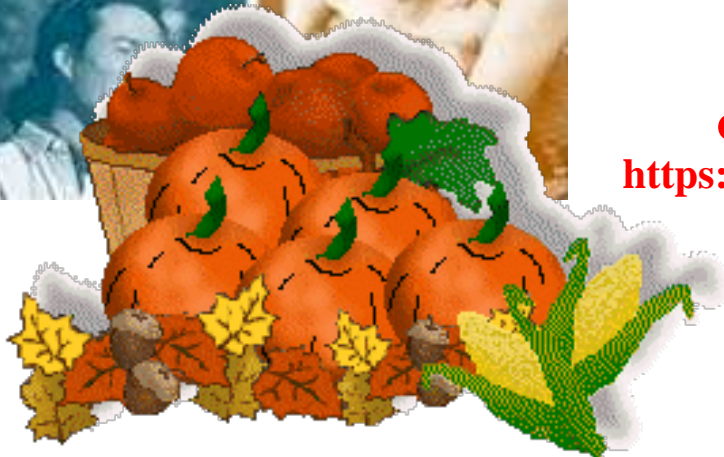


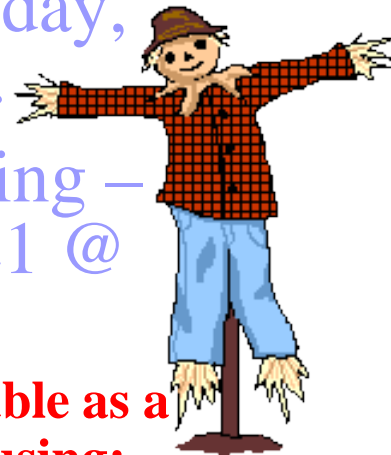
Northeast Michigan Community Mental Health Authority Board October 2020 Meetings



Board Meeting –Thursday,
October 8 @ 3:00 p.m.



Recipient Rights Meeting –
Wednesday, October 21 @
3:15 p.m.



**These meeting will be available as a
Conference Call Meeting using:
1-888-627-8019 PIN # 40994
or [Board Meeting Option] Zoom**

**[https://zoom.us/j/911168583?pwd=SEc3bDZhUW5F
Y1lSU1R1NFdXTmNLZz09](https://zoom.us/j/911168583?pwd=SEc3bDZhUW5FY1lSU1R1NFdXTmNLZz09)**

Meeting ID: 911 168 583

Password: 013259

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

Due to the Governor’s EO [in place at the time of this mailing], our capacity in the Board Room will be limited to 10 individuals. Please let Diane Hayka [358-7749] know if you plan to attend in person. Facemasks will be required during the meeting should you attend in person. [On 10/09 we can increase to 19]

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

October 08, 2020 at 3:00 p.m.

A G E N D A

MISSION STATEMENT

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

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes.....(See pages 1-6)
- VIII. Educational Session – Finance Project UpdateRichard Carpenter
- IX. Consent Agenda.....(See pages 7-8)
 - A. Rite Aid Flu Shot Agreement
 - B. Catholic Human Services
 - C. NEMROC
 - D. MidMichigan Health Center
 - E. Straley Lamp & Kraenzlein PC
 - F. Thunder Bay Transportation
 - G. Autism of America
 - H. Touchstone Services
 - I. Bay View Center
- X. Autism Contracts/Agreements(See page 9)
 - A. ABA Pathways
 - B. Acorn Health Company – Autism Centers of Michigan
- XI. October Monitoring Reports
 - 1. Budgeting 01-004 (Available at the Meeting)
- XII. Board Policies Review and Self Evaluation
 - 1. Annual Board Planning Cycle 02-007..[Review & Self-Evaluation].....(See pages 10-11)
 - 2. Executive Director Job Description 03-003..[Review & Self-Evaluation].....(See page 12)
 - 3. Monitoring Executive Performance 03-004..[Review & Self-Evaluation] .(See pages 13-18)
 - 4. Chairperson’s Role(See pages 19-20)
- XIII. Linkage Reports
 - 1. Northern Michigan Regional Entity
 - a. Board Meeting [September 23] (Verbal)
 - b. Board Meeting [August 26].....(See pages 21-26)
 - 2. MACMHB
 - a. Fall Board Conference – October 26 - 29 – Virtual (Verbal)
 - 3. Advisory Council Update (Verbal)
- XIV. Operation’s Report.....(See page 27)
- XV. Chair’s Report
 - 1. Perpetual Calendar Adoption.....(See pages 28-29)
 - 2. Strategic Plan.....(See pages 30-34)
 - 3. Schedule Nomination’s Committee Meeting [November] (Verbal)
- XVI. Director’s Report (Verbal)
- XVII. Information and/or Comments from the Public
- XVIII. Information and/or Comments for the Good of the Board
- XIX. Next Meeting – Thursday, November 12 at 3:00 p.m.
 - 1. Set November Agenda(See page 35)
 - 2. Meeting Evaluation (Verbal)
- XX. Adjournment

Northeast Michigan Community Mental Health Authority Board

Board Meeting [In-Person, Zoom, Uber Conference]

September 10, 2020

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: In Person: Lester Buza, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Wnuk
Via Zoom: Albert LaFleche,
Via Uber Conference: Bonnie Cornelius

Absent: Robert Adrian, Gary Nowak, Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Nena Sork, Cheryl Kobernik, Ruth Hewett, Connie Cadarette, Larry Patterson, Dennis Bannon, Mary Crittenden,

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Eric Lawson appointed Roger Frye as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

No conflicts were identified.

VI. Information and/or Comments from the Public

No information or comments were presented.

VII. Approval of Minutes

Moved by Roger Frye, supported by Terry Larson, to approve the minutes of the August 13, 2020 meeting as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski; Muted or Inaudible: Albert LaFleche. Motion carried.

VIII. Consent Agenda

1. Partners in Prevention

Moved by Gary Wnuk, supported by Lester Buza, to remove Partners in Prevention from the Consent Agenda to address correction to contract dollar amount. Motion carried.

Eric Lawson reported the contract listed on the Consent Agenda needs to have a revision in the dollar amount. The memo indicated the contract amount was \$23,316 which was \$314 more than the previous year; however, due to the conversion of the Mental Health First Aid training to be virtual there is an additional cost associated with the training. The contract was increased to \$26,796 which is an increase of \$3,494. Lynne Fredlund reported the cost per seat for this virtual training is \$29. Mental Health First Aid and Youth Mental Health First Aid is available to the community at large.

Moved by Roger Frye, supported by Gary Wnuk, to approve the Partners in Prevention contract in the amount of \$26,796. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski; Muted or Inaudible: Albert LaFleche. Motion carried.

IX. FY19 – 20 Budget Amendment #3

Connie Cadarette reported the budget changed significantly due to COVID and this amendment will bring the previous budget in line with the actual expenses. Additional funding was received for COVID and also additional expenses were incurred. A summary of the adjustments was reviewed by Board members.

Moved by Terry Larson, supported by Judy Jones, to approve the FY19 – 20 Budget Amendment as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski. Motion carried.

Eric Lawson opened the Public Hearing at 3:12 p.m.

X. FY20 – 21 Budget Hearing

Nena Sork reported MDHHS has notified the Agency of the General Fund revenue for FY21 and the funding is \$100,000 more than FY20. We do not have the Medicaid rates at this point. Connie Cadarette reported the budget presented in this hearing is basically a continuation budget. One noticeable change will be the reduction of some of the ABA costs and the addition of the Behavioral Health Home program. She reported there will be an amendment once the Medicaid rates have been received.

Moved by Roger Frye, supported by Lester Buza, to approve the FY20 -21 Budget as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski; Muted or Inaudible: Albert LaFleche. Motion carried.

The Public Hearing ended at 3:15 p.m. and the regular meeting continued.

XI. Sentric HR Contract

Nena Sork noted the Board was informed of the research of a software system for our Human Resource Department. After a thorough search and various presentations from vendors, Sentric HR was identified as the best fit for our Agency. This software package will contain electronic timekeeping, applicant tracking, performance evaluations, salary tools and many other features. She noted the Agency will begin with the basics we believe are needed and once we are up and running we may expand to other features. Additions to the software can be added at various times when need is identified. The projected cost for first year implementation is \$90,250. Currently, the Agency is spending about \$45,000 on other software which will no longer be needed.

Moved by Gary Wnuk, supported by Judy Jones, to approve the Sentric HR contract as presented. Roll call vote: Ayes: Les Buza, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski; Muted or Inaudible: Bonnie Cornelius, Albert LaFleche. Motion carried.

XII. September Monitoring Reports

Eric Lawson thanked staff for good reporting and good capture of information in minutes.

1. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending July 31, 2020. She noted the amounts in the amended budget are not included in this report. Connie noted the revenues in this report are adjusted down to reflect where the Agency finances are as of this date not including the funds we would need to return to the NMRE should we have to settle the books at this time. She reported we actually have an underspending of Medicaid of \$1,760,051.

Larry Patterson reviewed the expenses for this report. He noted the pension variance is related to a timing issue due to having three pay days during the month. He reported the Employee Wellness is also timing and has reduced from the previous month. He reported Contract Residential will have a budget adjustment. The other line items with variances were reviewed. The Capital Equipment is due to year end purchases. The Miscellaneous Expenses are impacted by our 10% County share of inpatient costs.

Moved by Roger Frye, supported by Gary Wnuk, to accept the September monitoring report as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski. Motion carried.

XIII. Board Policy Review and Self Evaluation

1. General Executive Constraint 01-001

Board members reviewed the policy and had no recommended changes. This policy was revised last year to change CEO to Executive Director.

2. Compensation and Benefits 01-008

Board members reviewed the policy and had no recommended changes.

3. Board Committee Structure

Eric Lawson requested Board member input as to whether the Board is adhering to the policy as a self-evaluation. Discussion related to the Nominating Committee functions. The Consumer Advisory Council recently changed their name to Advisory Council, which will need to be amended to this policy. The per diems for the Advisory Council have been the same amount for several years. This meeting generally lasts one hour or less.

Moved by Gary Wnuk, supported by Lester Buza, to revise Consumer Advisory Council to just Advisory Council. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski; Muted or Inaudible: Albert LaFleche. Motion carried.

4. Chief Executive Officer Search Process 03-005

Eric Lawson reported this process should be relatively fresh in Board member's minds. Board members reviewed the policy. Judy Jones noted she like the statement of 3.b. This policy is fairly new and Board members suggested no revisions at this time.

XIV. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

Eric Lawson noted he reviewed the minutes of the July meeting and was interested in the Liquor Tax disbursements. Roger Frye noted the SUD Advisory Board will be meeting next week. Terry Larson reported there are many dollars for Liquor Tax and the requests a minimal. Roger Frye noted with the pandemic, services are down. Nena Sork reported it is valuable to have the requests be reviewed by the SUD Board as some of the requests are not appropriate. Terry Larson reported the awards are targeted at treatment or prevention. Terry Larson reported the NMRE should campaign with the local judicial system to encourage them to work with the local SUD providers to utilize these dollars. Roger Frye noted he is the Chair of the SUD Advisory Board.

a. Board Meeting August 26, 2020

The last Board meeting minutes were not yet available. It was held at Treetops Resort.

b. Board Meeting July 22, 2020

The minutes of this meeting were included in the mailing.

2. Community Mental Health Association of Michigan (CMHAM)

a. Fall Board Conference – October 26 – 29 Virtual

This is to be a virtual conference and a room has been set aside should we have Board members interested in attending.

XV. Chair's Report

1. Setting Perpetual Calendar

This is the Board's opportunity to make changes should they desire. The only change noted is the FY update. The perpetual calendar will be brought back for approval at the October meeting.

2. Board Self-Evaluation Report

Eric Lawson reported the Board Self-Assessment Report is developed based on responses of their recent self-evaluation survey. Eric reminded Board members to keep in mind the responses are also based on having one Board member less.

Eric Lawson reported in one area there was a response where Board members wanted additional information related to funding. Diane Hayka and Nena Sork reported Richard Carpenter from the Rehmann Group will be providing the educational session at the October meeting and will touch on the funding of CMHs during that presentation.

3. Employee Recognition

Eric Lawson informed the Board of the Employee Recognition luncheon held next Wednesday at the Fletcher Street Office. Diane Hayka informed Board members they must RSVP to Kay Keller by tomorrow so the caterer can be given a final count.

XVI. Director's Report

1. Director Report

Nena Sork reports she and Lisa Anderson met with HUB, the Agency's benefit consultant, addressing the health insurance coverage for the next calendar year. She notes there will be a follow-up meeting next Monday. The Operations meeting was held in Gaylord as a face-to-face meeting this month. Nena Sork noted one of her goals was for the Agency to have a greater presence in the community and reported the Pop-Up Pantry was held on August 20th with Agency volunteers. T-Shirts were provided to the volunteers and the amount of vehicles going to pick up food was tremendous. She reported our staff was phenomenal. Nena Sork thanked Lee Ann Bushey for organizing this event. Nena Sork reported the next event is the Suicide Prevention Walk on September 26th and the Agency will be covering the registration cost for staff to participate. The "Take Back Event" is a possibility for October as a community event. The Agency participated in this event last year. It is an event where community members can drop off medications for disposal. Last year it was held at the Alpena Senior Citizens Center.

Nena Sork reported agency staff received an overview of the Behavioral Health Home requirements on August 24 through a two-day webinar. She also reported she continues with participating in the Emergency Leadership COVID monthly meeting.

Nena Sork reported Management staff met with MRS to finalize a grant for next fiscal year. This is an annual grant award, which traditionally appears on the consent agenda; however, this year due to COVID the total funding dollars will be less but the percentage of funding will remain the same as the previous grant. The total amount of the grant is for \$18,519, in which the Agency would provide \$5,000 or 27% of the total grant. Due to a quick response time needed, the Board was requested to take action on this grant in this meeting.

Moved by Terry Larson, supported by Lester Buza, to approve the MRS Cash Match Agreement as presented. Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Wnuk; Nays: None; Absent: Robert Adrian, Gary Nowak, Pat Przeslawski. Motion carried.

Nena Sork reported she met with the Bay View Center and discussed a contract with them to allow for individuals to receive services through General Funds in next fiscal year. The new Director will be providing a proposal and we will present to the Board for approval when finalized.

Nena Sork reported she met with Richard Carpenter, noting the plan had been to implement the new automated accounting system by October 1. Due to changes at the state, we are waiting one more year to convert as this would require two implementations. Nena Sork reported Mr. Carpenter will be attending the October Board meeting virtually and able to answer any questions the Board may have.

Nena Sork reported Management Team received information from the Reinvestment Committee related to a proposed lump sum award to staff in lieu of a potential salary increase for next fiscal year. She noted the Agency is \$2.4 million to the good. The suggestion is to provide staff with a 5% lump-sum payment to cover a potential raise and cost of living raise for next year. In addition, there will be a 2% lump-sum payment to cover potential increase in pandemic costs associated with COVID.

Nena Sork informed the Board of some items purchased for staff morale to be distributed during the next fiscal year. Gary Wnuk noted staff need to be aware because the budget was good this year, it may not be in future years. Nena Sork noted if there are dollars in next year's budget to do a cost of living or adjust salaries to get closer to salary averages, it will be done.

Nena Sork reported radio ads will begin next week to encourage staff recruitment.

September 17th a staff picnic will be held at the Fletcher Street Office with box lunches for all staff that can attend. Board members are welcome to attend. She noted the group home staff are unable to attend but will have something in late September/early October.

Nena Sork reported the last group home received their masks and goody trays. Diane Hayka made face masks for all group home staff and residents. Nena met with home staff on their decks or patios, as there is a no visitor rule in affect, to deliver.

