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)
EXECUTIVE COMMITTEE MEETING AGENDA
4135 Washtenaw Ave, Ann Arbor, MI
Learning Resource Center, Michigan Conference Room
December 9, 2019
2:30-3:30 PM

I. Introductions (5 minutes)

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

III. Executive Committee Minutes (5 minutes)
   • Executive Committee Minutes and Actions of 9/16/19 (Attachment #1) ACTION

IV. Discussion Items
   • None

V. Old Business
   • None

VI. New Business (20 minutes)
   • WCCMH Strategic Plan (Attachment #2) M. Harding
   • Office of Recipient Rights State Review Update S. Ray

VII. Items for Future Discussions (5 minutes)

VIII. Move to Closed Session (15 minutes)
   • WCCMH Executive Director Evaluation

IX. Resume Public Meeting (5 minutes)

X. 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
J. Martin called the meeting to order at 4:00 pm.

I. Introductions
   • None

II. Audience Participation
   • None

III. Executive Committee Minutes and Actions
   • Executive Committee Minutes and Actions of 6/10/19 were reviewed


MOTION CARRIED

IV. Discussion Items
   • None

V. Old Business
   • WCCMH FY2020 Annual Operating Budget
     o N. Phelps presented the WCCMH FY2020 Annual Operating Budget to the Committee.
     o The region passed the FY2020 operating budget last week and these figures have been incorporated in this budget.
     o There was an increase of $750,000 from the original budget presented and the additional revenue and expense adjustments have been incorporated.
     o No union staff positions were affected in this budget.
     o G. Dill thanked T. Cortes and her team along with the Executive Committee for their hard work on this budget and County Administration is comfortable with this budget as presented.
This budget will be presented to the Washtenaw County Board of Commissioners on Wednesday 9/18/19 for their approval.

K. Scott presented three amendments for vote. These amendments were unanimously approved at the 8/16/19 WCCMH Board previously.

MOTION BY K. SCOTT, SUPPORTED BY K. WALKER TO AMEND THE BUDGET THAT IF ADDITIONAL REVENUE, ABOVE THE BUDGETED AMOUNT, IS REALIZED FROM THE STATE OF MICHIGAN, DISCUSSION ABOUT SUCH ADDITIONAL REVENUE AND HOW IT OFFSETS THE CAP RELIEF PROVIDED TO WASHTENAW COUNTY COMMUNITY MENTAL HEALTH BY THE COUNTY GENERAL FUND SHALL BE HAD. IF LESS REVENUE, BELOW THE BUDGETED AMOUNT, IS REALIZED FROM THE STATE OF MICHIGAN, WASHTENAW COUNTY COMMUNITY MENTAL HEALTH ADMINISTRATION SHALL BRING A BUDGET TO THE WASHTENAW COUNTY BOARD OF COMMISSIONERS THAT ALIGNS SERVICE DELIVERY EXPENDITURES WITH REVENUE WITHIN 45 DAYS OF RATES BEING PRESENTED.

MOTION CARRIED

MOTION BY K. SCOTT, SUPPORTED BY N. GRAEBNER TO AMEND THE BUDGET THAT WASHTENAW COUNTY COMMUNITY MENTAL HEALTH WILL BRING FORMAL QUARTERLY UPDATES ON THEIR BUDGET TO THE WASHTENAW COUNTY BOARD OF COMMISSIONERS WITHIN 60 DAYS OF QUARTER END.

MOTION CARRIED

MOTION BY K. WALKER SUPPORTED BY N. GRAEBNER TO APPROVE THE WASHTENAW COUNTY COMMUNITY MENTAL HEALTH FY2020 ANNUAL OPERATING BUDGET WITH APPROVED AMENDMENTS.

MOTION CARRIED

VI. New Business
- Regional Substance Use Disorder Oversight Policy Board membership term of 10/1/19-9/30/22

MOTION BY C. COLLINS, SUPPORTED BY K. WALKER TO APPOINT CHARLES COLEMAN TO THE REGIONAL SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD FOR A TERM OF OCTOBER 1, 2019 THROUGH SEPTEMBER 30, 2022.

