



COUNTY ADMINISTRATOR

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TO: Felicia Brabec, Chair
Ways and Means Committee

THROUGH: Gregory Dill
County Administrator

FROM: Washtenaw County Community Mental Health Board &
Trish Cortes, Executive Director
Washtenaw County Community Mental Health

DATE: September 19, 2018

SUBJECT: The Community Mental Health Advisory Committee's Millage
Advisory Plan Recommendations

BOARD ACTION REQUESTED:

It is requested that the Washtenaw County Board of Commissioners approve the recommendations for the Community Mental Health Advisory Committee (CMHAC) Millage Action Plan.

BACKGROUND:

A resolution (#17-105) certifying the ballot language for a Community Mental Health and Public Safety Preservation Millage, an eight-year millage of one mill per year, to be placed on the November 7, 2017 election ballot was approved on July 12, 2017.

In exercising its authority to provide for the mental health needs of Washtenaw County residents, the Board of Commissioners and the CMH Board intends for the revenue raised by the millage to be used in a manner affecting four broad areas of mental health services:

- Prevention – Support mental health awareness, prevention, and early intervention programming in partnerships with families, schools, faith communities, libraries, law enforcement, and health care providers.
- Crisis – Offer immediate mental health and substance use disorder crisis assessment, referral, treatment and support diversion from jail, emergency

departments, and inpatient stays. Enhance support services post crisis engagement.

- Stabilization – Provide services that stabilize and support recovery and enhance quality of life for adults and youth regardless of insurance status. Reach to individuals who do experience obstacles to securing helpful services: lack of resources, homelessness, distrust, and stigma.
- Jail Services – Enhance mental health and substance use disorder assessment and treatment in the jail. Support diversion options and offer expanded education and support to first responders.

Pursuant to the authority granted to Washtenaw County by MCLA 46.11(j), on September 20, 2017 the Board of Commissioners approved Resolution #17-146 enacting a Policy Ordinance to provide a framework for the expenditure of funds provided by Washtenaw County's Community Mental Health and Public Safety Preservation Millage should that millage be approved at the November 7, 2017 election.

On November 7, 2017, Washtenaw County residents voted 2-to-1 in support of an eight year millage for improved access and more effective mental health care for persons living with mental illness and substance use disorders.

Per the Policy Ordinance, the Board of Commissioners created and appointed, with recommendation of the Washtenaw County Community Mental Health Board, a sixteen member body named the Community Mental Health Advisory Committee (CMHAC).

DISCUSSION:

CMHAC is a group made up of community members, service providers, and elected officials who bring a diversity of subject matter expertise, skills, lived experiences, and community relationships. CMHAC functioned as an advisory body to assist both the Board of Commissioners and the CMH Board with the identification of the needs of the service recipients and the community, and to develop recommendations for detailed, well informed mental health millage investments.

CMHAC's vision was for Washtenaw County to have a comprehensive, integrated system of care in place through efforts in three key areas:

- Plan & Integrate
- Expand Services
- Evaluate & Communicate

CMHAC was charged with creating an Advisory Plan which:

- Includes the recommendations based on community evaluation and input from the public and stakeholders;

- Establishes benchmarks by which the effective use of millage funds allocated to address mental health needs are measured;
- Will be presented annually to CMH Board for recommendation and approval, and upon approval, to the Board of Commissioners.

Committed to learning from the community and to ensure transparency of process, CMHAC hosted five Community Conversations across the county. Total attendees at these sessions exceeded 200 persons.

The CMHAC Advisory Plan Recommendations were presented to the CMH Board for feedback in July 2018 and approved August 2018.

IMPACT ON HUMAN RESOURCES:

There is no impact on Human Resources.

IMPACT ON BUDGET:

There is no impact on budget.

IMPACT ON INDIRECT COSTS:

There is no impact on indirect costs.

IMPACT ON OTHER COUNTY DEPARTMENTS OR OUTSIDE AGENCIES:

There is no impact on County departments or outside agencies.

