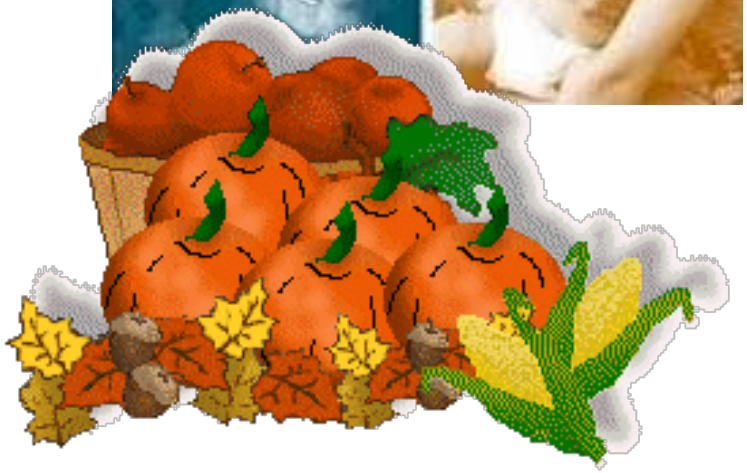
Northeast Michigan Community Mental Health Authority Board
October 2018 Meetings



- Board Meeting – Thursday, October 11 @ 3:00 p.m.
- Recipient Rights Meeting* – Wednesday, October 17 @ 3:15 p.m.

All meetings are held in the Board Training Room at 400 Johnson Street in Alpena except those indicated with a "*" which are held in the Administrative Conference Room

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

October 11, 2018 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.

Northeast Michigan Community Mental Health Authority Board

Board Meeting

September 13, 2018

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: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent:

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, Cheryl Jaworowski, Lynne Fredlund, Cathy Meske, Jen Whyte, Peggy Yachasz

Gary Nowak thanked members for their card and prayers during his recent hospitalization.

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Roger Frye as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

Pat Przeslawski stated she had a conflict of interest related to item VIII, 1, c. "Thunder Bay Transportation Authority" on the Consent Agenda and requested the contract for Thunder Bay Transportation Authority be removed from the consent agenda. *Moved by Albert LaFleche supported by Steve Dean, to remove the Thunder Bay Transportation Authority contract from consent agenda*. Motion carried.

VI. Information and/or Comments from the Public

There was no information or comments presented.

VII. Approval of Minutes

Moved by Bonnie Cornelius, supported by Steve Dean, to approve the minutes of the August 9, 2018 minutes as presented. Motion carried.

VIII. Consent Agenda

1. **Contracts**
    a. **Partners in Prevention**
        i. **Children's Friendship Training**
        ii. **Mental Health First Aid Training**
        iii. **Trauma Training Project and Suicide Prevention Education**
        iv. **Caring for Children Who Experience Trauma**
    b. **MRS Cash Match Agreement**
    c. **Thunder Bay Transportation Authority**
    d. **Rite Aid [Flu Sots]**

2. Grants

a. FY19 Children's Mental Health Block Grant

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

IX. Thunder Bay Transportation Authority

Due to a conflict this item is acted upon as an individual contract. ***Moved by Bonnie Cornelius, supported by Roger Frye, to approve Thunder Bay Transportation Authority Contract.*** Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak; Nays: None, Absent: None; Abstain: Pat Przeslawski.

X. September Monitoring Reports

1. Budgeting 01-004

Cheryl Jaworowski requested this agenda item be addressed prior to the FY17-18 budget amendment and public hearing. Cheryl Jaworowski reviewed the Statement of Expense and Revenues for month ending July 31, 2018. She reviewed the variance line items with Board members. She notes this reports indicates an underbudget amount of $73,673 in July. She reports the budget amendment to be presented as the next item, will fix many of the negative line item variances. Cheryl reviewed the variances with each line item having a notable variance.

Cheryl Jaworowski noted it is anticipated the Medicaid line item will be underspent. She noted none of the funds approved last month to purchase capital items proposed for FY19 to be purchased this FY have been utilized. She reports many of the items purchased were within the current year's budgeted amount.

Moved by Judy Hutchins, supported by Pat Przeslawski, to accept the September monitoring reports as presented. Motion carried.

XI. FY17-18 Budget Amendment #3

Cheryl Jaworowski informed the Board this amendment will also be proposed to be a continuation budget in the Public Hearing in the next item of this meeting.

Cheryl Jaworowski provided explanation of the line item entitled "Rebates/Incentives/Other local revenue" noting this line is made up of various items. Cheryl Jaworowski provided explanation of the amended line items in the revenue budget. She notes $123,346 has been added to the current revenues.

Cheryl Jaworowski provided a summary of the amended expenditures which will balance the budget. She notes salaries, health insurance, and other benefits were reduced and those dollars were transferred to line items with a deficit. This will balance the budget for year end.

Cheryl Jaworowski reported the "Bad Debt" write off is due to the old debt still tracked from our previous electronic health record system, AVATAR, and this will eliminate all the old debt. She notes the policy addressing bad debt write off will be changed to reflect possibly a two-year collection attempt for future collections.

Moved by Roger Frye, supported by Pat Przeslawski, to approve Amendment #3 of the FY17-18 budget as presented: Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan

Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Nays: None, Absent: None. Motion carried.

XII. FY18-19 Budget Hearing

Gary Nowak opened the meeting for the Public Hearing on the Budget.

Cheryl Jaworowski reported due to the ever changing issues, she will request a continuation budget at this point with presenting a full budget to the Board at the October meeting.

Moved by Judy Jones, supported by Steve Dean, to approve a continuation budget for FY18-19 as presented. Roll Call Vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

XIII. Board Policy Review and Self Evaluation

1. General Executive Constraint 01-011

Board members reviewed the policy and had no concerns and requested no revisions.

2. Compensation and Benefits 01-008

Board members had no comments regarding this policy.

3. Board Committee Structure 02-006

Board members reviewed the policy. Alan Fischer suggested revision to add another "Product" under the Nomination's Committee. He notes one responsibility of the committee is to provide recommendations to the Board of Commissioners at the counties to appoint or reappoint a member.

Moved by Alan Fischer supported by Judy Hutchins revised the policy by adding a third product to Board Officers Nomination Committee. Motion carried.

4. Chief Executive Officer Search Process 03-005

Board members reviewed the policy and recommended no changes.

XIV. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting August 22, 2018

The minutes from the August 22nd meeting were received earlier today. Cathy Meske noted she was not in attendance; however, one item brought up was the relocation of the NMRE main offices from Petoskey to Gaylord. Roger Frye noted a new audit firm was secured for the next three years.

Cheryl Jaworowski notes the Finance Officers have not had an opportunity to view the budget for the proposed move. She reports there may be some increases initially related to computer needs but will most likely save on some administrative costs.

b. FY19 NMRE Contract

Cathy Meske reports the FY19 NMRE contract was just received for FY19. This is the contract which provides the Medicaid funding for this Agency.

Moved by Albert LaFleche, supported by Eric Lawson, to authorize the Director to execute the NMRE FY19 contract as presented. Roll Call Vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

2. MACMHB

a. Fall Board Conference – October 22 & 23 – Traverse City

There is still no printed material released for the upcoming Fall Board Conference to be held at the Grand Traverse Resort in Acme. Board members interested in attending are Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones and Gary Nowak. Board members were requested to check their schedules to determine if they plan to attend and notify Diane Hayka.

i. Appoint Association Voting Delegates

Gary Nowak appointed Judy Jones and Judy Hutchins as the Voting Delegates for this conference.

XV. Operational Report

Cathy Meske noted Nena Sork was unable to be in attendance to provide report. Cathy Meske reported she provided the numbers of individuals served by this agency in each of the counties when she attended each of the county commission meetings. She believes the commissioners were appreciative of this information.

Gary Nowak reports there were good coverage on the commission visits in the Alpena News and the Presque Isle Advance. Cathy Meske reports having the priority needs assessment is a good tool to showcase. The priority needs will be reviewed and updated in the Program Review Public Hearing early next year.

XVI. Chair's Report

1. Setting Perpetual Calendar

Cathy Meske reported the revision to the perpetual calendar include breaking Strategic Planning down to span over three months – May, June and July. Diane Hayka also noted the duties of the Nomination's Committee are spelled out on this calendar.

2. Board Self-Evaluation Report

Board members reviewed the Board Self-Evaluation results. Steve Dean noted this was the highest return rate thus far. Gary Nowak notes he believes this is one of the best Boards since he has served as board members are comfortable speaking. Eric Lawson noted the push from the Director to speak has resulted in more discussion and input.

XVII. Director's Report

1. Director's Report Items

Cathy Meske reports she had a block of time off in August and even with that absence many meetings and events occurred. Cathy provided the Board with the results of the recent Recipient Rights audit noting the Agency is in substantial compliance. One area cited was with timeliness and as a result the part-time position for the Rights Advisor was reposted as a full-time position.

An incentive was received from the NMRE and as a result the incentive payment will be awarded to staff meeting certain criteria. Cathy Meske provided Board members of the criteria used to establish eligibility as well as how the dollars would be awarded. Cathy Meske reported this will make the payment fair across the Board with the home employees and community support employees getting the same amount as the administrative staff. Cathy Meske reports 388 letters were mailed out to eligible staff.

Cathy Meske reported she participated in the revised process for election of officers at the Association. This year all the nominations will be put together versus having each office position handled separately.

Judy Hutchins inquired about the changes at Clubhouse. Cathy Meske noted two respondents to the RFP are working on proposals. Cathy Meske noted Mary Jameson has accepted the position of ACT Supervisor. It is hoped to build up the participation at the Clubhouse through new efforts of a contractual provider.

2. QI Council Update

The minutes from the most recent QI Council meeting were distributed and Board members had no concerns or comments.

XVIII. Information and/or Comments from the Public

There was no information presented.

XIX. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, October 11, 2018 at 3:00 p.m.

1. Set October Agenda

The October agenda items were reviewed.

XX. Evaluation of Meeting

Roger Frye reported the meeting started promptly. All members worked together and participated. He thanked all the staff for their hard work and noted this is what makes the Agency run well.

XXI. Adjournment

Moved by Albert LaFleche, supported by Pat Przeslawski, to adjourn the meeting. Motion carried. This meeting adjourned at 3:50 p.m.

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Alan Fischer, Secretary

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Gary Nowak, Chair

Diane Hayka
Recorder

Northeast Michigan Community Mental Health Authority

2018-2019 Budget Amendment #1

Revenue Budget

Line #	Revenue Source	FY19 Preliminary Budget	$$$ Incr./(Decr.)	**FY19 Budget Amendment #1**	**Totals**	% of Total Budget
1	**State Contracts**				**97,000**	0.34%
2	MI Supported Housing - Homeless (ended 12/31/17)	8,009	(8,009)	**-**		
3	PASARR (Nursing Home Services)	96,000	1,000	**97,000**		
4	**Private Contracts**				**57,331**	0.20%
5	Blue Horizons Management Services	18,227	160	**18,387**		
6	MI Child Collaborative Care Grant	27,000	11,944	**38,944**		
7	**Local Funding**				**491,772**	1.71%
8	Alcona County Allocation	35,223	-	**35,223**		
9	Alpena County Allocation	150,216	-	**150,216**		
10	Montmorency County Allocation	31,435	-	**31,435**		
11	Presque Isle County Allocation	49,764	-	**49,764**		
12	Rebates/Incentives/Other local revenue	215,644	9,490	**225,134**		
13	**Interest Income**	12,500	(2,500)	**10,000**	**10,000**	0.03%
14	**Medicaid ****	24,804,215	54,373	**24,858,588**	**24,858,588**	86.44%
15	**General Funds from MDCH**				**709,887**	2.47%
16	Operational (Community) Funding	709,887	-	**709,887**		
17	FY16 - FY17 General Fund Carry Forward	40,494	(40,494)	**-**		
18	**Healthy Michigan Plan**	1,584,562	(239,950)	**1,344,612**	**1,344,612**	4.68%
19	**Third Party Insurance (incl. COFR & Child Waiver)**	599,146	41,954	**641,100**	**641,100**	2.23%
20	**Residential Clients - Room & Board**	487,699	13,413	**501,112**	**501,112**	1.74%
21	**Club House Food Sales**	2,900	(2,100)	**800**	**800**	0.00%
22	**Donations**	3,000	(3,000)	**-**	**-**	0.00%
23	**Other Revenue**				**47,076**	0.16%
24	Reimbursed Class Fees	6,000	1,465	**7,465**		
25	Representative Payee Fees	24,300	(128)	**24,172**		
26	Record Copying Fees	8,600	(100)	**8,500**		
27	Michigan Rehabilitation Services	4,500	-	**4,500**		
28	Miscellaneous Other Income	4,000	(1,561)	**2,439**		
29	**Total Revenues**	$ 28,923,321	$ (164,043)	**$ 28,759,278**	**$ 28,759,278**	100.0%

Northeast Michigan Community Mental Health Authority
2018-2019 Budget Amendment #1
Expenditure Budget (by account)

Line #	Expenditure Type	FY19 Preliminary Budget	$$$ Incr./(Decr.)	**FY19 Budget Amendment #1**	% Incr./(Decr.)
1	Salaries	$ 12,706,679	$ 339,137	**$ 13,045,816**	2.7%
2	Social Security Tax	579,670	61,654	**641,324**	10.6%
3	Health Savings Accounts	31,000	5,195	**36,195**	16.8%
4	Health Insurance (self insured)	2,081,925	(73,110)	**2,008,815**	-3.5%
5	Prescription Insurance (self insured)	471,625	(31,953)	**439,672**	-6.8%
6	Dental Insurance (self insured)	110,321	(1,000)	**109,322**	-0.9%
7	Vision Insurance (self insured)	42,048	(6,660)	**35,388**	-15.8%
8	Life Insurance	30,943	894	**31,837**	2.9%
9	Long Term Disability Insurance	29,363	655	**30,018**	2.2%
10	Short Term Disability Insurance	164,325	7,675	**172,000**	4.7%
11	Pension	675,943	36,677	**712,620**	5.4%
12	Pension (Social Security Opt Out)	312,192	(1,646)	**310,546**	-0.5%
13	Unemployment	13,000	1,322	**14,322**	10.2%
14	Workers Compensation	248,659	(23,305)	**225,354**	-9.4%
15	Office Supplies	28,670	15	**28,685**	0.1%
16	Postage	19,941	(439)	**19,503**	-2.2%
17	Advertisement/Recruitment	91,947	(29,067)	**62,880**	-31.6%
18	Public Relations/Community Education	3,210	(837)	**2,373**	-26.1%
19	Employee Relations/Wellness	60,021	(7,949)	**52,072**	-13.2%
20	Computer Maintenance/Supplies	326,703	3,297	**330,000**	1.0%
21	Activity/Program Supplies	34,290	(3,133)	**31,157**	-9.1%
22	Medical Supplies & Services	55,076	(2,160)	**52,916**	-3.9%
23	Household Supplies	48,487	(587)	**47,900**	-1.2%
24	Clothing	625	425	**1,050**	68.0%
25	Contracted Inpatient	991,000	132,509	**1,123,509**	13.4%
26	Contracted Transportation	125,356	5,897	**131,253**	4.7%
27	Contracted Residential (incl. Self Determination)	4,697,701	713,579	**5,411,280**	15.2%
28	Contracted Employees/Services	2,947,183	584,178	**3,531,361**	19.8%
29	Telephone / Internet (Communications)	119,912	(29,722)	**90,190**	-24.8%
30	Staff Meals & Lodging	36,857	1,337	**38,194**	3.6%
31	Staff Travel Mileage	216,763	22,728	**239,491**	10.5%
32	Vehicle Gasoline	136,508	12,873	**149,381**	9.4%
33	Client Travel Mileage	77,509	(13,763)	**63,746**	-17.8%
34	Board Travel and Expenses	14,616	(952)	**13,664**	-6.5%
35	Staff Development-Conference Fees	44,640	3,667	**48,307**	8.2%
36	Staff Physicals/Immunizations	12,603	(2,222)	**10,381**	-17.6%
37	Professional Fees (Audit, Legal, CARF)	41,194	14,518	**55,712**	35.2%
38	Professional Liability Insurance Drs.	5,868	3,237	**9,105**	55.2%
39	Property/Staff Liability Insurance (net)	39,195	12,411	**51,606**	31.7%
40	Heat	32,182	(3,343)	**28,839**	-10.4%
41	Electricity	126,345	(24,422)	**101,923**	-19.3%
42	Water/Sewage	33,438	(3,202)	**30,236**	-9.6%
43	Sanitation	13,130	(1,524)	**11,606**	-11.6%
44	Office Building/Equipment Maintenance	85,542	(15,858)	**69,684**	-18.5%
45	Home Maintenance (incl. Envir. Modifications)	65,463	(4,740)	**60,723**	-7.2%
46	Vehicle Maintenance	71,645	(16,575)	**55,070**	-23.1%
47	Rent-Homes and Office Buildings	256,878	(28,874)	**228,004**	-11.2%
48	Rent-Equipment	6,771	(1,408)	**5,363**	-20.8%
49	Membership Dues	16,545	(940)	**15,605**	-5.7%
50	Food	154,056	(5,524)	**148,532**	-3.6%
51	Food Stamps	(72,222)	(18,798)	**(91,020)**	26.0%
52	Capital Equipment over $200	279,100	17,935	**297,035**	6.4%
53	Consumable Equipment under $200	9,744	(4,102)	**5,642**	-42.1%
54	Computer Equipment over $200	22,500	65,500	**88,000**	291.1%
55	Client Adaptive Equipment	20,978	7,491	**28,469**	35.7%
56	Bad Debt Expense	40,000	(40,000)	**-**	-100.0%
57	Depreciation Expense Adjustment	9,212	4,547	**13,759**	49.4%
58	General Fund Expenditures	8,800	(720)	**8,080**	-8.2%
59	Local Fund Expenditures (10% State Hospital)	69,646	(14,896)	**54,750**	-21.4%
60	**Unidentified Budget Corrections (TBD)**	-	(1,809,965)	**(1,809,965)**	100.0%
61	**Total Expenditures**	$ 28,923,321	$ (164,043)	**$ 28,759,278**	-0.6%

Northeast Michigan Community Mental Health Authority
2018-2019 Budget Amendment #1
Expenditure Budget (by program)

Line #	Program	FY19 Preliminary Budget	$$$ Incr./(Decr.)	**FY19 Budget Amendment #1**	% Incr./(Decr.)
1	Board Administration	$ 495,289	$ 60,376	**$ 555,665**	12.2%
2	DD Administration	159,484	1,157	**160,641**	0.7%
3	Managed Information Systems (MIS)	1,069,963	48,700	**1,118,663**	4.6%
4	Staff Development	42,155	(3,076)	**39,079**	-7.3%
5	Budget & Finance	1,070,948	7,481	**1,078,429**	0.7%
6	Clerical Support Services	566,525	(27,059)	**539,466**	-4.8%
7	Human Resources	406,730	(3,909)	**402,821**	-1.0%
8	Facilities, Vehicles, Equip. Maintenance	916,068	(24,699)	**891,369**	-2.7%
9	Quality Improvement	225,808	(18,014)	**207,794**	-8.0%
10	MI Outpatient	839,168	83,645	**922,813**	10.0%
11	MI Administration	146,244	(83,857)	**62,387**	-57.3%
12	Physician Services	1,181,530	588,886	**1,770,416**	49.8%
13	Housekeeping	106,388	(6,711)	**99,677**	-6.3%
14	Customer Service	99,405	(7,192)	**92,213**	-7.2%
15	Older Adult Services - PASARR	89,927	1,725	**91,652**	1.9%
16	Older Adult Case Management	615,433	(46,211)	**569,222**	-7.5%
17	MI Case Management	699,943	21,721	**721,664**	3.1%
18	Assertive Community Treatment (ACT)	547,007	111,102	**658,109**	20.3%
19	Children's Home Based and Comm. Services	624,626	52,256	**676,882**	8.4%
20	MI Child Collaborative Care Grant	30,894	1,703	**32,597**	5.5%
21	Children's Wraparound	146,000	(9,752)	**136,248**	-6.7%
22	DD Case Management	914,234	(88,753)	**825,481**	-9.7%
23	DD Clinical Support	532,212	(271,268)	**260,944**	-51.0%
24	Applied Behavioral Analysis (Autism) Services	1,085,196	206,395	**1,291,591**	19.0%
25	Private Hospitalization (all populations)	1,072,000	51,509	**1,123,509**	4.8%
26	State Hospitalization (County 10% Share only)	53,414	1,336	**54,750**	2.5%
27	DD Community Employment	1,228,197	(84,891)	**1,143,306**	-6.9%
28	DD Community Support	1,438,878	36,142	**1,475,020**	2.5%
29	MI Adult Clubhouse (Contract 1/1/2019)	256,361	221,238	**477,599**	86.3%
30	Bay View Center	104,493	(3,780)	**100,713**	-3.6%
31	Peer Directed Activities	30,405	(89)	**30,316**	-0.3%
32	MI Peer Support Services	103,764	(234)	**103,530**	-0.2%
33	MI Community Employment	188,841	4,207	**193,048**	2.2%
34	Contracted Residential	3,580,382	406,350	**3,986,732**	11.3%
35	Respite (DD & MI_)	207,701	(1,351)	**206,350**	-0.7%
36	DD SIP Monitoring	531,330	17,505	**548,835**	3.3%
37	DD Supported Independent Living (SIP)	1,461,670	60,602	**1,522,272**	4.1%
38	Self Determination (DD & MI)	1,631,890	260,696	**1,892,586**	16.0%
39	Hospital Transportation (new)	13,542	(2,876)	**10,666**	-21.2%
40	MI Homeless Housing Grant (ended 12/31/2017)	5,054	(5,054)	**-**	-100.0%
41	Cambridge Residential DD	528,411	4,796	**533,207**	0.9%
42	Princeton Residential DD	561,856	30,923	**592,779**	5.5%
43	Walnut Residential DD	594,289	4,249	**598,538**	0.7%
44	Thunder Bay Heights Residential DD	562,344	13,095	**575,439**	2.3%
45	Pinepark Residential DD	565,451	4,534	**569,985**	0.8%
46	Brege Residential DD	519,428	18,983	**538,411**	3.7%
47	Harrisville Residential DD	542,238	17,485	**559,723**	3.2%
48	Millcreek Residential DD	530,205	(4,099)	**526,106**	-0.8%
49	**Unidentified Budget Corrections (TBD)**	-	(1,809,965)	**(1,809,965)**	100.0%
50	**Total Expenditures**	$ 28,923,321	$ (164,043)	**$ 28,759,278**	-0.6%

