

# Northeast Michigan Community Mental Health Authority Board September 2019 Meetings



➤ **Public Hearing/  
Board Meeting,  
Thursday,  
September 12<sup>th</sup> @  
3:00 PM**

*All meetings are held in the Board Training Room at 400 Johnson Street in Alpena.*

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**

**BOARD MEETING**

**September 12, 2019 at 3:00 p.m.**

**A G E N D A**

- 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. Consent Agenda.....(See pages 7-8)**
  - 1. Contracts**
    - a. Partners In Prevention**
    - b. MRS Cash Match Agreement**
    - c. Presidio Maintenance Agreement**
    - d. MITC Agreement**
    - e. Microsoft Agreement**
    - f. Rite Aid [Flu Shots]**
- IX. FY19-20 Budget Hearing .....(See pages 9-10)**
- X. Educational Session – Touchstone [Clubhouse]..... (Clubhouse Representative)**
- XI. MDHHS FY20 Contract..... (See pages 11)**
- XII. September Monitoring Reports**
  - 1. Budgeting 01-004 ..... (Available at meeting)**
  - 2. Emergency Executive Succession 01-006.....(See page 12)**
- XIII. Board Policies Review and Self Evaluation**
  - 1. General Executive Constraint 01-001 [Review] .....(See page 13)**
  - 2. Compensation and Benefits 01-008 [Review] .....(See pages 14-15)**
  - 3. Board Committee Structure 02-006 [Review & Self-Evaluation] .....(See pages 16-17)**
  - 4. Chief Executive Officer Search Process 03-005[Review & Self-Evaluation (See pages 18-19)**
- XIV. Linkage Reports**
  - 1. Northern Michigan Regional Entity**
    - a. Board Meeting August 28<sup>th</sup> ..... (Verbal Update)**
    - b. Board Meeting July 31<sup>st</sup> .....(See pages 20-23)**
  - 2. MACMHB**
    - a. Fall Board Conference – October 21 & 22 – Traverse City..... (Verbal Update)**
- XV. Operational Report ..... (Available at the meeting)**
- XVI. Chair’s Report**
  - 1. Setting Perpetual Calendar .....(See pages 24-25)**
  - 2. Board Self-Evaluation Report ..... (See Insert Booklet)**
- XVII. Director’s Report**
  - 1. Director’s Report..... (Available at the Meeting)**
  - 2. Rehmann Group (Accounting Interface Agreement).....(See page 26)**
  - 3. QI Council Update..... (Available at the Meeting)**
- XVIII. Information and/or Comments from the Public/Board Member Communication**
- XIX. Next Meeting – Thursday, October 10 at 3:00 p.m.**
  - 1. Set October Agenda .....(See page 27)**
  - 2. Meeting Evaluation ..... (Verbal)**
- XX. Adjournment**

**MISSION STATEMENT**

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

# Northeast Michigan Community Mental Health Authority Board

## Board Meeting

August 8, 2019

### 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: Lester Buza, Bonnie Cornelius, Steve Dean, Roger Frye, Mark Hunter, Judy Jones, Albert LaFleche, Terry Larson, Gary Nowak, Pat Przeslawski, Gary Wnuk

Absent:

Staff & Guests: Lisa Anderson, Andy Blinder, Dennis Bannon, Carolyn Bruning, Lee Ann Bushey, Mary Crittenden, Lynne Fredlund, Ruth Hewett, Judy Hutchins, Larry Patterson, Amy Pilarski, Stephen Slaght, Nena Sork

### III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

### IV. Appointment of Evaluator

Eric Lawson appointed Lester Buza 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 Gary Nowak, supported by Albert LaFleche, to approve the minutes of the July 11, 2019 meeting as presented.*** Mark Hunter noted in one location the language included Agency as a reference versus Authority. Discussion ensued related to whether this had any repercussions. An explanation was provided that while the Mental Health Code provides for various types of community mental health service programs and this Agency is formed under the authority status, we traditionally use Agency versus spelling out the entire name. The Board requested Nena Sork to research whether there needs to be a distinction. Consensus of the Board was to continue with the above motion as initially stated. Motion carried.

### VIII. August Monitoring Reports

#### 1. Treatment of Consumers 01-002

The monitoring report related to Treatment of Consumers was included in the mailing. Pat Przeslawski noted the report is concise. Gary Nowak noted the Chairperson of this group is a good chair. Ruth Hewett noted the number of complaints and incident reports are average numbers and are consistent. Ruth Hewett reported the one report pending for remedial action just has not occurred at this point. As soon as the discipline is reported this will be updated.

#### 2. Staff Treatment 01-003

The staff treatment monitoring report this month is related to turnover of staff. Nena Sork reported the turnover rate nationwide for direct care staff has been running around 40%. This Agency's turnover rate is at 13%. She reported the turnover rate has decreased since December when it was 20%. Steve Dean inquired as to why some of the homes have higher turnover rates and some are very low. Lisa Anderson noted the location of the home feeds into this, as the rural areas tend to

have a greater turnover. Terry Larson noted many of the changes within the homes appear to be transfer.

### **3. Budgeting 01-004**

Larry Patterson provided Board members with a report on the Statement of Revenue and Expense for month ending June 30, 2019. Larry Patterson addressed the shortage in the pension line item noting line items were adjusted in the budget amendment and rather than having the budget deficit identified in a single line, the deficit was spread across line items with anticipated lapses; of which the pension line item was one. In addition, there were a couple of payouts to staff but it is anticipated this will resolve by year-end.

Larry Patterson reviewed additional line items indicating a negative variance. He reported the negative variance in property and liability insurance was due to the anticipated receipt of an asset distribution which was received the end of July so the next report the Board will see will correct the negative variance. The rent line item was due to the oversight made when the budget amendment was adopted by not recognizing the rent of the clubhouse by Touchstone.

Larry Patterson reviewed the balances of each of the buckets. He noted the General Funds surplus has decreased some due to the payment made to the Bay View Center.

Steve Dean inquired about the 3<sup>rd</sup> Party Revenue variance. Nena Sork noted the services have been billed; however, the payments have not been received.

Nena Sork noted the excess GF dollars, if any, are being targeted for the community in presentations and training of staff.

### **4. Financial Condition 01-005**

Larry Patterson reported the unrestricted net position increased this month from 51 days to 55 days. Gary Nowak inquired about the change in accounts receivable from September 2018. Mark Hunter inquired about the receipt of the distribution from a trust and whether it would be in a restricted fund for the two years it could be challenged. Nena Sork indicated that was the case.

***Moved by Pat Przeslawski, supported by Gary Nowak, to accept the August monitoring reports as presented.*** Motion carried.

## **IX. Board Policy Review and Self Evaluation**

### **1. Chairperson's Role 02-004**

Board members reviewed the policy. A change reflecting the director as Executive Director rather than CEO was presented. Gary Nowak inquired about decorum of meeting and the ability to remove an unruly Board member or audience member from the meeting. Mark Hunter suggested this could be accomplished by referencing the by-laws in this policy. Steve Dean noted there are references in 2.A. which identifies the Chair as empowered for "ruling, recognizing." Gary Wnuk suggested just include By-Laws and Roberts Rules of Order in the reference section. Mark Hunter noted there is a typographical error in 3 with "of" versus "or." Correction of themselves will also be made.

***Moved by Gary Wnuk, supported by Mark Hunter, to approve the revision to policy 02-004 – Chairperson's Role will items identified in discussion.*** Motion carried.

### **2. Board Member Per Diem 02-009**

Board members reviewed the policy. Board members discussed the mileage reimbursement noting if actual mileage was not recorded for a trip the standard round-trip mileage would be used using a standard map or Google Maps. Meal reimbursement addressing maximum gratuity of 15% was also addressed. Board members felt the standard gratuity has increased with inflation. Most generally, when a Board member has expenses related to meal reimbursement, it is when they are attending a conference and the receipts are not submitted and the full allowance is reimbursed. If a Board member submits a receipt then the receipt amount is reimbursed and the Board member can write in

the amount of tip they paid for reimbursement and it is this scenario in which the 15% would be the allowable amount for the tip.

***Moved by Pat Przeslawski, supported by Gary Nowak, to leave the policy as written.***

Motion carried. It was noted there was no need for action if there were no revisions to the policy.

### **3. Board Self-Evaluation 02-012**

Board members reviewed the policy. This will be reviewed further in the Chair's Report as the Board self-evaluation begins this month with a review of the Board's discussion on their self-evaluation of policies over the past year.

***Moved by Albert LaFleche, supported by Gary Nowak, to approve the revision to policy 02-012 – Board Self-Evaluation as presented.*** Motion carried.

## **X. Educational Session – Jail Services**

Amy Pilarski and Stephen Slaght, Northeast's Jail Services team, attended the meeting to provide a brief overview of jail services.

Amy Pilarski reported training on jail diversion was recently conducted with the Alcona County officers. She reports Stephen and her also do suicide training for the correction officers.

Gary Nowak reported he had requested this agency to come to Presque Isle County to meet with the sheriff deputies. Amy Pilarski reported they have worked with the sheriff's department to remedy one concern. Amy reports Presque Isle did not choose to take advantage of our training. Stephen noted he has a good relationship with the various county corrections. He notes Alcona County is rather quiet but seem to be handling the inmates with their internal staff.

Stephen noted most of the jails have access to a social worker through an agency they contract with. Amy reports all the jails in our catchment area use Advance Healthcare. This provider handles all the treatment for individuals while they are incarcerated. Stephen would like to see a staff person dedicated to just jail services.

Eric Lawson inquired as to whether a jail being "quiet" is actually meeting the needs of the individuals incarcerated or if there are some individuals not receiving the services needed. Amy noted the Alcona jail is a much smaller group and have a lower inmate census.

Amy noted it has been Presque Isle County where it might be difficult to schedule the officers to attend. She notes they are not resistive to training it is just a matter of scheduling.

Mark Hunter inquired about what type of person would be needed to provide services. Stephen noted he is a bachelor's degree and Amy is an RN. Both have specialized training and are QMHPs (Qualified Mental Health Professionals). Amy voiced her observation of the need for a peer support person. She reports most generally when an individual is released from jail (especially in Alpena), it is usually at 5 a.m. This can be problematic if the individual has nowhere to go and the individual most likely won't wait around until our office opens. She noted she is working with the jail to allow for at least 3 to 5 days of medication upon discharge. Amy noted there is a lack of communication with this agency to provide advance notice of an inmate's discharge.

Mark Hunter questioned the reasoning for the officers not communicating. Stephen and Amy noted the younger workforce officers are more receptive to working closely with our agency when someone is discharged.

Albert LaFleche inquired as to the cost of the training we provide. There is no cost for training; however, staff time would need to be compensated. This might involve overtime. Stephen noted there are other options for mental health training as some of the training officers receive is provided downstate.

## **XI. Linkage Reports**

### **1. Northern Michigan Regional Entity (NMRE)**

#### **a. Board Meeting July 24, 2019**

The draft minutes from the July meeting were distributed. Roger Frye noted the meeting was rather long. Much of the time was spent on approving the liquor tax awards. It was noted there are counties not using their funding. Nena Sork noted the awards need to be to SUD providers and this agency is not one. Roger Frye and Terry Larson provided more explanation related how the liquor tax is collected and disbursed.

### **2. Community Mental Health Association of Michigan (CMHAM)**

There was no new information to present. Mark Hunter noted the acronym CMHAM is not on the abbreviation list. Diane Hayka reported it is listed under MACMHB as they have changed their name.

### **3. Consumer Advisory Council**

Lester Buza reported the meeting was good and everyone came away with some new information. Nena Sork reported there is a group in Alpena going forward with the formation of a local NAMI group. She reported NAMI is partnering with JED to address suicide at college. JED is a national organizations that exists to protect emotional health and prevent suicide for teens and young adults. They partner with high schools and colleges. This event will be incorporated into the orientation at the college this fall.

## **XII. Operation's Report**

Nena Sork reviewed the Operation's Report for month ending July 31, 2019. Nena reviewed the areas this agency has had a focus. One is the hospital prescreens which was hopeful to be reduced with the contract with ProtoCall for the afterhours coverage. This has proven to decrease. Prescreens and hospital admissions are lower than what was average. The other focus was to increase participation in clubhouse. This has also increased with the contractual arrangement with Touchstone.

## **XIII. Chair's Report**

### **1. Begin Board Self-Evaluation**

Board members had the opportunity to review how they 'self-evaluated' over the course of the year each of the policies requiring self-evaluation. Comments were extracted from each of the month's minutes in which the policies were reviewed.

Board members were requested to turn their surveys in to Diane Hayka and the results will be presented at the September meeting.

### **2. Cathy Meske Thank You**

Eric Lawson read the 'Thank You' card from Cathy Meske.

### **3. CARF Update**

Eric Lawson reported the final report from CARF was received confirming the three-year accreditation status. Nena Sork noted the recommendations cited have already been assigned. Lynne Fredlund met with the Management Team to identify key staff to lead the plan of correction for the recommendations. It was reported CARF reviewed 2,032 standards and we have 27 recommendations to address with a Plan of Correction.

Nena Sork reviewed some of the citations CARF reviewers had captured related to the strengths of the agency.

***Moved by Gary Nowak supported by Pat Przeslawski to thank staff and the department heads on a job well done and to thank Lynne Fredlund in keeping everything in good shape and staying on track.*** Motion carried.

#### **XIV. Director's Report**

##### **1. Director Report**

Nena Sork provided Board members with a report of her activities over the past month. She noted she met with HUB on July 12 and it was determined to make no changes in the health care benefits in the next calendar year. On July 15 she met with the Finance Group from NMRE to start the evaluation process of our accounting needs upon the retirement of the Finance Director. She also met with Senator Debbie Stabenow's aide, Melissa Fruge, to discuss various talking points related to mental health.

On July 22 she attended the Director's Recipient Rights training in Livonia with Andy Silver and from there traveled to Lansing for the new Director's Roundtable and Director's Forum.

The DVD "Suicide: The Ripple Effect" was received and Presque Isle County will host the first showing of this in early September.

She notes on July 29<sup>th</sup> met with the Board Chair and entered into an engagement letter with the Rehmann Group to look at our accounting systems. A toolkit through the TM Group will be proposed which should automate much of the state reporting. Gary Nowak noted NMRE had this group and ended up cancelling their contract. Nena Sork noted NMRE was able to secure a finance director and the costs for monthly services of the Rehmann group was very costly.

Nena reported she met with Judge LaCross and has talked to the court clerk about scheduling a meeting with Judge Frawley in the future.

The MiFAST review was conducted yesterday. Nena Sork reported Dr. Spurlock was interviewed during this review process. The reviewers had high accolades about Dr. Spurlock and also noted the team meetings were praised as there was no hierarchy in the meeting process. All participants were treated equally.

##### **2. Lakeshore PIHP Update**

Nena Sork reported at the Director's Forum and the NMRE partner groups are standing united with Lakeshore Regional Entity. She notes letters of support are being submitted. Nena noted she has some templates available should some of the commissioners wish to also support.

Pat Przeslawski noted she would like to acknowledge Nena Sork has done a great job in presenting information to the Board and is off and running in a good direction.

##### **3. Rehmann Group Proposal**

Discussed above.

##### **4. Endowment Fund Grant Awards**

It was noted there were no grant awards during the past six month.

#### **XV. Information and/or Comments from the Public**

There was no information or comments presented.

#### **XVI. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, September 12, 2019 at 3:00 p.m.

##### **1. Set September Agenda**

The September agenda items were reviewed. Touchstone will be providing the educational session at the September meeting. Diane Hayka reported the monitoring report related to compensation and benefits will not be presented as the salary survey the Agency received from the CMHAM contained data from 2017 instead of being updated. This monitoring report is due within 60 days of receipt of the data. The CMHAM will be reprinting the report.

**XVII. Evaluation of Meeting**

Lester Buza provided an evaluation of the meeting and reported there was valuable information in the educational session presentation. There was good participation.

Lester Buza repeated his appreciation of the staff's efforts on their CARF accreditation process.

**XVIII. Adjournment**

***Moved by Roger Frye, supported by Pat Przeslawski, to adjourn the meeting.*** Motion carried.  
This meeting adjourned at 4:55 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder



# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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## INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** August 30, 2019

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### 1. Contract

#### a. Partners in Prevention

This is a continuation of an arrangement the Agency has with Partners in Prevention to provide various educational opportunities to community members and staff. The total amount of this agreement is not to exceed \$23,002. This is a \$583.00 increase over the previous agreement. Partners in Prevention will provide the following:

- i. Adult Trauma Training – this training is a four-week course for adults to learn and begin healing from their own trauma up to \$3,000.
- ii. Mental Health First Aid Training –targeted for both Youth Mental Health First Aid and Adult Mental Health First Aid in the four-county catchment area with funding up to \$6,638.00.
- iii. Trauma Training Project and Suicide Prevention Education –funding up to \$7,750.00.
- iv. Caring for Children who Experience Trauma – This is offered as a six-week curriculum consisting of 12 hours of training with funding up to \$5,614.00.

We recommend approval of this Agreement.

#### b. MRS Cash Match Agreement

This agreement is a continuation of an Interagency Cash Transfer Agreement with DHHS/MRS to provide vocational services. The requested agreement for the FY19-20 is \$29,926, of which \$8,080 or 27% is the local match contributed by NeMCMHA. This amount is the same as last year's total amount. We recommend approval.

#### c. Presidio Maintenance Contract

This Agency uses Presidio to provide annual maintenance support for the telephone system and the computer networking needs. The annual amount for this service is \$33,809.93, which is an increase of \$2,849.77. We recommend approval.

#### d. MITC Agreement

At the March meeting, the Board authorized the Director to enter into an agreement with MITC to allow a pilot to test scheduling software, which we hoped would provide some efficiencies in schedule development in the Supported Independent Program as well as our group home. This pilot test has ended and we recommend continuation of this arrangement for a one-year period. The license fee is \$3.13 per user and anticipate having approximately 200 users bringing the annual cost to \$7,512. We recommend approval.

#### e. Microsoft Agreement

The Agency is entering into a new three-year contract with Microsoft for Office 365 and Operating System licensing. The first year of this agreement will be for \$77,837.70. Previously we paid Microsoft \$94,627.63 for similar services. The reason for the decrease in this arrangement is many services are provided in a cloud-based network. This type of network allows for mobility in staff services. This will also include additional tools to allow for Teams (previously known as Skype for Business), SharePoint and One Drive. This will provide efficiencies with staff travel, meetings, trainings, etc. We recommend approval.

#### f. Rite Aid [Flu Shots]

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

## **NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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 108 individuals receive a flu vaccine through this program. Our Human Resource Department also received quotes from Walgreens at a cost of \$35/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.