MOTION CARRIED

VII. Items for Future Discussion
- Look at new funds being distributed and what administrative needs might be
- Hiring freeze and what repercussions
- Addressing community needs

VIII. Public Meeting adjourned at 4:33 pm.
WCCMH
Strategic Project Plan
2019 Update

MISSION
To promote hope, recovery, resilience, and wellness in Washtenaw County by providing high-quality, integrated services to eligible individuals.

VISION
All residents can secure supports to pursue recovery, improve quality of life, and reach their full potential.
VALUES

Excellence

We provide the highest level of service to promote recovery, quality of life and self-sufficiency through proven and innovative practices. We recognize that the foundation of excellent service is our relationships.

Growth

We believe in the capacity for change at every stage of development. We grow through shared learning, lived experiences and mentoring.

Well-being

We cultivate well-being through a commitment to physical and emotional safety, active listening, and a culture of appreciation.

Inclusion

Together we build a welcoming, respectful environment for all people. Through active engagement and shared decision-making, we build a stronger community.

Community

We develop strong, trusting partnerships with the people we serve, in our broader community, and within our own organization.

Accountability

We are accountable to those we serve, to the larger community, and to each other for the ethical, effective, and efficient use of our resources.
Serve with Excellence

CMH serves in alignment with the principles of self-determination, with a focus on health, well-being and integrated care, and a commitment to data-informed continuous improvement.

<table>
<thead>
<tr>
<th>STRATEGIC PLAN GOAL</th>
<th>STRATEGIC PLAN OBJECTIVE</th>
<th>PROJECT LEAD</th>
<th>ACTIONS &amp; OUTCOMES</th>
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<tr>
<td>(A)</td>
<td>Redesign CMH teams to support deeper integration of physical, behavioral and health/wellness services.</td>
<td>Kelly Bellus (PL) Tim Florence (C)</td>
<td>A workgroup was developed to enhance the client experience for doctor office-based visits within the CMH system. The workgroup redesigned the clinic model and implemented the new workflow in July of 2018. The new clinic model is more efficient and a better experience for the consumers. The workgroup continues to refine the process as needed. Began meeting with staff and OIM regarding space needs for the millage Access Plus expansion. Implemented a new Electronic Medical Record in April of 2018. Construction is underway on 750 Towner with an estimated completion date in January 2020. Planning the expansion of services and integrated health approach to Corner Health</td>
</tr>
<tr>
<td>(B)</td>
<td>Develop CMH into a well-integrated, highly effective Patient Center Medical Home (PCMH). (WCCMH</td>
<td>Admin met with Health Plans and SIM staff to initiate alternative shared savings/payment for SIM. – December 2016</td>
<td></td>
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</table>
| (C) Support the advancement of the State Innovation Model (SIM) as an active partner with WHI and health systems. | Mike Harding (PL)  
Trish Cortes (C) | The SIM is fully operational and WCCMH continues to accept referrals. As of October 15th, 2018 WCCMH, is the lead provider for 33 individuals and plays a supportive role for 31 others.  
WCCMH continues to average 30 individuals initiated through the SIM. Staff continue to actively participate in SIM/WHI meetings. |
|---|---|---|
| 2. Enhance services for highly vulnerable CMH clients. | Lisa Gentz (PL)  
Trish Cortes (C) | The ROOT program is operational and is responding to Naloxone saves for follow-up care within Washtenaw County.  
WCCMH staff within the corrections system are tracking arrests within the Washtenaw CMH EMR in order to prep for data analysis for measures of success.  
Continue to maintain the SMI Criminal Justice grant program which utilizes a forensic peer specialist to co-respond with the Sheriff’s Office to mental health and SUD crisis.  
Granted additional funding to hire an additional .5 peer for the Criminal Justice grant program  
A complete analysis of current MH Court process and service delivery model has been completed. The redesign team continues to meet.  
In partnership with the WCSO, Youth Center, Washtenaw Courts and WISD the WCCMH has developed a data repository to help inform the Diversion Council on strategic planning.  
WCCMH Executive Director and Sheriff Clayton implemented a diversion council that obtained input from key stakeholders to develop the following goals:  
1. Reduce racial and economic disparities in jail  
2. Reduce the rate of individuals in jail/Youth Center  
3. Reduce the rate of recidivism  
4. Reduce the number of days in confinement waiting for treatment |
## WCCMH Executive Director and leadership continue to lead the community in achieving these abovementioned goals.

The Jail Diversion Council committee has established key data elements to track the progress towards the abovementioned goals.

