Northeast Michigan Community Mental Health Authority
Board Meetings - March 2019

Happy St. Patrick's Day

All meetings are held at the Board's Main Office Board Room located at 400 Johnson St in Alpena unless otherwise noted.

* Meeting held in the Administrative Conference Room

- Nomination's Committee*, Thursday, March 14 @ 2:30 p.m.
- Board Meeting, Thursday, March 14 @ 3:00 p.m.
  - Audit Presentation
  - Annual Board Member Recognition
- CEO Interviews, Monday, March 18 @ 9:30 a.m.

Northeast Michigan Community Mental Health Authority
Nomination's Committee
March 14, 2019 @ 2:30 p.m.

A G E N D A

I. Slate of Officers Recommendation

Committee Members:
Terry Larson, Chair
Bonnie Cornelius
Steve Dean
Albert LaFleche

Northeast Michigan Community Mental Health Authority

400 Johnson Street
Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2020
Alcona	Gary R. Wnuk Home: 4969 Wildwood Trl/Barton City MI 48705 Mailing: PO Box 327 Lincoln MI 48742		(989) 848-5318	3-31-2021
Alpena	Steve Dean 2076 Partridge Point Road Alpena MI 49707		(810) 265-9330	3-31-2020
Alpena	Mark Hunter 614 S. Eighth Avenue Alpena MI 49707		(989) 356-3171	3-31-2022
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2022
Alpena	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2021
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2021
Montmorency	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2020
Montmorency	Albert LaFleche 19030 County Road 451 Hillman MI 49746		(989) 742-4196	3-31-2021
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49770		(989) 734-7383	3-31-2022
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2022
Presque Isle	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2020

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
March 14, 2019 at 3:00 p.m.
A G E N D A

MISSION STATEMENT

To provide comprehensive services and supports that enable people to live and work independently.

I. Call to Order
II. Seating of Board Member – Gary R. Wnuk [Alcona County]
III. Roll Call & Determination of a Quorum
IV. Pledge of Allegiance
V. Appointment of Evaluator
VI. Acknowledgement of Conflict of Interest
VII. Information and/or Comments from the Public

VIII. Approval of Minutes ..... (See pages 1-5)

IX. Audit Report – Financial ..... (Straley, Lamp & Kraenzlein PC)[See Enclosed Booklet]

X. Board Member Recognition ..... (See page 6)

XI. Recess

XII. Consent Agenda ..... (See page 7)
1. **Blue Horizons Management Agreement**
2. **University of Michigan – MC3 Grant**
3. **MITC Agreement**

XIII. March Monitoring Reports
1. **Treatment of Consumers 01-002 ..... (See pages 8-24)**
2. **Treatment of Staff 01-003 ..... (See pages 25-29)**
3. **Budgeting 01-004 ..... (See page 30)**
4. **Financial Condition 01-005 ..... (See pages 31-33)**
5. **Asset Protection 01-007 ..... (Included in discussion from Audit Report)**

XIV. Board Policies Review and Self Evaluation
1. **Budgeting 01-004 ..... [Review Only] ..... (See page 34)**
2. **Board Members Code of Conduct 02-008[Review & Evaluate] ..... (See pages 35-36)**

XV. Linkage Reports
1. **Northern Michigan Regional Entity**
   a. **Appointment of Board Member to NMRE [Terry Larson's term up 4/1/19]**
   b. **NMRE Board**
      i. **Meeting of February 27, 2019 ..... (Verbal)**
      ii. **Meeting of January 23, 2019 ..... (See pages 37-41)**
2. **Community Mental Health Association of Michigan (CMHAM)**
   a. **Spring Conference – [June 10 & 11 –** Suburban Collection Showplace**, Novi MI] .. (Verbal)**

XVI. Operational Report ..... (See page 42)

XVII. Nominations Committee Report ..... (Verbal)

XVIII. Chair's Report
1. **CMH PAC Campaign ..... (See pages 43-44)**
2. **Appointment to Recipient Rights Committee – Barbara Murphy ..... (Verbal)**

XIX. Director's Report
1. **Director's Report ..... (See page 45)**
2. **QI Council Update ..... (See pages 46-51)**

XX. Information and/or Comments from the Public

XXI. Next Meeting – Thursday, April 11, 2019 at 3:00 p.m.
1. **Set April Agenda ..... (See page 52)**
2. **Evaluation of Meeting ..... (All)**

XXII. Adjournment

Northeast Michigan Community Mental Health Authority Board

Board Meeting

February 14, 2019

I. Call to Order

Chair Gary Nowak called the meeting to order in the Board Room at 3:00 p.m.

II. Roll Call and Determination of a Quorum

Present: Bonnie Cornelius, Steve Dean, Roger Frye, Judy Hutchins, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent: Lester Buza (excused), Judy Jones

Staff & Guests: Lisa Anderson, Carolyn Bruning, LeeAnn Bushey, Lynne Fredlund, Cheryl Jaworowski, Ruth Hewett, Dayna Barbeau, Mary Jameson, Dennis Bannon, Margie Hale-Manley, Peggy Yachasz, Jen Whyte, Nena Sork, Cathy Meske, Mark Hunter, Susan Root

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Albert LaFleche as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

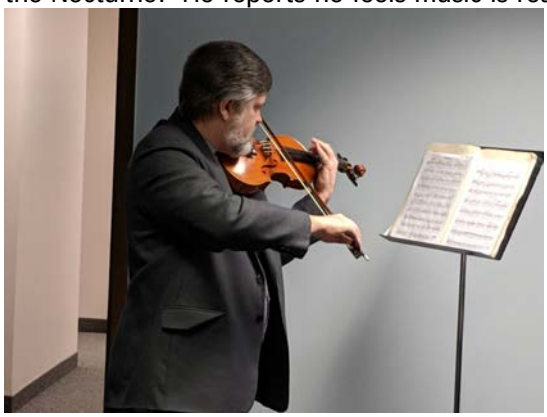
There were no comments presented.

VII. Approval of Minutes

Moved by Steve Dean, supported by Bonnie Cornelius, to approve the minutes of the January 10, 2019 meeting as presented. Motion carried.

VIII. Educational Session – Special Presentation

Gary Nowak reported Eric Lawson has agreed to provide the Board with a musical program with a history of music. A Valentine's song was his lead off which he wrote. He reported this piece he calls the Nocturne. He reports he feels music is really about thinking.



The second piece was also one he had written. This was written for a meditation on the event of the great tsunami.

He ends with how to use music to get to those who have difficulty in communicating due to a disability or other issues. Music is soothing. Music is healing.

IX. Consent Agenda

1. **Grants and/or Contract**
   - **a. District Health Department #4**
   - **b. Blue Cross Blue Shield Renewal**

Moved by Roger Frye, supported by Judy Hutchins, to approve the Consent Agenda as presented. Roll call vote: Ayes: Bonnie Cornelius, Steve Dean, Roger Frye, Judy Hutchins, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Lester Buza, Judy Jones. Motion carried.

Cathy Meske noted the Blue Cross Blue Shield renewal was a time sensitive document and the document needed to be signed by DocuSign with an electronic signature.

X. February Monitoring Reports

1. Treatment of Consumers 01-002

Ruth Hewett reported the newly revised Recipient Rights Orientation Training packet was included in the monitoring report. Pat Przeslawski suggests all Board members read this training packet through. Ruth Hewett reports there is a four-hour class offered and Board members are welcome to attend. Ruth Hewett will also be doing an overview of the Rights System at the April Board meeting.

2. Staff Treatment 01-003

The turnover report was reviewed. Lisa Anderson reported internal turnover is 25% which includes all movement between departments which is not always a bad thing. The Agency overall turnover rate was at 20% compared to the most recent national turnover rate from 2017 of 33.2%.

3. Budgeting 01-004

a. **Final FY18**

Cheryl Jaworowski reports the financial/compliance audit was conducted last week. The financial audit is "clean" and will be presented at the March meeting. There are a couple of compliance issues being worked on.

She reviewed the final Statement of Revenue and Expense for FY18 ending September 30, 2018. She reports the dollar amounts are based on actual payments received. She notes there was actually an $800,000+ Medicaid savings in last fiscal year.

She reports overall, the Agency ended the fiscal year in the black with $26,404.

4. Financial Condition 01-005

a. **Final FY18**

Cheryl Jaworowski reviewed the final Balance Sheet for fiscal year ending September 30, 2018. Next month a full report from the auditors will be presented. She will also have the first quarter for FY19 Financial Condition report.

3. Budgeting 01-004

b. **November 2018**

Cheryl Jaworowski reviewed the Statement of Revenue and Expense for month ending November 30, 2018.

Gary Nowak inquired as to what amount of write-off for accounts receivable total. Cheryl Jaworowski noted it was about $45,000.

c. **December 2018**
Due to time constraints, this report will be presented at the March Board meeting.

4. Financial Condition 01-005

b. **1st Quarter FY19**
Due to time constraints, this report will be presented at the March Board meeting.

5. Asset Protection 01-007

This monitoring report is reported as part of the Audit presentation, which will be conducted at the March Board meeting.

Moved by Eric Lawson, supported by Pat Przeslawski, to accept the February monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Asset Protection 01-007

Board members reviewed the policy. There were no recommended revisions or any further discussion on this policy.

2. Board Committee Principles 02-005

Board members reviewed the policy. Eric Lawson inquired as to whether there should be any reference to the Executive Committee. The By-Laws provide the role of the Executive Committee. This policy addresses the general principles of any committee.

3. Delegation to the Executive Director 03-002

Board members reviewed the policy and noted the policy needs no revision.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting January 24, 2019

Gary Nowak reported the NMRE has moved to their new location in Gaylord. Weather was an issue in getting to the January meeting.

Cathy Meske reported the PMPM was a discussion item. Several grants were received specifically related to substance abuse. She reported the enrollment of the Opioid Health Home was also discussed along with issues in receiving payment. Gary Nowak inquired as to whether Presque Isle County has ever received any of the liquor tax dollars. Terry Larson noted Catholic Human Services requests grant dollars from the county and the dollars from liquor tax are forwarded on to them. He notes the dollars must be awarded to a licensed agency providing substance use services.

2. Consumer Advisory Council

The minutes from the Advisory Council's December meeting were included in the mailing and the draft minutes from the February meeting were distributed today. Cathy Meske reported the Council reviewed the Operations Report and questioned the case management data. She reported the Agency is looking at individuals who leave case management services and then return at a later date trying to determine the various reasons for this.

Gary Nowak reported Ruth Hewett provided the Advisory Council members with an overview of the Recipient Rights program.

XIII. Operation's Report

Nena Sork reviewed the Operation's Report for month ending January 31, 2019. The average length of face-to-face time is running from 31 min. to 54 min. per encounter. Nena Sork reviewed the hospital pre-screens. She reported January 1 a new after-hours crisis provider was engaged and the crisis calls are being received by a master's level clinician. Due to this, there were a few less admissions resulting in a cost savings of inpatient charges.

Nena also reported myStrength training for staff began in January 15th. She reports 190 have already registered. In April, we will be able to get a report to determine how many enrollees have signed up for this application by county.

XIV. Chair's Report

1. Board Member Recognition in March

Gary Nowak reported Board Member recognition will be held at the March Board meeting.

2. Selection Committee

The Selection Committee was scheduled for Wednesday but due to weather has been postponed to Monday, February 18th at 1:00 p.m.

3. Public Hearing

Gary Nowak stressed the importance of Board members making an effort to attend the Public Hearing scheduled for Monday, February 25th at 4:00 p.m. – 6:00 p.m.

XV. Director's Report

1. Director Report Summary

Cathy Meske reported she attended the strategic planning session at the Northern Michigan Opioid Response Coalition. She reported it is very important to continue some type of community mental health presence at the tables in this group.

Cathy Meske also met with Sue Allor in mid-January and she indicated the state may be looking at developing a long-term care hospital in Traverse City. They are considering the Traverse City area due to resources available including staffing.

Cathy Meske reports staff luncheons were held – one to bid Dr. Arora farewell along with Maggie McGee RN and one to welcome our new doctor, Dr. Spurlock.

She reported she met with the Monday Night Activity program to address the GF shortage and reduction of some programming. She had suggested reducing the number of programs per month.

In follow up to the January Board meeting, Cathy Meske reported she and Lynne Fredlund worked together to draft a minor revision to Policy 02-008 – Board Members Code of Conduct. This policy was revised to include the word "Ethical" which will satisfy CARF's requirements about having Board members sign a document attesting to the Code of Ethics. This policy is on the perpetual calendar for next month for review, at which time signatures from Board members will be gathered.

Moved by Pat Przeslawski, supported by Judy Hutchins to approve the revision to Policy 02-008 – Board Members Ethical Code of Conduct. Motion carried.

2. Endowment Fund Grant Awards

Cathy Meske reports the Community Foundation group awarded grants for items to allow for a person to live independently and a bike to get a individual receiving services to work. Steve Dean

inquired as to how much is awarded overall for grants and whether there are a lot of requests. Cathy Meske noted the focus has changed slightly and initially there were many requests for security deposits on apartments and now we focus more on items that can enhance their lives.

3. **QI Council Update**
Lynne Fredlund reported the committees are working toward CARF conformance… Each of the Committees receive the CARF standards associated with their area in which they assure evidence will be easily identified when the CARF reviewers are on site looking for the evidence.

XVI. Information and/or Comments from the Public

Mark Hunter requested more information about the Public Hearing scheduled for Monday, February 25th. Cathy Meske reported this hearing seeks input from stakeholders to determine what the community perceives as needs related to mental health services. Surveys are sent out to community stakeholders such as the legal system, educational system, advocacy groups and others. In addition, the meeting is publicized in the area newspapers and the Agency's website as well as the Human Services Coordinating Council posting and sending out to their listserv members. This hearing is conducted every two years and was well attended two years ago.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, March 14, 2019 at 3:00 p.m.

1. Set March Agenda

The March agenda items were reviewed. Diane Hayka reported the Nomination's Committee consisting of Bonnie Cornelius, Terry Larson, Steve Dean, and Albert LaFleche will need to meet just prior to the March meeting at 2:30 p.m. to discuss the Slate of Officers for presentation.

XVIII. Evaluation of Meeting

Albert LaFleche noted the meeting began on time. The educational program and listening to the music was very good. He believes everyone learned something from this meeting.

Pat Przeslawski inquired more on the format of the public hearing meeting. Cathy Meske requested all Board members attend.

XIX. Adjournment

Moved by Albert LaFleche, supported by Pat Przeslawski, to adjourn the meeting. Motion carried. This meeting adjourned at 4:15 p.m.

_____
Bonnie Cornelius, Secretary

_____
Gary Nowak, Chair

Diane Hayka
Recorder

Straley Lamp & Kraenzlein P.C.
Certified Public Accountants

Philip T. Straley, CPA/PFS
Bernard R. Lamp, CPA
James E. Kraenzlein, CPA/ABV/CFF
Gary C. VanMassenhove, CPA
Mark L. Sandula, CPA
Jeff A. Taphouse, CPA
John D. Faulman, CPA
Andrew R. Lamp, CPA
Nicholas L. Cordes, CPA
Chelsea A. Meeder, CPA
Robert D. Ilsley
J. Michael Kearly

AUDIT COMMUNICATIONS

To the Board of Directors
Northeast Michigan Community
Mental Health Authority

We have audited the financial statements of the business-type activities, the major fund and the aggregate remaining fund information of Northeast Michigan Community Mental Health Authority (the "Authority") for the year ended September 30, 2018. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards and *Government Auditing Standards*, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated January 7, 2019. Professional standards also require that we communicate to you the following information related to our audit.

Our Responsibilities under U.S. Generally Accepted Auditing Standards and *Government Auditing Standards*

Internal Control

As stated in our engagement letter dated November 20, 2018 our responsibility, as described by professional standards, is to express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities. Our responsibility is to plan and perform the audit to obtain reasonable, but not absolute, assurance that the financial statements are free of material misstatement

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting. Such considerations were solely for the purpose of determining our audit procedures and for expressing our opinions on the financial statements, but not to provide any assurance on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

Compliance

We are also engaged to perform a compliance examination in accordance with *CMH Compliance Examination Guidelines*, issued by the Michigan Department of Health & Human Services. The compliance examination is performed to test the Authority's compliance with certain provisions of laws, regulations, contracts and grant agreements. However, providing an opinion on compliance with those provisions will not be an objective of our audit, and accordingly, we will not express such an opinion.

Planned Scope and Timing of the Audit

We performed the audit according to the planned scope and timing previously communicated to you in our engagement letter about planning matters on November 20, 2018.

Significant Audit Findings

*Qualitative Aspects of Accounting Practic*es

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Authority are described in Note 1 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during the year. We noted no transactions entered into by the governmental unit during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the financial statements were management's estimate of useful lives of fixed assets in determining depreciation expense, incurred but not reported employee health care claims and the settlements under state contracts.

We evaluated the key factors and assumptions used to develop the above accounting estimates in determining that they are reasonable in relation to the financial statements taken as a whole.

The disclosures in the financial statements are neutral, consistent, and clear.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. We are pleased to report that we are aware of no material adjustments that should have been included in the financial statements for the year ended September 30, 2018.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated February 28, 2019.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Authority's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check

with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the governmental unit's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Matters

We applied certain limited procedures to management's discussion and analysis, which is required supplementary information (RSI) that supplements the basic financial statements. Our procedures consisted of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We did not audit the RSI and do not express an opinion or provide any assurance on the RSI.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control was for the limited purpose of described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

During or audit, we also became aware of the following deficiency in internal control other than a significant deficiency or material weakness, or other matter that is an opportunity for strengthening internal controls and operating efficiency.

Subcontracts

During our review of the subcontract files, we noted that there were some files that did not have a valid liability insurance certificate on file. As stated in the contracts examined, it is noted that the Authority will maintain a valid liability certificate on file. Although this is not a specific compliance examination requirement, we believe it is important to bring this to management's attention for your consideration in maintaining relevant internal controls.

Recent Pronouncements.

The Governmental Accounting Standards Board (GASB) continues to issue pronouncements that affect local government accounting and financial reporting. GASB recently issued Statements No. 84 and No. 87. Below is a brief summary of those new GASB Statements:

A. Summary of GASB Statement No. 84, *Fiduciary Activities*. The objective of this Statement is to improve guidance regarding the identification of fiduciary activities for accounting and financial reporting purposes and how those activities should be reported. The requirements of this Statement will enhance consistency and comparability by clarifying whether and how business-type activities should report their fiduciary activities. The requirements of this statement are effective for reporting periods beginning after December 15, 2018. Earlier application is encouraged.

B. Summary of GASB Statement No. 87, *Leases*. The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about governments' leasing activities. The requirements of this Statement are effective for reporting periods beginning after December 15, 2019. Earlier application is encouraged.

C. Summary of GASB Statement No. 88, *Certain Disclosures Related to Debt, including Debt Borrowings and Direct Placements.* The objective of this statement is to improve the information disclosed in the notes to the financial statements related to debt, including direct borrowings and direct placements. This statement also clarifies which liabilities should be included in the information that is disclosed related to debt. The requirements of this Statement are effective for reporting periods beginning after June 15, 2018. Early application is encouraged.

Restriction on Use

This report is intended solely for the information and use of the Authority's governing body and management, and is not intended to be and should not be used by anyone other than these specified parties.

We commend the Authority for its excellent record keeping system and appreciate the opportunity to serve Northeast Michigan Community Mental Health Authority. If you have any questions, or if we can be of further service, please feel free to contact us.

We wish to thank the staff of Authority for their assistance during the audit.

Very truly yours,

Straley Lamp & Kraenzlein P.C.

February 28, 2019

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Financial Statements

September 30, 2018

STRALEY LAMP & KRAENZLEIN P.C.

CONTENTS

Using this Annual Report

This annual report consists of a series of financial statements. The Statement of Net Position and the Statement of Revenue, Expenses and Changes in Net Position provide information about the activities of the Authority as a whole and present a longer-term view of the Authority's finances.

The Authority is using an allowable alternative approach to present its financial information. Governmental entities that have single programs are allowed to present a combined government-wide and fund financial statement by using a columnar format that requires no reconciliation between fund types. The operations of the Authority are therefore presented using an Enterprise Fund accounting methodology. Thus, the financial information is presented in a manner similar to a private business enterprise. It is the intent of management that this reporting approach gives the reader a clearer picture of its financial condition.

The Authority as a Whole

The table below shows a comparison of the net position of the Authority as of September 30, 2018 compared to the prior year.

	Total business-type activities	
	2017-18	2016-17
Current assets	$ 7,383,484	$ 7,232,266
Non-current capital assets	1,592,880	1,765,571
Total assets	8,976,364	8,997,837
Current liabilities	2,577,767	2,586,709
Long-term debt outstanding	760,955	799,889
Total liabilities	3,338,722	3,386,598
Net Position		
Net investment in capital assets	1,592,880	1,765,571
Unrestricted	4,044,762	3,845,668
Total net position	$ 5,637,642	$ 5,611,239

Unrestricted Net Assets consists of $830,103, an internally reserved amount to pay staff their earned leave pay, and $3,214,659, an unreserved amount used to finance day-to-day operations. The $3,214,659 used to finance day-to-day operations represents about 11.3% of current year expenditures, an increase of 0.1% as compared to 2016-17. The Authority's total net position improved by 0.5% as compared to 2016-17.

As allowed by the Michigan Mental Health Code and the Authority's intergovernmental contracts, the Authority may establish internal service funds to reserve a portion of its cash balances to fund self-insurance risk. No funds are reserved in any internal service fund in either 2017-18 or 2016-17.

The Authority has restricted a portion of its cash balance to fund 100% of its long-term debt obligations to pay for staff earned leave time. The Authority has no other long-term debt outstanding. The Authority's total designated long-term debt cash balance fund decreased $42,472 or (4.9%) as compared to a year ago.

The table below shows a comparison of the change in net position of the Authority as of September 30, 2018 compared to the prior year.

	Total business-type activities	
	2017-18	2016-17
Total program revenues	$ 28,518,111	$ 26,873,887
Health and human service expenses:		
Mental health services expense	8,563,916	7,753,900
Developmental disability services expense	16,664,744	15,679,055
Other support services expense	1,712,042	1,841,179
Board administration expense	1,551,006	1,486,172
Total health and human service expenses	28,491,708	26,760,306
Change in net position	$ 26,403	$ 113,581

Total revenues increased by 6.1% while total expenses increased by 6.5% in 2017-18 as compared to 2016-17.

Enterprise Fund Budgetary Highlights

Over the course of the year, the Authority amended the budget three times to accommodate a net increase in funding of $2,265,964 as compared to the prior year. The largest budget increases were $1,542,003 in Medicaid funds, $401,830 in State Healthy Michigan funds, and $211,644 in rebates and incentive payments for 2016-17 performance. The largest budget decrease was ($90,977) in State General Funds primarily due to a one-time $100,000 transfer received from affiliate AuSable Valley Community Mental Health Authority in 2016-17. No General Fund transfers were received during 2017-18. The Michigan legislature mandated a $0.50 per hour wage increase to all direct care workers effective 10/1/2017. This increase has been passed through to all direct care workers.

During 2017-18, Medicaid (including Autism) benefit expenditures of $24,601,182 were ($87,501) less than paid by the Northern Michigan Regional Entity (NMRE). The NMRE holds the Medicaid and Healthy Michigan contracts with the Michigan Department of Health and Human Services (MDHHS) and maintains a risk fund to cover the cost of services that exceed funds paid. The Authority will be reimbursed for this deficit by the NMRE from its allowable risk fund and prior year allowable Medicaid savings.

During 2017-18, actual Healthy Michigan Plan (HMP) benefit expenditures of $1,440,119 were ($115,252) more than paid by the NMRE. The Authority will be reimbursed for this deficit by the NMRE from its allowable risk fund and prior year allowable HMP savings.

During 2017-18, actual General Fund benefit expenditures of $759,829 were ($19,448) less than allocated by the MDHHS. The Authority used $19,448 of its local funds to cover this shortfall. The Authority also lapsed $10,000 back to MDHHS. These funds were specially legislated for the purpose of Assistive Outpatient Treatment and the Authority had no clients to utilize these funds for. General Funds are used to cover the cost of services for those that are uninsured or under insured.

The total change in net position of $26,403 represents unused local funds primarily earned by the Authority's participation in the MDHHS Special Fund program which allows a CMH to utilize payments received from individuals and participating insurance companies (i.e. Medicare, Blue Cross Blue Shield, etc.) as local matching funds and from incentive payments received from insurance companies and the NMRE.

The Authority's net revenues were less than planned levels by ($405,217) during 2017-18. In 2017-18, MDHHS began updating rates paid to Community Mental Health (CMH) providers on a quarterly basis. Historically, this was done on an annual basis and was based upon services provided two years prior to the current year at actual cost. In the prior year, the MDHHS also started using a "relative value" approach to rate setting in an attempt to average and pay the same rate for services provided in differing geographic areas. These changes in the MDHHS's rate setting procedure make it increasingly difficult to project managed care revenues due to the multitude of factors used to project rates for the forty-six (46) CMH organizations throughout Michigan.

The Authority's net expenditures were less than planned levels by ($431,620) during 2017-18. In 2017-18 the Authority underspent its staff wages and self-insurance budgets by $199,724 and $451,423 respectively and overspent it's contracted residential and contracted employee and services budgets by ($219,902) and ($219,263) respectively.

Capital Asset and Debt Administration

Capital assets are items costing more than $5,000 per item with an estimated useful life exceeding one year. As of September 30, 2018, the Authority had $4,750,910 invested in capital assets, including land, buildings, equipment, vehicles, and leasehold improvements. This is a decrease of ($212,793) or (4.3%) as compared to 2016-17. Of the aforementioned decrease, ($279,767) was due to the sale of real property located on 2nd Avenue in Alpena, MI. This property served as both a licensed residential home and office space during our ownership. The sale was finalized in October 2017 at a loss of ($2,011). The Authority has no outstanding debt related to its capital assets.

Capital assets purchased during fiscal year 2017-18 include an electronic firewall for our computer network and the replacement of 7 agency vehicles. The Authority has a long-term vehicle replacement plan in place to replace high mileage and high maintenance vehicles.

Economic Factors and Next Year's Budgets

The Authority's preliminary budget for 2018-19 is $28,759,278. This is $267,570 more than actual expenditures for 2017-18 and ($164,043) less than budgeted for 2017-18. This decrease is primarily due to projected reductions in the Authority's Healthy Michigan plan revenue and the lack of a General Fund carryforward from 2017-18. The budget will be amended as needed to reflect changes in enrollment, federal and state insurance plans, and funding availability that normally impact the Medicaid and Healthy Michigan benefit plans.

The State legislature has approved a direct care worker wage pass through increase of $0.25 per hour. This is scheduled to take effect on April 1, 2019 for those direct care workers employed or working for CMH service providers in the state who perform direct care duties. The pass through funds only pay for the additional wage approved by the mandate and does not cover other costs associated with payroll (i.e. social security tax, unemployment tax, pension, and other costs that are based upon wages). Funding for this statewide wage increase mandate was estimated based upon services provided in prior years and is included in the managed care funds paid to the Authority.

The Authority plans to continue its strong emphasis on self-determined individualized arrangements for community supports, employment, and independent living services for persons with serious mental illnesses or intellectual/developmental disabilities. The Authority is also anticipating an increase in prevention and treatment services for Veterans and persons with substance use disorders which co-occur with a serious and persistent illness, serious emotional disturbance and/or intellectual/developmental disability. All programs are reviewed on an ongoing basis to prioritize the needs of our clients and communities served and to keep expenditures in line with available funding.

The Authority is planning no new long-term debt borrowing in 2018-19.

Contacting the Authority's Management

This financial report is intended to provide all readers with a general overview of the Authority's finances and to show the Authority's accountability for the money it receives. If you have questions about this report or need additional information, we welcome you to contact the Finance office.

Straley Lamp & Kraenzlein P.C.
Certified Public Accountants

Philip T. Straley, CPA/PFS
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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Northeast Michigan Community
Mental Health Authority

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and the major fund of ***Northeast Michigan Community Mental Health Authority*** (the "Authority") as of and for the year ended September 30, 2018, and the related notes to the financial statements, which collectively comprise the Authority's financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Authority's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

2106 US 23 South, PO Box 738, Alpena, MI 49707 Telephone (989) 356-4531 Facsimile (989) 356-0494 Website silcpa.com

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the major fund of ***Northeast Michigan Community Mental Health Authority***, as of September 30, 2018, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, as noted in the table of contents, be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the financial statements in an appropriate operational, economic or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the financial statements and other knowledge we obtained during our audit of the financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report on our consideration of the Authority's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control over financial reporting and compliance.

Straley Lamp & Kraenzlein P.C.

February 28, 2019

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Northeast Michigan Community Mental Health Authority

Statement of Net Position
Proprietary Fund
September 30, 2018

	Enterprise Fund
Assets	
Current assets	
Cash and cash equivalents	$ 5,232,901
Designated cash and cash equivalents	830,103
Accounts receivable	963,495
Inventory	15,885
Prepaid items	341,100
Total current assets	7,383,484
Non-current assets	
Capital assets not being depreciated	80,000
Capital assets being depreciated, net	1,512,880
Total non-current assets	1,592,880
Total assets	8,976,364
Liabilities	
Current liabilities	
Accounts payable	1,881,100
Accrued payroll and payroll taxes	623,667
Deferred revenue	3,852
Current portion of long-term debt	69,148
Total current liabilities	2,577,767
Non-current liabilities	
Long-term debt, net of current portion	760,955
Total liabilities	3,338,722
Net position	
Net investment in capital assets	1,592,880
Unrestricted	4,044,762
Total net position	$ 5,637,642

The accompanying notes are an integral part of these financial statements.

Northeast Michigan Community Mental Health Authority

Statement of Revenue, Expenses and Changes in Net Position
Proprietary Fund
For the Year Ended September 30, 2018

	Enterprise Fund
Operating revenue	
State contracts	$ 27,117,547
Contributions from local units	489,808
Charges for services	836,962
Other revenue and reimbursements	61,560
Total operating revenue	28,505,877
Operating expenses - Health and Human Services	
Mental health services	
Outpatient clinic and case management	3,972,860
Residential	1,332,082
Inpatient	1,062,360
Prevention	749,977
Community support	603,011
Supported living and housing	434,188
Employment	203,422
Other	206,016
Developmental disability services	
Residential	6,861,339
Community support	1,726,038
Supported living and housing	3,859,661
Employment	1,272,272
Clinical support and case management	2,777,417
Other	168,017
Other support services	1,710,031
Board administration	1,551,006
Total operating expenses	28,489,697
Operating income	16,180
Non-operating revenue (expenses)	
Interest revenue	12,234
Loss on disposal of fixed asset	(2,011)
Total non-operating revenue (expenses)	10,223
Change in net position	26,403
Net position, beginning of year	5,611,239
Net position, end of year	$ 5,637,642

The accompanying notes are an integral part of these financial statements.

Northeast Michigan Community Mental Health Authority

Statement of Cash Flows
Proprietary Fund
For the Year Ended September 30, 2018

	Enterprise Fund
Cash flows from operating activities	
Cash received from providing services	$ 28,598,856
Cash payments to suppliers and affiliates	(11,086,806)
Cash payments for personnel services	(16,871,638)
Net cash provided by operating activities	640,412
Cash flows from capital and related financing activities	
Purchase of capital assets	(193,369)
Proceeds from sale of capital assets	97,500
Net cash used by capital and related financing activities	(95,869)
Cash flows from investing activities	
Interest received	12,234
Net cash provided by investing activities	12,234
Increase in cash and cash equivalents	556,777
Cash and cash equivalents, beginning of the year	5,506,227
Cash and cash equivalents, end of the year	$ 6,063,004
Cash and cash equivalents per the statement of net position:	
Cash and cash equivalents	$ 5,232,901
Designated cash and cash equivalents	830,103
	$ 6,063,004
Reconciliation of operating income to net cash provided by operating activities	
Operating income	$ 16,180
Adjustments to reconcile operating income to net cash used by operating activities:	
Depreciation	266,549
Changes in assets and liabilities:	
Accounts receivable	297,920
Inventory	632
Prepaid items	107,007
Accounts payable	60,696
Accrued payroll and payroll taxes	(23,356)
Deferred revenue	(42,744)
Long-term debt	(42,472)
Net cash provided by operating activities	$ 640,412

Non-cash transactions: There were no significant non-cash investing or financing activities during the year.

Northeast Michigan Community Mental Health Authority

Statement of Fiduciary Assets and Liabilities
Agency Fund
September 30, 2018

Assets	
Current assets	
Cash and cash equivalents	$ 29,339
Liabilities	
Due to consumers	$ 29,339

The accompanying notes are an integral part of these financial statements.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Northeast Michigan Community Mental Health Authority (the "Authority"), is a multi-county governmental authority serving Alcona, Alpena, Montmorency and Presque Isle Counties, located in northeastern Michigan. The Authority provides community services to individuals diagnosed with severe mental illnesses, intellectual/developmental disabilities, and/or substance abuse conditions. Services provided by the Authority include inpatient treatment, residential services, case management, outpatient treatment, employment, supported living and housing, and prevention services. The Authority operates under a 12-member Board of Directors.

Reporting Entity - These financial statements represent the financial condition and the results of operations of the Authority. The Authority is not a component of any other reporting entity, as defined by Governmental Accounting Standards Board ("GASB") Statement No. 61, *The Financial Reporting Entity.* Based on these same criteria, management has not identified any potential component units requiring consideration for inclusion in the Authority's financial statements.

Government-Wide and Fund Financial Statements - As permitted by GASB Statement No. 34, the Authority uses an alternative approach reserved for single program governments to present combined government-wide and fund financial statements. The Authority's only major fund comprises the government-wide financial statements. Accordingly, this is presented in the statement of net position and the statement of revenue, expenses and changes in net position.

The operations of the Authority are accounted for as an Enterprise Fund (a proprietary fund) which is designed to be self-supporting. Enterprise Funds are used to account for operations (a) that are financed and operated in a manner similar to private business enterprises, where the intent of the governing body is that the cost of providing goods or services on a continuing basis be financed or recovered primarily through user charges; or (b) where the governing body has decided that periodic determination of revenues earned, expenses incurred, and net income is appropriate for capital maintenance, public policy, management control, accountability or other purposes.

The Risk Reserve Internal Service Fund (a proprietary fund type) is used to account for assets held as a reserve against potential liabilities relative to and as allowed by its contract with the Michigan Department of Health and Human Services ("MDHHS"). Pursuant to these contractual provisions, the Risk Reserve Internal Service Fund has not been presented in these financial statements as there is no current year activity or net assets at September 30, 2018.

Measurement Focus, Basis of Accounting and Financial Statement Presentation - The government-wide proprietary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met. There has been no inter-fund activity for the year ended September 30, 2018.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (continued)

The Enterprise Fund is the Authority's primary operating fund, and only major fund. It accounts for all financial resources of the Authority, except those accounted for in another fund.

Proprietary funds distinguish operating revenues and expenses from non-operating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with a proprietary fund's principal ongoing operations. The principal operating revenues of the Authority's operating fund are contract revenues from MDHHS and first and third party payers. Operating expenses include the cost of providing mental health and intellectual/developmental disability services together with related support services and administration. All revenues and expenses not meeting this definition are reported as non-operating revenues and expenses.

Cash and Cash Equivalents - The Authority's cash consists of cash on hand and demand deposits. Designated cash and cash equivalents represent amounts held in reserve accounts as authorized by resolution of the Authority's Board.

Investments - The Authority's investments consist of certificates of deposit with initial maturities greater than three months.

Receivables - Receivables consist primarily of amounts due from individuals and private or governmental insurance programs and grant reimbursements under the terms of contracts with other agencies, governments and organizations for services rendered. Receivables from first and third party payers are presented net of an allowance for uncollectible accounts as estimated by management. The allowance was $4,600 at September 30, 2018.