Northeast Michigan Community Mental Health Authority  
**2019-2020 Preliminary Budget**  
Revenue Budget

| Line # | Revenue Source   | FY 20 Budget  | Totals        | % of Total Budget |
|--------|--|---------------|---------------|-------------------|
| 1      | <b>Rent Income</b>   | \$ 29,139     | \$ 29,139     | 0.10%             |
| 2      | <b>State Contracts</b>                                       |               | 97,000        | 0.33%             |
| 3      | PASARR (Nursing Home Services)                               | 97,000        |               |                   |
| 4      | <b>Private Contracts</b>                                     |               | 57,331        | 0.20%             |
| 5      | Blue Horizons Management Services                            | 18,387        |               |                   |
| 6      | MI Child Collaborative Care Grant                            | 38,944        |               |                   |
| 7      | <b>Local Funding</b>   |               | 507,897       | 1.74%             |
| 8      | Alcona County Allocation                                     | 35,223        |               |                   |
| 9      | Alpena County Allocation                                     | 150,216       |               |                   |
| 10     | Montmorency County Allocation                                | 31,435        |               |                   |
| 11     | Presque Isle County Allocation                               | 49,764        |               |                   |
| 12     | Rebates/Incentives/Other local revenue                       | 241,259       |               |                   |
| 13     | <b>Interest Income</b>                                       | 10,000        | 10,000        | 0.03%             |
| 14     | <b>Medicaid</b>  | 24,952,633    | 24,952,633    | 85.71%            |
| 15     | <b>General Funds from MDCH</b>                               |               | 800,467       | 2.75%             |
| 16     | Operational (Community) Funding                              | 800,467       |               |                   |
| 17     | <b>Healthy Michigan Plan</b>                                 | 1,563,803     | 1,563,803     | 5.37%             |
| 18     | <b>Third Party Insurance (incl. COFR &amp; Child Waiver)</b> | 532,132       | 532,132       | 1.83%             |
| 19     | <b>Residential Clients - Room &amp; Board</b>                | 504,863       | 504,863       | 1.73%             |
| 20     | <b>Club House Food Sales</b>                                 | 773           | 773           | 0.00%             |
| 21     | <b>Donations</b>   | 2,052         | 2,052         | 0.01%             |
| 22     | <b>Other Revenue</b>   |               | 55,128        | 0.19%             |
| 23     | Reimbursed Class Fees  | 6,000         |               |                   |
| 24     | Telephone Usage Rebates                                      | 9,560         |               |                   |
| 25     | Representative Payee Fees                                    | 24,890        |               |                   |
| 26     | Record Copying Fees  | 8,664         |               |                   |
| 27     | Michigan Rehabilitation Services                             | 3,400         |               |                   |
| 28     | Miscellaneous Other Income                                   | 2,614         |               |                   |
| 29     | <b>Total Revenues</b>  | \$ 29,113,218 | \$ 29,113,218 | 100.00%           |

Northeast Michigan Community Mental Health Authority  
**2019-2020 Preliminary Budget**  
Expenditure Budget (by account)

| Line # | Expenditure Type                                  | FY 20 Budget         |
|--------|---|----------------------|
| 1      | Salaries  | \$ 12,513,374        |
| 2      | Social Security Tax                               | 587,619              |
| 3      | Health Savings Accounts                           | 24,151               |
| 4      | Health Insurance (self insured)                   | 1,619,048            |
| 5      | Prescription Insurance (self insured)             | 401,699              |
| 6      | Dental Insurance (self insured)                   | 94,693               |
| 7      | Vision Insurance (self insured)                   | 31,126               |
| 8      | Life Insurance                                    | 31,636               |
| 9      | Long Term Disability Insurance                    | 29,798               |
| 10     | Short Term Disability Insurance                   | 170,934              |
| 11     | Pension   | 664,408              |
| 12     | Pension (Social Security Opt Out)                 | 294,253              |
| 13     | Unemployment                                      | 7,322                |
| 14     | Workers Compensation                              | 183,597              |
| 15     | Office Supplies                                   | 26,573               |
| 16     | Postage   | 18,503               |
| 17     | Advertisement/Recruitment                         | 71,794               |
| 18     | Public Relations/Community Education              | 3,871                |
| 19     | Employee Relations/Wellness                       | 52,072               |
| 20     | Computer Maintenance/Supplies                     | 320,000              |
| 21     | Activity/Program Supplies                         | 32,634               |
| 22     | Medical Supplies & Services                       | 53,816               |
| 23     | Household Supplies                                | 47,900               |
| 24     | Clothing  | 1,050                |
| 25     | Contracted Inpatient                              | 1,085,509            |
| 26     | Contracted Transportation                         | 124,153              |
| 27     | Contracted Residential (incl. Self Determination) | 5,119,111            |
| 28     | Contracted Employees/Services                     | 3,556,496            |
| 29     | Telephone / Internet (Communications)             | 112,242              |
| 30     | Staff Meals & Lodging                             | 38,194               |
| 31     | Staff Travel Mileage                              | 239,853              |
| 32     | Vehicle Gasoline                                  | 149,381              |
| 33     | Client Travel Mileage                             | 64,440               |
| 34     | Board Travel and Expenses                         | 13,664               |
| 35     | Staff Development-Conference Fees                 | 39,352               |
| 36     | Staff Physicals/Immunizations                     | 12,266               |
| 37     | Professional Fees (Audit, Legal, CARF)            | 65,248               |
| 38     | Professional Liability Insurance Drs.             | 9,105                |
| 39     | Property/Staff Liability Insurance (net)          | 51,606               |
| 40     | Heat  | 28,839               |
| 41     | Electricity                                       | 101,923              |
| 42     | Water/Sewage                                      | 30,236               |
| 43     | Sanitation  | 11,606               |
| 44     | Office Building/Equipment Maintenance             | 75,324               |
| 45     | Home Maintenance (incl. Envir. Modifications)     | 60,723               |
| 46     | Vehicle Maintenance                               | 55,070               |
| 47     | Rent-Homes and Office Buildings                   | 228,004              |
| 48     | Rent-Equipment                                    | 5,363                |
| 49     | Membership Dues                                   | 17,100               |
| 50     | Food  | 148,701              |
| 51     | Food Stamps                                       | (91,020)             |
| 52     | Capital Equipment over \$200                      | 271,895              |
| 53     | Consumable Equipment under \$200                  | 5,642                |
| 54     | Computer Equipment over \$200                     | 88,000               |
| 55     | Client Adaptive Equipment                         | 28,469               |
| 56     | Depreciation Expense Adjustment                   | 17,221               |
| 57     | General Fund Expenditures                         | 12,880               |
| 58     | Local Fund Expenditures (10% State Hospital)      | 54,750               |
| 59     | <b>Total Expenditures</b>                         | <b>\$ 29,113,218</b> |

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members

**FROM:** Nena Sork

**SUBJECT:** FY20 MDHHS/CMHSP Managed Mental Health Supports and Services Contract

**DATE:** August 29, 2019

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We received notification through E-GRAMS of a need to submit the application for our FY20 allocation for our General Fund dollars. It was necessary to submit this application within a short timeframe, prior to the September Board meeting. Larry Patterson and myself completed the application and submitted the required information earlier this week.

The contract process used by MDHHS consists of a workgroup with representatives from both the Department and Community Mental Health Association of Michigan (CMHAM). There were no surprises as the Board Association keeps the directors informed of changes.

This year's allocation for Northeast is \$100,580 more than FY19, totaling \$901,047.

Due to the tight timeframe for submission and the requirement to execute to receive the funding, the document was submitted to MDHHS through E-GRAMS on August 27, 2019. This contract is for receipt of funding, not a contract in which this Agency must expend dollars. We requested the Board take action to authorized this necessary execution of the E-GRAMS Grant. After all the submissions and boxes have been checked by the Department, we will be able to print off the entire FY20 Contract, typically 300-400 pages in length.

Suggested motion: ***Moved by XX, supported by XX, to approve the execution of the FY20 MDHHS/CMHSP Management Mental Health Supports and Services Contract by the director and designee.***

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Eight Months Ending July 31, 2019**  
**83.33% of year elapsed**

|  | Actual<br>July<br>Year to Date | Budget<br>July<br>Year to Date | Variance<br>July<br>Year to Date | Budget<br>FY19    | % of<br>Budget<br>Earned or Used |
|--|--------------------------------|--------------------------------|----------------------------------|-------------------|----------------------------------|
| <b>Revenue</b>                                 |                                |                                |                                  |                   |                                  |
| 1 State Grants                                 | \$ 84,353                      | \$ 80,830                      | \$ 3,523                         | \$ 97,000         | 87.0%                            |
| 2 Private Contracts                            | 40,769                         | 47,774                         | (7,005)                          | 57,331            | 71.1%                            |
| 3 Grants from Local Units                      | 477,020                        | 423,231                        | 53,790                           | 507,897           | 93.9%                            |
| 4 Interest Income                              | 11,178                         | 8,333                          | 2,845                            | 10,000            | 111.8%                           |
| 5 Medicaid Revenue                             | 21,296,667                     | 20,793,029                     | 503,638                          | 24,952,633        | 85.3%                            |
| 6 General Fund Revenue                         | 581,931                        | 667,029                        | (85,098)                         | 800,467           | 72.7%                            |
| 7 Healthy Michigan Revenue                     | 1,068,708                      | 1,303,117                      | (234,409)                        | 1,563,803         | 68.3%                            |
| 8 3rd Party Revenue                            | 256,124                        | 443,426                        | (187,302)                        | 532,132           | 48.1%                            |
| 9 SSI/SSA Revenue                              | 417,297                        | 420,703                        | (3,405)                          | 504,863           | 82.7%                            |
| 10 Other Revenue                               | 72,027                         | 72,574                         | (546)                            | 87,092            | 82.7%                            |
| 11 <b>Total Revenue</b>                        | <b>24,306,075</b>              | <b>24,260,044</b>              | <b>46,030</b>                    | <b>29,113,218</b> | <b>83.5%</b>                     |
| <b>Expense</b>                                 |                                |                                |                                  |                   |                                  |
| 12 Salaries                                    | 10,524,600                     | 10,424,903                     | (99,697)                         | 12,510,384        | 84.1%                            |
| 13 Social Security Tax                         | 472,869                        | 489,470                        | 16,601                           | 587,387           | 80.5%                            |
| 14 Self Insured Benefits                       | 1,765,975                      | 1,808,855                      | 42,880                           | 2,170,713         | 81.4%                            |
| 15 Life and Disability Insurances              | 180,088                        | 193,632                        | 13,544                           | 232,368           | 77.5%                            |
| 16 Pension                                     | 855,922                        | 798,538                        | (57,384)                         | 958,284           | 89.3%                            |
| 17 Unemployment & Workers Comp.                | 153,465                        | 159,093                        | 5,628                            | 190,919           | 80.4%                            |
| 18 Office Supplies & Postage                   | 30,723                         | 37,562                         | 6,839                            | 45,076            | 68.2%                            |
| 19 Staff Recruiting & Development              | 90,996                         | 102,838                        | 11,842                           | 123,411           | 73.7%                            |
| 20 Community Relations/Education               | 14,877                         | 3,226                          | (11,651)                         | 3,871             | 384.3%                           |
| 21 Employee Relations/Wellness                 | 38,581                         | 43,392                         | 4,810                            | 52,072            | 74.1%                            |
| 22 Program Supplies                            | 365,111                        | 384,186                        | 19,076                           | 461,042           | 79.2%                            |
| 23 Contract Inpatient                          | 892,194                        | 904,555                        | 12,360                           | 1,085,509         | 82.2%                            |
| 24 Contract Transportation                     | 92,848                         | 103,457                        | 10,608                           | 124,153           | 74.8%                            |
| 25 Contract Residential                        | 4,299,481                      | 4,265,755                      | (33,725)                         | 5,119,111         | 84.0%                            |
| 26 Contract Employees & Services               | 2,904,796                      | 2,963,628                      | 58,832                           | 3,556,496         | 81.7%                            |
| 27 Telephone & Connectivity                    | 95,276                         | 93,532                         | (1,744)                          | 112,242           | 84.9%                            |
| 28 Staff Meals & Lodging                       | 22,595                         | 31,827                         | 9,233                            | 38,194            | 59.2%                            |
| 29 Mileage and Gasoline                        | 353,685                        | 378,047                        | 24,361                           | 453,674           | 78.0%                            |
| 30 Board Travel/Education                      | 9,929                          | 11,386                         | 1,458                            | 13,664            | 72.7%                            |
| 31 Professional Fees                           | 51,722                         | 54,371                         | 2,649                            | 65,248            | 79.3%                            |
| 32 Property & Liability Insurance              | 39,163                         | 50,590                         | 11,427                           | 60,711            | 64.5%                            |
| 33 Utilities                                   | 138,674                        | 143,832                        | 5,158                            | 172,605           | 80.3%                            |
| 34 Maintenance                                 | 132,626                        | 159,258                        | 26,631                           | 191,117           | 69.4%                            |
| 35 Rent  | 219,183                        | 194,465                        | (24,718)                         | 233,367           | 93.9%                            |
| 36 Food (net of food stamps)                   | 49,658                         | 48,066                         | (1,592)                          | 57,681            | 86.1%                            |
| 37 Capital Equipment                           | 24,711                         | 99,492                         | 74,781                           | 119,395           | 20.7%                            |
| 38 Client Equipment                            | 10,129                         | 23,723                         | 13,594                           | 28,469            | 35.6%                            |
| 39 Miscellaneous Expense                       | 46,567                         | 73,605                         | 27,038                           | 88,330            | 52.7%                            |
| 40 Depreciation Expense                        | 207,720                        | 214,761                        | 7,041                            | 257,723           | 80.6%                            |
| 41 <b>Total Expense</b>                        | <b>24,084,163</b>              | <b>24,260,044</b>              | <b>175,881</b>                   | <b>29,113,218</b> | <b>82.7%</b>                     |
| 42 <b>Change in Net Position</b>               | <b>\$ 221,911</b>              | <b>\$ -</b>                    | <b>\$ 221,911</b>                | <b>\$ -</b>       | <b>0.8%</b>                      |
| Contract settlement items included above:      |                                |                                |                                  |                   |                                  |
| 44 Medicaid Funds (Over) / Under Spent         | \$ (571,052)                   |                                |                                  |                   |                                  |
| 45 Healthy Michigan Funds (Over) / Under Spent | 235,277                        |                                |                                  |                   |                                  |
| 46 <b>Total NMRE (Over) / Under Spent</b>      | <b>\$ (335,775)</b>            |                                |                                  |                   |                                  |
| General Funds to Carry Forward to FY20         |                                |                                |                                  |                   |                                  |
| 47 General Funds to Carry Forward to FY20      | \$ 33,353                      |                                |                                  |                   |                                  |
| 48 General Funds Lapsing to MDHHS              | 51,771                         |                                |                                  |                   |                                  |
| 49 <b>General Funds (Over) / Under Spent</b>   | <b>\$ 85,124</b>               |                                |                                  |                   |                                  |

**POLICY CATEGORY:**  
**POLICY TITLE AND NUMBER:**  
**REPORT FREQUENCY & DUE DATE:**

Executive Limitations  
Emergency Executive Succession  
Annual, September 2019

**POLICY STATEMENT:**

In order to protect the board from sudden loss of the chief executive services, the Executive Director may not have less than one other executive familiar with board and chief executive issues and processes.

- **Interpretation**

I interpret the policy to require plans to address two possible scenarios: 1) the temporary assumption of the Executive Director’s responsibilities during, for example, a brief period of illness, and 2) the assumption of these responsibilities if the Executive Director’s position were to be suddenly vacated.

- **Status**

“Scenario 1” In the event of a temporary absence there should not be a significant problem with the current administrative staffing available at the agency. The leadership team, our program managers and clinical staff are competent and capable of managing services on a day-to-day basis.

In “Scenario 2” situations, Mary Crittenden (Chief Operations Officer) with assistance of the Leadership Teams [Management and Clinical Leadership] is well qualified to step in as interim director while the Board considered its options. With many long-standing members of the Administrative Team, I am confident the operations would not be adversely impacted, under Ms. Crittenden’s guidance.

**SUMMARY:**

With the continuing pressure from the Department of Health and Human Services to reduce administrative costs, staffing restructuring is currently underway. We are fortunate to have a strong contingent of management staff members, many of whom have been employed for a lengthy period of time, on whom the Board will be able to rely if need be.

**Board Review/Comments**

Reasonableness Test: Is the interpretation by the Executive Director reasonable?

Data Test: Is the data provided by the Executive Director both relative and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

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

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EXECUTIVE LIMITATIONS

(Manual Section)

**GENERAL EXECUTIVE CONSTRAINT**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

August 8, 2002  
September ~~14, 2006~~12, 2019

●1 **POLICY:**

The ~~CEO~~Executive Director shall not allow any practice, activity, decision or organizational circumstance which is illegal, imprudent or in violation of commonly accepted business and professional ethics or in violation of contractual obligations.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**



EXECUTIVE LIMITATIONS

(Manual Section)

**COMPENSATION AND BENEFITS**

(Subject)

Board Approval of **Policy**  
Last Revision of Policy Approved:  
2019

August 8, 2002  
September ~~8, 2016~~12,

●1 **POLICY:**

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the ~~CEO-Executive Director~~ may not cause or allow jeopardy to fiscal integrity or public image.

Accordingly, he or she may not:

1. Change his or her own compensation and benefits.
2. Promise or imply permanent or guaranteed employment.
3. Establish current compensation and benefits which:
  - A. Deviate materially from the geographic or professional market for the skills employed.
  - B. Create obligations over a longer term than revenues can be safely projected and, in all events subject to losses of revenue, in no event longer than one year with the exception of labor.
4. Establish or change pension benefits so the pension provisions:
  - A. Cause unfunded liabilities to occur or in any way commit the organization to benefits which incur unpredictable future costs.
  - B. Provide less than some basic level of benefits to all full time employees, though differential benefits to encourage longevity in key employees are not prohibited.
  - C. Allow any employee to lose benefits already accrued from any foregoing plan.
  - D. Treat the ~~CEO-Executive Director~~ differently from other comparable key employees.

E. Are instituted without prior monitoring of these provisions.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**COMMITTEE STRUCTURE**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved:

August 8, 2002  
September 13, 2018

**●1 POLICY:**

A committee is a board committee only if its existence and charge come from the board, regardless of whether board members sit on the committee. Unless otherwise stated, a committee ceases to exist as soon as its task is complete.

1. Executive Committee

A. Product: any proposed, pending and current legislation pertaining to mental health services in order to recommend a Board position.

Product: all matters acted upon between Board meetings due to emergency situations.

B. Authority: the Board of Directors.

2. Board Officers Nominating Committee

A. Product: recommendations to the county's board of commissioners for appointment or re-appointment.

Product: a slate of candidates to fill the positions of the Board's offices.

Product: candidates for consumer or consumer representative appointments who meet the requirements of Section 222 (1) of the Mental Health Code.

B. Authority: the Board of Directors

3. Recipient Rights Committee

A. Product: advises the Board concerning implementation of policy as it relates to the Recipient Rights System and a review of the operations of the Recipients Rights office.

B. Authority: required under Mental Health code.

4. Consumer Advisory Council
  - A. Product: advises the Board to help assure services are designed and offered in ways that reflect the individuals served wellbeing and interest. Areas of advice include Person-Centered Planning, Family-Centered Planning, consumer-run programs, individual choice and self-directed services, accommodations, etc.

Product: a review of policies that relate to consumer services

Product: a review and recommendation of any satisfaction surveys conducted for mental health services.

- B. Authority: 8-10 member council appointed through an application process. A stipend of \$25 per meeting and mileage reimbursement at the current Board-approved rate.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

**BOARD STAFF RELATIONSHIP**

(Manual Section)

**CHIEF EXECUTIVE OFFICER SEARCH PROCESS**

(Subject)

Policy Inception Date:

September 11, 2014

Board Approval of Policy Revision

September ~~10, 2015~~ 12, 2019

●1 **POLICY:**

The purpose of this policy is to establish the conceptual framework for the Agency's succession planning efforts related to the Agency's ~~Chief-Executive Officer~~ (CEO)Director position.

1. **Board as sole decision maker:** The Agency's ~~CEO-Executive Director~~ succession planning effort recognizes the primacy of the Board of Directors as the decision makers who select the Agency's successor ~~CEO-Executive Director~~. While they may draw on the views of others, as outlined below, the decision rests with the Board.
2. **Succession planning is a process not an event:** The Agency will take a number of steps, before the announcement of the departure of the incumbent ~~CEO-Executive Director~~, to ensure succession planning is a deliberative process and not a reactive one, precipitated by this departure.
3. **Purpose of succession planning:** The Agency recognizes sound, early-on succession planning is needed when an organization's leadership changes to:
  - Ensure organizational **stability** by strengthening the Agency's culture around mission, values, capabilities, performance and partnerships. This approach reinforces two concepts:
    - a. An Agency of the size, complexity and influence of this CMH succeeds by adhering to a rarely changing mission and set of values and not by frequent changes in direction or values.
    - b. If dramatic changes in the Agency's direction are sought by the leadership of an organization, those changes should take place while the current leadership is in place.

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

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●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

~~CEO-Executive Director~~ Search Process – Timeline, Budget  
Job Description - Director

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, AUGUST 28, 2019  
GAYLORD CONFERENCE ROOM**

|                                     |  |
|-------------------------------------|--|
| <b>BOARD MEMBERS IN ATTENDANCE:</b> | <b>Ed Ginop, Annie Hooghart, Randy Kamps, Gary Klacking, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Joe Stone, Don Tanner, Nina Zamora</b> |
| <b>BOARD MEMBERS ABSENT:</b>        | <b>Roger Frye, Karla Sherman</b>   |
| <b>CEOs IN ATTENDANCE:</b>          | <b>Christine Gebhard, Karl Kovacs, Diane Pelts, Nena Sork</b>  |
| <b>STAFF IN ATTENDANCE:</b>         | <b>Eric Kurtz, Sara Sircely, Deanna Yockey, Carol Balousek</b>   |
| <b>PUBLIC IN ATTENDANCE:</b>        | <b>Chip Cieslinski, Sue Winter</b>   |

CALL TO ORDER

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

ROLL CALL

Let the record show that Roger Frye and Karla Sherman were excused from the meeting on this date; all other NMRE Board Members were in attendance.

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

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 GARY NOWAK TO APPROVE THE MINUTES OF THE JULY 31, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY RICHARD SCHMIDT. MOTION CARRIED.**

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda.

**MOTION MADE BY ED GINOP TO APPROVE THE AGENDA FOR THE AUGUST 28, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY DON TANNER. MOTION CARRIED.**

CORRESPONDENCE

- 1) The minutes from the August 1<sup>st</sup> PIHIP CEO Meeting.
- 2) A letter to Director Gordon dated August 7<sup>th</sup> from various Michigan advocacy organizations opposing the plan to move the Behavioral Health and Developmental Disabilities Administration (BHDDA) under the Medical Services Administration (MSA).

- 3) Email correspondence from Kaylee Nellet, Policy Analyst for CMHAM regarding proposed Medicaid policy 1917-SBS, Caring for Students.
- 4) A letter to Director Gordon dated August 2<sup>nd</sup> from Stephan Currie, Executive Director of Michigan Association of Counties (MAC) regarding the proposed Lakeshore Regional Entity Board, established by MDHHS.
- 5) Model resolution to express opposition to termination of state contract with the Lakeshore Regional Entity.
- 6) Email correspondence from CMHAM announcing the schedule for several mental health forums with Senator Debbie Stabenow.
- 7) Correspondence from CMHAM titled, "Analysis of causes of unit cost (RVU) increases from FY 2017 to FY 2018" dated August 2019.
- 8) Email correspondence from Robert Sheehan and Alan Bolter regarding Components of CMHA advocacy around funding adequacy for the public behavioral health system.
- 9) A summary of the July 24, 2019 rate setting meeting.
- 10) Email correspondence from Robert Sheehan and Alan Bolter regarding Milliman's fee screen site visits at CMHSPs.
- 11) Correspondence from Community Mental Health Association of Michigan Healthy Michigan outlining the growth in HMP expenditures related to the services typically provided to DAB enrollees dated May 2019.
- 12) The MDHHS Organizational Chart(s).