CONFORMITY TO COUNTY POLICIES:

This request is in conformance with County policies.

ATTACHMENTS/APPENDICES:

CMHAC Recommendations

A RESOLUTION APPROVING THE COMMUNITY MENTAL HEALTH
ADVISORY COMMITTEE'S MILLAGE ADVISORY PLAN
RECOMMENDATIONS.

WASHTENAW COUNTY BOARD OF COMMISSIONERS

OCTOBER 3, 2018

WHEREAS, A resolution (#17-105) certifying the ballot language for a Community Mental Health and Public Safety Preservation Millage, an eight-year millage of one mill per year, to be placed on the November 7, 2017 election ballot was approved on July 12, 2017; and

WHEREAS, the Board of Commissioners and the CMH Board intends for the revenue raised by the millage to be used in a manner affecting four broad areas of mental health services:

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

WHEREAS, Pursuant to the authority granted to Washtenaw County by MCLA 46.11(j), on September 20, 2017 the Board of Commissioners approved Resolution #17-146 enacting a Policy Ordinance to provide a framework for the expenditure of funds provided by Washtenaw County's Community Mental Health and Public Safety Preservation Millage should that millage be approved at the November 7, 2017 election; and

WHEREAS, On November 7, 2017, Washtenaw County residents voted 2-to-1 in support of an eight year millage for improved access and more effective mental health care for persons living with mental illness and substance use disorders; and

WHEREAS, Per the Policy Ordinance, the Board of Commissioners created and appointed, with recommendation of the Washtenaw County Community Mental

Health Board, a sixteen member body named the Community Mental Health Advisory Committee (CMHAC), a group made up of community members, service providers, and elected officials who bring a diversity of subject matter expertise, skills, lived experiences, and community relationships. CMHAC functioned as an advisory body to assist both the Board of Commissioners and the CMH Board with the identification of the needs of the service recipients and the community, and to develop recommendations for detailed, well informed mental health millage investments; and

WHEREAS, CMHAC's vision was for Washtenaw County to have a comprehensive, integrated system of care in place through efforts in three key areas:

- Plan & Integrate
- Expand Services
- Evaluate & Communicate; and

WHEREAS, CMHAC was charged with creating an Advisory Plan which includes the recommendations based on community evaluation and input from the public and stakeholders, establishes benchmarks by which the effective use of millage funds allocated to address mental health needs are measured, and will be presented annually to CMH Board for recommendation and approval, and upon approval, to the Board of Commissioners; and

WHEREAS, Committed to learning from the community and to ensure transparency of process, CMHAC hosted five Community Conversations across the county. Total attendees at these sessions exceeded 200 persons; and

WHEREAS, The CMHAC Advisory Plan Recommendations were presented to the CMH Board for feedback in July 2018 and approved August 2018.

NOW THEREFORE BE IT RESOLVED that the Washtenaw County Board of Commissioners hereby approves the Community Mental Health Advisory Committee's Millage Advisory Plan Recommendations.



Community Mental Health Advisory Committee Recommendations

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

BACKGROUND

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

[The millage resolution](#) identified these four categories of services:

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

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

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

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

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

CMHAC PROCESS and APPROACH TO RECOMMENDATIONS

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

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

Committed to learning from the community and to ensure transparency in the process, CMHAC hosted [four \(4\) Community Conversations](#), and also received counsel and input from [many collaboratives across the community](#). Additionally members of the CMH Board and leadership staff hosted a fifth Community Conversation on May 29. Total attendees at these sessions exceeded 200 persons.