Inventory and Prepaid Items - Inventory is valued at cost, primarily determined on a first-in, first-out basis. Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

Capital Assets - Capital assets, which include buildings, improvements, equipment and vehicles are capitalized and reported in the financial statements. Capital assets are defined as assets with an initial cost of more than $5,000 and an estimated useful life in excess of one year. Such assets are recorded for reporting purposes at historical cost or estimated historical cost if constructed or purchased.

Capital assets are depreciated using the straight-line method over the following estimated useful lives:

Assets	Years
Buildings	20-40
Leasehold and building improvements	10-15
Equipment	5-7
Vehicles	4

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (continued)

Compensated Absences - Reflects the accrual of compensated absences adjusted to current salary costs. Permanent employees earn annual leave based upon full or part-time status proportionate to the time worked. Annual leave is 100% vested when earned and may be accrued to a total of 360 hours. Employees are paid 100% of annual accumulated leave when they terminate employment. A small number of employees have accrued leave hours exceeding 360 as allowed by a revision in the leave policy in April 2000. Upon termination, these employees are paid a percentage of their unused leave balances exceeding 360 hours, depending upon the number of hours accumulated and their employment classification.

MDHHS Revenue

MDHHS revenue is recognized as earned.

General Fund Revenue

The Authority provides mental health services on behalf of the Michigan Department of Health and Human Services ("MDHHS"). Currently, the Authority contracts directly with the MDHHS for General Fund revenues to support the services provided for priority population residing in Alcona, Alpena, Montmorency and Presque Isle Counties. The Authority performs an annual settlement of General Funds with MDHHS.

Medicaid Revenue

Northeast Michigan Community Mental Health Authority receives Medicaid revenue from the Northern Michigan Regional Entity (the "NMRE") Pre-Paid Inpatient Health Plan. The NMRE contracts directly with the MDHHS to administer Medicaid revenues for Medicaid-qualified services provided to the residents of the covered counties.

Use of Estimates in the Preparation of Financial Statements - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Initial cash settlements under managed care contracts require substantial use of judgment and are subject to review by the Michigan Department of Health and Human Services. Accordingly, the reported amounts of revenue, deferred revenue and due from/to the State could change.

NOTE 2 - DEPOSITS AND INVESTMENTS

The captions on the financial statements relating to cash and cash equivalents are as follows:

	Business-Type Activities	Fiduciary Fund	Total
Cash and cash equivalents	$ 5,232,901	$ 29,339	$ 5,262,240
Designated cash and cash equivalents	830,103	-	830,103
	$ 6,063,004	$ 29,339	$ 6,092,343

Cash and investments are comprised of the following at year-end:

Petty cash	$ 3,100
Checking and savings accounts	5,339,243
Certificates of deposit (due within one year)	750,000
	$ 6,092,343

Deposit Risk

Custodial credit risk. Custodial credit risk is the risk that in the event of a bank failure, the Authority's deposits may not be returned. State law does not require, and the Authority does not have a policy for deposit custodial credit risk. As of year-end, $5,188,161 of the Authority's bank balance of $6,188,161 was exposed to custodial credit risk because it exceeded FDIC and NCUA Insurance limits. The Authority believes that due to the dollar amounts of cash deposits and the limits of FDIC and NCUA insurance, it is impractical to insure all deposits. As a result, the Authority evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Interest Rate Risk. The Authority does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from interest rate changes.

NOTE 2 - DEPOSITS AND INVESTMENTS – (continued)

Statutory Authority

The Authority is authorized by the State of Michigan to invest surplus funds in the following:

- Bonds, securities, other obligations and repurchase agreements of the United States, or an agency or instrumentality of the United States.
- Certificates of deposit, savings accounts, deposit accounts or depository receipts of a qualified financial institution.
- Commercial paper rated at the time of purchase within the two highest classifications established by not less than two standard rating services and that matures not more than 270 days after the date of purchase.
- Bankers acceptances of United States banks.
- Obligations of the State of Michigan and its political subdivisions that, at the time of purchase are rated as investment grade by at least one standard rating service.
- Mutual funds registered under the Investment Company Act of 1940 with the Authority to purchase only investment vehicles that are legal for direct investment by a public corporation.
- External investment pools as authorized by Public Act 20 as amended through December 31, 1997.

NOTE 3 - LONG-TERM DEBT

The following is a summary of long-term debt transactions of the Authority for the year ended September 30, 2018:

	Beginning Balance	Increases	(Decreases)	Ending Balance	Due within one year
Compensated absences	$ 872,575	-	(42,472)	$ 830,103	$ 69,148

NOTE 4 - LEASES

The Authority is party to numerous operating leases, for which aggregate rental expense was $262,418. These leases are for residential property and office facilities used to shelter and serve the needs of individuals served.

The following is a schedule of future minimum lease payments required under the operating leases that have initial or remaining terms as of September 30, 2018:

September 30,	
2019	$ 189,919
2020	191,826
2021	156,141
2022	109,457
2023	89,472
Thereafter	82,223
	$ 819,038

NOTE 5 - CAPITAL ASSETS

Capital asset activity for the year ended September 30, 2018 was as follows:

	Beginning Balance	Increases	Decreases	Ending Balance
Capital assets not being depreciated				
Land	$ 90,000	$ -	$ (10,000)	$ 80,000
Total capital assets not being depreciated	90,000	-	(10,000)	80,000
Capital assets being depreciated				
Buildings	1,910,237	-	(234,706)	1,675,531
Building improvements	439,535	-	(35,060)	404,475
Leasehold improvements	348,859	-	-	348,859
Vehicles	1,352,624	188,105	(119,573)	1,421,156
Computer equipment	404,891	5,264	-	410,155
Client equipment	107,025	-	-	107,025
Other equipment	310,532	-	(6,823)	303,709
Total capital assets being depreciated	4,873,703	193,369	(396,162)	4,670,910

NOTE 5 - CAPITAL ASSETS – (continued)

	Beginning Balance	Increases	Decreases	Ending Balance
Accumulated depreciation				
Buildings	$ (949,520)	$ (50,922)	$ 159,426	$ (841,016)
Building improvements	(257,757)	(18,857)	20,827	(255,787)
Leasehold improvements	(178,474)	(29,826)	-	(208,300)
Vehicles	(1,094,133)	(130,980)	119,573	(1,105,540)
Computer equipment	(352,066)	(16,045)	-	(368,111)
Client equipment	(95,162)	(4,706)	-	(99,868)
Other equipment	(271,020)	(15,213)	6,825	(279,408)
Total accumulated depreciation	(3,198,132)	(266,549)	306,651	(3,158,030)
Capital assets being depreciated, net	1,675,571	(73,180)	(89,511)	1,512,880
Capital assets, net	**$ 1,765,571**	**$ (73,180)**	**$ (99,511)**	**$1,592,880**

Depreciation expense of $266,549 was charged entirely to a single Health and Human Services function.

NOTE 6 - PENSION PLANS

Defined Contribution Plan

The Authority has adopted a defined contribution retirement plan administered by Voya Institutional Trust Co. The Authorities plan covers all full-time employees. Employees may start contributing on the first month following their regular full-time employment. For participants with a full-time seniority date of at least December 1, 2003 they will be vested 100% immediately. All other participants will be vested 100% after three years of service. Forfeitures of non-vested participants are available to reduce future employer contribution and expenses. Employer contributions of up to 7.5% of gross wages are paid to the plan trustees on a biweekly basis at the same time that wages are paid. The covered payroll for the plan was $9,736,056. Total employer contributions for the year ended September 30, 2018 were $675,042 of which $27,666 was accrued.

NOTE 6 - PENSION PLANS – (continued)

Alternative Social Security Plan

The authority contributes 5.7% of all non-union employees' salary to the plan. Employees are also required to contribute 6.2% of their salary to the plan. The contributions to the plan are made in lieu of federal social security contributions. Under this plan, employees are 100% vested in their account at inception. Employees of the Authority not eligible to participate in this plan are covered by the Federal Social Security System. The covered payroll for the plan was $5,604,754. Total employer contributions for the year ended September 30, 2018, were $319,471.

NOTE 7 - CONTINGENCIES

Under the terms of various Federal and State grants and regulatory requirements, the Authority is subject to periodic audits of its agreements. Such audits could lead to questioned costs and/or requests for reimbursement to grantor or regulatory agencies.

As is the case with other entities, the Authority faces exposure from potential claims and legal proceedings involving environmental and other matters. No such claims or proceedings have been asserted as of September 30, 2018.

NOTE 8 - RISK MANAGEMENT

The Authority is exposed to various risks of loss related to property loss, torts, errors and omissions, and employee's injuries (workers compensation), as well as medical and death benefits provided to employees.

The Authority is a member in the Michigan Municipal Risk Management Authority ("MMRMA"). The MMRMA is a municipal self-insurance entity operating pursuant to the State of Michigan Public Act 138 of 1982. The purpose of MMRMA is to administer a risk management fund, which provides members with loss protection for general and property liability. The Authority has joined with numerous other governmental agencies in Michigan as a participant in MMRMA's pooled insurance program.

The Authority's coverage limits include $15,000,000 for general liability, $1,500,000 for vehicle damage and $8,894,761 for buildings and personal property.

The Authority has purchased commercial insurance for all other risks of loss. Settled claims relating to the commercial insurance have not exceeded the amount of insurance coverage in any of the past three fiscal years, and there was no reduction of coverage in the current year.

The Authority provides medical benefits to its employees through self-insurance. Blue Cross Blue Shield is the third party administrator. The Authority has stop loss coverage for any claims exceeding $150,000 per member.

NOTE 8 - RISK MANAGEMENT – (continued)

The Authority has claims incurred but not paid at September 30, 2018. GASB Statement No. 10 requires that a liability for claims be reported if it is probable that a liability has been incurred at the date of the financial statements and the amount of loss can be reasonable estimated.

The changes in claims in the year ended September 30, 2018 is as follows:

Estimate of prepaid claims, beginning of year	$ 59,222
Incurred claims and changes in estimates	(2,499,974)
Claim payments	2,499,974
Estimate of claims payable, end of year	$ 59,222

NOTE 9 – COMMUNITY FOUNDATION OF NORTHEAST MICHIGAN FUND

The Community Foundation for Northeast Michigan carries certain funds which are for the benefit of the Authority. These funds are not included in the Authority's financial statements, but limited amounts would be available upon a successful grant application to the Foundation's Trustees. As of September 30, 2018, the Northeast Michigan Community Mental Health Fund had a balance of $77,034.

NOTE 10 – SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date of the Independent Auditor's Report, the date on which the financial statements were available to be issued.

Straley Lamp & Kraenzlein P.C.
Certified Public Accountants

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS.*

To the Board of Directors
Northeast Michigan Community
Mental Health Authority

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business type activities, the major fund, and the aggregate remaining fund information of ***Northeast Michigan Community Mental Health Authority*** (the "Authority"), as of and for the year ended September 30, 2018, and the related notes to the financial statements, which collectively comprise the Authority's basic financial statements and have issued our report thereon dated February 28, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Authority's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Authority's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

2106 US 23 South, PO Box 738, Alpena, MI 49707 Telephone (989) 356-4531 Facsimile (989) 356-0494 Website silcpa.com

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Authority's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Authority's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Authority's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Straley Lamp & Kraenzlein P.C.

February 28, 2019

2106 US 23 South, PO Box 738, Alpena, MI 49707 Telephone (989) 356-4531 Facsimile (989) 356-0494 Website silcpa.com

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THANKS TO ALL BOARD MEMBERS FOR THEIR CONTINUING SERVICE TO THE BOARD

Roger Frye..... 25 Years

Gary Nowak ..... 20 Years

Pat Przeslawski ..... 19 Years

Terry Larson ..... 18 Years

Judy Hutchins ..... 15 Years

Albert LaFleche ..... 10 Years

Lester Buza..... 9 Years

Judy Jones ..... 6 Years

Eric Lawson ..... 4 Years

Bonnie Cornelius .....3 3/4 Years

Steve Dean ..... 2 Years, 2 Months

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Cathy Meske

SUBJECT: Consent Agenda

DATE: March 4, 2019

1. **Contracts/Agreements**
   a. **Blue Horizons Management Agreement**
   This is the continuation of the Blue Horizons Management Agreement. The total contract is $18,318.00. The monthly payment will be $1,526.50 per month. This is the amount the Blue Horizons Board will pay our Agency to manage the services provided at that home. We recommend approval.

   b. **University of Michigan – MC3 (Child Collaborative Care) Agreement**
   This is a continuation grant where under a grant from the Michigan Department of Health and Human Services and The Regents of the University of Michigan provides $33,961 in funding to this Agency to provide behavioral health consultation services to address services for children, adolescents and perinatal women based upon recommendations by the MC3 consulting psychiatrist. The consultant identifies and contacts primary care providers and practices in our catchment area to create awareness of MC3 and coordinate informational meetings with them. We recommend approval of this award.

   c. **MITC Agreement**
   This is a new agreement for a pilot to test scheduling software (mySchedule) which, if successful, should result in some efficiency in schedule development in the Supported Independent Program as well as our group homes. Two supervisor groups in the Supported Independent Program and two of our group homes will be testing the software over a three-month period. After that time, an analysis will be completed to determine the benefit of this software. The initial agreement for this pilot will total $3,088, which includes licenses for 44 staff identified in the pilot group. If a determination is made after the pilot is completed that significant savings have occurred, a recommendation will be brought back to the Board for further approval to continue/expand the program. We recommend approval.

Mission

To provide comprehensive services and supports that enable people to live and work independently.

Vision

Northeast Michigan Community Mental Health will be the innovative leader in effective, sensitive mental and behavioral health services.

In doing so, services will be offered within a culture of gentleness and designed to enhance each person's potential to recover. We will continue to be an advocate for the person while educating the community in the promotion of mental and behavioral health.

Northeast Michigan Community Mental Health Authority is funded, in part, by the Michigan Department of Health and Human Services.

Updated 2-5-2019

Quotes from Persons Served…

"_____ could not ask for a better place to live. Everyone is good to him. Support Coordinator is great."

"As his guardian, I am very pleased with his living arrangement and I am very impressed with his POS and how detailed it is."

"I am very satisfied with everything. Thank you."

"Staff has been great. I have seen so much growth in my son it unbelievable. Super happy w/all staff at NEMCMHA."

"Very satisfied with my home and staff."

I appreciate everything the staff and workers do for my family.

"Very good people working at my home."

"I think I am lucky to live in such a good place."

"We think your staff is doing a good job."

"Just love the Blue Horizons home."

***"My supports coordinator is very nice and* helpful."**

"Very satisfied with services."

"We absolutely love our team. We've never had a problem and our kids have progressed so much since they started treatment. Thank you."

"We are well satisfied with the people who work with our daughter _____. They are caring people who strive to make _____ life enjoyable."

"Excellent job at taking care of her you are all wonderful."

"Very happy with the care provided."

Customer Satisfaction Committee

2018 Survey Results

(January 2018 - December 2018)

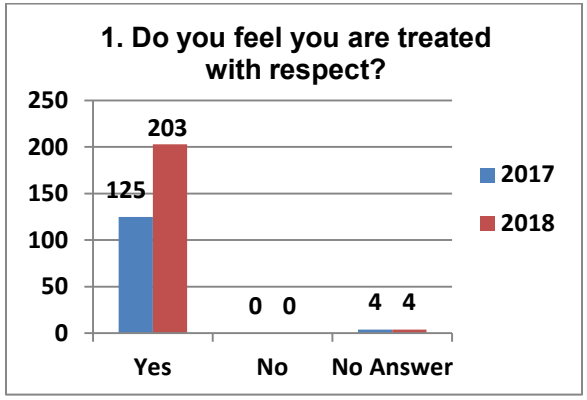
Northeast Michigan Community Mental Health Authority
400 Johnson St.
Alpena, MI 49707
Phone: 989-356-2161

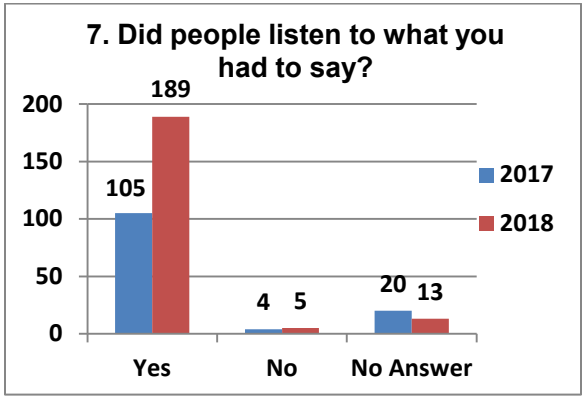
Northeast Michigan Community Mental Health's Development Disabilities Services surveys each individual receiving its services on an annual basis. These surveys assist us in measuring how individuals feel about the services provided on their behalf.

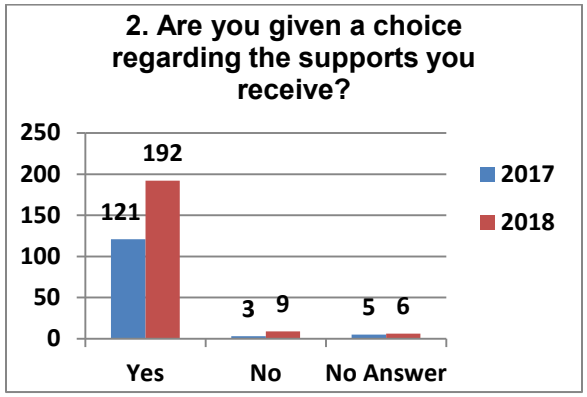
This brochure highlights some of the survey results compiled from

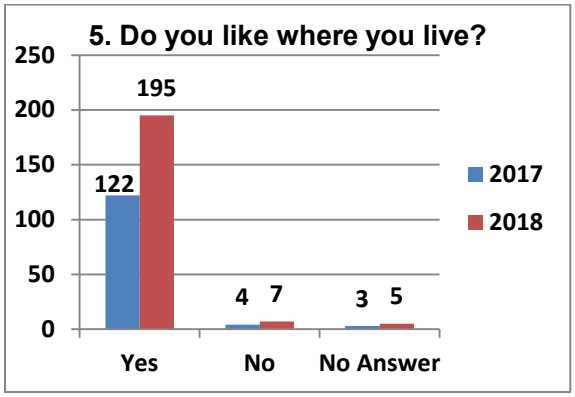
January 1, 2017 through December 31, 2017 - 129 respondents

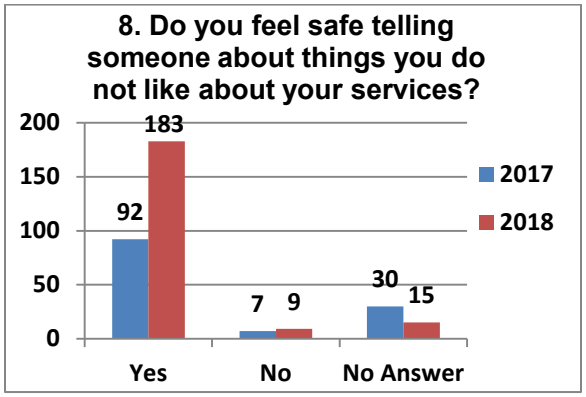
January 1, 2018 through December 31, 2018 – 207/359 respondents

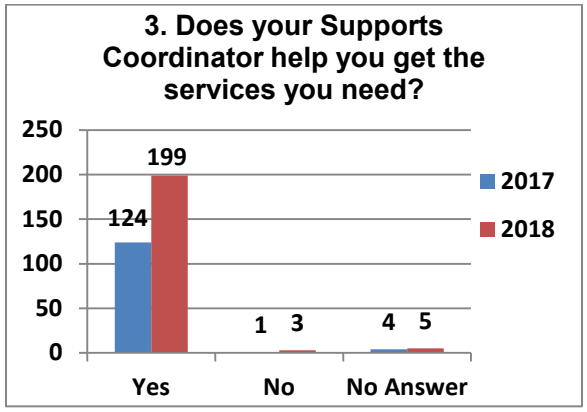


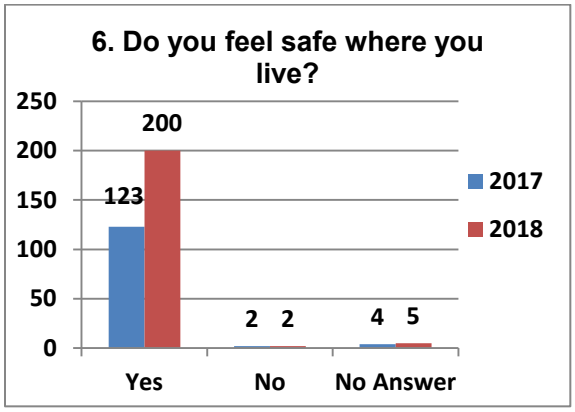


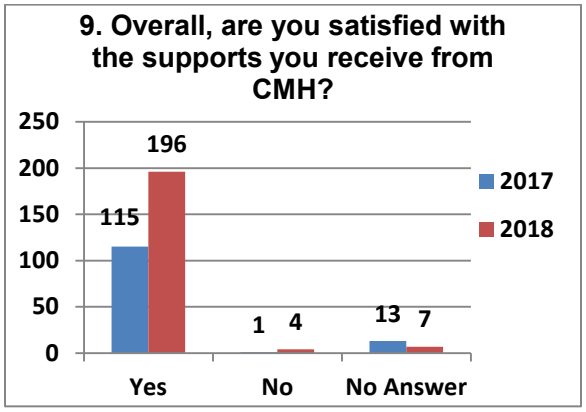












NORTHERN MICHIGAN REGIONAL ENTITY
SNAPSHOT SATISFACTION SURVEY
FEBRUARY 5TH– FEBRUARY 16TH, 2018

Below are excerpts from the most recent customer satisfaction survey conducted by the NMRE during the past fiscal year:

Return Rates

An overall return rate for the NMRE was calculated at 72.34%, a significant increase compared to FY17 rate of 60.62%. The return rate is increasing to be more consistent with historical return rates (76.82% in FY16). This calculation includes all clinicians across all five participating CMHSPs who provided services during the snapshot timeframe. The overall return rates per CMHSP were as follows: AuSable Valley CMH at 73.64% (FY17 74.74%), Centra Wellness Network at 61.97% (FY17 47.96 %), North Country CMH at 90.44% (FY17 79.10%), Northeast Michigan CMH at 51.36% (FY17 40.32%), and Northern Lakes CMH at 78.85% (FY17 56.18%). The return rate per CMHSP will be broken down by program under each program title within this report. Figure 1 illustrates the 2018 return rates for each program surveyed per CMHSP and trendlines for NMRE averages for 2017 and 2018.

Average Responses across Programs per CMHSP

(See graph attached to this document)

Figure 6: Average Responses across Programs per CMHSP

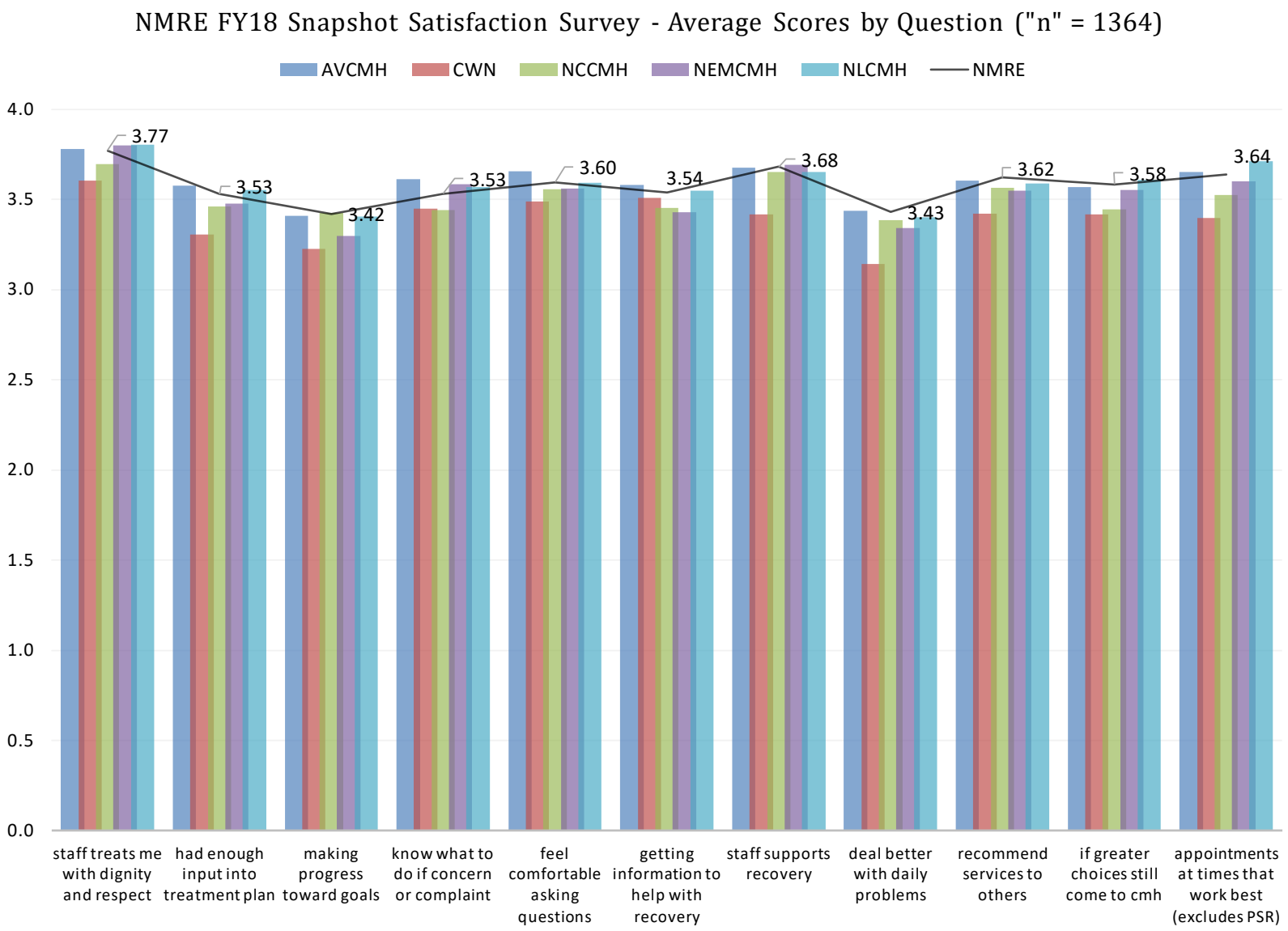


Table 4a: Average Responses per Question for Adult Case Management Program sorted by CMHSP

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*worker sees strengths, needs, and abilities*	*get support in emergency or crisis*	*if problems surface, worker will help*
AVCMH	3.75	3.60	3.40	3.69	3.71	3.64	3.69	3.44	3.56	3.55	3.69	3.65	3.60	3.74
CWN	3.85	3.58	3.50	3.55	3.65	3.73	3.75	3.69	3.62	3.77	3.74	3.75	3.72	3.85
NCCMH	3.73	3.46	3.44	3.54	3.63	3.59	3.68	3.56	3.66	3.61	3.68	3.71	3.66	3.68
NEMCMH	3.71	3.51	3.45	3.57	3.67	3.47	3.61	3.46	3.65	3.47	3.65	3.65	3.50	3.69
NLCMH	3.83	3.63	3.37	3.64	3.69	3.69	3.76	3.47	3.64	3.63	3.71	3.76	3.65	3.81
NMRE	**3.78**	**3.56**	**3.43**	**3.60**	**3.68**	**3.62**	**3.70**	**3.52**	**3.62**	**3.60**	**3.69**	**3.71**	**3.62**	**3.76**

Table 4b: Average Percentage of Favorable Responses for Adult Case Management Program

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*worker sees strengths, needs, and abilities*	*get support in emergency or crisis*	*if problems surface, worker will help*
NMRE	**94.34%**	**88.98%**	**85.64%**	**90.08%**	**91.88%**	**90.53%**	**92.51%**	**87.88%**	**90.60%**	**90.00%**	**92.31%**	**92.63%**	**90.57%**	**93.91%**
FY17	**94.13%**	**89.62%**	**85.90%**	**87.98%**	**90.83%**	**88.82%**	**91.27%**	**87.26%**	**89.29%**	**89.15%**	**90.02%**	**89.62%**	**88.88%**	**91.35%**

Table 6a: Average Responses per Question for Medical Services Program by CMHSP

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*enough information about medication*	*Dr or nurse respects my choices and opinions*	*receive feedback on lab results*	*Dr or nurse takes time to answer questions*
AVCMH	3.72	3.47	3.26	3.46	3.55	3.51	3.58	3.35	3.49	3.31	3.56	3.42	3.45	3.39	3.45
CWN	3.91	3.55	3.26	3.61	3.78	3.61	3.70	3.52	3.82	3.91	3.83	3.70	3.70	3.70	3.78
NCCMH	3.78	3.46	3.41	3.40	3.52	3.47	3.61	3.44	3.46	3.35	3.44	3.44	3.49	3.52	3.58
NEMCMH	3.70	3.56	3.23	3.55	3.55	3.38	3.60	3.20	3.58	3.58	3.58	3.53	3.60	3.39	3.56
NLCMH	3.72	3.46	3.25	3.33	3.55	3.44	3.60	3.22	3.46	3.51	3.52	3.35	3.55	3.38	3.49
NMRE	**3.74**	**3.48**	**3.29**	**3.44**	**3.56**	**3.48**	**3.61**	**3.33**	**3.51**	**3.44**	**3.55**	**3.44**	**3.52**	**3.44**	**3.5**

Table 6b: Average Percentage of Favorable Responses for Medical Services Program

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if other choices still come to cmh*	*appointments at times that work best*	*enough information about medication*	*dr or nurse respects my choices and opinions*	*receive feedback on lab results*	*Dr or nurse takes time to answer questions*
NMRE	**93.61%**	**87.09%**	**82.17%**	**86.00%**	**89.00%**	**86.92%**	**90.13%**	**83.36%**	**87.75%**	**86.10%**	**88.63%**	**86.11%**	**87.99%**	**86.12%**	**88.23%**
FY17	**95.67%**	**89.75%**	**84.96%**	**90.00%**	**90.69%**	**88.73%**	**92.17%**	**85.43%**	**91.12%**	**88.72%**	**91.37%**	**86.58%**	**91.26%**	**88.02%**	**91.70%**

Table 8a: Average Responses per Question for Outpatient Therapy Services Program sorted by CMHSP

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*
AVCMH	3.90	3.63	3.47	3.65	3.77	3.73	3.79	3.45	3.69	3.68	3.74
CWN	3.81	3.60	3.38	3.58	3.66	3.66	3.77	3.44	3.70	3.70	3.67
NCCMH	3.82	3.64	3.43	3.59	3.62	3.59	3.71	3.43	3.71	3.64	3.59
NEMCMH	3.96	3.62	3.33	3.74	3.78	3.63	3.74	3.33	3.63	3.67	3.70
NLCMH	3.90	3.52	3.35	3.59	3.66	3.59	3.75	3.46	3.63	3.65	3.73
NMRE	**3.86**	**3.61**	**3.41**	**3.61**	**3.68**	**3.64**	**3.75**	**3.43**	**3.68**	**3.66**	**3.67**

Table 8b: Average Percentage of Favorable Responses for Outpatient Therapy Services Program

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*
NMRE	**96.50%**	**90.26%**	**85.29%**	**90.35%**	**91.91%**	**90.88%**	**93.67%**	**85.83%**	**92.09%**	**91.47%**	**91.68%**
FY17	**96.16%**	**89.86%**	**86.52%**	**90.18%**	**91.54%**	**90.81%**	**93.85%**	**86.50%**	**91.84%**	**91.15%**	**91.62%**

Table 10a: Average Responses per Question for Psychosocial Rehabilitation/Clubhouse Program sorted by CMHSP

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if > choices, still come to CMH*	*offered meaningful tasks and activities*	*able to give input into policies and procedures*	*able to build on skills*	*safe and friendly environment*
NCCMH	**3.66**	**3.39**	**3.42**	**3.42**	**3.40**	**3.38**	**3.67**	**3.47**	**3.70**	**3.59**	**3.62**	**3.52**	**3.63**	**3.73**
NEMCMH	**3.69**	**3.50**	**3.38**	**3.50**	**3.44**	**3.19**	**3.67**	**3.38**	**3.56**	**3.50**	**3.50**	**3.25**	**3.44**	**3.63**
NLCMH	**3.64**	**3.34**	**3.45**	**3.55**	**3.42**	**3.42**	**3.55**	**3.39**	**3.52**	**3.61**	**3.61**	**3.39**	**3.58**	**3.55**
NMRE	**3.66**	**3.39**	**3.43**	**3.47**	**3.41**	**3.37**	**3.63**	**3.43**	**3.63**	**3.58**	**3.60**	**3.44**	**3.59**	**3.66**

Table 10b: Average Percentage of Favorable Responses for Psychosocial Rehabilitation/Clubhouse Program

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if > choices, still come to CMH*	*offered meaningful tasks and activities*	*able to give input into policies and procedures*	*able to build on skills*	*safe and friendly environment*
NMRE	**91.45%**	**84.77%**	**85.65%**	**86.74%**	**85.31%**	**84.13%**	**90.79%**	**85.87%**	**90.71%**	**89.60%**	**90.00%**	**86.09%**	**89.69%**	**91.52%**
FY17	**91.05%**	**84.57%**	**85.42%**	**85.37%**	**84.47%**	**85.11%**	**86.46%**	**83.68%**	**87.89%**	**87.63%**	**89.89%**	**86.29%**	**88.02%**	**91.15%**

Table 12a: Average Responses per Question for Youth Case Management Program by CMHSP

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*worker sees strengths, needs, and abilities*	*if problems surface, worker will help*
AVCMH	3.92	3.80	3.66	3.81	3.81	3.70	3.75	3.61	3.81	3.83	3.83	3.83	3.86
CWN	3.00	2.50	2.50	3.50	3.00	3.00	2.50	2.00	2.50	2.50	2.50	2.50	2.50
NCCMH	3.29	3.14	3.29	3.33	3.57	3.14	3.43	3.00	3.17	2.80	3.14	3.29	3.33
NEMCMH	3.88	3.68	3.55	3.59	3.78	3.62	3.81	3.53	3.73	3.69	3.79	3.78	3.83
NLCMH	3.86	3.86	3.57	3.71	3.57	3.50	3.40	3.29	3.57	3.57	4.00	3.86	4.00
NMRE	**3.85**	**3.70**	**3.57**	**3.68**	**3.76**	**3.62**	**3.73**	**3.51**	**3.71**	**3.69**	**3.77**	**3.76**	**3.81**

Table 11b: Average Percentage of Favorable Responses for Youth Case Management Program

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*worker sees strengths, needs, and abilities*	*if problems surface, worker will help*
NMRE	**96.30%**	**92.42%**	**89.18%**	**92.05%**	**94.03%**	**90.43%**	**93.22%**	**87.69%**	**92.86%**	**92.37%**	**94.17%**	**94.07%**	**95.34%**
FY17	**97.05%**	**91.98%**	**88.76%**	**90.14%**	**93.81%**	**93.29%**	**93.35%**	**89.22%**	**92.66%**	**90.60%**	**93.64%**	**93.86%**	**94.77%**

Table 14a: Average Responses per Question for Assertive Community Treatment Program by CMHSP

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*staff willing to see me as often as I needed*	*get support I need in an emergency or crisis*	*if problem, I feel ACT team will help me*
AVCMH	3.61	3.39	3.28	3.44	3.44	3.33	3.56	3.33	3.47	3.47	3.44	3.44	3.28	3.50
CWN	3.45	3.30	3.50	3.00	3.35	3.55	3.37	3.06	3.47	3.21	3.25	3.40	3.35	3.25
NCCMH	3.91	3.67	3.57	3.36	3.59	3.55	3.82	3.41	3.68	3.68	3.77	3.68	3.68	3.77
NEMCMH	3.86	3.00	2.86	3.57	3.14	3.29	3.71	3.14	3.14	3.43	3.29	3.29	3.29	3.57
NLCMH	3.88	3.50	3.44	3.58	3.65	3.64	3.85	3.58	3.73	3.68	3.62	3.69	3.77	3.81
NMRE	**3.74**	**3.44**	**3.40**	**3.38**	**3.49**	**3.51**	**3.67**	**3.35**	**3.57**	**3.52**	**3.52**	**3.55**	**3.53**	**3.60**

Table 14b: Average Percentage of Favorable Responses for Assertive Community Treatment Program

	staff treats me with dignity and respect	*had enough input into treatment plan*	*making progress toward goals*	*know what to do if concern or complaint*	*feel comfortable asking questions*	*getting information to help with recovery*	*staff supports recovery*	*deal better with daily problems*	*recommend services to others*	*if greater choices still come to CMH*	*appointments at times that work best*	*staff willing to see me as often as I needed*	*get support I need in an emergency or crisis*	*if problem, I feel ACT team will help me*
NMRE	**93.55%**	**85.99%**	**85.11%**	**84.51%**	**87.37%**	**87.77%**	**91.85%**	**83.79%**	**89.29%**	**88.06%**	**87.90%**	**88.71%**	**88.33%**	**90.05%**
FY17	**93.68%**	**88.51%**	**89.94%**	**87.21%**	**89.58%**	**88.79%**	**93.39%**	**89.12%**	**91.57%**	**91.57%**	**88.66%**	**89.94%**	**98.49%**	**93.60%**

NORTHERN MICHIGAN REGIONAL ENTITY
SNAPSHOT SATISFACTION SURVEY
FEBRUARY 5 – 16, 2018
NARRATIVE COMMENTS

ADULT CASE MANAGEMENT SERVICES

Northeast Michigan Community Mental Health
What did you like about CMH and think should be continued?