Distributed during the meeting:

- 13) "Perspectives of the Advocacy Community on the Lakeshore Regional Entity & the Public Mental Health System in Michigan, Part One: Steps to Be Taken in the Lakeshore PIHP Region," dated August 5, 2019.
- 14) "Perspectives of the Advocacy Community on the Lakeshore Regional Entity & the Public Mental Health System in Michigan, Part Two: Steps to be Taken Statewide," dated August 26, 2019.
- 15) Email correspondence from Robert Sheehan and Alan Bolter regarding the Gongwer News Service Article and advocates' reports in the articles referenced in correspondence numbers 13 and 14.

Mr. Kurtz referred to article picked up by Gongwer News Services regarding the Advocacy Reports. He highlighted inaccuracies in the report and the article. The assumption appears to be that if PIHPs go away, there will be a resulting huge influx of revenue. (It was noted that NMRE Administrative overhead is 3.45% while the state average is 5.48%.) The report takes a general "shot" at the entire system (poor structure and organization, overly complicated bureaucracy, lack of funding). Mr. Stone commented that any/all local control would be lost and that we need to fight to keep it.

Mr. Kurtz emphasized the system is not broken; it is underfunded, but not broken. Ms. Pelts expressed concern about what effect these articles have on the perceptions of the general public and CMHSP/PIHP staff. She added that the cloud of doubt is not helpful given the inherent staffing crisis. Ms. Gebhard voiced support of a public relations campaign stressing the stability of the current system. Mr. Kurtz noted that NMRE is working on an Annual Report to share with community stakeholder. Mr. Tanner agreed with the need to "toot our own horn," as a different story is being told in Lansing. Mr. Kamps agreed with the idea of a public relations campaign to project a consistent, fair message that is tied to the communities and that highlights successes ("These services saved my life!") Mr. Kovacs supported a proactive, broad-based



communication showing the economic impact of regional services. Mr. Kamps added that the local communities need to associate value with what we do. The closer the money is to the local communities, the more effectively it gets spent.

### ANNOUNCEMENTS

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

### PUBLIC COMMENT

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

### REPORTS

#### **CEO's Report**

The NMRE CEO Monthly Report for August 2019 was included in the materials for the meeting on this date. Mr. Kurtz discussed his meeting with Sen. Stabenow's staffer, Brandon Fewins, on August 14<sup>th</sup>. Mr. Fewins expressed interest in attending an upcoming meeting of the NMRE Operations Committee or Board.

#### **SUD Board Report**

The next meeting of the NMRE SUD Oversight Board is scheduled for September 9, 2019 at 10:00AM in the NMRE Board Room in Gaylord.

#### **Financial Report**

The NMRE Monthly Financial Report for June 2019 was included in the meeting materials.

- Traditional Medicaid showed \$118,890,021 in revenue, and \$121,712,634 in expenses, resulting in a net deficit of \$2,822,613. Medicaid ISF was reported as \$6,611,541. Medicaid Savings was reported as \$1,408,261.
- Healthy Michigan Plan showed \$13,908,456 in revenue, and \$14,853,173 in expenses, resulting in a net deficit of \$944,717. Healthy Michigan ISF was reported as \$5,408,357. HMP carry forward \$0.
- Net Position showed Medicaid and HMP combined net deficit of \$3,767,331. Medicaid carry forward in the amount of \$1,408,261 and Medicaid and HMP ISF in the amount of \$2,359,070 were used to offset the deficit for a remaining Medicaid and HMP surplus (including carry forward and ISF) of \$9,660,878.
- Behavioral Health Home showed \$87,802 in revenue and \$59,900 in expenses, resulting in a surplus of \$27,902.
- SUD showed all funding source revenue of \$10,455,972 and \$11,004,203 in expenses, resulting in a net deficit of \$548,231. Total PA2 funds were reported as \$5,127,641.

Ms. Gebhard asked about the anticipated supplemental payment from the state and how much is anticipated. Mr. Kurtz responded it likely won't cover current deficit but will offset it. He added that he's not counting on a set amount.

Mr. Marcus asked about the Behavioral Health Home offered by Northern Lakes and Centra Wellness. Mr. Kovacs summarized the pilot project for Manistee and Grand Traverse counties (Section 2703 of the Affordable Care Act). The Health Home model is designed to coordinate physical and mental health care through the provision of specific person-centered services. The Health Home concept is in the process of expanding to the entire 21-county NMRE region. The expansion will have greater backing from MDHHS than the current two-county model.

Mr. Kurtz acknowledged that the change in payment methodology effective October 1<sup>st</sup> will cause a cash flow issue necessitating the use of the ISF. The CMHSPs will need to spend within the PM/PM. A preliminary budget for FY20 will be presented to the Board in September.

## NEW BUSINESS

### **NMRE Mission**

The NMRE Mission Statement, revised during the NMRE Board Planning Session on July 31, 2019 was included in the materials for the meeting on this date.

### **MOTION MADE BY DON TANNER TO APPROVE THE REVISION TO THE NORTHERN MICHIGAN REGIONAL ENTITY MISSION STATEMENT; SECOND BY JOE STONE. MOTION CARRIED.**

The NMRE Mission will read:

***Develop and implement sustainable, managed care structures to efficiently support, enhance, and deliver publicly funded behavioral health and substance use disorder services.***

### **SUD Providers' Strategic Planning Meeting**

A meeting is being scheduled in September or October for in-network SUD providers to develop a Strategic Plan to look at gaps in the service continuum and planful ways of using liquor tax to supplement the system. The Plan will be presented to the NMRE Board and then the SUD Oversight Board after it is developed.

## OLD BUSINESS

### **BHH Update**

This topic was discussed previously on the Agenda. Mr. Kurtz reported that the expansion is moving forward. A handbook has been developed. The project will include Oakland County. The state has received \$500K from the Health Endowment Fund for the project, expected to get underway in FY20. Mr. Kurtz acknowledged that some education will be needed.

## PRESENTATION

### **Liquor Tax**

Mr. Kurtz provided an overview of the collection (The General Property Tax Act 206 of 1893) and use (State Convention Facility Development Act 106 of 1985) of liquor tax funds. Public Act 500 of 2012 (the Poleski Bill) named PIHPs as the designated Substance Abuse Coordinating Agency and created the SUD Oversight Board.

## COMMENTS

- Mr. Kovacs suggested that the NMRE and Boards consider an auction basket for the CMHAM Fall Conference.
- Mr. Stone announced that Robert Gordon will be a speaker during the Fall Conference.
- Mr. Cieslinski voiced he is glad PA2 will be monitored to avoid duplication of efforts.

## MEETING DATES

The next meeting of the NMRE Board of Directors will take place on September 25, 2019 at 10:00AM at the NMRE office in Gaylord.

## ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 11:54AM.

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM, JULY 31, 2019  
UNIVERSITY CENTER, GAYLORD**

|                                     |   |
|-------------------------------------|---|
| <b>BOARD MEMBERS IN ATTENDANCE:</b> | <b>Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Christian Marcus, Mary Marois, Gary Nowak, Jay O'Farrell, Richard Schmidt, Karla Sherman, Don Tanner, Nina Zamora</b> |
| <b>BOARD MEMBERS ABSENT:</b>        | <b>Gary Klacking, Terry Larson, Joe Stone</b>   |
| <b>CEOs IN ATTENDANCE:</b>          | <b>Christine Gebhard, Carrie Gray (for Karl Kovacs), Chip Johnston, Diane Pelts, Nena Sork</b>  |
| <b>NMRE STAFF IN ATTENDANCE:</b>    | <b>Jodie Balhorn, Eric Kurtz, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek</b>   |
| <b>PUBLIC IN ATTENDANCE:</b>        | <b>Chip Cieslinski, Susan Latuszek, Tory Werth</b>  |

CALL TO ORDER

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

ROLL CALL

Let the record show that Gary Klacking, Terry Larson, and Joe Stone were excused from the meeting on this date; all other NMRE Board Members were in attendance.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

The minutes of the June 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 JUNE 26, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SECOND BY GARY NOWAK. MOTION CARRIED.**

APPROVAL OF AGENDA

Mr. Kamps called for approval of the meeting agenda. Mr. Kurtz added the results of the SUD Prevention Request for Proposals under "New Business."

**MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE JULY 31, 2019 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS AS AMENDED; SECOND BY KARLA SHERMAN. MOTION CARRIED.**

CORRESPONDENCE

1) The minutes from the July 11<sup>th</sup> PIHP CEO meeting.

- 2) A letter dated June 28, 2019 to Greg Hoffman, CEO, and Stan Stek, Board Chair, from Jeffery Wieferrich giving formal notice the MDHHS-PIHP Contract with Lakeshore Regional Entity effective September 30, 2019.
- 3) Email correspondence dated July 23<sup>rd</sup> to CMHSP and PIHP CEOs from Robert Sheehan and Alan Bolter outlining a request from Michigan Protection and Advocacy Service for assistance in supporting the voting rights of persons with disabilities.
- 4) Email correspondence dated July 19<sup>th</sup> from Robert Sheehan in response to PA 602 (2018) which restricts the Michigan's ability to impose rules that are more stringent than federal rules.
- 5) A letter dated July 17<sup>th</sup> to Eric Kurtz from Michigan Protection and Advocacy Services, Inc. with a request under the Freedom of Information Act for "any and all documents submitted or provided to MDHHS November 2018 to present in response to Bulletin MSA 18—49 and MDHHS Network Adequacy Standards for the Prepaid Inpatient Health Plan system of care."
- 6) Regional Performance Indicators for Quarter 2 FY19.
- 7) Milliman's SFY 2020 Behavioral Health Capitation Rate Development Update dated July 24<sup>th</sup>.
- 8) The NMRE's Quality Improvement and Performance Improvement Program (QAPIP) for FY19.

### ANNOUNCEMENTS

Let the record show that new Board Member Christian Marcus was introduced. Nena Sork announced that Northeast Michigan received a three-year CARF accreditation.

### PUBLIC COMMENTS

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

### REPORTS

#### **Board Chair Report/Executive Committee**

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

#### **CEO's Report**

The NMRE CEO Monthly Report for July 2019 was included in the materials for the meeting on this date. Mr. Kurtz stated that he will discuss the July 24<sup>th</sup> Rate Setting Meeting in greater detail during the afternoon's Board Planning Session.

#### **SUD Board Report**

The minutes of the July 1, 2019 meeting of the NMRE SUD Oversight Board were included in the materials for the meeting on this date. Roger Frye noted that a decision was made to allocate liquor tax funds for region-wide projects by county population.

#### **Financial Report**

The NMRE Monthly Financial Report for May 2019 was included in the meeting materials.

- Traditional Medicaid showed \$105,535,575 in revenue, and \$108,229,172 in expenses, resulting in a net deficit of \$2,693,597. Medicaid ISF was reported as \$6,611,541. Medicaid Savings was reported as \$1,408,261.
- Healthy Michigan Plan showed \$12,432,078 in revenue, and \$12,968,491 in expenses, resulting in a net deficit of \$536,413. Healthy Michigan ISF was reported as \$5,408,357. HMP carry forward \$0.
- Behavioral Health Home showed \$76,964 in revenue and \$59,153 in expenses, resulting in a surplus of \$17,811.
- SUD showed all funding source revenue of \$9,294,471 and \$9,698,591 in expenses, resulting in a net deficit of \$404,120. Total PA2 funds were reported as \$5,251,566.
- The Total Medicaid and Healthy Michigan Net Surplus including Carry forward (\$1,408,261) and Medicaid and HMP ISF (\$12,019,898) less the current deficit (\$3,230,010) was reported as \$10,198,149.

Mr. Kamps expressed interest in seeing the June 2019 Financial Report, specifically any changes in the reserve balances. Diane Pelts requested that a column be added to the PA2 page showing liquor tax dollars that have been allocated but not yet spent. Deanna Yockey clarified that the report is labeled "Version 2" which includes actual expenditures for AuSable Valley and North Country.

## NEW BUSINESS

### **PA2 Funds Use Requests**

- 1) Request from NMSAS Recovery Center for \$196,000 liquor tax dollars to be split among the region's 21-counties to continue the Peer Recovery Support Services Program through FY20.
- 2) Request from AuSable Valley CMH for \$71,427.45 Ogemaw County liquor tax dollars and \$71,427.45 Iosco County liquor tax dollars to develop and sustain SUD/co-occurring treatment and prevention services located within the Ogemaw and Iosco County Correctional Facilities in FY20.
- 3) Request from BASES for \$24,000 Charlevoix County liquor tax dollars to provide services/materials in the County Jail in FY20.
- 4) Request from The Health Department of Northwest Michigan, District Health Department No.2, and District Health Department #4 for \$5,000 Antrim County liquor tax dollars, \$5,000 Ogemaw County liquor tax dollars, \$3,000 Oscoda County liquor tax dollars, \$5,000 Iosco County liquor tax dollars, and \$5,000 Alpena County liquor tax dollars to implement a syringe exchange program.
- 5) Request from Centra Wellness Network for \$46,198 Benzie County liquor tax dollars to support the Benzie Area Youth (BAY) prevention initiative.
- 6) Request from Centra Wellness Network for \$62,244 Manistee County liquor tax dollars to support the Substance Education and Awareness Manistee (SEA Manistee) prevention initiative.
- 7) A change to a liquor tax approved in March was requested by Catholic Human Services. The amount approved for the Drug Free Coalition was \$27,797; the amount should have been for \$59,170. A request for the additional \$31,373 was made on this date.
- 8) MiPHY Incentives – All 21 Counties  
An Incentive payment of \$500 per grade/up to \$1500 per school (7<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup>) is being requested for schools that participated in the Michigan Profile for Healthy Youth (MiPHY) drug and alcohol use survey.

Sara Sircely reported that all the liquor tax requests presented received approval from the SUD Oversight Board on July 1<sup>st</sup>. Diane Pelts requested a list of schools that participated in the MiPHY survey, which Ms. Sircely said she will try to obtain and share with the Board.

### **MOTION MADE BY GARY NOWAK TO APPROVE THE LIQUOR TAX REQUESTS PRESENTED ON THIS DATE AND APPROVED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON JULY 1, 2019; SECOND BY ROGER FRYE.**

Discussion: Mr. Kamps asked whether any of the requests contain anything particularly innovative. Ms. Sircely responded that NMSAS Recovery Center is doing some very innovative things utilizing peer recovery coaches to engage individuals in treatment. Jail services are also a new use of PA2 funds. Ms. Sherman asked how the effectiveness of various programs are evaluated. Ms. Sircely noted that quarterly reports are submitted. Some areas are difficult to measure (essentially measuring a negative). An annual evaluation process is being developed.

**Voting took place on Mr. Nowak's motion. MOTION CARRIED.**

### **SUD Prevention Contracts**

Seven counties were open for the procurement of prevention services. Proposals were due to the NMRE by the end of business, June 3<sup>rd</sup>. A Scoring Committee made up of NMRE and SUD provider staff met on June 17<sup>th</sup> and made the following recommendations which were supported by the NMRE SUD Oversight Board:

- 1) Benzie County – Centra Wellness Network - \$19,077
- 2) Grand Traverse County – Catholic Human Services – \$74,238
- 3) Kalkaska County – Catholic Human Services – \$21,479
- 4) Leelanau County – Catholic Human Services – \$18,801
- 5) Manistee County – Centra Wellness Network – \$20,854
- 6) Missaukee County – District Health Department 10 – \$20,854
- 7) Wexford County – District Health Department 10 – \$43,472

Christine Gebhard referenced that the Northern Michigan CHIR is conducting a community needs assessment which may produce useful data and recommendations.

**MOTION MADE BY DON TANNER TO AWARD PREVENTION CONTRACTS FOR THE COUNTIES OF BENZIE, GRAND TRAVERSE, KALKASKA, LEELANAU, MANISTEE, MISSAUKEE, AND WEXFORD TO THE ENTITIES AND FOR THE AMOUNTS RECOMMENDED BY THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD FOR A TOTAL OF TWO HUNDRED TWENTY-NINE THOUSAND FIVE HUNDRED SIXTY DOLLARS (\$229,560.00); SECOND BY MARY MAROIS. MOTION CARRIED.**

### **MDHHS-PIHP FY20 Contract**

Mr. Kurtz explained that the FY20 Contract includes the FY19 contract including the four FY19 Amendments (nothing new). Amendment No.1 to FY20 will be issued in the coming months.

**MOTION MADE BY MARY MAROIS TO APPROVE THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR THE MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES 1115 DEMONSTRATION WAIVER, 1915 (C)/(I) WAIVER PROGRAM(S), THE HEALTHY MICHIGAN PROGRAM, THE FLINT 1115 WAIVER AND SUBSTANCE USE DISORDER COMMUNITY GRANT PROGRAMS FOR FISCAL YEAR 2020; SECOND BY GARY NOWAK. MOTION CARRIED.**

### COMMENTS

Let the record show that no comments were recorded at the close of the meeting on this date.

### MEETING DATES

The next meeting of the NMRE Board of Directors will August 28, 2019 at 10:00Am at the NMRE office in Gaylord.

### ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 10:35AM.

|    | Program                           | Consumers served<br>August 2019<br>(8/1/19 - 8/31/19)                        | Consumers served<br>in the Past Year<br>(9/1/18 - 8/31/19)                       | Yearly Average<br>(9/1/18 - 8/31/19)  |
|----|-----------------------------------|--|--|---|
| 1  | Access / Crisis / Prescreens      | 55 - Routine<br>0 - Emergent<br>0 - Urgent<br>96 - Crisis<br>45 - Prescreens | 731 - Routine<br>2 - Emergent<br>4 - Urgent<br>1006 - Crisis<br>554 - Prescreens | 61 - Routine<br>0 - Emergent<br>0 - Urgent<br>83 - Crisis<br>45 -Prescreens |
| 2  | Doctors' Services                 | 1112   | 1496   | 1120  |
| 3  | Case Management                   |  |  |   |
|    | Older Adult (OBRA)                | 134  | 176  | 133   |
|    | MI Adult                          | 197  | 330  | 218   |
|    | MI ACT                            | 27   | 44   | 31  |
|    | Home Based Children               | 14   | 31   | 14  |
|    | MI Children's Services            | 107  | 216  | 128   |
|    | DD                                | 327  | 363  | 332   |
| 4  | Outpatient Counseling             | 212 (30/182)   | 498  | 200   |
| 5  | Hospital Prescreens               | 45   | 554  | 45  |
| 6  | Private Hospital Admissions       | 24   | 261  | 22  |
| 7  | State Hospital Admissions         | 0  | 0  | 0   |
| 8  | Employment Services               |  |  |   |
|    | DD                                | 78   | 86   | 76  |
|    | MI                                | 39   | 84   | 47  |
|    | Touchstone Clubhouse              | 75   | 84   | 67  |
| 9  | Peer Support                      | 59   | 77   | 63  |
| 10 | Community Living Support Services |  |  |   |
|    | DD                                | 115  | 129  | 142   |
|    | MI                                | 166  | 245  | 190   |
| 11 | CMH Operated Residential Services |  |  |   |
|    | DD Only                           | 57   | 60   | 58  |
| 12 | Other Contracted Resid. Services  |  |  |   |
|    | DD                                | 31   | 35   | 32  |
|    | MI                                | 29   | 30   | 28  |
| 13 | Total Unduplicated Served         | 1070   | 2423   | 1127  |

| County           | Unduplicated<br>Consumers Served<br>Since September 2018 |
|------------------|--|
| Alcona           | 277  |
| Alpena           | 1501   |
| Montmorency      | 255  |
| Presque Isle     | 289  |
| Other            | 82   |
| No County Listed | 19   |

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH  
BOARD ANNUAL CALENDAR (10-01-~~18~~19)**

| <b>Date</b>  | <b>Item</b>   | <b>Action</b>                         |
|--|---|---------------------------------------|
| January  | Emergency Exec. Succession 01-006                             | Policy Review                         |
|  | Executive Director Role 03-001                                | Policy Review & Board Self-Evaluation |
|  | Emergency Exec. Succession 01-006 (CEO Report)                | Review Monitoring Report              |
|  | Budgeting 01-004 (Monthly Finance/Variance Report)            | Review Monitoring Report              |
|  | Educational Session   | Presentation                          |
| 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                                      |                                       |
| June   | Ownership Input   | Activity                              |
|  | Begin Strategic Planning w/Environmental Scan                 | Activity                              |
|  | Continue Strategic Planning w/Ends Focus                      | Activity                              |
|  | Ends 04-001   | Review Monitoring Report              |
| July   | Ends Discussion 04-001  | Discuss                               |
|  | 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 CEO Evaluation                           | Activity  |                                       |
|  |   | Activity                              |