These themes emerged from community members when asked about their visions of success for millage investments:

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

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

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

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

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

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

OVERVIEW: CMHAC VISION AND RECOMMENDED INVESTMENTS

CMHAC VISION & OUTCOMES <i>What does success look like in six years?</i>		RECOMMENDED INVESTMENTS
Comprehensive, integrated system of care in place	PLAN & INTEGRATE	<ol style="list-style-type: none"> 1. ACCESS Plus, Crisis Center and Stabilization Services, Planning And Integration of the System of Care 2. Youth Services, Planning 3. Substance Use Disorder, Planning
<ul style="list-style-type: none"> ▪ Services are accessible, based on need, not insurance ▪ Services are community based, culturally aware and competent ▪ Outreach to those who face obstacles to securing services ▪ Early identification of needs and intervention ▪ Early and enough support for youth and families ▪ Fewer people experiencing an acute crisis ▪ Ease finding information on needed services ▪ Helpful crisis options: Non-jail, Non-ER, MH/SUD assessment, immediate support, post crisis services ▪ Decrease in suicides ▪ Less demand on jails, courts, ERs, shelter ▪ Enhanced support for co-occurring illnesses ▪ Choices for treatment approach and provider ▪ Reliable supportive services to maintain housing 	EXPAND SERVICES	<ol style="list-style-type: none"> 4. Expand outreach services and maximize use of peer supports 5. Expand prevention services for youth 6. Implement ACCESS Plus & Crisis Center & Stabilization Services 7. Expand access to MH/SUD services <ol style="list-style-type: none"> A. Expand Injection Clinic/Services B. Expand Integrated Care C. Expand counseling services for youth D. Expand SUD, including Opioid Use Treatment Services 8. Increase supportive housing services
<ul style="list-style-type: none"> ▪ Increased awareness of mental health issues ▪ Less stigma for Mental Health/SUD illnesses ▪ Enough capacity to deliver services ▪ Services are cost effective ▪ Strong, continued community support 	EVALUATE & COMMUNICATE	<ol style="list-style-type: none"> 9. Implement robust communication initiative. 10. Develop evaluation plan; track and communicate outcomes 11. Administer millage

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

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

MEASURES OF SUCCESS

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

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

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

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

COST ESTIMATES

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

HEALTH CARE FUNDING ENVIRONMENT

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

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

RECOMMENDATIONS

PLAN & INTEGRATE <i>cost estimate: 500-700K total for 3 years</i>			
Investment	Persons Served	Milestones, Expected Measures	Expected Lead, Partners, 3 Year Cost Estimate
1. ACCESS Plus, Crisis Center and Stabilization Services, Planning and Integration	<ul style="list-style-type: none"> ▪ Entire County ▪ All Ages ▪ Insurance Agnostic 	<ul style="list-style-type: none"> ▪ Comprehensive Planning completed includes: <ul style="list-style-type: none"> ○ implementation strategies and ○ evaluation metrics 	<p>Lead: WCCMH with contractual support, expected to be multi-year e.g. IHI, Community Solutions, Lewin Group</p> <p>Partners: e.g. CMHPSM, Packard Health, Avalon, Ozone, Corner, Hospitals, Law Enforcement</p> <p>\$250K-350K, not carried into Year 4</p>
2. Youth Services, Planning	<ul style="list-style-type: none"> ▪ Entire County ▪ All Ages ▪ Insurance Agnostic 	<ul style="list-style-type: none"> ▪ Comprehensive Planning completed includes: <ul style="list-style-type: none"> ○ implementation strategies and ○ evaluation metrics 	<p>Lead: WACY/WISD with contractual support</p> <p>Partners: e.g. schools, WCCMH Youth Services, Ozone, Corner, Depression Center, RAHS, Avalon, CAN</p> <p>\$250K-350K, not carried into Year 4</p>
3. Substance Use Disorder, Planning	<ul style="list-style-type: none"> ▪ Entire County ▪ All Ages ▪ Insurance Agnostic 	<ul style="list-style-type: none"> ▪ Action teams working towards implementation with measures of success in place ▪ An accountability structure with plans for monitoring action team activity 	<p>Lead: WHI/ SIM - process is underway</p> <p>Partners: multiple as id'd in ABLe Change process</p> <p>Year One: funded by SIM - No millage dollars identified at this time</p>