Continue to refine the data repository between WCSO, Youth Center and WCCMH. This data is being used to review practices between the abovementioned entities.

Jail Diversion Policy Committee held its first meeting to address the following:
1. Ensure various sectors give input to data.
2. Train judges about diversion
3. Develop educational materials about diversion options
4. Encourage cooperation between courts and community corrections
5. Increase equity through new policies
6. Streamline ways to track community service

WSU completed a full review of our practices within the jail that has lead to changes in service delivery

Created a Juvenile Justice subcommittee of the full Diversion Council.

WCCMH Executive Director participated on the hiring committee for both the Chief and Deputy Chief of Ann Arbor PD.

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| **(B)** Develop and implement a process and services improvement plan for persons with substance use disorders, in partnership with Washtenaw | John Shovels (PL)  
Kelly Bellus (C) |
---|---|

WCCMH continues to assess organizational co-occurring needs and responds with appropriate programming. WCCMH is participating in a regional recovery self-assessment. This assessment will help identify areas to improve and each CMH will develop a work-plan to address the improvement opportunities.

WCCMH Complex Care team has been revamped to allow for more data driven cases to be brought forward for review.

WCCMH has been granted the authority from the PIHP to be able to authorize after hours SUD services.

Hired and trained the SUD MHP position to provide SUD service assessment, authorization and coordination of care.
Coordinating Agency.

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<tr>
<th>The Co-Occurring workgroup continues to assess organizational need for groups and add groups as deemed necessary.</th>
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<tr>
<td>WCCMH is offering ten co-occurring recovery groups per week.</td>
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<td>Continue to use two evidence-based curriculums to guide our groups.</td>
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<td>Implemented a Refuge Recovery model which is a new recovery approach that is being provided at the Annex location on Friday’s. The model uses mindfulness and meditation principles as tools toward recovery and overall sobriety. We continue to enhance curriculum options.</td>
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<tr>
<td>Participating in the Able Change process to enhance the SUD services in Washtenaw County.</td>
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<td>Due to the new rules, all WCCMH program sites providing substance abuse interventions required personnel changes. The new rules clarify the credentialing and licensing expectations of staff providing a substance abuse intervention. During May we made several personnel changes to our groups to be in compliance to the new credentialing rules. All WCCMH policies are being reviewed to assure the new rules are addressed accordingly.</td>
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<tr>
<td>Working with the Coordinating Agency to enhance SUD services for individuals that are CCBHC population.</td>
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<td>One new employee Co-Occurring 101 training has been held this past quarter and the next one will be held in June 2019.</td>
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<td>On May 1, 2019 the Towner service location completed a substance abuse license audit from LARA. This audit was unannounced. We successfully passed the audit and learned from the auditor all new elements of the substance abuse licensing rules that went into effect this year.</td>
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<td>Collaborating with SUD coordination agency to begin planning for SUD millage investments</td>
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<td>Youth and Family department, along with crisis team, continue to provide technical and crisis intervention assistance to community and schools to respond and assist when there is a MH crisis.</td>
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<td>Staff have been sent to several specialized trainings.</td>
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(C) Develop and implement a plan for enhanced services

Liz Spring (PL)
Youth and Family continues to work with schools and community stakeholders on initiatives to address youth crisis services such as “Handle with Care”.

Applied and were awarded a grant to enhance crisis response services for youths.

Applied and were awarded our certification from the State as certified youth intensive mobile crisis stabilization team.

Executive Director and leadership have been meeting with the WISD and local school districts to enhance mental health services for youths.

WCCMH, through millage funding, has initiated a youth mapping process that will include community members across multiple sectors of youth services, such as schools, courts, youth center, police, etc. to identify areas of opportunity within the youth system of care. The mapping process will be facilitated by an independent facilitator.

The youth mapping process was conducted and is being utilized to develop a plan to better serve youths across multiple stakeholders before and after involvement with the juvenile justice system.

Created a Juvenile Justice subcommittee of the full Diversion Council.

Anti-Stigma campaign has been created that is focused on youths

Developed and implemented #Umatter mini grants across all high schools within Washtenaw County.

Developed partnerships with Corner Health to provide psychiatry services.

In the process of working with Ozone House to enhance the partnership

Collaborated with WISD to hire MH professional within the WISD for Saline, Milan, Ypsilanti Community Schools, and Lincoln districts.

