CMHPSM Staff Training Manual

VIII. REFERENCES
MDHHS PIHP Contract
MDHHS CMHSP Contract
MDHHS Self-Determination Technical Advisory
MDHHS Self-Determination Policy & Practice Guideline
Washtenaw County Community Mental Health
WCCMH

Fiscal Year 2020
Annual Operating Budget

Pg 2  FY 2020 Budgeted Revenues and Expenditures
Pg 3  FY 2020 Administrative Budget Details
Pg 4  FY 2020 Direct Services Budget Details
Pg 5  FY 2020 Contracted Services Budget Details
Pg 6-7 FY 2020 Budget by Fund Source
## Washtenaw County Community Mental Health
### Fiscal Year 2020 Budget

<table>
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<td>$6,693,583</td>
<td>(1,203,726)</td>
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<td>$6,420,297</td>
<td>(-930,440)</td>
<td>$6,693,583</td>
<td>(1,203,726)</td>
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<td>$27,068,623</td>
<td>(-2,055,503)</td>
<td>$27,896,491</td>
<td>(2,883,371)</td>
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<tr>
<td>Total Direct Services</td>
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<td>$27,068,623</td>
<td>(-2,055,503)</td>
<td>$27,896,491</td>
<td>(2,883,371)</td>
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<td>$53,100,509</td>
<td>(1,993,592)</td>
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<td>Total Contracted Services</td>
<td>$51,106,917</td>
<td>$51,751,952</td>
<td>(-645,045)</td>
<td>$53,100,509</td>
<td>(1,993,592)</td>
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<td><strong>Other Non-Service Costs</strong></td>
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<td>Shelter</td>
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<td><strong>Total Other Non-Service Costs</strong></td>
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<td>$1,282,838</td>
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<td>$1,282,838</td>
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<tr>
<td><strong>Grants And Contracts</strong></td>
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<tr>
<td>Grants And Contracts</td>
<td>$2,147,909</td>
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<td>$138,890</td>
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<td><strong>Total Expenses</strong></td>
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### WCCMH Administrative Expenses

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<tbody>
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<td>Administration</td>
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<td>$714,949</td>
<td>$(276,025)</td>
<td>$804,706</td>
<td>$(365,782)</td>
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<td>(a) Compliance</td>
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<td>137,827</td>
<td>1,682</td>
<td>138,862</td>
<td>647</td>
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<td>(a) Finance</td>
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<td>833,000</td>
<td>23,119</td>
<td>830,429</td>
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<td>Human Resources</td>
<td>128,180</td>
<td>125,530</td>
<td>2,650</td>
<td>128,848</td>
<td>(668)</td>
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<td>(a) Information Management</td>
<td>171,318</td>
<td>347,803</td>
<td>(176,485)</td>
<td>379,364</td>
<td>(208,046)</td>
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<td>(a) Intake/Enrollment</td>
<td>693,567</td>
<td>787,058</td>
<td>(93,491)</td>
<td>839,857</td>
<td>(146,290)</td>
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<td>(a) Member Services</td>
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<td>314,632</td>
<td>(163,220)</td>
<td>301,446</td>
<td>(150,034)</td>
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<td>(a) Network Management</td>
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<td>515,556</td>
<td>(79,636)</td>
<td>441,320</td>
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<tr>
<td>(a) Quality/Performance Imp.</td>
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<td>306,881</td>
<td>(141,960)</td>
<td>301,075</td>
<td>(136,154)</td>
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<td>(b) Recipient Rights</td>
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<td>(a) Utilization Review</td>
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<td><strong>TOTAL</strong></td>
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<td><strong>$6,420,397</strong></td>
<td><strong>$(930,440)</strong></td>
<td><strong>$6,693,583</strong></td>
<td><strong>$(1,203,726)</strong></td>
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(a) All or a portion of this administrative category is a delegated function of the PIHP.

(b) Revenue contracts exist with Affiliate Partner CMH’s for the purchase of these administrative functions.

**FY 2020 Budget Details:**

1. The above categories include wage increases as determined by County BOC.
2. Slight fringe decreases are reflected in the above categories as well. The figures reflect a medical savings but an increased retirement contribution.
3. The projected expenses for FY2020 prior to the reductions identified below was $7,000,000.
4. Staffing reductions are identified in the areas of Administration, Information Management, Member Services and Performance Improvement totaling $403,500.
5. Offsets for millage/CCBHC administrative work have been identified in the areas of Administration, Finance, Intake/Enrollment and Utilization Review totaling $470,000.
**WCCMH Direct Service Expenses**

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<td>Program Support</td>
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<td>Behavior Management</td>
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<td>Crisis Stabilization</td>
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<td>Home Based</td>
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<td>Jail Services</td>
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<td>542,998</td>
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<td>545,781</td>
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<td>Nursing</td>
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<td>111,730</td>
<td>81,906</td>
<td>29,824</td>
<td>178,200</td>
<td>(66,470)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$25,013,120</strong></td>
<td><strong>$27,088,623</strong></td>
<td><strong>($2,055,503)</strong></td>
<td><strong>$27,696,491</strong></td>
<td><strong>($2,883,371)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**FY 2020 Budget Details:**

1.) The above categories include wage increases as determined by County BOC.

2.) Slight fringe decreases are reflected in the above categories as well. The figures reflect a medical savings but an increased retirement contribution.

3.) There is an assumed attrition budgeted for hiring freeze and no identified staff reductions.

4.) The projected expenses for FY2020 before the following reductions was over $29,000,000.

5.) Staffing reductions are identified in the areas of Program Support and Psychiatry totaling $427,000.

6.) Non-staffing reductions were identified in the area of Program Support and Psychiatry totaling $175,000.

7.) Offsets for Millage/CCBHC clinical work have been identified in the areas of Program Support, Crisis Stabilization, Nursing and Psychiatry totaling $635,000.
### WCCMH Contracted Service Expenses

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access/Assessments</td>
<td>$50,000</td>
<td>$50,000</td>
<td>$</td>
<td>99,200</td>
<td>(49,200)</td>
</tr>
<tr>
<td>Autism Services</td>
<td>3,570,000</td>
<td>2,850,000</td>
<td>720,000</td>
<td>3,450,000</td>
<td>120,000</td>
</tr>
<tr>
<td>Community Inpatient</td>
<td>5,375,000</td>
<td>5,400,000</td>
<td>(25,000)</td>
<td>6,100,000</td>
<td>(725,000)</td>
</tr>
<tr>
<td>Community Living Supports</td>
<td>25,446,900</td>
<td>26,400,000</td>
<td>(953,100)</td>
<td>26,600,000</td>
<td>(1,153,100)</td>
</tr>
<tr>
<td>Licensed Facilities</td>
<td>11,017,500</td>
<td>11,500,000</td>
<td>(482,500)</td>
<td>11,300,000</td>
<td>(282,500)</td>
</tr>
<tr>
<td>Nursing</td>
<td>175,000</td>
<td>205,000</td>
<td>(30,000)</td>
<td>140,800</td>
<td>34,200</td>
</tr>
<tr>
<td>Outpatient</td>
<td>7,500</td>
<td>7,500</td>
<td>-</td>
<td>3,800</td>
<td>3,700</td>
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<tr>
<td>Peer Supports/Drop-In</td>
<td>288,497</td>
<td>288,497</td>
<td>-</td>
<td>288,497</td>
<td>-</td>
</tr>
<tr>
<td>PERS</td>
<td>145,000</td>
<td>145,000</td>
<td>-</td>
<td>148,212</td>
<td>(3,212)</td>
</tr>
<tr>
<td>PSR/Clubhouse</td>
<td>555,000</td>
<td>555,000</td>
<td>-</td>
<td>485,000</td>
<td>70,000</td>
</tr>
<tr>
<td>Respite</td>
<td>670,000</td>
<td>670,000</td>
<td>-</td>
<td>575,000</td>
<td>95,000</td>
</tr>
<tr>
<td>Skill Building</td>
<td>3,121,520</td>
<td>2,995,965</td>
<td>125,555</td>
<td>3,155,000</td>
<td>(33,480)</td>
</tr>
<tr>
<td>Specialty Services</td>
<td>65,000</td>
<td>65,000</td>
<td>-</td>
<td>110,000</td>
<td>(45,000)</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>500,000</td>
<td>500,000</td>
<td>-</td>
<td>420,000</td>
<td>80,000</td>
</tr>
<tr>
<td>All Other Contracted Services</td>
<td>120,000</td>
<td>120,000</td>
<td>-</td>
<td>225,000</td>
<td>(105,000)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$51,106,917</strong></td>
<td><strong>$51,751,962</strong></td>
<td>$ (545,045)</td>
<td><strong>53,100,509</strong></td>
<td>(1,993,592)</td>
</tr>
</tbody>
</table>

**FY 2020 Budget Details:**

1.) The above contracted service categories have been budgeted to reflect the projected utilization.
<table>
<thead>
<tr>
<th>Fund</th>
<th>Revenue</th>
<th>Expense</th>
<th>Surplus/(Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Fund</strong></td>
<td>CMH Operations $3,509,812</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redirect To SED Waiver -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Redirect To Children’s Waiver -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funding from Other Sources -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total General Fund Revenue</strong></td>
<td></td>
<td>$3,509,812</td>
</tr>
<tr>
<td></td>
<td><strong>Total General Fund Expense</strong></td>
<td></td>
<td>$3,343,074</td>
</tr>
<tr>
<td></td>
<td><strong>General Fund Surplus/(Deficit)</strong></td>
<td></td>
<td>$166,738</td>
</tr>
<tr>
<td><strong>SED Waiver</strong></td>
<td>Revenue -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>SED Waiver Surplus/(Deficit)</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Children’s Waiver</strong></td>
<td>Revenue -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense -</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CW Surplus/(Deficit)</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Grants and Contracts</strong></td>
<td>Revenue $3,304,494</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense $3,304,494</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Grants &amp; Cont. Surplus/(Deficit)</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td>Revenue $1,613,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense $1,613,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Local Surplus/(Deficit)</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>CMHSP to CMHSP</strong></td>
<td>Revenue $750,116</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense $750,116</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>All Other Surplus/(Deficit)</strong></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>Revenue $85,040,841</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expense $85,040,841</td>
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<td></td>
</tr>
<tr>
<td></td>
<td><strong>Grand Total Surplus/(Deficit)</strong></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>
# Washtenaw County Community Mental Health
## Fiscal Year 2020 Budget by Fund Source

### Medicaid **

<table>
<thead>
<tr>
<th>Revenue</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Plan, B3 &amp; HSW</td>
<td></td>
<td>$66,628,166</td>
</tr>
<tr>
<td>Total Medicaid Revenue</td>
<td></td>
<td>$66,628,166</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Costs</td>
<td></td>
<td>$65,130,047</td>
</tr>
<tr>
<td>Total Medicaid Expense</td>
<td></td>
<td>$65,130,047</td>
</tr>
</tbody>
</table>

| Medicaid Surplus/(Deficit)   |          | $1,498,119  |

### Autism Benefit **

<table>
<thead>
<tr>
<th>Revenue</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Benefit</td>
<td></td>
<td>$3,467,233</td>
</tr>
<tr>
<td>Total Autism Benefit Revenue</td>
<td></td>
<td>$3,467,233</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Costs</td>
<td></td>
<td>$4,025,392</td>
</tr>
<tr>
<td>Total Autism Benefit Exp.</td>
<td></td>
<td>$4,025,392</td>
</tr>
</tbody>
</table>

| Total Autism Surplus/(Deficit)|          | $(558,159)  |

### Healthy Michigan Plan **

<table>
<thead>
<tr>
<th>Revenue</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Michigan Plan</td>
<td></td>
<td>$5,767,820</td>
</tr>
<tr>
<td>Total Healthy Michigan Revenue</td>
<td></td>
<td>$5,767,820</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expense</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Costs</td>
<td></td>
<td>$6,874,518</td>
</tr>
<tr>
<td>Total Healthy Michigan Expense</td>
<td></td>
<td>$6,874,518</td>
</tr>
</tbody>
</table>

| Total Healthy Michigan Surplus/(Deficit) |          | $(1,106,698) |

** Denotes PIHP Medicaid Subcontracting Agreement Funds
TRISH'S UPDATE

Hello CMH –

On September 16, the WCCMH Board approved a balanced FY20 budget and moved it forward to the Board of Commissioners at September 18 meeting. The FY20 budget as presented was fully approved through the BOC and will be effective for 10/1/2019.

The budget includes many difficult decisions and sacrifices from CMH administrative staff. We are thankful that the County is committed to covering $2.6M of our Cost Allocation Plan (CAP) expense for FY20 while we wait for our Medicaid funding to stabilize.

The Medicaid rates and methodology for distribution has turned in a favorable direction for our region and we are hopeful for years to come. Meanwhile, the WCCMH Board and BOC will continue to discuss ways of stabilizing the CMH budget.

I would like to thank those that took the time assisting us in advocating for the Medicaid budget, whether it was a phone call, email or trip to Lansing, there is an overall increase to the mental health budget at the State, so our voices have been heard!

Thank you everyone for sticking with us during these extremely stressful times. There is no price tag on the work we all do here at CMH and your commitment to those we serve is remarkable.

Always looking forward –
Trish

HELLO! & HOORAY!

WELCOME (New Hires):
- Hayley E - Adult MI
- Katelyn K – Customer Services
- LaTanya R – Access/Crisis
- Matthew H – Prescribers Team
- Morgan B – UM/UR
OUR FOND ADIEU: USHA KALLURI

Usha Kalluri is retiring after 21 years of service!!!