- Meeting old and the new..
- Friendyness.
- Being able to talk to my case manager and CLS worker when needed.
- Person centered planning.
- You have taught me that meds are not always the answer – it's my part too.
- Person centered planning, case management – which is excellent, counseling for outpatient, crisis counseling for emergencies.
- More lesuire time for "fun" therapy.
- Need CMH to help me in my health.
- They showed they care.
- I'm happy with what I've got.
- My workers have been supportive.
- They way they treat me with respect and compassion.
- The friendly attitudes.
- I like the fact my case manager comes to my home to give me my injection. I have serious stress when driving in winger so this is not only convenient to me but helps me.
- I think the supports coordination and Clubhouse should be continued.
- If it wasn't for Angie's AFC home, I wouldn't be here today. Thank-you for saving me and my family. Only it should have been sooner.
- All their help.
- They allow me to talk about my problems and guide me in the right direction.
- Overall respect and genuine support.
- I like the part that your so understanding and the fact you all really care.
- They are very helpful and understanding.

What did you not like and think should be stopped?

- Nothing.
- The stigma that comes with CMH.
- NA
- Satisfy me. Then I'll be satisfied with services here.
- No comment.
- I wish services/contact could be a bit more. Get rid of the computer! I cannot stand computers. I feel uncomfortable & that info could too easily be shared.
- NA
- That they work a little more with meeting people.
- I like everything.
- More homes for others to give them what guides they need to survive, and perhaps be a well indegent individual.

What did you not like and think should be stopped? (continued)

- NA
- Nothing.
- I don't need any more help for employment help.
- I can't think of anything.
- From where I life in Lewiston, I have to travel to Hillman to meet with my Therapist which I need to see for more often because of so many trauma in my life, and what has been happening now.
- Sending new case workers all the time.

Ideas to help the CMH improve:

- Being in the community more with different activities.
- Change name from Community Mental Health to Mind Matters.
- Keep up the good work.
- Explore HMOs and other insurances so more consumers can benefit from treatment.
- Put better items to purchase in the vending machine in main office lobby and fresher drinks * example: sell by date.
- No comment.
- They need to remind a person who wants help that it is a crisis line. They may not bet back to you. But feel free to call again.
- Continue as they have.
- None.
- They need to except people that have no Medicade and can't afford the bill. They should give those people a low monthly bill.
- More people need AFC homes. And more people hired to take care of the mentally and physically people. To protect the public and families.
- NA
- (Creatively) Invest in creative activities or some books and/or pamphlets.
- Coffee for people who drink coffee and juice for kids.
- Having a psychiatrist. Having a therapist. Having a case manager. Having the crisis hotline to call in need of help which I been having to use the past 7 months.
- Don't send strangers.

YOUTH CASE MANAGEMENT SERVICES

Northeast Michigan Community Mental Health

What did you like about CMH and think should be continued?

- Services/plans.
- Case Manager is the BEST!
- Giving respect time. ☺
- I get away from people I don't like & am always around for an hour.
- I like how they came together to help the children.
- I really like working with Lauren. She is very nice, give me a lot of incouragement, and is very supportive.
- One on one focus, getting support help when needed, Tom is knowledgeable about things.
- 1 on 1 interactions.
- Most of the staff are awesome. ☺ The help for children.
- The understanding of the staff and workers that deal with everyone.
- NA
- Sarah seeing me.

What did you like about CMH and think should be continued? (continued)

- You help me a lot.
- Staff super friendly.
- I think it's helping me progress and I think I can be continued.
- How I am helped with my problems and I am provided with a variety of things to do instead.
- They welcome you always feel welcome.
- Sara is very nice & treats me with respect.
- CMH's offices. Nicole is the best counselor you have.
- Everyone is very helpful. Phone calls are answered in a timely manner. Worker is very helpful & gets things done in a timely manner.
- At this point my daughter is enjoying her sessions with her worker, she's great with her; I'd love for her to continue.
- Nichole is very nice, listens & trys to address all issues as quickly.
- Having some support for the kids it is a great big help.
- The home care.
- Nicole is amazing!
- They really meet our needs.
- Continuing to figure out meds & figure out anger.
- The staff is very easy to work with and understand our needs & (child's name) needs.
- They are the most helpful people I have met.
- Catilin is great with (child's name).
- The continued help and support that helps my child thrive in life. More respite would be nice. It helps my child a lot.
- NA
- The fun games after talking.
- Marybeth helps my son and is very patient with him. It's nice she comes to the house so we don't have to go in the office.
- CLS.
- I don't know.
- The rides and all.
- I think the home services are great and I also think the services for the kids are also great. It is nice to have staff that have training & experience working with kids.
- Everything!
- Case manager school/home sessions helpful.
- I liked everything about CMH and the fact that they sent people to my home/school to help me even more. I needed/need help and CMH helped me.
- Caitlyn is an outstanding worker. The way she got through to my son and better helped me understand his diagnosis is truly amazing.
- Really great staff – very understanding and helpful.

What did you not like and think should be stopped?

- NA
- Trying to receive testing for ASD and continuously getting refused. We have taken this to an administrative law judge twice and the office staff have been refused basic services. This travesty should be stopped! (does not apply to case manager)
- I think that children/teenagers should have a say in what they need/want not just their parents.
- Nothing.
- I don't like that once a child hits a certain age that they can no longer work with you.
- NA
- I'm happy with the service.

What did you not like and think should be stopped? (continued)

- The crisis intervention plans are ridiculas. It is no help for kids or even any help. All you get out of it is a piece of paper.
- The cost for the paperwork and what it takes to get paperwork.
- NA
- Nothing.
- No.

Ideas to help the CMH improve:

- NA
- Stop worrying about denying ASD testing because of financial cost to CMH. Stop denying basic services.
- Longer appointment times.
- Nothing.
- None at this time.
- More 1 on 1 interaction time.
- Offer more services like parent support services, occupational therapy for kids.
- A facility closer to Alpena to help them to help youth with some of the problems.
- None at the time.
- NA
- No.
- NA
- More coping skills.
- Yet again I honestly don't have any imput. It's the best it can be in my eyes.
- Nothing.
- Nothing.
- These surveys to be online. Idk just a idea.
- Hmmm… I really can't thing of anything.
- Office personnel at the window should be more concerned with people who com in to talk to them.
- Be able to see more than one child in home.
- <u>Nothing!</u>
- None. Doing great.
- I don't think help they cover everything.
- NA
- More respite for a child that needs it and wants it and enjoys being there and the projects & fun they have together.
- NA
- To make the appointments shorter.
- Nothing—your perfect.
- Nothing.
- Work on getting better resources for children services behavioral/mental. 5 years working with son and no improvement. Case Manager is great. Services to improve not so much.
- Have more people to relate with juveniles and help them out.
- More appointment availability with the doctor.

OUTPATIENT THERAPY SERVICES

Northeast Michigan Community Mental Health

What did you like about CMH and think should be continued?

- Counselers are great here… I love Samantha.
- The way they are with people being very friendly.
- Appointment times and med refills.
- To be honest it helps me to come there because this is the only place I can come and open up and have someone really listen to me as I feel my family don't take what is wrong with me serious when I try to talk about things to them they act like they don't want to hear it.
- My therapist Ruth made me feel comfortable, relaxed, with my trust in her and a comforting environment.
- The things that it does.
- I don't know.
- I like CMH and the programs that they have seem to help.
- I like staff.
- Micky is awesome. Helped me a lot.
- The support.
- The amount and attention staff show me about my needs.
- They make you feel welcome and they care about our needs.
- The staff is great.
- The staff is very polite and kind.
- I like that I get a phone call to remind me of appointments. Also, there was a situation where I didn't feel as if I was really listened to, and both my counselor and med review doctor worked with me to fix it.

What did you not like and think should be stopped?

- Therapy. Appointments were not timely. Doctor would say I want to see you in a month & wouldn't get appt for 2 or 3 months.
- Nothing.
- NA
- The chairs! Lol. Where's the "couch"? (I would change nothing.)
- Nothing.
- Nothing.
- No.
- NA
- Them using people as lab rats.
- NA
- Nothing.

Ideas to help the CMH improve:

- More doctors.
- None.
- Nothing at this time.
- Give your staff much appreciation and praise because they really are wonderful.
- I don't know.
- No you are the first person I have trusted to tell the things I have said. I have trust issues.
- To long of time in between Dr. appointments.
- Have more providers so it doesn't take so long to get and appointment.
- No.
- More appointments, sooner.
- Nothing.
- Nothing.

MEDICAL SERVICES

Northeast Michigan Community Mental Health

What did you like about CMH and think should be continued?

- I like the way I am treated with kindness, respect, and compassion.
- Enjoy home services, getting things done & company. Enjoy home services.
- ACT team. Perfect service for someone like myself, personalized and goal oriented.
- DBT.
- NA
- Should be continued.
- Carrie and Laura are very compassionate and they do not make e feel foolish about the way I feel.
- Everyone is helpful & kind.
- Working with people.
- Respect of troubled individuals who sometimes forget they are cared for.
- Keep taking time to talk things out & giving answers. Let me work out answers.
- Your services work perfectly for what I need. Everyone here that I have met are great people.
- All the employees are always very kind and how they care about the individual.
- Getting medicine.
- The services I receive for (child's name) are helpful and necessary for maintenance.
- Friendlyness.
- Friendliness and supportiveness of staff.
- The people there seem to care.
- If I would have a problem I know I can come here.
- Respect from the workers.
- Everything.
- I like they make time for me and help people w/ rides.
- Shopping and car ride.

What did you not like and think should be stopped?

- NA
- I have no idea.
- I like my ACT team – nothing should be changed.
- NA
- Make sure that people being switched from doctor to doctor don't go through withdrawal.
- I can't think of anything at this time.
- Giving Hallidoll to me. I didn't know it would make the blackout.
- Nothing.
- I don't think there's anything.
- I don't like the doctor comparing my son to his kids.
- Not getting results back for a lengthened time.
- When u call the RN. She or he never answers the phone or returns your call.
- I asked for help. It was determined that I needed help. I was then immediately given an appointment for said help → 4 months later – by then I'll probably be dead. □
- Nothing.
- NA
- Nothing.
- People that need adivan should be getting it, and not the meds that make me gain wait. I want vistril.
- Nothing.

Ideas to help the CMH improve:

- That CMH keep training & hiring the type of personnel they have now.
- I like it the way it is.
- Guiding a formation of a NAMI chapter/group.
- Medication RNs to sound more empathetic when we call about concerns (tone in voice, words they use).
- Keep smiling. ☺
- More Jesus.
- None.
- I believe there is always room for improvement but I honestly don't know how CMH can improve for me, personally.
- More visits/contact & availability.
- Thank you.
- None.
- Be more cooperative.
- Waiting 4 months until your FIRST appointment after asking for help? Puh leese!
- Kid sows on the TV.
- When family members file a "commit: app. HAVE THE HEARING. We know them better. We know OUR family tree of mental illness – Every branch! □
- Nothing, good services.
- I don't want to be to sleepy.
- To long in between apppointments.

PSYCHOSOCIAL REHABILITATION/CLUBHOUSE SERVICES

Northeast Michigan Country Community Mental Health

What did you like about CMH and think should be continued?

- They help me in my health and mental health.
- They are very helpful with your well being by thinking beyond our needs and getting them.
- I really enjoyed Tina and enjoying spend time with my friends.
- NA
- Support from Jeff & Lisa.
- The support staff gives me.
- Clubhouse is a irreplaceable service! It fills a niche that NOTHING ELSE!
- I think if someone needs input they should continue with it.
- For them to keep offering good services & offering people things to do if they're bored!
- I like CMH be like.
- Case mgt.
- The fact that you offer transitional and support employment
- I like ow my peer support worker really does support me & helps me out the best she can.
- Clubhouse is a place to go.
- Ability to interact without judgement.
- Meaningful work for me to do and enjoy as well as actually contribute to the upkeep and/or other options that show Clubhouse as its best in helping each & every member reach their individual goal of the day/week/… etc.

What did you not like and think should be stopped?

- My issues with other staff.
- NA
- The way (staff name) treats me like a piece of s***.
- None.

- I believe that Clubhouse "Light of Hope: has accompanied CMH services wand with ALL other tools made available to me is PRICELESS.
- Nothing.
- About how they don't pick up people if they don't make the ride in the morning pick ups.
- Good.
- I can't think o really anything.
- I think they push to much on you. Dealing with mental illness makes it worse.

Ideas to help the CMH improve:

- They need more drivers for Dr. appts.
- Learn to behave and treat them nice.
- NA
- Get rid of (staff name) and hire new.
- None.
- Hiring process for care managers & CLS drivers need QUALIFIED employees.
- Don't have any ideas.
- Offer more picking up times rather than just mornings for picking up members. It's not fare if they miss rides in mornings because of other things that may make them tired in mornings like (medications).
- Good.
- Accept people who have jobs that have too much money for healthcare but can't afford the bill and give them a low monthly payment.

ACT SERVICES

Northeast Michigan Community Mental Health

What did you like about CMH and think should be continued?

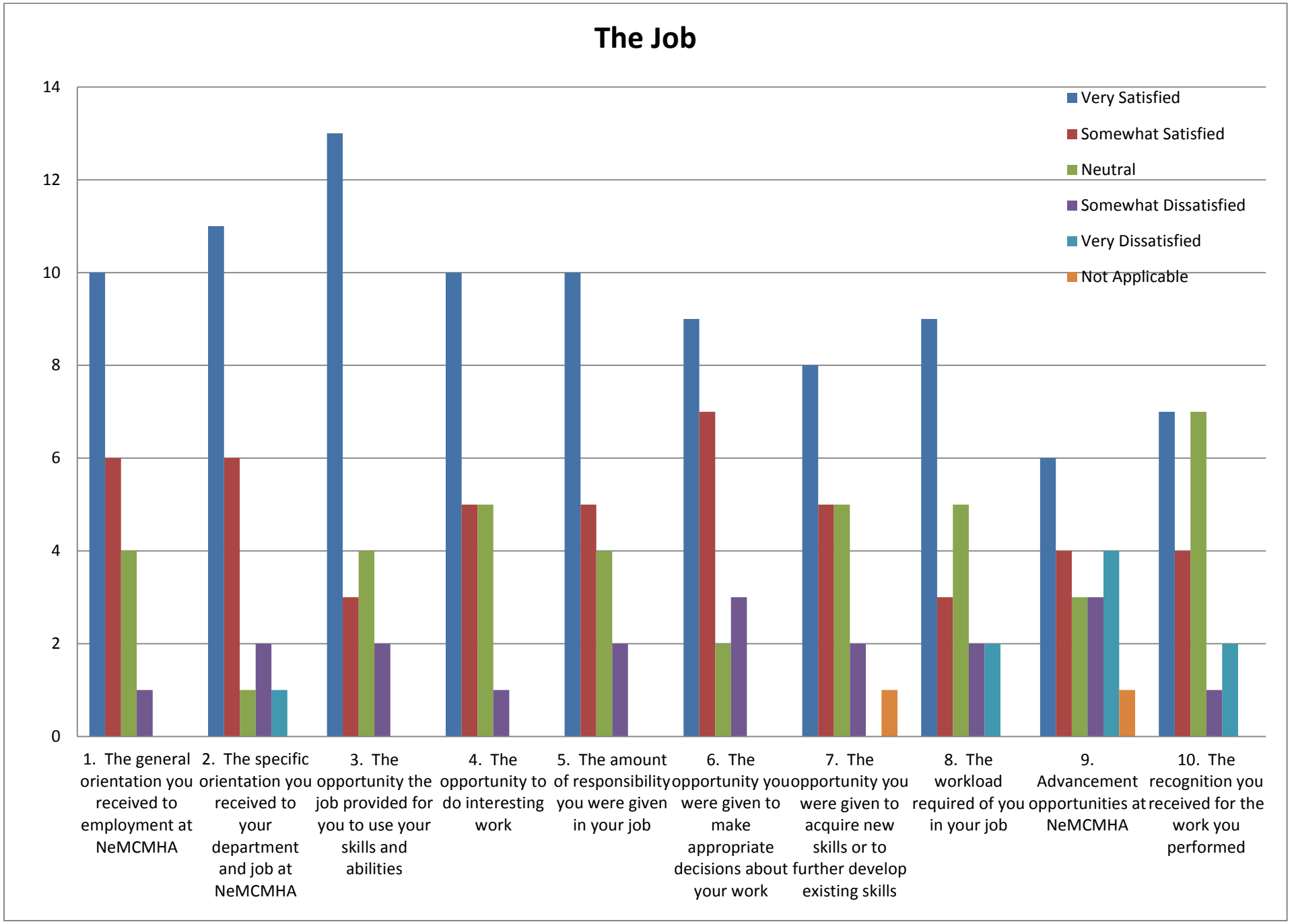
- All of the help they gave me.
- There friendliness and there caring.
- Don't know.
- Providing meds and a way too the store and other too stop therets too men. Love you all.
- DBT; trips like going to apple orchard, looking at Christmas lights, etc.

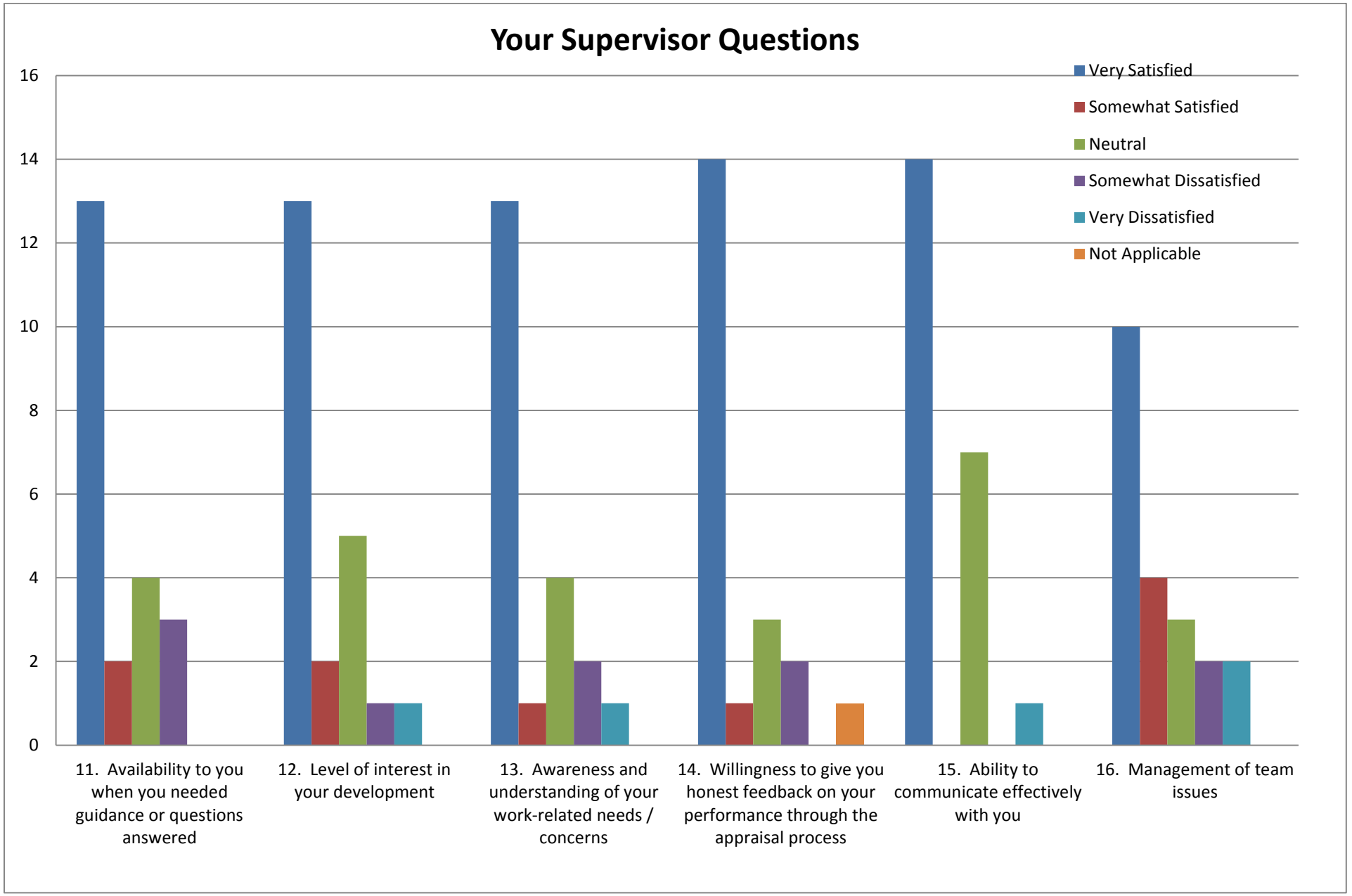
What did you not like and think should be stopped?

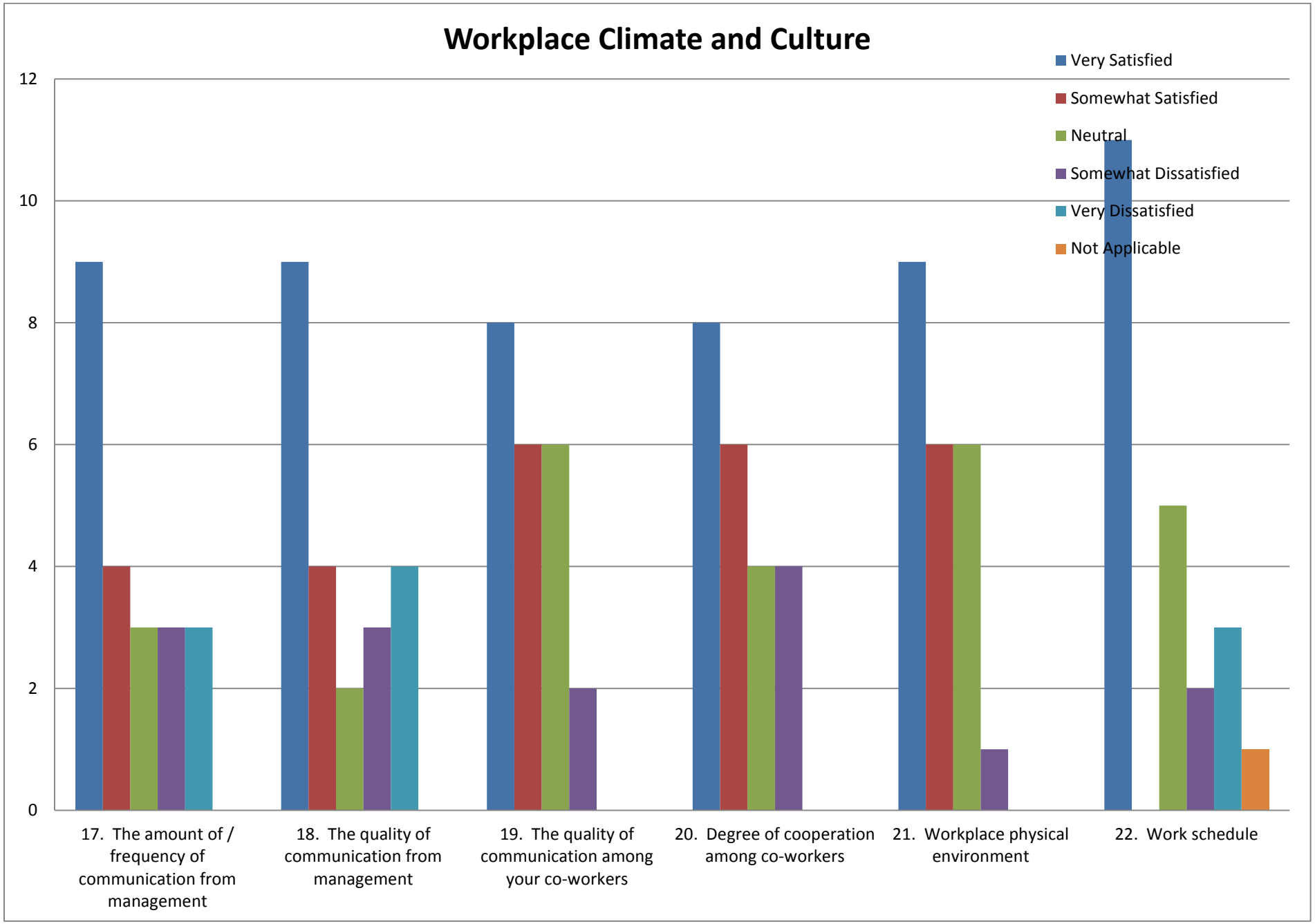
- Changing of medicine all the time.
- Dragging people off to treatment.
- NA

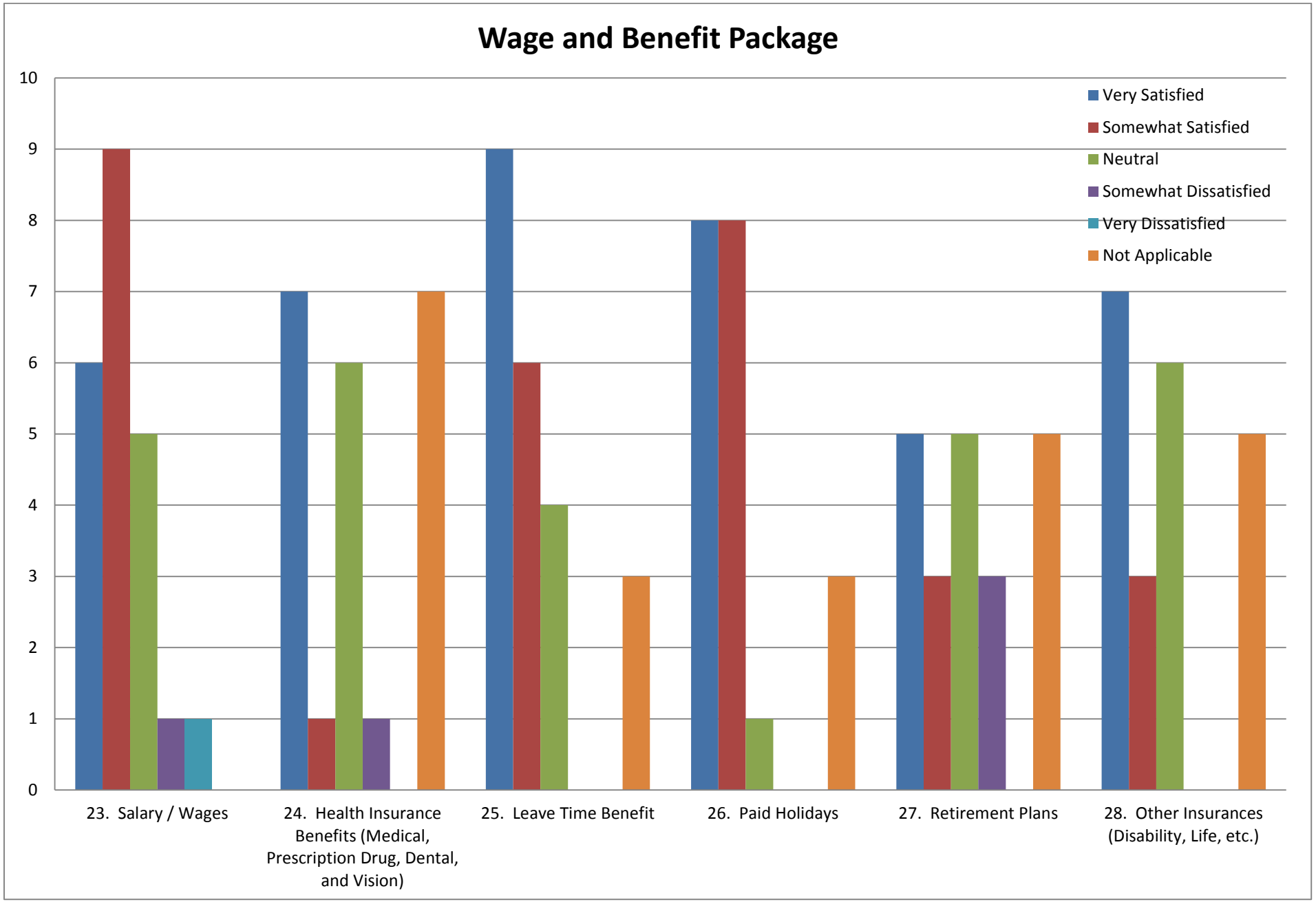
Ideas to help the CMH improve:

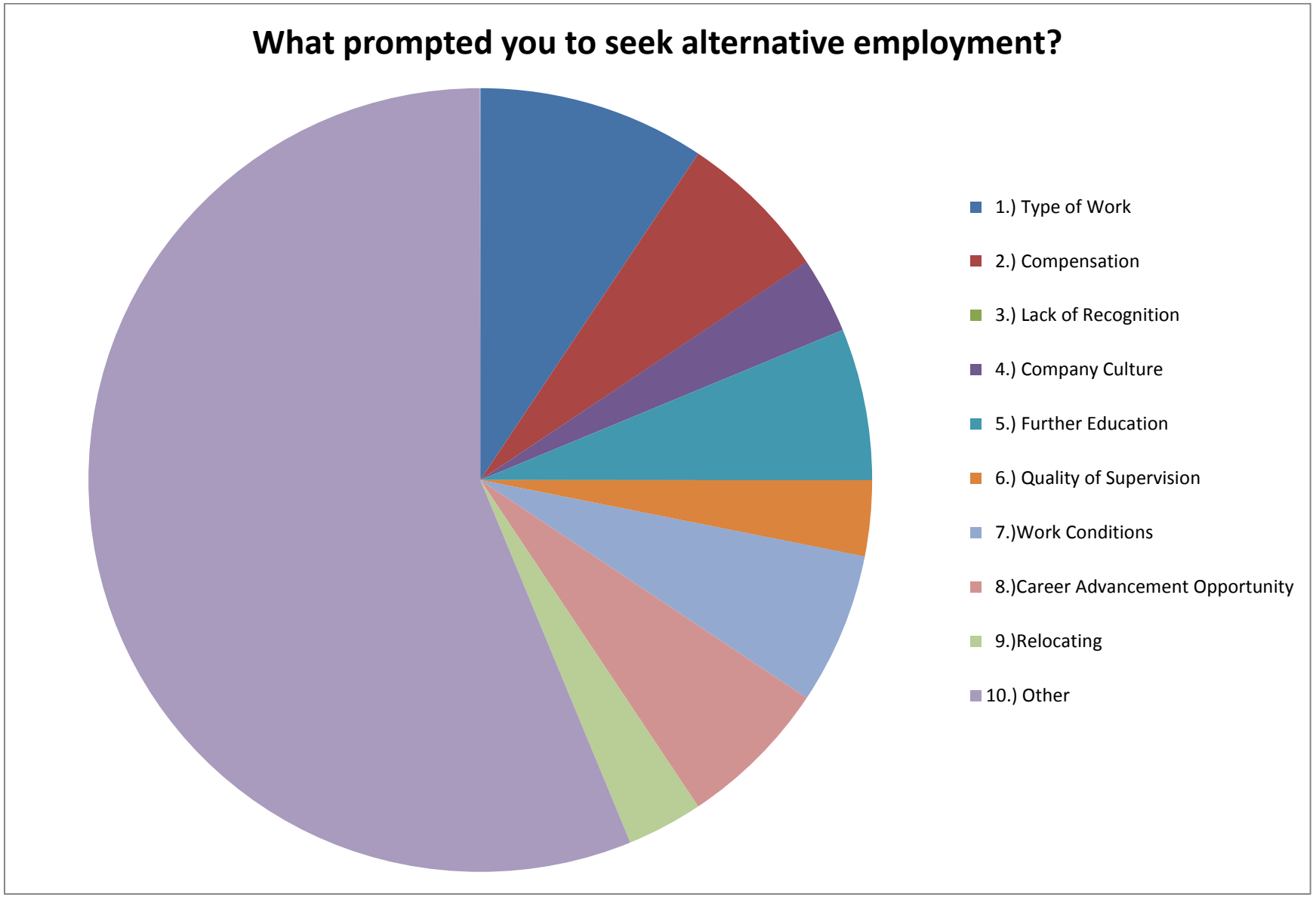
- Continue to be supportive.
- Leave people alone.
- Save on gasoline go up too the Mac Island have more money. Need more money to live on.
- Funding for a full staff in the ACT dept. so things like person centered planning are easier to accomplish.


The Job
14
12
10
8
6
4
2
0
Very Satisfied
Somewhat Satisfied
Neutral
Somewhat Dissatisfied
Very Dissatisfied
Not Applicable
1. The general orientation you received to employment at NeMCMHA
2. The specific orientation you received to your department and job at NeMCMHA
3. The opportunity the job provided for you to use your skills and abilities
4. The opportunity to do interesting work
5. The amount of responsibility you were given in your job
6. The opportunity you were given to make appropriate decisions about your work
7. The opportunity you were given to acquire new skills or to further develop existing skills
8. The workload required of you in your job
9. Advancement opportunities at NeMCMHA
10. The recognition you received for the work you performed


Your Supervisor Questions
16
14
12
10
8
6
4
2
0
Very Satisfied
Somewhat Satisfied
Neutral
Somewhat Dissatisfied
Very Dissatisfied
Not Applicable
11. Availability to you when you needed guidance or questions answered
12. Level of interest in your development
13. Awareness and understanding of your work-related needs / concerns
14. Willingness to give you honest feedback on your performance through the appraisal process
15. Ability to communicate effectively with you
16. Management of team issues


Workplace Climate and Culture
Very Satisfied
Somewhat Satisfied
Neutral
Somewhat Dissatisfied
Very Dissatisfied
Not Applicable
12
10
8
6
4
2
0
17. The amount of / frequency of communication from management
18. The quality of communication from management
19. The quality of communication among your co-workers
20. Degree of cooperation among co-workers
21. Workplace physical environment
22. Work schedule


Wage and Benefit Package
10
9
8
7
6
5
4
3
2
1
0
Very Satisfied
Somewhat Satisfied
Neutral
Somewhat Dissatisfied
Very Dissatisfied
Not Applicable
23. Salary / Wages
24. Health Insurance Benefits (Medical, Prescription Drug, Dental, and Vision)
25. Leave Time Benefit
26. Paid Holidays
27. Retirement Plans
28. Other Insurances (Disability, Life, etc.)