Northeast Michigan Community Mental Health Authority

2018-2019 Budget Amendment #1

Capital Purchases

Line #	Program	Description	$$$
	Equipment, Furniture, Building Improvements		
1	Brege	2 major appliances	2,000
2	Brege	Recliner	1,000
3	Brege	Bedroom Flooring	700
4	Cambridge	2 major appliances	2,000
5	Cambridge	Flooring (Living, dinning, kitchen, hallways) 15 yr. commercial	13,000
6	Clerical Support	Varidesk - (Stand up desk ADA accommodation)	395
7	Customer Service	Office Chair	200
8	Facilities & Vehicles	Conference Room Chairs Hillman office	2,640
9	Facilities & Vehicles	1 12/15 Passenger High top Van w/ Lift	50,000
10	Facilities & Vehicles	3 Mini Vans	72,000
11	Facilities & Vehicles	3 Sedans	51,000
12	Facilities & Vehicles	Network Room Redundant Cooling System	24,000
13	Facilities & Vehicles	2 HVAC Unit Replacements Alpena Office	18,000
14	Finance	Office Chair	200
15	Harrisville	2 major appliances	2,000
16	Harrisville	Living Room Furniture	2,500
17	Harrisville	4 mattress sets	800
18	Harrisville	Carpet tiles 2 bedrooms	3,500
19	Housekeeping	Vacuum & Spot Cleaners	1,000
20	Information Systems	3 Copy Machines (Hillman, Rogers City, Reimbursement)	16,500
21	Millcreek	2 major appliances	2,000
22	Pinepark	2 major appliances	2,000
23	Pinepark	Flooring (Living, dinning, kitchen, hallways) 15 yr. commercial	13,000
24	Princeton	(2) Major Appliances	2,000
25	Princeton	Portable Island w/locking wheels	2,000
26	Princeton	Flooring for the kitchen and laundry room	4,800
27	Staff Development	CPR Equipment	1,100
28	Thunder Bay	2 Major Appliances	2,000
29	Walnut	2 Major Appliances	2,000
30	Walnut	Living room storage cabinet	500
31	Walnut	Chaise lounge	1,100
32	Walnut	Couch	1,100
33	**Total Equipment, Furniture, Building Improvements**		**$ 297,035**
	Computer Equipment		
34	Information Systems	Backup Server	20,000
35	Information Systems	SQL Server	20,000
36	Information Systems	Skype communication system Board Room	5,000
37	Information Systems	Computers, Laptops, tablets, printers, switches, etc.	40,000
38	Information Systems	Phone replacements	3,000
39	**Total Computer Equipment**		**$ 88,000**

Vehicle Replacement Policy:

Agency owned vehicles will be reviewed for replacement when:

a. they have reached a service life of five years and/or they have accumulated 120,000 miles,

b. excessive wear or costs dictates that the vehicle be removed from service, or

c. safety conditions require that they be removed from service.

Northeast Michigan Community Mental Health Authority

2018-2019 Budget Amendment #1

Staffing - Full Time Equivalents (FTE's)

Line #	Program	FY19 Preliminary Budget	$$$ Incr./(Decr.)	**FY19 Budget Amendment #1**	% Incr./(Decr.)
1	Board Administration	4.48	0.62	**5.10**	13.8%
2	DD Administration	2.20	-	**2.20**	0.0%
3	Managed Information Systems (MIS)	5.74	0.36	**6.10**	6.3%
4	Staff Development	0.48	(0.11)	**0.37**	-22.9%
5	Budget & Finance	11.62	(0.32)	**11.30**	-2.8%
6	Clerical Support Services	10.11	(0.66)	**9.45**	-6.5%
7	Human Resources	4.15	-	**4.15**	0.0%
8	Facilities, Vehicles, Equip. Maintenance	3.01	-	**3.01**	0.0%
9	Quality Improvement	2.15	(0.15)	**2.00**	-7.0%
10	MI Outpatient (see line 11)	8.50	1.00	**9.50**	11.8%
11	MI Administration (see line 10)	1.54	(1.04)	**0.50**	-67.5%
12	Physician Services (see line 22)	6.73	4.71	**11.44**	70.0%
13	Housekeeping	2.53	0.15	**2.68**	5.9%
14	Customer Service	2.33	(0.37)	**1.96**	-15.9%
15	Geriatric Services - PASARR	1.25	(0.12)	**1.13**	-9.6%
16	Geriatric Case Management **	9.51	(0.07)	**9.44**	-0.7%
17	MI Case Management **	11.50	0.51	**12.01**	4.4%
18	Assertive Community Treatment (ACT) **	10.03	(0.19)	**9.84**	-1.9%
19	Children's Home Based and Comm. Services **	10.75	(0.19)	**10.56**	-1.8%
20	MI Child Collaborative Care Grant	0.48	0.02	**0.50**	4.2%
21	DD Case Management	13.50	(1.98)	**11.52**	-14.7%
22	DD Clinical Support (see line 12)	4.85	(3.60)	**1.25**	-74.2%
23	Applied Behavioral Analysis (Autism) Services	10.91	1.09	**12.00**	10.0%
24	DD Community Employment	13.15	(0.18)	**12.97**	-1.4%
25	DD Community Living Supports	28.02	-	**28.02**	0.0%
26	MI Adult Clubhouse (Contract 1/1/2019)	5.18	(4.13)	**1.05**	-79.7%
27	Peer Directed Activities	0.89	-	**0.89**	0.0%
28	MI Peer Support Services	2.33	-	**2.33**	0.0%
29	MI Community Employment	3.30	0.20	**3.50**	6.1%
30	SIP Monitoring	11.77	-	**11.77**	0.0%
31	DD Supported Independent Living (SIP)	36.82	-	**36.82**	0.0%
32	Self Determination (MI & DD)	2.75	(0.34)	**2.41**	-12.4%
33	Hospital Transportation (new)	0.17	0.07	**0.24**	41.2%
34	Cambridge Residential DD	12.51	(0.29)	**12.22**	-2.3%
35	Princeton Residential DD	13.52	0.02	**13.54**	0.1%
36	Walnut Residential DD	13.50	0.53	**14.03**	3.9%
37	Thunder Bay Residential DD	12.01	0.07	**12.08**	0.6%
38	Pinepark Residential DD	12.89	0.17	**13.06**	1.3%
39	Brege Residential DD	12.44	0.01	**12.45**	0.1%
40	Harrisville Residential DD	12.53	0.07	**12.60**	0.6%
41	Millcreek Residential DD	12.06	0.24	**12.30**	2.0%
42	**Total FTE's**	344.19	(3.90)	**340.29**	-1.1%

New Positions Added:

Full Time Rights Advisor (increased from Part Time)

Full time Autism Behavioral Technician/Administrative Assistant

** All MI Community Support Workers are now reported in the programs they directly work for

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Eleven Months Ending August 31, 2018
91.7% of year elapsed

		Actual August Year to Date	Budget August Year to Date	Variance August Year to Date	Budget FY18	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 96,906	$ 95,376	$ 1,530	$ 104,009	93.2%
2	Private Contracts	44,338	41,473	2,864	45,227	98.0%
3	Grants from Local Units	462,970	442,253	20,718	482,282	96.0%
4	Interest Income	8,317	11,463	(3,145)	12,500	66.5%
5	Medicaid Revenue	22,401,029	22,745,465	(344,437)	24,804,215	90.3%
6	General Fund Revenue	691,225	688,099	3,125	750,381	92.1%
7	Healthy Michigan Revenue	1,304,461	1,453,043	(148,583)	1,584,562	82.3%
8	3rd Party Revenue	586,878	549,417	37,461	599,146	98.0%
9	SSI/SSA Revenue	447,978	447,220	758	487,699	91.9%
10	Other Revenue	49,182	48,876	306	53,300	92.3%
11	**Total Revenue**	**26,093,284**	**26,522,685**	**(429,402)**	**28,923,321**	**90.2%**
	Expense					
12	Salaries	11,234,701	11,652,025	417,324	12,706,679	88.4%
13	Social Security Tax	513,904	531,557	17,654	579,670	88.7%
14	Self Insured Benefits	2,105,460	2,509,755	404,295	2,736,919	76.9%
15	Life and Disability Insurances	201,384	205,987	4,602	224,631	89.7%
16	Pension	897,566	906,120	8,554	988,135	90.8%
17	Unemployment & Workers Comp.	206,732	239,941	33,209	261,659	79.0%
18	Office Supplies & Postage	41,605	44,576	2,971	48,611	85.6%
19	Staff Recruiting & Development	128,423	136,807	8,385	149,190	86.1%
20	Community Relations/Education	1,159	2,944	1,784	3,210	36.1%
21	Employee Relations/Wellness	46,899	55,039	8,140	60,021	78.1%
22	Program Supplies	388,134	435,506	47,373	474,925	81.7%
23	Contract Inpatient	982,878	908,747	(74,131)	991,000	99.2%
24	Contract Transportation	120,919	114,951	(5,968)	125,356	96.5%
25	Contract Residential	4,472,221	4,307,792	(164,430)	4,697,701	95.2%
26	Contract Employees & Services	2,868,075	2,702,567	(165,509)	2,947,183	97.3%
27	Telephone & Connectivity	101,481	109,959	8,479	119,912	84.6%
28	Staff Meals & Lodging	28,845	33,798	4,953	36,857	78.3%
29	Mileage and Gasoline	408,010	395,025	(12,985)	430,780	94.7%
30	Board Travel/Education	11,642	13,403	1,761	14,616	79.7%
31	Professional Fees	38,550	37,775	(775)	41,194	93.6%
32	Property & Liability Insurance	43,038	41,323	(1,715)	45,063	95.5%
33	Utilities	163,796	188,072	24,276	205,095	79.9%
34	Maintenance	159,425	204,170	44,745	222,650	71.6%
35	Rent	240,645	241,766	1,122	263,649	91.3%
36	Food (net of food stamps)	53,963	75,042	21,079	81,834	65.9%
37	Capital Equipment	33,527	38,777	5,250	42,287	79.3%
38	Client Equipment	26,184	19,237	(6,947)	20,978	124.8%
39	Miscellaneous Expense	82,523	123,787	41,264	134,991	61.1%
40	Depreciation Expense	248,990	246,237	(2,752)	268,525	92.7%
41	Budget Adjustment	-	-	-	-	0.0%
42	**Total Expense**	**25,850,678**	**26,522,685**	**672,008**	**28,923,321**	**89.4%**
43	**Change in Net Position**	**$ 242,606**	**$ -**	**$ 242,606**	**$ -**	**0.8%**

Contract settlement items included above:

44	Medicaid Funds Paid are Over Spent	(41,760)
45	General Funds Paid are Under Spent	1
46	Healthy Michigan Funds Paid are Over Spent	(103,213)

GOVERNANCE PROCESS
(Manual Section)

ANNUAL BOARD PLANNING CYCLE
(Subject)

Board Approval of Policy August 8, 2002
Last Revision of Policy Approved: June 12, 2008

Comment [DH
08/08/2002; Boa
dated 10/12/2006
Policy Revision

●1 POLICY:

To accomplish its role with a governance style consistent with board policies, the board will follow an annual agenda which (a) completes a re-exploration of ends policies annually and (b) continually improves its performance through attention to board education, enriched input and deliberation, as well as insistence upon measurement and achievement of ends.

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one year segment of the most recent board long range vision.

    - By September preceding the new cycle, the board will develop its agenda for the ensuing one-year period.

2. Education, input and deliberation will receive paramount attention in structuring the series of meetings and other board activities during the year.

    - To the extent feasible, the board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.

3. The sequence of the process for the board planning year ending September 30 is as follows:

    - May: The planning process begins with a brief review of progress to-date toward the current year ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the board wishes to focus its planning efforts over the next several months.

    - June through August: During these months the planning areas identified above are refined with the active assistance of staff.

- September: The board's plan (including ends) for the coming year is adopted. This plan will also include the board's desires for educational presentations for the year.

- November: Review of past year ends achievement. Celebration.

4. CEO monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.

5. CEO remuneration will be decided after a review of monitoring reports received in the last year by September.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP
(Manual Section)

CHIEF EXECUTIVE JOB DESCRIPTION
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	October 12, 2006

●1 POLICY:

As the board's single official link to the operating organization, the CEO's performance will be considered to be synonymous with organizational performance as a total.

Consequently, the CEO's job contributions can be stated as performance in the following areas:

1. Organizational accomplishment of the provisions of board policies on *Ends*.

2. Organization operation within the boundaries of prudence and ethics established in board policies on *Executive Limitations.*

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:

BOARD STAFF RELATIONSHIP
(Manual Section)

MONITORING EXECUTIVE PERFORMANCE
(Subject)

Board Approval of Policy	August 8, 2002
Last Revision of Policy Approved:	October 13, 2016

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against board policies on *Ends* and on *Executive Limitations*. Any evaluation of CEO performance, formal or informal, may be derived only from these monitoring data.

1. The purpose of monitoring is to determine the degree to which board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of board time so that meetings can be used to create the future rather than to review the past.

2. A given policy may be monitored in one or more of three ways:

    A. Internal report: Disclosure of compliance information to the board from the chief executive.

    B. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the board. Such reports must assess executive performance only against policies of the board, not those of the external party unless the board has previously indicated that party's opinion to be the standard.

    C. Direct board inspection: Discovery of compliance information by a board member, a committee or the board as a whole. This is a board inspection of documents, activities or circumstances directed by the board which allows a "prudent person" test of policy compliance.

3. Upon the choice of the board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the board according to frequency and method.

    A. See Board Monitoring Schedule for frequency and method.

4. By each September, the board will have a formal evaluation of the CEO. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable CEO interpretation of the board policy being monitored. The board is final arbiter of reasonableness, but will always judge with a "reasonable person"

test rather than with interpretations favored by board members or by the board as a whole.

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

●3 DEFINITIONS:

●4 REFERENCES:

●5 FORMS AND EXHIBITS:
Exhibit 1 – Monitoring Schedule

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	January – December** (NOTE: This is reported monthly if available
Emergency Executive Succession 01-006	CEO Report	Internal	Annual	January
Emergency Executive Succession 01-006	Board Evaluation	Internal -Board Review of Policy	Annual	January
Executive Director Role 03-001	Board-Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	January
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Feb., May, Aug., Nov.
Staff Treatment 01-003	Turnover Report/Exit	Internal	Semi-Annual	February/August
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	February – January** (NOTE: This is reported monthly if available)
Financial Condition 01-005	CEO Report/Quarterly Financial Statements	Internal	Quarterly	Feb., May, Aug., Nov.
Asset Protection 01-007	Board Evaluation	Internal. Board Review of Policy	Annual	February
Budgeting 01-004	CPA Audit	External	Annual	February
Financial Condition 01-005	CPA Audit	External	Annual	February
Asset Protection 01-007	CPA Audit	External	Annual	February
Delegation to the Executive Director 03-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Board Committee Principles 02-005	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	February
Treatment of Consumers 01-002	CEO Report Consumer Satisfaction Survey	Internal Internal	Annual Annual	March
Staff Treatment 01-003	Employee Survey Policy Review	Direct Internal – Board Review of Policy	Annual	March
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	March-February** (NOTE: This is reported monthly if available)
Budgeting 01-004	Board Evaluation	Internal – Board Review of Policy	Annual	March

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Code of Conduct 02-008	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	March
Board Member Recognition 02-011	CEO Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	April - March** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Board Evaluation	Internal – Board Review of Policy	Annual	April
Communication & Counsel 01-009	CEO Report	Internal	Annual	April
Communication & Counsel to Board 01-009	Board Evaluation	Internal – Board Review of Policy	Annual	April
Governing Style 02-002	Board Evaluation Self-Evaluation	Internal – Board Review of Policy	Annual	April
Cost of Governance 02-013	Board Evaluation Self-Evaluation	Internal – Board Review of Policy Update Policy with Budget Amounts	Annual Annual	April April
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal (2 months May/Jun)	At least Quarterly	May - April** (NOTE: This is reported monthly if available)
Financial Condition 01-005	CEO Report/Quarterly Financial Statements	Internal	Quarterly	May, Aug., Nov., Feb.
Board Job Description 02-003	Self-Evaluation & Policy Review Survey to Owners Employee Survey	Internal – Board Review of Policy	Annual	May
Board Core Values 02-014	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	May
Planning Session	Planning Session	Internal/External	Annual	June
Ends 04-001	CEO Report	Internal	Semi-Annual	June

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Staff Treatment 01-003	CEO Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	July - June** (NOTE: This is reported monthly if available)
Asset Protection 01-007	Insurance Reports	External/Internal	Annual	July
Community Resources 01-010	Board Evaluation	Internal – Board Review of Policy	Annual	July
Community Resources 01-010	CEO Report	Collaboration Report	Annual	July
Public Hearing 02-010	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	July
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	Aug., Nov., Feb., May
Staff Treatment 01-003	Turnover Report/Exit Interview	Internal	Semi-Annual	August/February
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	August - July** (NOTE: This is reported monthly if available)
Financial Condition 01-005	CEO Report/Quarterly Financial Statements	Internal	Quarterly	Aug., Nov., Feb., May
Chairperson's Role 02-004	Self-Evaluation & Policy Review Board Survey	Internal – Board Review of Policy	Annual	August
Board Members Per Diem 02-009	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Board Self-Evaluation 02-012	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
Disclosure of Ownership 02-016	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	August
General Executive Constraint 01-001	Board Evaluation of CEO Policy Review	Internal Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	September - August** (NOTE: This is reported monthly if available)
Compensation & Benefits 01-008	Policy Review	Internal – Board Review of Policy	Annual	September

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
MONITORING SCHEDULE

Exhibit 1

Policy	Reports	Internal/External/Direct	Frequency	Month
Board Committee Structure 02-006	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Chief Executive Officer Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	October - September** (NOTE: This is reported monthly if available)
Annual Board Planning Cycle 02-007	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Executive Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Performance 03-004	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Treatment of Consumers 01-002	Recipient Complaint Log Policy Review	Internal Internal – Board Review of Policy	Quarterly Annual	Nov./Feb./May/Aug.
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	November - October** (NOTE: This is reported monthly if available)
Financial Condition 01-005	CEO Report/Quarterly Financial Statements	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	CEO Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Budget (CEO Report)/Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (NOTE: This is reported monthly if available)
Grants or Contracts 01-011	CEO Report Board Evaluation	Internal Internal – Board Review of Policy	Annual	December
Board Member Recognition 02-011	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
Board Member Orientation 02-015	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	December
By-Laws	Self-Evaluation & Review	Internal – Board Review of Bylaws	Annual	December
Compensation & Benefits 01-008	Association Salary Survey Pension Report CEO Report	External/Internal External/Internal Internal	Annual	Within 60 days of receipt of Salary Survey
Ends 04-001	Policy Review	Internal – Board Review of Policy	Annual	Conducted when Strategic Plan is adopted

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, SEPTEMBER 26, 2018
CROSS STREET CONFERENCE ROOM, GAYLORD

BOARD MEMBERS IN ATTENDANCE:	**Carol Crawford, Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Terry Larson, Gary Nowak, Jay O'Farrell, Dennis Priess, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora**
STAFF IN ATTENDANCE:	**Christine Gebhard, Chip Johnston, Karl Kovacs, Eric Kurtz, Cathy Meske, Diane Pelts, Brandon Rhue, Sara Sircely, Dee Whittaker, Deanna Yockey, Carol Balousek**
PUBLIC IN ATTENDANCE:	**Chip Cieslinski, Nicole Montgomery, Sue Winter**

CALL TO ORDER
Let the record show that Chairman Randy Kamps called the meeting to order at 10:01AM.