Usha has worked for Community Mental Health for the past 21 years and is retiring as of 9/28/2019. She has had multiple roles within the vocational program helping consumers to learn and build skills that can be used in the community. She has helped groups of consumers learn how to make greeting cards for various holidays throughout the year that are later able to be sold. She has worked in groups with consumers to help them shred paper that is collected at various CMH buildings, and helped consumers learn how to build intake packets for our Youth and Family program.

Usha said that her best memories and favorite parts of her job has been working with the clients, working alongside of them, and seeing them succeed. Usha said that she will miss her colleagues who she works really well with and has built relationships with over the years. Most of all she will miss the clients. She said that the client's she works with come to work with her every day and work really hard.

Krista DeWeese, Program Administrator over I/DD services, said that Usha has always had a "calming presence" and does not get rattled easily. That it is because of her demeanor and style, that she has been able to help countless individuals with developmental disabilities to be successful in the community. Her knowledge and history with the program has been incredibly helpful and she has seen the program go through many changes over the years. Krista said that she will be "hugely missed" in the vocational program because of all of her positive effects on consumers.

When Usha retires, she plans on visiting her daughter who lives in Denmark for an extended period, and then returning home to care for her mother. She is really looking forward to this time with her family.

A retirement party will be held for Usha at the Ellsworth location on 9/27 at 2:30PM, please stop by and say hello!

Congratulations Usha!!
CELEBRATION OF SUCCESS & STAFF APPRECIATION

WHEN
MONDAY, OCT. 28TH, 6PM

WHERE
4205 WASHTENAW AVENUE
ANN ARBOR, MI

MORE INFORMATION
Join us for the Celebration of Success & Staff Appreciation on October 28, 2019
The event will begin at 6:00 pm at St. Luke Church

Please consider offering rides to those who may have difficulty finding transportation to the event

SMELLS LIKE TEAM SPIRIT
Friday the 13th was our Fun Friday Tailgate Potluck event.

Staff at across all sites shared food and good times while sporting their favorite looks for their favorite teams.

We look forward to seeing everyone at Eat, Drink and Be Thankful, the last event of 2019 on November 22.

QUARTERLY TRAINING FOR FALL IS LEP!
October 1st brings us into the Fall quarter of the Annual Training schedule where we tackle Limited English Proficiency (LEP).

There have been some changes since last year so be sure to review this material with your team or in Relias. A misdirected request for services can lead to disaster!
Staff have until December 31st to complete the training before the content disappears from Relias until next fall.

**SPEAKING OF TRAINING...**

---

**ORR QUARTERLY TIP**

Did you know Recipient Rights Training requirements are CHANGING? **EFFECTIVE DATE**

10/01/19

All CMH and provider employees will be required to receive recipient rights training annually.

BUT HERE’S THE EXCITING PART, the training may be completed ONLINE.

All new hires will still be required to review and sign the Day One Recipient Rights Training prior to working with any recipients and then an in person Recipient Rights Training, conducted by a CMH Recipient Rights Officer, will be required within 90 days of hire.

The Recipient Rights Office and/or WCCMH reserves the right to require in person training for a specific employee or provider if circumstances warrant it. Please contact the Rights Office with questions.

Relias will be adjusted to the new schedule to reflect your due date annually. This might take a bit of work, so your patience is appreciated.
FREE LIBRARY – OPEN FOR BUSINESS

Hopefully you were able to join us for the Block Party and Official Ribbon Cutting for the Built to Play at Towner last month. Autumn is as great a time as any to relax, have an impromptu jam session or be endlessly amused by delighted families enjoying the play space.

And bring a book or two for the Free Libraries located at the front and side entrances of Towner.

BUILT TO PLAY – PLAY EVERYWHERE!

DON’T EAT THESE FRUITS AND VEGGIES

VIEW FROM ABOVE

DJ LIXXER

A SURE SIGN THE PARTY IS A GOOD ONE

JOIN THE BAND, MAN
BOUNCE OR SPIN

EXPAND YOUR MIND

BORROW OR SHARE A BOOK—NO LATE FEES!

THANKS TO OUR CONTRIBUTORS!

Howard B
Krista D
Leah R
Melisa T
Nick T
Nicole B
Trish C
Washtenaw County Community Mental Health is inviting you to the

Celebration of Success & Staff Appreciation

October 28, 2019

Beginning at 6:00 pm at St. Luke Church
4205 Washtenaw Ave. Ann Arbor MI
1. **Washtenaw County Enrollees**

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

   ![Graph showing Medicaid and HMP enrollees]

   Washtenaw County Medicaid Enrollees were 32,095 in August 2019. This is a 6.81% decrease from the same time last year (2,344 less enrollees than in August 2018). Healthy Michigan enrollment in August was 15,118. This is a 11.05% decrease from the same time last year (1,878 less enrollees than in August 2018).

2. **WCCMH Consumers Served to Date**

   ![Graph showing Medicaid and ABA waiver consumers served]

   Medicaid Consumers Served: FY 2018 Medicaid (3,750) vs. FY 2019 Medicaid (3,800)

   ABA Waiver Consumers Served: FY 2018 Autism Med (200) vs. FY 2019 Autism Med (250)
Medicaid consumers served through August 2019 are 3,976. This is 256 more consumers than the prior year (3,720 consumers were served through August 2018).

ABA Waiver consumers served through August 2019 are 239. This is 58 more consumers than the prior year (181 consumers were served through August 2018).

General fund consumers served through August 2019 are 936. This is 92 more consumers served than the same period last year.

Healthy Michigan consumers served through August 2019 were 1,198. This is 36 more consumers than the same period last year.
3. **Financial Statement Highlights**

   a. CLS service costs to date are $24.6 Million. The costs year to date are 5.25% more than last year as of August 2018. This is $410,000 over 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.

   ![CLS Service Costs Graph]

   c. Community Inpatient costs to date are $5.4 Million. The costs year to date are 7.25% more than last year as of August 2018. This is $443,000 over the budget.
d. Licensed Residential costs to date are $10.4 Million. The costs year to date are 5.34% more than last year as of August 2018. This is $79,000 under the budget.

<table>
<thead>
<tr>
<th></th>
<th>FY18 Actuals</th>
<th>FY19 Budget</th>
<th>FY19 Actuals</th>
<th>YTD % Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct</td>
<td>$845,486</td>
<td>$958,333</td>
<td>$866,002</td>
<td>2.43%</td>
</tr>
<tr>
<td>Nov</td>
<td>$835,532</td>
<td>$958,333</td>
<td>$981,847</td>
<td>5.99%</td>
</tr>
<tr>
<td>Dec</td>
<td>$877,606</td>
<td>$958,333</td>
<td>$932,083</td>
<td>6.02%</td>
</tr>
<tr>
<td>Jan</td>
<td>$945,644</td>
<td>$958,333</td>
<td>$953,401</td>
<td>6.51%</td>
</tr>
<tr>
<td>Feb</td>
<td>$819,635</td>
<td>$958,333</td>
<td>$856,512</td>
<td>6.13%</td>
</tr>
<tr>
<td>Mar</td>
<td>$857,183</td>
<td>$958,333</td>
<td>$960,377</td>
<td>7.12%</td>
</tr>
<tr>
<td>Apr</td>
<td>$977,074</td>
<td>$958,333</td>
<td>$889,860</td>
<td>4.56%</td>
</tr>
<tr>
<td>May</td>
<td>$897,294</td>
<td>$958,333</td>
<td>$992,975</td>
<td>5.34%</td>
</tr>
<tr>
<td>Jun</td>
<td>$946,248</td>
<td>$958,333</td>
<td>$980,370</td>
<td>5.14%</td>
</tr>
<tr>
<td>Jul</td>
<td>$979,928</td>
<td>$958,333</td>
<td>$1,028,172</td>
<td>5.18%</td>
</tr>
<tr>
<td>Aug</td>
<td>$954,501</td>
<td>$958,333</td>
<td>$1,020,486</td>
<td>5.34%</td>
</tr>
<tr>
<td>Sep</td>
<td>$907,217</td>
<td>$958,333</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Licensed Residential Change Chart]

- **Licensed Residential**

  - Oct: $845,486
  - Nov: $835,532
  - Dec: $877,606
  - Jan: $945,644
  - Feb: $819,635
  - Mar: $857,183
  - Apr: $977,074
  - May: $897,294
  - Jun: $946,248
  - Jul: $979,928
  - Aug: $954,501
  - Sep: $907,217

- **Autism Service**

  - Oct: $232,440
  - Nov: $191,560
  - Dec: $211,309
  - Jan: $209,977
  - Feb: $147,684
  - Mar: $252,156
  - Apr: $197,173
  - May: $257,596
  - Jun: $284,231
  - Jul: $170,328
  - Aug: $344,560
  - Sep: $223,270

![Autism Change Chart]

- **Autism Service**

  - Oct: $232,440
  - Nov: $191,560
  - Dec: $211,309
  - Jan: $209,977
  - Feb: $147,684
  - Mar: $252,156
  - Apr: $197,173
  - May: $257,596
  - Jun: $284,231
  - Jul: $170,328
  - Aug: $344,560
  - Sep: $223,270

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 August 2019 were 173. The number of cases that met their spend-down deductible through August 2019 were 164. The amount spent through August 2019 is $1.0 Million.
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 $6.4 Million.
   c. By funding source, HMP is showing a deficit of $2.8 Million

5. **State General Fund Key Points**

   a. General Fund programs and funding redirected to other Risk-Based programs is showing a deficit of $207,000.
   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. $84,000 to SED Waiver  
      ii. $194,000 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 $228,000 through August 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 currently has no fund balance available for fiscal year 2019.
### Medicaid **

<table>
<thead>
<tr>
<th>Category</th>
<th>Revenue</th>
<th>Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>B &amp; B3</td>
<td>$36,318,721.91</td>
<td>$57,807,090.83</td>
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</tr>
<tr>
<td>HSW</td>
<td>21,626,499.94</td>
<td>6,843,568.09</td>
<td></td>
</tr>
<tr>
<td>Prior Year Adjustments</td>
<td>-</td>
<td>Redirect To Cover COFR Exp.</td>
<td></td>
</tr>
<tr>
<td>Care for CaId</td>
<td>242,547.94</td>
<td>Redirect To Cover MiChild Exp</td>
<td></td>
</tr>
<tr>
<td>Total Medicaid Revenue</td>
<td>$58,187,769.79</td>
<td>$64,650,658.92</td>
<td></td>
</tr>
</tbody>
</table>

### Autism Benefit **

<table>
<thead>
<tr>
<th>Category</th>
<th>Revenue</th>
<th>Expense</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Benefit</td>
<td>$2,449,747.67</td>
<td>Medicaid Service Costs</td>
<td></td>
</tr>
<tr>
<td>MIChild Benefit</td>
<td>-</td>
<td>Admin. Cost Allocation</td>
<td></td>
</tr>
<tr>
<td>Total Autism Benefit Revenue</td>
<td>$2,449,747.67</td>
<td>MIChild Service Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Admin. Cost Allocation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Autism Benefit Expense</td>
<td>$2,449,747.67</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Autism Surplus/(Deficit)</td>
<td>-</td>
</tr>
</tbody>
</table>

### Healthy Michigan **

<table>
<thead>
<tr>
<th>Category</th>
<th>Revenue</th>
<th>Expense</th>
<th>Healthy MI Surplus/(Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$3,952,853.79</td>
<td>$6,775,079.30</td>
<td>$(2,822,225.51)</td>
</tr>
</tbody>
</table>

### General Fund

<table>
<thead>
<tr>
<th>Category</th>
<th>Revenue</th>
<th>Expense</th>
<th>General Fund Surplus/(Deficit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMH Operations</td>
<td>$2,888,668.17</td>
<td></td>
<td>$(207,805.98)</td>
</tr>
<tr>
<td>CMH Operations Contra</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Categorical</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redirect To SED Waiver</td>
<td>(84,007.61)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redirect To Children's Waiver</td>
<td>(194,233.99)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redirect To Injectable Meds.</td>
<td>(28,295.28)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding Fr. Other Local Sources</td>
<td>58,442.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total General Fund Revenue</td>
<td>$2,640,573.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total General Fund Expense</td>
<td>$2,848,379.70</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund Surplus/(Deficit)</td>
<td>$ (207,805.98)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fund Source</td>
<td>Revenue</td>
<td>Expense</td>
<td>Surplus/(Deficit)</td>
</tr>
<tr>
<td>----------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>SED Waiver</strong></td>
<td>$162,444.07</td>
<td>$162,444.07</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Children's Waiver</strong></td>
<td>$611,966.37</td>
<td>$611,966.37</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Injectable Meds</strong></td>
<td>$39,794.32</td>
<td>$39,794.32</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Grants And Contracts</strong></td>
<td>$1,419,521.90</td>
<td>$1,419,521.90</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>CMHSP To CMHSP</strong></td>
<td>$631,501.74</td>
<td>$(58,442.43)</td>
<td>$573,059.31</td>
</tr>
<tr>
<td><strong>Local</strong></td>
<td>$1,542,206.47</td>
<td>$1,314,071.81</td>
<td>$228,134.66</td>
</tr>
<tr>
<td><strong>Private Grant &amp; All NOR</strong></td>
<td>$257,888.17</td>
<td>$239,426.67</td>
<td>$18,461.50</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>$71,264,766.27</td>
<td>$80,511,090.73</td>
<td>$(9,246,324.45)</td>
</tr>
</tbody>
</table>