What prompted you to seek alternative employment?
1.) Type of Work
2.) Compensation
3.) Lack of Recognition
4.) Company Culture
5.) Further Education
6.) Quality of Supervision
7.)Work Conditions
8.)Career Advancement Opportunity
9.)Relocating
10.) Other

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Four Months Ending January 31, 2019
33.3% of year elapsed

		Actual January Year to Date	Budget January Year to Date	Variance January Year to Date	Budget FY19	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 27,640	$ 32,301	$ (4,661)	$ 97,000	28.5%
2	Private Contracts	17,099	19,091	(1,992)	57,331	29.8%
3	Grants from Local Units	90,731	163,760	(73,029)	491,772	18.4%
4	Interest Income	1,529	3,330	(1,801)	10,000	15.3%
5	Medicaid Revenue	8,631,726	8,277,910	353,816	24,858,588	34.7%
6	General Fund Revenue	210,858	236,392	(25,535)	709,887	29.7%
7	Healthy Michigan Revenue	400,204	447,756	(47,552)	1,344,612	29.8%
8	3rd Party Revenue	242,987	213,486	29,501	641,100	37.9%
9	SSI/SSA Revenue	165,215	166,870	(1,655)	501,112	33.0%
10	Other Revenue	29,299	15,943	13,356	47,876	61.2%
11	**Total Revenue**	**9,817,287**	**9,576,839**	**240,448**	**28,759,278**	**34.1%**
	Expense					
12	Salaries	4,193,263	4,344,257	150,994	13,045,816	32.1%
13	Social Security Tax	188,938	213,561	24,623	641,324	29.5%
14	Self Insured Benefits	798,719	875,588	76,869	2,629,392	30.4%
15	Life and Disability Insurances	72,570	77,874	5,304	233,855	31.0%
16	Pension	333,665	340,714	7,049	1,023,166	32.6%
17	Unemployment & Workers Comp.	67,591	79,812	12,221	239,676	28.2%
18	Office Supplies & Postage	11,731	16,046	4,316	48,188	24.3%
19	Staff Recruiting & Development	64,085	40,482	(23,604)	121,567	52.7%
20	Community Relations/Education	532	790	258	2,373	22.4%
21	Employee Relations/Wellness	27,522	17,340	(10,182)	52,072	52.9%
22	Program Supplies	142,451	156,065	13,614	468,665	30.4%
23	Contract Inpatient	342,630	374,128	31,499	1,123,509	30.5%
24	Contract Transportation	37,396	43,707	6,311	131,253	28.5%
25	Contract Residential	1,743,024	1,801,956	58,933	5,411,280	32.2%
26	Contract Employees & Services	1,085,614	1,175,943	90,329	3,531,361	30.7%
27	Telephone & Connectivity	37,371	38,557	1,186	115,786	32.3%
28	Staff Meals & Lodging	7,747	12,719	4,971	38,194	20.3%
29	Mileage and Gasoline	143,305	150,722	7,417	452,618	31.7%
30	Board Travel/Education	4,447	4,550	103	13,664	32.5%
31	Professional Fees	27,444	18,552	(8,892)	55,712	49.3%
32	Property & Liability Insurance	39,529	20,217	(19,312)	60,711	65.1%
33	Utilities	55,653	57,478	1,824	172,605	32.2%
34	Maintenance	56,525	61,764	5,239	185,477	30.5%
35	Rent	90,699	77,711	(12,987)	233,367	38.9%
36	Food (net of food stamps)	17,721	19,152	1,430	57,512	30.8%
37	Capital Equipment	5,947	37,807	31,860	113,535	5.2%
38	Client Equipment	3,430	9,480	6,050	28,469	12.0%
39	Miscellaneous Expense	24,931	26,119	1,187	78,435	31.8%
40	Depreciation Expense	84,294	86,467	2,173	259,661	32.5%
41	Budget Adjustment	-	(602,719)	(602,719)	(1,809,967)	0.0%
42	**Total Expense**	**9,708,775**	**9,576,840**	**(131,935)**	**28,759,278**	**33.8%**
43	**Change in Net Position**	**$ 108,512**	**$ (0)**	**$ 108,512**	**$ (0)**	**0.4%**
	Contract settlement items included above:					
44	Medicaid Funds Over Spent	(337,682)				
45	General Funds Under Spent	55,962				
46	Healthy Michigan Funds Under Spent	113,519				

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Three Months Ending December 31, 2018
25.0% of year elapsed

		Actual December Year to Date	Budget December Year to Date	Variance December Year to Date	Budget FY19	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 24,408	$ 24,250	$ 158	$ 97,000	25.2%
2	Private Contracts	13,359	14,333	(974)	57,331	23.3%
3	Grants from Local Units	68,511	122,943	(54,432)	491,772	13.9%
4	Interest Income	674	2,500	(1,826)	10,000	6.7%
5	Medicaid Revenue	6,541,374	6,214,647	326,727	24,858,588	26.3%
6	General Fund Revenue	196,514	177,472	19,042	709,887	27.7%
7	Healthy Michigan Revenue	272,348	336,153	(63,805)	1,344,612	20.3%
8	3rd Party Revenue	204,268	160,275	43,993	641,100	31.9%
9	SSI/SSA Revenue	122,759	125,278	(2,519)	501,112	24.5%
10	Other Revenue	13,037	11,969	1,068	47,876	27.2%
11	**Total Revenue**	**7,457,251**	**7,189,819**	**267,431**	**28,759,278**	**25.9%**
	Expense					
12	Salaries	3,216,528	3,261,454	44,926	13,045,816	24.7%
13	Social Security Tax	143,218	160,331	17,113	641,324	22.3%
14	Self Insured Benefits	599,375	657,348	57,973	2,629,392	22.8%
15	Life and Disability Insurances	54,131	58,464	4,333	233,855	23.1%
16	Pension	252,675	255,791	3,116	1,023,166	24.7%
17	Unemployment & Workers Comp.	53,229	59,919	6,690	239,676	22.2%
18	Office Supplies & Postage	10,328	12,047	1,718	48,188	21.4%
19	Staff Recruiting & Development	30,514	30,392	(122)	121,567	25.1%
20	Community Relations/Education	423	593	170	2,373	17.8%
21	Employee Relations/Wellness	23,839	13,018	(10,821)	52,072	45.8%
22	Program Supplies	108,313	117,166	8,853	468,665	23.1%
23	Contract Inpatient	257,501	280,877	23,376	1,123,509	22.9%
24	Contract Transportation	30,002	32,813	2,811	131,253	22.9%
25	Contract Residential	1,303,205	1,352,820	49,615	5,411,280	24.1%
26	Contract Employees & Services	814,500	882,840	68,341	3,531,361	23.1%
27	Telephone & Connectivity	27,711	28,947	1,235	115,786	23.9%
28	Staff Meals & Lodging	5,884	9,549	3,665	38,194	15.4%
29	Mileage and Gasoline	112,727	113,155	428	452,618	24.9%
30	Board Travel/Education	4,271	3,416	(855)	13,664	31.3%
31	Professional Fees	24,265	13,928	(10,337)	55,712	43.6%
32	Property & Liability Insurance	28,559	15,178	(13,382)	60,711	47.0%
33	Utilities	42,083	43,151	1,069	172,605	24.4%
34	Maintenance	38,482	46,369	7,887	185,477	20.7%
35	Rent	64,664	58,342	(6,322)	233,367	27.7%
36	Food (net of food stamps)	14,016	14,378	362	57,512	24.4%
37	Capital Equipment	5,547	28,384	22,837	113,535	4.9%
38	Client Equipment	3,059	7,117	4,058	28,469	10.7%
39	Miscellaneous Expense	22,065	19,609	(2,456)	78,435	28.1%
40	Depreciation Expense	62,958	64,915	1,957	259,661	24.2%
41	Budget Adjustment	-	(452,492)	(452,492)	(1,809,967)	0.0%
42	**Total Expense**	**7,354,074**	**7,189,819**	**(164,254)**	**28,759,278**	**25.6%**
43	**Change in Net Position**	**$ 103,177**	**$ (0)**	**$ 103,177**	**$ (0)**	**0.4%**
	Contract settlement items included above:					
44	Medicaid Funds Over Spent	(343,085)				
45	General Funds Under Spent	3,601				
46	Healthy Michigan Funds Under Spent	112,017				

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
December 31, 2018

	Total Business-Type Activities Dec. 31, 2018	Total Business-Type Activities Sept. 30, 2018	% Change
Assets			
Current Assets:			
Cash and cash equivalents	$ 4,266,880	$ 4,482,901	-4.8%
Restricted cash and cash equivalents	882,466	830,103	6.3%
Investments	750,000	750,000	0.0%
Accounts receivable	1,331,149	963,495	38.2%
Inventory	15,885	15,885	0.0%
Prepaid items	330,137	341,099	-3.2%
Total current assets	7,576,516	7,383,484	2.6%
Non-current assets:			
Capital assets not being depreciated	80,000	80,000	0.0%
Capital assets being depreciated, net	1,449,922	1,512,881	-4.2%
Total non-current assets	1,529,922	1,592,881	-4.0%
Total assets	9,106,439	8,976,365	1.4%
Liabilities			
Current liabilities:			
Accounts payable	1,581,915	1,881,100	-15.9%
Accrued payroll and payroll taxes	893,868	623,667	43.3%
Deferred revenue	7,370	3,852	91.3%
Current portion of long-term debt (Accrued Leave)	73,509	69,148	6.3%
Total current liabilities	2,556,663	2,577,767	-0.8%
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	808,956	760,955	6.3%
Total liabilities	3,365,619	3,338,722	0.8%
Net Position			
Invested in capital assets, net of related debt	1,529,922	1,592,881	-4.0%
Unrestricted	4,210,897	4,044,762	4.1%
Total net position	$ 5,740,820	$ 5,637,642	1.8%
Net Position Beginning of Year	5,637,642		
Revenue	7,457,251		
Expense	(7,354,074)		
Change in net position	103,177		
Net Position December 31, 2018	$ 5,740,820		

Unrestricted Net Position as a % of projected annual expense 14.1% or 51 days
Recommended Level 8% - 25%

10/1/18 - 12/31/18

LIABILITY\FUND BALANCE ACTIVITY	YTD
ENDOWMENT	
Beginning Balance	66,189.80
Revenue:	
Contributions	1,567.08
Increase(Decrease)	1,567.08
Ending Balance	67,756.88
RESERVE	
Beginning Balance	17,618.08
Revenue:	
Interest and Dividends	498.05
Realized Gain(Loss)	60.60
Unrealized Gain(Loss)	(9,010.55)
Total Revenue	(8,451.90)
Expense:	
Transfer To Spendable This FY	3,528.96
Administrative Fees	261.23
Total Expense	3,790.19
Increase(Decrease)	(12,242.09)
Ending Balance	5,375.99
SPENDABLE	
Beginning Balance	5,974.24
Revenue:	
Transfer From Reserve	3,528.96
Total Revenue	3,528.96
Expense:	
Total Expense	0.00
Increase(Decrease)	3,528.96
Ending Balance	9,503.20

10/1/18 - 12/31/18

BALANCE SHEET	YTD
Assets:	
Investment Pool	82,636.07
Total Assets	82,636.07
Current Liabilities:	
Liability\Fund Balances:	
Endowment	67,756.88
Reserve	5,375.99
Spendable	9,503.20
Total Liability\Fund Balances	82,636.07
Total Liabilities and Equity	82,636.07

EXECUTIVE LIMITATIONS
(Manual Section)

BUDGETING
(Subject)

Board Approval of Policy	April 8, 2004
Last Revision of Policy Approved	June 8, 2006

●1 POLICY:

Budgeting any fiscal year or the remaining part of any fiscal year shall not deviate materially from board *Ends* priorities, risk fiscal jeopardy, or fail to be derived from a multi-year plan.

Accordingly, he or she may not cause or allow budgeting which:

1. Contains too little information to enable credible projection of revenues and expenses, separation of capital and operational items, cash flow, and disclosure of planning assumptions.

2. Plans the expenditure in any fiscal year of more funds than are conservatively projected to be received in that period.

3. Provides less than is sufficient for board prerogatives, such as costs of fiscal audit, board development, board and committee meetings, and board legal fees.

4. Reduce the current assets at any time to less than twice current liabilities (or allow cash and cash equivalents to drop below a safety reserve of less than $2,500,000 at any time.)

5. Endangers the fiscal soundness of future years or ignores the building of organizational capability sufficient to achieve ends in future years.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

GOVERNANCE PROCESS
(Manual Section)

BOARD MEMBERS ETHICAL CODE OF CONDUCT
(Subject)

Board Approval of Policy	August 8, 2002
Board Approval of Policy Revision:	February 14, 2019

●1 POLICY:

The board commits itself and its members to ethical and businesslike conduct. This includes proper use of authority and appropriate decorum when acting as board members.

1. Members must represent unconflicted loyalty to the interests of the people of Alcona, Alpena, Montmorency and Presque Isle counties. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups and membership on other boards or staffs. It also supersedes the personal interest of any board member acting as a consumer of the organization's services.

2. Members must avoid conflict of interest with respect to their fiduciary responsibility.

    A. There must be no self-dealing or any conduct of private business or personal services between any board member and the organization except as procedurally controlled to assure openness, competitive opportunity and equal access to "inside" information.

    B. When the board is to decide upon an issue, about which a member has an unavoidable conflict of interest, that member shall absent herself or himself without comment from not only the vote, but also from the deliberation.

    C. Board members must not use their positions to obtain employment in the organization for themselves, family members or close associates. Should a member desire employment, he or she must first resign.

    D. Members will disclose their involvements with other organizations, with vendors, or any other associations which might produce a conflict.

3. Board members may not attempt to exercise individual authority over the organization except as explicitly set forth in board policies.

A. Members' interaction with the chief executive or with staff must recognize the lack of authority vested in individuals except when explicitly board-authorized.

B. Members' interaction with public, press or other entities must recognize the same limitation and the inability of any board member to speak for the board.

C. Members will give no consequence or voice to individual judgments of CEO or staff performance.

4. Members will respect the confidentiality appropriate to issues of a sensitive nature.

5. Members will be properly prepared for board deliberation.

6. All special gifts, donations, and bequests to the Board and its members shall be reported to the Board. Board members shall not accept gifts, gratuities, entertainment or other favors from any party under contract with, seeking to do business with or receiving services from Northeast Michigan Community Mental Health Authority.

   A. If fixed property or equipment is donated to the Board, the Board shall determine the fair market value of that property at the time of transfer. If only the use of the property is donated and such usage shall be for matching any other funds, the amount allowed to be matching shall be determined by the fair market value upon the evaluation of an independent appraiser.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

_____ _____
Signature Date

_____
Printed Name

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, JANUARY 23, 2019
OTSEGO CLUB, GAYLORD

BOARD MEMBERS IN ATTENDANCE:	**Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Gary Nowak, Richard Schmidt, Joe Stone, Don Tanner,**
BOARD MEMBERS ATTENDING BY PHONE:	**Roger Frye, Terry Larson, Jay O'Farrell, Dennis Priess, Karla Sherman, Nina Zamora**
CEOs IN ATTENDANCE:	**Christine Gebhard, Chip Johnston, Karl Kovacs (on phone), Cathy Meske, Diane Pelts**
NMRE STAFF IN ATTENDANCE:	**Jodie Balhorn, Carol Balousek, Mary Dumas, Mari Hesselink, Eric Kurtz, Brian Martinus, Diane Pelts, Christie Pudvan, Brandon Rhue, Sara Sircely, Chris VanWagoner**
PUBLIC:	**John Boonstra, Chip Cieslinski, Heather Diggs, Chris Frasz, Bill Gitre, Sierra Hill, Kathy Seal, Sue Winter, Susan Wojotwiak**

CALL TO ORDER
Let the record show that Chairman Randy Kamps called the meeting to order at 10:00AM.

ROLL CALL
Let the record show that no Board members were absent for the meeting on this date, though several attended via conference call due to poor weather conditions.

PLEDGE OF ALLEGIANCE
Let the record show that the Pledge of Allegiance was recited as a group.

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST
Let the record show that no conflicts of interest were expressed with any of the meeting agenda items.

APPROVAL OF PAST MINUTES
The minutes of the December meeting of the NMRE Governing Board were included in the materials for the meeting on this date.
MOTION MADE BY GARY NOWAK TO APPROVE THE MINUTES OF THE DECEMBER 2, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY JOE STONE. MOTION CARRIED.

APPROVAL OF AGENDA
Mr. Kamps called for approval of the meeting agenda.
MOTION MADE BY ROGER FRYE TO APPROVE THE AGENDA FOR THE JANUARY 23, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY ED GINOP. MOTION CARRIED.

CORRESPONDENCE

- A memorandum from Bob Sheehan (CMHAM) dated January 16, 2019 listing Recommendations for the Management of the Medicaid Behavioral healthcare Benefit for the Unenrolled Population in 298 Pilot Communities.
- A listing of Michigan House of Representatives 100th Legislature Committee Assignments.
- An email from Alan Bolter (CMHAM) dated January 4, 2019 providing Michigan Senate Committee Assignments.
- A document from Community Mental Health Association of Michigan titled "Addressing The Systemic Underfunding of Michigan's Public Mental Health System." January 2019.
- An article from Crain's Detroit dated January 10, 2019 introducing Robert Gordon as the new Director of MDHHS.
- The NMRE's FY19 Network Adequacy Plan.
- Fiscal Year 2018 Quarter 4 Performance Indicators. This topic will be a future Board presentation.

Mr. Kurtz spoke about memorandum from Bob Sheehan on the management of the Medicaid behavioral healthcare benefit for the unenrolled/fee-for-service Medicaid population in the Section 298 pilot communities. The memorandum outlined the Association's concerns with the MDHHS plan. Mr. Sheehan asserted that the CMHSPs within the 298 pilot regions are best suited to serve its beneficiaries.

ANNOUNCEMENTS

Let the record show that no announcements were made during the meeting on this date.

PUBLIC COMMENTS

Public and NMRE staff in attendance introduced themselves to the Board. Everyone was welcomed to the new NMRE Gaylord office.

REPORTS

Board Chair Report/Executive Committee

Let the record show that no meetings of the NMRE Executive Committee have occurred since the December NMRE Board Meeting.

CEO's Report

The NMRE CEO Report for December-January was included in the materials for the meeting on this date. Mr. Kurtz drew attention to the 30-minute unpaid radio interview on McDonald-Garber broadcasting on December 18th. Ms. Gebhard asked that a link to the interview be posted to the NMRE website.

SUD Board Report

Let the record show that the minutes from the January 7, 2019 meeting of the NMRE SUD Oversight Policy Board were included in the materials for the meeting on this date in draft form. Ms. Sircely noted she will speak about liquor tax requests later in the Agenda.

September Financial Report

The NMRE Monthly Financial Report for November 2018 was included in the materials for the meeting on this date.

- Traditional Medicaid showed $25,853,840 in revenue, and $25,794,008 in expenses, resulting in a net surplus of $59,832 for two months into the 2019 fiscal year. ISF and Savings are FY18 estimates. ISF is fully funded at 7½% of revenue.
- Healthy Michigan Plan showed $2,840,764 in revenue, and $3,167,777 in expenses, resulting in a net deficit of $327,013, which may be offset by Medicaid savings.

- Behavioral Health Home showed $42,803 in revenue and expenses of $19,849, resulting in a surplus of $22,954.
- SUD showed all funding source revenue of $2,058822, and $2,518,248 in expenses, resulting in a deficit of $459,426.

Mr. Kamps asked whether any leveling off of SUD spending has been observed. Mr. Kurtz Eric spoke about the RFI process to set standard rates. As of January 7th, the NMRE has changed authorization processes, unbundled services, and placed strong emphasis on ASAM criteria. Mr. Kurtz noted he is unsure whether the current increase in expenditures is attributable to demand or other factors. Mr. Kamps inquired about how Providers are adjusting to the changes. Mr. Kurtz acknowledged that change, any change, is difficult and there were a few misunderstandings out of the gate. Clarification was made that NMRE is not limiting needed, clinically appropriate, services. Ms. Sherman asked how NMRE lines up with comparative regions. Mr. Kurtz responded NMRE rates are comparable with MidState Health Network; Healthy Michigan rates for SUD services not keeping up with expenditures is a statewide issue.

It was noted the amount of available PA2 funds is $5,460,304.

Mr. Kurtz informed the Board he had some good news to share. First, NMRE was in 100% compliance with standards tied to the performance incentive bonus and will receive approx.$1.2M. Second, mental health block grant finding has been made available for individuals in Clubhouse to meet spenddown and for uninsured veterans. The amount is $300K for FY19 and up to $600K for FY20. Mr. Stone commented that it's confusing that Clubhouse meets Olmstead requirements regarding seclusion, though day programs do not. Mr. Kurtz stressed that this doesn't pertain to individuals on Medicaid who participate in Clubhouse programs.

NEW BUSINESS

Liquor Tax Requests

Suttons Bay Schools

A request for $94,676 Leelanau County liquor tax funds was received from Suttons Bay Schools to continue initiatives to steer teens toward drug and alcohol abstinence. The Leelanau County liquor tax balance was provided as $191,194K. It was noted 100% local match being provided by the County.

CHS Cheboygan Coalition

A request for $63,524 Cheboygan County liquor tax funds was received from CHS to continue Cheboygan County Drug-Free Coalition activities. The Cheboygan County liquor tax balance was provided as $291,924.

CHS Crawford Coalition

A request for $51,396 Crawford County liquor tax funds was received from CHS to continue Crawford Partnership for Substance Abuse Prevention Coalition activities. The Crawford County liquor tax balance was provided as $124,931.

Health Department of Northwest Michigan

A request for $18,805 Antrim, $18,975 Charlevoix, and $20,462 Emmet Counties liquor tax funds was received from the Health Department of Northwest Michigan to continue prevention activities. The Antrim, Charlevoix, and Emmet County liquor tax balances were provided as $202,557, $365,514, and $479,554 respectively.

Addiction Treatment Services

A request for $150,000 Grand Traverse liquor tax funds was received from Addiction Treatment Service to provided residential treatment services to women while allowing them to have their children on campus. The Grand Traverse County liquor tax balance was provided as $1,395,943.
MOTION MADE BY GARY NOWAK TO APPROVE THE LIQUOR TAX REQUESTS PRESENTED ON THIS DATE IN TOTAL, SECOND BY JOE STONE.

Discussion: Mr. O'Farrell voiced support of each request but expressed the need for evaluating the effectiveness with goals and objectives. Ms. Sircely responded timelines and evaluations are part of the application process, as are quarterly reviews and monitoring. Mr. Kovacs asked whether any of the FY19 Liquor Tax Focus Areas are tied to recreational marijuana. Ms. Sircely noted the Statewide office of Recovery Oriented Systems of Care has made the issue a priority.

Voting took place on Mr. Nowak's Motion. MOTION CARRIED.

OLD BUSINESS

SUD RFI Report

A summary of the responses to the SUD RFI was brought to December Board meeting at which time the decision was made to attach costs and budget impact and float it back to the NMRE SUD Oversight Board for review. Expanded sites and services codes were added. Mr. Kurtz explained it was difficult to determine whether additional costs will be incurred or whether lower cost services would be utilized more frequently ostensibly moved from other (higher cost) services. Additional site requests are somewhat out of the NMRE purview; it only becomes a PIHP issue if there are gaps in capacity and/or service continuum. Mr. Kurtz acknowledged the RFI findings were not as diverse as expected though he supported moving forward. Mr. Tanner expressed the need to "keep an eye on it."

MOTION MADE BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER SERVICES REQUEST FOR INFORMATION RESPONSES AS SUMMARIZED, SECOND BY DON TANNER. MOTION CARRIED.

NMRE Transition/Relocation

The NMRE moved into the Walden Drive location in Gaylord on January 19th. There is much to do to get settled in. Mr. Kurtz thanked staff for stepping up. All future Board meeting will be held in the new office's Board Room unless otherwise noted.

Opioid Health Home

Ms. Sircely reported 150 beneficiaries have been enrolled in the pilot program. Mr. Kurtz added that some "speed bumps" were experienced while getting up and running which was expected.

BHH

Mr. Kurtz commented that he was approached by Jon Villasurda recently about expanding the Behavioral Health Home; the concept seems to be gaining some ground.

PRESENTATION

Veteran Navigator Update

NMRE Veteran Navigator, Brian Martinus, provided a review of efforts made during FY18. PIHP Veteran Navigators and County Navigators have worked collaboratively for the good of veterans. The State set a goal to engage 100 veterans in needed services in FY18; the number of veterans reached shattered the goal at 1.201. Mr. Martinus reviewed demographic data: 13.86% of individuals reached reported being 55 or over; 49.8% of individual reached identified as Army veterans; 39.46% of individuals reached reported being unemployed; 58.72% of individuals reached reporting being honorably discharged from military

service. Post-Traumatic Stress Disorder (PTSD), depression and anxiety, and substance use disorders were the most prevalent diagnoses; 70% of individuals reached were referred to their local Community Mental Health. Mr. Kamps requested the demographics by County which Mr. Martinus agreed to provide. The NMRE was the second highest rated PIHP in terms of getting veterans into SUD treatment services. Mr. Martinus spoke of an upcoming initiative geared to female veteran with additional grant funding available.

Mr. Tanner asked about gaining the veterans' trust. Mr. Martinus responded that an additional $40K grant was obtained to train therapists on Eye Movement Desensitization and Reprocessing (EMDR) which has proved very effective with Veterans. An advanced training is in the works. Mr. Schmidt asked what the difference is between what the Veteran Navigators offers and what county Veterans Coordinators offer. Mr. Martinus said he and the other Veteran Navigators work closely with VSOs; it's a partnership. Ms. Gebhard called the stated achievements "extremely impressive."

COMMENTS

Board

Mr. Stone asked where the January Operations Committee minutes were in this month's Board packet. Staff explained the move consumed much time over the past two weeks and minutes were not available at the time of the Board mailing. Mr. Kurtz questioned the appropriateness of including NMRE Board minutes in draft form in CMSHP Board packets. He would prefer to share Board minutes after they have been approved. CMH packets are public documents and subject to FOIA requests.

CMHSP CEO

- Mr. Johnston spoke about the Behavioral Health Fee Screen Group meeting with Milliman held to enable a better understanding of the system. A tool is being developed after FY18 reconciliation that will be completed in March. Milliman will review and conduct a site audit then report findings back to the workgroup. One area under scrutiny is tracking CMH administrative costs vs. program administration. After taking that all into account, rates will be looked at to determine FY20 PM/PM payments. PIHPs will supply the SUD information. Mr. Kurtz added that the 10 PIHP CEO's have requested the data sent to Milliman for rate setting; currently ambiguous.

- Mr. Johnston reported Southeast Michigan PIHP has consulted with attorneys about "systemic lack of funding;" Lakeshore may join. The Administrative Law Judge process is being used.

- Mr. Kovacs thanked Mr. Kurtz and Mr. Johnston for their ongoing efforts to move the behavioral health home ward.

MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM on February 27, 2019 at 1999 Walden Drive in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at .

	Program	Consumers served February 2019 (2/1/19 - 2/28/19)	Consumers served in the Past Year (3/1/18 - 2/28/19)	Yearly Average (3/1/18 - 3/1/19)
1	**Access / Crisis / Prescreens**	62 - Routine 1 - Emergent 1 - Urgent 58 - Crisis 43 - Prescreens	719 - Routine 3 - Emergent 8 - Urgent 1120 - Crisis 561 - Prescreens	60 - Routine 0 - Emergent 1 - Urgent 93 - Crisis 47 -Prescreens
2	**Doctors' Services**	1119	1534	1132
3	**Case Management**			
	Older Adult (OBRA)	142	181	129
	MI Adult	218	358	235
	MI ACT	31	40	31
	Home Based Children	13	28	11
	MI Children's Services	140	229	129
	DD	329	363	337
4	**Outpatient Counseling**	176 (31/145)	534	209
5	**Hospital Prescreens**	43	561	47
6	**Private Hospital Admissions**	18	252	21
7	**State Hospital Admissions**	0	0	0
8	**Employment Services**			
	DD	78	117	83
	MI	49	85	52
	Touchstone Clubhouse	64	81	60
9	**Peer Support**	62	81	66
10	**Community Living Support Services**			
	DD	143	154	148
	MI	197	252	199
11	**CMH Operated Residential Services**			
	DD Only	58	60	59
12	**Other Contracted Resid. Services**			
	DD	31	36	34
	MI	28	32	29
13	**Total Unduplicated Served**	1073	2416	1141

County	Unduplicated Consumers Served Since March 2018
Alcona	282
Alpena	1522
Montmorency	250
Presque Isle	284
Other	60
No County Listed	18

CMH PAC
426 S. Walnut St., Lansing MI 48933 ★ p 517.374.6848 ★ f 517.374.1053 ★ rsheehan@cmham.org

February 7, 2019

To: CMH Board Members/Executive Directors (CMH & PIHP)/Management Staff (CMH & PIHP)/Provider Alliance Members

From: PAC Committee

Re: 2019 Annual PAC Campaign

This memorandum is being sent to all CMH boards, PIHPs and Provider Alliance members to announce and solicit participation in this year's CMH-PAC campaign. The CMH-PAC is a political action committee that helps support representatives and senators in leadership positions and those who champion the funding, legislation, and policy initiatives that help support and improve the provision of community-based mental health and substance use disorder services.

Your donations to the CMH PAC help support candidates who are supportive of our efforts at CMHAM. The money that is raised for the CMH PAC helps raise awareness of our issues. While we are not able to match dollar for dollar the contributions of the larger interest groups your efforts go a long way and give CMHAM a "seat at the table".

2019 will be a critical year in the Michigan Legislature. As you know, this year we saw a record number of new lawmakers come to Lansing – 75 new House and Senate members began on January 1, which means we need to get to know many new faces. In addition to the Legislature, we have a new Governor, Attorney General, and Secretary of State. With so much turnover in the Michigan Legislature and uncertainty surrounding the changes at the federal and state levels it is critical we maintain an active presence – ***WE MUST CONTINUE TO BUILD OUR PAC FUND*** and invest wisely in the future leaders.

Last year's campaign had mixed results from previous years. We raised more money than the previous few years, collecting $14,031 from only fifteen (15) boards and 182 individuals. The number of CMH Boards participating in our PAC campaign has dropped, but the number of people contributing has increased. The PAC Committee continues to encourage and strive for 100% participation in our efforts.

If you have any questions regarding this year's campaign, please contact Robert Sheehan or Alan Bolter at CMHAM. Thank you for your participation.

2019 CMHAM PAC CAMPAIGN
Details and Timeline

The 2019 campaign is designed to encourage more boards and more individuals to participate. Last year only 32% of CMH boards (15 boards) participated in our PAC campaign, the Committee has set a goal of 100% participation.

No specific contribution level is being established as a goal for this year's campaign. Instead, the challenge is to have at least 6 members (50% of the membership of each board) participate in the campaign. Participation by executive staff will be counted towards the participation. Boards that report results of a campaign with at least 6 members participating will qualify for the drawing of the Tiger game box suite tickets.

The campaign is being announced early with the hope that more boards will have time to discuss it merits locally and increase the participation rate. The PAC Committee requests that CMH directors and board chairpersons announce and discuss the campaign over the next three months at their regular monthly meetings. Boards that have conducted successful campaigns have chief executive officer and board member leadership who make this a meeting agenda item and discuss the need for a PAC fund.

As a special incentive for boards and affiliates that meet the challenge target, Muchmore Harrington Smalley and Associates will again donate a Detroit Tigers suite box (12 tickets) for a Tiger ball game. We will have the details on that game later this year.

Boards should forward the results of their campaign and donations to the CMH Association offices by June 28, 2019 in order to be in the drawing for the Tiger tickets if eligible.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Executive Director Report
February-March 2019

This report is intended to brief the NeMCMHA Board of the director's activities since the last Board meeting. The activities outlined are not all inclusive of the director's functions and are intended to outline key events attended or accomplishments by the director.

Date	Subject	Location
2/13/19	Telephone consultation with Jan Lampman – Director Midland ARC specific to Independent Facilitation for Plans of Service and our agency policy requirements for an individual to provide independent facilitation.	
2/18/19	Participated in NeMCMHA Quality Improvement Council	NeMCMHA
2/19/19	Attended NMRE OPS – reviewed the Medicaid EQR-HSAG (*External Quality Review Report - Health Services Advisory Group*) report and discussed opportunities for improvement and corrective action plans.	Gaylord
2/20/19	Participated in the mySchedule meeting discussion with NeMCMHA staff. mySchedule provides scheduling software for our staff to be able to keep track of staff's schedules, site needs, shift openings etc. Our supervisors spend many hours keeping track of staffing needs for our homes. This software has been proven to be able to accommodate this need. We are recommending the agency enter into a 3 mos. pilot with mySchedule to evaluate the effectiveness of this program in meeting our needs. Board will be receiving the information included in the consent agenda.	Alpena
2/21/19	Participated in the end of the year overview and strategic planning with HUB International (as you may be aware, the agency contracts with HUB for consultation services specific to the agencies health insurance coverage including wellness, medical, short and long term disability and pharmacy, etc.).	teleconference
2/21/19	Participate in the CMHSP training on the Behavioral Health Fee Screen Data Collection Tool. Milliman will be reviewing service costs for CMH provided services based on billing codes. This most likely will result in a fee screen being established for certain if not most behavioral health services currently being provided to the people we serve. Milliman will be visiting this agency within the next 8 weeks to look at our processes.	Webinar
2/27/19	Attended the NMRE Board Meeting via teleconference	teleconference

DRAFT

QI Council Minutes

For Meeting on 02/18/19
10:15 AM to 10:45 AM
Board Training Room

Meeting called by: Genny Domke
Type of meeting: Bi-Monthly
Facilitator: Genny Domke
Note taker: Diane Hayka via digital recorder
Timekeeper: Lynne Fredlund

Attendees: Genny Domke, Margie Hale-Manley, Jamie McConnell, Cathy Meske, Nena Sork, Judy Szott

Absent: Lynne Fredlund (excused), Joe Garant (excused), Jen Whyte (excused), Angela Stawowy

QI Coordinator: Lynne Fredlund

Guests: LeeAnn Bushey

Agenda Topics

Genny Domke welcomed all and asked those in attendance to state their names for identification on the digital recorder. It was noted Margie Hale-Manley had anticipated introducing Angela Stawowy as her replacement on this Council; however, job coaching duties prevailed and Angela was not able to attend today's meeting.

Review of Minutes

Discussion:
Lee Ann Bushey requested confirmation of Council members receiving the minutes in advance of this meeting.

By consensus, the minutes of the December 17, 2018 meeting were approved.

Action items:

Person responsible:
Diane Hayka via digital recorder

Deadline:
ASAP

Management Team

Discussion:
Cathy Meske noted the highlights of the January Management Team meeting included the discussion of the Emergency Preparedness Plan. She reported the Continuity of Operations Plan (COOP) was established and staff roles were identified. Cathy also noted while some of the Ends identifies SUD goals, the Agency will not be a SUD provider but will assist in the case management and work with those individuals receiving service with a co-occurring diagnosis.

Cathy reported the criteria for 'Meaningful Use' was met by all providers for the fourth quarter. In order to bill Medicare without a penalty and reimbursement rate reduction, providers must meet certain goals established. The physician services team worked very diligently to assure the targets were met along with support from the clerical staff.

Cathy also reported the Hepatitis A Report was compiled and as a result of the questionnaire presented to individuals, 36 elected to have the Hepatitis A vaccination. She reported Hep A was a major health crisis in the state and now the state believes they are managing the crisis and will no longer require mandated reporting.

Cathy informed Council members of the unexpected passing of Charles Terry, OPEIU Representative, December 26th. Flowers were sent to the OPEIU office. The Legislators, in lame duck session, approved a 25¢ per hour direct care wage pass through; however, there were no other details released. Until there are more details, this directive will be held in abeyance.

Cathy Meske also reported Management Team members will be updating their succession plans at the April meeting. She notes the importance of having these plans should an unexpected absence occur in key roles.