ROLL CALL
Let the record show that all Board Members were in attendance for the meeting on this date.

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 August meeting of the NMRE Governing Board were included in the materials for the meeting on this date.
MOTION MADE BY DON TANNER TO APPROVE THE MINUTES OF THE AUGUST 22, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ROGER FRYE. MOTION CARRIED.

APPROVAL OF AGENDA
Mr. Kamps called for approval of the meeting agenda.
MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE SEPTEMBER 26, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY KARLA SHERMAN. MOTION CARRIED.

CORRESPONDENCE
- A letter from Cummings McClorey Davis & Acho, PLC dated August 22nd to Karl Kovacs providing legal opinion on bonus payments to NLCMA employees.
- Email correspondence form Robert Sheehan at CMHAM of Michigan dated August 24th to Association Members listing frequently asked questions regarding public-private partnerships.
- Email correspondence from Robert Sheehan at CMHAM dated August 29th to Association Members referencing the Association's dialogue with a range of parties.

- A letter from Jeffery Wieferich, Acting Director of Community Based Services at MDHHS, dated September 6th to PIHP and CMHSP Executive Directors indicating approved telepractice services effective October 1st.
- A summary from the Michigan Stakeholder meeting dated September 12th regarding the FY19 budget.
- A letter from Larry Scott, Director of the Office of Recovery Oriented Systems of Care at MDHHS, dated September 12th to the Roscommon County Board of Commissioners identifying ways in which the NMRE is combating the opioid epidemic, specific to residents of Roscommon County.
- Document from MDHHS on the Section 298 Initiative sand plans to issue an RFP to select a single PIHP to manage the specialty behavioral health benefit for the unenrolled population in the three pilot sites (HealthWest and West Michigan Community Mental Health, Genesee Health System, and Saginaw County CMHA). A list of frequently asked questions and the Department's responses was also included.
- A Memorandum from Sara Sircely, NMRE Managing Director of Substance Use Disorder Services, dated September 13th to Licensed Substance Use Disorder Service Programs outlining the NMRE's Request for Information for treatment and recovery housing services.
- The NMRE Board meeting schedule for FY19.

Mr. Kurtz highlighted the September 6th Memorandum approving the use of Telepractice for pre-admission screenings and mental health assessments performed by a non-physician. He thanked Christine Gebhard for her efforts to bring this about.

Dr. George Mellos was named the Interim BHDDA Deputy Director to replace Lynda Zeller.

Mr. Kurtz drew attention to the Response to Roscommon County Board of Commissioners from Larry Scott.

The 298 Initiative document reported that MDHHS will issue an RFP to select a single, existing PIHP to manage the specialty behavioral health benefits for the unenrolled population across the three pilot sites. Mr. Kurtz noted the counties would have to agree to take on the risk of a Third Party. Mr. Johnston added, County Commissioners would have to pick up any overruns.

Mr. Kamps proposed skipping the Board meeting scheduled for December 26th, unless there is some urgent action item. Mr. Stone suggested combining the November and December meetings, to take place in early December. Mr. Kurtz noted the November 28th meeting conflicts with the Directors Forum.

MOTION MADE BY DON TANNER TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY GOVERNING BOARD MEETING SCHEDULE FOR FISCAL YEAR 2019 WITH THE EXCEPTION OF NOVEMBER AND DECEMBER 2018, SECOND BY TERRY LARSON.

Discussion: Mr. Larson suggested a meeting on December 12th to replace both the November and December meetings.

LET THE RECORD SHOW THAT MR. TANNER AMENDED HIS MOTION TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY GOVERNING BOARD MEETING SCHEDULE FOR FISCAL YEAR 2019 AS AMENDED, MR. LARSON SECONDED THE AMENDED MOTION. MOTION CARRIED.

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

PUBLIC COMMENTS
Let the record show that no comments were made from the public during the meeting on this date.

REPORTS

Board Chair Report/Executive Committee

Let the record show that no meetings have occurred, and no report was given on this date.

CEO's Report

The NMRE CEO Report for September 2018 was included in the materials for the meeting on this date. Mr. Kurtz highlighted the Opioid Health Home Care Model training on September 6th & 7th, noting it was very well attended.

SUD Board Report

The draft minutes from the September 10, 2018 meeting of the NMRE Substance Use Disorder Oversight Board were included in the materials for the meeting on this date. Liquor tax requests will be brought forward for approval later in the Agenda.

June Financial Reports

The NMRE Monthly Financial Report for June 2018 was resent to the Board as the most recent version was not sent in the June meeting packet. There was no discussion of the June report during the meeting on this date.

July Financial Report

The NMRE Monthly Financial Report for July 2018 was included in the materials for the meeting on this date. By county eligibles trend graphs were not included in the report due to a data error. Staff is working to correct the issue.

Christine Gebhard asked why HAB revenue rates fell in July. Deanna Yockey responded that the NMRE received an overall rate increase of $1.1M (Medicaid, HMP, and HSW) per month for Q4 FY18.

- Traditional Medicaid showed mental health revenue of $125,022,162 plus SUD revenue $2,754,396 for a total of $127,776,557. Medicaid expenses were reported as $126,927,9, resulting in a surplus of $1,853,692.
- Healthy Michigan Plan showed mental health revenue of $8,969,741 plus SUD revenue of $4,135,643 for a total of $13,105,384. HMP expenses were reported as $15,439,940, resulting in a deficit of $2,334,556 (which will be offset by traditional Medicaid savings).
- Health Home showed revenue of $151,046 and expenses of $113,799, resulting in a surplus of $37,247.
- SUD showed all funding source revenue of $10,657,809 and expenses of $11,377.819, resulting in a deficit of $720,010.

MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORTS FOR JUNE 2018 AND JULY 2018, SECOND BY ANNIE HOOGHART. MOTION CARRIED.

NEW BUSINESS

FY19 Preliminary Budget

The NMRE Preliminary Budget for FY19 was included in the materials for the meeting on this date, as was a summary prepared by Mr. Kurtz. Mr. Kurtz acknowledged numerous best assumptions were made to continue forward. For Q1, a conservative 1.5% overall revenue increase to Traditional Medicaid, including HSW was assumed. The 1.5% increase was also assumed for SUD revenue. For the Opioid Health Home, 1000 was projected, which Mr. Kurtz called a "huge assumption." Staffing for the OHH was not included on

the NMRE staffing lines, but lumped into the overall OHH costs, as the State Plan Amendment has not been approved to date.

Expenditure assumptions include filling vacant positions, staff step increases, health care costa as NMRE transitions to directly employing staff, and up to 3% cola. Contractual costs include implementing ProtoCall, Paychex for HR and payroll, legal services, and up to $200K for parity software, which is yet unknown.

MOTION MADE BY DENNIS PRIESS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY PRELIMINARY BUDGET FOR FISCAL YEAR 2019, SECOND BY DON TANNER.

Discussion: Mr. Schmidt asked what is meant by "unspent funds?" Mr. Yockey clarified, that amount is the revenue less expenditures with additional PA2 added in. This will be displayed more clearly in future financial reports.

Voting took place on Mr. Priess's motion. MOTION CARRIED.

SUD Liquor Tax Requests
A summary of the liquor tax requests recommended by the NMRE SUD Oversight Board on September 10th were included in the materials for the meeting on this date. Mr. Kurtz stressed that each county representative should be a connection between the SUD Oversight Board member and the County Commission. Mr. Frye suggested sending SUD Oversight Board minutes to the County Commissions.

Annual Projects
Sara Sircely reported that the following three liquor tax requests were continuations from previous years.

- Michigan Rehabilitation Services (MRS) in the amount of $35,000 for job coaching services. MRS bills the NMRE at the end of the year, at which time, the amount of funds per county is determined based on actual individual served.
- NMSAS Recovery Center in the amount of $196,000 for peer coaching, multiple pathways to recovery, and community awareness. If spread evenly among the 21-counties, the cost would be $9,333.33 per county.
- SAFE in Northern Michigan campaign in the amount of $2,000 to augment the request made in July, which was approved for $18,000 but should have been $20,000.

MOTION MADE BY ROGER FRYE TO APPROVE THE LIQUOR TAX REQUEST FROM MICHIGAN REHABILITATION SERVICES FOR THIRTY-FIVE THOUSAND DOLLARS ($35,000.00), THE NMSAS RECOVERY CENTER IN THE AMOUNT OF ONE HUNDRED NINETY-SIX THOUSAND DOLLARS ($196,000.00), AND THE SAFE IN NORTHERN MICHIGAN MEDIA CAMPAIGN IN THE AMOUNT OF TWO THOUSAND DOLLARS ($2,000.00), SECOND BY GARY NOWAK. MOTION CARRIED.

Addiction Treatment Services (ATS)
Mr. Kurtz expressed he had some concerns with the way the initial request was presented to the NMRE SUD Oversight Board on September 10th. Mr. Kurtz was hesitant to approve start-up funding for a program that would provide billable services. Much of the project, however, does fall under the auspices of prevention. Mr. Kurtz requested Mr. Hindbaugh rewrite the request and resubmit. Due to the time sensitive nature of the request, Mr. Kurtz recommended approval, noting the amended request would circle back through the Board in October.

MOTION MADE BY ROGER FRYE TO APPROVE THE LIQUOR TAX REQUEST FROM ADDICTION TREATMENT SERVICES WITH AMENDED NARRATIVE LANGUAGE AND BUDGET, SECOND BY KARLA SHERMAN. MOTION CARRIED.

Centra Wellness Network – Benzie County
A request was made by Centra Wellness Network for Benzie county liquor tax funds to continue the Communities that Care coalition.

MOTION MADE BY DENNIS PRIESS TO APPROVE THE REQUEST FOR BENZIE COUNTY LIQUOR TAX FUNDS BY CENTRA WELLNESS NETWORK IN THE AMOUNT OF FIFTY-FIVE THOUSAND SEVEN HUNDRED TWENTY DOLLARS ($55,720.00) FOR THE COMMUNITIES THAT CARE COALITION, SECOND BY JOE STONE. MOTION CARRIED.

Catholic Human Services – Grand Traverse
A continuation request was made by CHS to continue the Grand Traverse County Coalition to reduce the misuse of opioids, prescription drugs, and other illegal substances.

MOTION MADE BY JOE STONE TO APPROVE THE REQUEST FOR GRAND TRAVERSE COUNTY LIQUOR TAX FUNDS BY CATHOLIC HUMAN SERVICES IN THE AMOUNT OF EIGHTY-SEVEN THOUSAND NINE HUNDRED NINETY-FOUR DOLLARS ($87,994.00) FOR THE GRAND TRAVERSE COUNTY FAMILIES AGAINST NARCOTICS COALITION, SECOND BY GARY NOWAK. MOTION CARRIED.

Centra Wellness Network – Manistee
A request was made by Centra Wellness Network for Manistee county liquor tax funds to continue the SEA coalition.

MOTION MADE BY GARY NOWAK TO APPROVE THE REQUEST FOR MANISTEE COUNTY LIQUOR TAX FUNDS BY CENTRA WELLNESS NETWORK IN THE AMOUNT OF SIXTY-ONE THOUSAND NINE HUNDRED FIFTY-SEVEN DOLLARS ($61,957.00) FOR THE SEA MANISTEE COALITION, SECOND BY RICHARD SCHMIDT. MOTION CARRIED.

Health Department of Northwest Michigan – Otsego
A request was made by the Health Department of Northwest Michigan for Otsego county liquor tax funds to continue the RISE youth prevention coalition.

MOTION MADE BY DON TANNER TO APPROVE THE REQUEST FOR OTSEGO COUNTY LIQUOR TAX FUNDS BY THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN IN THE AMOUNT OF SIXTY-ONE THOUSAND ONE HUNDRED SIXTY-SEVEN DOLLARS ($61,167.00) FOR THE RISE COALITION, SECOND BY KARLA SHERMAN. MOTION CARRIED.

PCE Statement of Work
The Statement of Work from PCE Systems was included in the materials for the meeting on this date. A build out of the PCE software system is needed to get PCE able to accommodate the Opioid Health Home Pilot Project. MICare Connect, the data sharing/care coordination component, will allow for real-time information sharing based on the MDHHS-5515 signed common consent form. Mr. Kurtz noted the functionality added to PCE may have applications outside the OHH. The cost was reported as $100K. Funding will come from MDHHS, through CMHAM, for the OHH. Mr. Tanner asked to add to the third bullet under “Assumptions,” that areas not accomplished will not be reimbursed.

MOTION MADE BY CAROL CRAWFORD TO APPROVE THE STATEMENT OF WORK FROM PCE SYSTEMS IN THE AMOUNT NOT TO EXCEED ONE HUNDRED THOUSAND DOLLARS ($100,000.00) AS AMENDED, SECOND BY DON TANNER. MOTION CARRIED.

MDHHS-PIHP FY19 Contract Amendment No.1

Amendment No.1 to the FY19 Contract was sent to PIHPs on September 19th. The Memorandum from John Duvendeck and summary of changes was sent in the materials for the meeting on this date. It was noted that the full Contract is available on the nmre.org website.

MOTION MADE BY KARLA SHERMAN TO APPROVE AMENDMENT ONE (NO.1) TO CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2019, SECOND BY CAROL CRAWFORD. MOTION CARRIED.

OLD BUSINESS

Behavioral Health Home

Mr. Kurtz and Mr. Johnston discussed with Jon Villasurda that the current BHH funding was targeted to be removed from the continuation budget. They shared current program outcomes and strongly suggested maintaining the current BHH funding and narrowing the scope of diagnosis to more closely define and show outcomes of the current BHH program. Once the Opioid Health Home is running, the plan is to revisit the BHH to reduce the scope and numbers and expand throughout the 21 counties. (SMI and COPD/Diabetes). Mr. Johnston completed a review of Centra Wellness Network's program, and sent it to Mr. Kurtz. Mr. Kovacs commented that, in spite of the lack of support from MDHHS/BHDDA, Northern Lakes CMHA has carried on the programs and can demonstrate good work.

PRESENTATION

Opioid Health Home

NMRE staff provided an update on the status of the Opioid Health Home and how the NMRE will work with its Health Home Providers. Brandon Rhue shared the heatmap showing the intensity of opioid use disorder diagnoses throughout the region. Mr. Kamps noted OUD affects individuals in all walks of life. Approval of the State Plan Amendment is expected before the October 1st go date.

COMMENTS

- Mr. Kovacs announced that Northern Lakes CMHA will present during the fall conference on Behavioral Health and Criminal Justice.
- Mr. Johnston cautioned the NMRE against "advertising" the OHH. In his experience with the Behavioral Health Home, word of mouth will be a key factor. He supported letting it grow gradually.

MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM October 24, 2018 in the Cross Street Conference Room in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 12:11PM.

	Program	Consumers served September 2018 (9/1/18 - 9/30/18)	Consumers served in the Past Year (10/1/17 - 9/30/18)	Average Since January (1/1/18 - 9/30/18)
1	**Access / Crisis / Prescreens**	55 - Routine 0 - Emergent 0 - Urgent 87 - Crisis 34 - Prescreens	684 - Routine 3 - Emergent 6 - Urgent 1100 - Crisis 508 - Prescreens	58 - Routine 0 - Emergent 1 - Urgent 97 - Crisis 44-Prescreens
2	**Doctors' Services**	1109	1617	1135
3	**Case Management**			
	Older Adult (OBRA)	126	176	129
	MI Adult	236	379	239
	MI ACT	30	42	33
	Home Based Children	11	21	8
	MI Children's Services	118	213	122
	DD	339	372	338
4	**Outpatient Counseling**	190(29/161)	534	211
5	**Hospital Prescreens**	34	508	44
6	**Private Hospital Admissions**	17	257	22
7	**State Hospital Admissions**	0	2	0
8	**Employment Services**			
	DD	76	116	91
	MI	47	81	52
	PSR Clubhouse	54	66	57
9	**Peer Support**	64	81	66
10	**Community Living Support Services**			
	DD	147	157	149
	MI	202	255	196
11	**CMH Operated Residential Services**			
	DD Only	59	62	60
12	**Other Contracted Resid. Services**			
	DD	34	37	35
	MI	27	33	29
13	**Total Unduplicated Served**	1115	2351	1150

County	Unduplicated Consumers Served Since October 2017
Alcona	255
Alpena	1500
Montmorency	227
Presque Isle	288
Other	66
No County Listed	15

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~17~~18)

Date	Item	Action
January	Emergency Exec. Succession 01-006	Policy Review
	Executive Director Role 03-001	Policy Review & Board Self-Evaluation
	Emergency Exec. Succession 01-006 (CEO Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
	Ownership Linkage - Public Hearing – Program Input	Activity
February		
	Delegation to the Executive Director 03-002	Policy Review & Board Self-Evaluation
	Asset Protection 01-007	Policy Review
	Board Committee Principles 02-005	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Recipient Rights Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (CPA Audit)	Review Monitoring Report
	Asset Protection 01-007 (CPA Audit)	Review Monitoring Report
	Educational Session	Presentation
	Nominations Committee meets to develop Slate of Officers	Activity
March	Budgeting 01-004	Policy Review
	Code of Conduct 02-008	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Satisfaction Surveys)	Review Monitoring Report
	Staff Treatment 01-003 (Employee Survey)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
	Board Member Recognition	Activity
April	Financial Condition 01-005	Policy Review
	Governing Style 02-002	Policy Review & Board Self-Evaluation
	Cost of Governance 02-013	Policy Review & Board Self-Evaluation
	Communication & Counsel 01-009	Policy Review
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Communication & Council 01-009	Review Monitoring Report
	Educational Session	Presentation
	Election of Officers	Activity
	Orientation of New Members	Activity
May	Board Job Description 02-003	Policy Review & Board Self-Evaluation
	Board Core Values 02-014	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Recipient Rights Log)	Review Monitoring Report
	Budgeting 01-004 (2 months) (Monthly Finance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	~~Educational Session~~	~~Presentation~~
	Ownership Input	Activity
	Begin Strategic Planning w/Environmental Scan	
June	~~Planning Session~~Continue Strategic Planning w/Ends Focus	Activity
	Ends 04-001	Review Monitoring Report
	Ends Discussion 04-001	Discuss
July	Community Resources 01-010	Policy Review
	Public Hearing 02-010	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Asset Protection 01-007 (Insurance Reports)	Review Monitoring Report
	Community Resources 01-011 (Collaboration Report)	Review Monitoring Report
	~~Educational Session~~Finalize Planning Session with Ends Setting	Presentation
	Prepare for CEO Evaluation	Activity
	~~Prepare for Ends Review~~	Activity

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-1~~7~~8)

Date	Item	Action
August	Chairperson's Role 02-004	Policy Review & Board Self-Evaluation
	Board Member Per Diem 02-009	Policy Review & Board Self-Evaluation
	Board Self-Evaluation 02-012	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Consumers 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Educational Session	Presentation
	CEO Evaluation Process	Activity
	Begin Self-Evaluation	Activity
	Ownership Linkage – Legislative Event, if warranted	Activity
September	General Executive Constraint 01-001	Policy Review
	Compensation & Benefits 01-008	Policy Review
	Chief Executive Officer Search Process 03-005	Policy Review & Board Self-Evaluation
	Board Committee Structure 02-006	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Annual Planning Cycle (Set Perpetual Calendar)	Activity
	Ownership Linkage schedule (Set Ownership Linkage Schedule)	Activity
	Finalize Self-Evaluation	Activity
	Educational Session	Presentation
	~~Quick Review of all Limitations Policies~~	~~Policy Review~~
	Ownership Linkage – Public Hearing Budget	Activity
October	Annual Board Planning Cycle 02-007	Policy Review & Board Self-Evaluation
	Executive Job Description 03-003	Policy Review & Board Self-Evaluation
	Monitoring Executive Director 03-004	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Finalize Annual Calendar	Activity
	Educational Session	Presentation
November	Staff Treatment 01-003	Policy Review
	Treatment of Consumers 01-002	Policy Review
	Treatment of Consumers 01-002 (Recipient Complaint Log)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
	Ends 04-001	Review Monitoring Report
	Educational Session – Annual Compliance Report	Presentation
	~~Appointment of~~ Nominations Committee meets to address recommendations to counties	Activity
December	Grants or Contracts 01-011	Policy Review
	Board Member Recognition 02-011	Policy Review & Board Self-Evaluation
	Board Member Orientation 02-015	Policy Review & Board Self-Evaluation
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Grants or Contracts 01-011	Review Monitoring Report
	Bylaw changes	Bylaw Review
	Educational Session	Presentation
Other		
	Compensation & Benefits 01-008 (Salary/Benefit Comparison Rept) (within 60 days of receipt of Salary Survey from Board Assoc.)	Review Monitoring Report
	Ends 04-001 (conducted when Strategic Plan is adopted)	Policy Review

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN
2018-2019

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 so doing, 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.