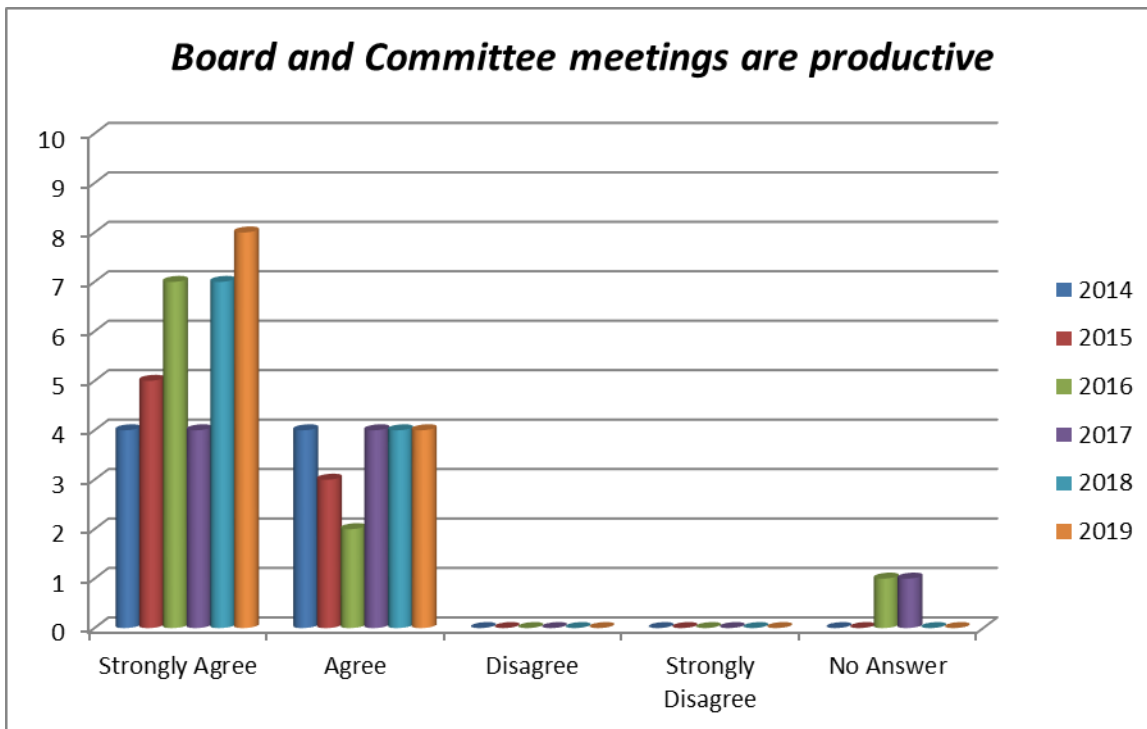
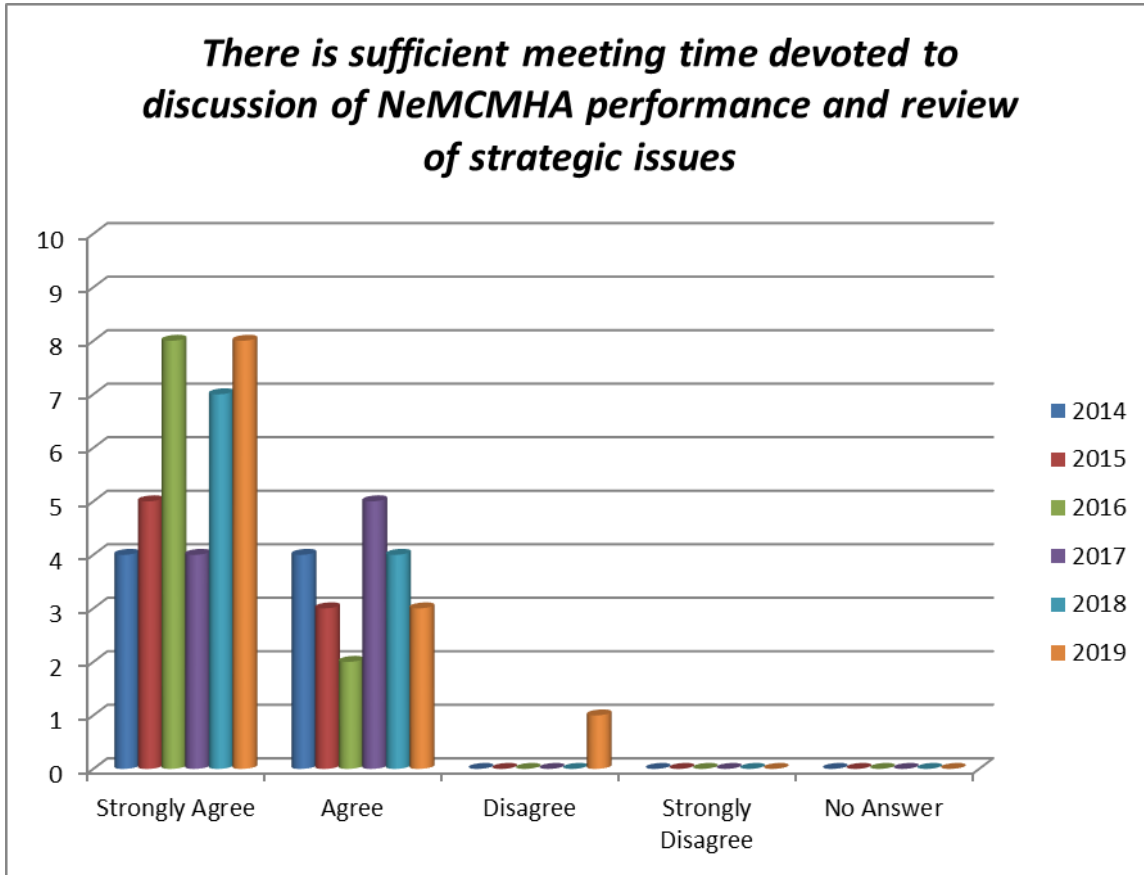


**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH  
BOARD ANNUAL CALENDAR (10-01-~~18~~19)**

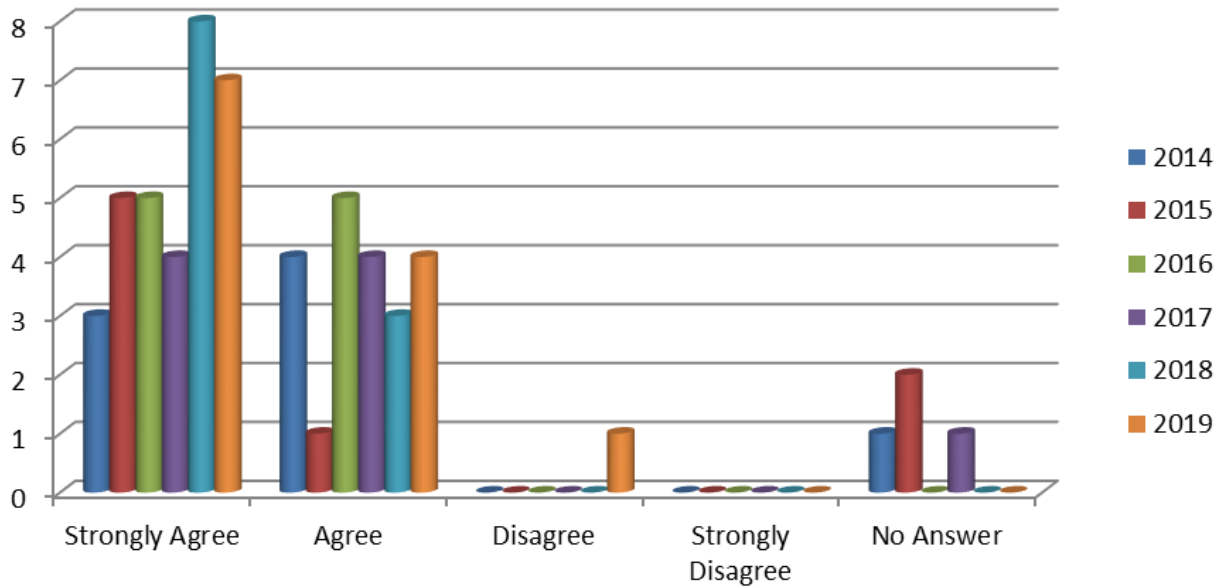
| Date      | Item   | Action                                |
|-----------|--|---------------------------------------|
| August    | Chairperson's Role 02-004  | Policy Review & Board Self-Evaluation |
|           | Board Member Per Diem 02-009   | Policy Review & Board Self-Evaluation |
|           | 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                          |
|           | CEO Evaluation Process   | Activity                              |
|           | Begin Self-Evaluation  | Activity                              |
|           | Ownership Linkage – Legislative Event, if warranted  | Activity                              |
| September | General Executive Constraint 01-001  | Policy Review                         |
|           | Compensation & Benefits 01-008   | Policy Review                         |
|           | Chief Executive Officer Search Process 03-005  | Policy Review & Board Self-Evaluation |
|           | Board Committee Structure 02-006   | Policy Review & Board Self-Evaluation |
|           | Budgeting 01-004 (Monthly Finance/Variance Report)   | Review Monitoring Report              |
|           | Annual Planning Cycle (Set Perpetual Calendar)   | Activity                              |
|           | Ownership Linkage schedule (Set Ownership Linkage Schedule)  | Activity                              |
|           | Finalize Self-Evaluation   | Activity                              |
|           | Educational Session  | Presentation                          |
|           | 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)   |                                       |

# Board Self-Evaluation Summary

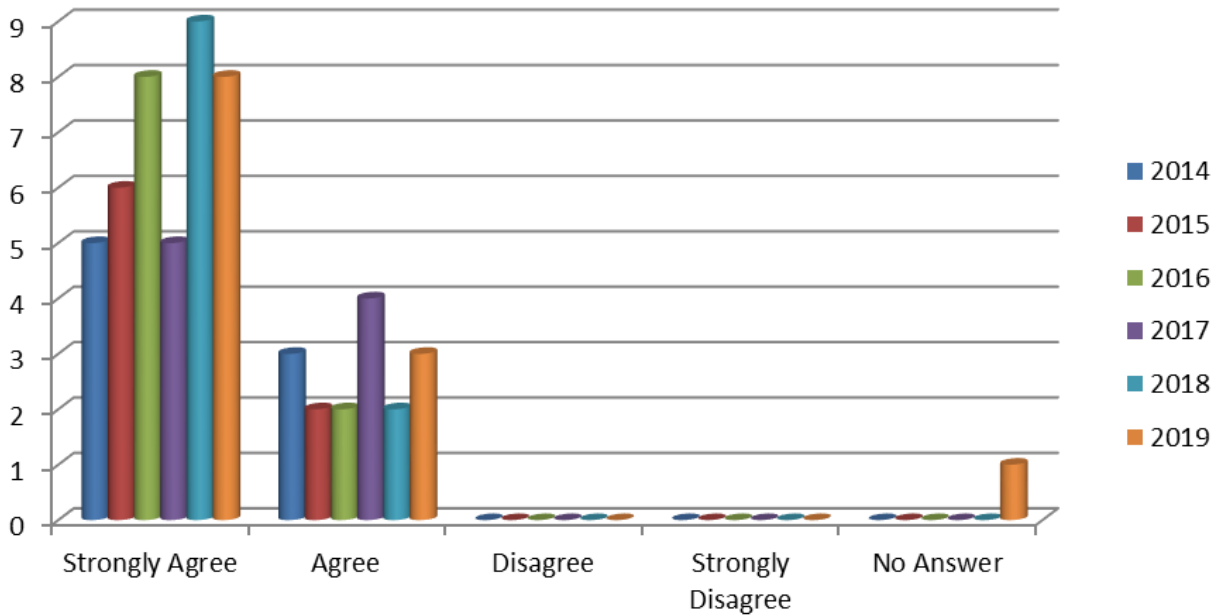
(8 of 12 returned in 2014 & 2015; 10 returned in 2016; 9 returned in 2017; 11 returned in 2018; 12 returned in 2019)



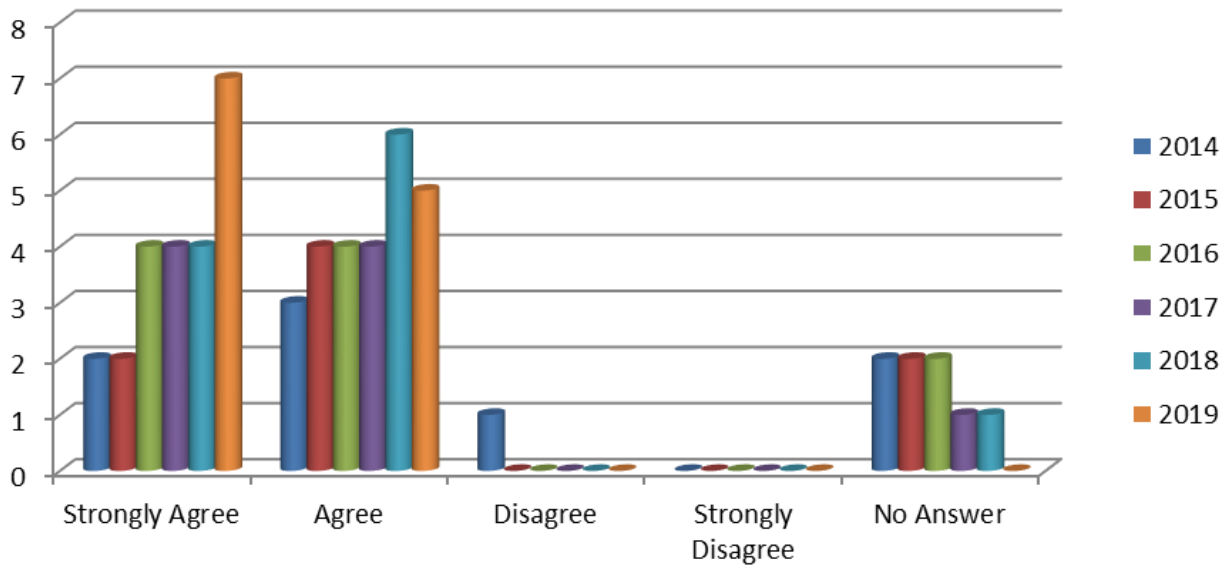
***The free and open exchange of views is encouraged***



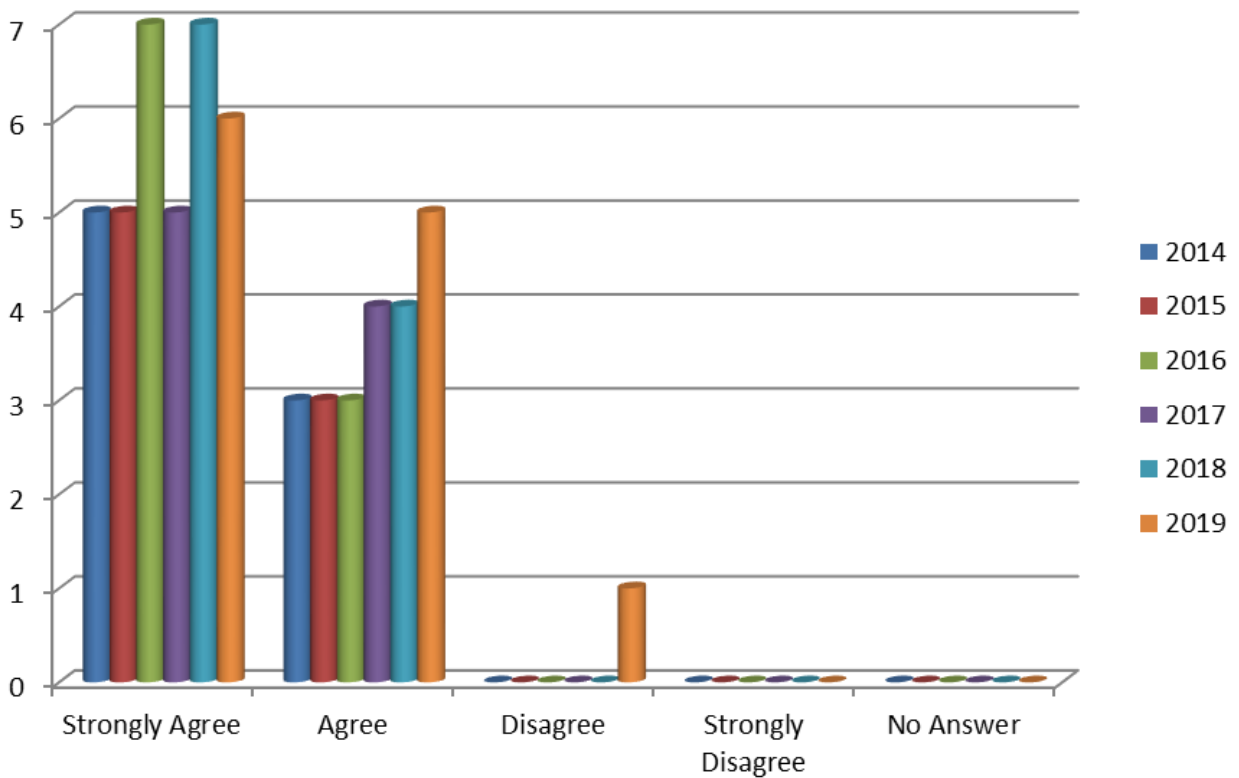
***The Board provides clearly written expectations and qualifications for the Executive Director position***



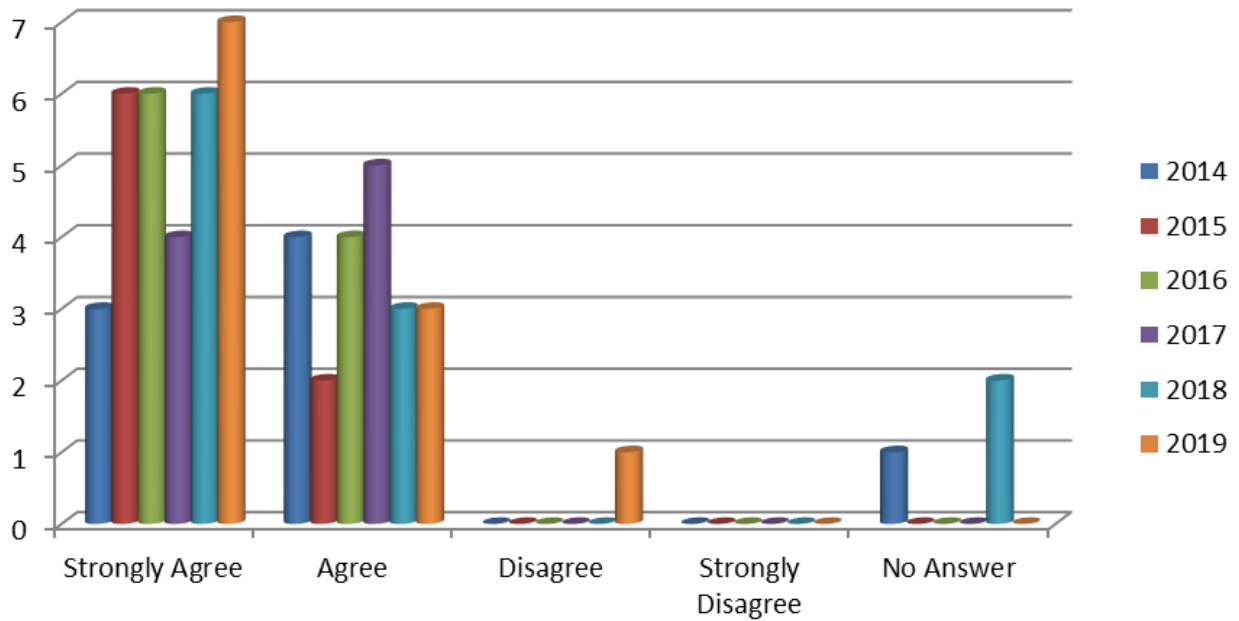
***Board members are involved and interested in the Board's work***



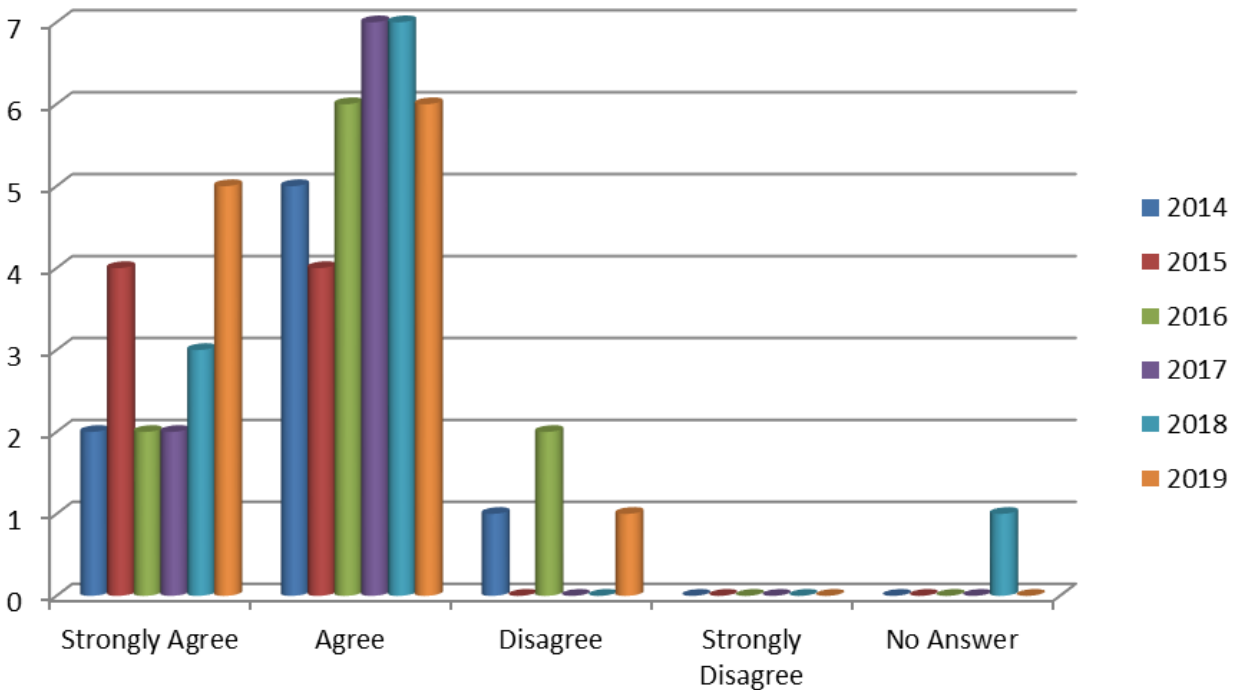
***The Board of Directors has a written process for handling urgent matters between meetings***