Action Items:
Report Monthly

Person Responsible:
Cathy Meske

Deadline:

Consumer Advisory Council

Discussion:
The Consumer Advisory Council met on February 11, 2019, the minutes of the meeting are not yet available. As she was not at the December QI Council meeting to provide an update, Cathy Meske reported she updated the Council on the Opioid Health Home. She reports the term Opioid Health Home is a location of where the data is kept. Services are provided through various providers such as NMSAS, Sunrise Center and other various SUD providers. She reports the state has indicated there may be around 3,000 individuals eligible to participate in the Opioid Health Home program and at this point only about 150 individuals have enrolled. Cathy Meske reported the state has a report which is submitted to the NMRE and the staff at the NMRE reach out to the individuals to encourage participation. She notes if an individual is identified as a potential eligible candidate for this program internally, information should be provided to the individual.

Action Items:
Report Bi-Monthly

Person Responsible:
Cathy Meske

Deadline:

CARF Committee

Discussion:
Lynne Fredlund was not in attendance to provide a report. The agenda indicated the members are working on their assignments to address compliance with CARF standards.

Action Items:
Report Monthly

Person Responsible:
Lynne Fredlund

Deadline:

Clinical Leadership Committee

Discussion:
Nena Sork reported Clinical Leadership Team has been busy. She informed Council members the transition of the Clubhouse from direct operation to contractual operation occurred. Touchstone has taken over the management of the program effective January 1. Another transition was the afterhours crisis provider was transitioned from Third Level to ProtoCall. She notes from the reports she has reviewed, this transition seems to be going quite well. She reported in one month there were seven less pre-screens which results in less stress on the Agency's on-call workers. This should reduce the Agency's costs in staff time and also for inpatient services. She notes the savings will be tracked to determine if it is truly savings.

Nena reported myStrength was also rolled out in January. She reported 193 individuals enrolled in the myStrength app within the month. The goal is 300 by April 1. The first implementation meeting will be held tomorrow, February 19th, to get more statistics on the usage.

Nena also reported the Team is reviewing the Ends established by the Board noting they are on track to meet the Ends for children's services related to CAFAS. She reports the development of small "mom and pop" residential homes is also looking good. She notes the movement of out-of-area placements had been good as well and individuals are being placed locally through independent living arrangements and others.

The Agency is focusing on getting ready to provide medication assisted treatment. Nena provided some statistics related to integrated health care. She reported Lisa Orozco has done a great job of encouraging the individuals receiving services to follow through with having an annual physical at their primary care physician's office. She reported there are only about 122 have not had a physical or office visit within the last year.

Nena reported additional training was provided to some staff to become trainers in LOCUS. Julie Hasse has been hired as I/DD Supervisor and will begin her role on March 1.

Additional documents were developed for use in Majestic such as the psychological evaluation, vocational profile, external referral forms, safety plans to go with ESU pre-screens and progress notes for the group home staff.

She reports a sub-committee is of this Team is meeting to review out-of-area placements. This committee will be meeting later today.

Genny Domke requested copies of the certificates for those staff receiving the Train the Trainers for LOCUS. She would like to have copies readily available for future searches which could be put in myLearning Pointe. Lee Ann Bushey reported four or five will be attending this training in July as well.

Action Items:
Report Monthly

Person Responsible:
Nena Sork

Deadline:

Customer Satisfaction Committee

Discussion:
Margie Hale-Manley reported this Committee met on January 28th. She noted there was a suggestion from the Hillman suggestion box requesting materials available for writing and/or reading. Margie reported a request was sent to clerical staff in the Hillman Office to make a writing pad available and possibly bring in some books or magazines to have some reading materials available as well.

Margie Hale-Manley distributed the survey brochure developed from responses of the survey sent out last year. She reported there were 359 surveys sent out with 207 surveys returned. She reports the surveys are now sent out at one time rather than staggered when their plans of service were completed. The individuals also receive the survey brochure with the results from the previous year. She noted this year's brochure provides a comparison to

the information received last year. Cathy Meske suggested the comment section be entitled "Highlights…" for the next brochure. This survey is normally sent out in March.

Margie reported the discharge survey is coordinated with the Peer Specialists and will be reported on at the Customer Satisfaction Committee's April meeting.

Nena Sork also added there are case reviews being conducted and Judy Szott has entered over 200 into the worksheet in preparation of our CARF visit. This will make looking for the information much more easily.

Cathy Meske thanked those providing reports for not reading minutes verbatim and they might have in the past. She appreciates the concise summaries provided.

Action Items:
Report Bi-Monthly

Person Responsible:
Margie Hale-Manley

Deadline:

Resource Standards & Development Committee

Discussion:
Genny Domke reported this Committee met in January and February. She reported they continue with the Employee of the Month and Team of the Month. Friday Trivia still seem to be going well. The Random Acts of Kindness can be somewhat of a challenge. She reports they continue with theme Fridays and the picture board with staff writing their resolutions on it seemed to go over well. In February, they jar filled with Hershey's kisses received a lot of attention. She reports the RS & D suggestion box has tapered off with little to no suggestions. The 2nd Annual Chili Cook Off will be held on February 27th.

Genny reported the EAC trainings are being revamped and they will now only be available through an online process.

Nena Sork complimented the Committee for all their hard work and notes she enjoys the uplifting events scheduled the affect it has on staff morale.

Action Items:
Report Bi-Monthly

Person Responsible:
Genny Domke

Deadline:

Risk Management Committee

Discussion:
Per the agenda, this Committee did not meet.

Action Items:
Report Bi-Monthly

Person Responsible:
Lynne Fredlund

Deadline:

Safety Committee

Discussion:
Jamie McConnell reported the Committee met on January 8th. The sprinkler system was researched and Rich Greer will be removing the outdated tags on those systems no longer required or utilized. The Environment of Care manual remains under review. The Committee is working on drafting a Beg Bug and Infestation procedure.

Action Items:

Person Responsible:
Jamie McConnell

Deadline:

Utilization Management

Discussion:
Genny Domke noted the minutes of the December Utilization Management meeting were included in the packet. Jen Whyte was not in attendance to report. Cathy Meske questioned the Discharge Report as written in the minutes of the January 3, 2019 meeting. The minutes indicate "50% of the discharges occurred because the individuals moved out of the area. The balance dropped out of treatment." Cathy suggests the committee have a broader reason for the discharges such as: goals achieved, transferred to another care, etc. Lee Ann Bushey noted the discharge questions have not been reviewed in many years. Margie Hale-Manley suggested the Customer Satisfaction Committee review the questions. Judy Szott will now be joining their committee. A Clinical person was suggested for this review as well – Renee Curry.

Nena Sork reported when she pulled the report from Majestic, she noted many of those leaving services return in a short time.

Judy Szott follows up with the individual leaving services one month after their last contact.

Action Items:
Report Monthly

Person Responsible:
Jennifer Whyte

Deadline:

Quality Oversight Committee - NMRE

Discussion:
Genny Domke noted the QOC met on February 5 and there are no minutes available yet. Lynne Fredlund and Jen Whyte normally attend this meeting and are not present to report.

Action Items:
Report Bi-Monthly

Person Responsible:
Lynne Fredlund

Deadline:

QI Member Concerns

Discussion:
No concerns identified

Action Items:

Person(s) Responsible:
All members

Deadline:

Old Business: Project Team/Work Group Update

1. **Persons Served Start Services within 14 days**
   Discussion:
   This was a topic Jen Whyte was to provide an update on and she is not in attendance. Nena Sork reported the Clinical Leadership Team is also reviewing this indicator.

   Action Items:

   Person Responsible:
   Jen Whyte

   Deadline:
   Next QI Council Meeting

2. **Safety Committee Vehicle Sheets**
   Discussion:
   Genny Domke requested clarification from Jamie MacConnell on this topic. Cathy Meske indicated Lynne Fredlund had also discussed this as this is just a floating document in the Environment of Care Manual. The Agency policy addresses this sheet so the policy/procedure will need to be rewritten to identify the ReadiDesk procedure prior to disposing of this form. Cathy Meske reported once the policy is rewritten and the deletion of the form is cleared through Carolyn Bruning to assure it is not required by licensing the form will remain.

   Action Items:

   Person Responsible:

   Deadline:

New Business

1. **ACT MiFAST Review**
   Discussion:
   Nena Sork reported the MiFAST review will be conducted shortly. Staff are working to assure standards will be met.

   Action Items:

   Person Responsible:

   Deadline:

Adjournment

Discussion: Next Meeting will be held on April 15, 2019, at 10:15 a.m. in the Board Training Room.

Action Items: By consensus, this meeting was adjourned at 10:45 a.m.

APRIL AGENDA ITEMS

Policy Review
Financial Condition 01-005
Communication & Counsel 01-009

Policy Review & Self-Evaluation
Governing Style 02-002
Cost of Governance 02-013

Monitoring Reports
Budgeting 01-004
Communication & Counsel 01-009

Activity
Election of Officers
Orientation of New Members
Set Calendar and Committee Appointments [Organizational Meeting]

Ownership Linkage

Educational Session
Recipient Rights System – Ruth Hewett
Compliance Audit

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

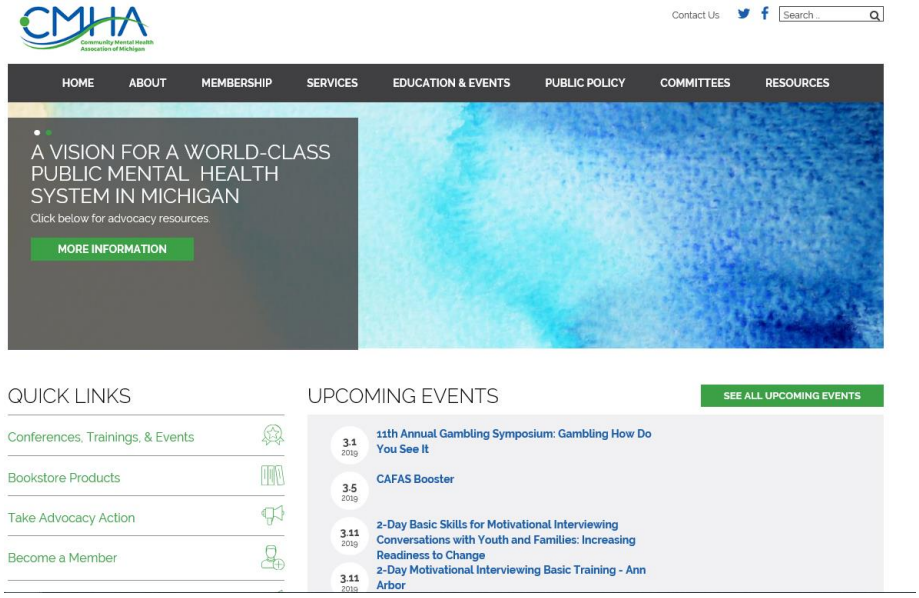
March 8, 2019

Contents:

CMH Association and Member Activities:

CMH Association of Michigan Launches New Website

The Community Mental Health Association of Michigan recently launched its new website. The website (the cover page of which is pictured below), is greatly modernized with a fuller range of features – from information and registration for hundreds of professional development and education offerings to access to white papers from the Association's Center for Healthcare Integration and Innovation (CHI2), from contact information on the Association's members and staff to access to the Association's Weekly Update.



The new website can be found at: https://cmham.org/

Southwest Solutions announces 2nd annual Celebration of Impact

From Southwest Solutions, a member of the CMH Association of Michigan:

Save the date: Our second annual Celebration of Impact event will take place:

Friday, September 13 at 6PM
MGM Grand Detroit Hotel

Last year's event sold out and was a great success. We're building on this momentum and raising the bar - with another compelling and fun gala to celebrate the mission-based work of Southwest Solutions to improve lives and neighborhoods in our community.

Because we expect this year's event to sell out also, we encourage you to purchase your tables and tickets early. You can do so through this online form.

Sponsorship opportunities are now available, too. Please call Linda at 313-297-1376 .

As we get further along in our planning, we'll provide more information about the event, including the social impact leaders we'll be honoring this year.

CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at **https://www.cmham.org/committees**

News from Our Corporate Partners:

Relias announces maternal opioid use webinar

Are You Preparing to Participate in the Maternal Opioid Misuse (MOM) Model and Funding?

You should be. The MOM model is the next step in the Center for Medicare and Medicaid Innovation's multi-pronged strategy to combat the nation's opioid crisis. The model addresses fragmentation in the care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder (OUD) through state-driven transformation of the delivery system surrounding this vulnerable population. By supporting the coordination of clinical care and the integration of other services critical for health, wellbeing, and recovery, the MOM model has the potential to improve quality of care and reduce costs for mothers and infants.

Join our expert presenters, Dr. Joe Parks and Dr. Carol Clayton, for an informative webinar: Combating Maternal Opioid Misuse (MOM) Model: The Role of Innovation and Technology

This webinar will cover:
Information about the MOM model and funding
Statement of the problem relative to maternal and child health immediate and long-term risks
Challenges associated with linkages across the needed continuum of care
Evidence-based solutions for strengthening the linkages with actual case study outcomes
How Relias can help state agencies and provider systems get better at addressing this concern

Register today: http://go.reliaslearning.com/WBN2019-03-12CombatingMaternalOpioidMisuseMOMModel_Registration.html?utm_source=marketo&utm_medium=email&utm_campaign=wbn_2019-03-12_combating-maternal-opioid-misuse-

model_opioids&mkt_tok=eyJpIjoiTmpZM1ptVmpaakJpWVRsbSIsInQiOiJ4NWIzYzk1aFwvY3cyTWhsaUdxSkRSbzJUSFI6eDhPelZIRzFxa1ZxMllmSHZlZUtFc3dKKzJwM1pZcERHZE5jTjV3Nm5aSm8wc3BkNkRVaVd4dEpRZTBicWhuM3l0WnpmWVVEenRuOXczVlduQjVQejd0U3NnbjQ5Vk96VG9xdituVjZqVmU1V052NGM4T2JIdTNTbzF3NkxaUFwvUHdjVnR1Q05BdXFxUFdzYz0ifQ%3D%3D

If you can't attend the live event, we will send you the recording and slides!

State and National Developments and Resources:

Change Leader Academy Available to CMH Association Member

Great Lakes (HHS Region 5) ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The nationally known *NIATx* Change Leader Academy (CLA) is a **one-day face-to-face workshop followed by three months of peer networking and support from a NIATx coach**. The CLA trains change leaders in the *NIATx model of process improvement*: a structured, team-based approach to change management for organizations large and small.

With support from peer and a NIATx Coach, CLA participants will select a change project, set a project aim, engage senior leaders and staff in the change process, and achieve measurable, sustainable improvements. Past CLA participants have led successful projects to:

- Reduce waiting time between first request for service and first treatment session
- Reduce no-shows by reducing the number of patients who do not keep an appointment
- Increase admission to treatment
- Increase continuation from the first through the fourth treatment session

Who Should Attend?
Anyone interested in leading change, improving service delivery, or guiding staff to do the same: senior leaders, managers, supervisors, and front-line staff are all encouraged to attend. The CLA provides both beginners and those with some experience in process improvement with the tools to lead change projects within their organization. Organizations may send **up to five representatives**; change projects are most successful when organizations send a small, diverse team.
When and Where?

The CLA will kick off with a face-to-face workshop this **May**. A registration fee of **less than $150 per person** will cover:

- Registration for the face-to-face kick off
- Three months of individualized coaching and support from national NIATx/CLA consultants
- 4.5 CEUs

We want to hear from you about how many people from your organization are interested and where you would prefer the training be held. Please follow this link to provide your feedback by Friday, March 15: https://www.surveymonkey.com/r/XRX696K

Learning Objectives & Deliverables:

At the end of the workshop, participants will be able to:

- Explain the NIATx principles and change model to team members and begin a change project.

- Use four, key quality improvement tools - the walk-through; flowcharting; the nominal group technique; and Plan-Do-Study-Act (PDSA) rapid cycle testing.
- Commit to carrying out a 3-month change project in their organization with one NIATx coaching call and three peer learning follow-up calls.
- Offer a standard approach to process improvement in their agency and begin to develop staff to be change leaders and engaged, change team members.

Don't miss this opportunity! Visit https://www.surveymonkey.com/r/XRX696K to confirm your interest by Friday, March 15.

Questions? Contact Chris Ward at cward@cmham.org

Suicides, often linked to opioids, spike in rural Michigan and among young

Below are excerpts from a recent Bridge article on the findings of a recent study of opioid use in Michigan.

> About every five hours, a Michigan resident dies by suicide. Fatal drug overdoses happen even more frequently.
> New research by the University of Michigan suggests an upsurge in opioid overdoses and suicides may be linked. This finding suggests that public health specialists may need to reexamine their approach to policies intended to prevent such tragedies.
>
> Unlike other common causes of death, overdose and suicide deaths have increased over the last 15 years in the United States," Amy Bohnert, associate professor of psychiatry at the University of Michigan Medical School, told Bridge in an interview.
>
> Both outcomes share "factors that increase risk for each. (and) support the idea that they are related problems and the increases are due to shared fundamental causes."
>
> Bohnert co-authored the study by U-M and the Veterans Affairs Center for Clinical Management Research, published in January in the New England Journal of Medicine. Across the U.S., deaths from suicide and unintentional overdoses went from a combined 40,000 in 2000 to over 110,000 in 2017, a rise of 168 percent.
> The spike has been even more pronounced in Michigan – rising three-fold from 1,100 to 3,300 over this same period, a disturbing mosaic of suffering across Michigan that treatment policies have failed to slow.
> Large rural swaths of the Upper Peninsula and northern Lower Peninsula saw the highest suicide rates – in some counties, double the state average. Fueled by the opioid crisis, southeast Michigan urban areas like Wayne, Macomb and St. Clair counties led the state in overdose deaths from 2015 through 2017.

The full report can be found at:
https://www.bridgemi.com/children-families/suicides-often-linked-opioids-spike-rural-michigan-and-among-young

MDHHS releases latest report on potential for a Managed Long-term Services and Supports Program

Below are excerpts from a recent press release, from MDHHS, regarding the Department's recently completed study of what could become Michigan's Medicaid Long Term Services and Supports (LTSS) program. Representatives of this association and a number of our members were interviewed by the research team that developed this report.

The Michigan Department of Health and Human Services (MDHHS) has released the latest report on its investigation into the possibility of establishing a Managed Long-term Services and Supports (MLTSS) Program.

In 2017, the Michigan Legislature requested the department explore operational implications and possible implementation of a managed system for long-term care throughout the state. MDHHS enlisted the assistance of the Center for Health and Research Transformation, Public Sector Consultants and Health Policy Matters to conduct research and analysis. The report details the initial three phases of that work.

The report, Michigan Medicaid Long-term Services and Supports, reviews the existing landscape of Medicaid programs and presents ideas from a broad group of stakeholders gleaned through a survey and individual interviews. Quality metrics are analyzed relative to national standards and a gap analysis is presented to highlight potential areas of improvement in the existing Medicaid programs. Finally, the report provides potential options for the state to consider in terms of program structures, implementation strategies and timeline recommendations.

Going forward, Michigan will begin looking at designing and implementing opportunities for improvement in existing LTSS systems, such as options counseling, comprehensive assessments, person-centered planning and a quality strategy; convening stakeholder work groups for each of the improvement opportunities; and evaluating the MI Health Link demonstration program as a possible MLTSS model.

For more information about an MLTSS system in Michigan, visit Michigan.gov/mltss. Questions may be emailed to MDHHS-MSA-MLTSS@Michigan.gov

The full report can be found at: https://www.michigan.gov/documents/mdhhs/MLTSS_Phase3_FinalReport_12-14-18_Rev_3_19_647943_7.pdf

Landmark ruling against private health insurance plan for denying mental health and substance use disorder treatment

Below are excerpts from recent announcements from Pych-Appeal (one of the plaintiffs in the case) the Kennedy Forum (the nation's leader in advocacy around mental health insurance parity) regarding a recent ruling in Federal District Court against one of the nation's largest health insurance company/health plan for its denial of mental health and substance use disorder services. This ruling is being hailed as a landmark ruling, signaling a new day in the efforts, by many of us, to ensure needed access to mental health services, on par with physical health services. **The length of the description provided in this edition of Weekly Update is reflective of the importance of this ruling.**

Psych-Appeal notice of the court ruling: write to inform you of a landmark mental health ruling. Today, in a nationwide class action suit, the United States District Court for the Northern District of California held that United Behavioral Health ("UBH/Optum"), the country's largest managed behavioral healthcare organization, illegally denied mental health and substance use coverage based on flawed medical necessity criteria.

The federal court found that, although required by the class members' health plans to make coverage determinations consistent with generally accepted standards of care, UBH developed restrictive medical necessity criteria with which it systematically denied outpatient, intensive outpatient, and residential treatment. Specifically, the federal court found that UBH's internal guidelines limited coverage to "acute" care, in disregard of highly prevalent, chronic, and co-occurring disorders requiring greater treatment intensity and/or duration. The court was particularly troubled by UBH's lack of coverage criteria specific to children and adolescents. Additionally, the court held that UBH misled regulators

about its guidelines being consistent with the American Society of Addiction Medicine (ASAM) criteria, which insurers must otherwise use in certain states such as Connecticut, Illinois, and Rhode Island. (The court also found that UBH failed to apply Texas-mandated substance use criteria for at least a portion of the class period.)

Although the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 requires parity for mental health and substance use benefits, insurers are permitted to evaluate claims for medical necessity. By applying internal guidelines or medical necessity criteria developed by for-profit, non-clinical specialty associations, however, insurers can easily circumvent parity in favor of financial considerations and prevent patients from receiving the type and amount of care they actually need. The consequences to patients can be devastating.

In his detailed ruling, Chief Magistrate Judge Joseph Spero found the following to be the generally accepted standards for behavioral healthcare from which UBH's guidelines deviated:

- It is a generally accepted standard of care that effective treatment requires treatment of the individual's underlying condition and is not limited to alleviation of the individual's current symptoms;
- It is a generally accepted standard of care that effective treatment requires treatment of co-occurring behavioral health disorders and/or medical conditions in a coordinated manner that considers the interactions of the disorders and conditions and their implications for determining the appropriate level of care;
- It is a generally accepted standard of care that patients should receive treatment for mental health and substance use disorders at the least intensive and restrictive level of care that is safe and effective – the fact that a lower level of care is less restrictive or intensive does not justify selecting that level if it is also expected to be less effective. Placement in a less restrictive environment is appropriate only if it is likely to be safe and just as effective as treatment at a higher level of care in addressing a patient's overall condition, including underlying and co-occurring conditions;
- It is a generally accepted standard of care that when there is ambiguity as to the appropriate level of care, the practitioner should err on the side of caution by placing the patient in a higher level of care;
- It is a generally accepted standard of care that effective treatment of mental health and substance use disorders includes services needed to maintain functioning or prevent deterioration;
- It is a generally accepted standard of care that the appropriate duration of treatment for behavioral health disorders is based on the individual needs of the patient; there is no specific limit on the duration of such treatment;
- It is a generally accepted standard of care that the unique needs of children and adolescents must be taken into account when making level of care decisions involving their treatment for mental health or substance use disorders;
- It is a generally accepted standard of care that the determination of the appropriate level of care for patients with mental health and/or substance use disorders should be made on the basis of a multidimensional assessment that takes into account a wide variety of information about the patient.

The court acknowledged that accreditation by organizations such as URAC and NCQA does not entail substantive review of medical necessity criteria developed by insurers. Therefore, such accreditation does not guarantee use of medical necessity criteria that are consistent with generally accepted standards for behavioral healthcare or with the terms of insurance policies or any laws.

In light of the court's findings, including that UBH's experts (comprised of several of its own medical directors) "had serious credibility problems" and "that with respect to a significant portion of their

testimony each of them was evasive – and even deceptive," robust safeguards against abuses by managed behavioral healthcare organizations are clearly warranted, such as:

Legislation mandating exclusive adherence to medical necessity criteria developed by nonprofit, clinical specialty organizations such as the American Society of Addiction Medicine (ASAM), American Academy of Child and Adolescent Psychiatry (AACAP), and the American Association of Community Psychiatrists (AACP);

Formal recognition by the American Psychiatric Association that managed care psychiatric reviewers owe a primary ethical obligation to insureds, consistent with:
AMA Principles of Medical Ethics: I,III,VII and AMA Code of Medical Ethics Opinion E-10.1.1 (https://www.ama-assn.org/delivering-care/ethical-obligations-medical-directors) and
their fiduciary duties under ERISA (https://www.dol.gov/general/topic/retirement/fiduciaryresp).

Today's ruling stems from two consolidated class actions, Wit et al. v. United Behavioral Health. and Alexander et al. v. United Behavioral Health, brought by Psych-Appeal, Inc. and Zuckerman Spaeder LLP under the Employee Retirement Income Security Act of 1974 ("ERISA") in 2014, certified in 2016, and tried in October 2017. While the certified classes encompass tens of thousands of ERISA insureds, non-ERISA insureds (such as governmental employees) adversely impacted by UBH's defective guidelines must rely on state and federal regulators to intervene on their behalf.

Kennedy Forum notice of the court ruling: Chief Magistrate Judge Joseph Spero of the United States District Court for the Northern District of California has found that United Behavioral Health (UBH), the largest managed behavioral health care company in the country, developed review criteria for evaluating the medical necessity of claims for outpatient, intensive outpatient, and residential treatment of mental health and substance use disorders that was inconsistent with generally accepted standards of behavioral health care, and wrongly influenced by a financial incentive to suppress costs.

In Wit v. United Healthcare Insurance Company, 11 plaintiffs, on behalf of over 50,000 patients whose claims were denied based on flawed review criteria, sued UBH. Natasha Wit sought coverage for treatment of a number of chronic conditions, including depression, anxiety, obsessive-compulsive behaviors, a severe eating disorder and related medical complications. UBH repeatedly denied treatment using its flawed criteria. Like other families experiencing such denials, the Wit family paid nearly $30,000 out-of-pocket for Natasha's treatment, despite having health insurance coverage.

The class action lawsuit, litigated by Psych-Appeal, Inc. and Zuckerman Spaeder, LLP, and filed under the Employee Retirement Income Security Act (ERISA) of 1974 – a federal law that governs health insurance policies issued by private employers – alleged that UBH violated obligations under its administered health plans, and under ERISA, by developing and applying flawed and overly-restrictive guidelines to evaluate "medical necessity."
The Court held in favor of the plaintiffs, stating that under generally accepted standards of care, chronic and co-existing conditions should be effectively treated, including when those conditions persist, respond slowly to treatment, or require extended or intensive levels of care. UBH's review criteria, however, improperly limited coverage in such situations. Instead, UBH's internally-developed guidelines were intended to approve coverage solely for "acute" episodes or crises, such as when patients are actively suicidal or suffering from severe withdrawal.

Additionally, the Court held that UBH's guidelines improperly required reducing the level of care, e.g., removing the patient from residential treatment to some form of outpatient therapy, even if the treating providers – consistent with generally accepted clinical standards – believed maintaining a higher level of care was more effective.

The Court also found that UBH failed to follow specific guidelines mandated by certain states for evaluating the medical necessity of behavioral health services. For example, Connecticut, Illinois, and Rhode Island require that when reviewing substance use disorder claims for medical necessity, insurers must apply criteria consistent with American Society of Addiction Medicine (ASAM) standards.

"This is a turning point in our efforts to hold insurers accountable for discriminating against those with mental health and addiction challenges," notes Patrick J. Kennedy, founder of The Kennedy Forum and DontDenyMe.org, a website that educates consumers about parity rights and connects them to appeals guidance and resources. "This is a landmark case that reinforces the need for equity in how health plans cover physical and mental health conditions," Kennedy adds. "The Federal Parity Law, which is part of ERISA, requires insurers to cover illnesses of the mind no more restrictively than illnesses of the body. But the law is undermined when insurers base mental health denials on defective criteria that masquerade as generally accepted standards of care. Judge Spero's decision makes it clear that there will be consequences for disregarding established clinical practice in favor of a financial bottom line."

With this extraordinary win, the plaintiffs are now tasked with identifying what relief they believe is appropriate. Plaintiffs believe, at a minimum, UBH should revise and adopt new and appropriate guidelines to be upheld by the Court and reprocess class members' claims based on these guidelines. UBH will have a chance to respond. A final decision regarding the requested relief is expected later this year.

Federal legislation to ensure Medicaid coverage to inmates prior to release introduced in Congress

Below are excerpts from a recent media story on the introduction of the Medicaid Re-entry Act in Congress.

Tonko, Turner Reintroduce Bipartisan Addiction Treatment Bill. Grants states power to re-start Medicaid services for inmates 30 days before their release

Representatives Paul Tonko (NY-20) and Michael Turner (OH-10) have formally introduced bipartisan legislation empowering states to expand access to addiction treatment through Medicaid for individuals up to 30 days before their release from jail or prison. The bill, H.R. 1329: the Medicaid Reentry Act, responds to alarming evidence that individuals reentering society after incarceration are 129 times more likely than the general population to die of a drug overdose during the first two weeks post-release.

"Solving America's growing opioid crisis requires that we take bold steps to treat addiction where we find it," said Tonko. "Empowering states to deliver needed addiction treatment to individuals as they transition out of the criminal justice system not only helps combat the spread of this painful disease, it also makes our communities safer, saves money over the long term, and delivers vital services to a truly vulnerable group of people and families, many of whom have lost dearly at the hands of this disease. I am profoundly grateful to my colleague Michael Turner and our colleagues from both parties who have been steadfast in supporting this lifesaving legislation, and I look forward to working with them to advance it through the House."

"When people are incarcerated, they lose access to substance abuse treatment because they become Medicaid ineligible," said Turner. "Providing substance abuse treatment is imperative to overall rehabilitation of any individual and can help prevent both relapse and overdose after exiting prison or jail. I am proud to re-introduce this bill to assist inmates transition back into society successfully as drug-free individuals."
The Medicaid Reentry Act is supported by: American Society of Addiction Medicine, National Council for Behavioral Health, Treatment Advocacy Center, National Association of Counties, Treatment Communities of America, National Health Care for the Homeless Council, National Alliance to Advance Adolescent Health, A New PATH, Global Alliance for Behavioral Health and Social Justice, American

Psychiatric Association, The Kennedy Forum, Young People in Recovery, National Alliance on Mental Illness, Clinical Social Work Association, HIV Medicine Association, Mental Health America, New York Association of Psychiatric Rehabilitation Services, Shatterproof, American Psychological Association, Student Coalition on Addiction, National Association of Clinical Nurse Specialists, College of Psychiatric and Neurologic Pharmacists, Central City Concern

A previous version of this bill sponsored by Reps. Tonko and Turner was signed into law as part of H.R. 6 during the 115th Congress. That bill directed the Department of Health and Human Services to issue guidance to states interested in exploring a policy of this kind in their Medicaid programs, as well as to convene a stakeholder group charged with developing best practices for how state Medicaid programs can improve care transitions for incarcerated individuals.

CMS Launches Podcast to Reach Stakeholders via Modern Platform

Below is a recent announcement by the federal Centers for Medicare and Medicaid Services (CMS) on its production of Medicare and Medicaid policy podcasts:

New podcast "CMS: Beyond the Policy" offers regular episodes that discuss agency updates and policies in a user-friendly medium

Today, the Centers for Medicare & Medicaid Services (CMS) launched "CMS: Beyond the Policy," a new podcast highlighting updates and changes to policies and programs in an easily accessible and conversational format. The podcast was created as a new method to explain the agency's policies and programs.

"The new Beyond the Policy podcast demonstrates our commitment to transparency and outreach by presenting CMS-related policies, updates, and innovations on as many platforms as possible," said CMS Administrator Seema Verma. "This program is a direct response to stakeholders' suggestions that a podcast
would be a modern, user-friendly way to stay informed about CMS."

CMS: Beyond the Policy's inaugural episode focuses on Evaluation and Management Coding (E/M Codes). Last November, CMS finalized changes in the Calendar Year 2019 Physician Fee Schedule (PFS) as part of efforts to help create a more accessible, affordable and innovative healthcare system that delivers quality for patients and empowers them to make the best decisions about their healthcare. The Calendar Year 2019 PFS included
significant changes to how doctors and other clinicians document office and outpatient visits billed to Medicare.

These changes are part of CMS's "Patients Over Paperwork" initiative and one of many steps CMS is taking to reduce the amount of burdensome regulations on physicians allowing them to focus on delivering the best quality care to their patients.

New episodes of the podcast will be released periodically and will welcome a range of subject-matter experts, stakeholders, and Administrator Verma herself.
The first episode of CMS: Beyond the Policy will be available for download on iTunes and Google Play in the coming days. This first episode is described at: https://www.cms.gov/podcast

New Research: 7.8 Million Direct Care Jobs Will Need to Be Filled by 2026

Below are excerpts from a recent discussion, by Stephen Campbell of the PHI (the nation's leading information source on the direct care/paraprofessional healthcare workforce) on the growing shortage of direct support professionals (direct care workers) across the country.

In a recent conversation, a state labor economist from Pennsylvania casually mentioned to me that every state has added new measures of "occupational separations" to their employment projections. I was intrigued: What are occupational separations? Did the Bureau of Labor Statistics (BLS) figure out how to measure turnover?

At PHI, we have historically presented job growth as the best metric of future demand for direct care workers. Growth figures deserve our attention, as I'll explain below. But growth alone tells an incomplete story because long-term care employers often struggle to fill their existing positions due to high turnover.

Could our methodological limitation be resolved with this new measure from the BLS? To answer this question, I spoke with BLS labor economists and pored over their methodological guidance. I learned that yes, the new separations data do offer a more complete picture of expected employment trends over the next decade. And when I analyzed these data for the direct care workforce for the first time, the results were startling. Let me explain why.

KEY FINDINGS

The BLS projects there will be 7.8 million direct care job openings from 2016 to 2026: 3.6 million workers will leave the labor force, 2.8 million workers will leave the field for other occupations, and 1.4 million new positions will be created due to rising demand. The direct care workforce will grow more than any single occupation in the country. From 2016 to 2026, the direct care workforce will add the greatest number of new jobs (as compared to other occupations) in 38 states.

FIRST: WHAT IS JOB GROWTH?

Employment growth figures from the BLS rely on past economic trends to capture how much the direct care workforce is expected to expand or contract in the coming decade. Based on the most current BLS projections, we expect the direct care workforce to grow by 1.4 million workers from 2016 to 2026. To put that figure in perspective, the direct care workforce will grow more than registered nurses and fast food workers combined, which are ranked second and third for net job growth according to the BLS. Of note, the total direct care workforce will be larger than any single occupation in 2026.

State-level employment projections show similar trends. From 2016 to 2026, the direct care workforce will add the greatest number of new jobs (as compared to other occupations) in 38 states—and by 2026, it will be the largest workforce in 21 states (see Figure 1). In California, Minnesota, New Mexico, and Vermont, personal care aides alone will be the largest single occupation in 2026. However, this projected growth only tells us how many new direct care worker positions will be created, not how many current workers we will need to replace.

WHAT DO 'OCCUPATIONAL SEPARATIONS' ADD?

To better understand future workforce needs, we can now turn to projected occupational separations, which have two components. The first—labor force exits—reflects the number of workers who will retire or leave the labor force for other reasons. The second component—occupational transfers—reflects the number of workers who are likely to leave their current occupations for new ones. On the latter, occupational transfers capture turnover for the aggregate direct care workforce—not churn within the workforce. For example, a personal care aide who leaves her job to become a cashier at a retail store would count as a transfer, while one who leaves her job to work at another agency in the same role would not count as a transfer.

That said, even though occupational separations don't account for all turnover in the workforce, the new estimates are striking. According to the BLS, the long-term care industry will need to replace 6.4 million direct care workers from 2016 to 2026, including 3.6 million workers who will leave the labor force and 2.8 million workers who will leave the field for other occupations. Taken together, long-term care employers will need to fill 7.8 million total direct care job openings from 2016 to 2026—double the population of Los Angeles.