Core Values:

- **A Person-Centered focus shall be at the heart of all activities.**
- **Honesty, respect and trust are values that shall be practiced by all.**
- **We will be supportive and encouraging to bring out the best in one another.**
- **Recognition of progress and movement toward a continuously improving environment is a responsibility for all.**
- **We prefer decision-by-consensus as a decision-making model and will honor all consensus decisions.**

Forces in the Environment Impacting Behavioral Health

Payors/Payment Reform

- **Reimbursement based on health outcomes**
- **ACA**
- **Health system insurance plans**

Persons Served

- **Aging population and other demographic changes**
- **Expansion of coverage**
- **Increasing comorbid conditions**
- **Individuals served accessing health information**

Quality Improvement

- **Health and safety**
- **Minimizing waste, fraud and abuse**
- **Right amount of scope & duration of service**

Regulatory Changes

- **Home and Community-Based Services Rule**
- **Potential carve-in of specialty behavioral health**
- **1115 waiver application**

Workforce

- ***Shortage of qualified staff*** **of all types of disciplines (professional as well as direct care)**
- **Aging workforce**
- **Competing with the private sector (lower pay)**
- **Challenging work environment**
- **Evidence-Based Practices**
- **Training of staff to address current environment**

Technology

- **Electronic EHR**
- **Data Analytics**
- **Increase Mobile Capabilities**
- **Self-Management Tools/Consumer Portal**

Goals:

1. **To reduce the risk of metabolic syndrome in both adults and children.**
2. **To continue the partnership with Thunder Bay Community Health Services, Alcona Health Center and local school systems in order to provide school-based social work services for children**
3. **Promote a trauma-informed community through education, assessment and participation in community initiatives.**
4. **Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.**
5. **Coordinate community education and partnerships in suicide prevention.**
6. **To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.**
7. **To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.**
8. **To further utilize the Health Information Exchange (HIE) with Great Lakes Health Connect and local organizations in order to share critical health care information.**
9. **To keep current in education and information technology (IT).**

Barriers/Challenges:

Home and Community-Based Services – NeMCMHA will need to work with our providers to assure compliance with the rules for all.

ABA Expansion – Qualified providers, either in-person or through a telehealth arrangement, are limited in this program area.

Integrated Healthcare – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal

Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

Funding – The contractual obligations to the Michigan Department of Health and Human Services (MDHHS) while staying within the Per Member Per Month (PMPM) formula provided by the PIHP.

Jail Services – Limited use by law enforcement impacts the number of pre- and post-booking jail diversions.

Recruiting and Retention of Qualified Staff – Local competition for positions has made it difficult to recruit.

Service Population – If service delivery is modified to include the mild to moderate population, current staffing level is insufficient.

Residential Options – Decrease of family operated foster care resulting in the need to contract with more expensive corporate specialized foster care placements.

Opioid Epidemic – The increasing opioid epidemic has strained community resources.

Increasing Violence in our Society – The increasing violence in our society is requiring communities to come together to develop a comprehensive community action plan.

Opportunities:

Work collaboratively with the community partners in the region to promote integrated services, develop shared services and improve consumer accessibility, health outcomes and efficiencies.

Introduce new Evidence-Based Practices (EBPs) and training in the delivery of services.

The infrastructure of NeMCMHA is relatively strong, with excellent facilities, dedicated staff, continued IT investment and a balanced budget.

Provide education to the community at large and support and promote local advocacy efforts.

Work collaboratively with the community partners in the region to address challenges related to the increasing opioid epidemic and increase in violence and anger dyscontrol.

Take advantage of training opportunities provided by MDHHS.

Options:

The Agency must continue to strengthen its relationships with other partners of the market and reinforce its niche in intensive services for people with serious mental illness, serious emotional disturbance and intellectual/developmental disabilities, including those whose disabilities co-occur with substance use. The Agency must strategize to become a valued partner and be indispensable in the pursuit of quality, accessible health care at a lower cost. Options to be considered:

- **Shared psychiatric consultation with staff at other clinics**
- **Easy and consistent flow of individuals and information between behavioral health and primary care providers**

- **Growth of health care awareness and services in CMH services through enhanced training in health coaching and the use of data analytics**
- **Work closely to assure people with a serious mental illness or intellectual/developmental disability are receiving all necessary primary and behavioral healthcare. Expand telemedicine services as it relates to pediatric and adult services.**
- **Provide community members and staff with training as it relates to Mental Health First Aid for youth and adults, suicide prevention, increasing violence in our society, co-occurring disorders and the effects of trauma on individuals.**
- **Continue to be a member of Human Services Collaboratives.**

Plan:

Community Partners will be essential for NeMCMHA as we continue to be successful in the provision of integrated, comprehensive physical and behavioral health services. Northeast will continue to work collaboratively with the major primary health care providers and the Medicaid Health Plans (MHPs) to ensure the requirements to meet the health care reform challenges are met. Joint ventures will be established with community partners to provide seamless systems of care that eliminates duplication, lower costs, ensure quality care and achieve superior outcomes.

The Ends Statements reflect methods of monitoring population groups and department specific goals.

Ends:

All people in the region, through inclusion and the opportunity to live and work independently, will maximize their potential.

Sub-Ends:

Services to Children

1. **Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.**
    a. **90% of all children who participate in service (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show 20 point or more decrease in CAFAS scores at completion of services.**

Services to Adults with Mental Illness and Persons with I/DD

2. **Individuals needing independent living supports will live in the least restrictive environment.**
    a. **Development of two additional contract residential providers within our catchment area to increase capacity for persons requiring residential placement.**
    b. **Development of additional supported independent services for two individuals currently living in licensed Foster Care.**

Services to Adults with Co-Occurring Disorders

3. **Adults with co-occurring disorders will realize significant improvement in their condition.**
    a. **75% of those persons with a diagnosed substance use disorder will have one objective in their plan of service addressing treatment options or services.**
    b. **100% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing medication assisted treatment.**

Financial Outcomes

4. **The Board's Agency-wide expenses shall not exceed Agency-wide revenue at the end of the fiscal year (except as noted in 5.b. below).**
5. **The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:**
    a. **Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.**
    b. **Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.**

Community Education

6. **The Board will provide community education. This will include the following:**
    a. **Disseminate mental health information to the community utilizing available technology and at least one Report to the Community.**
    b. **Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.**
    c. **Support community advocacy**

The Ends will be monitored by the Board at least semi-annually.

The Strategic Plan will be reviewed by the Board at least annually.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Executive Director Report
September/October 2018

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
9/17/18	Meeting with Alpena County Commissioner Cam Habermehl and Juvenile Officer to discuss placement of adolescents in Juvenile Detention	Alpena County Courthouse
9/18/18	Attended NMRE Operations Committee	Gaylord
9/23-25/18	Attended Director's Forum in Lansing.*	Lansing
9/26/18	NMRE Board Meeting – presentation by Opioid Health Home Staff	Gaylord
9/26/18	Attended Suicide Awareness Focus Group at Partners in Prevention	Alpena
9/28/18	Participated in NeMCMHA Annual Trustee Meeting	Alpena
9/28/18	Opening of Proposals for the management of Clubhouse	Alpena
10/1/18	Participated in the Rural Community Opioid Response Planning Grant (RCORP Board Meeting)	Alpena
10/1/18	Participated in contract negotiations with NEMROC	Alpena
10/3/18	Attended Alpena County Human Services Coordinating Council (HSCC) Executive Committee	Alpena
10/8/18	Attended Alpena County Drug Court Advisory Team press conference announcing the $500,000 federal grant received to enhance Alpena County Drug Court for the next 4 years	Alpena

Director's Forum Highlights:
Parity Workgroup: As we move towards integration of primary and behavioral health services, the PIHPs and the CMHs will need to institute universal standard care guidelines. One of the ways to accomplish this objective is to purchase existing software that provides a measure of the services and supports needed by a given client/person served. NMRE hopes to enter into a contract with MCG part of the Hearst Health network as the software vendor to run the parity initiative.
Rate Restructuring: Briefly presented our rate restructuring efforts with our partners at NEMROC and Greenway. Greenway has chosen to close that service resulting in those persons employed by Greenway to lose their jobs (9 Individuals).
1115 Waiver status: CMS will not approve moving the b and c waivers into a single waiver. CMS will allow the continuation of the 1915(c) HAB waiver, Children's Waiver and the SED Waiver (noting we will not have to meet the requirement of a state operated ICFMR needing to exist in Michigan and allowing Michigan to utilize another state's ICFMR as the equivalent). The current 1915 (b)(3) – Additional

Mental Health Services (b3s) will be rolled into the 1915i waiver allowing for a higher income limit (150% of the federal poverty limit) but may limit the number of enrollees who receive the b services. Currently there is no limit.
Electronic Visit Verification (EVV): of Home Help and Personal Care services are now delayed to January 2020 for Personal Care and January 2023 for Home Help Services.
298: moving slowly, with the state wanting to contract with 1 PIHP to manage those person who are unenrolled in a Medicaid Plan and the Pilots continue to meet with the MHPs – the projected implementation is October 1, 2019.

RCORP: I am currently on the RCORP Board of Directors as a result of the HRSA (Health Resources and Services Administration) grant application and award. This is a 1-year planning grant to address the opioid crisis to include prevention, treatment, recovery and the development of an adequate workforce. This grant was written by the Michigan Center for Rural Health in partnership with multiple consortium members of which NMRE and Northeast are members. Lisa Orozco will represent Northeast as a member of the treatment and workforce committee at this time. I do anticipate including other management members as we move along in this process.

NOVEMBER AGENDA ITEMS

Policy Review
Staff Treatment 01-003
Treatment of Consumers 01-002

Policy Review & Self-Evaluation
No policies for Self-Evaluation this month

Monitoring Reports
01-002 Treatment of Consumers – Recipient Rights Quarterly Report
01-004 Budgeting
01-005 Financial Condition
04-001 Ends

Review

Activity

Ownership Linkage

Educational Session
Compliance Report

CMHA Community Mental Health Association of Michigan

WEEKLY UPDATE

Date 10/05/2018

Contents:

CMH Association Activities:

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

Discount Deadline is October 12, 2018! The Mental Health Code states that CMHSPs are required to distribute "Your Rights When Receiving Mental Health Services in Michigan" booklet to each recipient receiving services.

Annual Bulk Purchase: The Community Mental Health Association of Michigan is offering the Rights booklet for sale. In order to obtain the lowest costs possible, we will be offering an annual bulk printing price of 40¢ per booklet. Orders must be received by October 12, 2018 to qualify for the discount. Any booklets ordered after October 12, 2018, will be charged 50¢ per booklet.

Personalization: You are able to personalize the back cover of the Rights booklet. There is an additional charge of $95 per order. The personalization area is: 4" wide x 2" tall; 1 color. You must submit camera ready artwork with this form or email the artwork in one of the following formats: Word, Publisher, Illustrator, Pagemaker or PDF to npayton@cmham.org.

Staple-less Booklets: There is also an option to order staple-less booklets.

Prices for Booklets:
- Cost Per Booklet if Ordered by October 12, 2018: 40¢ (Flat Rate Shipping)
- Cost Per Booklet if Ordered After October 12, 2018: 50¢ (Flat Rate Shipping)

Shipment: Payment is required prior to shipping. Shipments will take place within 30 days after payment has been received.

Order Booklets: To place your order, click here: Order Your Recipient Rights Booklets Here!

CMHAM Committee Schedules, Membership, Minutes, And Information

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

State and National Developments Resources:

Opportunity to Receive Grant-Funded Consultation on Rate Restructuring To Support Competitive Integrated Employment For Persons With IDD:

The State of Michigan has established an Employment First policy priority. In the FY 2018 and 2019 State of Michigan budgets, funds for this policy priority are appropriated to support the objectives stated in Executive Order No. 2015-15 titled Employment First in Michigan. Part of the fund are targeted to assist CMHSPs with rate restructuring that can advance Employment First. In FY 2016 Oakland Community Health Network was chosen to participate in a rate restructuring initiative that was part of Michigan's involvement with the US Department of Labor Office of Disability Employment Policy (ODEP) Employment First State Leadership Mentoring Program (EFSLMP). This work was replicated with four (4) other interested CMHSPs in FY2018 and will now be continued in FY2019. This creates an

opportunity for up to six (6) new CMHSPs to receive no-cost technical assistance for rate restructuring to support the Employment First philosophy.

Follow is the link of the Employment in Michigan page. All of the information and forms for the Rate Restructuring technical assistance opportunity for CMHSP's:
https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897-370719--,00.html

RFP due: October 31, 2018

Submit the documents attached to:

Michigan DD Council
320 South Walnut Street, Lansing, MI 48910
Attention: Yasmina M. Bouraoui, Deputy Director

Questions should be directed to Yasmina M. Bouraoui, at E-mail: bouraouiy@michigan.gov; (517) 284-7291.

State Legislative Update:

Whitmer Releases Health Care Plan

Creating a reinsurance program for the state would help control costs of medical care by spreading out risks and costs to care for unhealthy or chronically ill individuals who generate high claims, Democratic gubernatorial candidate Gretchen Whitmer said in releasing a long-awaited health care proposal.

Below is a link to the complete Health Plan:

https://s3-us-west-2.amazonaws.com/gps-public-static/Gretchen-Whitmer/Whitmer_HealthcarePolicyDocument_09252018.pdf

Her proposal also called for the state to increase the age when persons can lawfully acquire and use tobacco to 21, from the current 18. That would put legal tobacco use in Michigan on a par with alcohol use. Most states have 18 as the legal age for tobacco use as federal law requires a minimum age of 18 to purchase and use tobacco. Currently five states have a legal age for tobacco use at 21.

Ms. Whitmer said the proposal would help cut Michigan's high tobacco usage. In 2014 the U.S. Centers for Disease Control said 22.6 percent of all persons in the state older than 18 used some form of tobacco.

In releasing her proposal, Ms. Whitmer said she would defend the Healthy Michigan plan, which provides health insurance through Medicaid to persons earning no more than 133 percent of the federal poverty level and currently covers more than 680,000 people, "from Republican attacks and fight to expand quality, affordable coverage for every Michigander."

Ms. Whitmer also said the plan would help protect individuals with pre-existing conditions as well as lower prescription costs and fight the state's opioid epidemic.

She also said she would boost funding for mental health, help improve overall health care quality in the state, take steps to recruit more health care practitioners to the state and help insure greater food security and access, especially in poorer communities.

Below is the specific section in the plan related to Mental Health Services:

Mental Health Funding

- Cuts to mental health services have had a detrimental effect on those services' quality and availability to Michiganders. In 2014, CMH funding for crisis and prevention services, on which all Michiganders rely, and for the services upon which the uninsured depend on for recovery was cut drastically by 60 percent and consequently we lost mental health services to 10,000 Michiganders. Some counties have been forced to resort to raising local property taxes in an attempt to make up the difference. My administration will work to increase funding for Michigan's mental health safety net, ensuring access to quality behavioral health services.

- Michigan has major unmet needs for behavioral health providers, like social workers and psychiatrists. To address the rampant issues caused from having too few mental health professionals – such as Michigan's growing problem with adverse childhood experiences and opioid addiction – my administration will pursue federal funding for training mental health professionals that is available to states via Substance Abuse and Mental Health Services Administration (SAMHSA). Additionally, a new cabinet-level position within the administration with a focus on mental health will be established to oversee improvements in Michigan's mental health outcomes.

Health Access for People with Disabilities

- Michiganders with disabilities deserve the access to quality healthcare in order to live full lives, with equal rights and opportunities, in the communities they call home. To ensure this access, our Medicaid expansion must continue to protect people with preexisting conditions, and our exchange marketplace must be staffed with a sufficient number of navigators to help Michiganders shop and purchase healthcare. My administration will also work to raise reimbursements for in-home caretakers, restore the MI Disability Commission of Concerns, develop more ADA approved and affordable housing and increase access to education services for Michiganders with disabilities.

Fighting the Opioid Epidemic

- The opioid epidemic has hit too close to home for too many Michiganders for too long. Addiction is a disease that has ravaged communities and families across Michigan. Overdose deaths in Michigan from opioid abuse jumped 54 percent between 2015 and 2016. In 2015, more Michiganders died from opiate-related deaths than died from gun violence or automobile fatalities. In 2016, Michigan had more annual opioid prescriptions than we had people – enough that every citizen of the state could have been given 84 opioid pills.

- It is past time for studying the problem and mulling over solutions. The opioid epidemic has become a $78.5 billion cost on the U.S. economy. If something is not done soon, the resources needed to control this problem may not be available. For the health and wellbeing of

Michiganders, our state needs a governor who will lead the fight against this emergency and help addicted Michiganders get back on their feet and back to work, and if elected I will wage war against opioids and we will win.

Following are five proposals I will spearhead to take on the opioid crisis:

- Declare a State of Emergency.
- Create the best treatment system in the country.
- Establish a more effective prescription drug monitoring system.
- Provide adequate funding for mental health.
- Educate residents about the problem.

Federal Update:

House Passes Huge Health Spending Bill

On Wednesday, the House overwhelmingly passed a bipartisan "minibus" package for fiscal year 2019 Defense-Labor, Health and Human Services, Education (Labor-HHS) appropriations bills, which include funding for federal mental health and addiction programs. Notably, the bill (H.R. 6157) would increase funding for some mental health and addiction programs as well as provide around $3.8 billion to specifically to address the opioid addiction crisis. The "minibus" also included a stopgap spending measure to fund the rest of the government into early December. With the Senate having passed the bill last week, the bill now heads to President Trump, who has said that he will sign the measure by September 30th to avert a government shutdown.

SUMMARY

The Defense-Labor-HHS minibus provides the Department of Health and Human Services (HHS) with a $2.3 billion increase in discretionary spending (compared to FY 2018), bringing HHS's total discretionary health spending to approximately $90.5 billion. The Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institutes of Health (NIH) would receive substantial funding increases. With continued Congressional attention on the opioid crisis, the minibus includes around $3.8 billion, an increase of over $206 million, for activities intended to curb opioid use and addiction. See our earlier *Capitol Connector* coverage for a list of targeted opioid activities and funding levels.

Specific funding levels for key behavioral health agencies and programs are detailed below:

Agency/Program	FY 2019 Funding	FY 2019 vs FY 2018
Substance Abuse and Mental Health Services Administration	$5.7 billion	*+$580 million*
Mental Health Block Grant	$722.5 million	*Level funding*
Substance Abuse Prevention and	$1.9 billion	*Level funding*

Treatment Block (SAPT) Grant		
Primary and Behavioral Health Care Integration	$49.9 million	*Level funding*
Mental Health First Aid	$21 million	*+$1 million*
State Opioid Response Grants	$1.5 billion	*Level funding ($500 million replaces funding for the Opioid State Targeted (STR) grants)*
Certified Community Behavioral Health Clinics (CCBHCs) Expansion Grants	$150 million	*+$50 million*
National Institutes of Health	$39 billion	*+$2 billion*

WHAT'S NEXT?

Once President Trump signs the Defense-Labor-HHS package, federal health spending fiscal year 2019 will be set. The package will also fund federal agencies that do not yet have an enacted FY 19 appropriations bill in place through December 7th. The federal 2019 fiscal year begins on October 1, 2018.

Education Opportunities:

CMHAM Annual Fall Conference

2018 Annual Fall Conference
FACING THE FUTURE TOGETHER
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan

EARLYBIRD DEADLINE: FRIDAY, OCTOBER 12, 2018

REGISTER FOR THE CONFERENCE HERE:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5123&AppCode=REG&CC=118041126516

HOTEL RESERVATION: The Grand Traverse Resort is currently SOLD OUT. Complete the Waiting List Form (attached) and forward to the Grand Traverse Resort.

Overflow Hotel Information:

Sleep Inn & Suites (rated in the top 20 Sleep Inn hotels in the US)
5520 US 31 North, Acme, MI 49610

- $108 plus taxes and includes a full hot breakfast.
- Deadline for discounted price is: October 13, 2018
- For reservations call 231-938-7000 and use code, "CMHAM."
- The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

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.