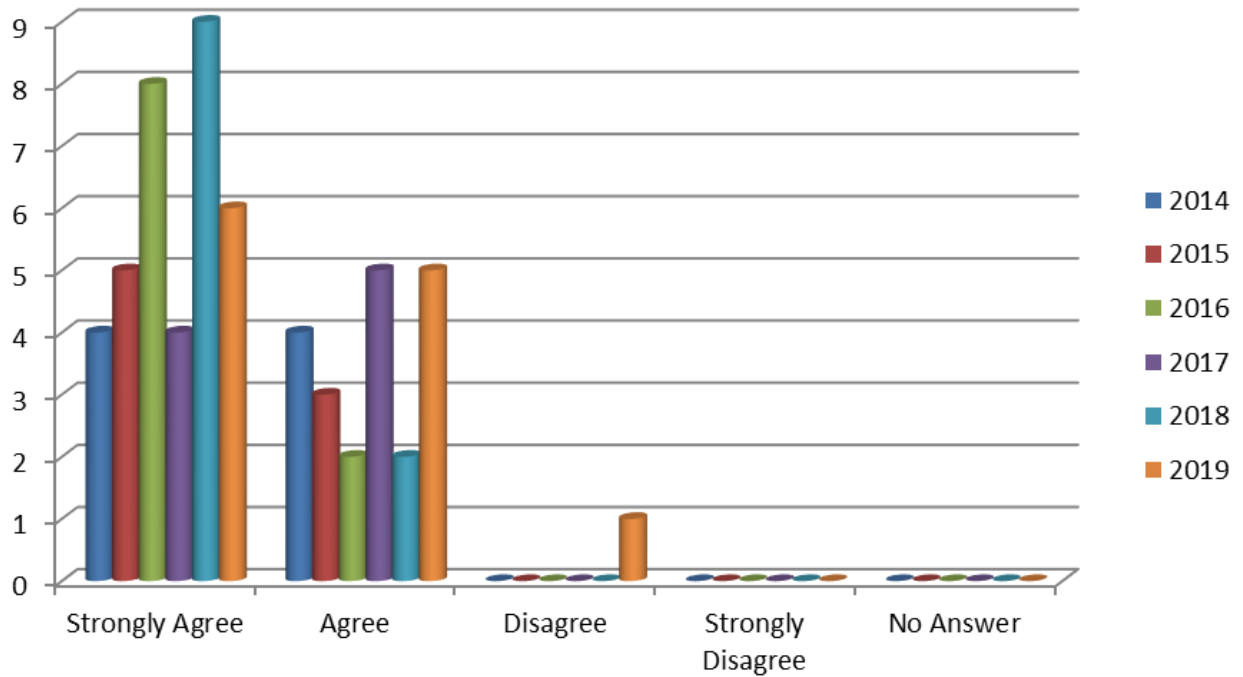
***Board members understand the Agency's mission and its programs***



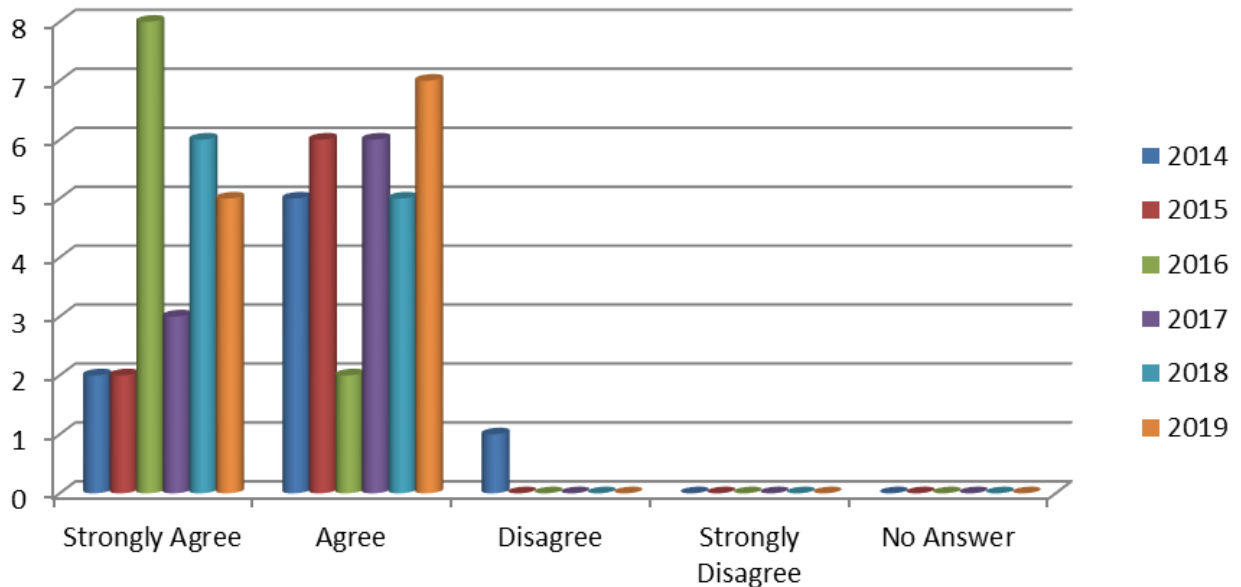
***Board members participate in the organization in ways other than attending monthly meetings***



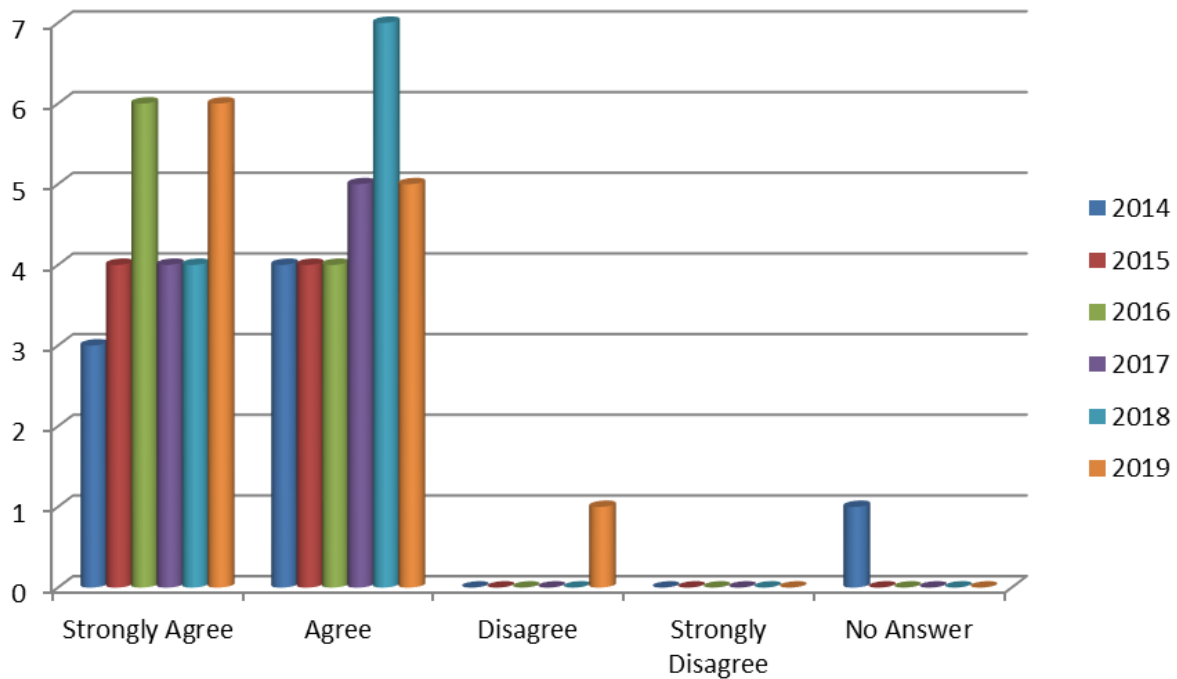
***The Board has defined its role, responsibilities, and the scope of its authority***



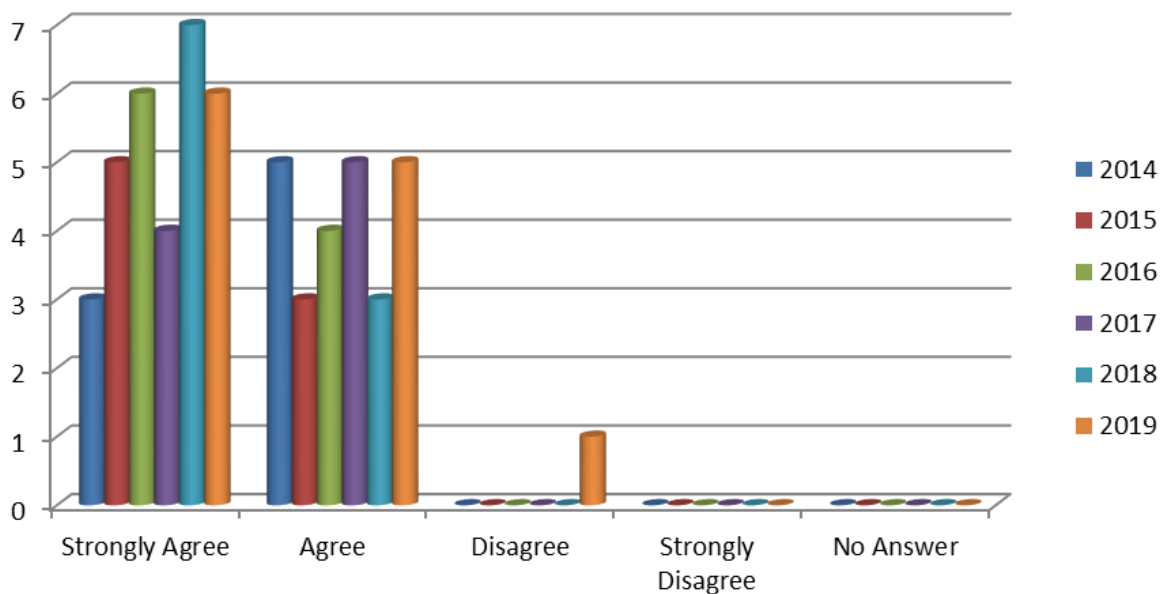
***Board members understand the financial structure of the organization and their fiduciary responsibilities***



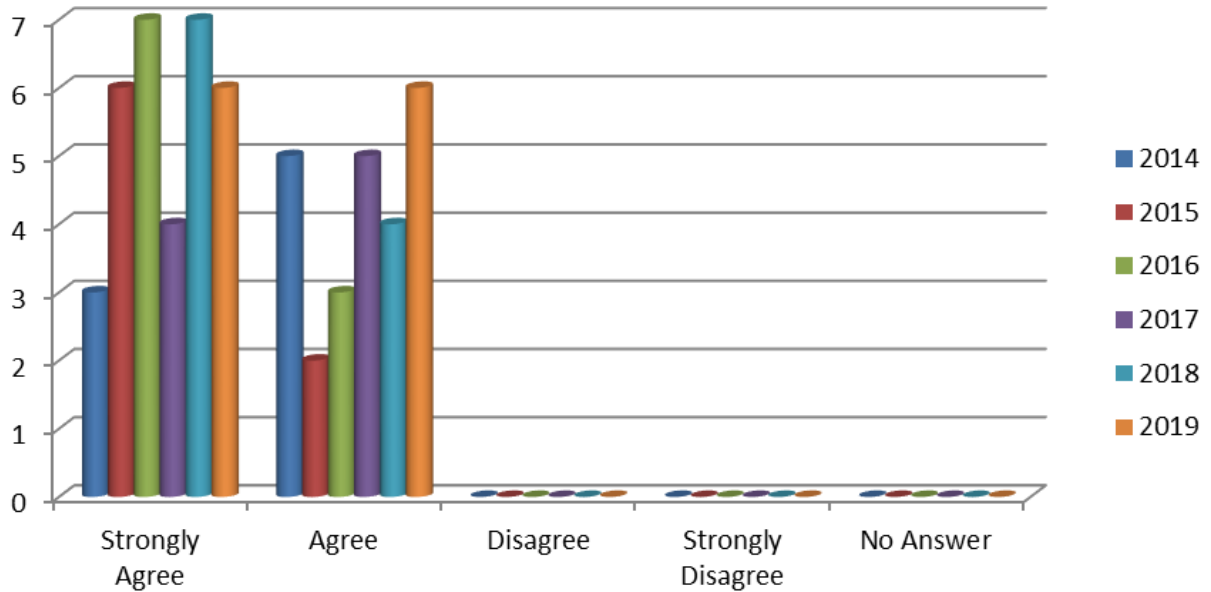
***New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members***



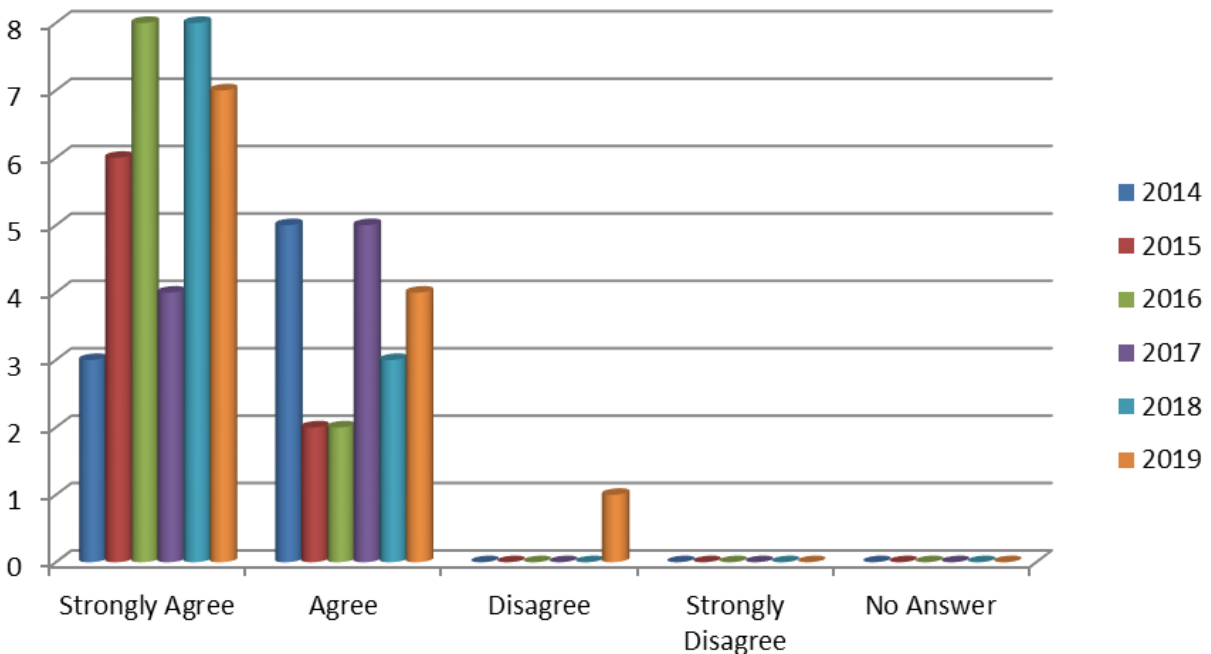
***The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur***



***Board members have complete information about financial issues which pertain to Board decisions and responsibilities***

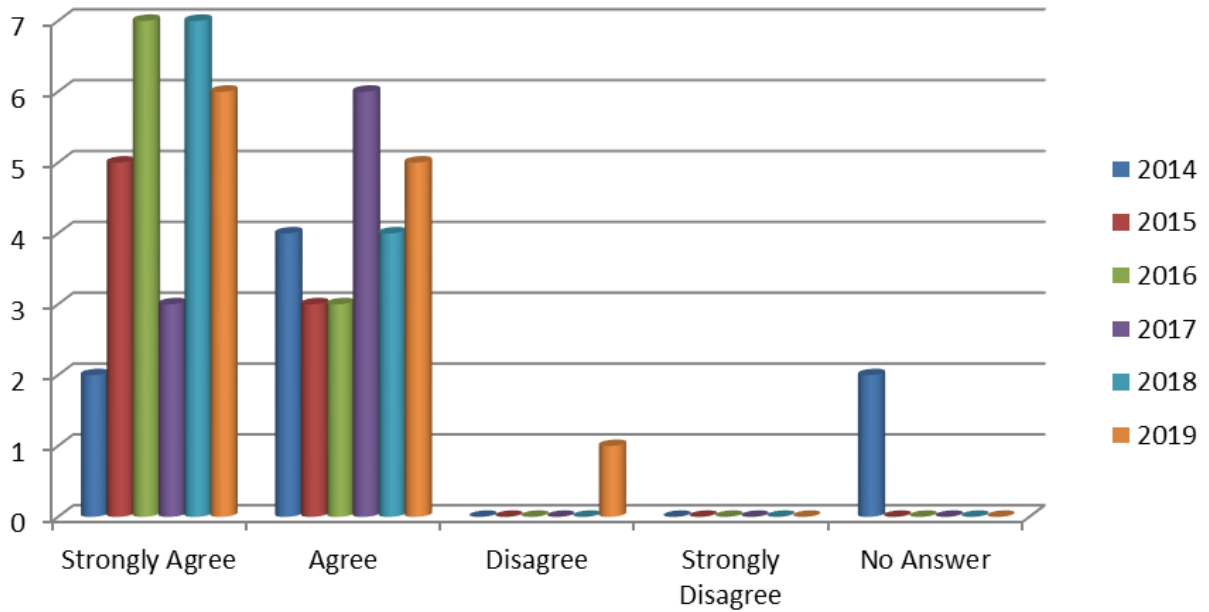


***Board members are appropriately involved in the strategic planning of the organization***

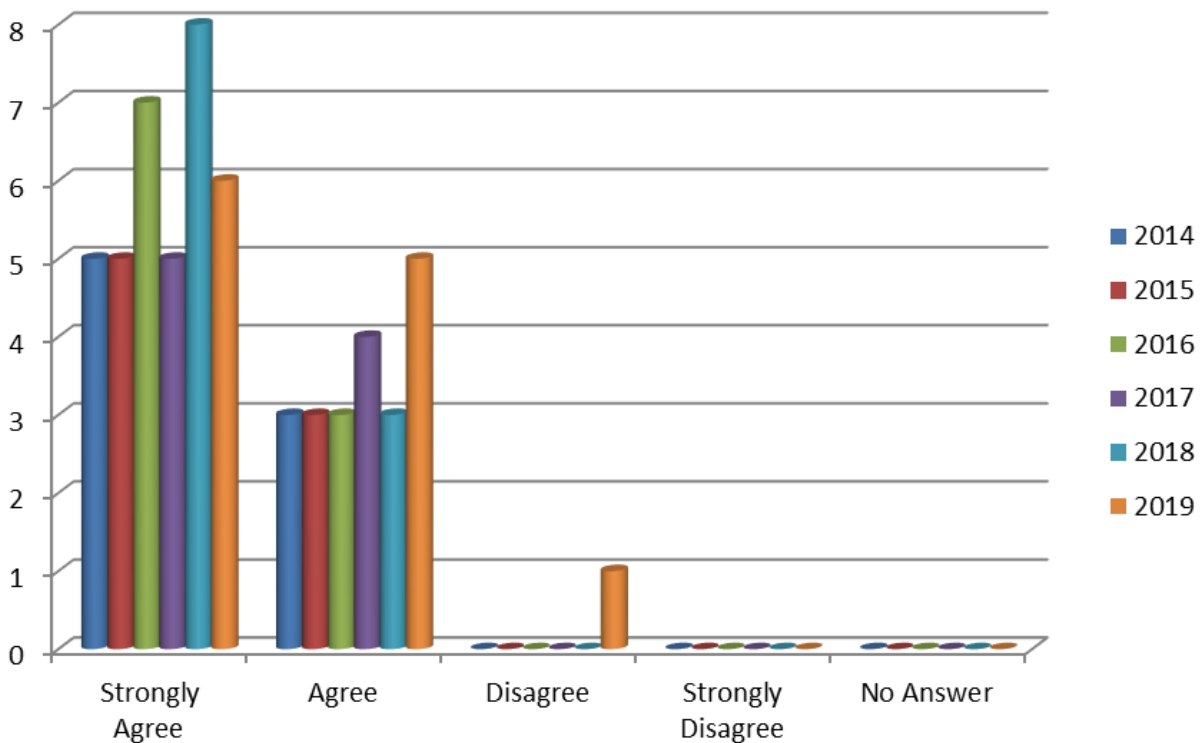




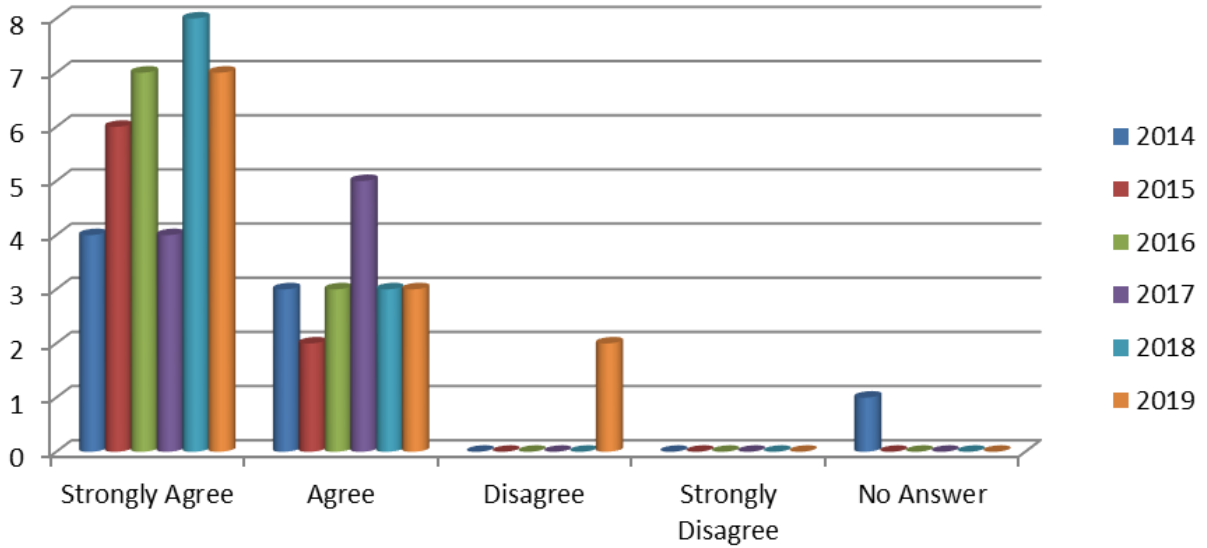
***NeMCMHA effectively attempts to address identified gaps and deficits in service***