** Denotes PIHP Medicaid Subcontracting Agreement Funds

PIHP Medicaid Surplus/(Deficit) $ (9,285,114.64)
WCCMH Surplus/(Deficit) $ 38,790.18

$ (9,246,324.45)
### Operating Revenue

**PLH Revenue**

<table>
<thead>
<tr>
<th>Medicaid Capitation:</th>
<th>FY 2019 Current YTD</th>
<th>FY 2019 Final Budget Amendment</th>
<th>YTD Actuals</th>
<th>% O(U)</th>
<th>FY 2018 Prior YTD Actuals</th>
<th>% O(U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>-</td>
<td>$</td>
<td>-</td>
<td>0.00%</td>
<td>$58,691,205</td>
<td>-1.65%</td>
</tr>
<tr>
<td>State Plan/B3</td>
<td>37,898,761</td>
<td>34,740,531</td>
<td>36,318,722</td>
<td>4.54%</td>
<td>-</td>
<td>36,318,722</td>
</tr>
<tr>
<td>HSW</td>
<td>23,510,004</td>
<td>21,550,837</td>
<td>21,626,500</td>
<td>0.35%</td>
<td>-</td>
<td>21,626,500</td>
</tr>
<tr>
<td>Healthy Michigan Capitation</td>
<td>4,001,682</td>
<td>3,668,209</td>
<td>3,952,854</td>
<td>7.76%</td>
<td>3,672,257</td>
<td>7.64%</td>
</tr>
<tr>
<td>Autism Capitation</td>
<td>2,951,725</td>
<td>2,705,748</td>
<td>2,953,517</td>
<td>9.16%</td>
<td>2,480,553</td>
<td>19.07%</td>
</tr>
<tr>
<td>Anticipated Medicaid Revenue</td>
<td>10,361,681</td>
<td>9,498,208</td>
<td>(9,498,208)</td>
<td>-100.00%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**TOTAL PLH Revenue** $78,723,853 $72,163,532 $64,851,593 (7,311,939) -10.13% $64,844,015 $7,578 0.01%

### MDHHS Revenue

<table>
<thead>
<tr>
<th>State General Funds</th>
<th>FY 2019 Current YTD</th>
<th>FY 2019 Final Budget Amendment</th>
<th>YTD Actuals</th>
<th>% O(U)</th>
<th>FY 2018 Prior YTD Actuals</th>
<th>% O(U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$3,147,193</td>
<td>$2,884,927</td>
<td>$2,888,688</td>
<td>$3,741,013</td>
<td>1.31%</td>
<td>2,561,693</td>
<td>12.76%</td>
</tr>
<tr>
<td>Medicaid Fee for Service</td>
<td>820,235</td>
<td>751,882</td>
<td>496,168</td>
<td>(555,714)</td>
<td>505,227</td>
<td>(9,059)</td>
</tr>
<tr>
<td>Grants &amp; Earned Contracts</td>
<td>2,224,209</td>
<td>2,038,858</td>
<td>1,629,977</td>
<td>-20.05%</td>
<td>1,369,803</td>
<td>18.99%</td>
</tr>
</tbody>
</table>

**TOTAL Operating Revenue** $88,532,739 $81,155,011 $73,319,089 (7,835,922) -9.66% $72,990,475 $328,614 0.45%

### Operating Expenses

**Administrative Expenses**

<table>
<thead>
<tr>
<th>General Administration</th>
<th>FY 2019 Current YTD</th>
<th>FY 2019 Final Budget Amendment</th>
<th>YTD Actuals</th>
<th>% O(U)</th>
<th>FY 2018 Prior YTD Actuals</th>
<th>% O(U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$6,420,700</td>
<td>$5,885,642</td>
<td>$6,063,963</td>
<td>$178,321</td>
<td>3.03%</td>
<td>$6,161,856</td>
<td>-1.59%</td>
</tr>
<tr>
<td>Program Administration</td>
<td>3,396,377</td>
<td>3,113,346</td>
<td>2,888,693</td>
<td>(224,653)</td>
<td>3,289,385</td>
<td>-12.18%</td>
</tr>
</tbody>
</table>

**Residential Services**

<table>
<thead>
<tr>
<th>Community Living Supports</th>
<th>FY 2019 Current YTD</th>
<th>FY 2019 Final Budget Amendment</th>
<th>YTD Actuals</th>
<th>% O(U)</th>
<th>FY 2018 Prior YTD Actuals</th>
<th>% O(U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$26,400,000</td>
<td>$24,200,000</td>
<td>$24,560,000</td>
<td>$178,321</td>
<td>3.03%</td>
<td>$25,976,105</td>
<td>-2.20%</td>
</tr>
<tr>
<td>Licensed Residential</td>
<td>11,500,000</td>
<td>10,541,346</td>
<td>10,462,584</td>
<td>(77,762)</td>
<td>9,931,730</td>
<td>4.77%</td>
</tr>
</tbody>
</table>

**Outpatient Services**

<table>
<thead>
<tr>
<th>Autism Services</th>
<th>FY 2019 Current YTD</th>
<th>FY 2019 Final Budget Amendment</th>
<th>YTD Actuals</th>
<th>% O(U)</th>
<th>FY 2018 Prior YTD Actuals</th>
<th>% O(U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,850,000</td>
<td>$2,612,500</td>
<td>$2,672,042</td>
<td>$1,014,542</td>
<td>38.83%</td>
<td>$2,496,015</td>
<td>45.31%</td>
</tr>
<tr>
<td>Case Management</td>
<td>4,706,200</td>
<td>4,314,017</td>
<td>4,372,309</td>
<td>1.36%</td>
<td>4,154,913</td>
<td>5.24%</td>
</tr>
<tr>
<td>Supports Coordination</td>
<td>2,301,800</td>
<td>2,046,962</td>
<td>2,045,962</td>
<td>-0.03%</td>
<td>1,992,280</td>
<td>2.69%</td>
</tr>
<tr>
<td>Skill Building</td>
<td>5,934,500</td>
<td>5,439,958</td>
<td>5,843,542</td>
<td>7.42%</td>
<td>5,889,274</td>
<td>-0.78%</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>1,721,500</td>
<td>1,578,042</td>
<td>1,813,212</td>
<td>14.90%</td>
<td>1,752,544</td>
<td>20.66%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>2,695,200</td>
<td>2,470,600</td>
<td>2,478,313</td>
<td>0.31%</td>
<td>2,391,968</td>
<td>3.61%</td>
</tr>
<tr>
<td>Nursing Services</td>
<td>2,235,800</td>
<td>2,049,575</td>
<td>2,049,521</td>
<td>0.00%</td>
<td>1,922,978</td>
<td>6.58%</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>1,770,500</td>
<td>1,622,958</td>
<td>1,635,825</td>
<td>0.79%</td>
<td>1,522,251</td>
<td>7.46%</td>
</tr>
<tr>
<td>All Other</td>
<td>7,908,205</td>
<td>7,249,188</td>
<td>6,590,771</td>
<td>(658,417)</td>
<td>7,254,146</td>
<td>(663,375)</td>
</tr>
</tbody>
</table>

**TOTAL Operating Expenses** $88,532,739 $81,155,011 $82,565,413 $1,410,402 1.74% $79,996,259 $2,569,154 3.21%

Revenue Over/(Under) Expenses - - (9,246,324) (9,246,324) (7,005,784) (2,240,540)
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
August 14, 2019

Members Present: Judy Ackley, Greg Adams, Charles Coleman, Susan Fortney, Bob King, Sandra Libstorff, Charles Londo, Gary McIntosh, Katie Scott, Sharon Slaton, Ralph Tillotson

Members Absent: Roxanne Garber, Caroline Richardson

Staff Present: Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, James Colaianne, Suzanne Stolz, Connie Conklin, Trish Cortes, Nicole Adelman, Dana Darrow, Christina Biddle, Jeff Koras, Jessica Sahutoglu

Others Present: Lori Lutomski, Jason Morgan, Sue Shink

I. Call to Order
Meeting called to order at 6:03 p.m. by Board Chair C. Londo.

II. Roll Call
- A quorum of members present was confirmed.
- Announcement
  - G. Adams was selected to receive the 2019 Hal Madden Outstanding Service Award.

III. Consideration to Adopt the Agenda as Presented

Motion by K. Scott, supported by R. Tillotson, to approve the agenda
Motion carried

IV. Consideration to Approve the Minutes of the July 10, 2019 Regular Meeting and Waive the Reading Thereof

Motion by G. Adams, supported by S. Slaton, to approve the minutes of July 10, 2019 Regular Meeting as corrected and to waive the reading thereof
Motion carried

Correction to the July 10, 2019 minutes:
In Old Business, CEO Search Committee Update, the minutes should indicate that the committee planned to invite 1 employee to attend the interviews.
*Note: the interviews will be held in an open meeting and all are welcome to attend.

V. Audience Participation
- Jessica Sahutoglu, staff member of CMHPSM, provided her insights into the Interim CEO’s performance thus far.
- Jason Morgan, Chair of the Washtenaw Board of Commissioners, noted that Washtenaw County has been looking at every possible solution for the current deficit and appreciates its partnership with the PIHP.
VI. Old Business
   a. August Finance Report
      S. Stolz presented. Discussion followed.

   b. CEO Search Committee Update Committee
      - G. Adams requested a suggests closed session for this discussion because a candidate has asked for confidentiality.
      - Item will move to end of agenda.

VII. New Business
   a. Board Action Request
      Consideration to approve the proposed 2019 Budget 3rd amendment with allocations as presented

      Motion by C. Coleman, supported by G. Adams, to approve the proposed 2019 Budget 3rd amendment with allocations as presented
      Motion carried

      | Ackley | Yes | Libstorff | Yes |
      |-------|-----|-----------|-----|
      | Adams | Yes | Londo     | No  |
      | Coleman | Yes | McIntosh  | Yes |
      | Fortney | Yes | Richardson | Absent |
      | Garber | Absent | Scott     | Yes |
      | King   | Yes | Slaton    | Yes |
      | Tillotson |     |           | Yes |

   b. FY20 Objectives, Assumptions and Strategies
      - S. Stolz presented objectives, assumptions and strategies for the FY20 preliminary budget. Discussion followed.

VIII. Reports to the CMHPSM Board
   a. Report from the SUD Oversight Policy Board
      - There was no meeting last month.

   b. CEO Report to the Board
      - J. Colaianne submitted a written report.
      - ADP has not provided the employee survey results, in part, due to personnel change at ADP.
      - ROC and some Washtenaw BOC members will meet on Friday, 8/16/19.

   c. CMHPSM Office Relocation Plan
      - The list of possible locations has been narrowed down to 4 options.
      - Staff was surveyed earlier this week to provide input on the location options.
• The current lease with Washtenaw County will terminate on 12/6/19.
• The expectation is to be in lease negotiations by 9/1/19.

d. Closed Session to Discuss Regional Appeal and CEO Candidates

Motion by S. Slaton, supported by S. Fortney, to enter into closed session
Motion carried

• The Regional Board meeting went into closed session at 6:57 p.m. to discuss the Regional appeal and the CEO candidates

Motion by S. Fortney, supported by C. Coleman, to go back into open session
Motion carried

• The Regional Board meeting went back into open session at 7:20 p.m.

e. CEO Search Committee Update

• The candidates for the first round of interviews:
  1. James Colaianne
  2. Mary Griffiths Dickson
  3. Amanda Horgan

Motion by G. Adams, supported by S. Slaton, for the CEO Search Committee to conduct the first round of interviews on September 10, 2019, 2:00 p.m. – 6:00 p.m.
Motion carried

Motion by G. Adams, supported by K. Scott, for the full Regional Board to conduct the second round of interviews with the finalists on September 25, 2019, at 6:00 p.m.
Motion carried

IX. Adjournment

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

• Meeting adjourned at 7:23 p.m.