- November 7 – Lansing Click Here to Register for November 7 *only 5 spots left!*
- January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- 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

Annual Home and Community Based Waiver Conference: November 13-14

Registration Open Soon! Save the Date for the Annual Home and Community Based Waiver Conference will be held at the Kellogg Hotel and Conference Center in East Lansing on November 13-14! Brochure will be available soon. It will be a great program. See conference details here: https://macmhb.org/save-the-date/annual-home-and-community-based-waiver-conference-1

Crain's Health Care Leadership Summit

Every year, Crain's Health Care Leadership Summit focuses on one key theme affecting today's health care industry. This year's summit will examine not just how Michigan's $2 billion in Medicaid mental health funding should flow, but how best to tie together and manage health care for both body and mind across the spectrum of our health care system.

Register: https://www.crainsdetroit.com/hcsummit

Crain's Health Care Leadership Summit:
Body and Mind: How Best to Coordinate Mental and Physical Health

Monday, October 15, 2018
The Henry, Dearborn, Michigan
8:00am - 1:00pm

Keynote Speaker:
Eric Hipple, Director of Outreach, After the Impact Fund Former Detroit Lions Quarterback

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

WEEKLY UPDATE

Date 9/28/2018

Contents:

CMH Association Activities:

16M Awarded to Association Members to Expand Mental Health Services in Michigan Communities

Below is an excerpt from a recent M-Live story on the receipt of federal Certified Community Behavioral Health Clinics (CCBHCs).

> Four community mental health organizations in Michigan were awarded $4 million each to expand services in the communities they serve, U.S. Sen. Debbie Stabenow announced this week.
>
> "I have seen what happens when families get help and what happens when they don't," Stabenow said. "It's a life-changer, not just for the person, but for the family. We need to make that available to everybody."
>
> The grant funding was announced Thursday, Sept. 20, at Kalamazoo County Mental Health and Substance Abuse Services (KCMHSAS) in downtown Kalamazoo.
>
> Of the 25 of the grants awarded across the country, four were in Michigan, KCMHSAS CEO Jeff Patton said.
>
> Grants totaling $4 million over a period of 2 years were awarded to:
> - Kalamazoo County Mental Health and Substance Abuse Services
> - Health West (Muskegon Community Mental Health Authority)
> - West Michigan Community Mental Health Authority
> - Easterseals, based in Auburn Hills
>
> The four community mental health centers have been selected as the state's first-ever Certified Community Behavioral Health Clinics, Stabenow's office said.

The full story can be found at:
https://www.mlive.com/news/index.ssf/2018/09/16m_awarded_to_expand_mental_h.html

Grand Traverse County Law Enforcement, Behavioral Specialists at Northern Lakes Undergo Mental Health Training

Below is an excerpt from a recent news story on the work of Northern Lakes CMH.

> Law enforcement and behavioral health specialists in Grand Traverse County have been undergoing some unique training this week.
>
> A group from the Harris County Sheriff's Office in Houston, Texas has been working with staff at Northern Lakes Community Mental Health, to give anyone in crisis the support they so badly need.

All week law enforcement and mental health specialists have been learning how to identify symptoms, and respond to people with established mental health issues, or those experiencing an emotional crisis.

Thursday they were able to get hands-on and play out some scenarios to simulate what could be encountered on the job.

"We want law enforcement officers to have a good idea of what it is that's out there what they may come into contact with and then give them some tips and some tools to utilize as far as verbal communication to help limit you know having to use force on individuals that suffer from mental illness," Eric Uriegas, crisis intervention instructor said.

The full story can be found at:
https://www.9and10news.com/2018/09/13/grand-traverse-co-law-enforcement-behavioral-specialists-undergo-mental-health-training/

Recipient Rights Booklet: Annual Bulk Order & Personalization Available

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State and National Developments Resources:

Michigan LARA seeking public comment on proposed SUD licensing changes

Below is an announcement of the upcoming public hearing on the proposed changes to the state's licensing requirements for providers of substance use disorder services. Substance Use Disorder Programs: (Licensing and Regulatory Affairs, Bureau of Community and Health Systems)

Request for Rule-making Filed with ORR:	5/4/2018	**Public Hearing # 1**	**10/17/2018**
Request for Rule-making Approved by ORR:	5/7/2018	**Published in MR 18, 2018** **9:00 am -10:00 am**	
Draft Rule to ORR:	8/24/2018	**G. Mennen Williams Building Auditorium** **525 W. Ottawa Street**	
Draft Rule Approved by ORR:	8/27/2018	**Lansing, Michigan**	
Regulatory Impact Statement to ORR:	8/29/2018		

The proposed licensing rule change can be found at:
http://dmbinternet.state.mi.us/DMB/ORRDocs/ORR/1809_2018-028LR_orr-draft.pdf

Expert: Michigan Needs 32,000 Home Health Care Workers By 2020

Below are excerpts from a recent National Public Radio story on the lack of home healthcare workers in Michigan. These workers and tens of thousands like them provide a wide range of supports to persons served by the state's public mental health system.

> Clare Luz is a Ph.D gerontologist in the Michigan State University College of Osteopathic Medicine department of Family and Community Medicine. In a recent PBS Newshour story, she painted a stark picture of the shortage of home health care workers in Michigan. "In Michigan alone," Luz says, "we're going to need 32,000 more direct care workers by 2020."
>
> Note, of course, that 2020 is only a year and a half away.
>
> Luz tells me that those numbers come from PHI, a national organization that works on behalf of home health care workers. The explanations are many, including a rapidly aging population that is living longer, some with long-term chronic conditions like Alzheimers disease. Staying at home requires assistance.
>
> Luz continues that there's more going on here, though, than the aging of the baby boomer generation. "In addition to the aging of the population, the people that historically took care of older adults were women in the homes," Luz continues. "Now, we have families that are smaller, they're dispersed, and many women are in the workforce. We just don't have as many caregivers as we once had."
>
> It's difficult to attract people to the home health care field for a variety of reasons, but Luz explains that tough working conditions and low pay may be the most important. "With an average wage of about $10 an hour, some people will say $10.40, we also have very few

benefits, if any," Luz states. "They don't have guaranteed hours so they don't have income that they can depend on, and they don't have good training, and they don't get respect."

That lack of respect is especially challenging, says Luz. Through a Library of Congress fellowship, Luz recently interviewed 30 personal home health care workers around the state. A common complaint was how often they are referred to as unskilled, adding that "almost every single one of them said they get referred to as glorified butt-wipers, they get referred to as the maid, the housekeeper."

The full story can be found at:
http://www.wkar.org/post/expert-michigan-needs-32000-home-health-care-workers-2020#stream/0

Report released on causes and solutions to medication non-adherence

Yesterday, the National Council for Behavioral Health's Medical Director Institute released its report, "Medication Matters: Causes and Solutions to Medication Non-Adherence." Bringing together a diverse group of practitioners, administrators, policymakers, researchers, innovators, educators, advocates, payers, patients and family members to ensure a depth of discussion from a variety of viewpoints, the report is a call to action to ensure that all Americans get comprehensive care.

This multidisciplinary insight could not have come at a more pressing time. While one in six Americans – approximately 54.3 million individuals – take a psychiatric drug, only half, on average, of all people on any medication do not take it as prescribed. This means that around half of the individuals who are sick and suffering enough to be prescribed medication are not getting it, resulting in more emergency room visits, hospital admissions and disability. Additionally, billions of dollars are being wasted on pharmaceuticals every year.

In response, this report provides both a call to action as well as a comprehensive list of solutions. By working to ensure patient-centered care, improve the patient-doctor partnership, engage the whole team, simplify how medication is taken, and embrace technology, care providers and patients can together improve mental health and substance use disorder outcomes.

The report makes a strong argument that everyone has a role in improving medication adherence so please share this with all your staff. You can access the full report:
https://www.nationalcouncildocs.net/wp-content/uploads/2018/09/medication-non-adherence-082918.pdf

National Recovery Month Resources Announced

For twenty-nine years running, SAMHSA has sponsored National Recovery Month in September to celebrate the successes of those in recovery from substance use and/or mental illness. Their struggles and triumphs should be celebrated, and Recovery Month presents us with a chance to tell their story. The National Council is proud to support SAMHSA and honor individuals in recovery by hosting and participating in several recovery-themed events in addition to providing free Recovery Month resources on our website. Check out these Recovery Month resources today to celebrate recovery in your community at:
https://www.thenationalcouncil.org/events-and-training/recovery-month-2018/

Latest Polls on Redistricting Reform and Marijuana Legalization Ballot Initiatives

Below are excerpts from a recent press story on the poll results around Proposal 1 and 2.

> Voters are supporting Proposal 1 (legalizing marijuana) and Proposal 2 (redistricting reform) at less than 50 percent voters when read the actual ballot language and asked to indicate how they'd vote, according to new polling commissioned by *MIRS* and Governmental Consulting Services Inc. (GCSI).
>
> Marijuana legalization is currently supported by 41 percent of likely voters, according to the 800-person sample taken Sept. 11-14 by Target Insyght. Another 47 percent were opposed with 11 percent undecided.
>
> The *MIRS*/GCSI poll is the first survey to read to respondents the language that voters will confront in the voting booth on Nov. 6. Prior polls used other descriptions to inform those being polled.
>
> The poll question wording was:
>
> *The ballot proposal would allow individuals 21 and older to purchase, possess and use marijuana and marijuana-infused edibles, and grow up to 12 marijuana plants for personal consumption; Impose a 10-ounce limit for marijuana kept at residences and require amounts over 2.5 ounces be secured in locked containers; Create a state licensing system for marijuana businesses and allow municipalities to ban or restrict them; Permit retail sales of marijuana and edibles subject to a 10% tax, dedicated to implementation costs, clinical trials, schools, roads, and municipalities where marijuana businesses are located; Change several current violations from crimes to civil infractions. Should this proposal be adopted?*
>
> When voters were just read the title of the proposal: *A proposed initiated law to authorize and legalize possession, use and cultivation of marijuana products by individuals who are at least 21 years of age and older, and commercial sales of marijuana through state-licensed retailers*, support was actually lower with 40 percent in favor, 49 percent opposed and 11 percent undecided.
>
> On a party basis, 55 percent of Democrats supported legalization, 24 percent of Republicans and 39 percent of independents supported Proposal 1.
>
> On Proposal 2, the Voters Not Politicians effort that would turn over redistricting to a bipartisan commission, voters were closer to the 50 percent mark, but support still fell short at 48 percent in support, 24 percent opposed and 34 percent undecided.
>
> Voters were presented with the following question:
>
> *Create a commission of 13 registered voters randomly selected by the Secretary of State: 4 each who self-identify as affiliated with the 2 major political parties; and 5 who self-identify as unaffiliated with major political parties. Prohibit partisan officeholders and candidates, their employees, certain relatives, and lobbyists from serving as commissioners. Establish new*

redistricting criteria including geographically compact and contiguous districts of equal population, reflecting Michigan's diverse population and communities of interest.

Districts shall not provide disproportionate advantage to political parties or candidates. Require an appropriation of funds for commission operations and commissioner compensation. Should this proposal pass?

When just the title of the Proposal 2 was read, 43 percent were in support, 24 percent were opposed and 34 percent were undecided. On a partisan basis, 64 percent of Democrats support Proposal 2 as do 34 percent of Republicans and 35 percent of Democrats.

"Without education or promotion, these ballot proposals don't stand by themselves," said Ed **SARPOLUS**, president of Target Insyght. "Similar proposals in the past, where we used promoter words, or biased words in, they pass 50 percent. But if you read the ballot language, they don't pass."

Sarpolus is quick to say the poll results on Proposal 1 or Proposal 2 shouldn't be interpreted as suggesting they can't pass, just that without support and education, they won't pass based on the official ballot wording.

Report: Pathways to Potential Helps Students Attend School by Removing Barriers, Encouraging Family Success

Below are excerpts from a recent story on Michigan's Pathways to Potential program.

An annual report on Michigan's Pathways to Potential project shows how placing MDHHS caseworkers in schools continues to remove barriers to student and family success.

The Michigan Department of Health and Human Services (MDHHS) today released its annual report on Pathways to Potential to detail its impact during the 2016-17 school year.

The report shows chronic absenteeism decreasing by more than 20 percent in several counties since caseworkers known as success coaches were first assigned there; interventions by caseworkers that helped more than 45,000 students, parents and others; and more than 20,000 cases in which Pathways provided basic needs to students and families through donations.

"This report demonstrates the positive effects of providing human services in locations where clients are already going – their community schools," said Matt Lori, deputy director of Policy, Planning and Legislative Services for MDHHS. "When we work one-on-one with families to identify and remove barriers to success and connect them to a network of community services, they can become self-sufficient, find the pathway to success and realize their dreams."

Pathways to Potential targets five outcome areas: student attendance, education, health, safety and self-sufficiency. During the 2017-18 school year, success coaches assisted families in 300 schools in 41 counties. Among the findings in the report, with all data being for the 2016-17 school year:

- Schools in six counties decreased chronic absenteeism by more than 20 percent in their Pathways schools since they became part of the program. They are: Kalkaska (28 percent), Newaygo (26 percent), Ontonagon (25 percent), Ottawa (24 percent), Oakland (22 percent) and Jackson (21 percent).
- Pathways to Potential had 131,307 interventions with 45,975 individuals – 32,019 were students, 11,080 were parents or caregivers and 2,804 were community members, which could include siblings of students or other adults in the home. Interventions can include face-to-face meetings, phone calls and other forms of communication.
- Pathways addressed attendance in 49,813 interventions, making attendance the No. 1 purpose for intervention. Ranked from second to seventh, in order, were: family support, students' basic needs, physical and mental health, academic success, home and family life issues, and student behavior.
- Pathways is fulfilling its focus of making sure students go to school by providing students and families with basic needs such as donated clothing, hygiene items, household supplies and school supplies in 20,654 cases. Students who don't have these basic needs met often do not go to school.
- In looking at actions that resulted from interventions, the most common action was meeting a basic need, such as providing students or families with donated clothing, hygiene items, or household or school supplies. Referring the family to a community resource was the second most common action taken. The third most common action was providing student incentives for good attendance – such as donated toys or bikes or pizza or ice cream parties.

The report includes success stories about students and families in Macomb and Gladwin counties.

Pathways began in Detroit, Flint, Pontiac and Saginaw schools during the 2012-13 school year and has expanded to locations around the state since then. Gov. Rick Snyder has said that Pathways demonstrates a better way of providing government services by making caseworkers available to provide services to families in locations that they already visit rather than having them visit government offices to seek assistance.

Learn more about Pathways and find the annual report at www.michigan.gov/pathwaystopotential

One in Three College Freshmen Worldwide Reports Mental Health Disorder

Below is a recent announcement of the APA study on the prevalence of mental health issues among college students.

As if college were not difficult enough, more than one-third of first-year university students in eight industrialized countries around the globe report symptoms consistent with a diagnosable mental health disorder, according to research published by the American Psychological Association.

"While effective care is important, the number of students who need treatment for these disorders far exceeds the resources of most counseling centers, resulting in a substantial unmet need for mental health treatment among college students," said lead author Randy P. Auerbach, PhD, of Columbia University. "Considering that students are a key population for determining

the economic success of a country, colleges must take a greater urgency in addressing this issue."

Auerbach and his co-authors analyzed data from the World Health Organization's World Mental Health International College Student initiative, in which almost 14,000 students from 19 colleges in eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the United States) responded to questionnaires to evaluate common mental disorders, including major depression, generalized anxiety disorder and panic disorder.

The researchers found that 35 percent of the respondents reported symptoms consistent with at least one mental health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. Major depressive disorder was the most common, followed by generalized anxiety disorder. The findings were published in the *Journal of Abnormal Psychology*.
"The finding that one-third of students from multiple countries screened positive for at least one of six mental health disorders represents a key global mental health issue," said Auerbach.

Previous research suggests that only 15-20 percent of students will seek services at their respective counseling center, which may already be overtaxed, according to Auerbach. If students need help outside of their school counseling center or local psychologists, Auerbach suggested that they seek Internet resources, such as online cognitive behavioral therapy. University systems are currently working at capacity and counseling centers tend to be cyclical, with students ramping up service use toward the middle of the semester, which often creates a bottleneck," said Auerbach. "Internet-based clinical tools may be helpful in providing treatment to students who are less inclined to pursue services on campus or are waiting to be seen."

Future research needs focus on identifying which interventions work best for specific disorders, said Auerbach. For example, certain types of depression or anxiety may be best treated with certain types of Internet interventions, whereas other disorders, such as substance use, may require treatment in person by a psychologist or other mental health professional.

"Our long-term goal is to develop predictive models to determine which students will respond to different types of interventions," said Auerbach. "It is incumbent on us to think of innovative ways to reduce stigma and increase access to tools that may help students better manage stress."

The full text of the article is available at:
http://www.apa.org/pubs/journals/releases/abn-abn0000362.pdf

Resources: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field

Below are descriptions of a recent set of resources, from the Center for Health Care Strategies (CHCS) related to addressing social determinants of health.

Health care and community-based organizations (CBO) across the country are increasingly joining forces to address the root causes of poor health among low-income and vulnerable populations. Clearly identifying the financial, operational, and strategic elements that contribute to effective collaboration can help ensure that partnerships are a win-win for all parties. Through

support from Kaiser Permanente Community Health, CHCS and Nonprofit Finance Fund developed a set of case studies and resources to inform health care and CBO partners working together to address social needs and improve health outcomes for at-risk patients

These materials can help existing and emerging partnerships strengthen their collaborative efforts:

- Supporting Social Service and Health Care Partnerships to Address Health-Related Social Needs: Case Study Series - These case studies explore examples of diverse partnerships from across the country that are working to address social needs and improve health outcomes for at-risk patients. https://www.chcs.org/resource/bridging-community-based-human-services-health-care-case-studies/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbced451bf-8a318ed7f9-152144421

- Tools for Supporting Social Service and Health Care Partnerships to Address Social Determinants of Health - This set of technical assistance tools is designed to help partnerships address common barriers to partnering and strengthen their collaborative activities. https://www.chcs.org/resource/tools-for-supporting-social-service-and-health-care-partnerships-to-address-social-determinants-of-health/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbced451bf-8a318ed7f9-152144421

- Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field - This webinar explored promising strategies for developing and sustaining partnerships that address social determinants of health. https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbced451bf-8a318ed7f9-152144421

State Legislative Update:

Study: Healthy MI Enrollees Had Less Debt, Financial Problems

Low-income Michigan residents who enrolled in the Healthy Michigan program experienced fewer debt problems and other financial issues than they had before enrollment, according to the findings of a team led by a University of Michigan health economist. The study shows drops in unpaid debts -- especially medical debts and over-drawn credit cards -- as well as fewer bankruptcies and evictions after people enrolled. Meanwhile, enrollees' credit scores and car loans rose, according to a U-M press release publicizing the study.

The researchers focused on people who enrolled in the program's first year, starting in April 2014, and hadn't had health insurance before they joined. The team looked at individual-level financial information from several years before, and at least a year after, each person enrolled. The study

showed, among other findings, that enrolling in Healthy Michigan reduced the amount of medical bills in collections that the average enrollee had by 57 percent, or about $515; and reduced the amount of debt past due but not yet sent to a collection agency by 28 percent or about $233.

Enrollment was also shown to have led to a 16 percent drop in public records for financial events such as evictions, bankruptcies and wage garnishments, and bankruptcies alone fell by 10 percent. It also resulted in enrollees' being 16 percent less likely to overdraw their credit cards.

Economist Sarah Miller, Ph.D., of U-M's Ross School of Business, published the paper on the site of the National Bureau of Economic Research with colleagues from the Federal Reserve Bank of Chicago, University of Illinois, Chicago and Northwestern University. "This study also suggests that people at risk of losing Medicaid because they don't complete a work requirement or paperwork could be at a great financial risk, even if they do not have a chronic illness or a major medical issue," Miller said in a statement. "They're the ones at risk of losing their coverage, and it won't just mean they can't go to the doctor."

Federal Update:

Opioid Legislation Nearing Finish Line Following Passage of Senate Bill

The Senate passed its version of a sweeping legislative package to address the opioid crisis on Monday in a 99 to 1 vote. The bipartisan Opioid Crisis Response Act (S. 2680) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The House and Senate will now need to reconcile the differences between the two different versions of legislation to finalize a bill for the President's signature.

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the Senate's opioid package, it ultimately falls short on investments in prevention, treatment and recovery for Americans living with substance use disorders (SUD). "To truly address the root causes of the opioid crisis, we need to invest in the full continuum of behavioral health services," said Linda Rosenberg, President and CEO of the National Council. "We need a comprehensive solution. This package of bills does not achieve that." In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act.