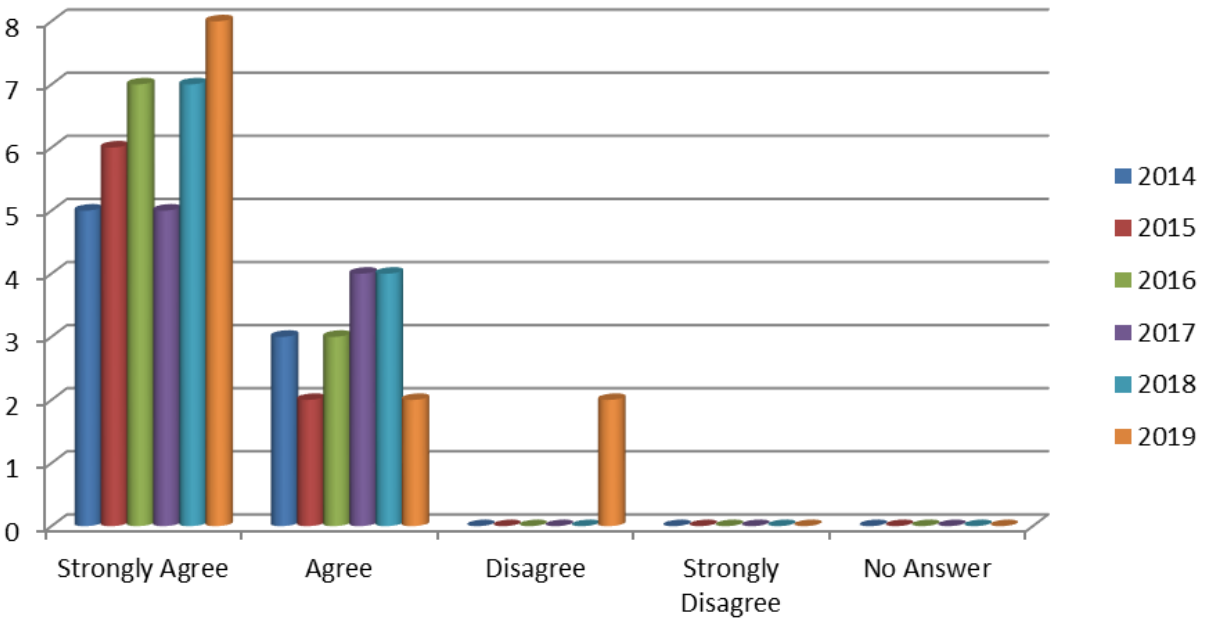
***The mission/vision reflects issues important to our service populations***



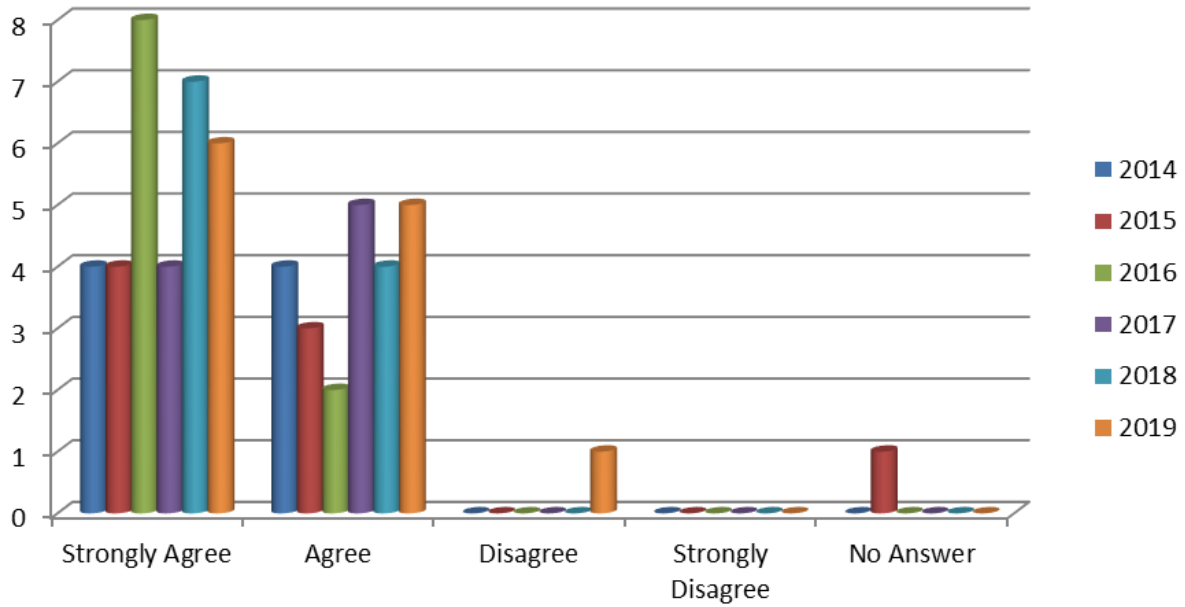
***The Board has identified, prioritized and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis***



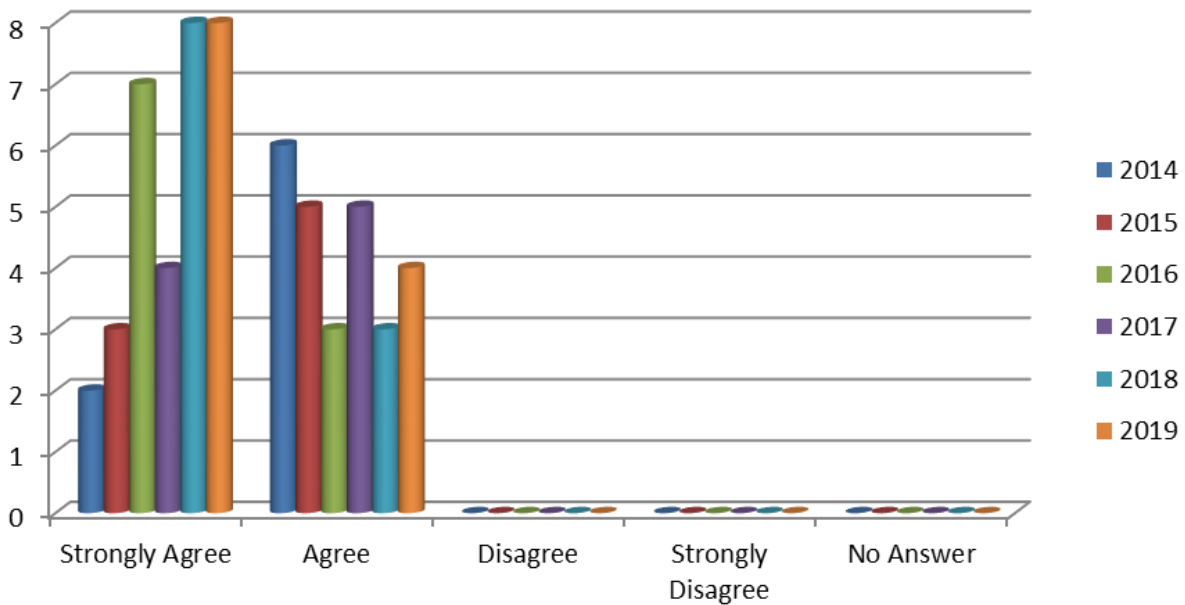
***I have sufficient opportunity for input into policy development and decision-making***

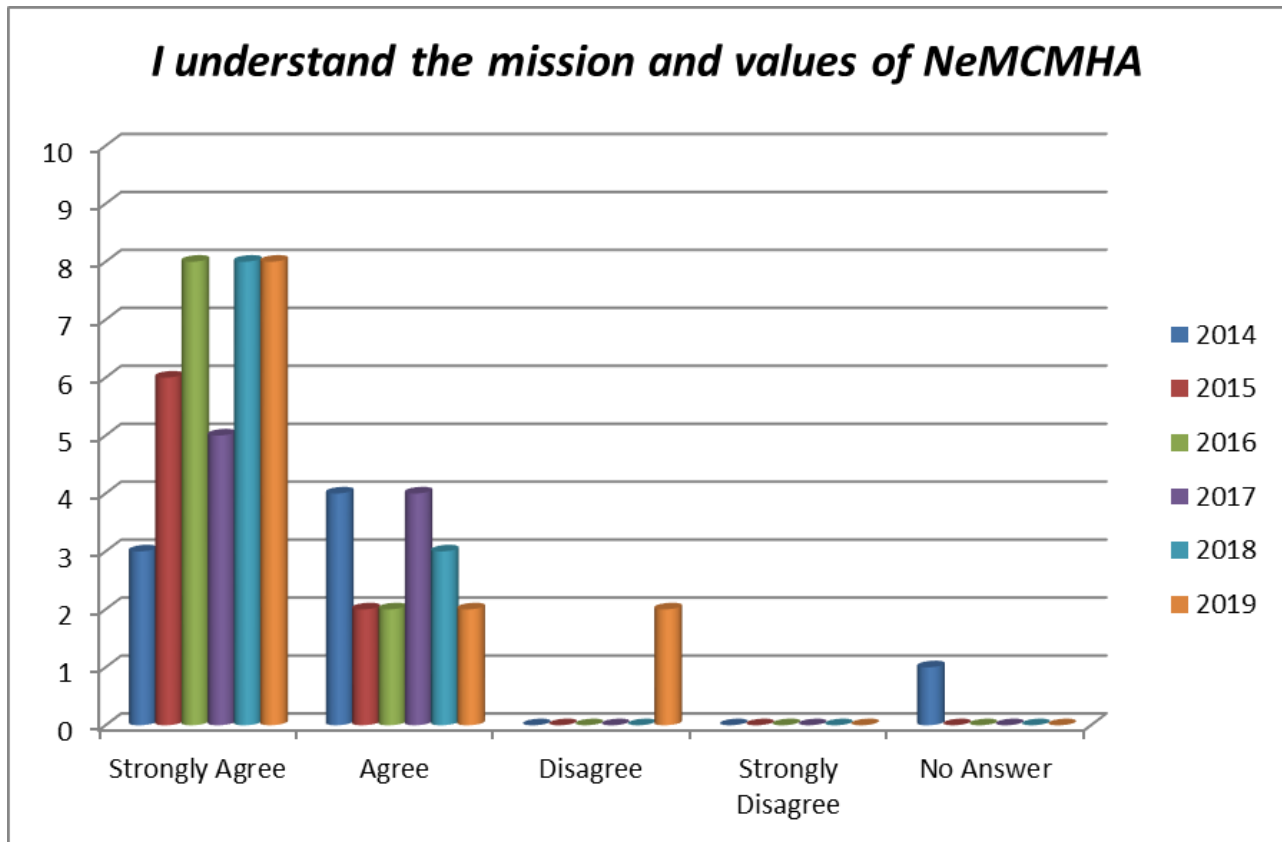


***I am an active participant in committees and meetings***



***I understand NeMCMHA's financial position, funding sources and resources***





***(A.)What issues have most occupied the Board’s time and attention during the past year?***

1. Budget
2. New Director; Finances
3. Changes in staff and organization; communication with community and needs
4. Our new Director and Treasurer
5. Money
6. Most certainly the hiring of new CEO – C. Meske retirement and her replacement was crucial
7. New Director; New Finance Director
8. I cannot really and fairly tell you due to recently being on the Board
9. PMPM; Opioid Crisis; CEO change; Autism/HM

***(B.)What is the most important priority for NeMCMHA to address over the next 12 months?***

1. Structuring itself to best serve the community given continued funding and resource constraints
2. Care of our clients
3. Finance
4. Continue with suicide prevention and mental health of vets.
5. Following our mission
6. Transition under new Director
7. In this landscape of unrest in our country – triggers to mental stability are noted – I feel business as usual and tackle new issues as they occur
8. Overdose – try to put a stop to this problem
9. I do not know
10. Changes in legal and financial landscape (928, 298)

***(C.) In what ways should the Board's role be expanded or reduced?***

1. None
2. It is good as is
3. Fine presently, we were rated highly
4. Board is doing a good job
5. Be able to get information without going through Director
6. We seem to be at a good medium at this time
7. Get more people involved with overdose
8. Expanded
9. None. Seems proper according to statute.

***(D.) What were the one or two successes during the past year for which the Board takes some satisfaction?***

1. Commitment to CMH mission
2. Replacing our CEO
3. Replacing our retiring Director
4. Turnover of the Director and President of the Board. Well done!
5. New programs and education for jails; awareness of drug problems in community
6. New Director; Very good and lucky to have her
7. Hiring a CEO – programs that are very specific to mental problems; clubhouse changes
8. Getting a well-qualified Director, as good as the last one and she was very good. Kathy was the best.
9. I do not know
10. Strategic Planning; PMPM progress

***(E.) What opportunities for improvement do you see in the Board's organization or performance?***

1. None
2. None
3. Continue constantly striving
4. Just keep positive and open communication
5. More participation by a few Board members
6. Board members given monthly calendar of all meetings and training sessions they may attend to be better informed.
7. At this point, new officers, new CEO, new Board members – “business as usual” until settling is finished
8. Not many
9. At present, I am not sure
10. Increased conference attendance

***(F.) How does this Board compare to other Boards on which you serve?***

1. Most dedicated Board
2. We are the best
3. Extremely well
4. Does a good job; keeps on task
5. This Board keeps up with everything
6. Very good
7. Authority Board has restrictions under governance system never seen before. Seems more like the staff runs the Board. Never seen a system where the only way to judge the CEO/director's work is through their own reports. Never seen the need to tell director/CEO that they by policy must not do illegal or imprudent things. Very uncomfortable governance system.
8. Top notch! – Respect, dignity and caring for our mission
9. This Board has more information to give to Board members
10. It is well run as far as order goes
11. A1, Super!

***Other Comments:***

1. Great – good staff – no micromanaging from the Board
2. Very well run

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Rehmann Group – General Ledger Consulting Agreement  
**DATE:** August 30, 2019

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On Tuesday, August 27, 2019 several staff met with the consultant, Richard Carpenter, of Rehmann Group to address the future of the Agency's accounting processes. As the Board was previously informed, this group has worked with other community mental health agencies to integrate their electronic health record with their accounting systems, automating many of the state reporting requirements. As realignment of our accounting department is needed due to retirement of the Finance Director, now is the time to make this transition. Mr. Carpenter met with key staff to determine the scope of the project and provided assurance this transition can be accomplished as outlined in his Engagement Letter for General Ledger Consulting Services. The cost of these services will be approximately \$70,000. It is anticipated this work can be accomplished to allow the next fiscal year (beginning October 1, 2019) to utilize the new processes. We recommend board approval to authorize the Director to execute the engagement letter.

# DRAFT



## QI Council Minutes

For Meeting on 08/19/19

10:15 AM to 11:55 AM

Board Training Room

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

**Attendees:** Genny Domke, Lynne Fredlund, Jamie McConnell, Nena Sork, Angie Stawowy, Judy Szott, Jen Whyte

**Absent:** Joe Garant (excused)

**QI Coordinator:** Lynne Fredlund

**Guests:** LeeAnn Bushey

### **Agenda Topics**

Genny Domke welcomed Nena Sork as this is the first meeting in her new Director role and also welcomed all attendees.

### **Review of Minutes**

**Discussion:**

By consensus, the minutes of the June 17, 2019 meeting were approved as presented. Genny Domke noted it was nice to have gotten the minutes early and thanked LeeAnn Bushey for distributing the minutes timely.

**Action items:**

**Person responsible:**

Diane Hayka via digital recorder

**Deadline:**

ASAP

### **Management Team**

**Discussion:**

Nena Sork reported Management Team has met twice since she has been Director. She reports the format of Management Team meetings will be changing. She reported the Team will be focusing on some specific projects to enhance the whole Agency and the first one will be looking at the process used in recruitment and hiring of staff. One of the first steps in the project will be to update or reconstruct our external website so individuals will be able to apply for positions on line. Our current website does not allow for external input. A small group formed to review different websites currently used by other employers (i.e., NEMCSA, School systems, etc.) to get an idea of how to develop one for our use. The group is reaching out to the designers of the websites to get quotes for developing one for Northeast.

Nena Sork also noted the budgeting process this year will be somewhat revised from previous years. The Management Team is taking a more active role in the budget development. She noted a team would be working to create the budget, which include, among others, Larry Patterson, Connie Cadarette and Brenda Stanton.



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After the recruitment/hiring process is implemented with the online features, other aspects will be focused on so tracking of applications, etc. can be managed. At this point, the manual tracking is flawed and there is no good way to keep track. She noted, in this generation, the Agency needs to be able to allow individuals to apply online. The timeframe to finalize this project is unknown at this point. She reported the group has reviewed and contacted a couple of the designers of pages they were impressed with. Nena noted the developer of the Alpena Public Schools website had also developed a website for a community mental health board downstate. She requested Council members to provide input if they also had recommendations from other websites they may have experience with that allows for application submission online. Jen Whyte provided insight as to the difficulties she experienced when applying for the job she wanted and the incompatibility she had with her equipment and our forms.

**Action Items:**

Report Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## Consumer Advisory Council

**Discussion:**

Nena Sork reported the Consumer Advisory Council met on August 5, 2019. She reported members on the Council are working diligently to get a local NAMI group up and running. She also reported the Council Chair, Laura Gray, is working with the college to address suicide prevention for college students. There will be a kick off the opening week of college during their orientation sessions. Nena also reported the Recovery Council at NMRE is also getting back on track and are getting some new and old participants.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## CARF Committee

**Discussion:**

Lynne Fredlund reported the CARF Committee met and was informed the Agency received a three-year accreditation from CARF. Assignments were identified and there were 26 areas which will need focus to assure the Agency comes in compliance with the standard. In these areas, there may be additional components needing correction as well. For example, the first standard addresses the Cultural Competence Plan and there are seven sub-standards under the citation, which will need to be addressed. Lynne Fredlund reported the plan would just need to be revised to include the key words cited. She noted there were a couple of recommendation related to the Code of Ethical Conduct. Lynne reported Peer Support has a separate code related to their duties and services they provide. She noted witnessing of documents was also a citation and reported Diane Hayka is a notary and could be available to provide this type of service; however, this should be identified in the Code of Ethics as to whether an employee is allowed to notarized legal documents of individuals served by the Agency. The recommendations will need a Plan of Correction, which is due within 90 days. Lynne Fredlund reported the report is dated July 22 but did not receive the copy until a couple of days later. Our report will need to be filed by mid-October. Lynne noted we had a blended survey as there are two sets of standards; one for behavioral health and one for supported employment. The recommendations could be duplicated as they were cited for both standards. She reported there were three of these types of recommendations.