Court hired in partnership with WCCMH a full-time therapeutic case manager for the intensive probation docket.
<table>
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<tr>
<th>(D)</th>
<th>Develop and implement a plan for enhanced services for seniors</th>
<th>Sally Amos O’Neal (PL)</th>
<th>DD program partnered with the Alzheimer’s Association of Michigan. Three trainings were conducted with WCCMH and OBRA staff around treatment with individuals with Down Syndrome and Alzheimer’s, introduction and assessment of individuals with Alzheimer’s and Down Syndrome and a virtual experience for staff to experience Alzheimer’s and Down Syndrome.</th>
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</table>
| **3. Help increase access and availability of services across the community for recovery and quality of life through strategic partnerships and collaborations.** | (A) Lead the implementation and analysis of the Certified Community Behavioral Health Center (CCBHC) pilot. | Mike Harding | In December Washtenaw was notified that they awarded the SAMHSA CCBHC Expansion Grant. Implementation must occur on or before May 1st.  
WCCMH’s attestation for CCBHC certification was approved by SAMHSA.  
CCBHC went live on 5/1/19.  
New CARES EMR went live in April 2019  
Year 2 continuation application for CCBHC Expansion was approved by SAMHSA |
| (B) Support a community-wide collaboration to provide recovery and quality of life services for persons living with MI and SUD, but who are not currently eligible for services. | Trish Cortes (PL) | Mental Health and Public Safety Millage passed and WCCMH was an active participant on the Community Mental Health Advisory Committee that was responsible for making recommendations to the WCCMH Board and Board of Commissioners on how to utilize millage dollars.  
WCCMH Board and staff developed recommendations on a budget and framework for “Access Plus”.  
WCCMH is participating in the “Able Change” process that is being conducted through the State Innovation Model.  
WCCMH administration and clinical teams have been actively implementing the expansion of the CARES team for both CCBHC and the millage initiatives. These services include individuals with co-occurring disorders and ASAM level I SUD.  
Housing RFP is currently open. Application deadline is 12/20 and reviews will be completed in January with money awarded in February 2020 |
<table>
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<tr>
<th>(C)</th>
<th>Pursue resources to provide enhanced support for persons with co-occurring illnesses who are not currently served by CMH.</th>
<th>John Shoves (PL)</th>
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<tbody>
<tr>
<td></td>
<td>See goal 2B</td>
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<td></td>
<td>Developed and offered a Dual Recovery Anonymous group that is intended for both open CMH individuals and the community.</td>
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<td>Worked with the Core Providers and Coordinating Agency to develop a model of integrated SUD services for CCBHC service delivery.</td>
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<tr>
<td>(D)</td>
<td>Partner in a community initiative for early identification and prevention of serious mental illness.</td>
<td>Liz Spring (PL)</td>
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<td></td>
<td>See goal 2C</td>
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<td></td>
<td>Participating in the Ann Arbor Public Schools mental health and crisis partnership to provide technical assistance around mental health and suicide prevention. Also, provided Critical Incident Stress Management to over 60 Ann Arbor public school employees.</td>
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<td></td>
<td>Partnered with WISD to continue the abovementioned work to expand this to the remaining school districts within the county.</td>
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<td></td>
<td>Handle with Care continues.</td>
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<td></td>
<td>Through millage funding WCCMH will be kicking off an anti-stigma campaign.</td>
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<td>WCCMH met with WISD and community partners to discuss Mental Health awareness initiatives through a “UMatter” week.</td>
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<td></td>
<td>Anti-Stigma campaign has kicked of focused that is focused on youths.</td>
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4. **Strengthen the quality, effectiveness and efficiency of services through easy access to data**

<table>
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<tr>
<th>(A)</th>
<th>Advance the implementation of the Health Information Exchange.</th>
<th>Mike Harding (PL)</th>
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<td></td>
<td>See goal 2A</td>
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<td></td>
<td>HIE is operational within the Adult Corrections and Youth Center (Juvenile Detention Center) system for the viewing of behavioral and physical health data.</td>
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<td>There are 16 agencies within Washtenaw County that have access, through the consent process, to the behavioral health records within WCCMH.</td>
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<td>WCCMH is in early discussions with WISD to expand the HIE into school-based clinics.</td>
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<td>Participating on statewide committees to further expand sharing of behavioral health information statewide.</td>
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and meaningful analysis.