Nena Sork reported the residential contract line item with the large variance is being handled by the establishment of a Placement Committee and three individuals were transitioned out of residential placements to less costly arrangements.

Alpena's Project Connect was held last Thursday with Agency staff participating.

2. QI Council Update

The minutes of the last two meetings were included in the mailed materials.

XVII. Information and/or Comments from the Public

There was no information or comments presented.

XVIII. Information and/or Comments for the Good of the Board

Eric Lawson noted at the August meeting the policy "02-004 Chairperson's Role" language was reviewed related to the limit of the number of individuals wishing to provide public comment. Eric Lawson suggested the policy be revised to include a time limit of three-minutes for individuals. Terry Larson suggested possibly contacted our legal counsel. Gary Wnuk noted the Code of Conduct needs to be followed as well and the individual providing public comment must identify their county of residence. A proposed revision to the policy will be brought back to the Board at the October meeting.

Roger Frye reported the Tootsie Roll drive in Montmorency County and Alpena County will not be held this year.

XIX. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, October 8, 2020 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 on time. All Board members participated. He noted our staff is doing a great job and thanked the Finance staff..

Lester Buza extended a thank you to Diane Hayka for the face masks and Nena Sork for the delivery of the trays to the group homes.

XXI. Adjournment

Moved by Albert LaFleche, supported by Gary Wnuk, to adjourn the meeting. Motion carried.
This meeting adjourned at 4:26 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: September 25, 2020

1. Contract

a. Rite Aid Flu Shot Agreement

This agreement with Rite Aid will provide the provision of flu shots for Northeast's eligible members by authorized pharmacists at a cost of \$32.00/vaccine. Rite Aid provides access to flu shots for employees in all of our counties by way of voucher if the employee is unable to attend the flu shot clinic at the Alpena Office. Last year the agency had 88 individuals receive a flu vaccine through this program. Our Human Resource Department also received quotes from Walgreens at a cost of \$39.98/vaccine and District Health Department #4 at a cost of \$30/vaccine (however, they were unable to come on site to provide this service). We recommend approval of the Rite Aid Vaccine Administration Program Agreement.

b. Catholic Human Services

This agreement is a continuation contract with Catholic Human Services to provide wraparound coordination and services for Children with Serious Emotional Disturbances. This would be funded with Medicaid funds. The total amount of the contract is \$108,330. This is \$11,667 less than last year's budgeted amount. We recommend approval of this contract.

c. NEMROC

NEMROC provides supported employment and community living support services to persons served by the Board. The total amount of the base contract is \$671,354.00. This is \$2,158 less than last year. As with last year's approved contract, not included in this amount is a contingency piece to this year's contract. Should NEMROC meet our expectations for the base contract, we will allow them to provide additional units at a lower rate, for both Supported Employment and Community Living Supports. Last year that cap was placed at \$49,332.00. Because the base contract includes all elements used to determine rate, which includes administrative costs, the contingency piece will be at a reduced rate per unit for both supported employment and community living support services. The amount identified in the contingency objective would be executed by means of a contract addendum to the base contract later this fiscal year once expectations are met. The contingency addendum will be brought back to the Board for approval. We recommend approval of the base contract.

Service	Unit Cost	Up to Total Cost	Contingency Amount if base is met and approved by Board at later date:
Community Living Supports	\$9.30	\$80,910.00	\$6.98 per unit
Supported Employment Services			
Low Acuity	\$8.57	\$590,444.19	\$6.98 per unit all acuity
Medium Acuity	\$9.63		
High Acuity	\$10.72		

d. MidMichigan Health Center

This is a contract amendment to extend the current contract we have in place for inpatient mental health services at MidMichigan Health. The rates will remain the same as last fiscal year at \$900 per

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

diem for inpatient admissions. There were no other amendments made to this contract. We recommend approval.

e. Straley Lamp & Kraenzlein PC

Straley Lamp & Kraenzlein PC is the auditing firm this Agency uses to conduct the annual financial and compliance audits. This year's audit cost is \$21,950, which is \$600 more than last year's cost. We recommend approval.

f. Thunder Bay Transportation

The Agency contracts for transportation services from Thunder Bay Transportation Authority (TBTA). The amount budgeted for FY19/20 was \$121,000. The proposed contract has been reduced to \$80,000 due to limited transportation services occurring at this time. This contract will be monitored closely and if an amendment is necessary, the amendment will be provided to the Board for approval. The cost for services for FY20/21 will remain the same. The run cost continues to include a fuel surcharge in addition to the base charge.

Run	Cost/Hr. FY19/20	Cost/Hr. FY20/21	Difference
Contracted Services	\$42.54	\$42.54	-0-
Bus Aide (if requested by NeMCMHA)	\$16.25	\$16.25	-0-

We recommend approval.

g. Autism of America

This is a continuation of a contract the Agency has with Autism of America. Autism of America currently provides services to approximately 50 children/young adults with a diagnosed autism spectrum disorder served by the Agency. There is no anticipated change with this provider. The rates are as follows:

Service	Code	Cost/Unit/Encounter
Determine Eligibility	H0031	\$420.24/Encounter
ABA Behavior ID Assessment	97151	\$43.44/unit (No more than 8 units allowed)
Family Guidance/training	97156	\$27.15/15 min unit or \$108.60/hour
ABA Supervision and Monitoring	97155	\$27.15/15 min unit or \$108.60/hour
Adaptive Behavior Treatment	97153	\$13.57/15 min unit (BCBA) \$11.31/15 min unit (Tech Staff)

We recommend approval.

h. Touchstone Services

This is a continuation Contract with Touchstone Services to provide psychosocial rehabilitation services (Clubhouse). The total amount for a full-year contract is \$489,730. This is a decrease over last year's budget of \$37,218. This amount is lower due to COVID and less interaction during the third quarter of the year. The budget includes costs to return to in-person Clubhouse, which may not occur as projected. The first three months of the fiscal year will reflect a lower monthly amount with an increase in the payment in January 2021. The Contract will include a cost settlement at mid-year to address cost and adjust cost to a lower amount if necessary. Note: Touchstone has received their Clubhouse International Accreditation and is awaiting their CARF Review results, which are reportedly promising. We recommend approval of this Agreement.

i. Bay View Center

The continuation contract for Bay View Center is not finalized at this point. Due to COVID, there was an impact on the services provided during this calendar year. As the contract does not have an "Evergreen" clause, we request to extend the current contract until October 31, 2020. At the November Board meeting, this agreement will have more accurate rates established and a new contract will be presented for approval. We recommend this one-month extension.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Autism Contracts/Agreements
DATE: September 28, 2020

With the resignation of key staff in our Autism program, we have had to reach out to other providers to continue with service provision.

ABA Pathways

ABA Pathways is an organization able to provide the needed testing for those children referred for autism services. At this time we have no designated person to complete these tests due to staff resignation and will need to depend on contracted providers to meet this need. Cost for services is slightly higher than our other provider. Due to limitation on qualified providers at this time, the cost is acceptable. There is no capitation on the autism contracts as we are mandated to provide the service and this is flexible with each provider.

Service	Code	Cost/Unit/Encounter
Determine Eligibility	H0031	\$35.00/15 min unit or \$140.00/hour
ABA Behavior ID Assessment	97151	\$35.00/15 min unit or \$140.00/hour
Family Guidance/training	97156	\$35.00/15 min unit or \$140.00/hour
ABA Supervision and Monitoring	97155	\$35.00/15 min unit or \$140.00/hour
Adaptive Behavior Treatment	97153	\$15.00/15 min unit or \$60.00/hour

ACORN – Autism Centers of Michigan

Autism Center of Michigan is an organization able to provide the needed services for those children in need of autism services. Autism Centers of Michigan is an Acorn Health Company. As mentioned above with ABA Pathways, the cost for services are slightly higher in some areas but given the lack of qualified providers in the area, the rates are acceptable to management. There is no capitation on the autism contracts as we are mandated to provide the service and this is flexible with each provider.

Service	Code	Cost/Unit/Encounter
Determine Eligibility	H0031	\$153.00/hour
ABA Behavior ID Assessment	97151	\$27.00/15 min unit or \$108.00/hour
Family Guidance/training	97156	\$27.00/15 min unit or \$108.00/hour
ABA Supervision and Monitoring	97155	\$27.00/15 min unit or \$108.00/hour
Adaptive Behavior Treatment	97153	\$13.50/15 min unit or \$54.00/hour

The Agency has made a “good faith” effort to run this program directly; however, after providing many hours and dollars in getting certification for staff, another provider would lure staff away with better salaries, etc. At this point, our only option is to utilize contract providers.

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, 2020
91.67% of year elapsed

	Actual August Year to Date	Budget August Year to Date	Variance August Year to Date	Budget FY20	% of Budget Earned or Used
Revenue					
1 State Grants	91,284.77	88,916.63	\$ 2,368	97,000.00	94.1%
2 Private Contracts	39,049.50	44,436.88	(5,387)	45,038.00	86.7%
3 Grants from Local Units	572,002.46	439,852.50	132,150	613,067.00	93.3%
4 Interest Income	10,437.06	13,582.00	(3,145)	12,164.00	85.8%
5 Medicaid Revenue	22,976,768.20	24,417,835.66	(1,441,067)	26,809,653.00	85.7%
6 General Fund Revenue	742,615.12	829,289.97	(86,675)	901,044.00	82.4%
7 Healthy Michigan Revenue	1,370,374.27	1,688,474.74	(318,100)	1,838,496.00	74.5%
8 3rd Party Revenue	355,067.24	374,741.06	(19,674)	375,607.00	94.5%
9 SSI/SSA Revenue	451,262.58	461,761.97	(10,499)	492,169.00	91.7%
10 Other Revenue	77,316.28	69,060.62	8,256	75,338.00	102.6%
11 Total Revenue	26,686,177	28,427,952	(1,741,775)	31,259,576	85.0%
Expense					
12 Salaries	11,317,790.83	11,966,885.15	649,094	13,169,624.00	85.9%
13 Social Security Tax	506,180.73	548,206.55	42,026	577,645.97	87.6%
14 Self Insured Benefits	2,091,766.86	2,167,417.22	75,650	2,295,426.06	91.1%
15 Life and Disability Insurances	191,370.90	197,910.47	6,540	206,943.00	92.5%
16 Pension	926,892.79	966,955.17	40,062	1,077,152.00	86.1%
17 Unemployment & Workers Comp.	152,173.67	173,480.01	21,306	171,943.00	88.5%
18 Office Supplies & Postage	34,378.63	40,172.74	5,794	41,474.78	82.9%
19 Staff Recruiting & Development	59,904.80	72,176.52	12,272	63,773.00	93.9%
20 Community Relations/Education	12,807.80	16,617.25	3,809	14,542.00	88.1%
21 Employee Relations/Wellness	40,715.69	41,982.25	1,267	45,987.00	88.5%
22 Program Supplies	415,519.79	478,666.72	63,147	556,301.00	74.7%
23 Contract Inpatient	1,153,392.57	1,259,013.22	105,621	1,269,503.00	90.9%
24 Contract Transportation	58,943.88	81,941.13	22,997	64,159.00	91.9%
25 Contract Residential	5,073,302.19	4,953,398.66	(119,904)	5,626,731.00	90.2%
26 Contract Employees & Services	2,791,983.53	3,713,123.00	921,139	4,147,270.00	67.3%
27 Telephone & Connectivity	119,154.19	118,525.62	(629)	130,407.00	91.4%
28 Staff Meals & Lodging	11,928.14	21,636.06	9,708	14,721.00	81.0%
29 Mileage and Gasoline	246,387.37	315,854.82	69,467	267,357.00	92.2%
30 Board Travel/Education	4,024.68	7,261.25	3,237	4,620.00	87.1%
31 Professional Fees	42,981.70	51,644.63	8,663	48,276.00	89.0%
32 Property & Liability Insurance	47,968.90	48,014.99	46	43,287.00	110.8%
33 Utilities	142,775.89	148,376.86	5,601	153,221.00	93.2%
34 Maintenance	128,031.82	155,377.51	27,346	135,381.00	94.6%
35 Rent	235,663.39	239,132.63	3,469	257,507.00	91.5%
36 Food (net of food stamps)	63,772.22	61,879.59	(1,893)	71,681.00	89.0%
37 Capital Equipment	148,947.58	254,671.39	105,724	437,888.00	34.0%
38 Client Equipment	12,706.00	19,914.00	7,208	14,828.00	85.7%
39 Miscellaneous Expense	87,518.29	84,756.12	(2,762)	101,438.00	86.3%
40 Depreciation Expense	235,039.81	222,960.60	(12,079)	250,489.00	93.8%
41 Total Expense	26,354,025	28,427,952	2,073,927	31,259,576	84.7%
42 Change in Net Position	\$ 332,153	\$ (0)	\$ 332,153	\$ 0	0.3%
43 Contract settlement items included above:					
44 Medicaid Funds (Over) / Under Spent	\$ 1,760,051				
45 Healthy Michigan Funds (Over) / Under Spent	277,283				
46 Total NMRE (Over) / Under Spent	\$ 2,037,334				
47 General Funds to Carry Forward to FY20					
48 General Funds Lapsing to MDHHS	\$ 37,629				
49 General Funds (Over) / Under Spent	\$ 56,103				

GOVERNANCE PROCESS

(Manual Section)

ANNUAL BOARD PLANNING CYCLE

(Subject)

Board Approval of **Policy**
Last Revision of Policy Approved:

August 8, 2002
October 10, 2019

●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.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
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- 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. Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
 5. Executive Director 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)

EXECUTIVE DIRECTOR JOB DESCRIPTION

(Subject)

Board Approval of **Policy**
Last Revision of Policy Approved:

August 8, 2002
October 10, 2019

●1 POLICY:

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

Consequently, the Executive Director'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 DIRECTOR PERFORMANCE

(Subject)

Board Approval of **Policy**
Last Revision of Policy Approved:

August 8, 2002
October 10, 2019

●1 POLICY:

Monitoring executive performance is synonymous with monitoring organizational performance against board policies on *Ends* and on *Executive Limitations*. Any evaluation of the Executive Director's 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 Executive Director. 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 Executive Director interpretation of the board policy being monitored. The board is final arbiter of reasonableness, but will always judge with a "reasonable

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
POLICY & PROCEDURE MANUAL**

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 (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	January – December** (NOTE: This is reported monthly if available)
Emergency Executive Succession 01-006	Executive Director 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 (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	February – January** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director 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	Executive Director 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 (Executive Director 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	Executive Director Report	Internal (Board Member Recognition Awards)	Annual	March
Budgeting 01-004	Budget (Executive Director 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	Executive Director 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	Internal – Board Review of Policy	Annual	April
	Self-Evaluation	Update Policy with Budget Amounts	Annual	April
Treatment of Consumers 01-002	Recipient Complaint Log	Internal	Quarterly	May, Aug., Nov., Feb.
Budgeting 01-004	Budget (Executive Director 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	Executive Director 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	Executive Director 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	Executive Director Report	Internal (Staff Recognition)	Annual	July/August**
Budgeting 01-004	Budget (Executive Director 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	Executive Director 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 (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	August - July** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director 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 Executive Director Policy Review	Internal Internal – Board Review of Policy	Annual Annual	September September
Budgeting 01-004	Budget (Executive Director 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
Executive Director Search Process 03-005	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	September
Budgeting 01-004	Budget (Executive Director 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 Director Job Description 03-003	Self-Evaluation & Policy Review	Internal – Board Review of Policy	Annual	October
Monitoring Executive Director 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 (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	November - October** (NOTE: This is reported monthly if available)
Financial Condition 01-005	Executive Director Report/Quarterly Financial	Internal	Quarterly	Nov., Feb., May, Aug.
Ends 04-001	Executive Director Report	Internal	Semi-Annual	November/May
Budgeting 01-004	Budget (Executive Director Report)/Monthly Budget Reports	Internal	At least Quarterly	December – Nov.** (NOTE: This is reported monthly if available)
Grants or Contracts 01-011	Executive Director 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 Executive Director 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

GOVERNANCE PROCESS

(Manual Section)

CHAIRPERSON'S ROLE

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision Approved by the Board:
2020

~~August 8, 2019~~October 8,

•1 POLICY:

The Chairperson assures the integrity of the board's process and, secondarily, occasionally represents the board to outside parties. The Chairperson is the only board member authorized to speak for the board (beyond simply reporting board decisions), other than in rare and specifically authorized instances.