Judy Ackley, CMHPSM Board Secretary
COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN
REGULAR BOARD MEETING MINUTES
September 11, 2019

Members Present: Judy Ackley, Greg Adams, Susan Fortney, Roxanne Garber, Gary McIntosh, Caroline Richardson, Katie Scott, Sharon Slaton, Ralph Tillotson

Members Absent: Charles Coleman, Bob King, Sandra Libstorff, Charles Londo

Staff Present: Kathryn Szewczuk, Stephannie Weary, Lisa Jennings, James Colaianne, Suzanne Stolz, Trish Cortes, Connie Conklin, Dana Darrow, Christina Biddle, Jeff Koras

Others Present: Lori Lutomski, Amanda Horgan

I. Call to Order
   • Meeting called to order at 6:00 p.m. by Board Vice-Chair S. Slaton.

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

III. Consideration to Adopt the Agenda as Presented

   Motion by R. Tillotson, supported by R. Garber, to approve the agenda
   Motion carried

IV. Consideration to Approve the Minutes of the August 14, 2019 Regular Meeting and Waive the Reading Thereof

   Motion by S. Fortney, supported by G. Adams, to approve the minutes of August 14, 2019 Regular Meeting and waive the reading thereof
   Motion carried

V. Audience Participation
   None

VI. Old Business
   a. September Finance Report
      S. Stolz presented. Discussion followed.
   b. CEO Search Committee Update Committee

      Motion by G. Adams, supported by R. Garber, to move forward with candidates James Colaianne and Amanda Horgan to the 2nd round of CEO interviews
      Motion carried
VII. New Business

a. Board Action Request
Consideration to approve the amendment to the FY2019 Catholic Charities of SE Michigan’s Engagement Center in Monroe County

Motion by G. Adams, supported by J. Ackley, to approve the amendment to the FY2019 Catholic Charities of SE Michigan’s Engagement Center in Monroe County
Motion carried

<table>
<thead>
<tr>
<th></th>
<th>Ackley</th>
<th>Yes</th>
<th>Londo</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Yes</td>
<td></td>
<td>McIntosh</td>
<td>Yes</td>
</tr>
<tr>
<td>Coleman</td>
<td>Absent</td>
<td></td>
<td>Richardson</td>
<td>Yes</td>
</tr>
<tr>
<td>Fortney</td>
<td>Yes</td>
<td></td>
<td>Scott</td>
<td>Not present for this vote</td>
</tr>
<tr>
<td>Garber</td>
<td>Yes</td>
<td></td>
<td>Slaton</td>
<td>Yes</td>
</tr>
<tr>
<td>King</td>
<td>Absent</td>
<td></td>
<td>Tillotson</td>
<td>Yes</td>
</tr>
<tr>
<td>Libstorff</td>
<td>Absent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Board Action Request
Consideration to approve the proposed FY2020 budget and allocations as presented

Motion by G. Adams, supported by R. Garber, to approve the proposed FY2020 budget and allocations as presented
Motion carried

<table>
<thead>
<tr>
<th></th>
<th>Ackley</th>
<th>Yes</th>
<th>Londo</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>Yes</td>
<td></td>
<td>McIntosh</td>
<td>Yes</td>
</tr>
<tr>
<td>Coleman</td>
<td>Absent</td>
<td></td>
<td>Richardson</td>
<td>Yes</td>
</tr>
<tr>
<td>Fortney</td>
<td>Yes</td>
<td></td>
<td>Scott</td>
<td>Yes</td>
</tr>
<tr>
<td>Garber</td>
<td>Yes</td>
<td></td>
<td>Slaton</td>
<td>Yes</td>
</tr>
<tr>
<td>King</td>
<td>Absent</td>
<td></td>
<td>Tillotson</td>
<td>Yes</td>
</tr>
<tr>
<td>Libstorff</td>
<td>Absent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. Board Action Request
Consideration to approve the authorization of the Interim Chief Executive Officer to sign the attached FY2020 contracts
Motion by R. Garber, supported by G. McIntosh, to approve the authorization of the Interim Chief Executive Officer to sign the presented FY2020 contracts. Motion carried.

d. Regional Board Officers Nominating Committee Chair
   • R. Garber volunteered to serve as the Nominating Committee Chair for the officer elections, which will take place next month.

VIII. Reports to the CMHPSM Board
a. Report from the SUD Oversight Policy Board
   • J. Colaianne provided an overview of activities of the OPB.

b. Interim CEO Report to the Board
   • J. Colaianne reviewed some of the details in the written report of PIHP, Regional, and State updates.
   • K. Scott noted Salvation Army’s history of discrimination against LGBTQ individuals and requested that no discrimination be allowed for any contracts held with them by the PIHP.

c. CMHPSM Office Relocation Plan
   • A final location has been identified. Lease negotiations will begin shortly. 2 backup options will remain in place until lease negotiations with the first choice are finalized.

IX. Adjournment

Motion by R. Tillotson, supported by K. Scott, to adjourn the meeting. Motion carried.

Meeting adjourned at 7:14 p.m.

_________________________
Judy Ackley, CMHPSM Board Secretary
# TABLE OF CONTENTS

<table>
<thead>
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SECTION 1: OVERVIEW OF CRITICAL INTERVENTION MAPPING AND ACTION PLANNING WORKSHOP

The National Center for Youth Opportunity and Justice (NCYOJ), Policy Research Associates, Inc. was contacted by Washtenaw County Community Mental Health, Michigan to facilitate a Critical Intervention Mapping and Action Planning Workshop. A multi-disciplinary group of stakeholders were convened to participate in this workshop. This effort, one of several underway in Washtenaw County, Michigan, offered stakeholders an opportunity to develop an action plan for improving the community response to justice-involved youth with behavioral health and trauma conditions.

The workshop, which was held on March 18-19, 2019, represented the culmination of several months of planning and preliminary technical assistance, including a thorough review of information about the Washtenaw County, Michigan child serving systems. The workshop, modeled on the NCYOJ’s monograph Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Disorders in Contact with the Juvenile Justice System, aimed to support:

- Development of a localized map of the juvenile justice process
- Identification of local strengths and resources, and gaps and opportunities
- Development of a preliminary strategic plan to address priority areas for change

Stakeholders representing schools, police, courts, probation providers, youth, and community-based agencies, were represented at the day-and-a-half workshop. The agenda and the PowerPoint presentation can be found in Attachments A and B.

A map of the critical intervention points that exist across the juvenile justice continuum was used as a starting point for discussion. Workshop participants shared critical detail about the local services systems, and discussed resources and gaps associated with the provision of behavioral health and diversion services to justice-involved youth at each of the following intercepts:

- schools/community
- initial contact
- intake
- detention
- judicial processing
- disposition-probation or secure placement
- re-entry

After developing a comprehensive list of resources and gaps, workshop participants brainstormed a list of priorities for action to leverage existing resources and to close systems and service-level gaps. The workgroup then voted on the list of priorities for action and narrowed these down to the group’s top 5, based on perceived priority and feasibility. The top five were to develop supportive housing; include youth, family, and community at planning and implementation groups; develop a 24/7 drop off facility; develop a community-based, peer-to-peer system for supporting vulnerable youth and families; and, develop “first contact” youth assistance program modeled after the Wayne County program. Participants then developed a preliminary strategic plan for addressing these major areas for action.

The strategic plan is described as preliminary to stress the importance of using the conversations at the workshop as a starting point for ongoing community practice improvement work. This report sets the framework for ongoing community efforts to improve outcomes for youth with behavioral health, and often trauma-related, conditions in contact with the juvenile justice system.
ABOUT THE WORKSHOP

The Critical Intervention Mapping and Action Planning process is based on NCYOJ’s Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental health disorders in Contact with the Juvenile Justice System. The Blueprint was produced by NCYOJ in conjunction with leading experts and organizations through a grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP). It represents four years of work formulating a conceptual and practical framework for juvenile justice administrators to use when developing strategies, policies, and services to improve the response to youth involved with the juvenile justice system who have behavioral health conditions. The Blueprint has been successfully applied in a number of states and localities and continues to serve as an effective model for systems change around these issues.

The Blueprint is organized by a series of Underlying Principles which guide all efforts to improve the coordination and delivery of behavioral health screening, assessment, and treatment for youth in contact with the juvenile justice system. From these principles, the four Cornerstones form the Blueprint’s infrastructure and provide a framework for putting the principles into practice. They reflect the most critical areas for improvement to enhance the delivery of behavioral health services to youth in contact with the juvenile justice system.

COLLABORATION

IN ORDER TO APPROPRIATELY AND EFFECTIVELY PROVIDE SERVICES TO YOUTH WITH BEHAVIORAL HEALTH CONDITIONS, THE JUVENILE JUSTICE AND BEHAVIORAL HEALTH SYSTEMS SHOULD COLLABORATE IN ALL AREAS, AND AT ALL CRITICAL INTERVENTION POINTS

IDENTIFICATION

THE BEHAVIORAL HEALTH NEEDS OF YOUTH SHOULD BE SYSTEMATICALLY IDENTIFIED AT ALL CRITICAL STAGES OF JUVENILE JUSTICE PROCESSING.

DIVERSION

WHENEVER POSSIBLE, YOUTH WITH IDENTIFIED BEHAVIORAL HEALTH NEEDS SHOULD BE DIVERTED INTO EFFECTIVE COMMUNITY-BASED TREATMENT.

TREATMENT

YOUTH WITH BEHAVIORAL HEALTH CONDITIONS IN THE JUVENILE JUSTICE SYSTEM SHOULD HAVE ACCESS TO EFFECTIVE TREATMENT TO MEET THEIR NEEDS.

These Cornerstones, juxtaposed against the Critical Intervention Points across the juvenile justice continuum, provide a visualization of opportunities for improving aspects of collaboration, identification, diversion and treatment strategies for justice-involved youth with behavioral health conditions.
The workshop was facilitated by Karli J. Keator, MPH – Director, NCYOJ and Vice President, PRA and Richard Shepler, Ph.D., PCC-S – Director, Center for Innovative Practices at the Begun Center for Violence Prevention Research and Education, Case Western Reserve University.

The technical assistance provided by the NCYOJ, as part of the Critical Intervention Mapping and Action Planning Workshop, includes three separate activities. Each activity is designed to move workshop participants towards developing a plan of action while simultaneously building support for the implementation of that plan. The three tracks of activity include:

**Data Collection.** To facilitate decision-making and strategic planning, a Self-Assessment Survey was administer prior to the workshop. The survey gathers perceptions of strengths and challenges within each of the four cornerstones.

**Systems Mapping.** To identify existing service system gaps and opportunities at critical points along the juvenile justice continuum. The mapping exercise has three primary objectives:

1. Development of a comprehensive representation of how youth flow through the Washtenaw County, Michigan juvenile justice system.
2. Identification of resources and gaps at each intervention point for youth with behavioral health conditions in contact with the justice system.
3. Selection of priority areas for action designed to improve system and service level responses to these youth.

**Strategic Planning.** To develop a preliminary strategic plan, and identify key objectives and action steps.

At the outset of the workshop, participants identified the following goals described below in their own words:

- Address educational needs of youth
- Reduce disproportionality
- Increase service coordination and access
- Increase support for parents
- Increase cross-systems collaboration
- Solutions
- Prevention
- Align systems to decrease criminalization of MH and SA disorder and poverty
- Increase cross systems collaboration
- Upstream prevention
- Give back to community
- Integrating delinquency abuse and neglect services
- Learn about services in community
- Upstream – address root causes
- Find gaps in system
- Decrease flow from JJ to CJ
- Youth driven planning process
- How prosecutors can be part of solution
- Keep kids and families out of delinquency system
- Systems integration
- Promote restorative justice
- Focus on addressing trauma- early intervention
• Work collaboratively
• Learn and develop integrated response
• Public health perspective
• Learn functions of community partners
• Be motivated and inspired
• Solutions driven- come up with plan ahead
• Accountability
• Diversion
• Help systems better serve youth and families
• Systems navigation
• Increase schools and resources connections
• Team and learn from each other to better leverage resources
• Action steps and timeline for moving ahead
• Break down silos- make connections
• Cross-systems connections
• Increase access to appropriate services- better matching for youth success
• Prevention and early intervention
• Support for youth and families in home and in the community
• ID gaps--- move to action
• Integrate and leverage underutilized services
• Build equity
• Meeting that leads to change- want a timeline
• How can CW and court work together to provide a better continuum of services
• Ware gaps in services
• Have a plan to work collaboratively
• Decrease number of kids going into detention
• Reasonable solutions= real results
• What services are available

In addition, participants identified a set of values to guide the discussion. These included:

• Respect for youth
• Respect for parents
• Respect for colleagues
• Open and honest conversation
• Respect for the process
• Open to something different
• Welcome curiosity, not judgement
• Be evidence-based
• Student-youth centered
• Not just talk
• Cultural humility and sensitivity
SECTION 2: SELF-ASSESSMENT SURVEY

DESCRIPTION
The Critical Intervention Mapping and Action Planning Workshop is designed to identify both systems and service-level gaps. To support the critical intervention mapping and strategic planning process, workshop participants were asked to complete a Self-Assessment Survey. This survey allowed individuals, regardless of system affiliation, to rate the local community in each of the four cornerstones. Participants were asked to rate the extent to which they agree with a set of statements that reflect the Blueprint’s recommendations for a model system. The assessment scale ranged from 1 (lowest agreement) to 10 (highest agreement). Therefore, higher scores on an individual item generally reflect a participants’ perception that the local community is performing well on that item. All data were collected using Survey Monkey and analyzed prior to the strategic planning workshop.

The following chart displays the average overall scores given by respondents for each Cornerstone. The results reveal important indicators of the perception of critical stakeholders from the Washtenaw County, Michigan community. A total of 29 stakeholders completed the Self-Assessment Survey.

SELF-ASSESSMENT SURVEY RESULTS (N=28)

<table>
<thead>
<tr>
<th>Cornerstone</th>
<th>Collaboration</th>
<th>Identification</th>
<th>Diversion</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>4.7</td>
<td>4.1</td>
<td>3.9</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Note: Scale is 1 lowest (poor) and 10 highest (good) rating.

What these self-assessment findings suggest is that the stakeholders involved in the workshop saw both room for improvement in each major area of the local juvenile justice system and opportunities to leverage strengths. The full results are presented below.

CORNERSTONE 1: COLLABORATION (N=28)
This scale is designed to measure local collaboration as perceived by the workshop participants included eleven items meant to assess the degree to which collaboration exists between the juvenile justice, behavioral health, and other community partners.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Min, Max (Std. Dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The community recognizes that many youth involved with the juvenile justice system are experiencing significant mental health, trauma, and substance use problems.</td>
<td>7.6</td>
<td>4.10 (2.0)</td>
</tr>
<tr>
<td>There is cross-systems recognition that responsibility for effectively responding to these youth lies with all systems.</td>
<td>6.3</td>
<td>1.10 (2.75)</td>
</tr>
<tr>
<td>The juvenile justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of identification and service problems at each stage of justice processing.</td>
<td>5.3</td>
<td>1.9 (2.03)</td>
</tr>
<tr>
<td>Family members and caregivers are systematically engaged and involved in juvenile justice and behavioral health systems collaboration initiatives.</td>
<td>4.3</td>
<td>1.9 (2.23)</td>
</tr>
<tr>
<td>Schools and education institutions are systematically engaged and involved in juvenile justice and behavioral health systems collaboration initiatives.</td>
<td>4.8</td>
<td>1.10 (2.26)</td>
</tr>
<tr>
<td>Child welfare is systematically engaged and involved in juvenile justice and behavioral health systems collaboration initiatives.</td>
<td>4.0</td>
<td>1.8 (2.08)</td>
</tr>
</tbody>
</table>
Social services providers are systematically engaged and involved in juvenile justice and behavioral health systems collaboration initiatives. 