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<tr>
<th>(B)</th>
<th>Integrate the analysis of health outcomes with financial measures. Provide consistent, actionable reports to Executive Leadership Team (ELT), CMH staff, providers and the board.</th>
<th>Mike Harding (PL) Nicole Phelps (C)</th>
</tr>
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<tr>
<td>Indicators were finalized and presented at the WCCMH Finance and Program Board Committee meetings. Conducted a full review of HEDIS, CMS, MIPS and MDHHS measures to compare requirements and analyzed the feasibility to collect and report national measures. Revised financial reports to be inclusive of key clinical indicators to inform the board on providing a holistic view of the organization. Enhanced the monitoring process for Hab Support Waiver revenue, service delivery and state recoupment. Enhanced the encounter reporting process to assure encounters are submitted and accepted by the PIHP/State. Worked with the PIHP/State to reconcile the state encounter database with the local encounters. Continue to improve the data gathering process of provider performance indicators. Created draft dashboard that will be presented to the board for feedback.</td>
<td>WCCMH administration continues to monitor and evaluate the effectiveness of the reports that were created. Reports are reviewed on a regular basis by administration, Board and staff.</td>
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5. Strengthen CMH capacity and consistency in delivery of core services.

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<th>(A)</th>
<th>Build a sustainable staff development plan, with an initial emphasis on core services: case management, supports coordination, person-</th>
<th>Kelly Bellus (PL)</th>
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<tr>
<td>Staff Development Committee has performed its first staff satisfaction survey. The survey generated overall positive results and over 140 employees responded to the survey. Curriculum developed for training on the crisis array of services. Trainings have begun using the new curriculum. Staff trained and continue to be trained on new BBA standards. Continue to work with other counties on new online Rights training. Staff Development Committee working on year 2 goals for their work plan which includes analysis of staff onboarding process, recruiting and more intensive clinically focused trainings.</td>
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| (B) Expand the meaningful use of health, wellness, self-determination, and centered planning and IPOS. | Established criteria and general guidelines for a Mentorship program for planned roll out by the fall of 2019.

New, simplified tools for staff-driven orientation were created and are being compared to current materials to ensure all bases are covered.
The team reviewed and considered new hire activities to assist with orientation such as a scavenger hunt

A subcommittee was formed to determine what admin functions training clinical staff might benefit from, and to develop a plan to meet wide span of training needs of non-clinical staff.

A blitz training for Vocational Staff was coordinated and completed (February 2019) meeting the requirements for 4 trainings (Rights, Grievance & Appeal, Cultural Competency and CPR & First Aid)

Customer Services staff continue to meet trainings established in team settings as frequently as allowable

Team developed a questionnaire and based on feedback from team meeting visits and from group research is currently in the process of revising the content. The team is also establishing a collection method that is most conducive to honest feedback (likely survey links)

The team continues to monitor training evaluations, exit interview summaries, and Staff Development quarterly reports to meet staff training needs and develop tools and resources for staff use in a team setting or as part of an individual professional development pathway.

Quarterly training schedule (assigned trainings with 90-day timeframes for completion) continue to show higher rates of completion.

Team continues to work on methods to help new hires successfully navigate additional training requirements added in 2018. |

| Kelly Bellus (PL) Heather Linky (C) | Board dashboards are completed.

Draft provider dashboard developed with input from the Provider Advisory Workgroup and staff leadership. The draft will be presented to the board. |
consumer satisfaction measures by the CMH team and provider network, to support service excellence, well-informed consumer choice, and transparency.

PI indicators were added to the provider contracts effective October 1<sup>st</sup>, 2017. The data was collected and analyzed with the Provider Advisory Workgroup. Modifications were made and incorporated into second quarter.

Draft Provider Dashboard was presented to the full board for feedback.

### Engage, Educate and Empower the Community

The Washtenaw County community understands the needs of and resources for persons with mental illness, severe emotional disorders and intellectual and development disabilities. The successes and challenges in ensuring a good quality of life for these persons are known in the broader community.