1. The job result of the Chairperson is that the board behaves consistent with its own rules and those legitimately imposed upon it from outside the organization.
 - A. Meeting discussion content will only be those issues which, according to board policy, clearly belong to the board to decide, not the Executive Director.
 - B. Deliberation will be fair, open, and thorough, but also efficient, timely, orderly, and kept to the point.
2. The authority of the Chairperson consists in making decisions that fall within the topics covered by board policies on Governance Process and Board-Executive Director Relationship, except where the board specifically delegates portions of this authority to others. The Chairperson is authorized to use any reasonable interpretation of the provisions in these policies.
 - A. The Chairperson is empowered to chair board meetings with all the commonly accepted power of that position (e.g., ruling, recognizing). The Chairperson may invoke Roberts Rules of Order.
 - B. The Chairperson has no authority to make decisions about policies created by the board within Ends and Executive Limitations policy areas. Therefore, the Chairperson has no authority to supervise or direct the Executive Director.
 - C. The Chairperson will represent the board to outside parties in announcing board-stated positions and in stating Chair decisions and interpretations within the area delegated to him or her.

D. The Chairperson may delegate this authority, but remains accountable for its use.

3. Any person desiring to address the Board, either as an individual or on behalf of a group, shall be requested to identify him/herself by name and residence ~~address-township~~ and his/her group if he/she represent one. He/She shall then state his/her reason for addressing the Board and may be limited in their remarks to ~~five-three~~ minutes on matters within jurisdiction of the Board at which time a brief supporting the points may be submitted to the Board for its consideration; provided, however, that individual employees of the Board shall have exhausted administrative procedures before making the request to address the Board on specific matters which shall have had administrative review. ~~The presiding officer of the Board shall have the right to limit the number of persons wishing to address the Board on the same subject. The presiding officer may also extend the period of time with approval of the Board.~~ All questions presented by any person to either the Board or any member of the staff shall be answered in a manner as determined by the presiding officer.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

Board By-Laws
Roberts Rules of Order

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM – AUGUST 26, 2020
TREETOPS RESORT, GAYLORD**

ATTENDEES:	Roger Frye, Ed Ginop, Gary Klacking, Terry Larson, Mary Marois, Gary Nowak, Jay O’Farrell, , Joe Stone, Nina Zamora
VIRTUAL ATTENDEES:	Randy Kamps, Christian Marcus, Don Smeltzer, Don Tanner
ABSENT:	Karla Sherman
STAFF IN ATTENDANCE:	Brian Babbitt, Joanie Blamer (virtual), Regina Demetrakeas (virtual), Chip Johnston, Eugene Branigan, Eric Kurtz, Nena Sork, Deanna Yockey, Carol Balousek
PUBLIC:	Chip Cieslinski

CALL TO ORDER

Let the record show that Chairman Nowak called the meeting to order at 10:04AM.

ROLL CALL

Let the record show that Karla Sherman was excused from the meeting on this date. All other Board Members were in attendance either virtually or in person.

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 agenda items.

APPROVAL OF PAST MINUTES

Let the record show that the minutes of the July meeting of the NMRE Governing Board were included in the materials for the meeting on this date.

MOTION MADE BY ROGER FRYE TO APPROVE THE MINUTES OF THE JULY 22, 2020 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY TERRY LARSON. MOTION APPROVED BY CONSENSUS

CORRESPONDENCE

- 1) Milliman Behavioral Health Fee Schedule Development Project Status Update presentation dated June 18, 2020.
- 2) A Memorandum dated July 23, 2020 from Jon Villasurda, State Assistant Administrator for the Behavioral Health and Developmental Disabilities Administration, outlining the Michigan Crisis and Access Line (MiCAL) next steps an operational timeline.
- 3) Milliman draft State Fiscal Year 2021 Behavioral Health Capitation Rate Development presentation dated July 23, 2020.

- 4) A Memorandum dated July 29, 2020 from Jeffery Wieferich, Director of the Bureau of Community Based Services for the Michigan Department of Health and Human Services, providing clarification on the premium pay increase for direct-care workers for July 1, 2020 – September 20, 2020.
- 5) A letter dated August 13, 2020 from Alan Bolter, Associate Director of the Community Mental Health Association of Michigan, to Members of the Michigan Legislature requesting clarification on the intent for the wage increase to direct-care workers and provider stability payments during the coronavirus pandemic.
- 6) The minutes from the NMRE Regional Finance Committee dated August 12, 2020 in draft form.

Mr. Kurtz drew attention to the behavioral health fee screen development update; more information will be brought forward as time goes on.

ANNOUNCEMENTS

Let the record show no announcements were brought forward during the meeting on this date.

PUBLIC COMMENTS

Let the record show that Chip Cieslinski, President and CEO of Catholic Human Services was introduced as a virtual attendee for the meeting on this date.

REPORTS

Executive Committee Report

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

CEOs Report

The NMRE CEO Monthly Report for August 2020 was included in the materials for the meeting on this date. Mr. Kurtz noted that Al Jansen, Deputy Director of the Behavioral Health and Developmental Disabilities Administration, has split PIHP CEOs into two groups to facilitate open discussions on the MDHHS Behavioral Health Strategic Planning Pillars document. The five pillars were developed to:

- 1) Drive improved outcomes and more funding to the front lines through streamlined oversight PIHP/CMHP accountability reforms.
- 2) Integrate physical and behavioral health care at the point of service with a person-centered approach and inclusion of social determinates of health.
- 3) Ensure all Michiganders have access to behavioral health, mental health and substance use prevention, treatment, services and follow up services for the best quality life.
- 4) Provide people with outreach, service delivery, and access to behavioral health services at their preferred locations and mechanisms. *Consider telehealth and telephone services utilized during COVID-19.*
- 5) Provide quality and time efficient patient care flow from community to residential treatment or institution (hospital, juvenile detention centers, jail) to community with individualized clinical treatment.

SUD Oversight Board Report

Let the record show that the next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled to take place virtually at 10:00AM on Monday, September 14, 2020.

June 2020 Financial Report

- Traditional Medicaid showed \$133,124,311 in revenue, and \$122,361,911 in expenses, resulting in a net surplus of \$10,762,400. Medicaid ISF was reported as \$1,460,876 based on the Final FY19 FSR. Medicaid Savings was reported as \$0.
- Healthy Michigan Plan showed \$18,622,963 in revenue, and \$15,676,540 in expenses, resulting in a net surplus of \$2,946,423. HMP ISF was reported as \$ 3,573,592 based on the Final FY19 FSR. HMP savings was reported as \$0.
- Net Position* showed Medicaid and HMP ISF combined net surplus of \$13,708,823. The Total Medicaid and HMP Net surplus, including carry forward and ISF was reported as \$18,743,291.
- Behavioral Health Home showed \$83,960 in revenue, and \$70,474 in expenses, resulting in a net surplus of \$13,486.
- SUD showed all funding source revenue of \$13,609,891, and \$11,217,277 in expenses, resulting in a net surplus of \$2,392,614. Total PA2 funds were reported as \$6,041,323.

Discussion of the surplus followed. Ms. Yockey cautioned that spending could ramp up as the Boards undergo closeout processes. Several of the CMHSPs have indicated that they expect to implement staff incentive payments for FY20 prior to the end of the fiscal year.

FY20 PMPM Revenue Activity through July 31, 2020 was reviewed. Ten months into the fiscal year, the region is \$6.9M over FY20 projections. It was noted that the additional revenue was due to increased eligibles, retro rate adjustment, and the \$2/hour direct care wage increase.

Ms. Marois asked what it means when there is a surplus at the end of the year. Mr. Kurtz responded that a 5% carry forward into FY21 is allowed as is the ability to fully fund the risk reserve at 7.5%. Spending will need to be enhanced for FY21 to prevent a state lapse. Operations Committee will discuss how best to direct funding to services over the next few months.

MOTION MADE BY JOE STONE TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JUNE 2020; SECOND BY JAY O'FARRELL. ROLL CALL VOTE.

“Yea” Votes: Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora

“Nay” Votes: Null

MOTION CARRIED.

Operations Committee

The minutes from August 18th were included in the meeting materials in draft form. A Behavioral Health Home (BHH) Statewide Kickoff is planned (virtually) for August 25th and 26th. It was noted that Michigan has been named a Certified Community Behavioral Health Clinic (CCBHC) state. Both the BHH and CCBHC will require coordination of mental health and substance use disorder services. The NMRE is looking to restructure its Access to Services function, which will include CMHSPs playing a role in Access and some service delivery as required by both BHH and CCBHC status if pursued.

Mr. Marcus asked whether surplus funds can be used to implement the BHH. Mr. Kurtz responded that the BHH has its own payment structure. He further clarified that no facility development is needed.

Mr. Kamps called the progression of revenue over expenses “miraculous.” Mr. Kurtz noted that the NMRE received a rate increase of approximately 8% for FY20 after remaining flat the previous 3-4 years. Then, the coronavirus crisis hit in March 2020; much of the service delivery aspect transitioned to telehealth or “virtual” services. Mr. Tanner asked how the other Regions are faring. Mr. Kurtz responded that MidState has enhanced spending, NorthCare is in a position similar to the NMRE.

Mr. Kamps asked whether the financial risk pertaining to BHH has been alleviated. Mr. Kurtz expressed that there is still a risk portion, but rates were redone and the PIHP will not have to cost settle with CMHSPs. If done correctly, BHH funding can be considered “local.” The NMRE will have to cost settle with the state and the NMRE can take a portion of the revenue off the top to account for the administrative portion.

NEW BUSINESS

MDHHS-NMRE FY20 Contract Amendment No.4

Amendment No.4 to the MDHHS-PIHP Contract was included in the materials for the meeting and is due back to the Department by September 4th. Changes were made to account for the \$2/hour premium pay increase and provider stability payments

MOTION MADE BY JOE STONE TO APPROVE AMENDMENT NUMBER FOUR (NO.4) TO THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL 2020; SUPPORT BY TERRY LARSON. ROLL CALL VOTE.

“Yea” Votes: Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora

“Nay” Votes: Null

MOTION CARRIED.

One-Time NMRE Staff Incentive Payment

Mr. Kurtz stated that a cost of living increase of up to 2% for staff was built into the FY20 budget. A COLA is not being requested, but Mr. Kurtz would like to do a 2% one-time incentive payment for staff. A 1% incentive payment would result in a \$17,700 expense; a 2% increase would result in a \$35,500 expense to the NMRE.

MOTION MADE BY JOE STONE TO APPROVE A TWO PERCENT (2%) INCENTIVE PAYMENT FOR NORTHERN MICHIGAN REGIONAL STAFF FOR FISCAL YEAR 2020 AND A TWO PERCENT (2%) COST OF LIVING INCREASE FOR NORTHERN MICHIGAN REGIONAL ENTITY STAFF FOR FISCAL YEAR 2021; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.

“Yea” Votes: Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora

“Nay” Votes: Null

MOTION CARRIED.

OLD BUSINESS

Board Survey

A summary of the Board Survey responses was included in the materials for the meeting on this date. Overall, results were very positive. Mr. Nowak thanked those who provided feedback.

PRESENTATION

NMRE FY21 Proposed Budget

Key Assumptions

- 1) Medicaid and HMP revenue were projected with a 2.5% increase.
- 2) The ISF is anticipated to be fully funded at the close of FY20.
- 3) SUD costs were based on FY20 utilization.
- 4) Autism revenue is included in the capitation payments.
- 5) SUD Block Grant revenue was based on FY20 actual MDHHS allocation, broken down into Treatment, Prevention, and SDA programs).
- 6) PA2 funding was projected consistent with FY20 revenue.
- 7) Affiliate local match and local match drawdown was based on actual historical amounts.

Mr. Kurtz noted that actual projected rate increase for the NMRE was 3.1% but he budgeted conservatively at 2.5%. With a fully funded ISF, plus a 5% carry forward, the region is showing a \$10,292,341 increase at current spending.

Mr. Kurtz emphasized the Benefit Stabilization Plans for FY21 will need to be created, reviewed, and put in writing. Additional hiring at the NMRE is likely.

MOTION MADE BY RANDY KAMPS TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY FISCAL YEAR 2020 BUDGET AS PRESENTED AND REVIEWED ON THIS DATE; SUPPORT BY MARY MAROIS. ROLL CALL VOTE.

“Yea” Votes: Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, Don Smeltzer, Joe Stone, Don Tanner, Nina Zamora

“Nay” Votes: Null

MOTION CARRIED.

COMMENTS

Board

- Ms. Marois relayed a concern about the unprecedented closure of residential homes for the Intellectual/Developmental Disability population, namely due to the inability to retain staff, likely due to the rate of pay. She called it “very concerning” and asked what might be done. Mr. Stone noted that staffing has been issue for a long time, over and above current political

climate. Ms. Marois asserted that advocacy efforts are needed. Mr. Kurtz noted that it's a Statewide issue.

- Mr. Stone reported that the Board Association looking to conduct the next conference as a hybrid of virtual and on-site participation.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on September 23, 2020.

ADJOURN

Let the record show that Chairman Nowak adjourned the August 26, 2020 meeting of the NMRE Board at 11:12AM.