WHAT'S IN? Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, some of which have been included in the Senate bill:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid use disorders in rural and frontier areas, and is a direct result of National Council advocacy efforts.
- Substance Use Disorder Workforce: The bill amends the existing National Health Service Corps (NHSC) program, which provides student loan forgiveness to qualified health care professionals, to be more inclusive of substance use disorder treatment professionals. However, the House-passed opioid package contained a more robust workforce initiative entitled the Substance Use

Disorder Workforce Loan Repayment Act, which would create a new loan forgiveness program that is targeted to address the shortages of SUD treatment providers in the areas that need it most. The National Council is actively advocating for members of Congress to include the House's workforce provision in the final compromise opioid package.

- The Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs), a change that the National Council has been advocating for since 2009.
- The Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help them adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued *Building Recovery: State Policy Guide for Supporting Recovery Housing* to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.
- MAT Treatment Capacity: The bill pulls a provision from the TREAT Act to codify a change that expanded the number of patients that a practitioner can treat with buprenorphine at any one time to 275 patients. The National Council is disappointed to see that other MAT-related provisions from House's opioid package (H.R. 6) are not included in the Senate's package. Those provisions would 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine, 2) temporarily expand the definition of "qualifying practitioner" to include nurse anesthetists, clinical nurse specialists, and nurse midwives, and 3) permit a waivered-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner meets certain requirements.
- The Improving Access to Mental Health Services Act will allow behavioral health National Health Service Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

WHAT'S NEXT?

The Senate's package will now need to be reconciled with the House's version, which passed in late June, before a final version can move to the President's desk for his signature. A few more controversial measures that made it into the House package but were left out of the Senate version must now be resolved in conference negotiations including lifting the Institutions for Mental Disease (IMD) exclusion for residential SUD treatment and changing privacy laws that govern the sharing of substance use disorder treatment records.

Education Opportunities:

CMHAM Annual Fall Conference

2018 Annual Fall Conference
FACING THE FUTURE TOGETHER
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan

REGISTER FOR THE CONFERENCE HERE:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5123&AppCode=REG&CC=118041126516

HOTEL RESERVATION: The Grand Traverse Resort is currently SOLD OUT. Complete the Waiting List Form (attached) and forward to the Grand Traverse Resort.

Overflow Hotel Information:

Sleep Inn & Suites (rated in the top 20 Sleep Inn hotels in the US)
5520 US 31 North, Acme, MI 49610

- $108 plus taxes and includes a full hot breakfast.
- Deadline for discounted price is: October 13, 2018
- For reservations call 231-938-7000 and use code, "CMHAM."
- The hotel is 1.8 miles from the Grand Traverse Resort – a 5-minute drive.

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.

- November 7 – Lansing Click Here to Register for November 7
- January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- 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

Annual Home and Community Based Waiver Conference – Save the Date – November 13-14

Save the Date for the Annual Home and Community Based Waiver Conference will be held at the Kellogg Hotel and Conference Center in East Lansing on November 13-14! Brochure will be available soon. It will be a great program.
See conference details here: https://macmhb.org/save-the-date/annual-home-and-community-based-waiver-conference-1

Miscellaneous News and Information:

Job Opportunity: Michigan Healthy Transitions (MHT) Project Director

Purpose: To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children's Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

Experience: Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, Click Here!

Michigan Association of Community Mental Health Boards is now Community Mental Health Association of Michigan.

September 21, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- Contact Information of the CMH Association's Officers:
- Work, Accomplishments, and Announcements of CMH Association and its Member Organizations
  - 16M awarded to Association members to expand mental health services in Michigan communities
  - Grand Traverse Law Enforcement, Behavioral Specialists at Northern Lakes Undergo Mental Health Training
- State and National Developments and Resources
  - Michigan LARA seeking public comment on proposed SUD licensing changes
  - Expert: Michigan Needs 32,000 Home Health Care Workers By 2020
  - Report released on causes and solutions to medication non-adherence
  - National Recovery Month resources announced
  - Latest polls on redistricting reform and marijuana legalization ballot initiatives
  - Report: Pathways to Potential helps students attend school by removing barriers, encouraging family success
  - One in three college freshmen worldwide reports mental health disorder
  - Resources: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field
- Legislative Update
  - Study: Healthy MI Enrollees Had Less Debt, Financial Problems
- National Update
  - Opioid Legislation Nearing Finish Line Following Passage of Senate Bill
- CMHAM Annual Fall Conference Registration Open
- Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019
- Annual Home and Community Based Waiver Conference – Save the Date – November 13-14
- CMHAM Association committee schedules, membership, minutes, and information

Contact information of the CMH Association's Officers: 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 Stonejoe@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

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

16M awarded to Association members to expand mental health services in Michigan communities

Below is an excerpt from a recent M-Live story on the receipt of federal Certified Community Behavioral Health Clinics (CCBHCs)

> Four community mental health organizations in Michigan were awarded $4 million each to expand services in the communities they serve, U.S. Sen. Debbie Stabenow announced this week.
>
> "I have seen what happens when families get help and what happens when they don't," Stabenow said. "It's a life-changer, not just for the person, but for the family. We need to make that available to everybody."
>
> The grant funding was announced Thursday, Sept. 20, at Kalamazoo County Mental Health and Substance Abuse Services (KCMHSAS) in downtown Kalamazoo.
>
> Of the 25 grants awarded across the country, four were in Michigan, KCMHSAS CEO Jeff Patton said. Grants totaling $4 million over a period of 2 years were awarded to:
> - Kalamazoo County Mental Health and Substance Abuse Services
> - Health West (Muskegon Community Mental Health Authority)
> - West Michigan Community Mental Health Authority
> - Easterseals, based in Auburn Hills
>
> The four community mental health centers have been selected as the state's first-ever Certified Community Behavioral Health Clinics, Stabenow's office said.

The full story can be found at:
https://www.mlive.com/news/index.ssf/2018/09/16m_awarded_to_expand_mental_h.html

Grand Traverse County Law Enforcement, Behavioral Specialists at Northern Lakes Undergo Mental Health Training

Below is an excerpt from a recent news story on the work of Northern Lakes CMH.

> Law enforcement and behavioral health specialists in Grand Traverse County have been undergoing some unique training this week.
>
> A group from the Harris County Sheriff's Office in Houston, Texas has been working with staff at Northern Lakes Community Mental Health, to give anyone in crisis the support they so badly need.
>
> All week law enforcement and mental health specialists have been learning how to identify symptoms, and respond to people with established mental health issues, or those experiencing an emotional crisis.
>
> Thursday they were able to get hands-on and play out some scenarios to simulate what could be encountered on the job.
> "We want law enforcement officers to have a good idea of what it is that's out there what they may come into contact with and then give them some tips and some tools to utilize as far as verbal communication to help limit you

know having to use force on individuals that suffer from mental illness," Eric Uriegas, crisis intervention instructor said.

The full story can be found at:

https://www.9and10news.com/2018/09/13/grand-traverse-co-law-enforcement-behavioral-specialists-undergo-mental-health-training/

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan LARA seeking public comment on proposed SUD licensing changes

Below is an announcement of the upcoming public hearing on the proposed changes to the state's licensing requirements for providers of substance use disorder services.

Substance Use Disorder Programs: (Licensing and Regulatory Affairs , Bureau of Community and Health Systems)

Request for Rule-making Filed with ORR:	5/4/2018	Public Hearing #1	10/17/2018
Request for Rule-making Approved by ORR:	5/7/2018	Published in MR 18, 2018 9:00 am -10:00 am	
Draft Rule to ORR:	8/24/2018	G. Mennen Williams Building Auditorium 525 W. Ottawa Street	
Draft Rule Approved by ORR:	8/27/2018	Lansing, Michigan	
Regulatory Impact Statement	8/29/2018		

The proposed licensing rule change can be found at:
http://dmhinternet.state.mi.us/DMB/ORRDocs/ORR/1809_2018-028LR_orr-draft.pdf

Expert: Michigan Needs 32,000 Home Health Care Workers By 2020

Below are excerpts from a recent National Public Radio story on the lack of home healthcare workers in Michigan. These workers and tens of thousands like them provide a wide range of supports to persons served by the state's public mental health system.

> Clare Luz is a Ph.D gerontologist in the Michigan State University College of Osteopathic Medicine department of Family and Community Medicine. In a recent PBS Newshour story, she painted a stark picture of the shortage of home health care workers in Michigan. "In Michigan alone," Luz says, "we're going to need 32,000 more direct care workers by 2020."
>
> Note, of course, that 2020 is only a year and a half away.
>
> Luz tells me that those numbers come from PHI, a national organization that works on behalf of home health care workers. The explanations are many, including a rapidly aging population that is living longer, some with long-term chronic conditions like Alzheimers disease. Staying at home requires assistance.
>
> Luz continues that there's more going on here, though, than the aging of the baby boomers generation. "In addition to the aging of the population, the people that historically took care of older adults were women in the homes," Luz continues. "Now, we have families that are smaller, they're dispersed, and many women are in the workforce. We just don't have as many caregivers as we once had."
>
> It's difficult to attract people to the home health care field for a variety of reasons, but Luz explains that tough working conditions and low pay may be the most important. "With an average wage of about $10 an hour, some people will say $10.40, we also have very few benefits, if any," Luz states. "They don't have guaranteed hours so they don't have income that they can depend on, and they don't have good training, and they don't get respect."

> That lack of respect is especially challenging, says Luz. Through a Library of Congress fellowship, Luz recently interviewed 30 personal home health care workers around the state. A common complaint was how often they are referred to as unskilled, adding that "almost every single one of them said they get referred to a glorified butt-wipers, they get referred to as the maid, the housekeeper."

The full story can be found at:
https://www.wkar.org/post/expert-michigan-needs-32000-home-health-care-workers-2020#stream/0

Report released on causes and solutions to medication non-adherence

Yesterday, the National Council for Behavioral Health's Medicaid Director Institute released its report, "Medication Matters: Causes and Solutions to Medicaid Non-Adherence." Bringing together a diverse group of practitioners, administrators, policymakers, researchers, innovators, educators, advocates, payers, patients and family members to ensure a depth of discussion from a variety of viewpoints, the report is a call to action to ensure that all Americans get comprehensive care.

The multidisciplinary insight could not have come at a more pressing time. While one in six Americans – approximately 54.3 million individuals – take a psychiatric drug, only half, on average, of all people on any medication do not take it as prescribed. This means that around half of the individuals who are sick and suffering enough to be prescribed medication are not getting it, resulting in more emergency room visits, hospital admissions and disability. Additionally, billions of dollars are being wasted on pharmaceuticals every year.

In response, this report provides both a call to action as well as a comprehensive list of solutions. By working to ensure patient-centered care, improve the patient-doctor partnership, engage the whole team, simplify how medication is taken, and embrace technology, care providers and patients can together improve mental health and substance use disorder outcomes.

The report makes a strong argument that everyone has a role in improving medication adherence so please share this with all your staff. You can access the full report: https://www.nationalcouncildocs.net/wp-content/uploads/2018/09/medication-non-adherence-082918.pdf

National Recovery Month resources announced

For twenty-nine years running, SAMHSA has sponsored National Recovery Month in September to celebrate the successes of those in recovery from substance use and/or mental illness. Their struggles and triumphs should be celebrated, and Recovery Month presents us with a chance to tell their story. The National Council is proud to support SAMHSA and honor individuals in recovery by hosting and participating in several recovery-themed events in addition to providing fee Recovery Month resources on our website. Check out these Recovery Month resources today to celebrate recovery in your community at:
https://www.thenationalcouncil.org/events-and-training/recovery-month-2018/

Latest polls on redistricting reform and marijuana legalization ballot initiatives

Below are excerpts from a recent press story on the poll results around Proposal 1 and 2.

> Voters are supporting Proposal 1 (legalizing marijuana) and Proposal 2 (redistricting reform) as less than 50 percent voters when read the actual ballot language and asked to indicate how they'd vote, according to new polling commissioned by *MIRS* and Governmental Consulting Services Inc. (GCSI).
>
> Marijuana legalization is currently supported by 41 percent of likely voters, according to the 800-person sample taken Sept. 11-14 by Target Insyght. Another 47 percent were opposed with 11 percent undecided.
>
> The *MIRS/GCSI* poll is the first survey to read to respondents the language that voters will confront in the voting booth on Nov. 6. Prior polls used other descriptions to inform those being polled.

The poll question wording was:

The ballot proposal would allow individuals 21 and older to purchase, possess and use marijuana and marijuana-infused edibles and grow up to 12 marijuana plants for personal consumption; Impose a 10-ounce limit for marijuana kept at residences and require amounts over 2.5 ounces be secured in locked containers; Create a state licensing system for marijuana businesses and allow municipalities to ban or restrict them; Permit retail sales of marijuana and edibles subject to a 10% tax, dedicated to implementation costs, clinical trials, schools, roads, and municipalities where marijuana businesses are located; Change several current violations from crimes to civil infractions. Should this proposal be adopted?

When voters were just read the title of proposal: *A proposed initiated law to authorize and legalize possession, use and cultivation of marijuana products by individuals who are at least 21 years of age or older, and commercial sales of marijuana through state-licensed retailers,* support was actually lower with 40 percent in favor, 49 percent opposed and 11 percent undecided.

On a party basis, 55 percent of Democrats supported legalization, 24 percent of Republicans and 39 percent of independents supported Proposal 1.

On Proposal 2, the Voters Not Politicians effort that would turn over redistricting to a bipartisan commission, voters were closer to the 50 percent mark, but support still fell short at 48 percent in support, 24 percent opposed and 34 percent undecided.

Voters were presented with the following question:

Create a commission of 13 registered voters randomly selected by the Secretary of State: 4 each who self-identify as affiliated with the 2 major political parties; and 5 who self-identify as unaffiliated with major political parties. Prohibit partisan officeholders and candidates, their employees, certain relatives, and lobbyists from serving as commissioners. Establish new redistricting criteria including geographically compact and contiguous districts of equal population, reflecting Michigan's diverse population and communities of interest.

Districts shall not provide disproportionate advantage to political parties or candidates. Require an appropriation of funds for commission operations and commissioner compensation. Should this proposal pass?

When just the title of the Proposal 2 was read, 43 percent were in support, 24 percent were opposed and 34 percent were undecided. On a partisan basis, 64 percent of Democrats support Proposal 2 as do 34 percent of Republicans and 35 percent of Democrats.

"Without education or promotion, these ballot proposals don't stand by themselves," said Ed SARPOLUS, president of Target Insyght. "Similar proposals in the past, where we used promoter words, or biased words in, they pass 50 percent. But if you read the ballot language, they don't pass."

Sarpolus is quick to say the poll results on Proposal 1 and Proposal 2 shouldn't be interpreted as suggesting they can't pass, just without support and education, they won't pass based on the official ballot wording.

Report: Pathways to Potential helps students attend school by removing barriers, encouraging family success

Below are excerpts from a recent story on Michigan's Pathways to Potential program.

An annual report on Michigan's Pathways to Potential project shows how placing MDHHS caseworkers in schools continues to remove barriers to student and family success.

The Michigan Department of Health and Human Services (MDHHS) today released its annual report on Pathways to Potential to detail its impact during the 2016-17 school year.

The report shows chronic absenteeism decreasing by more than 20 percent in several counties since caseworkers known as success coaches were first assigned there; interventions by caseworkers that helped more than 45,000 students, parents and others; and more than 20,000 cases in which Pathways provided basic needs to students and families through donations.

"This report demonstrates the positive effects of providing human services in locations where clients are already going – their community schools," said Matt Lori, deputy director of Policy, Planning and Legislative Services for MDHHS. "When we work one-on-one with families to identify and remove barriers to success and connect them to a network of community services, they can become self-sufficient, find the pathway to success and realize their dreams."

Pathways to Potential target five outcome area: student attendance, education, health, safety and self-sufficiency. During the 2017-18 school year, success coaches assisted families in 300 schools in 41 counties. Among the findings in the report, with all data being for the 2017-17 school year:

- Schools in six counties decreased chronic absenteeism by more than 20 percent in their Pathways schools since they became part of the program. They are: Kalkaska (28 percent), Newaygo (26 percent), Ontonagon (25 percent), Ottawa (24 percent), Oakland (22 percent) and Jackson (21 percent).
- Pathways to Potential had 131,307 interventions with 45,975 individuals –32,018 were students, 11,080 were parents or caregivers and 2,804 were community members, which could include siblings of students or other adults in the home. Interventions can include face-to-face meetings, phone calls and other forms of communication.
- Pathways addressed attendance in 49,813 interventions, making attendance the No. 1 purpose of intervention. Ranked from second to seventh, in order, were: family support, students' basic needs, physical and mental health, academic success, home and family life issues, and student behavior.
- Pathways is fulfilling its focus of making sure students go to school by providing students and families with basic needs such as donated clothing, hygiene items, household supplies and school supplies in 20,654 cases. Students who don't have these basic needs met often do not go to school.
- In looking at actions that resulted from interventions, the most common action was meeting a basic need, such as providing students or families with donated clothing, hygiene items, or household or school supplies. Referring the family to a community resource was the second most common action taken. The third most common action was providing student incentives for good attendance – such as donated toys or bikes or pizza and ice cream parties.

The report includes success stories about students and families in Macomb and Gladwin counties.

Pathways began in Detroit, Flint, Pontiac and Saginaw schools during the 2012-13 school year and has expanded to locations around the state since then. Gov. Rick Snyder has said that Pathways demonstrates a better way of providing government services by making caseworkers available to provide services to families in locations that they already visit rather than having them visit government offices to seek assistance.

Learn more about Pathways and find the annual report at www.michigan.gov/pathwaystopotential

One in three college freshmen worldwide reports mental health disorder

Below is a recent announcement of the APA study on the prevalence of mental health issues among college students.

As if college were not difficult enough, more than one-third of first-year university students in eight industrialized countries around the globe report symptoms consistent with a diagnosable mental health disorder, according to research published by the American Psychological Association.

"While effective care is important, the number of students who need treatment for these disorders far exceeds the resources of most counseling centers, resulting in a substantial unmet need for mental health treatment among college students," said lead author Randy P. Auerbach, PhD, of Columbia University. "Considering that students are

a key population for determining the economic success of a country, colleges must take a greater urgency in addressing this issue."

Auerbach and his co-authors analyzed data from the World Health Organization's World Mental Health International College Student Initiative, in which almost 14,000 students from 19 colleges in eight countries (Australia, Belgium, Germany, Mexico, Northern Ireland, South Africa, Spain and the United States), responded to questionnaires to evaluate common mental disorders, including major depression, generalized anxiety disorder and panic disorder.

The researchers found that 35 percent of the respondents reported symptoms consistent with at least one mental health disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. Major depressive disorder was the most common, followed by generalized anxiety disorder. The findings were published in the *Journal of Abnormal Psychology.*
"The finding that one-third of students from multiple countries screened positive for at least one of the six mental health disorders represents a key global mental health issue," said Auerbach.

Previous research suggests that only 15-20 percent of students will seek services at their respective counseling center, which may already be overtaxed, according to Auerbach. If students need help outside of their school counseling center or local psychologists, Auerbach suggested that they seek Internet resources, such as online cognitive behavioral therapy.
University systems are currently working at capacity and counseling centers tend to be cyclical, with students ramping up service use toward the middle of the semester, which often creates a bottleneck," said Auerbach. "Internet-based clinical tools may be helpful in providing treatment to students who are less inclined to pursue services on campus or are waiting to be seen."

Future research needs focus on identifying which interventions work best for specific disorders, said Auerbach. For example, certain types of depression or anxiety may be best treated with certain types of Internet interventions, whereas other disorders, such as substance use, may require treatment in person by a psychologist or other mental health professional.

"Our long-term goal is to develop predictive models to determine which students will respond to different types of interventions," said Auerbach. "It is incumbent on us to think of innovative ways to reduce stigma and increase access to tools that may help students better manage stress."

The full text of the article is available at:
http://www.apa.org/pubs/journals/releases/abn-abn0000362.pdf

Resources: Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field

Below are descriptions of a recent set of resources, from the Center for Health Care Strategies (CHCS) related to addressing social determinants of health.