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| 6. Build public awareness and trust, and support advocacy through clear, transparent communication and engagement. | (A) Develop and launch a CMH communication and outreach plan that includes: Core services overview: Whom CMH | Sally Amos O’Neal (PL) | Annual report published in M-Live and posted on WCCMH website.  
Co-presented at WISD community night on I/DD services.  
Conducted Rights training at ICW, Clubhouse, and NAMI.  
Partnered with County administration and implemented new County/WCCMH website.  
Increased social media presences through Facebook. |
| Serves and how to access services | Community Event at theater to bring awareness to suicide prevention in Washtenaw County featuring “Suicide: The Ripple Effect”. Partnered with WCSO to review their communication plan and developed a communication strategy that is being implemented within WCCMH leadership. The WCCMH Speakers Bureau conducted 32 speaking sessions in FY18 at the following venues:  
- Pioneer High School  
- Saline High School  
- Huron High School  
- Whitmore Lake High School  
- Chelsea High School  
- Easter Michigan University  
- Washtenaw Community College  
- University of Michigan  
Communication plan has been implemented with both internal and external stakeholders.  
- Increased social media presence via Facebook  
- Recording all community contacts  
- Information regarding WCCMH/Millage published in multiple news outlets  
- Significant attendance and public comment from staff and consumers at House and Senate Committees  
- 5 press releases regarding millage and CARES team distributed community wide  
- Internal quarterly newsletters and all staff communications via email |
| “Resource Pathways”: Guides for consumers, staff and providers to appropriate services | Sally Amos O’Neal (PL) | 2018 Celebration of success was held on October 18, 2017. The event was well attended and appreciated by the individuals we serve.  
2 Town Hall meetings were held to talk about state and local updates.  
Walk A Mile was held May 2nd and over 75 attendees were engaged in bringing community awareness. A small group had one-on-one with elected officials.  
Participated in 6 CMHAC working sessions and 5 community conversations.  
Connected “Voting Outreach” to the State. Voting Outreach had a booth at Walk a Mile that helped individuals practice voting and advocate for registering to vote. |
<p>| Annual Report: core services, quality measures, financials, and major initiatives | (B) Lead an annual community-wide session to engage, educate and advocate about mental illness, intellectual and developmental |</p>
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<tr>
<th>7. Strengthen shared learning and partnership between CMH and consumers.</th>
<th>(A) Engage primary and secondary consumers in reviews of consumer experiences, quality measures, CMH service arrays and benefits, and advocacy opportunities.</th>
<th>Sally Amos O'Neal (PL)</th>
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</thead>
</table>
| **disabilities, recovery, quality of life and community-wide services.** | **2019 Celebration of success was held on October 17th, 2018. The event was well attended and had more youths in attendance than prior years.**  
**WCCMH participated in over 60 community wide events ranging from as a participant to a speaker.**  
**NAMI community Education contract complete and they are beginning to implement their strategies**  
**Celebration of success for 2019 was a huge success with over 60 awards and over 100 attendees.**  
**The speaker's bureau lead over 30 speaking engagements**  
**Attended the Walk A Mile on May 9th with over 2500 individuals and 75 from WCCMH.** | **2017 State required consumer satisfaction results were completed and were included in the annual PI report for board review. Results of the survey resulted in compliance in all areas.**  
**Participating in a statewide mystery shopper experience in April and May and the results were positive.**  
**Regional 2018 consumer satisfaction survey is underway.**  
**Regional 2018 consumer satisfaction survey completed, and no service participation score fell below 80%** |
Secure and Steward Resources

*CMH secures and manages resources effectively to meet the quality of life and recovery needs of the people we serve. CMH works closely with partners and the broader community to pursue and secure alternative funding streams to support prevention strategies, equity and access across the community.*