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

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

Investment	Persons Served	Milestones, Expected Measures	Expected Lead, <i>Partners</i> , 3 Year Cost Estimate
<p>4. Expand outreach services and maximize use of peer supports & community health workers</p>	<ul style="list-style-type: none"> ▪ Entire County with focus on persons/families with high levels of disparity & risk 	<ul style="list-style-type: none"> ▪ Initial baseline measures to be developed ▪ Earlier access to needed services ▪ Increase in client/patient/family satisfaction ▪ Decrease in persons experiencing homelessness ▪ Increase in at-risk, isolated persons being served ▪ Decrease cost/capita 	<p>Lead: TBD</p> <p>Partners: e.g. NAMI, PORT/Path, Schools, Fresh Start, Full Circle, Avalon, Packard Health, CAN, Parkridge, Northfield, and West Willow Community Centers, Delonis Center</p> <p>\$900K-1.1M</p>
<p>5. Expand prevention services for youth.</p>	<ul style="list-style-type: none"> ▪ Entire County with focus in areas with high levels of disparity & risk 	<ul style="list-style-type: none"> ▪ Initial baseline measures to be developed ▪ Timely access to assessment and services ▪ More schools develop and implement comprehensive MH/SUD plans ▪ Increase screenings for depression/risk within the WISD. 	<p>Lead: WACY/WISD</p> <p>Partners: as identified in Youth Planning process</p> <p>\$600K-1.2M</p>
<p>6. Implement ACCESS Plus, Crisis Center & Stabilizing Services</p>	<ul style="list-style-type: none"> ▪ Entire County ▪ All Ages ▪ Insurance Agnostic 	<ul style="list-style-type: none"> ▪ Initial baseline measures to be developed ▪ Improved crisis response time ▪ Fewer people in unnecessary levels of institutional care or criminal justice system ▪ Improve timely access to assessment and services ▪ Increase in client/patient/family satisfaction ▪ Understanding & documentation of costs across the system of care ▪ Decrease cost/capita over time. 	<p>Lead: WCCMH</p> <p>Partners: e.g. Law Enforcement, Hospitals, Packard Health, Avalon, Home of New Vision, Dawn Farm, Ozone, Corner, Hospitals</p> <p>\$6M-\$10M</p>

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

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

Investment	Persons Served	Milestones, Expected Measures	Expected Lead, Partners, 3 Year Cost Estimate
7. Expand access to MH/SUD treatment services	<ul style="list-style-type: none"> ▪ Entire County ▪ All Ages ▪ Insurance Agnostic 		
A. Expand Injection Clinic/Services	<ul style="list-style-type: none"> ▪ Those with need for long acting antipsychotic medication 	<ul style="list-style-type: none"> ▪ Fewer people in crisis and being hospitalized and/or involved in the criminal justice system ▪ Decrease cost/capita 	Lead: WCCMH Partners: Cost included in estimate for ACCESS Plus
B. Expand Integrated care	<ul style="list-style-type: none"> ▪ Eventually the entire county – early focus on zip codes 48197, 48198, & 48189 	<ul style="list-style-type: none"> ▪ Improve timely access to assessment and services ▪ Cases/care distributed based on need & severity - may migrate as stabilized ▪ Increase in client/patient/family satisfaction ▪ Decrease cost/capita 	Lead: Packard Health Partners: SJMHS and Michigan Medicine \$1.2-2M not carried into Year 4 at this level
C. Expand counseling services for youth	<ul style="list-style-type: none"> ▪ High risk, high disparity youth, county wide eventually migrating to access to all youth 	<ul style="list-style-type: none"> ▪ Increased access to services in non-detention setting ▪ Fewer people in unnecessary levels of institutional care or criminal justice system 	Leads: Ozone, Corner \$675K-1.125M
D. Expand SUD, co-occurring services, including opioid use services	<ul style="list-style-type: none"> ▪ Entire County with focus in areas with high levels of disparity & risk 	<ul style="list-style-type: none"> ▪ Measures to be identified in the SUD Planning process and by Medication Assisted Treatment (MAT) service providers ▪ Increased volume of opioid users in MAT ▪ Decrease in accidental opioid deaths ▪ Improved integration of MH and SUD services where appropriate 	Leads: CMHPSM, WCCMH Partners: multiple service providers across county Services and costs estimate needs input from planning process