Health care and community-based organizations (CBO) across the country are increasingly joining forces to address the root causes of poor health among low-income and vulnerable populations. Clearly identifying the financial, operational, and strategic elements that contribute to effective collaboration can help ensure that partnerships are a win-win for all parties. Through support from Kaiser Permanente Community Health, CHCS and Nonprofit Finance Fund developed a set of case studies and resources to inform health care and CBO partners working together to address social needs and improve health outcomes for at-risk patients

These materials can help existing and emerging partnerships strengthen their collaborative efforts:

- Supporting Social Service and Health Care Partnerships to Address Health-Related Social Needs: Case Study Series – These case studies explore examples of diverse partnerships from across the country that are working to address social needs and improve health outcomes for at-risk patients. https://www.chcs.org/resource/bridging-community-based-human-services-health-care-case-studies/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-

+August+2017&utm_medium=email&utm_term=0_bbced451bf-8ae318ed7f9-152144421

- Tools for Supporting Social Service and Health Care Partnerships to Address Social Determinants of Health – This set of technical assistance tools is designed to help partnerships address common barriers to partnering and strengthen their collaborative activities. https://www.chcs.org/resource/tools-for-supporting-social-service-and-health-care-partnerships-to-address-social-determinants-of-health/?utm_source=CHCS+Email+Updates&utm_campaign8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbced451bf-8a318ed7f9-152144421

- Advancing Health Care and Community-Based Organization Partnerships to Address Social Determinants: Lessons from the Field – This webinar explored promising strategies for developing and sustaining partnerships that address social determinants of health.
https://www.chcs.org/resource/advancing-health-care-and-community-based-organization-partnerships-to-address-social-determinants-lessons-from-the-field/?utm_source=CHCS+Email+Updates&utm_campaign=8a318ed7f9-CHCS+Monthly+Update+-+August+2017&utm_medium=email&utm_term=0_bbced451bf-8a318ed7f9-152144421

LEGISLATIVE UPDATE

Study: Healthy MI Enrollees Had Less Debt, Financial Problems

Low-income Michigan residents who enrolled in the Healthy Michigan program experienced fewer debt problems and other financial issues than they had before enrollment, according to the findings of a team led by a University of Michigan health economist. The study shows drops in unpaid debts – especially medical debts and over-drawn credit cards – as well as fewer bankruptcies and evictions after people enrolled. Meanwhile, enrollees' credit scores and car loans rose, according to a U-M press release publicizing the study.

The researchers focused on people who enrolled in the program's first year, starting in April 2014, and hadn't had health insurance before they joined. The team looked at individual-level financial information from several years before, and at least a year after, each person enrolled. The study showed, among other findings, that enrolling in Healthy Michigan reduced the amount of medical bills in collections that the average enrollee had by 57 percent, or about $515; and reduced the amount of debt past due but not yet sent to collection agency by 28 percent or about $233.

Enrollment was also shown to have led to a 16 percent drop in public records for financial events such as evictions, bankruptcies and wage garnishments, and bankruptcies alone fell by 10 percent. It also resulted in enrollees' being 16 percent less likely to overdraw their credit cards.

Economist Sarah Miller, Ph.D., of U-M's Ross School of Business, published the paper on the site of the National Bureau of Economic Research with colleagues from the Federal Reserve Bank of Chicago, University of Illinois, Chicago and Northwestern University. "This study also suggests that people at risk of losing Medicaid because they don't complete a work requirement or paperwork could be at a great financial risk, even if they do not have a chronic illness or a major medical issue," Miller said in a statement. "They're the ones at risk of losing their coverage, and it won't just mean they can't go to the doctor."

NATIONAL UPDATE

Opioid Legislation Nearing Finish Line Following Passage of Senate Bill

The Senate passed its version of a sweeping legislative package to address the opioid crisis on Monday in a 99 to 1 vote. The bipartisan Opioid Crisis Response Act (S. 2680) supports many National Council priorities, including expanding access to treatment, strengthening the behavioral health workforce and supporting behavioral health information technology. The House and Senate will now need to reconcile the differences between the two different versions of legislation to finalize a bill for the President's signature.

While the National Council for Behavioral Health (National Council) is pleased to see many important policy changes included in the Senate's opioid package, it ultimately falls short on investments in prevention, treatment and recovery for Americans living with substance use disorders (SUD). "To truly address the root causes of the opioid crisis, we need to invest in the full continuum of behavioral health services," said Linda Rosenberg, President and CEO of the National Council. "We need a comprehensive solution. This package of bills does not achieve that." In particular, the National Council is disappointed that Congress missed this opportunity to expand the current eight-state, two-year Certified Community Behavioral Health Clinic (CCBHC) program via the Excellence in Mental Health and Addiction Treatment Expansion Act.

WHAT'S IN?

Throughout Congress' efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, some of which have been included in the Senate bill:

- The Special Registration for Telemedicine Clarification Act will remove barriers to accessing medication-assisted treatment (MAT) for opioid us disorders in rural and frontier areas, and is a direct result of National Council advocacy efforts.

- Substance Use Disorder Workforce: The bill amends the existing National Health Service Corps (NHSC) program, which provides student loan forgiveness to qualified health care professionals, to be more inclusive of substance use disorder treatment professionals. However, the House-passed opioid package contained a more robust workforce initiative entitled the Substance Use Disorder Workforce Loan Repayment Act, which would create a new loan forgiveness program that is targeted to address the shortages of SUD treatment providers in the areas that need it most. The National Council is actively advocating for members of Congress to include the House's workforce provision in the final compromise opioid package.

- The Improving Access to Behavioral Health Information Technology Act incentivizes behavioral health providers to adopt electronic health records (EHRs), a change that the National Council has been advocating for since 2009.

- The Ensuring Access to Quality Sober Living Act requires the Substance Abuse and Mental Health Services Administration to disseminate best practices for operating recovery housing to states and help hem adopt those standards. The National Council has been a longtime supporter of imposing more robust standards. To this end, in partnership with the National Alliance for Recovery Residences, we recently issued *Building Recovery: State Policy Guide for Supporting Recovery Housing* to assist states with the creation of recovery housing certification programs that standardize recovery housing operations to protect and support residents.

- MAT Treatment Capacity: The bill pulls a provision from the TREAT Act to codify a change that expanded the number of patients that a practitioner can treat with buprenorphine at any one time to 275 patients. The National Council is disappointed to see that other MAT-related provisions from House's opioid package (H.R. 6) are not included in the Senate's package. Those provisions would 1) eliminate the sunset date for nurse practitioners' (NPs) and physician assistants' (PAs) prescribing authority for buprenorphine, 2) temporarily expand the definition of "qualifying practitioner" to include nurse anesthetists, clinical nurse specialists, and nurse midwives, and 3) permit a waivered-practitioner to start immediately treating 100 patients at a time with buprenorphine (in lieu of the initial 30 patient cap) if the practitioner meets certain requirements.

- The Improving Access to Mental Health Services Act will allow behavioral health National Health Services Corps participants to work in schools and other community-based settings, thereby lowering barriers to access, particularly for rural and frontier communities.

WHAT'S NEXT?

The Senate's package will now need to be reconciled with the House's version, which passed in late June, before a final version can move to the President's desk for his signature. A few more controversial measures that made it into the House package but were left out of the Senate version must now be resolved in conference negotiations including lifting the Institutions for Mental Disease (IMD) exclusion for residential SUD treatment and changing privacy laws that govern the sharing of substance use disorder treatment records.

EDUCATIONAL OPPORTUNITIES

CMHAM ANNUAL FALL CONFERENCE

2018 Annual Fall Conference
FACING THE FUTURE TOGETHER
October 22, & 23, 2018
Grand Traverse Resort, Traverse City, Michigan

REGISTER FOR THE CONFERENCE HERE:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5123&AppCode=REG&CC=118041126516

HOTEL RESERVATION: The Grand Traverse Resort is currently SOLD OUT

Complete the Waiting List Form (attached) and forward to the Grand Traverse Resort.

Overflow hotel details will be posted next week at www.cmham.org

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.

- • September 26 – Gaylord – Click Here to Register for September 26
- • November 7 – Lansing Click Here to Register for November 7
- • January 23 – Lansing Click Here to Register for January 23
- • February 20 – Lansing Click Here to Register for February 20
- • 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

ANNUAL HOME AND COMMUNITY BASED WAIVER CONFERENCE – SAVE THE DATE – NOVEMBER 13-14

Save the Date for the Annual Home and Community Based Waiver Conference will be held at the Kellogg Hotel and Conference Center in East Lansing on November 13-14! Brochure will be available soon. It will be a great program.
See conference details here: https://macmhb.org/save-the-date/annual-home-and-community-based-waiver-conference-1

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

September 14, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

- **Contact information of the CMH Association's Officers:**
- **Work, Accomplishments, and Announcements of CMH Association and its Member Organizations**
  - **Newaygo CMH to honor Mike Geoghan as he departs from CEO role**
  - **CMH Association receives SAMHSA funded contract to foster evidence-based practice**
- **State and National Developments and Resources**
  - **US Surgeon General Report on Community Health and Prosperity seeking public comment**
  - **Developmental Disabilities Council taking legislators to work to highlight Disability Employment Awareness Month**
  - **Relias announces webinar series to celebrate Recovery Month**
  - **Abilita outlines cybercrime breadth and solutions**
  - **Great Lakes ATTC Trainings & Events September 2018**
- **Legislative Update**
  - **House, Senate Pass Paid Sick Leave, $12 Minimum Wage**
- **National Update**
  - **Senate Passes FY 19 Health Appropriations**
  - **CMS Announces Updates to Medicaid Wavier Reviews and Processes**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **19th Annual Substance Use and Co-Occurring Conference Registration is now open!**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

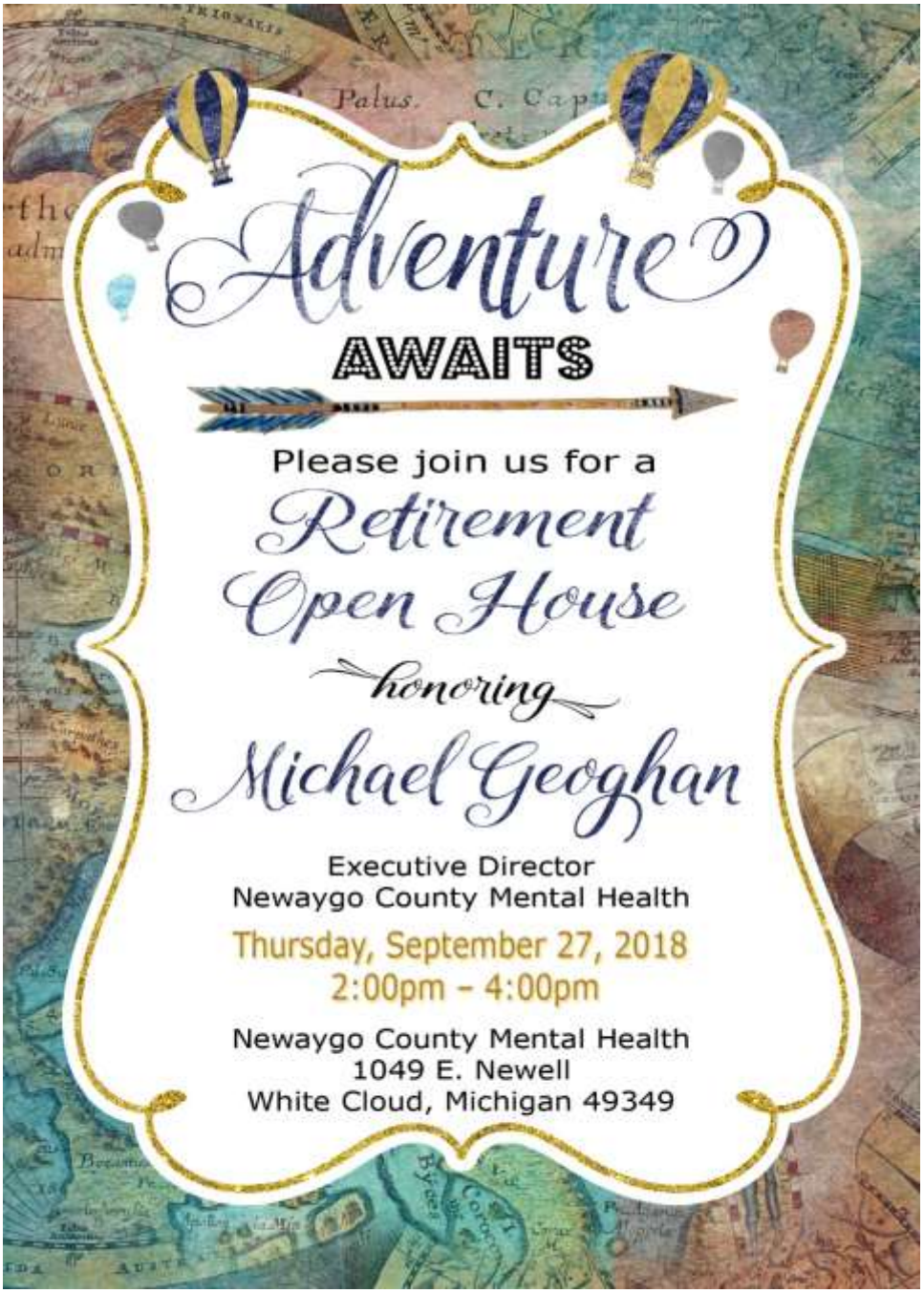
Contact information of the CMH Association's Officers: The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. 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

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Newaygo CMH to honor Mike Geoghan as he departs from CEO role



CMH Association receives SAMHSA funded contract to foster evidence-based practices

Below is a recent press release from the CMH Association on its recent formation of a partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center.

> $250,000 SAMSHA Grant Supports Mental Health Services in Michigan
> *Community Mental Health Association of Michigan Receives Award to Serve as Mental Health Technology Transfer Center*
>
> The Community Mental Health Association of Michigan (CMHAM) today announced they will receive a $250,000 grant from the University of Wisconsin as part the UW's initiative with the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
>
> Under the grant, the CMHAM will serve as the Michigan partner with the University of Wisconsin's newly formed Great Lakes Mental Health Technology Transfer Center. This center will foster the development of the mental health treatment and recovery services systems in Michigan, Illinois, Indiana, Minnesota, Ohio and Wisconsin. The CMHAM will work directly with the regional SAMSHA technology transfer site, to be housed at the University of Wisconsin, as a part of the multi-state regional partnership, slated to run for five years.
>
> In its new role, the association will serve as the connector and facilitator between Michigan's mental health system and the regional center. The program aims to:
>
> - Accelerate the adoption and implementation of mental health related evidence-based practices across the nation
> - Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness
> - Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services
> - Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field, including Center for Mental Health Services grant recipients
>
> Each Mental Health Technology Transfer Center (MHTTC), including the Great Lakes Center, will offer intensive technical assistance in a variety of formats: web-based and face-to-face learning series, organizational development and systems change projects, and targeted projects with organizations and states.
>
> "Our association looks forward to this partnership with the University of Wisconsin and SAMHSA. Through this partnership, we aim to add to, accelerate, and build upon the clinical innovations taking place throughout Michigan's mental health services community," said Robert Sheehan, the CEO of the CMHAM. "The ability to weave together the evidence-based and promising practices implemented in our state with those from across the Great Lakes region and the nation, provides Michigan's mental health system with powerful resources to best serve Michiganders in communities across the state."

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

US Surgeon General Report on Community Health and Prosperity seeking public comment

OPPORTUNITY FOR PUBLIC COMMENT - Surgeon General Report on Community Health and Prosperity - Comments Due November 5

The Centers for Disease Control and Prevention (CDC), in the attached announcement published in this morning's *Federal Register,* announced the opening of a docket to obtain comment on an upcoming Surgeon General's document/ Call to Action with a working title ''Community Health and Prosperity''. CDC is the lead agency to support the Office of the Surgeon General to publish a Call to Action that will be science-informed and actionable, outlining a conceptual framework with case examples and available evidence on the business case for investing in community health.

The CDC says the goal of the Call to Action is to clearly demonstrate that investments in community health have the potential to improve the health and prosperity of communities and issue a call to action to the private sector and local policy makers for investment in communities, unilaterally or as part of multi-sector or other consortium, to improve community health.

The CDC says **America's prosperity is being hampered by preventable** chronic diseases and **behavioral health issues**. Life expectancy at birth dropped in the United States for a second consecutive year in 2016. Preliminary data indicate that age-adjusted death rates continued to rise in 2017, which is likely to mark a third straight year of declining life expectancy. The U.S. lags behind comparable high-income countries on a range of health outcomes including life expectancy despite spending more on health care. About 6 in 10 American adults have at least one chronic health condition, and these people account for 90% of total health care spending. While chronic diseases affect all populations, they are not evenly distributed. Disease rates vary by race, ethnicity, education, geography and income level, with the most disadvantaged Americans often suffering the highest burden of disease. However, only about 20% of the factors that influence a person's health can be addressed by health care and the remaining 80% reflect socioeconomic, environmental or behavioral factors. Focusing on strategies that address the social and community conditions could improve health, life expectancy, and quality of life, while also reducing related health care costs and productivity losses. Investing in communities to improve the health and well-being of people could also revitalize and improve economic opportunity, enhancing prosperity in the community and for its residents and businesses.

CDC says that, although there is published literature and several ongoing public, private and philanthropic initiatives examining how investments in community health can enhance well-being and economic prosperity, there has not been a thorough assessment that compiles the evidence and best practices to illustrate benefits for the private sector and local policy makers. The Surgeon General's Call to Action hopes to bridge that gap and inspire more investments by the private sector and local policy makers in community health.

Written comments must be received before November 5, 2018. NASMHPD seeks suggestions by October 5 for what we should include in our comments. (Potential Examples: Coordinated Crisis Services, Supported Employment, Supportive Housing, Peer Support Services, Coordinated Specialty Care and Prodromal Interventions).

In the notice, interested persons or organizations are invited to submit written views, recommendations, and data about how investing in communities can improve health and prosperity. Examples may include:

(1) Available data, evidence and/or experience(s) that:
(a) suggest that private sector investments in community health have (directly or indirectly) improved health and prosperity of the workforce and communities;
(b) suggest that healthier communities help private sector businesses to be more efficient, profitable, successful, or competitive;
(c) include descriptions of data systems and evaluation frameworks that might contribute to supporting community health investment decisions, evaluating success and impact; and
(d) include case studies, examples, reviews and meta-analyses, data linkages, promising and emerging ideas, and best practices; and
(2) Types of investments the private sector and local policy makers can consider to improve health and wellness of employees and families, and community well-being and prosperity;
(3) Types of partners or coalitions that have invested in community health and the scope of their collaborations contributions;
(4) Descriptions of important barriers to and facilitators of success;
5) Private sector and local policy-maker rationales for making investments in community health; and
(6) Successful efforts by local policy makers to promote and sustain private sector investments in community health.

Developmental Disabilities Council taking legislators to work to highlight Disability Employment Awareness Month

To celebrate the achievements of people with disabilities in employment, the Michigan Developmental Disabilities Council is hosting "Take Your Legislator to Work" events across the state in advance of Disability Employment Awareness Month.

Legislators will have the opportunity to job shadow a constituent with a disability at their place of employment. Legislators will also be able to tour their workplace, meet co-workers and hear why employment is important to their constituent.

"These visits will demonstrate the value of community-integrated employment for employers and people with disabilities in Michigan," said Vendella Collins, Developmental Disabilities Council executive director. "This campaign highlights how people with disabilities strengthen the workforce, promote diversity, increase talent in the field, expand the tax base and lower poverty rates."

Take Your Legislator to Work visits are scheduled:

- Friday, Aug. 31, 3 p.m. – Sen. Margaret O'Brien (R-Portage) will job shadow Calvin Roux at Celebration Cinema, 6600 Ring Road, Portage.
- Monday, Sept. 10, 10 a.m. – Sen. Jim Stamas (R-Midland) will job shadow Cody Packard at Greater Michigan Construction Academy, 7730 W. Wackerly St., Midland.
- Monday, Sept. 10, 12:30 p.m. – Sen. Jim Stamas (R-Midland) will job shadow Nicholas Johnson at Grand Traverse Pie Company, 2600 N. Saginaw Road, Midland.
- Wednesday, Sept. 12, 4 p.m. – Sen. Judy Emmons (R-Sheridan) and Rep. Michele Hoitenga (R-Manton) will job shadow Levi Arrington at Meijer, 15400 Waldron Way, Big Rapids.
- Friday, Sept. 14, 11 a.m. – Sen. Hoon-Yung Hopgood (D-Taylor) and Rep. Erika Geiss (D-Taylor) will job shadow Ryan Powers at Matador Restaurant, 26747 Van Born, Taylor.
- Friday, Sept. 14, 1 p.m. – Sen. Tom Casperson (R-Escanaba) and Rep. Beau Matthew Lafave (R-Iron Mountain) will job shadow Chris Herbert at McDonald's, 1140 South Stephenson, Iron Mountain.
- Monday, Sept. 17, 10 a.m. – Sen. Judy Emmons (R-Sheridan) will job shadow Elliet West at Campbell Industrial Force, 1380 Industrial Park Dr., Edmore.
- Monday, Sept. 17, 4:30 p.m. – Sen Judy Emmons (R-Sheridan) will job shadow Shannon Landry at Clare County Transit Corporation, 1473 Transportation Dr., Harrison.
- Friday, Sept. 28, 10 a.m. – Rep. Aaron Miller (R-Sturgis) will job shadow Brenda Anselmo at Kure Domes and Mirrors, 1139 Haines Blvd., Sturgis.

The Michigan Developmental Disabilities Council, housed in the Michigan Department of Health and Human Services, is an advocacy organization that helps people with developmental disabilities have the opportunities and support to achieve their full potential and life dreams.