DRAFT

	Program	Consumers served August 2020 (8/1/20 - 8/31/20)	Consumers served in the Past Year (9/1/19 - 8/31/20)	Running Average (Variable Timeframe) (10/1/19 - 8/31/20)
1	Access / Crisis / Prescreens	58 - Routine 0 - Emergent 0 - Urgent 54 - Crisis 46 - Prescreens	673 - Routine 0 - Emergent 5 - Urgent 735 - Crisis 514 - Prescreens	54 - Routine 0 - Emergent 0 - Urgent 60 - Crisis 42 -Prescreens
2	Doctors' Services	419	1375	451
3	Case Management			
	Older Adult (OAS)	122	298	111
	MI Adult	147	381	177
	MI ACT	23	37	24
	Home Based Children	43	85	39
	MI Children's Services	137	329	108
	IDD	130	390	181
4	Outpatient Counseling	212(22/190)	497	216
5	Hospital Prescreens	46	514	42
6	Private Hospital Admissions	21	238	19
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	44	101	41
	MI	21	83	21
	Touchstone Clubhouse	84	99	83
9	Peer Support	44	64	35
10	Community Living Support Services			
	IDD	75	141	77
	MI	63	114	68
11	CMH Operated Residential Services			
	IDD Only	56	88	58
12	Other Contracted Resid. Services			
	IDD	31	32	32
	MI	37	40	37
13	Total Unduplicated Served	1092	2267	1101

County	Unduplicated Consumers Served Since September 2019
Alcona	251
Alpena	1374
Montmorency	253
Presque Isle	289
Other	81
No County Listed	19

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~1920~~)**

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 (Exec. Director Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
February	Ownership Linkage - Public Hearing – Program Input	Activity
	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 Individuals Served 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 Individuals Served 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
April	Board Member Recognition	Activity
	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
May	Election of Officers	Activity
	Orientation of New Members	Activity
	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 Individuals Served 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
	Ownership Input	Activity
Begin Strategic Planning w/Environmental Scan		
June	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 01-010 (Collaboration Report)	Review Monitoring Report
	Finalize Planning Session with Ends Setting	Presentation
	Prepare for Executive Director Evaluation	Activity

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH
BOARD ANNUAL CALENDAR (10-01-~~1920~~)**

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 Individuals Served 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
	Executive Director 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
	Executive Director 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
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 Individuals Served 01-002	Policy Review
	Treatment of Individuals Served 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
	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	Policy Review
	(conducted when Strategic Plan is adopted)	

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN
~~2019~~2020-20202021



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
- Section 298 and 928

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 Rules
- 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 Health Record (HER)
- Data Analytics
- Increase Mobile Capabilities
- Self-Management Tools/Consumer Portal

Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
 - a. Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
 - b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
 - c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
 - d. Participate in PIHPs QAPIs [Quality Assessment Performance Improvement Projects].
 - i. QAPIP #1 – Follow up care for children prescribed ADHD medications.
 - ii. QAPIP #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
- ~~2. To continue the partnership with Aleona Health Center and local school systems in order to provide school-based social work services for children~~
- ~~3.2.~~ Promote a trauma-informed community through education, assessment and participation in community initiatives.
- ~~4.3.~~ Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.
- ~~5.4.~~ Coordinate community education and partnerships in suicide prevention.
- ~~6.5.~~ 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.
- ~~7.6.~~ To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
- ~~8.7.~~ To further utilize the Health Information Exchange (HIE) with ~~Great Lakes Health Connect~~ MiHIN (Michigan Health Information Network) and local organizations in order to share critical health care information. *[It should be noted, our current electronic record system (PCE) is a conduit for this information making this utilization much easier.]*
- ~~9.8.~~ 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. ~~75% of all children who complete treatment (targeted case management, outpatient counseling, Home-Based Services and Wraparound) will show a 20 point or more decrease in CAFAS scores at completion of services.~~ Increase the number of children receiving home-based services reducing the number of children receiving targeted case management services. Current percentage in each program is 33% in home-based services and 67% in targeted case management. Goal is to reach 80% in home-based 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~~ one 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. ~~90% of those persons prescribed Buprenorphine for opioid dependence will have an objective in their plan of service addressing their substance use recovery goals. 10% of individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be offered enrollment in the Behavioral Health Home.~~
- b. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.
- c. 100% of individuals served enrolled in the Behavioral Health Home will have a base-line A1C.

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 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.

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



WEEKLY Update

September 25, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMHA Association and Member Activities

New! CMHA & advocacy partners applaud extension of direct support professional pay increase



Below is a recent press release from the coalition of which CMHA has been a long time partner, celebrating the recent extension of the \$2/hour wage increase to Michigan's Direct Support Professionals.

Michigan's Direct Care Workers Receive Continuing Legislative Support *Budget Bills Continue \$2.00 Hourly Wage Increase Through December 2020, Helping Address Critical Worker Shortage*

More than 100,000 Michigan residents experiencing developmental disabilities or mental illness were supported yesterday, thanks to the Legislature's decision to continue a \$2.00/hour wage increase for their Direct Care Workers.

Residential and vocational Direct Care Workers provide much-needed personal care, training, emotional support and respite to vulnerable people and their families.

"While this continuation is not the ultimate solution we need for Michigan, it is an important step along the journey," said Robert Stein, general counsel for the Michigan Assisted Living Association. "We are incredibly pleased that, even during these uncertain budget times, our state's leaders have chosen to continue their support for essential Direct Care Workers and the individuals and families they serve." To support the continuation funding, a total of \$40 million in state general fund/general purpose dollars are being added to \$110 million in federal spending.

"This essential budget solution means we can retain essential staff, who have historically been paid around the same amount as fast-food workers," said Tracey Hamlet, executive director of west Michigan-based MOKA. "This is unconscionable, given the dedication, skill and support they demonstrate each and every day. While we know this is a temporary fix, it gives us hope that more lasting solutions can be found with the help of Governor Whitmer and the state Legislature."

Nearly a million Michigan residents rely directly or indirectly on the value Direct Care Workers provide.

"As we work to bring new people into this much-needed profession, the support of our state leaders remains essential," said Ann Meldrum, director at Muskegon-based Samaritas. "Once we get some of these basic wage issues met, we can begin to take a longer view toward building robust career pathways in this important sector."

State & National Developments and Resources

New! You are Invited to Stakeholder Forums on Health IT and Behavioral Health Connecting and Innovating for Better Health

Michigan Department of Health and Human Services (MDHHS) and the Health Information Technology Commission (HITC) encourage extensive participation in the **Connecting and Innovating for Better Health** series of online stakeholder engagement forums. With generous support from [Michigan Health Endowment Fund](#), MDHHS and the HITC are hosting a series of **virtual, online stakeholder forums** to collect input on what should be included in a 5-Year Health IT Roadmap for Michigan.

MDHHS wants to hear from:

- Persons served by Michigan's public mental health, intellectual and developmental disability, and substance use disorder services and supports system (CMHs, PIHPs, and providers)
- Providers and organizations working within Michigan's public mental health intellectual and developmental disability, and substance use disorder services and supports system (CMHs, PIHPs, and providers within the CMH and PIHP networks)

To learn more about the development process of the 5-Year Health IT Roadmap for Michigan, visit the Michigan Health Information Technology Commission's [website](#), or contact the Michigan Health IT Roadmap consulting team, CedarBridge Group at miroadmap@cedarbridgegroup.com

Forum Topics and Schedule

1. Connecting All Points of Care: Information Technology Needs and Gaps for Behavioral Health Services

Regional Focus Forum with Online Breakout Room Discussions

October 22, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_WACJTlaZQLGdBO3YT3_Qtg

- Interoperability of behavioral health data across settings for care coordination
- Alerts and notifications; access to national interoperability networks
- Access to the Prescription Drug Monitoring Program (PDMP)
- Consent management
- Availability of mental health services/inpatient/rehab beds
- Performance measurement reporting

2. Bridging the Digital Divide: Information Technology Needs and Gaps to address Racial Disparities and Social Determinants of Health

Regional Focus Forum with Online Breakout Room Discussions

October 28, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_1Ku_2f31QgK6bjXUYc5pzg

- Resource directories and referral management
- Event notifications
- Interoperability between healthcare and social service organizations for coordination of care, services, benefits
- Reporting requirements and analytics for population health, risk adjustment, outcomes

3. Coordinating Care for the Vulnerable Information Technology Needs and Gaps for Disability Services

Statewide Discovery Forum

September 29, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_NGvV8SlS52JyIXzMBHQow

Regional Focus Forum with Online Breakout Room Discussions

November 2, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_Ataj-TsgQqaMzR9kdP7fcg

- Access to information for agency professionals, clients, and caregivers for care coordination
- Alerts, notifications, and bidirectional communication
- Analytics (predictive, risk adjustment, oversight, evaluation)

4. Resident and Advocate Perspectives on Health IT for Person-Centered Care

Regional Focus Forum with Online Breakout Room Discussions

October 29, 2020 1:00 PM – 3:00 PM Eastern Daylight Time

Registration: https://zoom.us/webinar/register/WN_3fAw2R9Q-qSJl1j3yQ3TA

- Telehealth, remote patient monitoring
- Access to health information from care providers, care team, hospitals, caregivers
- Consent management
- Access to state benefit eligibility systems

New! Fact sheet: 988 and suicide prevention hotline

During National Suicide Prevention Month, the Federal Communications Commission is highlighting 988, which will be the nationwide, 3-digit phone number for suicide prevention and mental health crisis services starting on July 16, 2022.

In July 2020, the FCC [adopted rules](#) designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline by July 16, 2022.

Topline Takeaways on 988:

Suicide prevention is a critical need. Since 2008, suicide has ranked as the tenth leading cause of death in the United States. Suicide claimed the lives of more than 48,000 Americans in 2018, resulting in about one death every 11 minutes.

Americans who need help today can find it by calling the National Suicide Prevention Lifeline. The National Suicide Prevention Lifeline can be reached by calling 1-800-273-8255 (1-800-273-TALK) and through [online chats](#). Veterans and Service members may reach the [Veterans Crisis Line](#) by pressing 1 after dialing, as well as by chatting online at www.veteranscrisisline.net or texting 838255.

The National Suicide Prevention Lifeline is a national network of approximately 170 local- and state-funded crisis centers. The Department of Health and Human Services' Substance Abuse and Mental Health Services Administration administers the National Suicide Prevention Lifeline, in partnership with the Department of Veterans Affairs, which manages the Veterans Crisis Line.

Under the new rules, calls to 988 will be directed to 1-800-273-TALK, which will remain operational during and after the 988 transition.

The requirement to transition to 988 as the National Suicide Prevention Hotline will take effect on July 16, 2022. The transition time gives phone companies time to make necessary network changes. It additionally provides time for the National Suicide Prevention Lifeline to prepare for a likely increase in the volume of calls following the switch.

The adoption of the new rules reflects a commitment to delivering Americans necessary intervention services. Switching to an easy-to-remember 988 as the '911' for suicide prevention and mental health crisis services will make it easier for Americans in crisis to access the help they need and decrease the stigma surrounding suicide and mental health issues. FCC staff first proposed 988 as a three-digit, nationwide number in a [report](#) submitted to Congress in 2019.

New! Lansing office building named after Cass now named after former Reps. Elliott, Larsen

Below are excerpts from a recent press release announcing the renaming of what was formerly the Lewis Cass Building – where BHDDA, the state agency with whom Michigan's public mental health system works most often, is housed.

Governor Whitmer spoke to reporters today after a press event commemorating the official renaming of the Lewis CASS state office building as the Elliott-Larsen Building, after former Republican Rep. Melvin LARSEN and the late Democratic Rep. Daisy ELLIOTT, who were the sponsors of the state's civil rights law.

The Governor announced the renaming of the building earlier this summer in the wake of the death of George FLOYD that spurred anti-racism protests across the country. The protests raised questions about buildings and statutes named after or honoring Confederate leaders or slaveholders, among other figures.

Whitmer said today she asked her staff to do a survey of state properties to see if any should be renamed, and they came back with the one named after Cass, who was a slaveholder as well as Michigan's territorial governor, a president pro tem of the U.S. Senate and the Democratic Party nominee for president in 1848 (See "Lewis Cass Building Renamed To Celebrate The Elliott-Larsen Civil Rights Act," 6/30/20).

Among the speakers at the event that unveiled the new name on the building included Larsen himself along with Elliott's granddaughter Badriyyah SABREE.

New! To design equitable value-based payment systems, we must adjust for social risk

Below are excerpts from a recent blog from Health Affairs.

Using social risk adjustment in value-based payment programs would not mask poor quality of care nor would it disincentivize quality improvement. The absence of such adjustment does nothing to address racial inequities in health and health care; if anything, it makes the problems worse.

Read the full blog post [here](#).

State Legislative Update

FY21 Conference Committee Report

On Wednesday, September 23, the legislature wrapped up its work on the Fiscal Year 2020-2021 budget in an expeditious and largely conflict-free fashion. The overall state budget totaled \$62.7 billion in level funding, including \$28 billion for the Michigan Department of Health and Human Services.

The final conference reports -- SB 927 (education omnibus) and House Bill 5396 (general omnibus budget) – as adopted by the House and Senate today are available [here](#).

The budget bills now head to Governor Whitmer’s desk for her signature. She plans to review and sign the bills prior to the start of the next fiscal year on October 1.

Below is a summary of the various items of importance to the public mental health system, below also is a link to the actual bill, the DHHS portion begins on roughly page 400.

https://www.house.mi.gov/hfa/PDF/Summaries/19s5396s1cr1_general_omnibus_bill.pdf

Specific Mental Health/Substance Abuse Services Line items

	FY'19 (Final)	FY'20 (Final)	FY'21 (Final)
-CMH Non-Medicaid Services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,386,669,800	\$2,487,345,800	\$2,653,305,500
-Medicaid Substance Abuse Services	\$67,640,500	\$68,281,100	\$87,663,200

-State Disability Assistance Program	\$2,018,800	\$0	\$2,018,800
-Community Substance Abuse (Prevention, education, and treatment programs)	\$76,956,200	\$108,754,700	\$108,333,400
-Health Homes Program			\$26,769,700
-Autism Services	\$192,890,700	\$230,679,600	\$271,721,000
-Healthy MI Plan (Behavioral health)	\$299,439,000	\$371,843,300	\$589,941,900

FY21 Conference Report Decisions:

- Estimated 2% actuarial soundness increase for Medicaid and HMP behavioral health services and a 6% increase for autism services
- K.B. v. Lyon Includes \$19.1 million Gross (\$2.7 million GF/GP) and authorization for 9.0 FTE positions for behavioral health services and supports monitoring, system improvement, and performance monitoring for children related to the legal settlement K.B. v. Lyon. Amount includes \$17.7 million Gross (\$1.8 million GF/GP) for IT system upgrades.
- Behavioral Health Homes – Includes \$23.4 million Gross (\$2.5 million GF/GP) to expand the number of behavioral health homes, including opioid health homes, by a prospective 9,245 enrollees.
- Behavioral Health Program Reductions – Includes reductions totaling \$3.3 million GF/GP for various behavioral health programs including in-sourcing Children's Transition Support Team, court-ordered assisted treatment, jail diversion, applied behavioral treatment, and psychiatric bed database.
- Direct Care Worker Wage Increase – One-Time Funding Adds \$150.0 million Gross (\$40.0 million GF/GP) to provide a temporary \$2.00 per hour wage increase for direct care workers for 3 months. Funding would be available for the same direct care workers that were eligible for COVID-19 direct care worker hazard pay included in 2020 PA 123, including Medicaid-eligible behavioral health direct care workers, skilled nursing facility employees, and area agency on aging direct care employees.
- \$1.0 million GF/GP for autism navigators and adds \$144,800 GF/GP to Autism
- \$8.4 million local funds for expanded child and adolescent health center care and emotional health services in schools
- Includes \$5.4 million Gross (\$1.4 million GF/GP) to support the MiDocs class during the current fiscal the course of 5 years.

Conference Report Boilerplate Sections:

- NOT INCLUDED – **Sec. 293. Savings from Behavioral Health Integration Pilot Projects** – Deleted language requiring that any savings from pilots to integrate Medicaid behavioral health and Medicaid physical health services systems shall only be used for reinvestment in the pilot sites where savings occurred; authorizes shared savings between a PIHP or CMHSP and a Medicaid health plan shall be carried forward for expenditures in future years;
- NOT INCLUDED – **Section 294** – Adds a new Care Coordination Pilot. (1) Allows the department to work with PIHPs and CMHSPs to create a service level integration pilot. (2) Contracts under this pilot shall require the use of the department's Care Connect 360 platform to achieve shared care coordination between PIHPs and Medicaid HMOs.
- NOT INCLUDED – **Sec. 298**
- **Sec. 928. CMH Funding Using Local Funds as State Match.** The Governor modified language directing the use of local funds as State match for Medicaid mental health funding to remove language stating legislative intent that local funding used to pull down match be phased out over five years and replaced with GF/GP. Conference maintained current year language with clarification on the source of funds used for local match. Full budget language below:

Sec. 928. (1) Each PIHP shall provide, from internal resources, local funds to be used as a part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs. These funds shall not include either state funds received by a CMHSP for services provided to non-Medicaid recipients or the state matching portion of the Medicaid capitation payments made to a PIHP.

(2) It is the intent of the legislature that any funds that lapse from the funds appropriated in part 1 for Medicaid mental health services shall be redistributed to individual CMHSPs as a reimbursement of local funds on a proportional basis to those CMHSPs whose local funds were used as state Medicaid match. By April 1 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the lapse by PIHP from the previous fiscal year and the projected lapse by PIHP in the current fiscal year.

(3) It is the intent of the legislature that the amount of local funds used in subsection (1) be phased out and offset with state general fund/general purpose revenue in equal amounts over a 5-year period.