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Min, Max (Std. Dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social services providers are systematically engaged and involved in juvenile justice and behavioral health systems collaboration initiatives.</td>
<td>4.6</td>
<td>1.8 (2.11)</td>
</tr>
<tr>
<td>Other community leaders are systematically engaged and involved in juvenile justice and behavioral health systems collaboration initiatives.</td>
<td>4.8</td>
<td>1.10 (2.26)</td>
</tr>
<tr>
<td>Behavioral health services are easily accessed at every point of contact with the juvenile justice system.</td>
<td>3.6</td>
<td>1.7 (1.79)</td>
</tr>
<tr>
<td>The community evaluates any program or service delivery strategy serving this youth population for efficacy and demonstrated effectiveness.</td>
<td>2.9</td>
<td>1.6 (1.64)</td>
</tr>
<tr>
<td>Cross-training is provided for staff in the juvenile justice, behavioral health, and other service systems.</td>
<td>3.8</td>
<td>1.10 (2.25)</td>
</tr>
</tbody>
</table>

**CORNERSTONE 2: IDENTIFICATION (N=28)**

This scale is designed to measure local service system capacity as perceived by the workshop participants to identify needs among youth in contact with the juvenile justice system.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Min, Max (Std. Dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning with the earliest points of contact with the juvenile justice system, youth are systematically screened for mental health needs by standardized instruments with demonstrated reliability and validity.</td>
<td>3.7</td>
<td>1.10 (2.36)</td>
</tr>
<tr>
<td>Beginning with earliest points of contact with the juvenile justice system, youth are systematically screened for substance use needs by standardized instruments with demonstrated reliability and validity.</td>
<td>3.9</td>
<td>1.10 (2.86)</td>
</tr>
<tr>
<td>Beginning with earliest points of contact with the juvenile justice system, youth are systematically screened for exposure to violence and trauma-related needs by standardized instruments with demonstrated reliability and validity.</td>
<td>4.1</td>
<td>1.10 (2.98)</td>
</tr>
<tr>
<td>There are procedures in place to access immediate, emergency behavioral health services for youth at any point of contact with the juvenile justice system.</td>
<td>4.6</td>
<td>1.10 (2.84)</td>
</tr>
<tr>
<td>Risk assessments are performed in conjunction with behavioral health screening and assessments to inform referral recommendations that balance public safety with behavioral health treatment needs.</td>
<td>3.9</td>
<td>1.8 (2.31)</td>
</tr>
<tr>
<td>Information obtained through screening is never used in a way that could jeopardize a youth’s legal interests.</td>
<td>5.8</td>
<td>1.10 (2.84)</td>
</tr>
<tr>
<td>Behavioral health screenings are routinely performed as youth move from one point in the system to another.</td>
<td>3.6</td>
<td>1.8 (2.21)</td>
</tr>
<tr>
<td>Only screening instruments that have been adapted and tested for cultural competency, gender differences, and language accessibility are used in the juvenile justice system.</td>
<td>3.3</td>
<td>1.7 (2.31)</td>
</tr>
</tbody>
</table>

**Domain**

- **Public Safety Risk**
  - **PACT**
- **Mental Health**
  - **GAIN-SS**
  - **MAYSI-2**
- **Substance Use**
  - **GAIN-SS**

**Initial Contact**

- ✓

**Detention**

- ✓

**Courts**

- ✓

**Probation**

- ✓

**Secure Placement**

- ✓

---

*This scale is designed to measure local service system capacity as perceived by the workshop participants to identify needs among youth in contact with the juvenile justice system.*
Data collected through these screening instruments are maintained as both aggregate and individual case level.

### CORNERSTONE 3: DIVERSION (N=28)

This scale is designed to measure local service system capacity as perceived by the workshop participants to create alternative pathway opportunities for youth to be diverted out of the juvenile justice system to effective community-based services and supports.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Min, Max (Std. Dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the earliest points of contact with the juvenile justice system, there are procedures in place to identify youth who may be eligible for diversion.</td>
<td>5.2</td>
<td>1,10 (3.04)</td>
</tr>
<tr>
<td>There are effective community-based services and programs available to serve youth who are diverted from juvenile justice systems</td>
<td>4.7</td>
<td>1,9 (2.56)</td>
</tr>
<tr>
<td>There are mechanisms in place (e.g., MOUs) to support diverting youth with behavioral health needs from the juvenile justice system to community based programs.</td>
<td>3.3</td>
<td>1,9 (2.33)</td>
</tr>
<tr>
<td>Diversion mechanisms are in place at virtually every key decision-making point within the juvenile justice processing continuum.</td>
<td>4.3</td>
<td>1,9 (2.81)</td>
</tr>
<tr>
<td>There are diversion programs in use that offer alternatives to traditional incarceration for serious offenders with behavioral health needs.</td>
<td>4.4</td>
<td>1,10 (2.87)</td>
</tr>
<tr>
<td>Diversion programs are regularly evaluated to determine their ability to effectively and safely treat youth in the community.</td>
<td>3.2</td>
<td>1,6 (1.86)</td>
</tr>
<tr>
<td>Evaluation results are regularly shared across youth-serving systems.</td>
<td>2.3</td>
<td>1,5 (1.45)</td>
</tr>
</tbody>
</table>

### CORNERSTONE 4: TREATMENT (N=28)

This scale is designed to measure local service system capacity as perceived by the workshop participants to provide effective treatment to youth in contact with the juvenile justice system.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Min, Max (Std. Dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth with behavioral health needs in contact with juvenile justice systems have access to a continuum of comprehensive and effective community-based behavioral health care services and supports.</td>
<td>3.6</td>
<td>1,9 (2.32)</td>
</tr>
</tbody>
</table>
Regardless of setting, all behavioral health services provided are evidence-based. Evidence-based practices are defined as standardized and manualized interventions with demonstrated positive outcome based on repeated rigorous evaluation studies.

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Min, Max (Std. Dev.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regardless of setting, all behavioral health services provided are evidence-based. Evidence-based practices are defined as standardized and manualized interventions with demonstrated positive outcome based on repeated rigorous evaluation studies.</td>
<td>3.7</td>
<td>1.8 (2.37)</td>
</tr>
<tr>
<td>Qualified behavioral health staff provides the behavioral health treatment to youth in the juvenile justice system.</td>
<td>4.8</td>
<td>1.10 (2.89)</td>
</tr>
<tr>
<td>Families are fully engaged, involved and informed in their child's case plan.</td>
<td>4.0</td>
<td>1.10 (2.79)</td>
</tr>
<tr>
<td>The juvenile justice system uses procedures and services that are designed to be trauma-sensitive and trauma responsive.</td>
<td>4.5</td>
<td>1.10 (2.86)</td>
</tr>
<tr>
<td>The behavioral health system uses procedures and services that are designed to be trauma-sensitive and trauma responsive.</td>
<td>5.6</td>
<td>1.10 (3.28)</td>
</tr>
<tr>
<td>The services and programs provided by the juvenile justice system are culturally sensitive and designed to meet the needs of youth of color.</td>
<td>4.0</td>
<td>1.9 (2.71)</td>
</tr>
<tr>
<td>The services and programs provided by the behavioral health system are culturally sensitive and designed to meet the needs of youth of color.</td>
<td>4.2</td>
<td>1.10 (3.07)</td>
</tr>
<tr>
<td>There are gender-specific services and programs for girls in contact with the juvenile justice system.</td>
<td>4.1</td>
<td>1.7 (2.29)</td>
</tr>
<tr>
<td>There are procedures for discharge planning from juvenile justice supervision with linkage for continuing access to behavioral health services upon release.</td>
<td>4.3</td>
<td>1.9 (2.61)</td>
</tr>
</tbody>
</table>
SECTION 3: CRITICAL INTERVENTION MAPPING

DESCRIPTION OF MAPPING PROCESS

The Critical Intervention Map is a visual representation of the juvenile justice system at the following points:

- Community/Schools
- Initial Contact
- Intake/Detention
- Courts
- Probation
- Placement/Re-entry

The purpose of the mapping exercise is to examine how youth, and in particular youth with mental and substance use conditions, move through the juvenile justice system in order to identify resources, gaps, and opportunities. The Critical Intervention Map that follows was developed in stages. Prior to and in preparation for the workshop, critical information was gathered through a comprehensive review of reports and documents publically available or provided by the community; through stakeholder participation in data collection activities; and, during the workshop. During the mapping exercise, workshop participants were asked to describe the local service systems, and to identify resources and gaps at each of the critical intervention points. The discussion that ensued was the initiation point for the development of a strategic action plan for addressing priority areas for change.

WASHTENAW COUNTY, MICHIGAN CRITICAL INTERVENTION MAP

The Washtenaw County, Michigan Critical Intervention Points Map is provided below.
COMMUNITY/SCHOOLS

Schools

• Ann Arbor Skyline (7 counselors; intervention specialist for behavioral at risk students; special ed, school psychologist – testing; special ed social worker <2 – minimally serve non special ed students; Trails CBT groups; Grief group; substance abuse groups; peer to peer; survivors of suicide; positive peer influence; school counselors do screening for suicide (Columbia Screener); Achievement Teams – students move through when struggling; district wide youth symposium this year; RAS Clinic – UM clinic funded mental health, substance use; restorative practice program facilitated by students; peer mediation that runs alongside restorative practice; 9th grade dean that supports transition; PAG – Parent Advisory Group can provide peer support to parents. When someone recognizes – counselor meet to problem solve – if not enough, go through Achievement team process (write plan; what can happen at school)
• Lincoln – a lot of same as Ann Arbor; Additionally, reach out to students before become part of system; cross county service challenges
• Ypsilanti – Partnership with Student Advocacy Center (check and connect)

Community-Based Services

• Ozone House - Transitional living up to 18 months; counseling services; drop-in center; food/clothing/showers/washer-dryer
• Service expansion through millage – serve anyone in Washtenaw County with need regardless of service for up to a need (have significant capacity issues) – built on crisis mental health team (will be coming in May 2019) – Called CARES team
• HAWC – coordinated services for housing
• Department of Health (1 worker) – food, housing, utility, Pathways to Potential, can make referrals for in-home services; CPS and/or foster care and JJ involved kids; Michigan opportunity youth initiative; meet on a weekly basis; a lot of financial resources to help with transition into adulthood, housing, job assistance, educational opportunity, transportation, computer
• Wrap-around services – works together with all local agencies that are involved with families; strengths-based, evidence-based service; Have 2.5 wrap-around facilitators, capacity is 18 youth; must be Medicaid eligible
• Corner Health – BH/PH free clinic, regional alliance available to serve anyone ages 12-25 in community
• Avalon services – case management, housing services

Crisis Services

• Ozone house – 24 hour crisis line; emergency youth shelter; limited to 3 months even though can get someone in very quickly
• Community Mental Health – 24/7 crisis mental health team; MA clinicians; can meet with youth in community and schools; get calls from parents; can connect to CMH services; do MH assessment when responding to crisis; provide follow-up
• Office of Community and Economic Development Barrier busters – request funding for housing, transportation, medical bills, legal services
• Emergency Room
• 211 – number can call that can connect caller to non-profits
• Immigrant rights (WICIR) – housing and other supports
• Faith-based
RESOURCES AND GAPS: COMMUNITY/SCHOOLS