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| 8. Pursue adequate federal, state and local resources for persons served by CMH. | (A) Advocate for resources for persons with mental illness and intellectual and developmental disabilities with federal, state and regional partners. | Nicole Phelps (PL) Mike Harding (C) | WCCMH staff participated in 4 community wide conversations in partnership with the Washtenaw County Sheriff’s Office on the opioid crisis.  
Executive Director and Deputy Director met with the State leadership to advocate and educate them on the impact of the DAB migration.  
Executive Director has met with the PIHP on multiple occasions to advocate for additional Medicaid dollars. PIHP and Regional partners are in conversations with the State on the financial crisis that is occurring within the region.  
WCCMH Executive Director has met with CGSI to bring awareness to the financial crisis to our elected legislative body.  
WCCMH Executive Director worked closely with the Michigan Association of Community Mental Health Boards to strategize about how to get the State to action on the funding crisis.  
WCCMH Executive Director and WCCMH administration have been working closely with County Admin to strategize the best path forward during this financial crisis.  
WCCMH Executive Director’s leadership played a significant role in educating the state on the impact of the underfunding of the public mental health system and Washtenaw County. This advocacy took a significant amount of effort but resulted in higher 2019 rates for Southeast Partnership and WCCMH.  
WCCMH Executive Director worked closely with the Board of Commissioners and County Administration to negotiate a reduction in CAP expenses. |
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<th>9. Diversify revenue streams and increase flexibility of resources to support prevention, outreach and equitable access.</th>
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| **(A)** Develop and sustain payment models in partnership with health plan(s) to provide improved coverage and more flexible services for those in need. | Kelly Bellus (PL)  
Mike Harding (C) | BCN referrals are operational. The total number of enrolled in the BCN pilot is 18. Full presentation of the outcomes will be presented to the WCCMH Board Program Committee. BCN Team continues to provide community education and referrals continue to increase.  
Millage passed on November 7th. WCCMH Executive Director and leadership continue to work with the CMH Board, Board of Commissioners, and County Administration to implement the objectives identified in the millage ordinance.  
CCBHC was fully implemented on May 1st.  
Awarded CCBHC grant resulting in an additional $3.5M over two years.  
Awarded Flynn foundation grant resulting in $50k  
BCN has 30 individuals currently enrolled as of November 2019 |
| **(B)** Continue efforts to lead or partner on high potential grants and | Trish Cortes (PL)  
Mike Harding (C) | WCCMH was awarded funding from the PIHP to provide Case Management services to individuals awaiting services from the ROSC and act as a clinical liaison between the ROSC providers and WCCMH. The grant funded a full time MHP.  
CCBHC expansion grant became available through SAMHSA in late May and WCCMH administration applied and was not awarded. |
demonstration projects.

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<tr>
<th>10.</th>
<th>Design and implement a cost competitive staffing structure and service delivery model that maintains or improves health, recovery, and quality of life.</th>
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<tbody>
<tr>
<td>(A)</td>
<td>Advance analysis of authority or agency status; implement recommendations that ensure a cost competitive model. Trish Cortes (PL)</td>
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<tr>
<td>(B)</td>
<td>Complete analysis of compensation, classification, and caseloads. Implement recommendations that support the recruitment and retention of skilled, well qualified CMH team members. Nick Testorelli (PL) Diane Heidt (C)</td>
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<tr>
<td>(C)</td>
<td>Advocate for statewide and local actions to improve recruitment, training, compensation, and Trish Cortes (PL)</td>
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</table>

CCBHC was awarded 12/31/18 and was implemented on May 1st.

WCCMH Executive Director and staff has partnered with Blue Cross Complete and CHRT to develop a potential sustainable public private partnership.

WCCMH staff and County administration have worked with the State and PIHP to finalize the State $.50 pass through. Advocacy continues to occur both locally and through the Board Association to advocate for an addition $.75 pass through.

WCCMH Executive Director continues to work with providers, County administration, PIHP, and the State to advocate for additional resources at the State level for direct care workers.

Meeting held with GCSI and regional partners to discuss a regional pilot with the MDHHS for the implementation of the recommendations of the 1009 report. A small coalition of

Washtenaw County is conducting a comprehensive class and comp across all departments including WCCMH.

Washtenaw County continues to do the class and comp across all departments.
| retention of direct care workers. | providers have developed an initial draft of a proposal along with a one pager to explain the direct care crisis.  

1009 recommendations for action plan completed in partnership with select providers and WCCMH.  

State passed an additional $.25 direct care wage pass through and WCCMH is working with providers to implement that pass through.  

WCCMH Executive Director advocated by organizing families in efforts to testify at legislative hearings, organized providers within the region to develop “Deconstructing the Direct Care Crisis” and disseminated it throughout the community and lead a regional effort to implement training reciprocity to alleviate provider administrative burdens. |
Learn and Grow

CMH builds and uses the knowledge, skills, and commitment of the CMH staff, provider network partners and volunteers to meet the needs of the community we serve. CMH staff and the provider network are supported, valued, and empowered to serve. Opportunities for learning are well known and well developed.