WHAT DOES THIS MEAN FOR OUR SECTOR?
These statistics are startling, but they should serve to galvanize, not further stall, the long-term care sector. To reduce unnecessary turnover among direct care workers, the long-term care sector needs to improve the quality of direct care jobs through higher wages, better training, and opportunities for advancement, among other interventions. Also, employers should consider expanding the labor pool for this workforce through education campaigns that elevate the profile of direct care workers; through targeted recruitment of new populations (including men, younger workers, and older workers, among others); and through partnerships with community institutions such as schools, churches, and workforce development agencies.

In short, these BLS projections confirm that we need a large-scale investment to recruit new workers and reduce turnover within this workforce to ensure that older adults and people with disabilities can access proper supports in the coming years. To understand the future of this direct care workforce, PHI's Workforce Data Center reports projected growth, separations, and total job openings in every state from 2016 to 2026. For detailed occupational separations projections, refer to state-level labor market information agencies.

State Legislative Update:

FY20 Executive Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

	FY' 18 (final)	FY'19 (final)	FY'20 (executive budget)
-CMH Non-Medicaid services	$120,050,400	$125,578,200	$125,578,200
-Medicaid Mental Health Services	$2,315,608,800	$2,319,029,300	$2,478,086,100
-Medicaid Substance Abuse services	$52,408,500	$67,640,500	$66,200,100
-State disability assistance program	$2,018,800	$2,018,800	$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	$76,530,000	$76,956,200	$107,754,700
-Children's Waiver Home Care Program	$20,241,100	$20,241,100	$20,241,100
-Autism services	$105,097,300	$192,890,700	$221,718,600
-Healthy MI Plan (Behavioral health)	$288,655,200	$299,439,000	$346,548,100

Other Highlights of the FY20 Executive Budget:

- $10.0 million for Healthy Michigan Plan (HMP) work supports (general fund) to ensure that HMP beneficiaries impacted by new work requirements have access to needed employment supports and to provide resources to the department to help beneficiaries address the new requirements.

- $2.2 million for the Center for Forensic Psychiatry (general fund) to meet the growing demand for forensic evaluations and restoration treatment for adults deemed incompetent to stand trial and reduce current wait lists for these services. On a typical day, roughly 115 defendants wait in jail or while released on bond for an available bed to receive services to restore their competency. The wait lists strain local jails that are sometimes forced to provide behavioral health services to these defendants.

- $75.1 million for the Healthy Michigan Plan (general fund). The Executive Budget fully supports the health coverage needs of enrollees in the Healthy Michigan Plan and includes funding to cover increased state match requirements, which will move from 7 percent to a permanent rate of 10 percent starting in January 2020. The Administration is committed to working with the Legislature to make

improvements to current work requirement provisions scheduled to become effective in 2020 in order to support and encourage work for enrollees while simplifying procedures and reducing compliance burdens.

- $74.4 million to meet state match requirements within traditional Medicaid and Children's Health Insurance Program (CHIP) (general fund). Annual federal adjustments in Michigan's share for Medicaid expenditures will increase state Medicaid costs, while a more significant state cost in CHIP is recognized due to enhanced federal matching funds expiring in fiscal year 2020 and fiscal year 2021.

- $7.0 million for the State Innovation Model (SIM) (general fund). One-time funding will continue support for five Community Health Innovation Regions (CHIRs) initially developed under the federal SIM grant which expires in January 2020. Each CHIR provides a community-based structure for engaging critical community partners in identifying and addressing local health challenges with the goal of reducing intensive use of medical and social services. This bridge funding will maintain the CHIR infrastructure established with federal grant funds while an evaluation of the model is completed.

Boilerplate Sections Included:

Section 298 – retains language from FY19.

Section 928 – retains local match draw down requirement from past years.

Section 924 – Autism Reimbursement Limit – From the funds appropriated in part 1 for autism services, for the purposes of actuarially sound rate certification and approval for Medicaid behavioral health managed care programs, the department shall maintain a fee schedule for autism services reimbursement rates for direct services. Expenditures used for rate setting shall not exceed those identified in the fee schedule. The rates for behavioral technicians shall be maintained at the hourly rate in place in the previous fiscal year.

Section 961 – department shall allocate $150,000 to administer an electronic inpatient psychiatric bed registry consistent with the requirements in section 151 of the 19 mental health code, 1974 PA 258, MCL 330.1151.

Section 1009 – Direct Care Workers – From the funds appropriated in part 1 for Medicaid mental health services and Healthy Michigan plan - behavioral health, the department shall maintain the hourly wage for direct care workers from the previous fiscal year.

Section 1010 – Court Ordered Treatment – From the funds appropriated in part 1 for behavioral health program administration, up to $2,000,000.00 shall be allocated to address the implementation of court-ordered assisted outpatient treatment as provided under chapter 4 of the mental health code, 1974 PA 258, MCL 330.1400 to 330.1490.

Boilerplate Sections NOT included in Executive Recommendation:

Removed: Section 925 – Non-Medicaid Dollars – From the funds appropriated in part 1 for community mental health non-Medicaid services, each CMHSP is allocated not less than the amount allocated to that CMHSP during the previous fiscal year.

Removed: Section 959 – Medicaid Autism Benefit Cost Containment – The department shall establish a workgroup in collaboration with the chairs of the house and senate appropriations subcommittees on the DHHS budget or their designees, CMHSP members, autism service provider clinical and administrative staff,

community members, Medicaid autism services clients, and family members to make recommendations to ensure appropriate cost and service provision, including but not limited to, the following:

a. Ways to prevent fraud and overdiagnosis.
b. Comparison of Medicaid rates for autism services to commercial insurance rates.
c. Comparison of diagnosis process between Medicaid, Tricare, and commercial insurance.

(2) By March 1 of the current fiscal year, the department shall provide the workgroup's recommendations to the senate and house DHHS subcommittees, the house and senate fiscal agencies, and the state budget office.

Removed: Section1696 – Traditional Medicaid to HMP Migration Restriction – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

Federal Update:

CMS' Medicaid Guidance Describes Non-Opioid Options for Pain Management

A new informational bulletin from the Centers for Medicare and Medicaid Services (CMS) suggests a range of strategies for states to promote non-opioid chronic pain management options within their Medicaid programs by leveraging waivers, bundled payments, and other mechanisms. The bulletin builds upon previous CMS guidance to highlight successful programs already in place in some states and to describe Medicaid authorities at states' disposal.

This bulletin fulfills a mandate from the package of opioid legislation that passed last year requiring CMS to issue guidance on safer alternatives to opioids for managing chronic pain, and it also aligns with the Department of Health and Human Services' (HHS) five-point strategy to combat the opioid crisis. Recommendations for states cover a wide range of strategies, including the following:

- Home and Community-Based Services: States can apply for 1915(c) Home and Community-Based Services (HCBS) waivers to target certain populations by location, age, or diagnosis. This can allow states to target chronic pain management strategies to populations most in need without covering expensive services for all beneficiaries. Additionally, states can use state plan amendments (SPAs) to establish new eligibility groups to allow certain beneficiaries to receive HCBS for a limited period of time with a limited scope of services.

- 1115 Demonstrations: States can use 1115 demonstration waivers to test treatment options for subsets of the Medicaid population, like a program in Rhode Island highlighted in the bulletin. Rhode Island created a multi-modal, multi-disciplinary program for chronic pain management under an 1115 waiver, and CMS suggests that states could implement similar waivers and design programs that fit their populations.

- Managed Care: Chronic pain management care can be delivered through a risk-based arrangement. Managed care plans have flexibility to provide alternative pain management services as well as supplemental benefits. Alternatives must be medically appropriate and cost-effective substitutes.

- Bundled Payments: States may design alternative payment methodologies for chronic pain management services associated with a given condition. In particular, CMS points to bundled payments, under which a state would pay a provider or group of providers one unified rate for pain management services, which could include cognitive behavioral therapy, physical therapy, and education.

CMS also suggests a variety of education and utilization management strategies for opioid prescriptions, including provider education, patient education, mandatory prescribing guidelines, prior authorization, and pharmacy lock-in programs. Read the bulletin in full here.

Education Opportunities:

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** ***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

2 Date Options:
March 19, 2019 - 2:00pm – 4:00pm (registration at 1:30pm)
April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:
Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)
$39 CMHAM Members
$47 Non-Members

To Register:
Click Here to Register for the March 19 from 2-4 Training!
Click Here to Register for the April 25 from 9-11 Training!

Technical Assistance in the Area of Best Practices to Promote Recruitment and retention of Direct Support Professionals

The State of Michigan has secured Technical Assistance from the Department of Labor's Office of Disability Employment Policy (ODEP), in the area of best practices to promote recruitment and retention of direct support professionals. One element of this TA will be two separate one-day training sessions - one in the Metro Detroit area on March 21 and one in Lansing on March 22. The Subject Matter Expert and presenter for these sessions will be Kelly Nye-Lengerman, Research Associate at the University of Minnesota. Additional information about the training is available through the link below. Here is an excerpt from the outline of this element of the Technical Assistance: *A cross-systems statewide awareness-raising and knowledge acquisition initiative which targets providers in Michigan which serve both individuals with mental illness and intellectual and developmental disabilities, and people with dual diagnosis. This initiative proposes two regional trainings, which will each be one day in length and will present a comprehensive overview of research-informed best and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).*

For additional information, and to register:
http://campaign.r20.constantcontact.com/render?m=1102591619935&ca=58703865-e507-496e-81d9-9c05ec232a78

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia | REGISTER HERE
June 3-7, 2019 | Best Western, Okemos | REGISTER HERE
August 12-16, 2019 | Great Wolf Lodge, Traverse City | REGISTER HERE

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City | REGISTER HERE
June 19, 2019 | Okemos Conference Center | REGISTER HERE

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
April – Shoreline Inn Muskegon
Basic: Monday & Tuesday, April 8-9, 2019
Advanced: Monday & Tuesday, April 8-9, 2019
Supervisory: Tuesday, April 9, 2019
Teaching MI: Wednesday & Thursday, April 10-11, 2019
June – Holiday Inn Marquette
Basic: Monday & Tuesday, June 10-11, 2019
Advanced: Monday & Tuesday, June 10-11, 2019
Supervisory: Monday, June 10, 2019
Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following date.

- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.

$115 CMHAM Members
$138 Non-Members

CALL FOR PRESENTATION: CMHAM Annual Spring Conference

We're looking for the Best of the Best! Submit your workshop ideas by April 4, 2019.

The CMHAM Annual Spring Conference will be held on:
June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace, Novi, Michigan

Click Here to Download Presentation Submission Form!

Note: Hotel reservation and Conference registration are not available at this time.

Second Annual Michigan CIT Conference Save-the-Date

Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Workshop: Finding Possibility in a Sea of Challenges: Building a Quality Direct Support Workforce

Finding possibility in a sea of challenges: building a quality direct support workforce
Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development
- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is $30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098
Click here to register: https://maro.org/events/dsp-training-ochn/

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here to register: https://maro.org/events/dsp-training-lansing/

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu // (269) 337-4305

Date & Location
Tuesday, April 16, 2019, 7:30 AM - Wednesday, April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES
When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

Early Bird Discounts, postmarked before March 1
$185, Tuesday Only
$185, Wednesday Only
$245, Two Days, entire conference
Regular Registration, postmarked March 1-31
$205, Tuesday Only
$205, Wednesday Only
$260, Two Days, entire conference
Late Registration, postmarked after April 1 or onsite
$230, Tuesday Only
$230, Wednesday Only
$280, Two Days, entire conference
By registering, you agree to the terms of our photo release policy listed under Conference Info.
By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance

All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu.

2019 Annual Michigan Rural Health Conference Announced

The Michigan Center for Rural Health (MCRH) is pleased to invite you to the 2019 Michigan Rural Health Conference on April 25th-26th, 2019 in Mt Pleasant, MI! The theme of this year's conference is, "Roadmap to Improving Rural Health." Participants will gain knowledge of timely and effective methods to enhance their organization. Whether it's concentrating on improving clinical quality, leadership, or focusing on patient satisfaction, participants will have the opportunity to learn from subject matter experts and rural health peers. The conference sessions will feature a variety of informative topics such as Innovations in Rural, Federal Update on Rural Health Issues, National RHC Update, Strategies for Better Recognizing & Engaging Employees, Health Law Update, Multiple Pathways and Recovery Coaches, as well as several other valuable presentations.

WHO'S INVITED? The conference is designed to be of interest to a wide range of rural health advocates including community leaders, clinicians, administrators, board members, public health officials, rural health clinics, federally qualified health centers, local health departments and others interested in the development of healthcare in their community.

WHEN
Thursday, April 25, 2019 at 7:00 AM EDT
-to-
Friday, April 26, 2019 at 11:45 AM EDT)

WHERE
Soaring Eagle Casino & Resort
6800 Soaring Eagle Boulevard
Mt Pleasant, MI 48858

REGISTER NOW
https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eg2d27i600bec3f4&oseq=&c=&ch=

Agenda:
https://files.constantcontact.com/ad8db403301/aa9d962c-7390-4b36-9098-196e3f478b89.pdf
https://files.constantcontact.com/ad8db403301/aa9d962chttps://files.constantcontact.com/ad8db403301/aa9d962c-

HOTEL RESERVATIONS
Soaring Eagle Casino & Resort
877-232-4532
Use the Group Code MC042419

CONTINUING EDUCATION AVAILABLE:
Nursing
Social Work
More info on MCRH Website: http://mcrh.msu.edu/events/Participants_Rural_Health_Conference.html

CONTACT US!
Michigan Center for Rural Health
mcrhaa@hc.msu.edu
517.355.7979

Michigan fetal alcohol conference announced

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Project Coordinator for Arc Michigan

The Arc Michigan is seeking applicants for a new, full-time position!
Job Title: Project Coordinator
Location: The Arc Michigan, Lansing MI

Job Description: The Project Coordinator and the Arc Michigan will partner with the Michigan Department of Health and Human Services (MDHHS) to enhance and support the department's quality assurance and improvement activities. The project coordinator will 1) supplement the MDHHS site review process by interviewing people who receive CMH services about their experience with the person-centered planning process and 2) support MDHHS efforts to meet the training needs of Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health entities (CMH), other providers, families and people with disabilities, by developing, coordinating and delivering training on the key topics of Person-Centered Planning, Self Determination and Independent Facilitation.

Primary Duties and Responsibilities:

- Conduct interviews with individuals who receive Person Centered Planning services.
- Secure and coordinate subcontractors who will conduct interviews with people who receive mental health services and provide support during the MDHHS site review process.
- Collaborate with evaluation contractor for analysis of interviews.
- Participate in MDHHS department groups related to training areas and support MDHHS in finalizing training policy
- Develop a statewide training plan in partnership with MDHHS
- Help plan yearly Self-Determination conference
- Develop initial training curriculum
- Host train the trainer events
- Evaluate training: refine curriculum and incorporate system updates
- Develop a statewide multi-year training plan in partnership with MDHHS
- Host quarterly technical assistance sessions for trainers

Desired Qualifications:

- Knowledge of, and experience interacting with, MDHHS's behavioral health care system
- Experience working with, for and on behalf of people with disabilities
- Knowledge of person-centered planning, independent facilitation, self-determination and other issues pertinent to people with mental illness and/or intellectual and developmental disabilities who receive state-funded services
- Event planning skills
- Excellent written and oral communication skills
- Computer skills with knowledge of Microsoft programs like Word, Excel and Publisher

Salary Range and Benefits: Salary commensurate based on experience and education
Benefits include: 403B plan with employer match, available medical, dental and vision coverage, paid personal, sick and vacation leave and amazing co-workers!

To Apply:
Submit cover letter, resume and salary requirements to Sherri Boyd, Arc Michigan Executive Director and CEO, at sherri@arcmi.org or 1325 S. Washington Avenue, Lansing MI 48910 by February 15, 2019.

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent

County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

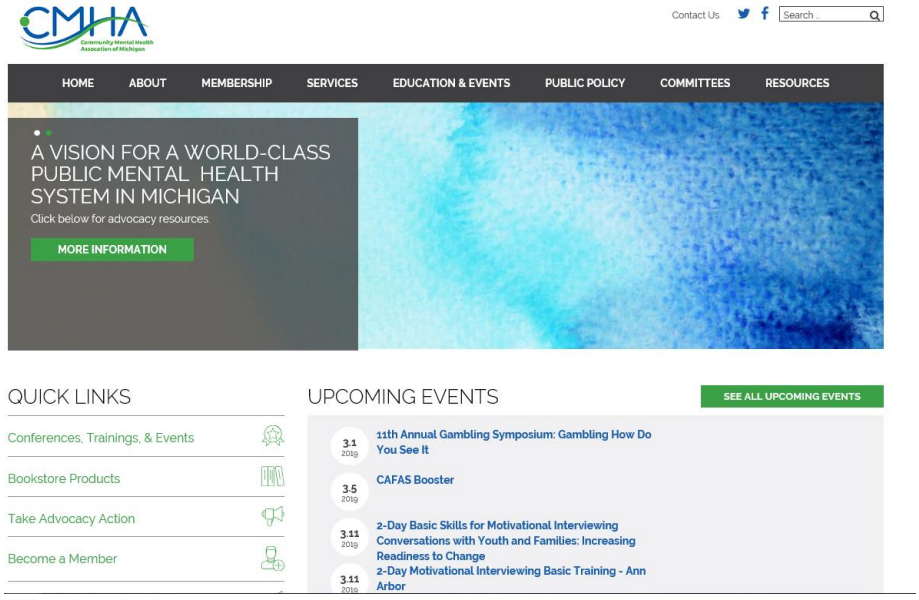
March 1, 2019

Contents:

CMH Association and Member Activities:

CMH Association of Michigan Launches New Website

The Community Mental Health Association of Michigan recently launched its new website. The website (the cover page of which is pictured below), is greatly modernized with a fuller range of features – from information and registration for hundreds of professional development and education offerings to access to white papers from the Association's Center for Healthcare Integration and Innovation (CHI2), from contact information on the Association's members and staff to access to the Association's Weekly Update.



The new website can be found at: https://cmham.org/

CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at **https://www.cmham.org/committees**

News from Our Corporate Partners:

New myStrength Mobile App: Evidence-Based Behavioral Health Support Anytime, Anywhere

myStrength's new and enhanced mobile app for Android and iOS devices is proving its value in engaging and retaining consumer attention. Thousands of individuals* have downloaded the app to become inspired, cultivate resilience, and strengthen skills to build strong mental health.

Mobile App Features:

- New look with a seamless experience between myStrength on mobile and web
- Self-care tools for stress, depression, substance use, chronic pain, and more
- Intuitive thumb swipe navigation plus quick access to popular features
- Emoticon support, text entry dictation, and downloadable inspirational images

Request a demo at:
https://mystrength.com/contact

State and National Developments and Resources:

Change Leader Academy Available to CMH Association Member

Great Lakes (HHS Region 5) ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The nationally known *NIATx* Change Leader Academy (CLA) is a **one-day face-to-face workshop followed by three months of peer networking and support from a NIATx coach**. The CLA trains change leaders in the *NIATx model of process improvement*: a structured, team-based approach to change management for organizations large and small.

With support from peer and a NIATx Coach, CLA participants will select a change project, set a project aim, engage senior leaders and staff in the change process, and achieve measurable, sustainable improvements. Past CLA participants have led successful projects to:

- Reduce waiting time between first request for service and first treatment session
- Reduce no-shows by reducing the number of patients who do not keep an appointment
- Increase admission to treatment
- Increase continuation from the first through the fourth treatment session

Who Should Attend?
Anyone interested in leading change, improving service delivery, or guiding staff to do the same: senior leaders, managers, supervisors, and front-line staff are all encouraged to attend. The CLA provides both beginners and those with some experience in process improvement with the tools to lead change projects within their

organization. Organizations may send **up to five representatives**; change projects are most successful when organizations send a small, diverse team.
When and Where?

The CLA will kick off with a face-to-face workshop this **May**. A registration fee of **less than $150 per person** will cover:

- Registration for the face-to-face kick off
- Three months of individualized coaching and support from national NIATx/CLA consultants
- 4.5 CEUs

We want to hear from you about how many people from your organization are interested and where you would prefer the training be held. Please follow this link to provide your feedback by Friday, March 15: https://www.surveymonkey.com/r/XRX696K

Learning Objectives & Deliverables:

At the end of the workshop, participants will be able to:

- Explain the NIATx principles and change model to team members and begin a change project.
- Use four, key quality improvement tools - the walk-through; flowcharting; the nominal group technique; and Plan-Do-Study-Act (PDSA) rapid cycle testing.
- Commit to carrying out a 3-month change project in their organization with one NIATx coaching call and three peer learning follow-up calls.
- Offer a standard approach to process improvement in their agency and begin to develop staff to be change leaders and engaged, change team members.

Don't miss this opportunity! Visit https://www.surveymonkey.com/r/XRX696K to confirm your interest by Friday, March 15.

Questions? Contact Chris Ward at cward@cmham.org

MHEF Behavioral Health Grant Opportunity

The Michigan Health Endowment Fund's 2019 Behavioral Health Initiative opened on February 27 and will award up to $7 million in grants up to $500,000 to Michigan organizations. The Health Fund is seeking proposals that improve prevention, early identification, and treatment of mental health and substance use disorders, especially for children and older adults.

To be considered, grants must address at least one of the Health Fund's two cross-cutting goals: workforce and integration. Workforce refers to methods that build, extend, and strengthen behavioral health workforce capacity through training and development for clinicians, program staff, and informal caregivers. For example, the TRAILS to Wellness program uses a train-the-trainer model to coach school professionals to provide effective mental health services for students statewide.

Integration involves models that coordinate care, services, and community resources to promote better health. The Health Fund is specifically interested in projects that systematically integrate mental health, substance use, and medical care providers to meet all of a person's health needs, no matter where they seek care. For example, the Ruth Ellis Integrated Health and Wellness Center was established to provide an integrated primary and behavioral health center co- located within a comprehensive drop-in center for homeless, runaway and at-risk LGBTQ children, youth and young adults.

Proposals are due April 23. For more information, visit their website (https://www.mihealthfund.org/grantmaking/behavioral-health-initiative) or register for their March 4 informational webinar. (https://zoom.us/webinar/register/WN_UI-enRTUTqmULlOw2mrLiA)

NAMI Michigan Announces 2019 Honors Gala

Below is a recent announcement from NAMI-Michigan, a longtime ally of this Association, regarding its annual NAMI Honors Gala.

> Join us Saturday, March 16th for the NAMI Michigan Honors Black-Tie Gala as we celebrate the tens of thousands of individuals and organizations dedicated to building better lives for everyone affected by mental illness. In addition to a number of Honorees is specific categories, this year's Special Honorees are Alpha Kappa Alpha Sorority, Inc., Mark Reinstein, PhD, President & CEO of the Mental Health Association in Michigan and Waltraud E. ("Wally") Prechter, founder of the Heinz C. Prechter Bipolar Research Program at the University of Michigan Depression Center. Event and ticket information is available at www.namimi.org.

Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Below is a recent announcement, from SAMHSA, regarding the children's system of care initiative.

> Short Title: System of Care (SOC) Expansion and Sustainability Grants
>
> Funding Opportunity Announcement (FOA) Information FOA Number: SM-19-009
> Posted on Grants.gov: Tuesday, February 19, 2019
>
> Application Due Date: Friday, April 19, 2019
> Catalog of Federal Domestic Assistance (CFDA) Number: 93.104
>
> Intergovernmental Review (E.O. 12372): Applicants must comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.
>
> Public Health System Impact Statement (PHSIS) / Single State Agency Coordination: Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.
>
> Description: The Substance Abuse and Mental Health Services Administration, Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2019 Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (Short title: System of Care (SOC) Expansion and Sustainability Grants). The purpose of this program is to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbance (SED), and their families. This program will support the implementation, expansion, and integration of the SOC approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health

Services for Children and their Families Program (also known as the Children's Mental Health Initiative or CMHI).

This grant will support the provision of mental health and related recovery support services to children and youth with SED and those with early signs and symptoms of serious mental illness (SMI), including first episode psychosis (FEP). The intent is to build upon progress made in developing comprehensive SOC by focusing on sustainable financing, cross-agency collaboration, the creation of policy and infrastructure, and the development and implementation of evidence-based and evidence-informed services and supports.

The full announcement is at: https://www.samhsa.gov/grants/grant-announcements/sm-19-009

CHRT Releases Access to Health Care in Michigan Study

The Center for Health and Research Transformation's (CHRT) 2018 Cover Michigan Survey asked Michigan residents about their experiences in accessing health care, specifically how easy or difficult it was to get appointments with different providers. The survey found that two factors-the presence of primary care providers (PCP), and whether or not people had a Medical Home-figured prominently in reported ease of access to care. Read the entire brief here: https://www.chrt.org/publication/access-to-health-care-in-michigan/?utm_source=access+to+health+care+in+MI&utm_campaign=access+to+health+care+in+MI&utm_medium=email

IPPSR Announces Forum on Innovative Ex-Offender Transition Approaches

The Institute for Public Policy and Social Research (IPPSR) at Michigan State University invites you to attend the upcoming public policy forum entitled, Keeping the Ex in Ex-Offender, set for March 13 from 11:30 a.m. to 1:30 p.m. in the Lansing Community College Building at 309 N. Washington Square in downtown Lansing, Michigan.

Keeping the Ex in ExOffender: The recent bipartisan passage of The First Step Act has sparked discussion of criminal justice reform at the state and local level. The federal act is viewed as a modest move to ease punitive prison sentencing and provide credits for some federal offenders who avoid disciplinary actions and enroll in skill training. The act also moves to improve federal prison conditions. One intention outcome of this act is to reduce the prison population by increasing an offender's chances at rehabilitation and enabling their transition into an independent, community life with skills that will keep them permanently out of the prison system. This forum discussion will focus on the likely impact of The First Step Act and its implications for Michigan's sentencing practices, prison environments, and transitional assistance intended to reduce prison re-entry.

The forum will be held in downtown Lansing in Suite 203 of the LCC Building at 309 N. Washington Square, around the corner from Anderson House Office Building and immediately across from the MEDC Building at N. Washington and Ionia Street. (Look for AARP in the window!) Registration and lunch will begin at 11:30 a.m. The discussion will begin at approximately 11:45 a.m. and run through 1:30 p.m. The forum is free and open to the public. Pre-registration is strongly encouraged online at http://bit.ly/IPPSRForum as open seats and lunch is on a first-come, first-serve basis. Reserve a seat today at:! http://ippsr.msu.edu/public-policy/public-policy-forums/schedule-registration

Please plan to join us to learn the impact of this federal act and what it means to our State. We hope you will contribute to the open discussion, and network with others who have interest in the topic. We hope to see you on March 13.

Panelists to date include:
Jay P. Kennedy, PhD is an Assistant Professor jointly appointed to the School of Criminal Justice and the Center for Anti-Counterfeiting and Product Protection at MSU.
Derek Cohen, PhD is the Director of the Center for Effective Justice and Right on Crime at the Texas Public Policy Foundation.
Jennifer E. Cobbina, PhD is an Associate Professor in the School of Criminal Justice at Michigan State University, focused on corrections and prisoner re-entry.

Rural Substance Use Report Issued

There is a significant need for mental health services in rural America. According to the Results from the 2017 National Survey on Drug Use and Health: Detailed Tables, (http://ippsr.msu.edu/public-policy/public-policy-forums/schedule-registration)19.1% of residents aged 18 or older of nonmetropolitan counties had any mental illness (AMI) in 2017, approximately 6.8 million people. In addition, 4.9%, or nearly 1.7 million, of residents of nonmetropolitan counties experienced serious thoughts of suicide during the year.

While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are not met in many rural communities across the country because adequate services are not present. Providing mental health services can be challenging in rural areas. According to WICHE's Rural Mental Health: Challenges and Opportunities Caring for the Country, the following factors are particular challenges to the provision of mental health services in rural communities:

Accessibility – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and are less likely to recognize an illness.
Availability – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.
Acceptability – The stigma of needing or receiving mental healthcare and fewer choices of trained professionals who work in rural areas create barriers to care.

This topic guide focuses on mental health in rural areas and helps health and human services providers in their efforts to develop, maintain, and expand mental health services in rural communities. It also highlights challenges and important issues in mental healthcare delivery, such as workforce shortages, access issues, anonymity, stigma, integration of mental health services into primary care, and suicide prevention. Information regarding substance use disorder (SUD) can be found in RHIhub's Substance Abuse in Rural Areas topic guide (https://www.ruralhealthinfo.org/topics/substance-abuse) .

Mental Health in Rural Communities Toolkit

Welcome to the Mental Health in Rural Communities Toolkit. The toolkit compiles evidence-based and promising models and resources to support organizations implementing mental health programs in rural communities across the United States, with a primary focus on adult mental health.
The modules in the toolkit contain resources and information focused on developing, implementing, evaluating, and sustaining rural mental health programs.

There are more resources on general community health strategies available in the Rural Community Health Toolkit (https://www.ruralhealthinfo.org/toolkits/rural-toolkit)

CDH Issues Children's ADHD Resources

New Publications about Attention-Deficit/Hyperactivity Disorder (ADHD)
Learn more about the U.S. Centers for Disease Control and Prevention's (CDC) latest work to support children with attention-deficit/hyperactivity disorder (ADHD).

Treatment Patterns and Costs Among Children Aged 2-17 years with Attention-Deficit/Hyperactivity Disorder in New York State Medicaid in 2013

Published in the Journal of Attention Disorders, this new study identified children with ADHD enrolled in New York state (NYS) Medicaid and characterized ADHD-associated costs by treatment category. The study found that, although the ADHD cohort comprised only 5.4% of all children enrolled in NYS Medicaid, the total costs for the ADHD cohort accounted for 18.1% of the total costs for all children enrolled in Medicaid in 2013. The average cost per child for the ADHD cohort was approximately 3.2 times the average cost per child for all children enrolled in Medicaid. Read the abstract: https://journals.sagepub.com/doi/abs/10.1177/1087054718816176?journalCode=jada

Predictors of Receipt of School Services in a National Sample of Youth with Attention-Deficit/Hyperactivity Disorder
Published in the Journal of Attention Disorders, this study describes the percentage and characteristics of children and adolescents with ADHD who had ever received and were currently receiving school-based treatment and services in 2014. The study found that at least 1 in 5 students with academic and/or social impairment from ADHD did not receive school services, a gap that is particularly evident for adolescents and youth from non-English speaking and/or lower income families. Read the abstract: https://journals.sagepub.com/doi/abs/10.1177/1087054718816169?journalCode=jada

Adherence to Recommended Care Guidelines in the Treatment of Preschool-Age Medicaid-Enrolled Children with a Diagnosis of ADHD
Published in Psychiatric Services, a recent study of healthcare claims information from seven southeastern states found that, for children with ADHD ages 2-5 years enrolled in Medicaid during 2005–2012, only about 1 in 6 children (16%) received psychological services before medication was tried. American Academy of Pediatrics clinical practice guidelines suggest that doctors refer parents of children younger than 6 years old for training in behavior therapy before prescribing ADHD medicine. The study found that the children who started with psychological services had a low likelihood of receiving medication before turning 6 years of age. Read the abstract: https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201800204

Loneliness Is Bad for Your Health. An App May Help

Below are excerpts from a recent New York Times article on the health-related impact of loneliness.

> Loneliness is bad for your health. Social isolation is associated with a significantly increased risk of premature death. And the problem resists fixing; solitary people who participate in experiments meant to nudge them into joining groups tend to have high rates of recidivism. According to a study published this month in Proceedings of the National Academy of Science, however, it might be possible to reduce loneliness by using cellphones to teach a particular type of meditation.

Researchers from Carnegie Mellon University and several other institutions recruited 153 men and women who considered themselves stressed out — the study was slightly mischaracterized to disguise a primary concern, loneliness. Next, the volunteers completed questionnaires: They were asked about their social networks, their interactions with others and their feelings of loneliness, if any. Their baseline levels of sociability were established through texts that prodded them to answer questions about what they were doing and with whom. This monitoring lasted three days.

The subjects were then randomly divided into three groups and given an app for their phones. The app gave the control group general techniques for coping with stress. Another group was taught mindfulness through the meditative method of paying close attention to the moment and focusing on breathing and other sensations. The third group received those and additional instructions: Take note of and say "yes" aloud to all sensations, a process that trained the subjects to be attentive and approach what the researchers dubbed "equanimity." Every day for two weeks, the subjects were tasked with using their app for 20 minutes and practicing for another 10 minutes. Afterward, they filled out the questionnaires again and went through another three days of monitoring.

Little changed for those in either the control group or the one taught attention-only mindfulness. But the subjects whose training included acceptance and equanimity were measurably more sociable. Their daily routines, after using the app for two weeks, typically included several more interactions with people that lasted at least a few minutes, and their questionnaires showed a decline in their feelings of loneliness.

The full article can be found at:
https://www.nytimes.com/2019/02/20/well/mind/loneliness-is-bad-for-your-health-an-app-may-help.html

CMS Issues Update on Efforts to Fight Opioid Crisis

Medicaid.gov
Keeping America Healthy

Addressing the opioid crisis is a top priority for the Administration and the Centers for Medicare & Medicaid Services (CMS). CMS is responding by promoting safe and responsible pain management, making sure patients can access treatment for opioid use disorder, and using data to target prevention and treatment. Over the last several years, we have issued several bulletins outlining state approaches and effective practices for addressing the opioid overdose epidemic within Medicaid.

We are committed to preventing and reducing opioid use disorder by promoting safe opioid prescribing and encouraging non-opioid pain treatments. Today we are issuing a Bulletin to expand on earlier guidance by providing information to states looking for ways to promote non-opioid options for chronic pain management in their Medicaid programs. This Bulletin supports the goal of reducing the use of opioids in pain management included in the President's Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand and is consistent with the U.S. Department of Health and Human Service (HHS) 5-Point Strategy to Combat the Opioid Crisis. This Bulletin meets the requirements of Section 1010 of the SUPPORT for Patients and Communities Act (Pub. L. 1115-271), which requires CMS to issue guidance to states on mandatory and optional items and services for non-opioid treatment and management of pain that may be provided in the state Medicaid program.

The Bulletin is available on Medicaid.gov here: https://www.medicaid.gov/federal-policy-Guidance/index.html.

National Center for School Mental Health issues call for presentations

We invite you to submit a proposal to present at the 2019 Annual Conference on Advancing School Mental Health, held in in Austin, Texas, November 7-9, 2019!

The full call for presentations:
https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_d5Vh4AQGlV1RTGB

The theme of this year's conference is Safe and Supportive Schools for All Students. Each year, the Annual Conference on Advancing School Mental Health brings together leaders, practitioners, researchers, and other stakeholders in the school mental health field to share the latest research and best practices. The conference emphasizes a shared school-family-community agenda to bring high quality and evidence-based mental health promotion, prevention, and intervention to students and families as part of a multi-tiered system of supports.

The submission deadline is 11:59 PM EST, March 11, 2019.
All proposals must be submitted online.

We hope you will consider submitting a proposal to present at this year's conference! Presentation options include workshops, symposia, intensive trainings, and posters. Presenters receive a discounted registration rate to attend the conference.

The conference is hosted by the National Center for School Mental Health (NCSMH; funded in part by the Health Resources and Services Administration). If you have any questions, please contact NCSMH at 410-706-0980 or ncsmh@som.umaryland.edu . To view programs or presentations from previous years, please visit our website: http://csmh.umaryland.edu/Conferences/Annual-Conference-on-Advancing-School-Mental-Health/

Essay: Change Medicaid Law to Improve Care for Those Incarcerated in County and City Jails

Below is an excerpt from a recent editorial in Behavioral Healthcare Executive on the need to improve mental healthcare for persons who are incarcerated. The editorial, by the CEO of NACBHDD (of which this Association is a longtime member) echoes one of planks of the advocacy platform of NACBHDD.

Literally, tens of millions of words have been written about the crisis of over-incarceration in county and city jails. Much of this dialogue focuses on those with behavioral health and intellectual/developmental disability conditions. The volume of this concern reflects the gravity of the crisis we face.