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>GAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Student Advocacy Center</td>
<td>▪ Losing youth due to wait times</td>
</tr>
<tr>
<td>▪ Building communities outside of schools</td>
<td>▪ Supports are not for institutionalized youth</td>
</tr>
<tr>
<td>▪ Training teachers on impact of trauma</td>
<td>▪ Housing</td>
</tr>
<tr>
<td>▪ Knowledge of each other’s systems</td>
<td>▪ Transition from youth to adult system</td>
</tr>
<tr>
<td>▪ School-justice partnerships</td>
<td>▪ Transportation</td>
</tr>
<tr>
<td>▪ Trauma training</td>
<td>▪ Need is different than availability of services</td>
</tr>
<tr>
<td>▪ Waivers for youth with SED to get Medicaid</td>
<td>▪ Parenting guide</td>
</tr>
<tr>
<td>▪ Parks and recreation</td>
<td>▪ Resources for parents</td>
</tr>
<tr>
<td>▪ Leverage 24/7 crisis services for basic needs</td>
<td>▪ Cross-country services</td>
</tr>
<tr>
<td>▪ Prevent juvenile justice involvement by identifying when involved with child welfare</td>
<td>▪ Parent’s intimidated by IEP process. Education parents on what to look for – systems navigation</td>
</tr>
<tr>
<td>▪ 211</td>
<td>▪ Step-down services in schools</td>
</tr>
<tr>
<td>▪ Unconventional solutions – e.g., housing</td>
<td>▪ Collaboration between schools for youth in alternative settings</td>
</tr>
<tr>
<td>▪ Funding for unconventional housing – pooled funding</td>
<td>▪ Detention to school connection</td>
</tr>
<tr>
<td>▪ Faith-based supports</td>
<td>▪ Educational programming for you that is holistic</td>
</tr>
<tr>
<td>▪ Peer outreach workers</td>
<td>▪ Braiding funding – funding is currently very silo’d</td>
</tr>
<tr>
<td>▪ Youth MOVE – Youth Voice</td>
<td>▪ Minimal services provided for students that do not have IEP</td>
</tr>
<tr>
<td>▪ WICIR – immigrant rights</td>
<td>▪ Not able to see youth through lens of their behavior</td>
</tr>
<tr>
<td>▪ Flexible options</td>
<td>▪ Uniquely identified needs</td>
</tr>
<tr>
<td>▪ Sports camps</td>
<td>▪ Understanding of each other’s systems, orientation and programs</td>
</tr>
<tr>
<td>▪ Positive activities and opportunities</td>
<td>▪ Wraparound for non-Medicaid eligible youth</td>
</tr>
<tr>
<td>▪ After school activities</td>
<td>▪ Parenting education</td>
</tr>
<tr>
<td></td>
<td>▪ Workforce – mental health</td>
</tr>
<tr>
<td></td>
<td>▪ Capacity – mental health</td>
</tr>
<tr>
<td></td>
<td>▪ Non-immediate access to meet basic needs</td>
</tr>
<tr>
<td></td>
<td>▪ Demands outweigh supply for affordable housing</td>
</tr>
<tr>
<td></td>
<td>▪ Length of time from crisis services to linking with ongoing services</td>
</tr>
<tr>
<td></td>
<td>▪ Shelter care and access after hours</td>
</tr>
<tr>
<td></td>
<td>▪ Process for linkage</td>
</tr>
<tr>
<td></td>
<td>▪ 211</td>
</tr>
<tr>
<td></td>
<td>▪ Parent cooperation and permission</td>
</tr>
<tr>
<td>School Resource Officer</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>- National Association of School Resource Officers - many officers trained in 40 hr basic course</td>
<td></td>
</tr>
<tr>
<td>- Referrals frequently come from school administrators</td>
<td></td>
</tr>
<tr>
<td>- Sheriff’s office has officer assigned to Ypsi high school; local PD in middle school; Dexter schools</td>
<td></td>
</tr>
<tr>
<td>- Ann Arbor pilot program police department</td>
<td></td>
</tr>
<tr>
<td>- Lincoln has SRO</td>
<td></td>
</tr>
<tr>
<td>- Can support school programming and take law enforcement action</td>
<td></td>
</tr>
<tr>
<td>- MOUs in place and re-negotiated on an annual basis</td>
<td></td>
</tr>
<tr>
<td>- Beyond 3 communities have other SROs serving in other high schools</td>
<td></td>
</tr>
<tr>
<td>- Involve SRO in mentorship; beyond law enforcement capacity</td>
<td></td>
</tr>
<tr>
<td>- MCLES – standards of SROs (advisory standard) what should be trained in</td>
<td></td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td></td>
</tr>
<tr>
<td>- Build rapport with students</td>
<td></td>
</tr>
<tr>
<td>- Refer to guidance counselors or social workers (some MOUs exist)</td>
<td></td>
</tr>
<tr>
<td><strong>Arrest</strong></td>
<td></td>
</tr>
<tr>
<td>- Referral when family/school/community call police, bring to station or officer witnesses act</td>
<td></td>
</tr>
<tr>
<td>- 24/7 crisis services – officers can call and have someone show up</td>
<td></td>
</tr>
<tr>
<td><strong>Diversion</strong></td>
<td></td>
</tr>
<tr>
<td>- Street Outreach Team (Sheriff’s Office); SHORE program (Moms)</td>
<td></td>
</tr>
<tr>
<td>- Philosophy/training (not-official)</td>
<td></td>
</tr>
<tr>
<td>- Officers can refer within agency to problem solve and connect; do not always have other options. When not a crime and youth don’t need to go to detention but no way to ensure accountability without putting kid in system; Restorative justice would be helpful</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community-Based Law Enforcement Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Truancy (schools make informal recommendations to court and ISD) – many are diverted through collaborations across systems; ages 6-16. A lot of work in elementary schools to address root causes; when parents do not participate can be charged in District Court with not sending kids to schools; 3 families have been charged in child welfare system on abuse/neglect docket; have group of trusted parents that can help engage families – chronic absenteeism (esp. elementary) – when not willing to engage with schools</td>
</tr>
<tr>
<td>- Parents can file informal petitions – primarily parents calling when struggling with getting kids to behave; most are diverted, can provide case management and other supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Referral Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Parents can file informal petitions – primarily parents calling when struggling with getting kids to behave; most are diverted, can provide case management and other supports</td>
</tr>
</tbody>
</table>
## RESOURCES AND GAPS: INITIAL CONTACT

### RESOURCES
- Advisory standards by Michigan Association of Law Enforcement
- School Resource Officer programs and associated diversion programs
- Face to face intervention of street outreach officers and officer discretion based on relationships
- Community resolution to create diversion opportunities – recognize that can’t “arrest our way out of the problem”
- Just Cuz – lunch/dinner with students by SROs to establish relationships
- Efforts to identify root causes in families for truancy
- Formalize current restorative justice practices
- Trusted Parent Program

### GAPS
- No SRO at Milan
- Lack of training for officers on school intervention
- Lack of entities for diversion (i.e., drop-off centers)
- Psychiatric ER – limited bed availability
- Criminalization and pathologizing adolescence
- Consistent police response across communities
- Have to be in the system in order to get services
- Bias, sexism, and racism among police leads to trauma inducing response
- Misinterpretation of trauma responses by responders
• Officer decision-making to call about detain/no detain – charge based (domestic violence)
• Request from arresting agency that comes to court; if after hours police calls youth center referee; 3 way call between police officer, referee, and court – referee says detain or not detain; police has to go to prosecutor; police write report, approved by sgt., lengthy process; decision made based on safety- standardized process – not a research-based tool to guide decision; must have probable cause that a crime was committed
• Cumbersome process for juvenile paperwork; LE may avoid; missed opportunities?
• Officer also assessing threat to self or others – may try to access psychiatric
• Crisis can co-respond with LE
• Police give report to prosecutor; prosecutor if decides to charge files with court; referee reviews it – diversion opportunity; court sends letter to family;
• Referee does form of intake
• Non-diversion get full risk needs assessment (PACT); MAYSI-2; ACES and toxic stress; intake interview with social worker (post-adjudication); GAIN-SS
• Detained youth – demographics, self-harm assessment; medical questions; information straight from the youth; substance abuse questions; residential program housed in facility; drug screen; nurse has access to kids medical records with CMH

Intake

• Referee can decide to divert – 2 diversion programs (eastern MI school of social work; do case management and mentoring for young people); 8 years; targeted towards kids in high crime neighborhoods; first time offender diversion program; mostly shoplifting, minor thefts; Misdemeanor charges
• 2nd program modified risk assessment; lower risk kids; do psychosocial history; child and family history; community service, etc.; all other children are eligible for 2nd program – primarily 1st time offender, low risk youth
• Consent docket – diversion opportunities – 1st time retail fraud
• Summer sports camp (run by court) – any young person eligible between 8-15
• Ypsi and court – new agreement; will have probation officer in school

Diversion Opportunities
## RESOURCES AND GAPS: INTAKE AND DETENTION

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>GAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Co-response by mobile crisis</td>
<td>▪ Requirement of law enforcement to respond to domestic violence combined with requirement of “charges filed” to get counseling services</td>
</tr>
<tr>
<td>▪ 24/7 crisis line</td>
<td>▪ Slow coordination between law enforcement and mobile crisis</td>
</tr>
<tr>
<td>▪ “First Contact” - LEAD program</td>
<td>▪ Eligibility of graduate social work diversion program limited to certain zip codes</td>
</tr>
<tr>
<td>▪ Prosecutor led diversion program</td>
<td>▪ No mental health court for youth</td>
</tr>
<tr>
<td>▪ Information sharing between schools and partners</td>
<td>▪ Release of information and consent requirement for LEAD program</td>
</tr>
<tr>
<td></td>
<td>▪ Assessments occur ONLY post-adjudication</td>
</tr>
<tr>
<td></td>
<td>▪ Information obtained in detention is youth self-report only</td>
</tr>
<tr>
<td></td>
<td>▪ No input on drug treatment other than within detention</td>
</tr>
<tr>
<td></td>
<td>▪ Information sharing across all systems</td>
</tr>
</tbody>
</table>
JUDICIAL PROCESSING

**Adjudication Hearing**
- Admit or deny
- No screening conducted

**Post-Adjudication**
- Come back for screening; report goes to court; come back in courtroom for disposition; orders are put into place

**Disposition Hearing**
- Sex offender court – criminal charge determines eligibility
- Juvenile drug court – initial assessment with probation score certain level; sent to provider Growthworks; family and youth do assessment; if they recommend for drug court will have team meeting with court, providers, police; decide if come into court
- Individual therapy; group therapy; family group; child group (sometimes integrated parent-child); drug testing; probation officer-low case load; Inpatient treatment
- Intensive probation court – high crime, repeat offender, more attention than regular probation; always had intensive probation now separate dockets. Check and connect (schools); ISD, CMH, MST, MRT group; Shore Moms
## RESOURCES AND GAPS: JUDICIAL PROCESSING

<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>GAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Brother’s Keeper</td>
<td>Cultural connection</td>
</tr>
<tr>
<td>Expanding peer and mentorship opportunities that exist</td>
<td>Lack of school programs for youth during this process</td>
</tr>
<tr>
<td></td>
<td>Adult waiver cases – communication between court and human services – information needs to be sent to human services quicker</td>
</tr>
</tbody>
</table>
Supervising youth in the community – youth must comply with the standard conditions of supervision set by courts → JPO monitors the youth’s participation and cooperation through regular reports on the youth’s progress to the court → Once conditions are successfully met, youth is released from probation

- Typically on probation for 9-12 months (can be as little as 3-6 for some)
- Services are limited to those available in the community
- Probations serves an administrative function
- There are requirements about how often meet with probation officer; try to do by meeting in community; kids are involved with community; Saline Urban Action (picture frame/arts); skill building; experiential – what they might not be otherwise exposed to; Neutral zone; starry skies horse rescue; parenting project; intensive – need to see kids more; collaborate with CMH for wraparound type services; have trauma-informed yoga program – classes by gender; mindfulness; Sex offender – meet with therapist and PO 1x a week; Surveillance program - go to home; try to prevent from escalating
<table>
<thead>
<tr>
<th>RESOURCES</th>
<th>GAPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information sharing with probation</td>
<td>“No correction without connection”</td>
</tr>
<tr>
<td></td>
<td>Court funding of mental health treatment</td>
</tr>
<tr>
<td></td>
<td>Semi-independent living opportunities</td>
</tr>
<tr>
<td></td>
<td>Supported housing</td>
</tr>
</tbody>
</table>
SECTION 4: STRATEGIC PLAN

SELECTION OF PRIORITIES FOR CHANGE

After the review of the self-assessment and completion of the mapping exercise, workshop participants developed the following list of priorities for action (presented below in language identified by the group):

1. Develop 24/7 assessment / drop-off facility (providing psychiatry, mental health and support services)
2. Develop step-down facility to support community re-entry
3. Integrate community-based services and supports into schools and other existing structures
4. Implement youth peer outworker program in the juvenile justice system
5. Convene regular meeting of service providers
6. Create accessible resource list – update annually – including eligibility guidelines
7. Create access to services before crisis and police contact
8. Develop early intervention strategy when early signs – school or child welfare – are identified
9. Develop community-based peer-to-peer support system for supporting vulnerable youth and families – neighborhood and collaborative
10. Increase trusted parents program and SURE moms group
11. Recreate home-based programs as diversion mechanism (family-based and intensive)
12. Develop First Contact – Youth Assistance Program (i.e., see Wayne County program as model)
13. Increase access to community-driven, peer-to-peer supports (may need to make exceptions, allowances for accessing records)
14. Increase/develop step-down supports for youth coming out of intensive programs and residential settings
15. Develop more safe and affordable housing for at risk youth and families – with more supports in place
16. Develop fund for those in need – help address base need
17. Review and change hiring practices to include youth and community voice
18. Review and change housing policies – specifically, eligibility criteria
19. Develop youth supportive housing and explore non-federal funding sources
20. Create expungement assistance program to help kids when they are eligible
21. Change probate code to keep juvenile records private
22. Develop urgent crisis, respite center
23. Create process for discussing and working towards reducing system barriers (i.e., a policy group)
24. Create ease of access to psychiatrist – develop community-based psychiatric options or use technology
25. Develop adolescent SUD services outside of the juvenile justice system
26. Include youth, family and community at planning and implementation groups in meaningful and authentic ways – develop leadership capacity among youth, family and community
27. Develop halfway house and transitional housing for <18 that need safe and supportive housing
28. Expand restorative justice across systems
29. Develop/provide compensation for peer-to-peer work
The first day conclude with workshop participants reviewing the priority areas for change and narrowing the list down to a manageable number of priorities through a voting process. The voting process occurred as follows:

- Each workshop participant had three votes.
- The priority areas for change were listed on full size poster sheets which were taped to the wall.
- Each workshop participant was asked to place a mark – using a Sharpie marker – next to three priorities areas. Participants were instructed that they had to select three priorities, and that they could not place three votes on a single priority.