(4) Until the local funds are phased out as described in subsection (3), each PIHP shall not be required to provide local funds, used as part of the state match required under the Medicaid program in order to increase capitation rates for PIHPs, at an amount greater than what each PIHP received from local units of government, either directly or indirectly, during the fiscal year ending September 30, 2018 for this purpose.

- **Sec. 974. Intellectual or Developmental Disability Service Delivery** – REVISED Allows an individual with an intellectual or developmental disability who receives supports and services from a CMHSP to choose to instead receive supports and services from another provider. Revises to require instead of allow.
- **Sec. 1006. Intellectual or Developmental Disability Health Homes** – NEW Requires DHHS to explore implementing Medicaid health homes for individuals with intellectual or developmental disabilities, and requires a report.
- **Sec. 1007. Standalone Intellectual or Developmental Disability Medicaid Delivery System** – NEW Requires DHHS to explore the feasibility of implementing a standalone Medicaid delivery system for individuals with intellectual or developmental disabilities, and requires a report.
- **Section 1513 Medicaid Inpatient Psychiatric Hospital Workgroup** – Requires DHHS to create a workgroup to determine an equitable and adequate reimbursement methodology for Medicaid inpatient psychiatric hospital care, lists participating workgroup members, requires a report from the workgroup.
- **Section 1696 – Traditional Medicaid to HMP Migration Restriction** – It is the intent of the legislature that, beginning in the fiscal year beginning October 1, 2019, if an applicant for Medicaid coverage through the Healthy Michigan Plan received medical coverage in the previous fiscal year through traditional Medicaid, and is still eligible for coverage through traditional Medicaid, the applicant is not eligible to receive coverage through the Healthy Michigan Plan.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer’s Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- ***Executive Order 2020-181*** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

Federal Update

National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

Whether you are a current or prospective CCBHC, a policymaker, association representative or just personally invested in the CCBHC model, the CCBHC Success Center is your one-stop shop for support from the National Council and our network of partners.

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.
- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children's providers, and others—can partner with CCBHCs to improve clients' access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs' activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

Need one-on-one attention to support your unique needs and goals? Our expert staff have worked with states and clinics since 2014 to provide implementation support, financing guidance, and Medicaid design expertise. We are here to help meet any need.

The CCBHC Success Center is open for business. [Check us out today!](#) Make sure to check back often, as additional resources will be added in the weeks and months ahead.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we're moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

Please check our website [by clicking here](#) for updated information!

New! Virtual CMHA Annual Fall Conference

Save the Dates: This year's CMH Fall Conference, "Resilience & Reinvention," will be held virtually each morning from October 26-30, 2020. More details next week!

VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open Soon for New Dates

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. 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.

Dates:

- October 5, 2020 (*training full*)
- November 2, 2020 (*training full*)
- November 20, 2020 (*training full*)
- December 7, 2020 (*training full*)
- January 11, 2021 (*Registration Opening Soon*)
- February 22, 2021 (*Registration Opening Soon*)
- March 22, 2021 (*Registration Opening Soon*)
- April 5, 2021 (*Registration Opening Soon*)
- April 26, 2021 (*Registration Opening Soon*)

Agenda:

Log into Zoom: 8:15am
Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

VIRTUAL Pain Management and Mindfulness Trainings – Registration Open Soon for New Dates

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CE's and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- October 15, 2020 (*training full*)
- November 5, 2020 [REGISTER HERE!](#) (*2 spots left*)
- January 21, 2021 (*Registration Opening Soon*)
- March 8, 2021 (*Registration Opening Soon*)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

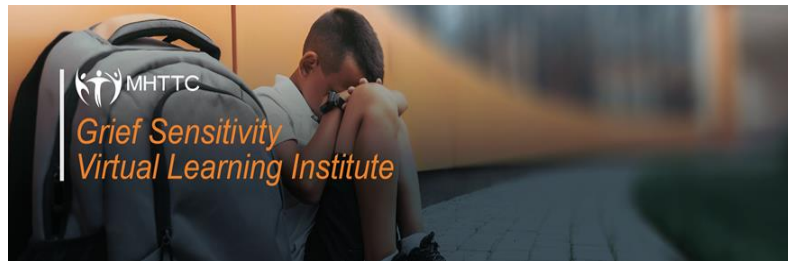
Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

The Institute includes:

Tracked Learning- Each Institute has four sessions with three learning tracks (you are open to attend any session in any track):

Grief Sensitivity

Evidence-Based Practices for Clinicians, and
School Mental Health.

Reflective Discussion- On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

November 12 & 13th:

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact NetworkOffice@MHTTCNetwork.org

News from Our Preferred Corporate Partners

Genoa Healthcare: Staying Connected to Consumers in a Virtual World: How an Integrated Pharmacy Can Help

Access to mental health care is more important than ever, but the COVID-19 pandemic has forced many mental health centers to focus on providing critical services only, delivering much of that care via

telehealth. As centers settle into the telehealth world, many may be searching for new ways to connect with consumers and maintain and improve consumer outcomes.

An integrated pharmacy can help by providing:

A crucial touchpoint for consumers: An integrated pharmacy can act as a bridge between providers and their patients, providing additional consumer touchpoints in a virtual world.

A resource for center staff: When center staff and providers have any medication-related needs or questions, an integrated pharmacy is there, on-site to answer them.

A dedicated team: Focused on serving one center, an on-site pharmacy can get to know each consumer, providing personal, customized services.

Services to keep consumers on their treatment plans: Reduced face time with consumers can make it hard to keep them on their medications. An integrated pharmacy builds relationships with each person, understanding their needs and providing personalized services like packaging and free medication mailing to make sure they get and stay on their medications.

Genoa Healthcare offers on-site pharmacy services dedicated to those in the behavioral health and addiction communities. Genoa also provides telepharmacy services and consumer medication coordinators, depending on each center's needs. All Genoa Healthcare pharmacy models can:

- Fill and synchronize all medications (behavioral and primary care)
- Mail prescriptions at no additional cost
- Conduct outreach calls to keep consumers on track
- Help with prior authorizations, medication and insurance questions
- Provide customized pill organizers to consumers with medications sorted by date and time

All of this results in industry-leading medication adherence and satisfaction ratings:

- People who use Genoa have medication adherence rates over 90%, compared to 50% at traditional retail pharmacy
- Consumers report over 90% satisfaction when using Genoa's pharmacy
- Partner centers report over 80% satisfaction with their partnerships with Genoa

To learn more about how an integrated pharmacy can help your center maximize your telehealth program, [CLICK HERE](#) to check out our webinar.

For more information about Genoa Healthcare [click here](#) or please reach out to Katrina Miller at **(608) 345-4078** or kmiller@genoahealthcare.com.

Abilita: Controlling Increasing Phone Costs

Beginning July 1st, your telecommunication costs increased by almost 7%! Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been. Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#). Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

myStrength: new digital behavioral health resources empower consumers to move beyond trauma

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo.](#)

New! Relias: Addressing the Growing Rate of Suicide

Mental health disorders and suicidal ideation are topics not typically discussed in communities of color. However, research now shows that suicide rates among Black youth, adolescents, and adults are rising faster than other racial or ethnic groups. Now, with the COVID-19 pandemic and racial injustice protests further affecting Black mental health, it's critically important that clinicians and organizations learn how to identify, assess, and prevent suicide.

Join us Wednesday, September 30, 2020 at 3 PM ET to hear Ifeanyi Olele, DO, MBA, MS, share statistics on the growing rate of suicide in the Black community and what clinicians and organizations can do to improve suicide prevention and treatment. Click here to [Register Now](#). In the webinar, Dr. Olele will:

- Address the growing rate of suicide in the Black community
- Discuss stigmas associated with suicide, mental health disorders, and accessing care
- Provide risks and protective factors that can lead to suicidal ideation
- Share strategies to improve suicide prevention and treatment

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, 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: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org



WEEKLY Update

September 18, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

New! CMHA, advocacy partners, Governor, Senate honor Michigan’s direct care workers

Below is a recent announcement, from the State of Michigan, declaring September 13-19 as Direct Support Professionals Recognition Week. This recognition was the result of the work of a coalition of advocacy and provider organizations (the logos of whom appear above) in partnership with the Governor and legislative leadership.

Formal Actions Declare Sep. 13–19 Direct Support Professionals Recognition Week: This week, 50,000 Direct Care Workers are being honored for their work to support people with mental illness and developmental disabilities, thanks to a gubernatorial proclamation and state Senate resolution declaring Sep. 13–19 Direct Support Professionals Recognition Week.



Direct Care Workers provide much-needed personal care, training, emotional support and respite to an estimated 100,000 of Michigan’s most vulnerable residents.

“During this week, we should recognize and honor Direct Support Professionals for their commitment to providing important service to people with disabilities in our state and advocate for their living wages, benefits, and opportunities for advancement, so they can continue to provide the highest quality of care for the people they support,” Gov. Whitmer observed.

The Michigan Senate noted the essential contributions of these workers in its resolution, saying that “direct support professionals are a critical element in supporting individuals who are receiving health care services for severe chronic health conditions and individuals with functional limitations, and helping them to transition successfully from medical events to post-acute care and long-term support and services.”

Nearly a million Michigan residents rely directly or indirectly on the value Direct Care Workers provide.



State & National Developments and Resources

Peer Support Warmline

The Certified Peer Support Specialist Warmline is a peer run phone service providing peer support, resource referral and shared experience of recovery and hope.

- When you need someone to talk to
- When you want to share your triumphs or challenges
- When you feel alone
- When you feel like others just do not understand

Call 888-PEER-753 (888-733-7753)
10 a.m. – 2 a.m., 7 days a week

If you are a Deaf, DeafBlind or Hard of Hearing person in need of help, please use VRS to reach this hotline. For a full list of Michigan and National mental health crisis lines please click [here](#)

New! First two virtual opioids town halls announced – Sept. 23rd & Sept. 25th

The Michigan Opioids Task Force and Michigan Department of Health and Human Services (MDHHS) have announced the details of the first two virtual opioids town halls.

Following are the participation details and links for the town halls:

[Northern Lower Michigan \(previously the Gaylord Town Hall\)](#), Wednesday, Sept. 23, 5:00 – 6:30 p.m.

[Flint and Thumb Region \(previously the Flint Town Hall\)](#) Friday, Sept. 25, 3:30 – 5:00 p.m.

During the events, state officials will seek to learn more about how the opioid epidemic has impacted different regions of the state. To ensure information gathered reflects the experience of the local communities, residents are asked to only participate in the virtual town hall for the area in which they reside.

At the town halls, MDHHS and the Michigan Opioids Task Force will share the 2020 strategy to turn the tide on the crisis, seek feedback from the public and host a Q-and-A about the crisis response. Information gathered during the town halls will help the state develop a crisis response that is flexible; effective to fit the needs of communities from Detroit to Grand Rapids to Marquette; and informed by the experiences of Michiganders affected by the crisis.

A few key questions will guide the conversation:

- How has the opioid epidemic affected you, your family or your community?
- What services, programs or policies would you recommend to help address the crisis?
- How can the state help combat stigma and change the narrative around opioid use disorder?

For more information about the state's opioids response and available resources, visit Michigan.gov/opioids.

New! MDHHS issues bulletin to ensure flexibility of Medicaid behavioral health services

MDHHS recently issued a bulletin designed to allow for the provision of Medicaid behavioral health services in ways that protect the health and safety of persons served and providers. The bulletin can be found [here](#).

New! CHRT publishes multi-state study of healthcare integration

The Center for Healthcare Research Transformation (CHRT) has recently issued a study on the work, in several states, to integrate behavioral and physical healthcare – using a variety of means. The study can be found [here](#)

New! Register Now for The 2020 Arc National Convention – Free Online Event!



NATIONAL CONVENTION

A VIRTUAL EVENT | OCTOBER 26 – 28, 2020



The Arc's [National Convention](#) is coming up **October 26 – 28**, and this year we are making it possible for you to participate from anywhere!

Join us for **three days of inspiring online sessions**, announcements, and networking opportunities to learn how others are navigating challenges both old and new.

Check out some highlights below, [register for free](#), and mark your calendar!

Don't think you can make it to one of the live sessions? Register anyway, and we'll let you know when the session recordings are available to view on demand.

**REGISTER
NOW**

New! MDHHS announces additional COVID19 testing sites

Online Registration Information:

All God's People

25295 Chippendale St., Roseville, MI 48066

<https://www.solvehealth.com/book-online/gwvjkp>

New Beginnings Deliverance Ministry

269 E. Genesee, Saginaw, MI 48601

<https://www.solvehealth.com/book-online/p3mvK0>

Hope Community Church

2390 Lake Street, Niles, MI 49120

<https://www.solvehealth.com/book-online/AMm2ZA>

New Hope Missionary Baptist Church

33640 Michigan Avenue, Wayne, MI 48184

<https://www.solvehealth.com/book-online/07Q9Xp>

Epicenter of Worship

571 W. Jolly Rd., Lansing, MI 48910

<https://www.solvehealth.com/book-online/gJE9Ep>

The Open Door Church of God in Christ

12411 E. 7 Mile, Detroit, MI 48205

<https://www.solvehealth.com/book-online/AXdnVA>

Christ Temple Church

412 E. Sherman Blvd., Muskegon, MI 49444

<https://www.solvehealth.com/book-online/pIV280>

Bethel Baptist Church East

5715 Holcomb St., Detroit, MI 48213

<https://www.solvehealth.com/book-online/gqyjWg>

New! Webinar: Update on the Collaborative Care Model for Substance Use and Mental Health Conditions

Below are excerpts from the overview for an upcoming webinar on the Collaborative Care Model for Substance Use and Mental Health Conditions.

We know that it is challenging to find evidence-based treatment for substance use disorder and that families struggle immensely to navigate the treatment and insurance processes. There are a multitude of reasons why this is the case, and tremendous barriers that individuals face when seeking treatment. States have gotten creative given the challenges with payment for specialty treatment and lack of accessible providers. In the mental health community, they have been using the Collaborative Care Model (CoCM) to integrate behavioral health care into primary care settings. Through this approach, providers measure patient progress with a team of clinicians typically including a primary care physician, a behavioral health specialist and care coordinator. This approach has shown to be tremendously successful in improving outcomes for patients.

Registration information can be found [here](#).

New! Health Affairs blog: the COVID-19 pandemic is the time for the public sector to help build greater social connection

Below are excerpts from a recently announced blog from Health Affairs:

Greater social connection, especially when physical distancing, offers a vital pathway for bolstering individual health and community resilience to combat COVID-19. We suggest that a more systemic effort by government to cultivate social connection in the context of existing social programs will benefit the goal we all share for a healthier, more wholesome society.

[Read more of this blog here.](#)

State Legislative Update

New! Senate Health Policy Committee Hears Testimony on Several MH Bills

On Thursday, the Senate Health Policy committee took up several bills related to behavioral health services. The committee heard testimony from CMHA and Network180 staff in support of HB 5832, which would create crisis stabilization units. CMHA described the bill to the committee as a modernization of the Mental Health code in regards to the crisis services section, which has not been updated in 25-30 years. The bill is intended to address the many grey areas that currently exist with prescreening units, and provide more upfront care to people experiencing a crisis. 5832 does not require a CMH or other entity to operate a CSU, it simply gives the mental health system another tool in the crisis care continuum.

The Senate committee also heard testimony on HB 5178, which would require DHHS to establish, maintain, and revise, as necessary, a uniform CMH services credentialing program for State department or agency use. The State department's or agency's credentialing and recredentialing process would have to comply with national standards.

Finally, the committee also heard emotional testimony on SB 813, which would require the DHHS to investigate all deaths reported by a psychiatric hospital or psychiatric unit that were the result of suicide or where the cause of death was reported as unknown.