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

<p>8. Increase supportive housing services</p>	<ul style="list-style-type: none"> ▪ Persons with MH/SUD issues who are homeless or housing insecure ▪ Entire county 	<ul style="list-style-type: none"> ▪ Fewer persons/families experience or are at risk of homelessness ▪ Increase in person/family satisfaction ▪ Fewer people in unnecessary levels of institutional care or criminal justice system 	<p>Lead: WHA</p> <p>Partners: Avalon, MAP, Ozone, Housing Commission, Delonis Center</p> <p>\$900K-1.2M</p>
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EVALUATE & COMMUNICATE: *cost estimate for 3 years: 600-850K*

Investment	Persons Served	Milestones, Expected Measures	Expected Lead, Partners, 3 Year Cost Estimate
<p>9. Communicate, educate and engage community</p>	<ul style="list-style-type: none"> ▪ Entire County 	<ul style="list-style-type: none"> ▪ County residents are familiar with how to learn about or access services ▪ County residents understand millage investments and outcomes ▪ Anti-stigma campaign is underway ▪ Educate and advocate for the stabilization of direct care workers 	<p>Lead: WCCMH with contractual support</p> <p>Partners: NAMI, all agencies, County Admin, Board of Commissioners</p> <p>\$150K-250K</p>
<p>10. Evaluate outcomes</p>	<ul style="list-style-type: none"> ▪ Entire County 	<ul style="list-style-type: none"> ▪ Baselines are well developed ▪ Evaluation measures are in place and outcomes communicated to the community. 	<p>Lead: WCCMH with contractual support e.g. CHRT; Lewin Group</p> <p>Partners: all service providers using millage resources</p> <p>\$150K-250K</p>
<p>11. Administer and leverage millage resources</p>	<ul style="list-style-type: none"> ▪ Entire County 	<ul style="list-style-type: none"> ▪ Projects and contracts are advanced on time ▪ Other funding streams optimized; e.g., SIM, SAMHSA, FQHC, HUD ▪ Private funding secured 	<p>Lead: WCCMH, internal and portions possible via contractual</p> <p>Partners: all service providers using millage resources</p> <p>\$300K-450K</p>

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

Total Estimated 3-Year Cost Estimate Range**

\$11.4M - \$18M

**COST ESTIMATES

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

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

TIMELINE

Draft Timeline Initiative Implementation

2018

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

2019-22

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

2023-26

- All above services continue
- Evaluation framework applied with standards of care established and measured across all partners and entities providing prevention; access, crisis, & stabilization services along with mandated measures
- Measurement dictates modification and/or further expansion of services as fewer people in crisis; less disparity in services by both race, ethnicity and geography; more people housed; barriers to care reduced - moving to community wide metrics of improvement.

COMMUNITY MENTAL HEALTH ADVISORY COMMITTEE RECOMMENDATIONS

INVESTMENTS NOT RECOMMENDED AT THIS TIME

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

1. Inpatient beds or residential treatment beds for adults or youth - Per gaps analysis and Community Conversations, it is clear that there are needs for increased access to inpatient beds and residential treatment, especially for youth within Washtenaw County. It is possible that some of this need could be addressed through collaborative analysis and adjustment of bed allocation. Additionally, because of the current lack of upstream services of a crisis center and/or ongoing services to support stabilization, beds are currently thought to be overused. The discussion of beds could be conducted after upstream services are put in place and the forecast for beds can be better predicted.
2. Wage increases- Given the size of the labor force, even a very modest adjustment in wages would result in the consumption of a significant part, if not all of the millage dollars, while likely not having a significant impact on the recruitment, retention, and quality of life of providers. Additionally, the pre-millage communication to the community was targeted to enhanced service needs, not wage increases. This was seen as a federal, state, and local issue that merits system level attention and action by governing and funding bodies at all levels.