Although all priority areas for change identified through this Critical Intervention Mapping exercise are important, this two-day process allows for a manageable number of priorities to be addressed in the short-term. Efforts to leverage resources in the future to address the additional gaps, identified by the group, should be made.
The results of the vote are displayed below (items that received no votes are excluded from the table):

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Total Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop youth supportive housing and explore non-federal funding sources</td>
<td>22</td>
</tr>
<tr>
<td>Develop 24/7 assessment / drop-off facility (providing psychiatry, mental health and support services)</td>
<td>16</td>
</tr>
<tr>
<td>Include youth, family and community at planning and implementation groups in meaningful and authentic ways – develop leadership capacity among youth, family and community</td>
<td>16</td>
</tr>
<tr>
<td>Develop community-based peer-to-peer support system for supporting vulnerable youth and families – neighborhood and collaborative</td>
<td>15</td>
</tr>
<tr>
<td>Develop First Contact – Youth Assistance Program (i.e., see Wayne County program as model)</td>
<td>12</td>
</tr>
<tr>
<td>Create accessible resource list – update annually – including eligibility guidelines</td>
<td>9</td>
</tr>
<tr>
<td>Increase trusted parents program and SURE moms group</td>
<td>9</td>
</tr>
<tr>
<td>Develop more safe and affordable housing for at risk youth and families – with more supports in place</td>
<td>6</td>
</tr>
<tr>
<td>Develop fund for those in need – help address base need</td>
<td>5</td>
</tr>
<tr>
<td>Integrate community-based services and supports into schools and other existing structures</td>
<td>4</td>
</tr>
<tr>
<td>Develop step-down facility to support community re-entry</td>
<td>3</td>
</tr>
<tr>
<td>Implement youth peer outworker program in the juvenile justice system</td>
<td>3</td>
</tr>
<tr>
<td>Develop early intervention strategy when early signs – school or child welfare – are identified</td>
<td>3</td>
</tr>
<tr>
<td>Create process for discussing and working towards reducing system barriers (i.e., a policy group)</td>
<td>2</td>
</tr>
<tr>
<td>Develop adolescent SUD services outside of the juvenile justice system</td>
<td>2</td>
</tr>
<tr>
<td>Convene regular meeting of service providers</td>
<td>1</td>
</tr>
<tr>
<td>Recreate home-based programs as diversion mechanism (family-based and intensive)</td>
<td>1</td>
</tr>
<tr>
<td>Develop urgent crisis, respite center</td>
<td>1</td>
</tr>
<tr>
<td>Create ease of access to psychiatrist – develop community-based psychiatric options or use technology</td>
<td>1</td>
</tr>
<tr>
<td>Develop halfway house and transitional housing for &lt;18 that need safe and supportive housing</td>
<td>1</td>
</tr>
<tr>
<td>Create access to services before crisis and police contact</td>
<td>0</td>
</tr>
<tr>
<td>Increase access to community-driven, peer-to-peer supports (may need to make exceptions, allowances for accessing records)</td>
<td>0</td>
</tr>
<tr>
<td>Increase/develop step-down supports for youth coming out of intensive programs and residential settings</td>
<td>0</td>
</tr>
<tr>
<td>Review and change hiring practices to include youth and community voice</td>
<td>0</td>
</tr>
<tr>
<td>Review and change housing policies – specifically, eligibility criteria</td>
<td>0</td>
</tr>
<tr>
<td>Create expungement assistance program to help kids when they are eligible</td>
<td>0</td>
</tr>
<tr>
<td>Change probate code to keep juvenile records private</td>
<td>0</td>
</tr>
</tbody>
</table>
## DEVELOPING A PRELIMINARY STRATEGIC PLANNING

On Day Two, workshop participants participated in a facilitated Strategic Planning exercise. The primary focus of the Strategic Planning exercise was to review the “Top 5” priorities, establish action step(s), and designate a timeline and lead person for the effort.

The following represents a preliminary strategic plan for Washtenaw County, Michigan to improve responses to youth with behavioral health needs in contact with the juvenile justice system. This plan is considered preliminary as it should be reviewed on a regular basis by the workgroup and key stakeholders to ensure that the items identified by the workshop participants are completed, and that additional objectives and action steps are added to the strategic plan as issues arise.

<table>
<thead>
<tr>
<th>Table Title</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand restorative justice across systems</td>
<td>0</td>
</tr>
<tr>
<td>Develop/provide compensation for peer-to-peer work</td>
<td>0</td>
</tr>
</tbody>
</table>
PRIORITY AREA 1: DEVELOP FLEXIBLE, TIMELY AND RESPONSIVE HOUSING THAT OFFERS SUPPORTIVE SERVICES FOR YOUTH

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTION STEPS</th>
<th>WHO</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Implement program and structure designs that meet both the short-term</td>
<td>✓ Identify models that work</td>
<td>April–June 2019</td>
<td></td>
</tr>
<tr>
<td>and long-term needs of youth, while connecting them with appropriate</td>
<td>• Youth driven planning/research committee (paid)</td>
<td>July–Sept 2019</td>
<td></td>
</tr>
<tr>
<td>community supports (e.g., recreation, education, positive adult</td>
<td>• Mobile intervention</td>
<td>Oct-Dec 2019</td>
<td></td>
</tr>
<tr>
<td>connections, basic needs, mental health, substance use/abuse)</td>
<td>• Creating new models</td>
<td>Jan-Mar 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Master leases – Huck House Model</td>
<td>April-June 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Host homes – Chicago Model</td>
<td>July-Sept 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assessment and training of appropriate families w/ consideration of liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pairing with older adults</td>
<td>Oct-Dec 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Convene stakeholders concerned with youth crisis/housing</td>
<td>Jan-Mar 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Conduct needs/resource assessment</td>
<td>April-June 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Youth involvement</td>
<td>July-Sept 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Look at tiers of intervention (crisis, transition, stabilization)</td>
<td>Oct-Dec 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ozone house, Neutral Zone, Corner Health, Youth Center, Hotels, CMH</td>
<td>Jan-Mar 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Address siloing</td>
<td>April-June 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Invest in more housing relationships/units</td>
<td>July-Sept 2020</td>
<td></td>
</tr>
<tr>
<td>1.2 Increase funding and challenge funding limitations</td>
<td>✓ Advocate w/ HUD to change definitions</td>
<td>Oct-Dec 2020</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Move to McKinney Vento definitions (FUP vouchers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Develop public/private partnerships</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Advocate for flexibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>✓ Meet appropriate staffing needs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.3 Change legislative and policy barriers to better address the specific concerns of youth.

- Advocate for changes/units tied to “chronic” definition (Stabenow, Irwin, Peterson)
- Look at who qualifies for what and when
  - Advocate for more housing availability upstream

---

RESOURCES

- SOAR Works: [https://soarworks.prainc.com/](https://soarworks.prainc.com/)
- Rapid Rehousing Models for Homeless Youth: [https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-youth/rrh-models-for-homeless-youth/](https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-youth/rrh-models-for-homeless-youth/)
## Objective 2.1
Create community team and consensus around model.

- **Action Steps**: 
  - Engage with prosecutor’s office
  - Background research on $ CCCF/MH millage
  - Model
    - Determine at-risk criteria
    - Flow chart
    - Map out categories of services/metrics
    - Funding – assessment center, system navigators, services
    - Identify systems navigators (wraparound, corner, Ozone, SAC, SURE moms, peers)
  - Define outcomes
  - Map out criteria/eligibility for access center & system of care

- **Who**: Spring 2019
- **When**: Summer 2019

## Objective 2.2
Create RFP for pre-charge/at-risk assessment center (24-7)

- **Action Steps**: 
  - Use service array to contact potential providers
  - Finalize MOUs

- **Who**: County Finance

## Objective 2.3
Create MOUs with service providers.

- **Action Steps**: 
  - Use service array to contact potential providers
  - Finalize MOUs

## Objective 2.4
Continual improvement

- **Action Steps**: 
  - Bring formal systems of care together (integrate through existing groups to evaluate, communicate, and improve.)

## Resources
- **Pre- and Post-Arrest** Multi-Agency Resource Center: [https://www.cppj.net/services/juvenile-justice-services/m-a-r-c/m-a-r-c-overview](https://www.cppj.net/services/juvenile-justice-services/m-a-r-c/m-a-r-c-overview) (Josh Campbell is the Director and an excellent resource)
- **Post-Arrest** Miami-Dade County Juvenile Assessment Center: [https://www8.miamidade.gov/global/juvenileservices/admission-process.page](https://www8.miamidade.gov/global/juvenileservices/admission-process.page)
PRIORITY AREA 3: EMPOWER YOUTH, FAMILIES AND THE COMMUNITY TO ACHIEVE A JUST AND EQUITABLE SOCIETY, THROUGH COMMUNITY MOBILIZING AND ORGANIZING, RESTORATIVE JUSTICE PRACTICES, AND CIVIC ENGAGEMENT.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>✓ ACTION STEPS</th>
<th>WHO</th>
<th>WHEN</th>
</tr>
</thead>
</table>
| 3.1 Create a community leadership council comprised of youth, family, and community members to divert youth from the juvenile justice system. | ✓ Take the concept proposed to the Youth Mapping Planning committee  
✓ Draft proposal/concept  
✓ Take proposal/concept draft” to existing youth and parent groups (e.g., SURE moms) for partnership, guidance, vision creation) – use Community Organizing for Family Issues (COFI) framework  
✓ Community leadership council recruitment  
✓ Take proposal to Diversion Council & Racial Equity Officer  
✓ Convene first meeting | | April 2019  
May 2019  
June-July 2019  
July 2019  
Sept 2019 |

RESOURCES

- Summit County Juvenile Court Family Resource Center: [https://juvenilecourt.summitoh.net/index.php/home/family-resource-center](https://juvenilecourt.summitoh.net/index.php/home/family-resource-center)
- Dr. Ryan Shanahan: [https://www.vera.org/people/ryan-shanahan](https://www.vera.org/people/ryan-shanahan)
- Youth Move Michigan Chapters: [https://youthmovenational.org/find-a-chapter/](https://youthmovenational.org/find-a-chapter/)
### PRIORITY AREA 4: DEVELOP COMMUNITY-BASED PEER-TO-PEER SYSTEM FOR SUPPORTING VULNERABLE YOUTH AND FAMILIES.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>ACTION STEPS</th>
<th>WHO</th>
<th>WHEN</th>
</tr>
</thead>
</table>
| 4.1 Pre-planning phase: Identify existing work | ✓ Assemble group tasked with identifying existing peer groups and system partners  
• Determine how to identify  
✓ Identify necessary support resources for peer-to-peer service expansion  
✓ Present plan to diversion council  
• Secure funding  
✓ Create flow chart/matrix of peer-to-peer services  
✓ Inform public stakeholders – market and advertise availability of services  
✓ Wrap peers into fabric of agencies for leadership and decision-making  
✓ Convene for summit and ongoing work (checks and balances)  
• Reconvene on regular basis | Spring 2019, Summer 2019, Fall 2019, 2020 |

### NOTES FROM GROUP
- Existing SURE Moms, p2p in schools, Sheriff's Department, Outreach, Ozone House, NAMI, Home of New Vision
- Challenging when peers exist solely outside of system, may have limited connections
- Programs outside of system must be highly structured, peers share experience, can refer further when necessary
- Where would this live? Pulling top 5 students from each school program? P2P
- Challenging to decide who is a peer
- School-based peer work, parent, criminal justice, Ozone & community
- Peer network and navigation
- NAMI peer to peer model
- Recruiting, training in fundamental skills, referring on, continuous development of skills
- Flexible, organic communication – break down barriers
- Teens reaching out to each other, connecting to resources. Pair existing peers with resourced adults to create network
- Theory of civic engagement model
- Provide peers w/ resources, keep them engaged, they naturally take resources back to the community
 Who refer? Multiple points and self-referral. Peers can go straight to source (jail, community, etc.)
 Sheriff’s department 1-1.5 years, keep peers raw vs. more polished
 Peers lose edge when embedded in system
 Identifying peers through school – teachers/staff identify. Trained via U of M, counselor oversees students-positive peer influence group and intervention specialist. Rely on adults when parents need help
 Want students as peers that are “just over the fence” who would rise up themselves while acting as a peer
 Recruit 10-11 grade to allow for investment. PPI class offered other schools have P2P and restorative justice. Schools need parent piece, lacking. Would require community base, allow privacy.
 SURE moms second generation connected to system involved youth – parenting skills and addressing mom’s trauma, needs
 Moms completing group then doing their own groups
 Sufficient reimbursement and resources for peers
 Dads too!
 What additional services or supports are needed?
 Not there to solve problem – share experience and support – CONNECTOR vs CASE MANAGER
 De-stress person and environment to create trust- not a life sentence
 Build out NAMI network
 Youth Move MI

RESOURCES

 Tennessee Voices for Children: https://tnvoices.org/
 Medicaid Reimbursement for Peer Support Services: https://www.kff.org/other/state-indicator/medicaid-behavioral-health-services-peer-support-services/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D#note-6
 Providing Youth and Young Adult Peer Support through Medicaid: https://www.chcs.org/media/Providing-Youth-and-Young-Adult-Peer-Support-through-Medicaid.pdf
ATTACHMENTS

ATTACHMENT A: AGENDA

NCY0J
Research. Policy. Practice.