Senate Minority Leader Jim Ananich (D-Flint) testified that he's alarmed by reports of people dying shortly after leaving in-patient care at psychiatric facilities. Relatives usually feel relief when they check a loved one into a psychiatric facility, he contended, knowing they are going to get the care, support and therapy they need.

The bill will "help us get our arms around the magnitude of this problem" and help the state to understand and identify patterns in the who, what, where, when and how many of these deaths are occurring, he said.

Two family members told the committee the stories of their loved ones who took their own lives last year just hours after being discharged from mental health facilities in Michigan.

Committee Chair Sen. Curt VanderWall (R-Ludington) indicated he hopes to bring some the bills up for a vote next week.

New! House Committee Hears Testimony Again on Certificate of Need Bills

On Wednesday, the House Health Policy Committee took testimony for a second time on bills to repeal Certificate of Need (CON) oversight for psychiatric beds -- among other CON reforms. The committee previously heard testimony in mid-July in which CMHA testified in opposition to SB 672 and 673.

SB 672 would eliminate the Certificate of Need (CON) process for all psychiatric inpatient beds in hopes that it would increase access and availability across the state. SB 673 requires that a psychiatric hospital or psychiatric unit accept public patients and maintain 50% of beds available to public patients as a condition of licensure.

CMHA supports the intent of SB 672 & 673, which is to increase the availability of psychiatric inpatient beds across the state and designates a certain percentage of beds set aside for public patients. However, some of our members have concerns regarding the elimination of the Certificate of Need (CON) process and believe strengthening current CON practices would help more than simply eliminating CON all together. The CON process is not a barrier to access.

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-181** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 181.

Federal Update

National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

Whether you are a current or prospective CCBHC, a policymaker, association representative or just personally invested in the CCBHC model, the CCBHC Success Center is your one-stop shop for support from the National Council and our network of partners.

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.
- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children's providers, and others—can partner with CCBHCs to improve clients' access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs' activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

Need one-on-one attention to support your unique needs and goals? Our expert staff have worked with states and clinics since 2014 to provide implementation support, financing guidance, and Medicaid design expertise. We are here to help meet any need.

The CCBHC Success Center is open for business. [Check us out today!](#) Make sure to check back often, as additional resources will be added in the weeks and months ahead.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we're moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

Community Mental Health Association of Michigan is pleased to offer Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. 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.

Dates:

- October 5, 2020 (*training full*)
- November 2, 2020 (*training full*)
- November 20, 2020 (*training full*)
- December 7, 2020 (*training full*)

Agenda:

Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees: \$103 CMHA Members \$126 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- October 15, 2020 (*training full*)
- November 5, 2020 [REGISTER HERE!](#) (*10 spots left*)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members \$47 Non-Members

Education & Training Resources from Great Lakes MHTTC

**MHTTC**

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

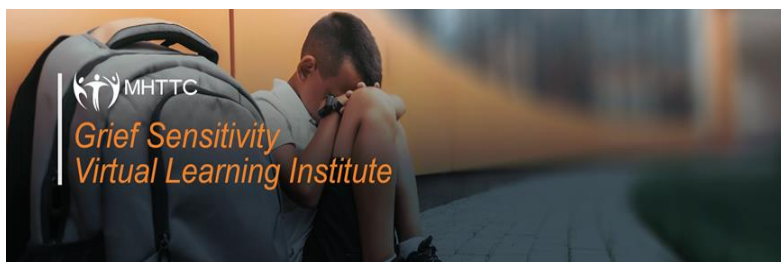
Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

The Institute includes:

Tracked Learning- Each Institute has four sessions with three learning tracks (you are open to attend any session in any track):

Grief Sensitivity

Evidence-Based Practices for Clinicians, and
School Mental Health.

Reflective Discussion- On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

November 12 & 13th:

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact
NetworkOffice@MHTTCNetwork.org

News from Our Preferred Corporate Partners

New! Genoa Healthcare: Staying Connected to Consumers in a Virtual World: How an Integrated Pharmacy Can Help

Access to mental health care is more important than ever, but the COVID-19 pandemic has forced many mental health centers to focus on providing critical services only, delivering much of that care via telehealth. As centers settle into the telehealth world, many may be searching for new ways to connect with consumers and maintain and improve consumer outcomes.

An integrated pharmacy can help by providing:

A crucial touchpoint for consumers: An integrated pharmacy can act as a bridge between providers and their patients, providing additional consumer touchpoints in a virtual world.

A resource for center staff: When center staff and providers have any medication-related needs or questions, an integrated pharmacy is there, on-site to answer them.

A dedicated team: Focused on serving one center, an on-site pharmacy can get to know each consumer, providing personal, customized services.

Services to keep consumers on their treatment plans: Reduced face time with consumers can make it hard to keep them on their medications. An integrated pharmacy builds relationships with each person, understanding their needs and providing personalized services like packaging and free medication mailing to make sure they get and stay on their medications.

Genoa Healthcare offers on-site pharmacy services dedicated to those in the behavioral health and addiction communities. Genoa also provides telepharmacy services and consumer medication coordinators, depending on each center's needs. All Genoa Healthcare pharmacy models can:

- Fill and synchronize all medications (behavioral and primary care)
- Mail prescriptions at no additional cost
- Conduct outreach calls to keep consumers on track
- Help with prior authorizations, medication and insurance questions
- Provide customized pill organizers to consumers with medications sorted by date and time

All of this results in industry-leading medication adherence and satisfaction ratings:

- People who use Genoa have medication adherence rates over 90%, compared to 50% at traditional retail pharmacy
- Consumers report over 90% satisfaction when using Genoa's pharmacy
- Partner centers report over 80% satisfaction with their partnerships with Genoa

To learn more about how an integrated pharmacy can help your center maximize your telehealth program, [CLICK HERE](#) to check out our webinar.

For more information about Genoa Healthcare [click here](#) or please reach out to Katrina Miller at **(608) 345-4078** or kmiller@genoahealthcare.com.

Abilita: Controlling Increasing Phone Costs

Beginning July 1st, your telecommunication costs increased by almost 7%! Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be "high cost".

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

myStrength: new digital behavioral health resources empower consumers to move beyond trauma

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo](#)

Relias: Implement Trauma-Informed Care at Your Organization

Becoming trauma-informed does not happen overnight. It requires integrating knowledge about trauma into your policies, practices, and procedures, as well as buy-in from your staff and leadership.

If you want to implement trauma-informed care at your organization, there are five key elements you need to know before getting started:

Organizational self-assessment: Get a baseline for where you are now so you can reassess.

Paradigm shift: Change the way you think about the people you serve, yourself, and others.

Safety: Create a safe environment across your organization, one that impacts physical, emotional, and psychological safety.

Employee wellness and self-care: Implement an employee wellness program that promotes self-care, healthy coping techniques, and trauma-informed clinical supervision.

Everyone is included: Train all employees on the trauma-informed framework, including those who don't perform clinical work, your board of directors, and your leadership team.

Download our white paper, [5 Key Elements to Trauma-Informed Care](#), to dive into more details about implementing trauma-informed care at your organization.

[Download the White Paper](#)

Looking for solutions to support a trauma-informed approach to care? Relias offers a breadth of tools to help you implement TIC for the long term. Request a demo to learn more.

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, 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: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org



WEEKLY Update

September 11, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

State & National Developments and Resources

New! Direct care worker research and advocacy from PHI

PHI, the Paraprofessional Healthcare Institute, The National Direct Care Workforce Resource Center, regularly releases PHI News, a collection of solid resources and research related to the direct care worker workforce. Below are excerpts from the most recent edition of PHI News.

New Research: High Demand Yet Low Wages for Direct Care Workers: As the COVID-19 crisis has emphasized, direct care workers are more valuable than ever, yet new research from PHI shows that they continue to struggle with low wages and other economic barriers, which threaten their economic security and job stability. “It has taken a significant health crisis for our country to begin seeing the value of our long-term care system and its workforce—but this research shows how much work is needed to address the many barriers facing direct care workers,” said Jodi M. Sturgeon, president of PHI, a national research, advocacy, and workforce interventions organization widely considered the leading expert on the direct care workforce.

'For Home Care Workers, COVID-19 Is a Health Crisis': This article investigates the economic challenges facing home care workers in the midst of an unprecedented pandemic.

The full resource set can be found [here](#).

New! CHCS webinar: Tailored Approaches for Medicaid Physical-Behavioral Health Integration in Washington State: Lessons for States

The Center for Health Care Strategies recently announced the webinar:

Tailored Approaches for Medicaid Physical-Behavioral Health Integration in Washington State: Lessons for States

Description: This webinar, made possible by the California Health Care Foundation, will explore Washington State's transition to physical-behavioral health integration, with a focus on how this approach was tailored to the strengths of different regions. Featured speakers will describe lessons and implications for stakeholders interested in advancing greater integration of care and will share emerging data on resulting outcomes. Presentations will also address the evolving role of public regional behavioral health systems, and how this financial integration fits into broader Medicaid transformation efforts to promote greater clinical integration.

Time and Date: September 22, 2020 01:00 PM (ET)

Register [here](#).

New! 3rd Annual Crisis Residential Conference – Registration Now Open



Registration for our 3rd Annual Conference taking place October 14-15, 2020 is [now open](#).

This conference brings together the best ideas in residential alternatives to psychiatric hospitalization. Boasting a spectacular line-up of nationally recognized speakers and thought

leaders, attendees will learn about innovations and best practice in the field of behavioral health crisis care.

Though this is a virtual conference, we will still have live keynote speakers, breakout sessions, networking opportunities, and plenty of interactive aspects.

[Register NOW!](#)

[Check out the Schedule](#)

State Legislative Update

New! Governor Announces Futures for Frontliners Program

Governor Gretchen Whitmer held a press conference this week to provide a state update on the COVID-19 pandemic and announce the launch of the Futures for Frontliners program.

Governor Whitmer began the press conference by announcing the launch of Futures for Frontliners, the nation's first program offering tuition-free college to an estimated 625,000 Michiganders who provided essential, frontline services during the COVID-19 Stay Home, Stay Safe orders between April and June 2020. Under this program, a tuition-free pathway is available to those without college degrees or high school diplomas who provided essential services during the pandemic in the medical field, essential workers in manufacturing, nursing homes, grocery stores, sanitation, delivery, retail and more, to gain the skills needed to obtain high-demand, high-wage careers. Governor Whitmer highlighted that Futures for Frontliners is inspired by the GI Bill, which provided college degrees to those serving their country in World War II. Governor Whitmer first announced this initiative in April. The program is a \$24 million investment funded by the Governor's Education Emergency Relief (GEER) Fund, which is a part of the federal CARES Act. The Governor has discretion over how the GEER funding is allocated but must ensure the funds are utilized to further educational goals. To be eligible for the Futures for Frontliners program, an applicant must:

- Be a Michigan resident
- Have worked in an essential industry at least part-time for 11 of the 13 weeks between April 1 – June 30, 2020
- Have been required by their job to work outside the home at least some of the time between April 1 – June 30, 2020
- Not have previously earned an associate or bachelor's degree
- Not be in default on a Federal student loan
- Complete a **Futures for Frontliners** scholarship application by 11:59 p.m., December 31, 2020

For more details on the **Futures for Frontliners** program, please click [here](#). To view the PowerPoint presentation from **Governor Whitmer's** press conference, please click [here](#).

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

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- **Executive Order 2020-173** – Encouraging the use of electronic signatures and remote notarization, witnessing, and visitation during the COVID-19 pandemic, please click [here](#) to access Executive Order 173.
- **Executive Order 2020-174** – Temporary restrictions on entry into health care facilities, residential care facilities, congregate care facilities, and juvenile justice facilities, please click [here](#) to access Executive Order 174.
- **Executive Order 2020-175** – Safeguards to protect Michigan’s workers from COVID-19, please click [here](#) to access Executive Order 175.
- **Executive Order 2020-176** – MI Safe Start Plan, please click [here](#) to access Executive Order 176.
- **Executive Order 2020-177** – Declaration of state of emergency and state of disaster related to the COVID-19 pandemic, please click [here](#) to access Executive Order 177.
- **Executive Order 2020-178** – Temporary safety measures for food-selling establishments and pharmacies and temporary relief from requirements applicable to the renewal of licenses for the food-service industry, please click [here](#) to access Executive Order 178.
- **Executive Order 2020-179** – Enhanced protections for residents and staff of long-term care facilities during the COVID-19 pandemic, please click [here](#) to access Executive Order 179.
- **Executive Order 2020-180** – Amendment to the Safe Start order, please click [here](#) to access Executive Order 180.

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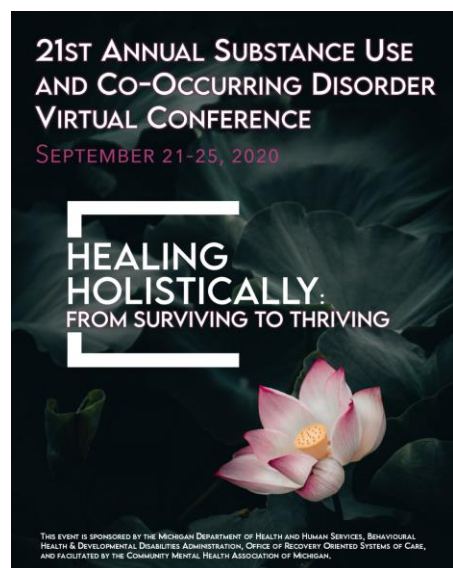


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If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

21st Annual Substance Use and Co-Occurring Disorder Conference – Registration Deadline Monday, 9/14/20 at Noon!



“Healing Holistically: From Surviving to Thriving”

September 21-25, 2020

Location: Virtual

Can’t make it to the full conference? No problem! We have significantly reduced the rate this year to accommodate your busy schedule. If you attend a session at the live scheduled time and participate fully, (according to the guidelines listed in the brochure) you will receive credit for each session you attend.

Conference Attendees:

Please see the attached conference brochure for more information including breakout session descriptions. **Deadline to register is September 14, 2020 at noon!**

[CLICK HERE TO REGISTER FOR THE FULL CONFERENCE](#)

Exhibitor registration is closed.

Virtual Platform Features:

- **[Click here](#)** to see a video from another conference that used this platform. Please note that we will have some different features, but this gives great representation of how interactive and user-friendly the platform will be!
- Interactive exhibitor booths, including 1:1 video networking with exhibitors.
- LIVE breakout sessions to maximize your CE potential and ability to ask questions directly to the presenters.
- More CE opportunity than ever before! See the brochure for more details.
- Networking among fellow attendees via chat.
- Automatically generated certificate at the end of the conference.
- Access to handouts and recordings of the sessions.

Michigan Celebrate Walk & Recovery



Michigan Celebrate Recovery
2020 Virtual Experience

Wondering about the Michigan Celebrate Recovery Walk & Rally that typically occurs the Saturday before the conference? The Walk & Rally is postponed this year, but that won’t stop Michigan from celebrating recovery month. September 1st is the kickoff for a month long virtual celebration of the Michigan recovery community and you won’t to miss the first video!

Follow Michigan Celebrate Recovery on our new social media accounts:

Instagram: @micelebraterecovery

Twitter: @micelerecovery

Youtube: <https://tinyurl.com/mirecovery>

Facebook: Michigan Celebrate Recovery Walk & Rally

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- November 2, 2020 (*training full*)
- November 20, 2020 (*training full*)
- December 7, 2020 [REGISTER HERE!](#) (*13 spots left*)

Agenda:

Education: 8:30am – 11:30am
Lunch Break: 11:30am – 1:00pm
Education: 1:00pm – 4:00pm

Training Fees: \$103 CMHA Members \$126 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- October 15, 2020 (*training full*)
- November 5, 2020 [REGISTER HERE!](#) (*14 spots left*)

Agenda:

Log into Zoom: 8:45 am
Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members \$47 Non-Members

Recipient Rights Virtual Conference – Registration Deadline Monday, 9/14/20 at Noon!