On any given night, about 730,000 persons are incarcerated in our county and city jails. Of this total, one quarter or even more have a mental health condition; half have a substance use or opioid condition; and a small but growing proportion have an intellectual/developmental disability condition. In some county and city jails, these groups collectively constitute more than 90% of the jail population.

To the growing credit of the behavioral health field, we now are developing new diversion procedures that stem the flow of persons with these conditions into our jails. Innovative, walk-in, urgent care centers, mobile crisis response teams, extensive and effective warm and hot lines, and rejuvenated care coordination are noteworthy examples.

Read more at: https://www.behavioral.net/blog-entry/change-medicaid-law-improve-care-those-incarcerated-county-and-city-jails

State Legislative Update:

SUD Funding Bill Passes Full House

This week, HB 4057 introduced by State Rep. Steve Marino (Harrison Township), which would increase funding for substance use disorder services passed the House Health Policy committee. HB 4057 is an identical bill from last year's version 5085 and was one of the recommendations from the CARES task force.

HB 4057 would dedicate 4% of the unmarked money raised through Michigan's liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 4057 could provide more than $18 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders.

"Substance abuse is a major problem in Michigan," Marino said. "This bill will deliver more resources to agencies on the front lines of this fight."

Early this year, the final report was released of the House of Representatives' CARES (Community, Access, Resources, Education and Safety) Task Force, which convened last summer to explore Michigan's mental health system. Increasing funding for substance use disorder services was one of the 50 recommendations in that final report.

HB 4057 now moves to the House Ways & Means Committee for review, which is part of the new House committee process.

Governor's Budget Unveil Next Week

Governor Whitmer will roll out her first executive budget recommendation on Tuesday, March 5 at 11am. The FY20 budget will set the Governor's funding priorities.

Committee:	Appropriations, Joint Meeting with Senate Appropriations
Location:	Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan, Lansing, MI
Date:	Tuesday, 3/5/2019
Time:	11:00 AM
Agenda:	Presentation of Governor Whitmer's Fiscal Year 2020 and 2021 Budget Recommendation OR ANY BUSINESS PROPERLY BEFORE THIS COMMITTEE
Chair:	Representative Shane Hernandez

Federal Update:

CMS' Medicaid Guidance Describes Non-Opioid Options for Pain Management

A new informational bulletin from the Centers for Medicare and Medicaid Services (CMS) suggests a range of strategies for states to promote non-opioid chronic pain management options within their Medicaid programs by leveraging waivers, bundled payments, and other mechanisms. The bulletin builds upon previous CMS guidance to highlight successful programs already in place in some states and to describe Medicaid authorities at states' disposal.

This bulletin fulfills a mandate from the package of opioid legislation that passed last year requiring CMS to issue guidance on safer alternatives to opioids for managing chronic pain, and it also aligns with the Department of Health and Human Services' (HHS) five-point strategy to combat the opioid crisis. Recommendations for states cover a wide range of strategies, including the following:

- Home and Community-Based Services: States can apply for 1915(c) Home and Community-Based Services (HCBS) waivers to target certain populations by location, age, or diagnosis. This can allow states to target chronic pain management strategies to populations most in need without covering expensive services for all beneficiaries. Additionally, states can use state plan amendments (SPAs) to establish new eligibility groups to allow certain beneficiaries to receive HCBS for a limited period of time with a limited scope of services.

- 1115 Demonstrations: States can use 1115 demonstration waivers to test treatment options for subsets of the Medicaid population, like a program in Rhode Island highlighted in the bulletin. Rhode Island created a multi-modal, multi-disciplinary program for chronic pain management under an 1115 waiver, and CMS suggests that states could implement similar waivers and design programs that fit their populations.

- Managed Care: Chronic pain management care can be delivered through a risk-based arrangement. Managed care plans have flexibility to provide alternative pain management services as well as supplemental benefits. Alternatives must be medically appropriate and cost-effective substitutes.

- Bundled Payments: States may design alternative payment methodologies for chronic pain management services associated with a given condition. In particular, CMS points to bundled payments,

under which a state would pay a provider or group of providers one unified rate for pain management services, which could include cognitive behavioral therapy, physical therapy, and education.

CMS also suggests a variety of education and utilization management strategies for opioid prescriptions, including provider education, patient education, mandatory prescribing guidelines, prior authorization, and pharmacy lock-in programs. Read the bulletin in full here.

Education Opportunities:

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** ***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

2 Date Options:
March 19, 2019 - 2:00pm – 4:00pm (registration at 1:30pm)
April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:
Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)
$39 CMHAM Members
$47 Non-Members

To Register:
Click Here to Register for the March 19 from 2-4 Training!
Click Here to Register for the April 25 from 9-11 Training!

Technical Assistance in the Area of Best Practices to Promote Recruitment and retention of Direct Support Professionals

The State of Michigan has secured Technical Assistance from the Department of Labor's Office of Disability Employment Policy (ODEP), in the area of best practices to promote recruitment and retention of direct support professionals. One element of this TA will be two separate one-day training sessions - one in the Metro Detroit area on March 21 and one in Lansing on March 22. The Subject Matter Expert and presenter for these sessions will be Kelly Nye-Lengerman, Research Associate at the University of Minnesota. Additional information about the training is available through the link below. Here is an excerpt from the outline of this element of the Technical Assistance: *A cross-systems statewide awareness-raising and knowledge acquisition initiative which targets providers in Michigan which serve both individuals with mental illness and intellectual and developmental disabilities, and people with dual diagnosis. This initiative proposes two regional trainings, which will each be one day in length and will present a comprehensive overview of research-informed best and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).*

For additional information, and to register:
http://campaign.r20.constantcontact.com/render?m=1102591619935&ca=58703865-e507-496e-81d9-9c05ec232a78

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
March 18-19, 2019 | Great Wolf Lodge, Traverse City – *TRAINING FULL*
May 13-14, 2019 | Kellogg Center, East Lansing – *TRAINING FULL*

Who Should Attend?
This event is sponsored by the adult mental health block grant and is only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

All 2-Day Introduction DBT Trainings are now full. Email Bethany Rademacher at brademacher@cmham.org to be placed on a waiting list.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia | REGISTER HERE
June 3-7, 2019 | Best Western, Okemos | REGISTER HERE
August 12-16, 2019 | Great Wolf Lodge, Traverse City | REGISTER HERE

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City | REGISTER HERE
June 19, 2019 | Okemos Conference Center | REGISTER HERE

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
March – Weber's Ann Arbor
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.

- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Basic Skills for Motivational Interviewing Conversations with Youth and Families: Increasing Readiness to Change ~ March 11-12, 2019

Motivational Interviewing (MI) is a method of having a conversation to help the speaker increase readiness for making healthy changes in their life. A substantial (and still growing) body of research evidence verifies the effectiveness of MI for a wide variety of ages, cultures, socio-economic conditions, and diagnoses. This interactive workshop will familiarize participants with the core concepts of Motivational Interviewing and discuss special considerations and benefits of MI with youth and families. Space is limited. Register online at www.cmham.org

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Second Annual Michigan CIT Conference Save-the-Date

Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Workshop: Finding Possibility in a Sea of Challenges: Building a Quality Direct Support Workforce

Finding possibility in a sea of challenges: building a quality direct support workforce
Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development
- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is $30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098
Click here to register: https://maro.org/events/dsp-training-ochn/

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here to register: https://maro.org/events/dsp-training-lansing/

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.

For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu // (269) 337-4305

Date & Location
Tuesday, April 16, 2019, 7:30 AM - Wednesday, April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES
When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

Early Bird Discounts, postmarked before March 1
$185, Tuesday Only
$185, Wednesday Only
$245, Two Days, entire conference
Regular Registration, postmarked March 1-31
$205, Tuesday Only
$205, Wednesday Only
$260, Two Days, entire conference
Late Registration, postmarked after April 1 or onsite
$230, Tuesday Only
$230, Wednesday Only
$280, Two Days, entire conference
By registering, you agree to the terms of our photo release policy listed under Conference Info.
By registering, you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance

All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu.

2019 Building Michigan Communities Conference

The 2019 Building Michigan Communities Conference will be April 29 – May 1, at the Lansing Center. Conference details and registration information will be available soon at https://buildingmicommunities.org/

The Building Michigan Communities Conference (BMCC) offers two-and-a-half days of informative, educational sessions with leading industry professionals and special guests. Attendees from across the state represent a wide range of organization types and interests, including nonprofit organizations, homeless service providers,

developers, government agencies and the lender community. What brings them all together is a unified focus on building healthy, vibrant and inclusive Michigan communities for one and all.

During the BMCC, the 1,300+ attendees have the opportunity to swap ideas with sponsors and exhibitors, learn and refine best practices from over 100 breakout sessions and grow mindsets in the plenary sessions that feature a winning combination of industry experts and inspirational messages. The 2019 conference planning committee has been hard at work to bring more information on creative uses of financing and leveraging financial resources, prioritizing innovative ideas to increase affordable housing, and heightening awareness around equality, inclusion and community engagement.

The 2019 conference will feature the following speakers:

Monday lunch will feature a legislative panel on advocacy. Former Representative Steve Tobocman (now Director of Global Detroit) will moderate the panel of Representative Sarah Anthony (D) and Senator Wayne Schmidt (R).

2019 Annual Michigan Rural Health Conference Announced

The Michigan Center for Rural Health (MCRH) is pleased to invite you to the 2019 Michigan Rural Health Conference on April 25th-26th, 2019 in Mt Pleasant, MI! The theme of this year's conference is, "Roadmap to Improving Rural Health." Participants will gain knowledge of timely and effective methods to enhance their organization. Whether it's concentrating on improving clinical quality, leadership, or focusing on patient satisfaction, participants will have the opportunity to learn from subject matter experts and rural health peers. The conference sessions will feature a variety of informative topics such as Innovations in Rural, Federal Update on Rural Health Issues, National RHC Update, Strategies for Better Recognizing & Engaging Employees, Health Law Update, Multiple Pathways and Recovery Coaches, as well as several other valuable presentations.

WHO'S INVITED? The conference is designed to be of interest to a wide range of rural health advocates including community leaders, clinicians, administrators, board members, public health officials, rural health clinics, federally qualified health centers, local health departments and others interested in the development of healthcare in their community.

WHEN
Thursday, April 25, 2019 at 7:00 AM EDT
-to-
Friday, April 26, 2019 at 11:45 AM EDT)

WHERE
Soaring Eagle Casino & Resort
6800 Soaring Eagle Boulevard
Mt Pleasant, MI 48858

REGISTER NOW
https://events.r20.constantcontact.com/register/eventReg?oeidk=a07eg2d27i600bec3f4&oseq=&c=&ch=

Agenda:
https://files.constantcontact.com/ad8db403301/aa9d962c-7390-4b36-9098-196e3f478b89.pdf
https://files.constantcontact.com/ad8db403301/aa9d962chttps://files.constantcontact.com/ad8db403301/aa9d962c-

HOTEL RESERVATIONS
Soaring Eagle Casino & Resort
877-232-4532
Use the Group Code MC042419

CONTINUING EDUCATION AVAILABLE:
Nursing
Social Work
More info on MCRH Website: http://mcrh.msu.edu/events/Participants_Rural_Health_Conference.html

CONTACT US!
Michigan Center for Rural Health
mcrhaa@hc.msu.edu
517.355.7979

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Project Coordinator for Arc Michigan

The Arc Michigan is seeking applicants for a new, full-time position!
Job Title: Project Coordinator
Location: The Arc Michigan, Lansing MI

Job Description: The Project Coordinator and the Arc Michigan will partner with the Michigan Department of Health and Human Services (MDHHS) to enhance and support the department's quality assurance and improvement activities. The project coordinator will 1) supplement the MDHHS site review process by interviewing people who receive CMH services about their experience with the person-centered planning process and 2) support MDHHS efforts to meet the training needs of Pre-paid Inpatient Health Plans (PIHPs),

Community Mental Health entities (CMH), other providers, families and people with disabilities, by developing, coordinating and delivering training on the key topics of Person-Centered Planning, Self Determination and Independent Facilitation.

Primary Duties and Responsibilities:

- Conduct interviews with individuals who receive Person Centered Planning services.
- Secure and coordinate subcontractors who will conduct interviews with people who receive mental health services and provide support during the MDHHS site review process.
- Collaborate with evaluation contractor for analysis of interviews.
- Participate in MDHHS department groups related to training areas and support MDHHS in finalizing training policy
- Develop a statewide training plan in partnership with MDHHS
- Help plan yearly Self-Determination conference
- Develop initial training curriculum
- Host train the trainer events
- Evaluate training: refine curriculum and incorporate system updates
- Develop a statewide multi-year training plan in partnership with MDHHS
- Host quarterly technical assistance sessions for trainers

Desired Qualifications:

- Knowledge of, and experience interacting with, MDHHS's behavioral health care system
- Experience working with, for and on behalf of people with disabilities
- Knowledge of person-centered planning, independent facilitation, self-determination and other issues pertinent to people with mental illness and/or intellectual and developmental disabilities who receive state-funded services
- Event planning skills
- Excellent written and oral communication skills
- Computer skills with knowledge of Microsoft programs like Word, Excel and Publisher

Salary Range and Benefits: Salary commensurate based on experience and education
Benefits include: 403B plan with employer match, available medical, dental and vision coverage, paid personal, sick and vacation leave and amazing co-workers!

To Apply:
Submit cover letter, resume and salary requirements to Sherri Boyd, Arc Michigan Executive Director and CEO, at sherri@arcmi.org or 1325 S. Washington Avenue, Lansing MI 48910 by February 15, 2019.

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and

decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

February 22, 2019

Contents:

CMH Association and Member Activities:

Turning Leaf Receives Fifth Successive Three-Year CARF Accreditation

CARF International has awarded Lansing, MI based Turning Leaf Behavioral Health Services their fifth consecutive three-year accreditation. Turning Leaf was recently surveyed in the following field categories: Residential Treatment, Community Housing, Day Treatment, and Community Integration. As reported in the survey report, "The organization has many strengths and high-quality practices and demonstrates its ongoing commitment to providing quality care, as evidenced by the commitment of the leadership and staff members to quality improvement and being a data-driven organization." The accreditation applies to Turning Leaf's continuum of residential programs and treatment services provided in all settings to include those that are apartment-based, structured group residential, and secure structured group residential programs throughout Michigan. Established in 1995, Turning Leaf is a Michigan-based provider organization that supports individuals through contractual relationships with CMHSP's throughout Michigan.

Please direct any requests for the full CARF accreditation survey report to execdir@turningleafrehab.com and any referral inquiries to daljallad@turningleafrehab.com.

Livingston CMH highlighted in GOP House action plan

In the recently issued Michigan Republican House Action Plan (described in greater detail later in this edition of the Weekly Update), the work of the Livingston County Community Mental Health Authority was highlighted. The related excerpt if provided below.

"People with mental health, substance use needs and intellectual/ developmental disabilities can thrive when offered the right individualized treatment, support and opportunities. By providing the best treatment options and support systems, we can work together to help those in need reach their fullest potential."

Connie Conklin,
Executive Director
Livingston County
CMH

The full Action Plan can be found at:
http://gophouse.org/wp-content/uploads/2019/02/ActionPlan_2019.pdf

CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at **https://www.cmham.org/committees**

News from Our Corporate Partners:

New myStrength Mobile App: Evidence-Based Behavioral Health Support Anytime, Anywhere

myStrength's new and enhanced mobile app for Android and iOS devices is proving its value in engaging and retaining consumer attention. Thousands of individuals* have downloaded the app to become inspired, cultivate resilience, and strengthen skills to build strong mental health.

Mobile App Features:

- New look with a seamless experience between myStrength on mobile and web
- Self-care tools for stress, depression, substance use, chronic pain, and more
- Intuitive thumb swipe navigation plus quick access to popular features
- Emoticon support, text entry dictation, and downloadable inspirational images

Request a demo at:
https://mystrength.com/contact

State and National Developments and Resources:

Revision to Michigan's Medicaid State Plan

MDHHS recently issued the quarterly update to the Michigan State Plan (effective 1/1/2019) has been revised and is now posted to the internet.

The changes made to the State Plan are listed below:

Attachment 2.2-A, Pages 26b and 26c (SPA 18-0008)
Attachment 2.6-A, Page 4 (SPA 18-0012)
Attachment 3.1-i.1 Pages 1 through 49 (SPA 18-0008)
Supplement to Attachment 3.1-A Page 24.1 (SPA 18-0009)
Supplement 1 to Attachment 3.1-A Pages 1-A-1 through 1-A-5 (SPA 08-0006)
Supplement 1 to Attachment 3.1-A Pages 1-C-1 through 1-C-5 (SPA 08-0008)
Attachment 4 19-A Page 11 (SPA 18-0005)
Attachment 4 19-A Page 24c (SPA 18-0010)
Attachment 4.19-B Page 1.b.7 (SPA 18-0007)
Attachment 4.19-B Page 19a (SPA 18-0008)
Attachment 4.19-B Pages 25 through 26 (SPA 18-0008)

These page changes were made as a result of the approval of:

SPA 08-0006 TCM Target Group A
SPA 08-0008 TCM Target Group C
SPA 18-0005 LARC
SPA 18-0007 Neonatal Rate Update
SPA 18-0008 Nursing Facility Transitions 1915i
SPA 18-0009 Outcomes-Based Contract Arrangements with Drug Manufacturers
SPA 18-0010 Outpatient Uncompensated Care DSH Pool
SPA 18-0012 Guardianship Fee

Medicaid Model Data Lab (MMDL) and MACPro SPAs:

SPA 18-1500, Opioid Health Homes
ABP SPA 18-1002, Opioid Health Homes and Home Health Rule

Although approved, these MMDL and MACPro SPAs are not currently incorporated into the traditional State Plan. They are submitted and approved using CMS on-line processes and States are awaiting CMS direction as to how these types of SPAs will be incorporated into the State Plan. The SPA approval packages are or will be very soon available on the website at: http://www.michigan.gov/mdhhs/0,1607,7-132-2946_5080-108153--,00.html

31n Advisory Council formed to guide state's expansion of mental health services for Michigan students

As Weekly Update readers know (as reported in earlier editions of the Association's Weekly Update), the Michigan Legislature passed, during the recent lame duck session, a supplemental budget (Public Act 586 of 2018) which included a $30 million investment to expand mental health services and programs for Michigan students. R

In the boilerplate of that budget bill, Section 31n included language for the creation of an advisory council charged with providing feedback to the Department and the Michigan Department of Health and Human Services on defining goals for increasing capacity and implementation of this important program.

This Association has recently been asked to join this advisory council to assist the Michigan Departments of Education and Health and Human Services in shaping the expansion of services outlined in the law. This effort and the 31n advisory council will be led by: Kyle Guerrant, Deputy Superintendent, Michigan Department of Education; Jackie Prokop, Director, Program Policy Division, Michigan Department of Health & Human Services; and Carrie Tarry, Director, Division of Child & Adolescent Health,
Michigan Department of Health and Human Services.

As the work of the Advisory Council begins and advances, this association will keep its members aware of this effort.

Pay for Results: A New Way for States to Access Federal Funding for Social Determinants of Health Interventions

Recently, the U.S. Department of the Treasury announced a significant funding opportunity for states and local governments looking to invest in social determinants of health (SDOH). The opportunity stems from a little-known provision in the Bipartisan Budget Act of 2018, the Social Impact Partnerships to Pay for Results Act (SIPPRA). Of the $100 million appropriated under the Act, the Department of the Treasury has allocated $66,290,000 to finance outcomes-based payments for "social impact partnership projects."

This new blog post explores how SIPPRA can support states seeking to address SDOH and advance value-based payment by allowing the federal government — for the first time — to directly finance outcomes-based payments under a Pay for Success model. It also outlines how states or localities can apply for SIPPRA funding https://www.chcs.org/pay-for-results-a-new-way-for-states-to-access-federal-funding-for-social-determinants-of-health-interventions/?utm_source=CHCS+Email+Updates&utm_campaign=e087843c09-SIPPRA+BLOG+-+02%2F15%2F2019&utm_medium=email&utm_term=0_bbced451bf-e087843c09-152144421

More states are requiring Naloxone to be offered when opioids are prescribed

Below is an excerpt from MedPage Today describing the move, by some states, to require the offering of Naloxone when opioids are prescribed.

> **More States Say Docs Must Offer Naloxone With Opioids; But is co-prescribing the solution?**
>
> In a growing number of states, patients who get opioids for serious pain may leave their doctors' offices with a prescription for the opioid reversal drug naloxone (Narcan, Evzio) as well.
>
> New state laws and regulations in California, Virginia, Arizona, Ohio, Washington, Vermont, and Rhode Island require physicians to co-prescribe or at least offer naloxone prescriptions when prescribing opioids to patients considered at high risk of overdosing. Patients can be considered at high risk if they need a large opioid dosage, take certain other drugs, or have sleep apnea or a history of addiction.
>
> Such co-prescribing mandates are emerging as the latest tactic in a war against an epidemic of prescription and illegal opioids that has claimed hundreds of thousands of lives over the past 2 decades.
>
> The FDA is considering whether to recommend naloxone co-prescribing nationally (an FDA subcommittee recently voted in favor), and other federal health officials already recommend it for certain patients. And the companies that make the drug are supportive of the moves. It's not hard to see why: An FDA analysis estimated that more than 48 million additional naloxone doses would be needed if the agency officially recommended co-prescribing nationally.

The full article can be found at:
https://www.medpagetoday.com/painmanagement/opioids/78152?xid=nl_mpt_DHE_2019-02-22&eun=g1243377d0r?xid%3Dnl_mpt_DHE_2019-02-22&eun=g1243377d0r&utm_source=Sailthru&utm_medium=email&utm_campaign=Daily%20Headlines%20Email_TestA%202019-02-22&utm_term=San%20Serif%20Daily%20Headlines%20Email_TestA

State Legislative Update:

Resolution Asking for Court Opinion Passed By Senate

This week, on a voice vote and with no debate, the Senate passed SR 16, a resolution asking the Michigan Supreme Court to give its opinion on the Legislature's action in amending the paid sick leave and minimum wage proposals during lame duck.

SR 16, which is sponsored by Senate Majority Floor Leader Peter MacGregor (R-Rockford), was introduced in the wake of Sen. Stephanie Chang's (D-Detroit) requesting that Attorney General Dana Nessel give an opinion on the adoption and amendment of the citizens' initiatives.

The House is expected to take up HR 25, which is virtually the same resolution as SR 16, later today. That resolution moved out of the House Government Operations Committee this morning.

House Republicans Release Legislative Priorities

Improving infrastructure, protecting constitutional rights and religious freedom, and reforming the criminal justice system were all listed as top priorities for the House Republican caucus in its Action Plan for the 2019-2020 legislative term.

Rep. Aaron Miller (R-Sturgis), who chaired the House Action Plan Committee that drafted it, called the document titled "Leading the Way For an Even Better Michigan" a roadmap.

Highlights of the plan include:

- Improving infrastructure, including roads, public water systems and broadband.
- Protecting constitutional rights and religious freedoms.
- Standing up for the most vulnerable (two sections of interest for mental health and addiction services):

  Improving the lives of the mentally ill

  We remain committed to providing better care to people by improving Michigan's broken mental health care system. By continuing to craft solutions based on the recommendations of the House Community Access Resources Education and Safety (C.A.R.E.S.) Task Force, we can improve local delivery of mental health services, combat the rise in substance use disorders, and make necessary improvements to our criminal justice system. Together we can work to ensure Michigan residents live happy, healthy and independent lives regardless of mental health challenges.

  Supporting victims of opioid addiction

  Opioid addiction and overdose have become an epidemic across the nation, and Michigan has not been immune. Because of the increase in strength and availability of opiates on the market, the likelihood of addiction and overdose continues to rise. By communicating with local law enforcement, addiction specialists, and those affected by this growing health concern, we will develop effective strategies to combat the opioid crisis. We remain committed to preventing dependence and abuse, and supporting people who need help.

- Criminal justice reform, including changes to civil asset forfeiture.

- Putting more hard-earned money back into the pockets of Michigan taxpayers through lower car insurance rates and tax relief.

Below is a link to the plan:
http://gophouse.org/wp-content/uploads/2019/02/ActionPlan_2019.pdf

Federal Update:

Feds to Release New Guidance on Medicaid Work Requirements Soon

Within the next few weeks, CMS plans to release a guidance document that will counsel states on how to implement and evaluate Section 1115 waivers in Medicaid, with a focus on work requirement programs. According to an *Inside Health Policy* report, the guidance, which is nearly complete, will provide details to states about how to develop independent evaluation plans to assess Medicaid work requirements. CMS has faced heavy criticism for allowing Arkansas to continue operating its Medicaid work requirement program without a formal evaluation plan in place. The new guidance is highly anticipated by some stakeholders looking to expand Medicaid work requirements.

Education Opportunities:

Still Time to Register: Earn up to 7 CEs for Social Work, SUD and Gambling Disorders at Michigan's 11th Annual Gambling Disorder Symposium

The Michigan Department of Health and Human Services invites you to join us for a day of increased awareness of Gambling Disorders:

MICHIGAN'S 11TH ANNUAL GAMBLING DISORDER SYMPOSIUM
"GAMBLING.....HOW DO YOU SEE IT?"

Friday, March 1, 2019
Diamond Center at Suburban Collection Showplace
46100 Grand River Avenue, Novi, MI 48374

Symposium Registration Fee: $35/person TO REGISTER, CLICK HERE!

Who Should Attend: CEOs, COOs, CFOs, medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all levels of practice (beginning, intermediate and/or advanced).

Pain Management Training for Social Work Professionals – Required for Licensure Renewal

Community Mental Health Association of Michigan Presents: **2-HOUR TRAINING: PAIN MANAGEMENT AND MINDFULNESS.** ***This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.***

2 Date Options:
March 19, 2019 - 2:00pm – 4:00pm (registration at 1:30pm)
April 25, 2019 - 9:00am – 11:00am (registration at 8:30am)

Location:
Community Mental Health Association of Michigan at 426 S. Walnut, Lansing, Michigan 48933

Training Fee: (includes training materials)
$39 CMHAM Members
$47 Non-Members

To Register:
Click Here to Register for the March 19 from 2-4 Training!
Click Here to Register for the April 25 from 9-11 Training!

Technical Assistance in the Area of Best Practices to Promote Recruitment and retention of Direct Support Professionals

The State of Michigan has secured Technical Assistance from the Department of Labor's Office of Disability Employment Policy (ODEP), in the area of best practices to promote recruitment and retention of direct support professionals. One element of this TA will be two separate one-day training sessions - one in the Metro Detroit area on March 21 and one in Lansing on March 22. The Subject Matter Expert and presenter for these sessions will be Kelly Nye-Lengerman, Research Associate at the University of Minnesota. Additional information about the training is available through the link below. Here is an excerpt from the outline of this element of the Technical Assistance: *A cross-systems statewide awareness-raising and knowledge acquisition initiative which targets providers in Michigan which serve both individuals with mental illness and intellectual and developmental disabilities, and people with dual diagnosis. This initiative proposes two regional trainings, which will each be one day in length and will present a comprehensive overview of research-informed best and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).*

For additional information, and to register:
http://campaign.r20.constantcontact.com/render?m=1102591619935&ca=58703865-e507-496e-81d9-9c05ec232a78

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
March 18-19, 2019 | Great Wolf Lodge, Traverse City – *TRAINING FULL*
May 13-14, 2019 | Kellogg Center, East Lansing – *TRAINING FULL*

Who Should Attend?
This event is sponsored by the adult mental health block grant and is only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

All 2-Day Introduction DBT Trainings are now full. Email Bethany Rademacher at brademacher@cmham.org to be placed on a waiting list.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia | REGISTER HERE
June 3-7, 2019 | Best Western, Okemos | REGISTER HERE
August 12-16, 2019 | Great Wolf Lodge, Traverse City | REGISTER HERE

DBT Summit Call for Presentations

The 2019 DBT Summit will be held Wednesday, May 1, 2019 at the Kellogg Hotel & Conference Center in East Lansing, Michigan. The Community Mental Health Association of Michigan (formerly MACMHB) is now accepting presentation proposals for speaker slots at this year's Summit! Topics can include a range of education related to Dialectical Behavioral Therapy.

Presentation Proposal Deadline: Wednesday, February 27, 2019

Summit Overview: The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide training opportunity for practitioners interested in advancing their Dialectical Behavioral Therapy skills. Dialectical Behavioral Therapy is an evidence-based method that targets the conditions and symptoms of persons who have Borderline Personality and other character disorders. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Summit Attendance: This summit will attract up to 250 attendees who have interest in the learning and dissemination of Dialectical Behavior Therapy (DBT) in a Community Mental Health Service Provider (CMHSP) or Pre-Paid Inpatient Health Plan (PIHP) setting or an agency who is a provider for CMHSP or PIHP. This includes administrators, clinical directors, case managers, clinicians, and peer support specialists. This educational

opportunity is intended for publicly funded providers at all levels of practice (beginning, intermediate and/or advanced).

To submit your proposal now, please see the Workshop Submission Form on the event page HERE, fill out completely, and return via email to brademacher@cmham.org no later than **Wednesday, February 27, 2019.**

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City | REGISTER HERE
June 19, 2019 | Okemos Conference Center | REGISTER HERE

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
March – Weber's Ann Arbor
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon

Basic: Monday & Tuesday, April 8-9, 2019
Advanced: Monday & Tuesday, April 8-9, 2019
Supervisory: Tuesday, April 9, 2019
Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
Basic: Monday & Tuesday, June 10-11, 2019
Advanced: Monday & Tuesday, June 10-11, 2019
Supervisory: Monday, June 10, 2019
Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.
- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Basic Skills for Motivational Interviewing Conversations with Youth and Families: Increasing Readiness to Change ~ March 11-12, 2019

Motivational Interviewing (MI) is a method of having a conversation to help the speaker increase readiness for

making healthy changes in their life. A substantial (and still growing) body of research evidence verifies the effectiveness of MI for a wide variety of ages, cultures, socio-economic conditions, and diagnoses. This interactive workshop will familiarize participants with the core concepts of Motivational Interviewing and discuss special considerations and benefits of MI with youth and families. Space is limited. Register online at www.cmham.org

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Second Annual Michigan CIT Conference Save-the-Date

Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Workshop: finding possibility in a sea of challenges: building a quality direct support workforce

Finding possibility in a sea of challenges: building a quality direct support workforce
Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development
- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is $30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098
Click here to register: https://maro.org/events/dsp-training-ochn/

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here to register: https://maro.org/events/dsp-training-lansing/

35th Annual Developmental Disabilities Conference

The Annual Developmental Disabilities Conference will focus on issues related to healthcare, social, community, and educational services which are of critical importance to the future of persons with DD. The program will provide an overview of issues related to the spectrum of services currently available as well as strategies for enhancing these services. This educational program is designed for physicians, nurses, psychologists, social workers, therapists, dietitians, educators, home care providers, and other professionals interested in the delivery of care and services to persons with developmental disabilities.
For more information, please contact Courtney Puffer. Courtney.Puffer@med.wmich.edu // (269) 337-4305

Date & Location
Tuesday, April 16, 2019, 7:30 AM - Wednesday, April 17, 2019, 4:30 PM, Kellogg Hotel & Conference Center, East Lansing, MI

Objectives

- Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities.
- Identify advances in clinical assessment and management of selected health care issues related to persons with developmental disabilities.
- Discuss the ethical issues related to persons with developmental disabilities.
- Identify and emphasize attitudes that enhance the opportunities for persons with developmental disabilities to achieve their optimal potential.
- Develop strategies to promote community inclusion in meeting the needs of persons with developmental disabilities.

Registration: Register at:: wmed.cloud-cme.com/2019DDConference

REGISTRATION FEES
When registering please use your personal log-in to access your CloudCME account. If you do not have an account, you must create one using your email. If you have trouble navigating this process, please do not hesitate to contact the Conference Coordinator.

Early Bird Discounts,postmarked before March 1
$185,Tuesday Only
$185, Wednesday Only
$245, Two Days, entire conference
Regular Registration, postmarked March 1-31
$205,Tuesday Only
$205, Wednesday Only
$260, Two Days, entire conference
Late Registration, postmarked after April 1 or onsite
$230,Tuesday Only
$230, Wednesday Only
$280, Two Days, entire conference
By registering,you agree to the terms of our photo release policy listed under Conference Info.
By registering,you also agree to the current cancellation policy listed below. Your confirmation email will be sent via email. Attendees must log-in to register - if you have issues logging-in, please contact ce@med.wmich.edu for assistance

All cancellations must be received in writing email, and are subject to a 10% cancellation fee. If you cancel with 1-6 business days notice, between April 8th and April 15th, you will receive a 50% refund. No refunds will be issued after the conference begins. Send cancellation notices to ce@med.wmich.edu

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2019 Building Michigan Communities Conference

The 2019 Building Michigan Communities Conference will be April 29 – May 1, at the Lansing Center. Conference details and registration information will be available soon at https://buildingmicommunities.org/

The Building Michigan Communities Conference (BMCC) offers two-and-a-half days of informative, educational sessions with leading industry professionals and special guests. Attendees from across the state represent a wide range of organization types and interests, including nonprofit organizations, homeless service providers, developers, government agencies and the lender community. What brings them all together is a unified focus on building healthy, vibrant and inclusive Michigan communities for one and all.

During the BMCC, the 1,300+ attendees have the opportunity to swap ideas with sponsors and exhibitors, learn and refine best practices from over 100 breakout sessions and grow mindsets in the plenary sessions that feature a winning combination of industry experts and inspirational messages. The 2019 conference planning committee has been hard at work to bring more information on creative uses of financing and leveraging financial resources, prioritizing innovative ideas to increase affordable housing, and heightening awareness around equality, inclusion and community engagement.

The 2019 conference will feature the following speakers:

Monday lunch will feature a legislative panel on advocacy. Former Representative Steve Tobocman (now Director of Global Detroit) will moderate the panel of Representative Sarah Anthony (D) and Senator Wayne Schmidt (R).

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Project Coordinator for Arc Michigan

The Arc Michigan is seeking applicants for a new, full-time position!
Job Title: Project Coordinator
Location: The Arc Michigan, Lansing MI

Job Description: The Project Coordinator and the Arc Michigan will partner with the Michigan Department of Health and Human Services (MDHHS) to enhance and support the department's quality assurance and

improvement activities. The project coordinator will 1) supplement the MDHHS site review process by interviewing people who receive CMH services about their experience with the person-centered planning process and 2) support MDHHS efforts to meet the training needs of Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health entities (CMH), other providers, families and people with disabilities, by developing, coordinating and delivering training on the key topics of Person-Centered Planning, Self Determination and Independent Facilitation.

Primary Duties and Responsibilities:

- Conduct interviews with individuals who receive Person Centered Planning services.
- Secure and coordinate subcontractors who will conduct interviews with people who receive mental health services and provide support during the MDHHS site review process.
- Collaborate with evaluation contractor for analysis of interviews.
- Participate in MDHHS department groups related to training areas and support MDHHS in finalizing training policy
- Develop a statewide training plan in partnership with MDHHS
- Help plan yearly Self-Determination conference
- Develop initial training curriculum
- Host train the trainer events
- Evaluate training: refine curriculum and incorporate system updates
- Develop a statewide multi-year training plan in partnership with MDHHS
- Host quarterly technical assistance sessions for trainers

Desired Qualifications:

- Knowledge of, and experience interacting with, MDHHS's behavioral health care system
- Experience working with, for and on behalf of people with disabilities
- Knowledge of person-centered planning, independent facilitation, self-determination and other issues pertinent to people with mental illness and/or intellectual and developmental disabilities who receive state-funded services
- Event planning skills
- Excellent written and oral communication skills
- Computer skills with knowledge of Microsoft programs like Word, Excel and Publisher

Salary Range and Benefits: Salary commensurate based on experience and education
Benefits include: 403B plan with employer match, available medical, dental and vision coverage, paid personal, sick and vacation leave and amazing co-workers!