Critical Intervention Mapping and Strategic Planning

AGENDA
The Kensington Hotel
Grand Foyer Room

Day 1: March 18, 2010

8:00 a.m. Registration and Networking
  • Breakfast will be provided
8:30 a.m. Opening
  • Welcome and Introductions
  • Overview of the Workshop
  • Goals and Tasks for Day 1
9:00 a.m. Establishing a Framework
  • Critical Intervention Points
  • Survey Results
9:30 a.m. Activity: Create a Local Map
  • What’s Happening in Your Community
  • Identify Gaps and Opportunities
12:00 p.m. Lunch
  • Lunch will be provided
12:30 p.m. Activity: Create a Local Map (Cont.)
  • What’s Happening in Your Community
  • Identify Gaps and Opportunities
3:45 p.m. Establish Priorities
  • Reflections on Local Map
  • Select Top 5 Priorities
4:30 p.m. Adjourn
AGENDA
The Kensington Hotel
Grand Foyer Room

Day 2: March 19, 2019
8:00 a.m.  Registration and Networking
  • Breakfast will be provided
8:30 a.m.  Opening
  • Reflections on Day 1
  • Goals and Tasks for Day 2
9:00 a.m.  Work Group Activity: Action Planning
12:00 p.m. Summary and Closing
12:30 p.m. Adjourn
Critical Intervention Mapping & Action Planning Workshop
Washtenaw County, Michigan
March 18-19, 2019

This workshop was developed by Policy Research Associates.

Since 1987, a national leader in mental health research and its application to social change.

www.prainc.com
National Center for Youth Opportunity and Justice

Advancing policy and practice to ensure the well-being of vulnerable young people in contact with the juvenile justice system

- Build local capacity across service delivery systems
- Conduct applied research and evaluation
- Communicate emergent and best practices
- Foster policy and systems change
- Elevate youth and family voice

Introductions
Focus on Vulnerable Youth

- 70% Have a diagnosable mental disorder
- 46% Have a diagnosable substance use disorder
- 90% Have experienced traumatic victimization

Youth in Placement - Suicide Risk 3X Higher

General Population

Consensus

Research based tools and procedures to identify need should be implemented across the continuum

No one agency/system alone can effectively address the needs of these youth

Youth should be diverted from the juvenile justice system whenever possible

Interventions should be evidenced based
Challenges to Collaboration

Funding silos System cultures

Limited resources create a competitive and/or protective environment

Working Together

• Agenda
• Logistics
• Values
• Process
Workshop Goals

- Develop a map of local systems that serve youth at risk of or in contact with juvenile justice
- Identify major strengths and gaps in the local community response to these youth
- Establish priorities for change using the self-assessment survey and mapping process
- Create a preliminary action plan

Critical Intervention Points

Places across the juvenile justice system where opportunities exist to improve collaboration, identification, diversion and treatment for vulnerable youth.

Diagram showing the flow of the juvenile justice system from Community and Schools to Initial Contact and Referral, through Intake, Security Placement, Probation Supervision, and Dis-Entry.
Self-Assessment Survey

Results
Critical Intervention Points

Places within the juvenile justice system where opportunities exist to improve collaboration, identification, diversion and treatment for these youth.
Intake

Referral
Law Enforcement, Parent, Schools
Prosecutor reviews and charges
Referee review (divert, refer for formal processing)

Youth Center
68 youth detained pre-disposition (2018)
• Assess risk and consider release conditions

Diversion
Informal action (conditions of diversion set)

Judicial Processing

In 2018, served 858 youth
~24% <12 years old

298 hours MH training ~ 12 months
138 hours SU training ~ 12 months

Traditional Processing
Preliminary Inquiry/Adjudication hearing
Admits/Found Responsible
Assessments
Dispositional hearing

Dispositions
Intensive Probation
Juvenile Drug Court
Probation
Residential Placement
Sex Offender Treatment

Diversion
Adolescent Diversion Program (pre-arr)
Absenteism Case Management (pre-ad)
Check and Connect (provided by SAC)
Moral Reconciliation Therapy (MRT)
Nestle Zone Leadership Academy
Parent Project
SURE Mentis (provided by WCSD)
Youth Arts Alliance
Probation and Re-Entry

Secure Placement and Re-Entry
Action Planning

Contact Us

National Center for Youth Opportunity and Justice
Policy Research, Inc.
345 Delaware Avenue
Delmar, NY 12054
P: (866) 962-6455
F: ncyoj@prainc.com
Washtenaw County Youth Systems Alignment

**Background.** In March 2019, Washtenaw County underwent a critical intervention mapping and strategic planning process for services that support justice-involved youth with behavioral health and trauma conditions. The mapping brought together a multidisciplinary group of stakeholders, including representatives from law enforcement, education, juvenile court, youth detention, and behavioral health. The ultimate goal was to develop an action plan that outlines our resources and gaps and provides strategies for improving how our systems work together, as well as the services they provide.

**Cornerstones to System Alignment.** The report lists four cornerstones which, compared against critical intervention points across the juvenile justice continuum, provide a visualization of opportunities for improving strategies for justice-involved youth. Participants were asked to complete a self-assessment survey where they rated multiple statements related to the current state of services in Washtenaw County in relation to the four cornerstones:

1. **Collaboration.** In order to appropriately and effectively provide services to youth with behavioral health conditions, the juvenile justice and behavioral health systems should collaborate in all areas and at all critical intervention points.
2. **Identification.** The behavioral health needs of youth should be systematically identified at all critical stages of juvenile justice processing.
3. **Diversion.** Whenever possible, youth with identified behavioral health needs should be diverted into effective community-based treatment.
4. **Treatment.** Youth with behavioral health conditions in the juvenile justice system should have access to effective treatment to meet their needs.

**Priority Areas for Washtenaw County.** Participants were asked to vote for their top three priority areas for action. The top five were as follows:

<table>
<thead>
<tr>
<th>Priority Area</th>
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</thead>
<tbody>
<tr>
<td>1. Develop youth supportive housing and explore non-federal funding sources</td>
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<tr>
<td>2. Develop 24/7 assessment / drop-off facility (providing psychiatry, mental</td>
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<tr>
<td>health and support services)</td>
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<tr>
<td>3. Include youth, family and community at planning and implementation groups</td>
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<tr>
<td>in meaningful and authentic ways – develop leadership capacity among youth,</td>
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<tr>
<td>family and community</td>
</tr>
<tr>
<td>4. Develop community-based peer-to-peer support system for supporting vulnerable</td>
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<td>youth and families – neighborhood and collaborative</td>
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<td>5. Develop First Contact – Youth Assistance Program (i.e., see Wayne County</td>
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<tr>
<td>program as model)</td>
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</tbody>
</table>

**Strategic Plan.** The workshop concluded with a preliminary strategic plan developed around the top five priority areas as voted by participants. The primary focus of the exercise was to review the top five priorities, establish action steps, and designate a timeline and lead person for the effort.
**The Ideal Juvenile Justice System at Various Stages of the Process**

*Adopted from “A Roadmap to the Ideal Juvenile Justice System” by Tim Decker, on behalf of the Juvenile Justice Leadership Network (July 2019)*

## Prevention and Alternatives to System Involvement

We do not have pre-system involvement assistance to help kids before they are on their way to intensive probation or through to the adult system. We also need a prevention system of care for kids who are unable to live at home – parents feel like they are losing control of their kids and they have nowhere to go for help, so they may choose the justice system.

<table>
<thead>
<tr>
<th><strong>Essential Policies and Practices</strong></th>
<th><strong>Current State in Washtenaw County</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt an objective and validated risk and needs assessment instrument at the point of or prior to initial referral to the juvenile court.</td>
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<tr>
<td>Decriminalize status offenses (e.g., truancy, beyond parental control, curfew) and divert all such youth from system involvement unless screened as high risk.</td>
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<tr>
<td>Develop well-coordinated response protocols with law enforcement, schools, and human service systems such as behavioral health and child welfare.</td>
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<tr>
<td>Provide funding or other support for community-based prevention programs.</td>
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<tr>
<td>Develop agency partners in areas such as alternative education, crisis intervention, afterschool programs, and others.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Leadership Imperatives</strong></th>
<th><strong>Current State in Washtenaw County</strong></th>
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</thead>
<tbody>
<tr>
<td>Engage leaders in local government, civic groups, neighborhoods, and churches in regular dialogue and planning of prevention/early intervention strategies.</td>
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<tr>
<td>Facilitate community workshops to equip parents and extended family members with information on trauma, adolescent brain development, building family support networks, positive youth development, and how to connect with community-based supports.</td>
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</tbody>
</table>
# Formal Processing

<table>
<thead>
<tr>
<th>Essential Policies and Practices</th>
<th>Current State in Washtenaw County</th>
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</thead>
<tbody>
<tr>
<td>Utilize validated risk and needs assessment instruments to guide decision-making.</td>
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<tr>
<td>Immediately divert most low-risk youth from involvement with the juvenile court.</td>
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<tr>
<td>Eliminate direct-waiver provisions that lead to prosecutions of youth in adult courts without first considering options under the jurisdiction of the juvenile court and child- and family-serving systems.</td>
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<tr>
<td>Ensure high quality legal representation of youth at all stages in the process.</td>
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<table>
<thead>
<tr>
<th>Leadership Imperatives</th>
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</thead>
<tbody>
<tr>
<td>Develop data-sharing, response protocols, and joint case planning agreements focused on preventing or more effectively working with youth who cross over between the child welfare and juvenile justice systems.</td>
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<tr>
<td>Raise the age of juvenile court jurisdiction to at least 18 years of age, and optimally to 21 years of age, and develop programs for youth who have committed an offense or dual jurisdiction programs for older youth most at risk for involvement with the adult criminal justice system.</td>
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<tr>
<td>Educate staff and system partners regarding trauma-informed practice and review arrest, transport, and confinement practices to reduce trauma.</td>
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</table>
## Detention

<table>
<thead>
<tr>
<th>Essential Policies and Practices</th>
<th>Current State in Washtenaw County</th>
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<tbody>
<tr>
<td>Adopt a validated detention screening instrument and only use pre-trial detention if the youth poses a serious safety threat in the community or is likely to not appear for future court hearings.</td>
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<tr>
<td>Implement case processing standards and court-related timelines that ensure youth who are detained are not left with uncertainty for excessive periods of time.</td>
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<tr>
<td>Develop community alternatives such as evening reporting centers, day treatment programs, alternative schools, and informal supervision.</td>
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<tr>
<td>Ensure cooperation and information sharing between detention and commitment facilities.</td>
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</table>

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<tr>
<th>Leadership Imperatives</th>
<th>Current State in Washtenaw County</th>
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</thead>
<tbody>
<tr>
<td>Develop a cadre of well-trained, supported attorneys and judges to handle juvenile cases utilizing established best practice protocols. Engage in deliberate, evidence-based, and data-driven reform efforts related to detention and court processes.</td>
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</tr>
<tr>
<td>Work with policymakers, prosecutors, and juvenile probation/parole to eliminate the practice of unnecessarily filing charges based on technical violations and conditions of probation/parole that are not directly increasing risks to community safety and that may unnecessarily increase the detention of youth.</td>
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<tr>
<td>Essential Policies and Practices</td>
<td>Current State in Washtenaw County</td>
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<tr>
<td>Adopt validated risk and needs assessments to determine the appropriate intervention, treatment plan, and placement of youth within the continuum of care.</td>
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<tr>
<td>Develop a least restrictive continuum of care with various levels of care based on youth needs, including in-home and community-based services, group homes, and more secure institutions for those few determined to be a safety risk to the community after a thorough assessment.</td>
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<tr>
<td>Implement a universal case management system providing continuity of relationships throughout the life of the case, regardless of placement and service providers.</td>
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<tr>
<td>Create solution-focused casework models that focus on the root causes of the youth’s delinquent behavior and prevent reoffending while creating pathways to wellbeing.</td>
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<tr>
<td>Reduce the size of residential/congregate care facilities, locate them close to the youth and families they serve, and utilize a developmental and therapeutic model with small living group sizes (e.g., 12 residents or less), group and family counseling, and appropriate staffing ratios.</td>
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<tr>
<td>Integrate robust education and career training programs, as well as access to college visits or related coursework as appropriate.</td>
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<tr>
<td>Eliminate harmful and traumatizing practices such as mechanical and chemical restraint, use of isolation, and room confinement.</td>
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<tr>
<td>Implement re-entry planning from day one of residential confinement, allow frequent visits from family and other social supports, engage volunteers and advocates throughout the process, and develop post-release community supports.</td>
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<tr>
<td>Leadership Imperatives</td>
<td>Current State in Washtenaw County</td>
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<tr>
<td>Create opportunities for leadership development throughout the system with emphasis</td>
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<td>on culture change through values and principle-based leadership, implementation</td>
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<tr>
<td>science, and the appropriate blending of technical, adaptive, collaborative,</td>
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<tr>
<td>distributive, and outcome-focused leadership.</td>
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<tr>
<td>Develop staff recruitment and retention efforts that are aligned with a therapeutic</td>
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<td>and developmental approach and equip and empower staff to perform their jobs</td>
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<tr>
<td>effectively.</td>
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<tr>
<td>Lead cross-systems planning based on the principles of trauma-informed care.</td>
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<tr>
<td>Monitor length of stay and implement program outcome measures based on youth</td>
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<tr>
<td>recidivism and developmental outcomes.</td>
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<td></td>
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<tr>
<td>Implement transparent reviews and debriefing processes based on proven safety</td>
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<tr>
<td>science, program fidelity, and root cause analysis related to all critical incidents</td>
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<tr>
<td>involving further harm to youth, staff, or community members.</td>
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</tbody>
</table>
Mission: To promote hope, recovery, resilience, quality of life and wellness in Washtenaw County by providing high quality, integrated services to eligible individuals.

XI. Items for Future Discussions (5 minutes)
- ABLE Change
- Housing
- Funding Crisis

XII. Adjournment of Public Meeting

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