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CEs will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Conference Series Offers Flexible Scheduling for Attendance!

You are *not required to attend the entire* conference.

You can attend 1 day or every day of the conference.
You can attend 1 conference session or attend 9 conference sessions.
You only receive credit for each session you log in and out of.

Registration Fee: Registration deadline Monday, September 14, 2020 at noon!
After 9/4/20: \$99 per person

Conference brochure and registration can be found [BY CLICKING HERE!](#)

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

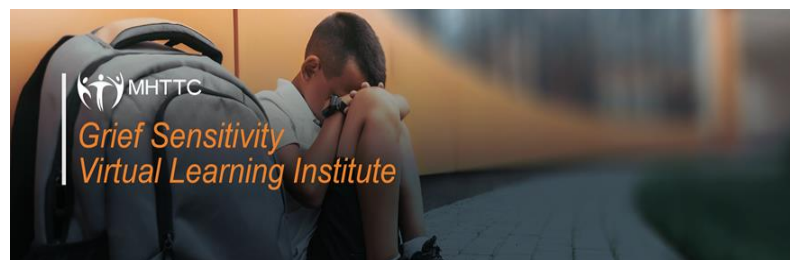
Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.

This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental Health Practitioners, Social



Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.)

with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

The Institute includes:

Tracked Learning- Each Institute has four sessions with three learning tracks (you are open to attend any session in any track):

Grief Sensitivity

Evidence-Based Practices for Clinicians, and
School Mental Health.

Reflective Discussion- On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

Opening Keynote & Closing Activity-

On Day 1 of both Institutes, we open with a keynote from [Dr. Kathy Schear, founder and director of the Center for Complicated Grief](#)

On Day 2 of both Institutes, we close with a youth listening session on grief and healing

September 10 & 11th:

[Grief Sensitivity Institute Part 1: Grounding ourselves in the basics](#) (frameworks, definitions, and foundational concepts)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

November 12 & 13th:

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact NetworkOffice@MHTTCNetwork.org

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

myStrength: new digital behavioral health resources empower consumers to move beyond trauma

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo](#).

Relias: Implement Trauma-Informed Care at Your Organization

Becoming trauma-informed doesn't happen overnight. It requires integrating knowledge about trauma into your policies, practices, and procedures, as well as buy-in from your staff and leadership.

If you want to implement trauma-informed care at your organization, there are five key elements you need to know before getting started:

Organizational self-assessment: Get a baseline for where you are now so you can reassess.

Paradigm shift: Change the way you think about the people you serve, yourself, and others.

Safety: Create a safe environment across your organization, one that impacts physical, emotional, and psychological safety.

Employee wellness and self-care: Implement an employee wellness program that promotes self-care, healthy coping techniques, and trauma-informed clinical supervision.

Everyone is included: Train all employees on the trauma-informed framework, including those who don't perform clinical work, your board of directors, and your leadership team.

Download our white paper, [5 Key Elements to Trauma-Informed Care](#), to dive into more details about implementing trauma-informed care at your organization.

[Download the White Paper](#)

Looking for solutions to support a trauma-informed approach to care? Relias offers a breadth of tools to help you implement TIC for the long term. Request a demo to learn more.

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, 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: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org

Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org



WEEKLY Update

September 4, 2020

COVID-19 Resources: CMHA has developed a curated set of COVID-19-related resources and announcements from a range of reputable state and national sources. That curated set of resources, which will be regularly updated, **is available by [CLICKING HERE](#)**.

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CMH Association and Member Activities

New! CMHA’s CHI2 white paper “Tradition of Excellence” featured in the press

A recent edition of Crain’s Detroit Business provided a thorough discussion of the findings of the white paper, Traditions of Excellence, developed and issued by CMHA’s Center for Healthcare Integration and Innovation (CHI2). The article highlights the key findings of the report, underscoring the decades of high performance and innovation of Michigan’s public mental health system.

Unfortunately, but as is expected given the contentious times in which we live, the article also quoted critics of the public system. Nonetheless, getting the word out, to the influential readership of Crain’s, about the first comprehensive study of Michigan’s public mental health system’s long history of high performance is an important component of the advocacy and truth-telling work of CMHA, its members, and allies. The Crain’s article can be [found here](#).

State & National Developments and Resources

New! MDHHS reminds Michiganders of resources available during Suicide Prevention Week

Below are excerpts from a press release, from MDHHS, regarding Suicide Prevention Week resources.

The Michigan Department of Health and Human Services (MDHHS), Michigan Association for Suicide Prevention and national and local suicide prevention organizations have been working tirelessly to halt the growth of suicide rates in Michigan. As part of the effort, [Gov. Gretchen Whitmer has declared Sept. 6-12 Suicide Prevention Week](#).

“Michiganders may be experiencing increased levels of emotional distress due to the pandemic and, therefore, it’s critical for people to know there are resources available and help raise awareness about suicide prevention,” said Dr. Debra Pinals, MDHHS Medical Director for Behavioral Health.

Michigan has higher rates of suicide among people who are 10-19 and 25-44 years of age compared to the nation as a whole. Michiganders can help lower these rates by knowing the warning signs of suicide, encouraging those at risk to seek help, and having open and honest conversations about suicide.

Warning signs for those at risk of suicide include:

- Feelings of hopelessness.
- Threatening to or talking about wanting to hurt oneself.
- Loss of interest in activities.
- Withdrawal from friends and family.
- Change in eating and sleeping habits.

If you are in a crisis, or know someone who needs help, contact the National Suicide Prevention Lifeline at 800-273-TALK (8255) or visit the [MDHHS Suicide Prevention website](#) for more information.

Additional emotional-support services for those who are feeling emotional distress during the COVID-19 pandemic are available at [Michigan.gov/StayWell](#) or by calling Michigan Stay Well Counseling via the COVID-19 Hotline at 888-535-6136 and pressing “8” to talk to a counselor 24/7.

New! Michigan recognizes Overdose Awareness Day and launches new partnership with EMS to provide more overdose antidote kits

Below are excerpts from a recent press release announcing the state's Naloxone leave-behind program.

Naloxone leave-behind program aims to reduce overdose deaths:— In honor of Overdose Awareness Day, the Michigan Department of Health and Human Services (MDHHS) is launching a new program with emergency medical services (EMS) providers to further prevent opioid overdose deaths. EMS providers will give overdose survivors extra naloxone kits – the medication that reverses opioid overdoses.

“Far too many Michiganders die from opioid overdoses and tragically the opioid crisis has only gotten worse during the pandemic,” said Robert Gordon, MDHHS director. “That’s why MDHHS is proud to work with the state’s EMS providers to give Michigan families another resource to prevent overdose deaths. It is more urgent than ever that we take decisive action to prevent overdose deaths and dismantle the stigma around addiction.”

Opioid overdose is a preventable cause of death. Michiganders can take steps to prevent overdose deaths by [carrying naloxone](#); [offering support](#) to family and friends who use substances; and [ending the stigma](#) that surrounds substance use disorders.

MDHHS, in partnership with EMS agencies, is launching the EMS Naloxone Leave Behind Program to address these urgent needs and get naloxone into the hands of people who need it most. This program will allow first responders to leave behind extra naloxone kits with the patient, family and friends, or bystanders at the scene of a non-fatal overdose. Survivors are at high risk for repeated overdoses, so providing naloxone to these individuals and their loved ones is particularly important. Each kit will include naloxone and instructions on overdose response.

New! MDHHS provides reminder of wide range of opioid treatment resources

Below is a reminder from MDHHS of the range of resources available to Michiganders as they deal with opioid use and addiction.

If you or someone you know uses opioids:

[Access resources to support the mental and physical health](#) of those with substance use disorder during the COVID-19 pandemic.

Contact your primary care provider before you run low on necessary medications.

If you need access to a medical provider, contact your nearest [Federally Qualified Health Center](#) for support.

Ensure naloxone is readily available. Naloxone for All and NEXT Distro will mail naloxone at no cost to anyone in Michigan. Individuals can [request naloxone online](#). MDHHS has also created an online naloxone portal where [community organizations can request free naloxone](#).

Practice safer drug use (safety practices that prevent overdose deaths) and encourage others to do the same. [More information is available in Safer Drug Use during the COVID-19 Outbreak](#). Never Use Alone is a service anyone can call while using drugs. The caller will be connected to a person who will seek emergency services for them if they drop off the line or don't respond to a return call. Call 800-484-3731 or visit [neverusealone.com](#) to learn more.

Find an [SSP near you](#) that can provide sterile needles, naloxone and other life-saving resources.

If you or someone you know would like to seek treatment for opioid use:

- [Treatment centers](#) are still open during COVID-19 and many are offering telemedicine services.
- *If you or someone you know is in recovery:*
- Reach out with a phone call, text or email to let him or her know you are there. Model good coping behaviors yourself.
- Share the COVID-19 hotline number (888-535-6136) and tell them to press "8" for free emotional support counseling.
- Direct them to [Michigan.gov/StayWell](#) for a list of other help lines, including a peer "warm line" for individuals in distress who want to talk to someone who understands substance use disorders, the National Disaster Distress Helpline at 800-985-5990 and the National Suicide Prevention Lifeline at 800-273-8255.
- Call 211. Anyone struggling or seeking resources for substance use treatment services can call this free service that connects Michigan residents with health resources in their communities.
- For more information about overdoses and resources for prevention and treatment, visit [Michigan.gov/opioids](#).

New! NACBHDD, WICHE, & NASMHPD announce series on behavioral health crisis response

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) & The Western Interstate Commission for Higher Education (WICHE) Behavioral Health Program The National Association of State Mental Health Program Directors (NASMHPD) announce:

IMPLEMENTING BEHAVIORAL HEALTH CRISIS RESPONSE AT STATE AND LOCAL LEVELS: NEW PARADIGMS, PARTNERSHIPS AND INNOVATIVE APPROACHES

The 61ST Annual Conference (1st Virtual Conference)
1 Session – Each Thursday September 17 – October 22, 2020
Time: 2:00 pm to 4:30 pm ET

This year the focus of the National Dialogues on Behavioral Health conference that is usually convened in New Orleans was going to focus on cutting edge and innovative approaches to behavioral health crisis response at both state and local levels. But then, another crisis came along almost to underline the importance and significance of the topic that we had selected. The behavioral health world, including its crisis response systems, has been scrambling to adapt and adjust to the new realities of the Covid-19 Pandemic. We thought it was critical that we take these new realities into account, both in terms of conference content and conference format, to dialogue on this important topic. Join us for 6 consecutive weeks as we address the emerging issues and innovations related to behavioral health crisis response in this new environment.

CONFERENCE RATE; ONLY \$100.00 FOR ALL SIX SESSIONS OR ONLY \$25.00 FOR EACH INDIVIDUAL SESSION

FOR MORE INFORMATION AND TO REGISTER FOR THE CONFERENCE, GO TO OUR WEBSITE: WWW.NATIONALDIALOGUESBH.ORG

CONTINUING EDUCATION CREDITS APPLIED FOR AND PENDING FOR SOCIAL WORKERS

Suggested audience: Psychiatrists, Social Workers, Nurses, Psychologists, Counselors, Addiction Counselors, Case Managers, Administrators, Health Policy Makers,

New! 2020 Michigan ACE Initiative Virtual Conference: ACEs & Equity

2020 Michigan ACE Initiative Virtual Conference: ACEs & Equity
Wednesday, November 18, 2020 from 9:00 a.m. to 12:30 p.m.
On Zoom! Link will be sent prior to the conference.

Registration will be open late September. Watch for other announcements soon on the opening of registration, fees, speakers and continuing education credits for nurses, social workers, health educators and teachers. Questions: Diane Drago, Conference Coordinator
ddrago@dmsevents.com

New! CMS Clarifies that Provider Relief Funds & Paycheck Protection Program Loans will NOT Offset Expenses on Medicare Cost Report

CMS clarified in guidance that providers who received provider relief funds (PRF) and/or paycheck protection program (PPP) loans would not need to offset expenses on their Medicare cost report by the amount received through those programs.

This is a victory for providers reimbursed through cost-based systems such as rural health clinics and critical access hospitals who faced the prospect of having their Medicare reimbursement reduced because they received COVID-19 funds. If this had gone the other way, providers would have had to pay Medicare back (in the form of lower Medicare reimbursement) a significant percentage of the money received through the provider relief fund and/or paycheck protection program. For example, if half of the RHC's patients were on Medicare, then roughly half of the money received through the PRF or PPP would have been recouped by Medicare during the cost settlement.

Key sections of announcement:

Question: Should PRF payments offset expenses on the Medicare cost report?

Answer: No, providers should not adjust the expenses on the Medicare cost report based on PRF payments received. However, providers must adhere to HRSA's guidance regarding appropriate uses of PRF payments, in order to ensure that the money is used for permissible purposes (namely, to prevent, prepare for, or respond to coronavirus, and for health care related expenses or lost revenues that are attributable to coronavirus) and that the uses of the PRF payments do not violate the prohibition on using PRF money to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

Recipients may find additional information on the terms and conditions of the PRF [here](#).

Question: Should SBA loan forgiveness [PPP] amounts offset expenses on the Medicare cost report?

Answer: No. Do not offset SBA Loan Forgiveness amounts against expenses unless those amounts are attributable to specific claims such as payments for the uninsured. The Paycheck Protection Program loan administered by the SBA is a loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. The terms and conditions of the SBA loan forgiveness, overseen by the SBA, include employee retention criteria, and the funds must be used for eligible expenses.

Recipients may find additional information [here](#).

State Legislative Update

August Revenue Estimating Conference

This week, the third Consensus Revenue Estimating Conference (CREC) of the year was held to reevaluate revenue estimates for Fiscal Years (FY) 2019-20, FY 2020-21, and FY 2021-22 due to the COVID-19 pandemic. While the entire country has been upended because of the pandemic, Michigan was hit particularly hard during the spring. As such, projections in May were grim.

This week's conference however, provided some welcome news with projections revised upward from May. Federal stimulus dollars received through the CARES Act and unemployment assistance have helped cushion the blow to the economy. Estimates from Treasury and the House and Senate Fiscal Agencies today indicate the state has received \$43.3 billion in federal assistance during the COVID-19 pandemic.

Unpacking that number reflects \$16 billion in Paycheck Protection Program loans to Michigan businesses; \$8.3 billion in economic impact payments and \$13.4 billion (federal) in unemployment insurance compensation.

For combined General Fund/General Purpose (GF/GP) and School Aid Fund (SAF) revenue for FY 2019-20, projections are up \$2.3 billion from the May CREC, but are still down \$926.4 million from the January CREC. For FY 2020-21, combined revenues are up \$579 million from the May CREC, but still down \$2.47 billion from January's CREC. For FY 2021-22, combined revenues are up \$376 million from the May CREC, but still down \$1.7 billion from January's estimates.

According to the economists, the improvement in outlook can be attributed to the following:

- Delayed tax filing deadline until July yielded higher payments than expected
- Manufacturing and automotive production recovered more rapidly than expected (it was observed that, overall, higher-wage industries are recovering more quickly than lower-wage industries)
- CARES Act impact on revenue was underestimated, specifically the impact of the Paycheck Protection Program, Economic Impact Payments and Pandemic Unemployment Insurance Compensation
- Consumer spending is higher than expected, shifting to home improvement projects, consumer goods, etc.

While economists noted the upward revisions were indeed positive developments, they were careful to frame these developments cautiously. They acknowledged that widespread uncertainty still exists regarding the path of the pandemic, further federal stimulus spending, and how consumers will react, among other variables.

As these forecasts provide the foundation for the construction of the upcoming (Fiscal Year 2020-2021) budget, we can now expect the budget discussions to kick into high gear in the coming weeks.