Nena noted with the various types of surveys this Agency recently had, it has become evident measurable goals are not being written and this was identified in staff across the Agency, new staff and seasoned staff. We will need to assure supervisors are reviewing the Plans of Service more thoroughly and identify a quality improvement

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process to assure the goals are measurable. Lynne reported the individual/group assigned to respond to the Plan of Correction for the various recommendations would provide Lynne with their responses to the recommendation to be included in the Plan of Correction. Once all recommendation responses are submitted, a report will be compiled and this report will be brought back to the QI Council. To assure focus continues on these areas a small group could be assigned a task to review periodically. In the past for a measurable goal not being sufficient, compliance would hold training with staff to remind or assist with goal development language. Nena Sork questioned once the Plan of Correction has been submitted to CARF for approval, how are the plans monitored to assure the cited deficits are monitored and the plans submitted are being followed. Lynne Fredlund reported annually after the Plan has been submitted, an attestation to conformance needs to be completed and submitted to CARF. It is during this time the elements are monitored to assure what we said we were going to do is still being done. She notes she relies on the input from the leadership on the monitoring. Nena Sork noted we really need to have a group take a role to audit a percentage of records or something to assure it is reflected in the Plans, etc. This group should report to a committee, whether it be UM, CARF Committee, etc. Jen Whyte noted there are record reviews conducted. Lynne Fredlund suggested the measurable goals be added to this review to possibly address the monitoring. Nena Sork requested to have whatever group ends up monitoring should be reporting back to the QI Council periodically as well. Lynne Fredlund reported there have been multiple trainings to staff to address measurable goals and then you also have the State of Michigan requiring the goals be written in person first language, which are not going to be a measurable goal if you take the persons statement. Genny Domke noted the supervisors are aware of the importance of assuring the goals are measurable and most likely will be reviewing those goals in more depth. Nena Sork noted with more eyes of the citation, QI Council, UM, Supervisors, etc. we should be able to improve substantially and this should not fall in the cracks.

Overall, with 2,032 standards we did quite well. Lynne Fredlund reported the CARF Committee will be meeting regularly until the Plan of Correction has been submitted to assure there are plans to correct all deficiencies.

Genny Domke recapped the process going forward. Jen will be taking this back to her UM Group. Clinical Leadership will also be developing the Corrective Action Plan. Jen notes this item can be added to the record review documentation immediately. Jen noted there could be a special workgroup established to address the training needs and review needs to assure this is corrected and will no longer be a repeat citation.

Jen Whyte inquired as to whether QI has ever taken an active role in monitoring of records or other such needs. She noted QI should be more involved than coming together to review the minutes of each of the Standing Committees.

See below for continued discussion.

**Action Items:**

Report Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## **Clinical Leadership Team**

**Discussion:**

Nena Sork reported the pods have been reorganized and the first meeting with the two new team leads. She reported Linda Murphy has stepped down as a Team Lead due to increased responsibilities within the OBRA Department and State reporting requirements. A Team Lead Vacancy was also created with the resignation of Mary Jameson. Lisa Orozco and Katie Witkowski have been appointed to fill the vacancies. The pods have been rearranged as far as programs in each pod. This information will be released shortly. In addition, Nena Sork reported Cheryl Kobernik would be joining the Agency as a Clinical Consultant. She will begin with orientation to the Agency and will be available to the clinical supervisors for consultation. This will be under a contractual arrangement and Nena will be working with HR or Lynne Fredlund to get the contract drafted.

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Nena Sork informed Council members the Clinical Leadership Team secured a trainer to present the ASIST [Applied Suicide Intervention Skills Training] program to 30 staff of the Agency. The training is scheduled for August 27 & 28 and staff from many programs/population groups will be attending.

Nena Sork reported Clinical Leadership Team is getting involved in the "Take Back" event, which community partners join together to collect unused medications to get the medication off the streets. More information will be coming out about this program.

Lee Ann Bushey reported the Team is very involved in the transfer of individuals receiving services. They work diligently to assure placements for individuals and assure individuals are placed appropriately. Nena Sork also reported one of the Board's Ends identified focuses on the development of additional residential placement locations within the community. Recently, she met with individuals who have previously focused on foster care facilities for the aged and are looking to expand to specialized residential which would allow for placement of individuals with mental illness or IDD as well. This is a five-bed home. It will facilitate the return of individuals placed outside of the catchment area or keep individuals in need of placement from having to be placed elsewhere.

**Action Items:**

Report Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## **CARF Committee (continued)**

**Discussion:**

Lynne Fredlund noted there were also some 'Consultations' received which address areas CARF suggests the Agency focus on for improvement. The 'Consultations' do not require a Plan of Correction. A copy of the consultations were distributed.

Lynne Fredlund reported the first three starred items deal with 'Health and Safety' standards. While the report indicated 'flip charts' the reference is actually to the building schematic identifying the exit routes. They suggest a star be printed with "You are Here." While this is not a standard, if the Agency uses it in some instances, there should be consistency. Lynne reported this was corrected already. One consultation related to drills at the Harrisville office space we rent. There are two staff utilizing that office and should the landlord conduct a drill while they are there, they are to come back and fill out an form so it can be recorded as a drill. The third consultation related to Health and Safety suggests the emergency procedure be revised to include current practices for communication devices in the vehicles. Lynne reported there is still a reference to using a payphone if needed and it would be fairly difficult to find a payphone in today's world.

Under the 'Program' area, one consultation suggested developing a uniform structure for all programs to allow for consistency among them. Lynne Fredlund reported when it is referred to as 'programs' CARF is looking at the programs they accredit such as ACT, Case Management/Supports Coordination, Community Housing, etc. Lynne reports the program description use a common template and the information is filled in for each of these programs so she is not clear as to what their intent was on this consultation. Lynne stated all the documents were given to the surveyors in electronic format and it may have just been they were not able to navigate the records consistently. Our Agency Program Plan is also very consistent in the describing of programs. Lynne reports the consultation related to variations in supervision forms and the need to have a consistent form so all required components of supervision are addressed may be due to some supervisors saving a form on their personal computers rather than using a universal template. This may just require a reminder at the supervisor's meeting to assure the proper form is being utilized. The third citation for consultation under the Program area is to formalize procedures for involving peers in the ongoing delivery of services, including peer mentoring, resource connecting, facilitating groups, advocacy or building community supports. Lynne reported the peers do facilitate groups such as WHAM and Healing Voices. She noted the Agency is limited in peer services; however, there is a peer at the front end in customer services, we have the peer mentor and then the peer support specialists. Lee Ann reported the Agency is in the process of hiring a Peer Parent and Peer Youth staff as well.

# DRAFT

Under the 'Access' portion, the Agency received a recommendation related to an orientation checklist for persons served. Lynne noted a checklist from Genesee was sent to Jen Whyte and this checklist did include all the necessary elements. This form was reviewed and it was noted there are some elements not used by this Agency. Jen suggested PCE just adapt the portions of the form for the services we provide. She reported this will be done through the PCE workgroup. Nena Sork requested to have some clinical input prior to implementation. This will be tasked to the Clinical Leadership Team for review. Lynne Fredlund reported the Agency also has a 'Welcome and Orientation' sheet that addresses many of the necessary items as well. Nena indicated there should only be one sheet and this could be signed in PCE electronically by the individual receiving services.

Under 'Quality Records Management' the consultation was the Agency would benefit from supervisors reviewing a sample of records across teams. Currently, the supervisor reviews records for their own department.

## **Customer Satisfaction Committee**

### **Discussion:**

Angie Stawowy reported Karen Grochowski was welcomed to the Customer Satisfaction Committee at their most recent meeting.

The quarterly data is currently being reviewed by individual committee members and the next meeting will spend time going over the results for April, May and June 2019.

The suggestions from the suggestion boxes at each site were collected and reviewed by the Committee. One suggestion was to have more kid's books in the waiting area. Angie reported this has already been accomplished with a donation of books and a thank you was already sent. One suggestion was to have a hook to hang purses or coats in the unisex bathrooms. This will be referred to Rich Greer upon approval of the Council. In addition, some dead trees by a parking lot received a suggestion with the individual noting the trees are dead and damage to vehicles in the parking lot could occur. It was not indicated what site this pertained to so a referral will be given to Rich Greer to investigate. Two suggestions requested a coffee pot be available in the lobby area. This has been suggested before; however, there are concerns of individuals getting burned, especially children. The committee suggested having a Culligan water system put in the lobby instead.

A concern was also brought to the Committee of adults receiving services and during an outing requiring a change or shower. Currently, the individuals are brought to one of the group homes but it would be beneficial if there could be a space available in this office to allow for such instances with an adult changing table and shower. The Committee discussed the possibility of renovating the laundry area in the DD Wing or another area to accommodate this need.

A suggestion box entry included praise for services provided by a therapist and this comment card was forward to the staff's supervisor and submitted for the "Employee of the Month."

Angie states the water system in the lobby was suggested as the suggestion did not indicate which facility it was addressing. Committee members were not aware what was available in the Rogers City or Hillman offices. The Alpena office does have a water fountain; however, there is no dispenser for cups located there. It was suggested a cup dispenser be added in the Alpena Office. Jamie reported the Rogers City office has a restroom right off their lobby and there is a cup dispenser located in that location. The Hillman office has a restroom off the lobby as well; however, it was unsure if there was a cup dispenser. This will be referred to Rich Greer. Angie will handle the referral.

Lynne Fredlund reported the adult changing table is being reviewed by a QI Project Team and will be discussed later in this agenda.

### **Action Items:**

Report Bi-Monthly

# DRAFT

**Person Responsible:**

Angie Stawowy

**Deadline:**

## **Resource Standards & Development Committee**

**Discussion:**

Genny Domke distributed a handout created by Toni Sperlbaum, Health Plan Advocate, in conjunction with the recent health screening. The recent data indicated staff would like to see the following topics in order from the most responses to the least: 1) Fitness; 2) Nutrition; 3) Stress Management; 4) Financial Wellness; and 5) Mental Health. Genny reported RS & D will be teaming up with the HealthFirst Committee to develop programs with some incentive -based awards. This will include possibly the elimination of handing out candy for the Random Acts of Kindness and instead provide a healthier token. In addition, the Committee will also incorporate activities using the myStrength portal.

Genny reported the Committee is planning a picnic possibly after August. The Committee continues work on Random Acts of Kindness, Employee of the Month, Team of the Month, Friday Trivia and the picture boards at the Alpena Office.

RS & D are also teaming up with HealthFirst on the walking event, which kicked off today. There is still time to sign up. The Committee is looking to award some prizes based on the best 'Team Name' and other little incentives to keep staff focused on their health.

Judy Szott voiced concern about the promotion of smoking cessation but when individuals walk into the lobby we are virtually advertising it's OK to smoke by having the smoking area outside the front door. Nena Sork noted the smoking bench is off to the side with a partition beside the door. She noted a smoking area is needed for individuals coming to the agency with certain diagnoses. We do not want to create another barrier for those individuals in receiving treatment.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Genny Domke

**Deadline:**

## **Risk Management Committee**

**Discussion:**

Lynne Fredlund reported the Risk Management Committee would be meeting on Monday.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## **Safety Committee**

**Discussion:**

Jamie McConnell reported the Safety Committee June 25 and welcomed a new member, Sandra Zygaj. Jamie reported the Environment of Care Manual was discussed. She notes the Safety Committee struggles with the

# DRAFT

contents of this manual and Kay Keller and Rich Greer will be requesting to meet with Nena to address their concerns.

Jamie reported the recent CARF survey resulted in two recommendations directed at the Safety Committee. It was noted the recommendations have been corrected.

Jamie reported the feasibility of stocking Narcan at offices was discussed. Narcan is an opioid overdose reversal medication. Mary Hardies had acquired a kit explaining it operates similar to that of an Epi-Pen. The Safety Committee discussed concerns of providing this and noted First Responders, such as EMT personnel, have this available. The Committee discussed this at length and are making a recommendation to not stock this medication in the First Aid Kits for the Agency. Lynne Fredlund and Nena Sork questioned the reasoning for the recommendation and Jamie indicated the concern was the responsibility for stocking, administering, and supplying were the concerns addressed. Jamie questioned if there are qualifications needed for administering such a drug. Nena Sork reported there is no qualifications needed. There are no negative implications should it be given when an individual might not have drugs in their system. Nena Sork noted she attended a substance use meeting where Narcan was featured and there is no negative rationale to not stocking it here. Nena reported the biggest assurance we would need to make is the medication is not expired so this should become an annual safety check. Genny Domke reported there is already an annual check on the AEDs so this could just be added. Jamie inquired as to whether there is training available so staff recognize the need. Genny Domke noted 911 will be called along with the administration of the medication. Nena reinforced the fact that if the medication is administered to an unconscious individual and it is not attributable to an overdose, there are no negative effects by administering. Genny Domke suggested this possible become part of the First Aid training component; just a brief overview of where the kits would be available within the sites. Nena said there are two options for administering – nasal spray and injection. Jamie will take this topic back to the Safety Committee based on the recommendation of the QI Council.

A safety concern at the Rogers City Office's back entryway was also discussed by the Safety Committee. Rich Greer will meet with the landlord to find a resolution.

**Action Items:**

Referral back to Safety Committee to revisit the Narcan being stocked in First Aid Kits.

**Person Responsible:**

Jamie McConnell

**Deadline:**

ASAP

## Utilization Management

**Discussion:**

Jen Whyte reported the minutes for the July meeting are included in the packet. The Committee also met in August; however, the minutes from that meeting are not yet available.

She reported the standard reports were reviewed. For the past year, respite utilization has been the Committee's focus and they have a good handle on respite at this point. She notes since October 2018, participants have dropped from 85 to 70.

Jen reported clinical case review statistics have been entered by Judy Szott and they are now able to pull reports and percentages. She noted supervisors were reminded to submit their data to Judy. Lynne Fredlund inquired as to whether there will be a time in the future where supervisors would be able to enter their data directly versus submitting and having a third party enter.

Jen reported another monitoring effort focuses on LOCUS, noting there needs to be evidence of review. She reports this would be monitored quarterly. One element monitored will be the number of overrides entered. She reports when the MIFast review was conducted it appeared to have several overrides. The Clinical Leadership Team is also monitoring this data.

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**Action Items:**

Report Monthly

**Person Responsible:**

Jennifer Whyte

**Deadline:**

## Quality Oversight Committee - NMRE

**Discussion:**

Lynne Fredlund reported the Quality Oversight Committee at NMRE met a couple weeks ago. She reported the QOC reviews the QI minutes from the member boards and indicated they would like to see more discussion regarding data provided to them from QOC. Lynne noted most generally the information is not received from the QOC in time to review at this meeting. As a result, she has taken some materials from the most recent meeting to discuss. She notes the summary of the recent surveys has not been drafted yet. The full survey data is included in a 569-page document. The case management survey has been complete. Lynne Fredlund distributed the questions used in the survey. This document contains information from the entire NMRE's region, across five boards. The document indicates 213 surveys were returned during the recent survey. Lynne noted there was a glitch in the return rates as well. This survey was conducted online and some individuals clicked on staff as the provider when a particular staff may not have worked during the survey time. The individuals just associated their regular provider and answered questions based on that assumption. So a staff off work during the survey time could have three responses and not have handed out any materials for survey completion. Another example of skewed data was DJ handed out 30 surveys for completion; however, when the individual logged on to take the survey, they would indicate Dr. Hoffman as the provider.

Lynne Fredlund reported next month Outpatient Therapy would be surveyed. In October, the survey will focus on Home-Based services. In addition, the state is requiring a recovery survey completed prior to the end of the fiscal year. This will mean two surveys for outpatient for individuals in the month of September. Nena Sork reported she will be discussing this at the next meeting of the OPS group.

Lynne Fredlund also provided Council members with an update on the PIP (Performance Improvement Project). She reported one of the PIPs addresses children with ADHD who are prescribed medication must then be seen by their provider within 30 days and then twice more within the next 9 months. Clarification was made by Mary Dumas at the last QOC meeting, the PIP related to this monitoring is not just for providers within the CMH but includes other private providers. Lynne reported the expectation is to have a child's case manager find out if the child is prescribed a medication for ADHD by their primary physician and, if so, follow up to assure the child is attending follow-up appointments as defined in the PIP. This would also include outpatient and I/DD. Lynne Fredlund reported this may require a project team to develop a process of how this information could be collected. Suggested members of this project team – Lauren Tallant, Julie Hasse, Lisa Orozco.

Health Services validates the data we submit to the state to assure what we are reporting is accurate. A review was conducted recently and the data will be shared when available.

Nena Sork and Lynne Fredlund noted in the Performance Indicator table, changes will occur in Table 3 when the third quarter results are reported as the method for calculating the 14-day window was revised and the numbers will be lower. Lynne noted none of the numbers from Northeast made the percentages from the NMRE drop. Lynne questioned if the Council needed additional data when addressing the Performance Indicator report and members felt the information received was sufficient.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

# DRAFT

**Deadline:**

## **QI Member Concerns**

**Discussion:**

Judy Szott reported in the follow-up surveys she encounters, many individuals do not want to talk about the Agency. The information relayed from the surveys is entered into the computer system. Customer Satisfaction Committee reviews the comments. Angela Stawowy noted the Committee reviews the comments and has compiled breakdowns of the chief complaints for group review. She also reported many of the individuals cannot be reached for follow-up contacts. Mark Blandford prints out a chart with the survey results. The chart is forwarded to QI Council.

**Action Items:**

**Person(s) Responsible:**

All members

**Deadline:**

## **Project Team/Workgroup Update/Old Business**

1. **ACT MIFast Review**

This review took place August 7, 2019. There were two reviewers on site. Goals were not measurable and assessing satisfaction were two elements cited. In addition, many progress notes did not reflect 'stages of change.' Lynne Fredlund reported the IDDT measures will be added to the review. A phone consult will be scheduled to review the suggestions. The Council will be updated at the October meeting.

2. **CARF Three-Year Accreditation**

Council members discussed this topic earlier in this meeting.

3. **MDHHS HSW/CWP Review**

Lynne Fredlund reported this review was completed the end of July focusing on the Habs Support Waiver and Childrens' Waiver. The results from this must be 100% corrected. Lynne noted some of the issues may not be able to be corrected if the staff no longer are employed with this Agency. A follow-up review will be conducted later this calendar year.

4. **Requests for QI Project Team**

a. **Changing Table at Alpena Office**

Lynne Fredlund reported this was an improvement project suggestion to have availability of an adult changing table at the Alpena Office. Currently, some individuals receiving services do not have handicap accessible showers in their dwellings and staff are bringing them to one of the group homes to accommodate the need. A suggestion was to make an area available for them to do this in the Alpena Office. Nena Sork reported this is a serious dilemma. She suggested this project team work together with the HealthFirst Committee to develop as there are other possible future plans for same type of utilization.

b. **COFR Process**

Lynne Fredlund reported the COFR process was requested to be reviewed. Some of the COFR responsibilities have been transitioned to another staff person and this might be the time the define the process. Nena Sork added the Regional Entity is also discussing the possibility of the COFR process within the region to be eliminated as well. This has not been decided but discussion will continue. Lynne Fredlund will wait to convene a project team until hearing more from the decision at the regional level. Nena Sork noted there will still need to be a process but the numbers may be reduced so they should move forward with process development.



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## New Business

1. LOCUS Review

**Discussion:**

Lynne Fredlund reported this is the LOCUS review by the supervisors of staff who complete this assessment tool. This review is conducted semi-annually. The review will be scheduled for the end of September.

2. LOCUS Assessments

**Discussion:**

Lynne Fredlund reported there was a review of our LOCUS by an external group and it has been about 18 months since the review. We would like to have another review to see what our strengths and weaknesses are related to assessment scores.

3. Second Quarter Performance Indicator Data

**Discussion:**

This topic was address earlier in this meeting.

4. Other Performance Indicator Information

**Discussion:**

Lynne Fredlund reported there is information circulating that indicates there will be additional Performance Indicators established and written in our upcoming contract with the State. She has no other information at this point.

## Adjournment

**Discussion:** Next Meeting will be held on October 21, 2019, at 10:15 a.m. in the Board Training Room.

**Action Items:** By consensus, this meeting was adjourned at 12:00 p.m.

## OCTOBER AGENDA ITEMS

### **Policy Review**

### **Policy Review & Self-Evaluation**

Annual Board Planning Cycle 02-007

Executive Job Description 03-003

Monitoring Executive Director 03-004

### **Monitoring Reports**

01-004 Budgeting

01-008 Compensation and Benefits

### **Review**

### **Ownership Linkage**

Strategic Plan Adoption

### **Educational Session**

Anastasia Banicki-Hoffman MD



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## **NOTICE OF PUBLIC HEARING**

**The Northeast Michigan Community Mental Health Authority Board will conduct a Public Hearing on its Fiscal Year 2019-2020 (10/1/19 – 9/30/20) Budget in conjunction with its regular meeting. This hearing will be held at the following location:**

**Northeast Michigan Community Mental Health Authority  
400 Johnson/Alpena, MI 49707  
Thursday, September 12, 2019  
3:00 p.m.**

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Note: To aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as **"New!"** in the table of contents and in the body of the document.

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## **CMH Association and Member Activities:**

### **New! Summit Pointe Receives Full CARF Accreditation**

Below is a recent announcement, from Summit Pointe, the CMH serving Calhoun County, of the recent receipt of full three-year accreditation by the national accrediting body, CARF. Congratulations to Summit Pointe.

Summit Pointe is pleased to announce that they were awarded a Three-Year Accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF) in June. This is the first attempt at CARF accreditation that Summit Pointe has pursued and is the highest level of accreditation that can be awarded.

This recognition applies to all of Summit Pointe’s Case Management Programs, Outpatient Treatment Services, and their Assertive Community Treatment Program. Additionally, all three of their Crisis Intervention programs have been accredited including Mobile Crisis, Intensive Crisis Stabilization, as well as their Recovery Center which has also provided social detox services since opening in March 2017.

The on-site survey occurred in late April of this year and included CARF surveyors interviewing multiple customers, board members and staff and observing the operations at four Summit Pointe locations. In addition, a substantial review was conducted of Summit Pointe’s organizational documents and activities in which the organization has implemented to assure quality services are being provided to the customers of Calhoun County.