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<thead>
<tr>
<th>STRATEGIC PLAN GOAL</th>
<th>STRATEGIC PLAN OBJECTIVE</th>
<th>PROJECT LEAD</th>
<th>ACTIONS &amp; OUTCOMES</th>
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<tr>
<td>11. Build a culture and the skills of engagement, appreciation, shared learning</td>
<td>Implement a consistent cycle of engagement, shared learning and appreciation across</td>
<td>Mike Harding (PL) Trish Cortes</td>
<td>Staff Recognition Committee continues to plan agency team building efforts. They meet on a monthly basis and are involved in the planning of the all staff meetings. Themed appreciation activities occur throughout the year to focus on appreciation and morale. See goal 5A</td>
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<td>and continuous improvement.</td>
<td>programs and levels in CMH.</td>
<td>(C)</td>
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<td>(B)</td>
<td>Build knowledge and skills of continuous improvement (CI) principles and methodology;</td>
<td>Shane Ray (PL)</td>
<td>Supervisor School has been revamped to be more interactive and provide learning opportunities. PI Annual report was completed and distributed to Board and staff with a focus on educating the organization on PI initiatives.</td>
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<td>Implement and track selected CI projects.</td>
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<td>The following PI initiatives are either completed or underway:</td>
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<td></td>
<td>Crisis Planning / Safety Planning (MI Adult and ACT focus)</td>
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<td>On Call Improvement Opportunities (ACT)</td>
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<td>Role Clarification (ACT)</td>
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<td>ACT Dashboard (ACT)</td>
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<td></td>
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<td>Clinic Model</td>
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<td>Updating BPS Manual</td>
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<td>Auth Workgroup</td>
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<td>Team Dynamics</td>
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<td></td>
<td>Self Determination / Choice Voucher Process and Implementation Development</td>
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<td>Preparation for Complex Care</td>
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</table>
The following PI initiatives are underway or completed in 2019:

- **Clinic Model** - Completed but still revisiting
- **Self Determination / Choice Voucher Process and Implementation Development** -
  - Stage one completed,
  - Stage two of implementation completed, ongoing focus and response in process.
- **Clarify and train on Guardianship process for Legally Incapacitated Individuals (MI vs. DD)** - Completed
- **CRCT PIHP Performance Indicator Workgroup** - Completed
- **MDHHS New Performance Indicator Workgroup** – In process
- **Joint Commission Accreditation Survey** - Completed
- **PIHP Event Module Workgroup** – In process
- **Basis of Care – ACT Workgroup** - Completed

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<tr>
<th>12. Develop CMH and the provider network into a well-integrated, effective provider entity with enhanced capacity to lead on quality, cost, and innovation.</th>
<th>(A) Engage a Provider Network Advisory Committee to support proactive communication, shared learning and planning.</th>
<th>Heather Linky (PL)</th>
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<td>Multiple provider meetings have been held. Shared learning opportunities occur at the meetings that have input from the Provider Advisory Workgroup about which topics are beneficial to the full provider meeting.</td>
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<td>Community Alliance hosted an event to develop a planning committee to train and roll out the 22 different modules for providers within our network.</td>
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<td>Provider Advisory Workgroup meeting continues to meet monthly. Discussion continues to evaluate efficiencies for tracking trainings.</td>
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<td>Continuing to hold self-determination Employee of Record (EOR) meetings quarterly.</td>
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<td>Shared learning through provider meeting continue to occur on a regular basis.</td>
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<td></td>
<td>Employee of Record meetings continue to occur on a quarterly basis</td>
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<td></td>
<td>Provider Advisory Meeting continues to occur on a monthly basis</td>
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<td>WCCMH created a Community Living Supports (CLS) manual that will be implemented across the region to inform and train staff on the implementation of CLS services.</td>
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<td>(B) Advance CMH staff and provider network readiness for the changing landscape of health care (e.g. effective use of cost and quality measures).</td>
<td>Heather Linky (PL)</td>
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<td>Met with all 10 providers on the new regulations for the home and community-based services regulations.</td>
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<td>Participating in 1009 Pilot Proposal group.</td>
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<td>Sharing network information/updates at All Staff meetings.</td>
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<td>Executive Director continues to provide information to the organization as it becomes available regarding funding crisis and advocacy efforts.</td>
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