You can access the presentations and materials from the CREC at the Senate Fiscal Agency website [here](#) or the House Fiscal Agency website [here](#).

Executive Orders Signed

Currently, Governor Gretchen Whitmer has signed over 170 Executive Orders in response to COVID-19. Below is the most recent list of Executive Orders with the topic and a hyper link accessing the Executive Order below.

For a complete list of Governor Whitmer's Executive Orders click on the link below:

https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html

- **Executive Order 2020-172** – Protecting workers who stay home, stay safe when they or their close contacts are sick, please click [here](#) to access Executive Order 172.

Federal Update

National Council Launches CCBHC Success Center

The Certified Community Behavioral Health Center (CCBHC) movement is transforming health care with new approaches to service delivery while expanding community members' access to care.

To help organizations and states make the most of these opportunities, the National Council is excited to announce the launch of our [CCBHC Success Center](#) – a hub for information, implementation support and advocacy on the CCBHC model.

Whether you are a current or prospective CCBHC, a policymaker, association representative or just personally invested in the CCBHC model, the CCBHC Success Center is your one-stop shop for support from the National Council and our network of partners.

We offer training, educational opportunities, data, and resources for CCBHCs and other stakeholders. Visit our site to:

- Kick-start your CCBHC grant or strengthen your existing CCBHC activities.
- Connect with peer CCBHCs to share ideas, innovations, and solutions.
- Get help with becoming CCBHC-ready for the next round of expansion grants.
- Explore how states can implement and tailor the CCBHC model to meet their goals for quality, scope of services and value.
- Learn how non-CCBHCs—like primary care clinics, children's providers, and others—can partner with CCBHCs to improve clients' access to the full spectrum of care.
- See a compilation of the latest data on CCBHCs' activities, outcomes and geographic reach.
- Get engaged in advocacy to advance the CCBHC model.
- And more...

Need one-on-one attention to support your unique needs and goals? Our expert staff have worked with states and clinics since 2014 to provide implementation support, financing guidance, and Medicaid design expertise. We are here to help meet any need.

The CCBHC Success Center is open for business. [Check us out today!](#) Make sure to check back often, as additional resources will be added in the weeks and months ahead.

Education Opportunities

CMHA Takes Trainings Virtual!



The COVID-19 pandemic continues - but so does the need for trainings. **CMHA will NOT be holding any in-person trainings or conferences through January 1, 2021 – we’re moving to a virtual setting when possible.** The virtual training format will provide an excellent opportunity to keep current with best practices (clinical, administrative, governance) and allow attendees to obtain continued education credits. Watch for this graphic on future training notices so you can easily identify virtual trainings.

If you are already registered for an in-person training, the event coordinator will be emailing you directly with more information soon.

Please check our website [by clicking here](#) to determine the status of your training/conference as some are rescheduled virtually for new dates and times, or have been cancelled. Check back often as updates are posted daily.

Fetal Alcohol Spectrum Disorder Trainings Improving Outcomes in Treatment and Other Settings by Recognizing and Responding to Fetal Alcohol Spectrum Disorders (FASD)

Virtual Training Dates: September 24-25, 2020 (These are 2-half-day sessions)
Time: 9:00am* – 12:00pm each day (registration at 8:30am)

When an individual “fails” in treatment and other services, we often label the person as being non-compliant, unmotivated, or disruptive. However, their behavior may well be due to brain damage caused by prenatal alcohol exposure, which is much more common than most people suspect. Due to this damage, which spans the intellectual spectrum, evidence-based practices that rely on verbal interactions and reward and consequence systems are often not successful with them and set them up to fail. The majority of those with an FASD are not accurately diagnosed. As a result, interventions for them in mental health and substance use treatment, vocational services, child welfare, education, and corrections are often ineffective.

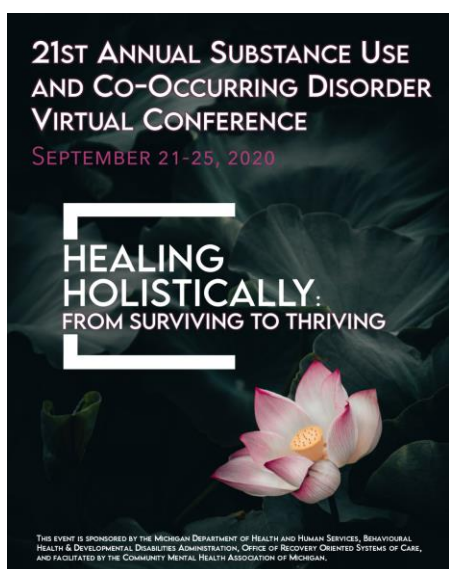
This training addresses the importance of recognizing an FASD in those with whom we work or live. The brain damage seen in FASD is examined, along with common behaviors that result from this damage and that may result in misdiagnoses such as Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Borderline Personality Disorder, and Antisocial Personality Disorder in the individual and neglect and sabotaging treatment in family members. Methods to identify those with a possible FASD and strategies for modifying treatment approaches to improve outcomes for the individual, family, and service providers are highlighted. As fetal alcohol spectrum disorders are 100% preventable, methods to integrate prevention into existing services are also discussed.

Who Should Attend?

Children's Services Staff from CMHSP and their network providers' (specifically Children's Services clinicians - OP, Home-based Services), case managers, Parent Support Partners, Wraparound Facilitators, and supervisors are a priority for training. Parents and caregivers of a child or youth with a suspected or confirmed FASD are encouraged to attend. Educators, Child Welfare staff, Juvenile Court staff, Substance Abuse Prevention Staff and Substance Use Disorder Treatment Staff, health care providers and other child/youth service providers are invited to attend as space is available. This seminar contains content appropriate for Michigan clinical staff (social work micro) at all levels of practice.

[To Register for FASD September 24-25, 2020 Click Here](#)

21st Annual Substance Use and Co-Occurring Disorder Conference



“Healing Holistically: From Surviving to Thriving”

September 21-25, 2020

Location: Virtual

Can't make it to the full conference? No problem! We have significantly reduced the rate this year to accommodate your busy schedule. If you attend a session at the live scheduled time and participate fully, (according to the guidelines listed in the brochure) you will receive credit for each session you attend.

Conference Attendees:

Please see the attached conference brochure for more information including breakout session descriptions. Deadline to register is September 14, 2020.

[CLICK HERE TO REGISTER FOR THE FULL CONFERENCE](#)

Exhibitors: Deadline to register is September 4, 2020!

[CLICK HERE TO REGISTER FOR AN EXHIBITOR BOOTH](#)

Virtual Platform Features:

- [Click here](#) to see a video from another conference that used this platform. Please note that we will have some different features, but this gives great representation of how interactive and user-friendly the platform will be!
- Interactive exhibitor booths, including 1:1 video networking with exhibitors.
- LIVE breakout sessions to maximize your CE potential and ability to ask questions directly to the presenters.
- More CE opportunity than ever before! See the brochure for more details.
- Networking among fellow attendees via chat.
- Automatically generated certificate at the end of the conference.
- Access to handouts and recordings of the sessions.



Michigan Celebrate Recovery
2020 Virtual Experience

Wondering about the Michigan Celebrate Recovery Walk & Rally that typically occurs the Saturday before the conference? The Walk & Rally is postponed this year, but that won't stop Michigan from celebrating recovery month. Monday is the kick off for a month long virtual celebration of the Michigan recovery community and you won't to miss the first video!

Follow Michigan Celebrate Recovery on our new social media accounts:

Instagram: @micelebraterecovery

Twitter: @micelerecovery

Youtube: <https://tinyurl.com/mirecovery>

Facebook: Michigan Celebrate Recovery Walk & Rally

VIRTUAL Ethics for Social Work & Substance Use Disorder Professionals Trainings

Community Mental Health Association of Michigan is pleased to offer Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. 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.

Dates:

- October 5, 2020 *(training full)*
- November 2, 2020 *(training full)*
- November 20, 2020 *(training full)*
- December 7, 2020 [REGISTER HERE!](#) *(30 spots left)*

Agenda:

Education: 8:30am – 11:30am

Lunch Break: 11:30am – 1:00pm

Education: 1:00pm – 4:00pm

Training Fees: \$103 CMHA Members \$126 Non-Members

VIRTUAL Pain Management and Mindfulness Trainings

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom.

This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

Dates:

- October 15, 2020 *(training full)*
- November 5, 2020 [REGISTER HERE!](#) *(30 spots left)*

Agenda:

Log into Zoom: 8:45 am

Education: 9:00am – 11:00am

Training Fees:

\$39 CMHA Members \$47 Non-Members

Recipient Rights Virtual Conference – Early Bird Deadline 9/4/20

The 27th Annual Recipient Rights Conference will be held virtually September 15-18, 2020. This year's conference will feature Lena Sisco, author of "You're Lying! Secrets from an Expert Military Interrogator to Spot the Lies and Get to the Truth." You won't want to miss 21 workshops for Appeals and RRAC members, as well as keynote addresses from Dr. Laura Hirschbein and Lena Sisco.

Continuing Education: Social Work and Recipient Rights CEs will be available.

Schedule: Tuesday September 15 – Friday, September 18, 2020

Daily Sessions: 9:00am – 10:30am; 11:00am – 12:30pm; 1:00pm – 2:30pm and 2:45pm – 4:15pm

Conference Series Offers Flexible Scheduling for Attendance!

You are *not required to attend the entire* conference.

You can attend 1 day or every day of the conference.

You can attend 1 conference session or attend 9 conference sessions.

You only receive credit for each session you log in and out of.

Registration Fee:

Earlybird Price: \$89 per person through 9/4/20

After 9/4/20: \$99 per person

Conference brochure and registration can be found [BY CLICKING HERE!](#)

Education & Training Resources from Great Lakes MHTTC



MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA, in partnership with the SAMHSA-funded Great Lakes Mental Health Technology Transfer Center (Great Lakes MHTTC), CMHA, provides educational materials and training on a range of evidence based and promising mental health prevention and treatment practices. This section of the Weekly Update will regularly feature education, training, and technical assistance offerings from the Great Lakes MHTTC and its partner MHTTCs from across the country.

Catalog of MHTTC resources

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of Great Lakes MHTTC products at its [Products and Resources](#) webpage.



This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

Grief Sensitivity Virtual Learning Institute

The MHTTC Network is pleased to invite you to our upcoming two-part virtual learning series, **Grief Sensitivity Virtual Learning Institute**. This series is geared towards providing front-line workers (Community Mental



Health Practitioners, Social Workers, Psychologists, Therapists, School Mental Health Personnel, School Counselors, Educators, etc.) with tools and strategies that can be used when addressing the needs of individuals experiencing grief and loss during COVID-19 and beyond.

The Institute includes:

Tracked Learning- Each Institute has four sessions with three learning tracks (you are open to attend any session in any track):

Grief Sensitivity

Evidence-Based Practices for Clinicians, and
School Mental Health.

Reflective Discussion- On both days of each Institute, we'll host optional breakout discussions for participants to join, listen and learn from each other's expertise and experience.

Opening Keynote & Closing Activity-

On Day 1 of both Institutes, we open with a keynote from [Dr. Kathy Schear, founder and director of the Center for Complicated Grief](#)

On Day 2 of both Institutes, we close with a youth listening session on grief and healing

September 10 & 11th:

[Grief Sensitivity Institute Part 1: Grounding ourselves in the basics](#) (frameworks, definitions, and foundational concepts)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

November 12 & 13th:

[Grief Sensitivity Institute Part 2: Applying concepts to practice](#)

9:00 am-2:45 pm PT • 10:00 am-3:45 pm MT 11:00 am-4:45 pm CT • 12:00-5:45 pm ET

A recording of the learning institutes will be made available in the MHTTC Products and Resource Catalog. Certificates of completion will be available. CEUs are not available for these Learning Institutes.

A flyer with more information about this event is attached. Questions? Contact NetworkOffice@MHTTCNetwork.org

News from Our Preferred Corporate Partners

Abilita: controlling increasing phone costs

Beginning July 1st, your telecommunication costs

- increased by almost 7%!
- Universal Service Fund (USF) fees have increased to 26.5%, the highest it has ever been.

Abilita can help you navigate this increase and find ways to save other costs on your bill.

One of the largest and probably the most ignored line item on your telecommunications bill is something called the Universal Service Fund (USF). This is a fund established by the Telecommunications Act of 1996. The purpose is to support the funding of technology projects of schools, libraries, rural health care, etc. in areas that are determined to be “high cost”.

The funding of the USF is paid by the providers and carriers, and the calculation for the contribution is done on a quarterly basis. And, of course, this is passed on to the users.

Beginning July 1 that charge went up to 26.5% (up from 19.6% the previous quarter) and is the highest it has ever been. In addition, the FCC is considering adding additional services to the contribution base.

Your phone bill is going to increase! For more information on the USF Contribution Fee, read [this article on NoJitter.com](#).

Although the USF surcharge rate increased and will continue to be a large line item, there may be ways to lower the base line. Now may be the time to do a complete telecommunications review and audit to determine if there are ways to optimize services to lower costs and to review contracts.

We don't sell you telecom or technical services or products: we offer truly independent and objective advice. [Click here](#) to schedule a no obligation 10-minute discussion to help you determine the right course for your organization or give me a call.

myStrength: new digital behavioral health resources empower consumers to move beyond trauma

Trauma is incredibly common. Approximately 90% of U.S. adults have experienced at least one traumatic event in their lives, which can adversely affect emotional well-being and interfere with relationships, work and overall quality of life. Expanding on our diverse whole-person resources, Livongo for Behavioral Health by myStrength is pleased to announce new, digital tools to help individuals move beyond trauma. [Click here to request a demo](#).

Relias: Implement Trauma-Informed Care at Your Organization

Becoming trauma-informed doesn't happen overnight. It requires integrating knowledge about trauma into your policies, practices, and procedures, as well as buy-in from your staff and leadership.

If you want to implement trauma-informed care at your organization, there are five key elements you need to know before getting started:

Organizational self-assessment: Get a baseline for where you are now so you can reassess.

Paradigm shift: Change the way you think about the people you serve, yourself, and others.

Safety: Create a safe environment across your organization, one that impacts physical, emotional, and psychological safety.

Employee wellness and self-care: Implement an employee wellness program that promotes self-care, healthy coping techniques, and trauma-informed clinical supervision.

Everyone is included: Train all employees on the trauma-informed framework, including those who don't perform clinical work, your board of directors, and your leadership team.

Download our white paper, [5 Key Elements to Trauma-Informed Care](#), to dive into more details about implementing trauma-informed care at your organization.

[Download the White Paper](#)

Looking for solutions to support a trauma-informed approach to care? Relias offers a breadth of tools to help you implement TIC for the long term. Request a demo to learn more.

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, 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: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Second Vice President: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Randy Kamps; randyk@4iam.com; (231)392-6670
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, abolter@cmham.org
Christina Ward, Director of Education and Training, cward@cmham.org
Monique Francis, Executive Secretary/Committee Clerk, mfrancis@cmham.org
Audrey Daul, Administrative Assistant, adaul@cmham.org
Anne Wilson, Training and Meeting Planner, awilson@mham.org
Chris Lincoln, Training and Meeting Planner, clincoln@cmham.org
Carly Sanford, Training and Meeting Planner, csanford@cmham.org
Bethany Rademacher, Training and Meeting Planner, brademacher@cmham.org
Jodi Hammond, Training and Meeting Planner, jhammond@cmham.org
Alexandra Risher, Training and Meeting Planner, arisher@cmham.org
Madi Sholtz, Training and Meeting Planner, msholtz@cmham.org
Dana Ferguson, Senior Accounting Specialist, dferguson@cmham.org
Robert Sheehan, CEO, rsheehan@cmham.org