Relias announces webinar series to celebrate Recovery Month

Relias, a Preferred Corporate Partner of this Association, recently announced a webinar series in honor of National Recovery Month. That series is described below:

Addressing SUD and the Opioid Crisis: 3-Part Webinar Series

Everyone in healthcare is feeling the pressure to reign in opioid prescribing, successfully treat opioid dependence, better treat pain, and address patient misuse and abuse. Relias curated these webinars to support the providers who are on the front lines of treating those with substance and opioid use disorders, as well as those managing acute and chronic pain.

Join us for a 3-part webinar series to learn the science behind changing healthcare behavior, how to prevent SUD treatment provider burnout and how to best use technology to combat the crisis – topics chosen to help you help those you serve.

[Part 1] Stages of Change and Integrated Health Care
Date: September 20 at 2 p.m. ET
Presenters: Dr. Carlo DiClemente, PhD, ABPP, Professor Emeritus – University of Maryland at Baltimore County, Psychology Department

This webinar will discuss adoption and use of the Transtheoretical model of intentional behavior change within a whole health, integrated care framework. We will review the multidimensional tasks identified in the stages of change model, recent research and applications with alcohol, substance use and smoking interventions, and application to other health behaviors and chronic conditions.

Register at: http://go.reliaslearning.com/WBN2018-09-20StagesofChangeandIntegratedHealthCare_Registration.html?utm_source=webinar-hub

[Part 2] Remaining Optimistic When Treating OUD: Burnout Challenges and Stressors for Clinicians and Physicians
Date: October 11 at 2 p.m. ET
Presenters: Karl Haake, MD, Pain Management Consultant – Missouri Primary Care Association and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will explore the challenges of treating the OUD consumer. Join us to learn techniques to stay motivated and positive when treating opioid addiction and tips for identifying and self-management for clinician/physician stress.

Register at: http://go.reliaslearning.com/WBN2018-10-11OptimismWhenTreatingOUD_Registration.html?utm_source=webinar-hub

[Part 3] The Role of Technology in Solving the Opioid Crisis
Date: November 7 at 2 p.m. ET
Presenters**:** Tom Hill, MSW, Vice President of Practice Improvement – National Council for Behavioral Health, Abigail Hirsch, PhD, Chief Clinical Officer – myStrength and Carol Clayton, PhD, Translational Neuroscience Strategist – Relias

This webinar will examine the state of the opioid epidemic in healthcare, what progress has been made since the commission report release and declaration of federal State of Emergency. Clinical experts will discuss the current state of healthcare as it pertains to moving the needle on the opioid epidemic.

Register at: http://go.reliaslearning.com/WBN2018-11-07RoleofTechnologyinSolvingOpioidCrisis_Registration.html?utm_source=webinar-hub

Abilita outlines cybercrime breadth and solutions

In this article, Abilita, a Preferred Corporate Partner of this Association, outlines a range of cybercrime threats solutions:

Cyber based crimes have become increasingly complex and cyber criminals are becoming more sophisticated in how they are attempting to disrupt your business and steal your valuable data. Blockchain is emerging as one of the more effective methods of protecting your data, by offering unprecedented data security to keep your company's digital information safe.

While Blockchain was originally conceived of and used as the basis for the Bitcoin cybercurrency, its underlying algorithms can be adapted and used for securing data in almost every industry.

While complex, the good news is that anyone can join the blockchain revolution, including your business!

What is Blockchain Technology?
A blockchain consists of a network of hundreds even thousands of computers that store and share blocks of information. Once something is added to the blockchain network, it is distributed throughout the Blockchain network, Every transaction is logged and every computer has records the same information. It is almost impossible for a cybercriminal to change the information logged into every computer on the network. Entries cannot altered, edited or deleted. Instead, a user records changes by adding another block. This information is immediately available to anyone authorized to be part of that database.

Because data is not stored in one or two computers, Blockchains provide no 'hackable' entrance or a central point of failure and, thereby, provide a greater level of security. Since blockchains track data and keep it secure, they make everyday interactions with technology safer and more accountable.

Companies from all industries find ways to use blockchain technology to become more secure, efficient and profitable. Blockchain technology is used for:

- Cybercurrencies
- Authentication
- Smart Contracts
- Data Transfer
- Money transfers
- Stock investments
- Sports betting
- Contracts
- Real estate
- Business agreements
- Cloud storage
- Online purchases
- The Internet of Things

How Does Blockchain Keep Information Safe?

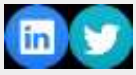
Essentially Blockchain is an accounting system that tracts all entries and transactions. Blockchains protect data by:

- Tracking and checking every change
- Backing up data in numerous locations:
- Pinpointing errors and attacks:
- Preventing identity theft

Businesses with employees trained in technology may have the capability to build their own blockchains. The Internet has numerous free, open source platforms for anyone looking to create their own database. However, coding an in-house blockchain requires advanced skills and knowledge, so small and midsize businesses may not have the resources.

Abilita and our business partners are available to assist with any of your company's technology needs.
Contact your Abilita consultant today:

Dan Aylward
Managing Consultant
517-853-8130
daylward@abilita.com
My profile page



Great Lakes ATTC Trainings & Events September 2018

The Great Lakes Addictions Technology Transfer Center (GLATTC)recently announced a number of webinars around cutting edge practices in SUD treatment and prevention.

Sept. 26: Webinar: A Rural Physician's Perspective: Providing Hope to the Opioid Epidemic through Medication-Assisted Treatment
2:00-3:00pm ET/1:00-2:00pm CT
Free
Presenter: Dr. John A. McAuliffe, MD, Prairie Clinic, LLC

Get more information and register at: https://www.lsqin.org/event/a-rural-physicians-perspective-mat/

Sept. 27: Webinar: Cultural Factors Within Substance Use
Presenter: Sean A. Bear I, American Indian/Alaska Native ATTC
1:00-2:00pm ET/12:00-1:00pm CT
Register at: https://events-na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?sco-id=1683883793

Recovery Month Webinar Series: Building Recovery Capital through Digital Health Technologies
A special series offered by the Mountain Plains ATTC, Pacific Southwest ATTC, and CASAT:

- Part I, Sept. 5: What are Digital Technologies and How do They Work?
- Part II, Sept.12: Overview of Privacy and Security as it Relates to Digital Health Technologies
- Part III, Sept.19: Engagement When Using Digital Health Technologies
- Part IV, Sept. 26: Implementing Digital Health Technologies Into Your World

Register at: http://www.nfartec.org/registration-building-recovery-capital-through-digital-health-technologies-brc/

LEGISLATIVE UPDATE

House, Senate Pass Paid Sick Leave, $12 Minimum Wage

The citizens' initiatives to phase in a $12 minimum wage and allow workers to take five days of paid sick leave a year passed the House this week, hours after the Senate took the same step. Republican leadership fully intends to come back later in the session to amend one, if not both, of them.

IP 3 and IP 4 were not given immediate effect, meaning both will initiate around April 1 of next year, 90 days after lawmakers adjourn for the year.

However, Senate Majority Leader Arlan Meekhof (R-Holland) conceded after today's session that amending one or both proposals later this legislative session is a real possibility, particularly as the business community expresses concerns about the more "onerous" portions of the initiatives.

The elimination of the "tip credit" for restaurant workers, in particular, is a concern in the $12 minimum wage proposal, Meekhof said. Moving up the minimum salary for wait staff from $3.52 an hour to $12 would likely increase restaurant food costs, while all but eliminating the state's tipping culture.

On the paid sick leave proposal, Meekhof said he's concerned about workers not showing up for a string of days and then employers being responsible for paying the worker. He suggested creating a system similar to the family medical leave act where there's an agreement between the employer and the employee.

Time to Care, the paid sick leave proposal, requires that employers give employees one hour of paid sick leave for every 30 hours worked. The employee can take five days of paid sick leave a year and four additional days unpaid. The sick leave carries over year after year, but an employee is limited to five days paid sick leave and four days unpaid each year.

The proposal doesn't require proof of sickness after three days of absenteeism. Victims of sexual assault fall under the paid sick leave proposal, as do those charged with caring for a sick child, spouse, grandparent or relative.

The proposal is being funded by an out-of-state social welfare group called the "Sixteen Thirty Fund." The Fairness Project and Mothering Justice has also given money to the effort.

The minimum wage proposal, One Fair Wage, would gradually raise the minimum wage to $12 an hour by 2022 and raise the tipped wage to $12 an hour by 2024. Organized labor is fueling the proposal, which still hasn't completely cleared the legal system, yet. The Supreme Court still hasn't ruled if the proposal was properly drafted and if the all of the signatures collected are valid.

The Secretary of State must certify all ballot questions by Sept. 7, meaning this week was the deadline to act for lawmakers or the proposal would have been on the November ballot.

NATIONAL UPDATE

Senate Passes FY 19 Health Appropriations

Last week, the Senate overwhelmingly passed a joint Defense and Labor-HHS appropriations bill that would increase federal health spending in the upcoming fiscal year. Notably, the bill would increase funding for some mental health and addiction programs as well as provide around $3.7 billion to specifically to address the opioid addiction crisis. House and Senate members now face a time crunch to reconcile their appropriations bills before a September 30th funding deadline and potential government shutdown.

The Senate funding bill provides the Department of Health and Human Services (HHS) with a $2.3 billion increase in discretionary spending (compared to FY 2018), bringing HHS's total discretionary health spending to approximately $90.1 billion. Compared to last year, the Substance Abuse and Mental Health Services Administration (SAMHSA) would receive an additional $580 million and the National Institutes of Health (NIH) would receive an additional $2 billion. The Mental Health Block Grant's funding would increase by $25 million to $747 million, while the Substance Abuse Prevention and Treatment Block Grant would remain at $1.9 billion for FY 2019.

OPIOIDS

The Senate approved around $3.7 billion, an increase of $145 million, for activities intended to curb opioid use and addiction. As one of Congress' highest priorities, funding to address the opioid crisis was split across several agencies and programs. The bill included the following opioid-specific investments:

- CCBHCs: $150 million, an increase of $50 million, for the continued expansion of new Certified Community Behavioral Health Centers (CCBHCs). CCBHCs are a new type of Medicaid provider that are rapidly expanding access to opioid and other addiction care in their communities.

- State Opioid Response Grants: $1.5 billion for SAMHSA's State Opioid Response (SOR) Grant, which continues a 15 percent set-aside for states with the highest mortality rate related to opioid use disorders and a $50 million set-aside for Indian tribes and tribal organizations. Part of the funding replaces the $500 million expiring from the Opioid State Targeted Response (STR) fund, created under the 21st Century Cures Act.
- Research: $500 million to NIH for research related to opioid addiction, development of opioid alternatives, pain management and addiction treatment.

- Treatment in Rural Areas: $120 million focused on responding to the opioid epidemic in rural communities, which includes $20 million for the establishment of three Rural Centers of Excellence on Substance Use Disorders that will support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities.

- Health Centers/FQHCs: $200 million for Community Health Centers to support and enhance mental health or substance use disorder services.

- Public Health: Maintains $476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes $5 million for a new CDC initiative to combat infectious diseases directly related to opioid use.

- Children and Families: $40 million, the same as the FY 2018 level, for mental health and substance use prevention and treatment for children and families in, or at-risk of entering, the foster care system.

- Telehealth: $2 million to support an evidence-based tele-behavioral health system to focus on opioids.

WHAT'S NEXT?

Attention now turns to the House, which has yet to hold a floor vote on its health appropriations bill. Once the House passes its bill, the House and Senate will have very few working days to reconcile the differences between the two chambers' packages before funding for the current fiscal year expires on Sept. 30th. Should the deadline pass, Congress will be forced to enact a continuing resolution (CR) to keep current funding levels in effect or face a government shutdown.

1115 DEMONSTRATION UPDATES

In a letter issued earlier this week, CMS formalized Obama-era adjustments stating that demonstration programs approved under 1115 waivers must remain "budget neutral," or not require more federal funding than the baseline Medicaid program. The new policy affirms CMS' intent to apply more restrictive budget neutrality parameters for Medicaid 1115 demonstration projects, and helps fulfill the agency's commitment to "protect the fiscal integrity of the program." This could potentially curtail some of the program reforms of interest to states and stakeholders, as well as put additional pressure on state budgets due to the loss of "roll over" funds in states with long-running programs.

Among the updates discussed in the guidance:

- Limiting Savings Rollover: Under CMS's previous budget neutrality approach, states were permitted to roll over savings from older demonstration approval periods rather than limiting roll-over savings to recent years. Under CMS's current approach to budget neutrality, states are permitted to roll over accumulated budget neutrality savings only from the most recently-approved five years.

- Rebasing non–waiver baselines: Beginning with 1115 demonstration extensions effective as of January 1, 2021, CMS will adjust budget neutrality limits to better reflect states' most recent historical experiences.

- Transitional phase–down of newly accrued savings: Until the new rebasing strategies begin in 2021, CMS expects to phase-down the annual savings of demonstrations that are being extended based on when that demonstration was first implemented.

For more details on the updates to 1115 demonstration waivers, read the full letter here.

STATE PLAN AMENDMENTS & 1915 UPDATES

In another informational bulletin issued last week, CMS detailed the agency's updates to the review pathways of state plan amendments (SPAs) and 1915 waivers, which have historically often seen long administrative approval times.

SPAs and 1915 waivers are meant to give states flexibility in how they administer their Medicaid programs, and must be approved by CMS before being implemented. This bulletin is the second in a series from CMS to detail the agency's process improvement initiatives, and presents successes from implementing strategies from the first bulletin along with details on the new processes. According to CMS, the agency has seen a 20 percent increase over 2016 approval times for SPAs since releasing the first round of guidance, and hopes to continue those successes with these new efficiencies.

To read the full bulletin and for more details on the specific updates, visit CMS's website here.

TRAININGS:

CMHAM ANNUAL FALL CONFERENCE – CALL FOR PRESENTATIONS

Community Mental Health Association of Michigan
2018 Annual Fall Conference: "Facing the Future Together"
October 22 & 23, 2018 at the Grand Traverse Resort, Traverse City, Michigan.
Deadline: Friday, August 17, 2018

Click here to download a copy of the workshop submission form: https://macmhb.org/save-the-date/2018-fall-conference-call-presentations

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.

- September 26 – Gaylord – Click Here to Register for September 26
- November 7 – Lansing Click Here to Register for November 7
- January 23 – Lansing Click Here to Register for January 23
- February 20 – Lansing Click Here to Register for February 20
- 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

MOTIVATIONAL INTERVIEWING

Register for the level of training and date/location of your choice.
2-day Motivational Interviewing Basic training - $89
2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day.
Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

September 11-12 Great Wolf Lodge, Traverse City
3575 N. US Highway 31 S, Traverse City, MI 49684
Hotel room block of $75 per night expires August 17
Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

19TH ANNUAL SUBSTANCE USE AND CO-OCCURRING CONFERENCE REGISTRATION IS NOW OPEN!

19th Annual Substance Use and Co-Occurring Disorder Conference
Possibilities, Commitment and Strength for the Future

September 16, 2018 Pre-conference workshops
Amway Grand Plaza Hotel, 187 Monroe Ave NW, Grand Rapids, MI 49503
Click here to register Pre-Conference #1 & #2

September 17 & 18, 2018
Full Conference
DeVos Place Convention Center, 303 Monroe Ave NW, Grand Rapids, MI 49503

The Community Mental Health Association of Michigan is approved by the Michigan Certification Board for Addiction Professionals to sponsor substance abuse training. CMHAM maintains the responsibility for the program and content. Substance abuse professionals participating in the 9/16/18 pre-conference will receive 3 Specific Contact Hours; Substance abuse professionals participating in the 9/17-18/18 conference may receive up to 10 Specific Contact Hours.

Social Workers: This conference qualifies for a maximum of 6 Continuing Education hours. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

Evaluation and Certificate Awarded: After the conference you will receive an email from Express Evaluations which will contain directions on how to complete the on-line evaluation and how to obtain your CE certificate. During the on-line evaluation, you will be required to provide the code in and code out for each session and plenary that you attend. At registration, you will receive a code in and out tracking sheet for you to complete throughout the conference. Use this form when you complete the on-line evaluation. When you have completed the Session Evaluations and Overall Evaluation, the Certificate button will be enabled. You will then click on the Certificate button, then click on "Create Certificate", the system will create the appropriate certificate and give you the option to download it to your computer or you can email it to yourself. You will need Adobe Reader or another PDF reader to view your certificate. If you do not have access to a printer, you may download it at any time by logging back in and clicking Certificate. COMPLETE AND SUBMIT THE ONLINE EVALUATION FORM FOR EACH SESSION YOU ATTENDED NO LATER THAN OCTOBER 31, 2018; after this date no certificates will be available. No other certificate will be issued.

Registration fees/per person includes all meals & breaks	Fees
1 Day Rate - Early Bird	$105
1 Day Rate After 8/25/18	$160
1 Day Rate After 9/1/18	$210
Full Conference Rate – Early Bird	$190
Full Conference Rate After 8/25/18	$260

Full Conference Rate After 9/1/18	$310.00

CLICK THIS LINK TO REGISTER ATTENDEES

SPONSORSHIP OPPORTUNITIES

- $500 will entitle you to a contributing sponsorship of a breakfast or lunch. Your company name will be listed in the brochure, and company name will be announced at the podium.
- $500 to place promotional material placed in the conference packets

Email Annette Pepper for further details at apepper@cmham.org

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1– May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers.
- 42 Substance Use Disorder Clinics reported.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Services Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rates	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	n = 2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n = 125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e. transportation), and encouragement to respond to the hepatitis A outbreak.

The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

Northern Michigan Regional Entity

DAY OF RECOVERY EDUCATION

Friday, Oct. 19, 2018
10 am—3pm
(Registration & breakfast begin at 9am)
Treetops Resort—Gaylord

RECOVERY IS ROOTED IN HOPE

Speaker

Dee Whittaker, LPC, NCC, CAADC,

Managing Director of Access and Clinical Services, NMRE

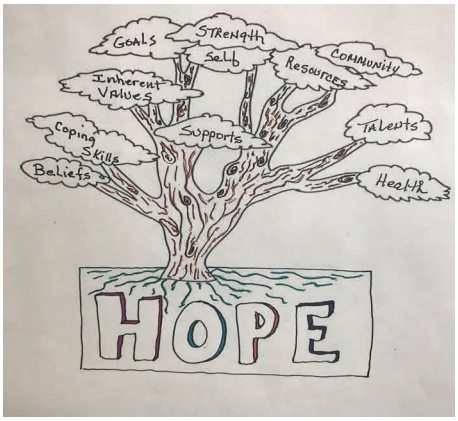
"Whole Body Health and Holistic Alternatives in Recovery "

Breakout Sessions include:

1. **Who - Lisa Clavier** — **Suicide—Effects and Prevention**
2. **Who - Demarie Jones** — **Pet Therapy**
3. **Who - Mark Vick** — **Substance Abuse Recovery**
4. **Who - Deborah Monroe** — **Human Trafficking**

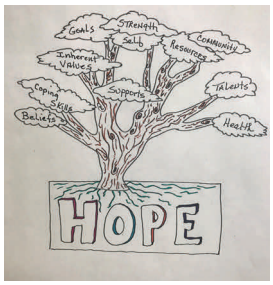
Includes:

- Continental Breakfast & Lunch
- Health Checks
- Door Prizes
- Info Displays
- **EnTerTainMent!!**

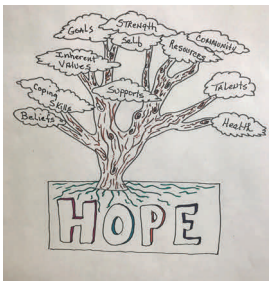


If you have any questions
Call Karan Bingham at 800-834-3393
Register with your Clubhouse or Drop-in Center

Sharing merciful LOVING generous Benevolent compassionate caring kind



Recovery is Rooted in Hope



Northern Michigan Regional Entity

DAY OF RECOVERY EDUCATION

Registration Form

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Treetops Resort—Gaylord

"Whole Body Health and Holistic Alternatives in Recovery "

Dee Whittaker, LPC, NCC, CAADC,
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Breakout Sessions include:

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2. **Demarie Jones -** Pet Therapy
3. **Recovery Coach -** Substance Abuse Recovery
4. Human Trafficking

Includes:

- Continental Breakfast & Lunch
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- Door Prizes
- Info Displays
- **EnTerTainMent!!**

If you have any questions or want to register by phone,

Registration Information for NMRE Day of Recovery Education on Friday, October 19th. Return to Mary Mingus

Name (print) _____Phone Number_____

City you live in_____

Name of CMH where you receive services _____

Do you need transportation help to attend this event YES_____ NO _____

Check all food preferences: Vegetarian _____ Gluten Free_____

Do you need any other accommodations to attend this event?_____