To Apply:
Submit cover letter, resume and salary requirements to Sherri Boyd, Arc Michigan Executive Director and CEO, at sherri@arcmi.org or 1325 S. Washington Avenue, Lansing MI 48910 by February 15, 2019.

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

February 15, 2019

Contents:

CMH Association and Member Activities:

CMHAM Committee Schedules, Membership, Minutes, and Information

Visit our website at **https://www.cmham.org/committees**

News from Our Corporate Partners:

3 reason why Abilita is a preferred corporate partner of the CMH Association

Three reasons why Abilita is a preferred corporate partner of the CMH Association of Michigan:

- Abilita guarantees CMHA members can reduce telecom expenses with our help. Savings average 29% and we don't get paid unless you save money!
- Abilita consults on phone system upgrades. When it is time to upgrade the phone system, you don't want to make mistakes!
- Abilita is independent and unbiased, helping clients get exactly what is needed so there are no wasted dollars or efforts.

Email us to see if we can help you as we've helped many other CMHA members, at cmha@abilita.com

Relias Webinar: Integrated Care in a Value-Based World: For Behavioral Health Organizations

In this webinar, we discuss how a rich performance management solution can work in tandem with existing clinical initiatives targeting your at-risk populations. In addition, learn how to engage your providers to ensure your success with new payment models.

Learn how we can help you:

- Get a longitudinal view of individual members
- Measure your performance and identify improvement opportunities
- Identify high-risk probability and rising risk members

- Measure the impact of care initiatives
- Identify opportunities for providers to standardize to evidence-based practice and engage them with you in this effort

Register for this webinar at:
https://www.relias.com/resource/integrated-care-in-a-value-based-world-for-behavioral-health-organizations?aliId=169166420&utm_source=marketo&utm_medium=email&utm_campaign=eb_2019-02-04_integrated-care-vb-world-wbn-share&mkt_tok=eyJpIjoiTkdOaE1qbGxNRGxsTXpReCIsInQiOiJcL1J2NUhhdVl0R25IcWI0ajhMaGNlbXE2QVZNT2JmZndld3Z6QnNSOTBrZVdXV0hwNEpySlp2SllwU2N5SkVsQkxHK1FRTlpNQmVYMHY2Y1QrRjkzNVFQSXNjaGI2cG1ycHJlZnFaYW1FXC84ZkZ3RDNOU3RnWW9kVWtGYVhYQjY0In0%3D

State and National Developments and Resources:

Michigan Medicaid bulletin issued: provider fitness criteria

Below is an excerpt from a recently issued Medicaid bulletin on provider fitness criteria:

> Provider Enrollment Fitness Criteria (MSA 19-03)
> Issued: February 8, 2019
> Effective: April 1, 2019
> Programs Affected: Medicaid, Healthy Michigan Plan, MIChild, Children's Special Health Care Services (CSHCS), Maternity Outpatient Medical Services (MOMS)
>
> The purpose of this bulletin is to notify Medicaid providers that effective April 1, 2019, the Michigan Department of Health and Human Services (MDHHS) will implement provider enrollment fitness criteria. Consistent with 42 CFR 431.51(c)(2), 42 CFR 455.452, and pursuant to Michigan's Social Welfare Act (Public Act 280 of 1939 [MCL 400.111e]), the Medicaid single state agency is required, and has the authority, to set reasonable standards and screening related to the qualifications of providers, and may define exclusions that the Medicaid Director determines necessary to protect the best interests of the program and its beneficiaries. The criteria define federal and state felonies and misdemeanors that would prohibit a provider from participating in the State's Medicaid programs.

The full bulletin can be found at: https://www.michigan.gov/documents/mdhhs/MSA_19-03_645687_7.pdf

Federal Medicaid office makes two announcements: data sets and technology innovations

Medicaid.gov
Keeping America Healthy

Updated FFY 2017 Child and Adult Core Set Data Products

At the Centers for Medicare & Medicaid Services (CMS) we are focused on transforming the healthcare system into one that delivers better value to patients through competition and innovation. To achieve this, we have three main objectives: empowering patients, focusing on results, and unleashing innovation. The Medicaid and CHIP Scorecard supports our objective of focusing on results because it brings a new level of transparency and accountability to the Medicaid program.

Today we continue to build on our efforts to strengthen accountability through improvements to the Scorecard and data transparency. As part of our commitment to robust public reporting of quality and financial metrics that drive performance improvement, we are pleased to announce the release of updated FFY 2017 Child and Adult Core Set data and resources. The updated FFY 2017 data and resources provide information on 20 frequently reported child measures and 19 frequently reported adult measures voluntarily reported by states.

This release updates the FFY 2017 data and resources that were posted on Medicaid.gov in September 2018 and includes additional data reported by states during a one-time extension period for reporting Core Set measures included in the Medicaid and CHIP Scorecard. CMS provided states that missed the deadline for FFY 2017 reporting with an opportunity to report these Core Set measures for possible inclusion in the next version of the Scorecard.
Please see the links below for the full set of Child and Adult Core Set Measure reporting resources: https://www.medicaid.gov/state-overviews/scorecard/index.html

Child Core Set	Adult Core Set
Child Core Set Home Page	Adult Core Set Home Page
2018 Child Core Set Chart Pack, FFY 2017	2018 Adult Core Set Chart Pack, FFY 2017
Performance on the Child Core Set Measures, FFY 2017	Performance on the Adult Core Set Measures, FFY 2017
Child Health Quality Measures Dataset, FFY 2017	Adult Health Quality Measures Dataset, FFY 2017
Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2017 Child and Adult Core Sets	

For Technical Assistance related to the Child, Adult, and Health Home Core Set measures, please contact MACQualityTA@cms.hhs.gov

New Innovations in technology promote patient access and could make health data exchange a reality for millions

On Monday, February 11, 2019, the Centers for Medicare & Medicaid Services (CMS) and the Office of the National Coordinator (ONC) released proposed rules to support seamless and secure access, exchange, and use of electronic health information. The rules would increase choice and competition while fostering innovation that promotes patient access to and control over their health information.

To view the CMS proposed rule (CMS-9115-P), please visit: https://www.cms.gov/Center/Special-Topic/Interoperability-Center.html

CMS' proposed changes to the healthcare system support the goals of the MyHealthEData initiative, and would increase the seamless flow of health information, reduce burden on patients and providers, and foster innovation by unleashing data for researchers and innovators.

For a fact sheet on the CMS proposed rule (CMS-9115-P), please visit: https://edit.cms.gov/newsroom/fact-sheets/cms-advances-interoperability-patient-access-health-data-through-new-proposals

For a fact sheet on the ONC proposed rule, please visit: https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health
To receive more information about CMS's interoperability efforts, sign-up for listserv notifications, here: https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_12443
For further information on the aligned ONC proposed rule "21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Proposed Rule" please visit: https://www.healthit.gov/topic/laws-regulation-and-policy/notice-proposed-rulemaking-improve-interoperability-health

GVSU responding to rising demand for mental health services

Below is an excerpt from a recent MLive article on the strengthening of mental health resources on the Grand Valley campus.

> Grand Valley State University is assessing additional ways to support the increasing demand of students in need of mental health and counseling services.
>
> University officials has already created an additional psychologist position and expanded group therapy offerings, among other things.
> Mental health has been a growing concern on college and university campuses across the nation. The number of students in need of mental health care has been increasing, particularly for depression and anxiety.
>
> "The rate of mental health needs has risen five times faster than the rate of enrollment in this country in colleges,'' Loren Rullman, vice provost for student affairs and dean of students, recently told Grand Valley's Board of Trustees.

The full article can be found at: https://www.mlive.com/news/grand-rapids/2019/02/gvsu-responding-to-rising-demand-for-mental-health-services.html

We must end mental health stigma to stop suicide

Below is an excerpt from a recent opinion essay in Michigan Advance, written by the former Detroit-Wayne Mental Health Authority.

> We must end mental health stigma to stop suicide
>
> The news hit me hard.
>
> There was another apparent suicide and my heart sank. I did not know Travis Weber well; in fact, I believe I only met him once briefly. That did not stop the tears from flowing when I heard the news.

> Travis Weber served as former Gov. Rick Snyder's legal counsel and was appointed by him to serve on the Northern Michigan University Board of Trustees. He recently joined the law firm of Warner, Norcross and Judd in Detroit. This week, he died of an apparent suicide.

The full essay can be found at: https://www.michiganadvance.com/2019/02/15/tom-watkins-we-must-end-mental-health-stigma-to-stop-suicide/

Effort underway to update state's mental health code

Below is an excerpt from a recent article, in Crain's Detroit Business on several efforts related to Michigan's Mental Health Code:

> An effort is underway to update Michigan's 45-year-old mental health code to encourage the development of more psychiatric urgent care and crisis centers that would work more closely with hospitals, group homes and families to hold and treat people with behavioral health problems until inpatient hospital beds are available.
> The state's mental health code, which was written in 1974 and had its last major update in 1996, prohibits crisis centers from holding patients against their will longer than 24 hours unless they receive treatment — even if there is a legitimate public health and safety reason.
>
> State law also prohibits ambulances from transporting patients with psychiatric conditions to crisis centers with "pre-admission screening units," a change mental health providers would like to see made along with appropriate emergency services training.
>
> Last fall, Partners in Crisis Services and the Michigan Association of Community Health Boards began working with health care attorney Greg Moore of Dickinson Wright PLLC in Troy to develop a white paper that they hope can help convince legislators and state officials to change state emergency medical statutes and what they believe is an antiquated mental health code.

The full article can be found at: https://www.crainsdetroit.com/health-care/effort-underway-update-states-mental-health-code

High Turnover, Stagnant Wages Plague Direct Support Professionals

Below is a recent article in the Bismark (North Dakota) Times on a range of issues facing direct support professionals (direct care workers)

> A typical day for Megan Arthaud starts at 6 a.m.
>
> Arthaud and the other direct support workers at a south Bismarck group home for people with intellectual disabilities start their day by helping residents with their basic care needs. This includes getting the residents out of bed, to the bathroom, helping them brush their teeth, comb their hair and preparing breakfast.
>
> Most of the residents have wheelchairs, so many of these tasks require a lift to get them in and out of the chair.
> For direct support workers, the work is challenging, yet rewarding. At Arthuado's group home, which is owned by Enable Inc., the residents and employees have become a family.
>
> But for organizations that provide services to people with intellectual disabilities, including Enable Inc., recruiting and retaining direct support workers has been an ongoing challenge. Scant wages have led to high turnover rates. In North Dakota, the turnover rate for direct support workers currently sits at about 44 percent.

Yet thousands of people with disabilities rely on direct support so they can stay in their communities and outside of institutionalized settings.

Check out this article from Disability Scoop: https://www.disabilityscoop.com/2019/01/29/high-turnover-wages-support/25954/

HHS launches innovative payment model with new treatment and transport options to more appropriately and effectively meet beneficiaries' emergency needs

Below is a recent update from the U.S. Department of Health and Human Services on proposals being considered to cover a wide range of ambulance services; a change that would improve care for persons receiving mental health services.

Supporting ambulance triage options aims to allow beneficiaries to receive care at the right time and place

Today, the U.S. Department of Health and Human Services (HHS), Center for Medicare and Medicaid Innovation (Innovation Center), which tests innovative payment and service delivery models to lower costs and improve the quality of care, announced a new payment model for emergency ambulance services that aims to allow Medicare Fee-For-Service (FFS) beneficiaries to receive the most appropriate level of care at the right time and place with the potential for lower out-of-pocket costs.

"This model will create a new set of incentives for emergency transport and care, ensuring patients get convenient, appropriate treatment in whatever setting makes sense for them," said HHS Secretary Alex Azar. "Today's announcement shows that we can radically rethink the incentives around care delivery even in one of the trickiest parts of our system. A value-based healthcare system will help deliver each patient the right care, at the right price, in the right setting, from the right provider."

The new model, the Emergency Triage, Treat and Transport (ET3) model, will make it possible for participating ambulance suppliers and providers to partner with qualified health care practitioners to deliver treatment in place (either on-the-scene or through telehealth) and with alternative destination sites (such as primary care doctors' offices or urgent-care clinics) to provide care for Medicare beneficiaries following a medical emergency for which they have accessed 911 services. In doing so, the model seeks to engage health care providers across the care continuum to more appropriately and effectively meet beneficiaries' needs. Additionally, the model will encourage development of medical triage lines for low-acuity 911 calls in regions where participating ambulance suppliers and providers operate. The ET3 model will have a five-year performance period, with an anticipated start date in early 2020.

"The ET3 model is yet another way CMS is transforming America's healthcare system to deliver better value and results for patients through innovation," said CMS Administrator Seema Verma. "This model will help make how we pay for care more patient-centric by supporting care in more appropriate settings while saving emergency medical services providers precious time and resources to respond to more serious cases."

Currently, Medicare primarily pays for unscheduled, emergency ground ambulance services when beneficiaries are transported to a hospital emergency department (ED), creating an incentive to transport all beneficiaries to the hospital even when an alternative treatment option may be more appropriate. To counter this incentive, the ET3 model will test two new ambulance payments, while continuing to pay for emergency transport for a Medicare beneficiary to a hospital ED or other destination covered under current regulations:

- payment for treatment in place with a qualified health care practitioner, either on-the-scene or connected using telehealth; and
- payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations (such as 24-hour care clinics) other than destinations covered under current regulations (such as hospital EDs).
- The ET3 model encourages high-quality provision of care by enabling participating ambulance suppliers and providers to earn up to a 5% payment adjustment in later years of the model based on their achievement of key quality measures. The quality measurement strategy will aim to avoid adding more burden to participants, including minimizing any new reporting requirements. Qualified health care practitioners or alternative destination sites that partner with participating ambulance suppliers and providers would receive payment as usual under Medicare for any services rendered.

The model will use a phased approach through multiple application rounds to maximize participation in regions across the country. In an effort to ensure access to model interventions across all individuals in a region, CMS will encourage ET3 model participants to partner with other payers, including state Medicaid agencies.

CMS anticipates releasing a Request for Applications in Summer 2019 to solicit Medicare-enrolled ambulance suppliers and providers. In Fall 2019, to implement the triage lines for low-acuity 911 calls, CMS anticipates issuing a Notice of Funding Opportunity for a limited number of two-year cooperative agreements, available to local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches in geographic locations where ambulance suppliers and providers have been selected to participate.

For more information, please visit: https://innovation.cms.gov/initiatives/et3/.

INPUT SOUGHT: Medicaid coverage—and the current limits of that coverage—for incarcerated and justice-involved people

Below is a recent request from Dennis Grantham, a journalist who writes for NACBHDD (of which the CMH Association and its members are members) and Open Minds:
Dear NACBHDD Members:

For the March issue of Under the Microscope, I'm working with Ron to research/write about Medicaid coverage—and the current limits of that coverage—for incarcerated and justice-involved people.

As you know, Medicaid FFP is not available for anyone detained in a jail, even if they have yet to be adjudicated and, therefore, are presumed innocent under law. This has been a problem for years. However, Medicaid FFP is often available to people who are not in jail settings—those on probation and parole, those in home detention, those who are hospitalized for 24 hours or more, etc. So national policy is inconsistent.

I'd appreciate the chance to speak with any of you who are concerned about or working on this problem in your counties or states. Within the next 7-10 days, I would welcome your recommendations and thoughts relevant to:

1) Current or proposed "best practices" associated with Medicaid coverage for justice-involved people.
2) Current or proposed waiver activity in your state aimed at securing or expanding Medicaid coverage for these groups.
3) Examples or projections about the numbers of people involved or the impact(s) of improved or expanded coverage.

If you've got something to contribute, please give me a call anytime—330-690-5349—or drop an e-mail to dgrantham@openminds.com . Input needed by Friday, February 22.

Thanks.

Dennis Grantham
330-690-5349
dgrantham@openminds.com

Federal judge: State fails to provide prompt mental health care to poor children

A federal judge sharply rebuked the state for failing to provide prompt mental health services to low-income children, saying that constant delays can lead to violent physical outbursts, removal from homes, and traumatizing and unnecessary hospital stays.

Massachusetts has repeatedly violated its own standard of providing certain mental health treatment to seriously ill children on Medicaid within 14 calendar days, with thousands of children having waited weeks, putting them at risk for "devastating setbacks,'' US District Court Judge Michael Ponsor found.

State Legislative Update:

Senate Committee Holds First Confirmation Hearing for DHHS Director

On Thursday, the Senate Advice and Consent Committee held their first confirmation hearing for Health & Human Services (DHHS) Director Robert Gordon. Much of the questioning centered around work requirements and weather he and his department would uphold the law passed late last year.

"Last week, based on new evidence from Arkansas, (Gov. Gretchen Whitmer**)** released a letter expressing concerns about potential harm to Michiganders from the (work requirement) statute and saying she wished to work with the Legislature on changes that would protect coverage and at the same time encourage work and reduced red tape," Gordon said. "At the same time, she made clear her commitment to follow the law and that is my commitment to you. I've taken an oath to uphold the Constitution of the United States and the Constitution of Michigan. "I have a duty to federal and state laws," he continued. "The work requirements are in state statute that I'm bound to follow."

Sen. Aric Nesbitt (R-Lawton) asked Gordon, would he "pursue administrative or other methods to reverse the Medicaid work requirements that were signed into law?" "We will apply the law," Gordon said forcefully. "Will you give us a firm commitment that you will not attempt to change the law through administrative process or policy process internally in the department?" Nesbitt asked.
"We will all apply the law," Gordon asserted. "We will not take actions that are inconsistent with the statute."

Nesbitt also asked Gordon what standards he thought should be required for people to receive taxpayer-funded health care. "I think health care is fundamental for people's health and security," Gordon replied.

Gordon then spoke about how difficult it is for most everyone to pay their bills and so on. But then finally he said -- "These things are for you (the lawmakers). I want to make very clear. The Governor has expressed her views. I am here as a program administrator. That will be my job. As long as the law is on the books, I will enforce it."

Sen. Peter Lucido (R-Shelby Twp.), chair of the Senate Advice and Consent Committee, indicated this would not be the only hearing with Director Gordon. The committee has 60 days to finalize their confirmation process.

Federal Update:

Congress Works to Avert Govt. Shutdown with Spending Deal

On Wednesday, the Congressional spending leaders laid out plans for resolving the seven unfinished appropriations bills for FY 2019. (As a reminder, most federal health spending for FY 2019 was finalized back in September.) The plan includes $1.3 billion for a U.S./Mexico border wall, far less than the $5 billion President Trump had demanded. The House and Senate passed the measures on Thursday. Now the package heads to the President Trump's desk for signature. The President has committed to backing the comprise, while also promising to declare a national emergency to access more funds for a border wall.

Education Opportunities:

Michigan's 11th Annual Gambling Disorder Symposium

The Michigan Department of Health and Human Services invites you to join us for a day of increased awareness of Gambling Disorders:

MICHIGAN'S 11TH ANNUAL GAMBLING DISORDER SYMPOSIUM
"GAMBLING.....HOW DO YOU SEE IT?"

Friday, March 1, 2019
Diamond Center at Suburban Collection Showplace
46100 Grand River Avenue, Novi, MI 48374

Symposium Registration Fee: $35/person TO REGISTER, CLICK HERE!

Who Should Attend: CEOs, COOs, CFOs, medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all levels of practice (beginning, intermediate and/or advanced).

Technical Assistance in the Area of Best Practices to Promote Recruitment and retention of Direct Support Professionals

The State of Michigan has secured Technical Assistance from the Department of Labor's Office of Disability Employment Policy (ODEP), in the area of best practices to promote recruitment and retention of direct support professionals. One element of this TA will be two separate one-day training sessions - one in the Metro Detroit area on March 21 and one in Lansing on March 22. The Subject Matter Expert and presenter for these sessions will be Kelly Nye-Lengerman, Research Associate at the University of Minnesota. Additional information about the training is available through the link below. Here is an excerpt from the outline of this element of the Technical Assistance: *A cross-systems statewide awareness-raising and knowledge acquisition initiative which targets providers in Michigan which serve both individuals with mental illness and intellectual and developmental disabilities, and people with dual diagnosis. This initiative proposes two regional trainings, which will each be one day in length and will present a comprehensive overview of research-informed best and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).*

For additional information, and to register:
http://campaign.r20.constantcontact.com/render?m=1102591619935&ca=58703865-e507-496e-81d9-9c05ec232a78

Dialectical Behavior Therapy (DBT) Trainings for 2018/2019

2-Day Introduction to DBT Trainings

This 2-Day introduction to DBT training is intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan who are interested in learning the theoretical underpinnings of the treatment. It will explain what the key ingredients are in DBT that make up its empirical base. A basic overview of the original DBT skills will be covered along with how to structure and format skills training groups. This training is targeted toward those who are new to DBT with limited experience and who are looking to fulfill the pre-requisite to attend more comprehensive DBT training in the future.

Dates/Locations:
February 21-22, 2019 | Detroit Marriott Livonia – *TRAINING FULL*
March 18-19, 2019 | Great Wolf Lodge, Traverse City
May 13-14, 2019 | Kellogg Center, East Lansing – *TRAINING FULL*

Who Should Attend?
This event is sponsored by the adult mental health block grant and is only intended for persons who serve adults through CMH, CMH Service Providers, PIHP, and PIHP providers in the state of Michigan. This seminar contains content appropriate for medical directors, clinical directors, case workers, supports coordinators, and other practitioners at all beginning level of practice.

Training Fee:
$125 per person. The fee includes training materials, continental breakfast and lunch for both days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

5-Day Comprehensive DBT Trainings

- This training is designed for CMH, CMH service providers, PIHP, and PIHP service provider staff who are directly responsible for delivering DBT.
- Due to the fact DBT is a comprehensive treatment that treats high-risk individuals, one's core training ought to be comprehensive as well.
- IT IS EXPECTED THAT ALL PARTICIPANTS WILL MAKE A FULL COMMITMENT TO ATTEND ALL 5 DAYS mindfully and will participate fully in discussion, role-plays and complete daily homework assignments.
- Participants are asked to bring a copy of "Cognitive Behavioral Treatment of Borderline Personality Disorder" by Marsha Linehan, PhD, with them to the training.
- COMPLETION OF A 2-DAY INTRODUCTION TO DBT TRAINING OR EQUIVALENT IS A PRE-REQUISITE FOR ATTENDING THIS TRAINING.
- This is NOT a training that teaches DBT skills. There will be very little focus on DBT skills. The majority of the focus of this training will be to help clinicians on how to conduct individual DBT sessions. If your goal is to come to this training in order to learn DBT skills, do not attend. By attending, you understand and consent to knowing this ahead of time.

Dates/Locations:
May 20-24, 2019 | Detroit Marriott Livonia
June 3-7, 2019 | Best Western, Okemos
August 12-16, 2019 | Great Wolf Lodge, Traverse City

Training Fee:
$250 per person. Fee includes training materials, continental breakfast and lunch for 5 days.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

DBT Summit Call for Presentations

The 2019 DBT Summit will be held Wednesday, May 1, 2019 at the Kellogg Hotel & Conference Center in East Lansing, Michigan. The Community Mental Health Association of Michigan (formerly MACMHB) is now accepting presentation proposals for speaker slots at this year's Summit! Topics can include a range of education related to Dialectical Behavioral Therapy.

Presentation Proposal Deadline: Wednesday, February 27, 2019

Summit Overview: The Michigan Department of Health and Human Services & the Community Mental Health Association of Michigan are pleased to host a statewide training opportunity for practitioners interested in advancing their Dialectical Behavioral Therapy skills. Dialectical Behavioral Therapy is an evidence-based method that targets the conditions and symptoms of persons who have Borderline Personality and other character disorders. This unique training opportunity will focus on program development, implementation, sustainability, and impact.

Summit Attendance: This summit will attract up to 250 attendees who have interest in the learning and dissemination of Dialectical Behavior Therapy (DBT) in a Community Mental Health Service Provider (CMHSP) or Pre-Paid Inpatient Health Plan (PIHP) setting or an agency who is a provider for CMHSP or PIHP. This includes administrators, clinical directors, case managers, clinicians, and peer support specialists. This educational opportunity is intended for publicly funded providers at all levels of practice (beginning, intermediate and/or advanced).

To submit your proposal now, please see the Workshop Submission Form on the event page HERE, fill out completely, and return via email to brademacher@cmham.org no later than **Wednesday, February 27, 2019.**

Implementation of Integrated Dual Disorder Treatment (IDDT) and Co-Occurring Evidence-Based Practices Annual Trainings for 2018/2019

Course Description:
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this substantive increased risk, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments and call on providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including evidence-based practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders.

This training fulfills the annual requirement for persons who are part of an IDDT team, as well as for persons providing COD services in Adult Mental Health outpatient services.

Dates/Locations:
April 26, 2019 | Hotel Indigo, Traverse City
June 19, 2019 | Okemos Conference Center

Training Fee:
$65 per person. The fee includes training materials, continental breakfast and lunch.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Motivational Interviewing College Trainings for 2018/2019

4 Levels of M.I. Training offered together at 4 convenient locations!

This event is sponsored by the adult mental health block grant and is intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. It contains content appropriate for CEOs, COOs, clinical directors, supervisors, case managers, support coordinators, therapists, crisis workers, peer support specialists and any other practitioners at the beginning, advanced and supervisory levels of practice.

New This Year! We are excited to add a new 2-Day TNT: Teaching Motivational Interviewing training to the lineup.

Dates/Locations:
February – DoubleTree Bay City
- Basic: Monday & Tuesday, Feb. 25-26, 2019
- Advanced: Monday & Tuesday, Feb. 25-26, 2019
- Supervisory: Tuesday, Feb. 26, 2019
- Teaching MI: Wednesday & Thursday, Feb. 27-28, 2019

March – Weber's Ann Arbor
- Basic: Monday & Tuesday, March 11-12, 2019
- Advanced: Monday & Tuesday, March 11-12, 2019
- Supervisory: Tuesday, March 12, 2019
- Teaching MI: Wednesday & Thursday, March 13-14, 2019

April – Shoreline Inn Muskegon
- Basic: Monday & Tuesday, April 8-9, 2019
- Advanced: Monday & Tuesday, April 8-9, 2019
- Supervisory: Tuesday, April 9, 2019
- Teaching MI: Wednesday & Thursday, April 10-11, 2019

June – Holiday Inn Marquette
- Basic: Monday & Tuesday, June 10-11, 2019
- Advanced: Monday & Tuesday, June 10-11, 2019
- Supervisory: Monday, June 10, 2019
- Teaching MI: Wednesday & Thursday, June 12-13, 2019

Training Fees: (The fees include training materials, continental breakfast and lunch each day.)
$125 per person for all 2-day trainings (Basic, Advanced
$69 per person for the 1-day Supervisory training.

CLICK HERE for full training details, CE information, overnight accommodations and registration links.

Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- April 30-May 1, 2019 – Drury Inn & Suites, Grand Rapids
- June 18-19, 2019 – Holiday Inn, Marquette
- July 16-17, 2019 – Best Western/Okemos Conference Center, Okemos
- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit www.cmham.org for more information.

SAVE THE DATE: 20th Annual Substance Use and Co-Occurring Disorders Conference

- September 15, 2019 - Pre-Conference Workshops – Cobo Hall, Detroit
- September 16-17, 2019 – Cobo Hall, Detroit

Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.
This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.

- March 13 – Lansing Click Here to Register for March 13
- April 24 – Troy Click Here to Register for April 24

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Pain Management for Social Work and SUD Professionals Coming Soon!

Check back soon for more information and save-the-dates!

Workshop: finding possibility in a sea of challenges: building a quality direct support workforce

Finding possibility in a sea of challenges: building a quality direct support workforce
Presenter: Kelly Nye-Lengerman, PhD University of Minnesota

The goal of the session will be to equip provider organizations with knowledge and awareness of the organizational models, strategies and tools correlated with higher rates of DSP retention and more successful DSP recruitment.

Who Should Attend: Targeted participants include all providers serving persons with mental illness and intellectual/developmental disabilities.

Some priority will be given to employment service providers that have received prior federal (ODEP) or state technical assistance in provider transformation through the Employment First Initiative.

A quality Direct Support workforce is a key ingredient to supporting people with disabilities to live their best, most inclusive lives in the community. Now more than ever, almost every industry in health and human services is affected by the Direct Support workforce crisis. The crisis represents more than just a shortage of workers, but it also reflects the many challenges Direct Support Professionals (DSPs) and organizations face: wages, benefits, education, certification, professional standards, and budgets. While there is no quick fix to these longstanding issues, there are proven solutions that can assist organizations and state agencies in addressing the crisis. Investment in, and commitment to, building and sustaining a strong Direct Support workforce will pay dividends for the individuals supported.

This session will:

- Explore the context for the Direct Support workforce crisis;
- Discuss strategies for developing knowledge, skills, and abilities in Direct Support workers and frontline supervisors;
- Examine various strategies and interventions for workforce stabilization and growth;
- Identify key tools and resources for workforce development
- Identify key tools and resources for workforce development
- Present a comprehensive overview of research-informed best practices and evidence-based organizational practices to maximize retention and recruitment of direct service professionals (DSPs).
- The DSP workforce is critical to realizing the goals of Employment First and community living, including job developers and job coaches who are an essential link between people with disabilities seeking employment and the employers/business community that can hire them. To achieve the desired outcomes of increased employment for people with disabilities, and ensure high quality employment services, organizations engaged in provider transformation must adopt transformation plans that address DSP workforce stabilization and empowerment.

As noted above, all service providers employing Direct Support Professionals are welcome to register for one of the seminar options below - but seating is limited!

Registration Fee is $30 per person.

Session Offerings:

Thursday March 21, 2019 at OCHN 5505 Corporate Dr, Troy, MI 48098
Click here to register: https://maro.org/events/dsp-training-ochn/

Friday March 22, 2019 at Lansing Community College West 5708 Cornerstone Dr, Lansing, MI 48917 Click here to register: https://maro.org/events/dsp-training-lansing/

CMHAM Annual Spring Conference

Save the Date: The CMHAM Annual Spring Conference will be held on:

June 10, 2019: Pre-Conference Institutes
June 11 & 12, 2019: Full Conference
Suburban Collection Showplace
Novi, Michigan

Note: Hotel reservation and Conference registration are not available at this time.

Second Annual Michigan CIT Conference Save-the-Date

Crisis Intervention Teams (CIT) were established in 1988 in response to an officer killing a young man experiencing a mental health crisis. Since that event, crisis interventions teams across the country have formed to develop better ways to actively intervene real time with individuals in a mental health crisis and establish improved community partnerships that support community members to obtain mental health treatment first rather than involvement with the judicial system.

The first annual Michigan CIT conference was hosted by Riverwood Community Mental Health in Berrien County. After this conference, a state collaborative was formed to support Michigan CIT programs and to establish standards for CIT initiatives across the state. The next conference will be hosted by Summit Pointe Community Mental Health in Battle Creek. Law enforcement personnel, corrections personnel, behavioral health professionals, persons living with behavioral health disorders, family members, advocates, judges / court personnel, public defenders / prosecutors and policy makers are encouraged to attend!

Mark your calendars and join us in Battle Creek for the second annual CIT: Crisis Intervention Team Conference October 2-4, 2019. Hear from various presenters on strategies to start your CIT in your community, or ways to improve your existing program. Also, learn more about how CIT is benefiting communities in our state and how to collaborate with other counties. CIT is more than just a training! We look forward to seeing you at our conference as we 'Bring it All Together'. For more information, please email MICITConference2019@gmail.com.

Miscellaneous News and Information:

Job Opportunity: CEO of Rose Hill Center

Kittleman & Associates is pleased and honored to announce the search for the next President & CEO of Rose Hill Center in Holly, Michigan, and I wanted to make sure that you saw the attached Position Guide.

As one of the nation's leading long-term mental health facilities, Rose Hill Center in Holly, Michigan offers comprehensive psychiatric treatment and residential rehabilitation programs for adults, 18 and over, on 400 serene acres close to major amenities offered by Ann Arbor and the greater Detroit region. With an emphasis on Recovery, the programs offered by Rose Hill provide individuals with the insights, life skills, attitudes, opportunities and medication management needed to manage their illness and live fulfilling lives. Rose Hill provides five levels of mental health treatment that are supported largely through private pay with financial assistance provided through the Rose Hill Foundation as well as through Community Mental Health (Medicaid) and commercial insurance. https://www.rosehillcenter.org/

Job Opportunity: Project Coordinator for Arc Michigan

The Arc Michigan is seeking applicants for a new, full-time position!
Job Title: Project Coordinator
Location: The Arc Michigan, Lansing MI

Job Description: The Project Coordinator and the Arc Michigan will partner with the Michigan Department of Health and Human Services (MDHHS) to enhance and support the department's quality assurance and improvement activities. The project coordinator will 1) supplement the MDHHS site review process by interviewing people who receive CMH services about their experience with the person-centered planning process and 2) support MDHHS efforts to meet the training needs of Pre-paid Inpatient Health Plans (PIHPs), Community Mental Health entities (CMH), other providers, families and people with disabilities, by developing,

coordinating and delivering training on the key topics of Person-Centered Planning, Self Determination and Independent Facilitation.

Primary Duties and Responsibilities:

- Conduct interviews with individuals who receive Person Centered Planning services.
- Secure and coordinate subcontractors who will conduct interviews with people who receive mental health services and provide support during the MDHHS site review process.
- Collaborate with evaluation contractor for analysis of interviews.
- Participate in MDHHS department groups related to training areas and support MDHHS in finalizing training policy
- Develop a statewide training plan in partnership with MDHHS
- Help plan yearly Self-Determination conference
- Develop initial training curriculum
- Host train the trainer events
- Evaluate training: refine curriculum and incorporate system updates
- Develop a statewide multi-year training plan in partnership with MDHHS
- Host quarterly technical assistance sessions for trainers

Desired Qualifications:

- Knowledge of, and experience interacting with, MDHHS's behavioral health care system
- Experience working with, for and on behalf of people with disabilities
- Knowledge of person-centered planning, independent facilitation, self-determination and other issues pertinent to people with mental illness and/or intellectual and developmental disabilities who receive state-funded services
- Event planning skills
- Excellent written and oral communication skills
- Computer skills with knowledge of Microsoft programs like Word, Excel and Publisher

Salary Range and Benefits: Salary commensurate based on experience and education
Benefits include: 403B plan with employer match, available medical, dental and vision coverage, paid personal, sick and vacation leave and amazing co-workers!

To Apply:
Submit cover letter, resume and salary requirements to Sherri Boyd, Arc Michigan Executive Director and CEO, at sherri@arcmi.org or 1325 S. Washington Avenue, Lansing MI 48910 by February 15, 2019.

Job Opportunity: Executive Director of Network 180

Network180 is seeking its next Executive Director to direct the management and delivery of a complete array of mental health, intellectual /developmental disability, and substance abuse services to the citizens of Kent County, Michigan. With an annual budget of over $140 million, Network180 annually serves over 18,000 individuals in Kent County through a network of over 30 non-profit providers. Interested candidates can apply through our website at: http://www.network180.org/en/employment/employment-opportunities.

CMHAM Welcomes New Training and Meeting Planner Alexandra Risher

Alexandra comes to CMHAM with 5 years of association event planning experience. She graduated from Michigan State University with a Bachelor of Arts in Hospitality Business and earned her Certified Meeting Professional (CMP) certification in 2017. In 2016, Alexandra moved to Texas to pursue a master's in clinical Mental Health Counseling but had to return to Michigan before completion. She is excited to begin this new role as a Training and Meeting Planner at CMHAM because it allows her to further pursue her passion for

mental health advocacy and event planning. In her spare time, she enjoys renovating her new house and spending time with her husband and 7-month-old son.

CMH Association's Officers and Staff Contact Information:

CMHAM Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHAM Staff Contact Information:

CMH Association staff can be contacted at (517) 374-6848 and via the e-mail addresses below:

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Nakia Payton, Data-Entry Clerk/Receptionist, npayton@cmham.org
Dana Ferguson, Accounting Clerk, dferguson@cmham.org
Michelle Dee, Accounting Assistant, acctassistant@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Johnson, Training and Meeting Planner, jjohnson@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org