The CARF Accreditation Report outlined the many strengths of the organization, including its methods for obtaining input from their stakeholders, the relationships and collaborations with an extensive network of community partners, a unique performance measurement system that drives improvements in operations and service delivery, and well written policies, procedures and plans that provide clear guidance for its staff. These achievements exemplify the organization’s dedication and commitment to improving the quality of care for their customers and looks forward to the ongoing consultation with CARF.

### **New! Central Michigan CMH Medical Director Named to National Integrated Care Advisory Council**

Below is a recent announcement from Community Mental Health of Central Michigan (CMHCMH) regarding the appointment of CMHCM's Medical Director to the National Council's Integrated Care Advisory Council.

CMHCM proudly announces that Angela Pinheiro, M.D., CMHCM Medical Director is invited to participate on the newly convening Integrated Care Advisory Council for the National Council for Behavioral Health. The role of the Advisory Council will be to provide strategic guidance to inform the development of practical tools and resources to support communities, individual practitioners, providers and states advance integrated care. The National Council for Behavioral Health was awarded the Center of Excellence for Integrated Health Solutions by the Substance Abuse and Mental Health Services Administration (SAMHSA). Their aim is to advance the implementation of high quality, evidence-based treatment for individuals with co-occurring physical and mental health conditions, including substance use disorders.

### **New! Kalamazoo CMH Changes Its Name**

Below is a recent announcement from Kalamazoo Community Mental Health & Substance Abuse Services regarding its new name.

As of Oct. 1, 2019, the agency known as Kalamazoo Community Mental Health & Substance Abuse Services (KCMHSAS) will take on a new name: Integrated Services of Kalamazoo (ISK).

For more than 30 years, KCMHSAS has served youth, families and adults with mental health challenges, intellectual and developmental disabilities and substance use disorders in Kalamazoo County. From Oct. 1, 2017 through Sept. 30, 2018, KCMHSAS served nearly 8,000 individuals, either directly through KCMHSAS service programs or through a network of provider agencies that contract with KCMHSAS. The agency is one of 46 Community Mental Health Services Programs in Michigan.

Jeff Patton, CEO of KCMHSAS, said the new name will better reflect the agency's expanded programming beyond traditional community mental health services. "In recent years, we've extended our services to include comprehensive housing assistance and outreach to homeless persons, crisis response to opioid overdoses, veteran services, stigma-reduction efforts and community training in Mental Health First Aid," Patton explained. "'Integrated Services of Kalamazoo' builds on our agency's current name-recognition and reflects our ongoing collaboration with community partners."

When considering options for a new name, the agency sought input from the people KCMHSAS serves, as well as staff and providers. Without singling out any specific conditions (like mental illness or substance use disorders), the new name conveys wider access to a range of resources, Patton said. In addition, it retires the term "substance abuse," which has been recognized as stigmatizing.

Integrated Services of Kalamazoo is also much shorter, quicker to say and easier to abbreviate, Patton noted. "We've expanded our services but streamlined our name. I think that's a fair trade."

The new name officially takes effect on Tuesday, Oct. 1, at the beginning of the agency's new fiscal year. Patton emphasized that all services, locations and staff will remain the same, and individuals who receive services will not notice any change other than the name. Much of the agency's signage will be changed right away, while some materials may retain the former name until current stock is depleted, for cost savings.

### **New! Detroit-Wayne MHA Undergoes Name Change**

Below is a recent announcement, from Detroit-Wayne Mental Health Authority, of its name change.

The Detroit Wayne Mental Health Authority is changing its name to the Detroit Wayne Integrated Health Network in an effort to more accurately reflect the direction of the organization, which is taking a more holistic approach to the care it provides to the 75,000 children and adults it serves in Wayne County.

“We are moving more toward the intersection of behavioral and physical health to provide a fully integrated system of care to the people we serve and we wanted our name to reflect the change as well,” said President and CEO Willie E. Brooks, Jr. “We want people to know we provide services and supports to a wide range of populations including children with serious emotional disturbance, those with intellectual and developmental disabilities and individuals with substance use disorder and mental illness.”

Changing the name of the organization will not affect the citizens or the services that DWMHA offers. They will continue receiving services by their Providers, in the locations they are accustomed to and they will still be able to contact any staff at the Authority, as their contact information will remain the same.

The DWIHN Board of Directors approved the name change several months ago and believes it will fully encompass all of the services and supports offered by its provider network which include ensuring quality of care, treatment and consistency to the people we serve. In addition, the organization will continue to focus on establishing itself as a national leader that improves the behavioral and overall health of the communities it serves.

“The timing is right for this change as we are in the midst of a system transformation where we are changing the way we do business by working directly with our Service Providers and offering a more holistic approach to care,” said Brooks. “We are also beginning a pilot project, so we can provide the best possible services and supports to people.”

The name change is effective October 1, 2019. Please follow the link to a short video.

<https://youtu.be/lKWRbo7v6h8>

### **New! CHI2 Releases Analysis of Causes of Public Mental Health System Fiscal Distress**

The Center for Healthcare Integration and Innovation (CHI2), the CMH Association’s policy analysis arm, has recently issued a study on the causes of the fiscal distress faced by Michigan’s public mental health system. This study “The perfect storm for fiscal distress in Michigan’s public mental health system” aggregates a number of the analyses carried out by CMHA over the past several years. That press release announcing its completion is attached. This study and the related media relations effort are part of the Association’s efforts to highlight the real causes of the fiscal distress experienced by the members of CMHA – the backbone of the state’s public mental health system and safety net.

Below are excerpts from the paper:

The Center for Healthcare Integration and Innovation (CHI2) examined financial and service delivery records of Michigan’s public mental health system – its Community Mental Health Centers (CMHs), Prepaid Inpatient Health Plans (PIHPs), and provider network - to determine the causes of the fiscal distress experienced by this system from Fiscal Year 2014 through FY 2019.

That study found that the convergence of a number of factors, starting in 2014 led to the sustained, system-wide revenue shortages and even deeper fiscal distress in a number of regions throughout the state.

The causes of system-wide fiscal distress, all tied to the changes initiated in 2014, were identified as:

1. State funding to public mental health system not keeping pace with increased demand and health care cost increases, from FY 2014 to the present (the gap averaged \$100 million for each of the last three years)
2. Deep cut of \$200 million (representing a 60% cut) in General Fund support eliminated a key part of CMH fiscal infrastructure
3. Increased demand for substance use disorder services, especially opioid treatment
4. Dramatically expanding autism benefit without matching revenues
5. Revenue loss (an 80% cut in per enrollee revenues) due to high cost traditional Medicaid enrollees moving to low revenue Healthy Michigan Plan
6. Failure of the state to fund federally required contributions to public mental health system's risk reserves
7. Inappropriate state demand that county funds be used to close Medicaid funding gap

Causes of uneven impact of fiscal distress across the state - 2014 to the present

1. Widely disparate impact of FY 2016 and FY 2018 Medicaid ratesetting
2. Dramatic differences in demand for services not matched by funding
3. Uneven distribution of high-value Habilitative Support Waiver dollars

### **New! Seeking Nominations: Nick Filonow Award of Excellence for 2019**

The Nick Filonow Award of Excellence recognizes eligible individuals, committees or groups that have made a significant contribution or effort to improve the public mental health community-based system at a local or state-wide level through finance, technology or quality efforts.

Nominations may be submitted by any of the following eligible member groups:

- CMHSP
- CMHA Affiliate Member Agency
- CMHA Executive Board
- PIHP
- CMHA Standing Committee

**DEADLINE FOR NOMINATIONS IS OCTOBER 1<sup>ST</sup>, 2019 AT 5:00PM.** All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

The nomination application can be found on the CMHA event page [HERE](#) under the 'documents' section. To be considered, nominations must be emailed to Chris Ward at [cward@cmham.org](mailto:cward@cmham.org).

### **CMHA Committee Schedules, Membership, Minutes, and Information**

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



### News from Our Preferred Corporate Partners:

#### **myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand**

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

Technology can help. Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

#### **Relias Announces Webinar on Staff Retention: Keep Your Staff by Giving Them What They Need**

When your staff feels supported and prepared, they are more likely to stay in their roles than leave for another position, whether at a different organization or in a different field altogether.

Last week, two of our product managers, Melissa Lewis-Stoner and Justin Hess, hosted a fantastic webinar to demonstrate how using assessments and learning in combination can help your employees feel more competent and effective in their jobs.

While the live webinar has come and gone, you can still watch it on demand and read the full Q&A that followed.

Enjoy!

[Watch the Webinar](#)

[Read the Q&A](#)

### State and National Developments and Resources:

#### **New! Requirements Relaxed to Ensure Strong Supply of ABA Clinicians**

The Medicaid Qualified Behavioral Health Professional (QBHP) policy, allowing for a wider range of clinicians to provide supervision of persons providing Applied Behavioral Analysis (ABA) has been extended through September 30, 2025. Additionally, effective January 1, 2020 the policy indicates these professionals are eligible up to two years after completing their ABA graduate coursework to be QBHPs. Previously there was not a limit on the number of years a QBHP could practice after completing coursework. Below is the policy bulletin with additional details.

Bulletin Number: MSA 19-21

Issued: August 30, 2019

Subject: Update of Coverage of Autism Services for Children Under 21 Years of Age

Effective: January 1, 2020

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

Behavioral health treatment (BHT) services are highly specialized services that require specific qualified providers who are available within Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) provider networks and have extensive experience providing specialty mental health and behavioral health services. BHT services must be provided under the direction of a Board Certified Behavior Analyst (BCBA), a qualified Licensed Psychologist (LP) or Limited License Psychologist (LLP), or a master's prepared Qualified Behavioral Health Professional (QBHP).

The Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) recently completed a statewide applied behavior analysis provider capacity survey of the PIHP/CMHSP system and is forecasting a provider network shortage that will negatively affect access, quality, and compliance of autism spectrum disorder benefit services. Current policy indicates BHT supervisors, including LPs, LLPs, and QBHPs, must be certified as a BCBA by September 30, 2020. This policy deadline is being extended to September 30, 2025 to ensure there is adequate access to a network of providers of BHT services. In addition, the QBHP must be certified as a BCBA within two years of successfully completing their applied behavior analysis (ABA) graduate coursework.

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

### **New! MDHHS Announces Efforts to Prepare HMP Enrollees for Work Requirements**

Below is an announcement from MDHHS regarding its work to equip Healthy Michigan Plan enrollees to meet the new work requirements

MDHHS takes new preemptive steps to prepare Healthy Michigan Plan beneficiaries for work requirements, begins 'how to' notifications on continuing coverage

The Michigan Department of Health and Human Services (MDHHS) is taking another step in its efforts to preserve coverage for Healthy Michigan Plan beneficiaries by mailing new informational letters to program enrollees. Beneficiaries who will be affected by new work requirements beginning in January will receive mailed notifications starting this month in MDHHS's most significant step yet to inform enrollees and help preserve their health insurance coverage.

MDHHS began sending notification letters on Tuesday to more than 270,000 Healthy Michigan Plan beneficiaries who currently are not exempt from the work requirements based on department records. To retain coverage, these individuals must comply with the new requirements beginning in January.

## **CMHA WEEKLY UPDATE**

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“These letters are an important step in MDHHS’s multifaceted plan to give Healthy Michigan Plan beneficiaries clear information about what they need to do to continue their coverage,” said MDHHS Director Robert Gordon.

“We are doing everything in our power so that individuals can comply with this complex and demanding statute. Clear communication is key.”

The letter notifies beneficiaries that beginning Jan. 1, 2020, they will be required to report to MDHHS each month 80 hours of work or other eligible activities, such as job training. It lets them know that if they do not report, they could lose their health care coverage. Beneficiaries are also advised that they will receive more information in December about how to inform MDHHS about their work activities.

A form is included for beneficiaries to fill out if they meet one of the exemptions from the work requirements – such as being medically frail or a full-time student.

Michigan enacted its highly successful Healthy Michigan Plan effective April 1, 2014, after bipartisan approval of legislation that expanded Medicaid to more than 650,000 additional people with incomes at or below 133 percent of the federal poverty level.

According to research from the University of Michigan, the Healthy Michigan Plan has more than doubled primary care usage, reduced enrollees’ reliance on the emergency room by 58 percent, cut uncompensated care by nearly 50 percent, and added \$2.3 billion to the state’s economy.

In 2018, the Legislature voted to implement work requirements for Healthy Michigan Plan beneficiaries upon approval from the federal government, which occurred in December.

MDHHS partnered with the firm MAXIMUS to use what’s called human-centered design in developing the informational letters. The idea is to make the letters easy to read and understand by using simple, vivid language, large fonts, bright colors and clear asks. Research from the field of behavioral science has shown that changes of this kind have a meaningful impact on response rates.

In addition to this month’s notification letters, MDHHS has put in place a communication plan to get the word out about the upcoming work requirements. The department has hosted webinars for community partners and providers and will build upon these efforts throughout the fall with paid advertising, media outreach, social media posts and additional outreach to community partners and stakeholders who work with people who may be affected.

In October, notifications will also go out to Healthy Michigan Plan beneficiaries who are exempt from the work requirements, including people who will be age 62 and older.

Learn more about the Healthy Michigan Plan at [HealthyMichiganPlan.org](https://HealthyMichiganPlan.org) and about the work requirements and other changes on the Changes Coming in 2020 tab.

### **New! MDHHS Announces Suicide Prevention Resources for Suicide Prevention Week**

As part of National Suicide Prevention Week, September 8 through 14, below is a recent announcement from MDHHS regarding a set of suicide prevention resources.

Suicide is a hard topic to discuss and report on, and a complex public health issue. In advance of National Suicide Prevention Week, Sept. 8 – 14, the Michigan Department of Health and Human Services (MDHHS) is reaching out to our media and public health partners to share current Suicide Prevention Media Resources with you.

Media and online coverage of suicide should be informed by using best practices. When crafting your messages about suicide prevention and reporting on a death by suicide, we urge you to make sure they align with safe and effective messaging recommendations.

Worldwide studies have found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. Word choice matters, and media coverage can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking. Below are resources that can assist in reporting on this complex and difficult topic.

Media Resources for Suicide Prevention Reporting Toolbox: The American Association of Suicidology toolkit:

- **Media as Partners in Suicide Prevention:** This toolkit was generated by extensive consultation with journalists and those with lived experience of suicide attempts and thoughts. It contains critical information for all media professionals looking to effectively report on suicide as a topic.
- **Recommendations for Reporting on Suicide** is a two-page document that was developed with worldwide suicide prevention agencies. It offers specific reporting strategies that could help prevent another suicide or encourage someone to seek help.
- The National Action Alliance for Suicide Prevention offers several resources on its media messaging page. These include: Real Stories, a collaborative approach for news and entertainment; Talking About Teens, Technology; and current articles focused on Reporting on Suicide.

There are also Michigan-based coalitions, crisis lines, fact sheets, trainings and events listed on the MDHHS website at [Michigan.gov/suicideprevention](https://Michigan.gov/suicideprevention).

### **New! Expansion Coming for Program that Helps Seriously Mentally Ill in Northern Michigan**

Below is a recent news story, featuring the CEO of Northern Lakes CMH, regarding the receipt of a Health Endowment Fund grant, by a number of CMHs in northern Michigan, to expand their health home initiatives. The MDHHS press release on this grant is provided after the news story.

The Michigan Department of Health and Human Services is making a \$500,000 grant to expand two pilot projects in northern Michigan.

The program is called the "Behavioral Health Home" initiative. It offers wrap-around services with a team approach to treat both mental and physical health care needs for Medicaid patients with serious mental illness or serious emotional disturbance.

"Basically, it's putting everything together, their physical health, their behavioral health, all in one service provider group," says Lynn Sutfin, spokeswoman for MDHHS. "Everybody's working together - making sure that everything's being addressed for this individual."

Karl Kovacs is CEO of Northern Lakes Community Mental Health Authority, which runs one of the pilots. He says the program has been very successful, and has resulted in some dramatic stories, such as doctors discovering cancer in a seriously mentally ill man who hadn't seen a primary care physician in a very long time. The man was successfully treated for the cancer.

"People with serious mental illness have, for a variety of reasons, not always been able to have sustained primary care," says Kovacs. "They're not always the easiest people to work with and treat, so it takes extra effort and time to determine, is he following through on his appointments, is he

following through on his diabetes, his seizures? Is his medication from the psychiatrist being well coordinated with his physical health care providers?"

The \$500,000 grant could boost the number of people served from about 160, to several thousand. The expansion will be in northern Michigan counties, where access to both primary and mental health care can be more difficult.

The money for the grant comes from the Michigan Health Endowment Fund. The fund was created through Public Act 4 of 2013, which authorized certain changes on how Blue Cross Blue Shield of Michigan (BCBSM) operates. The law requires BCBSM to contribute up to \$1.56 billion over 18 years to a health endowment fund that benefits

The article is found [here](#) ; the news release about this effort is found below:

The Michigan Department of Health and Human Services (MDHHS) recently received \$500,000 from the Michigan Health Endowment Fund to expand a program that integrates physical and behavioral health care services for Medicaid beneficiaries with serious mental illness or serious emotional disturbance.

Currently, Behavioral Health Home (BHH) is offered in Grand Traverse and Manistee counties. The additional funds will be used to modernize and expand BHH operations into several more counties to provide access to integrated services for an estimated 3,000 - 4,000 more Michiganders.

"Integrated and coordinated care is essential to improving outcomes for the most severely ill living in our state," said Dr. George Mellos, senior deputy director of the MDHHS Behavioral Health and Developmental Disabilities Administration. "This funding will increase capacity for essential services, which will help mitigate the growing number of Michiganders with mental illness and the alarming trend in deaths by suicide."

Reports about Michigan's current program show that the BHH increases patient engagement of care, follow-up visits after hospitalization, preventative screenings and reduces inpatient hospital length of stay. Additionally, an independent evaluation demonstrated significant cost-efficiencies through reductions in avoidable costs. Specific benefits of the BHH include the following:

- A single point of contact for navigating a patient's health and social needs.
- Access to an interdisciplinary team of physical and behavioral health providers.
- Engagement in a person-centered health action plan.
- Social and emotional support from peer support specialists/community health workers.
- Personalized care and support to positively affect a patient's life.
- Providers of the BHH receive enhanced reimbursement and outcome-based performance incentives for delivering Health Home services. This program is one of many strategic initiatives focused on improving the continuum of public behavioral health services in Michigan.

MDHHS has three overarching goals for the BHH:

- Improve care management of beneficiaries with serious mental illness or serious emotional disturbance.
- Improve care coordination between physical and behavioral health care services.
- Improve care transitions between primary, specialty and inpatient settings of care.

### **New! New Report Shows Employment Rate Increased for Individuals with Serious Mental Illness**

The Michigan Department of Health and Human Services (MDHHS) 2018 Individual Placement & Support (IPS) report shows a 30 percent competitive, integrated employment rate was achieved by individuals with serious mental illness who were supported by evidence-based IPS services, an increase from 26 percent in 2017.

This is more than double the 10.4 percent employment rate reported in 2016, when only general supported employment services were provided. In 2018, 1,465 individuals received IPS supports in 18 Michigan counties. This is an increase of 148 individuals from 2017.

IPS is a model of supported employment for people with serious mental illness. IPS-supported employment helps people living with behavioral health conditions work at individual, competitive and integrated jobs of their choosing. Employment specialists help clients obtain part- and full-time competitive jobs that pay at least minimum wage in community settings alongside others without disabilities. Mainstream education and technical training are included as ways to advance career paths.

“Through the years, IPS has had a profound impact on many individuals across Michigan, making a significant difference in not only their lives but the lives of their families,” said Robert Gordon, MDHHS director. “This program has helped these individuals by increasing their confidence, self-worth, pride and perhaps most importantly, hope.”

Michigan began implementing the Evidence-Based Practice Supported Employment – IPS model in 2004. Twenty-one IPS programs currently serve Michigan residents through local Community Mental Health Services Programs (CMHSPs) or contracted providers. Employment services are closely integrated with mental health treatment and benefits counseling.

Participants averaged 26.89 hours a week and earned an average of \$10.40 per hour as people gained greater financial independence.

CMHSPs or providers interested in being an IPS site or seeking to register should visit [improvingmipractices.org](http://improvingmipractices.org) and select the Practice Areas tab, then the Individual Placement & Support tab.

### **New! Resources to Fight Rural Drug Addiction Announced**

Fighting the crisis of drug addiction is a key priority for the Trump Administration. Under the leadership of Director Jim Carroll, the White House Office of National Drug Control Policy is focusing on the needs of rural communities in this epidemic. Below are links to connect local leaders to more information about resources which may be available to help.

- (1) National Drug Control Policy Strategy: Establishes the Administration’s priorities for addressing the challenge of drug trafficking and use. <https://www.whitehouse.gov/wp-content/uploads/2019/01/NDCS-Final.pdf>
- (2) Federal Rural Resources Guide: A listing of Federal programs that can be used to address substance use disorder and opioid misuse in rural communities. Designed to be a one-stop-shop for rural leaders looking for Federal funding and partnership opportunities. <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>.
- (3) Community Assessment Tool: Provides a snapshot of user-friendly, county-by-county data about drug overdose deaths and socio-economic conditions in a county to help leaders build grassroots solutions for prevention, treatment and recovery. <https://opioidmisusetool.norc.org>
- (4) USDA resources: <https://www.usda.gov/topics/opioids>

(5) School Resource Guide: A comprehensive guide for teachers, administrators and staff about resources available to help educate and protect students from substance misuse. <https://www.whitehouse.gov/ondcp/additional-links-resources/resource-guide-for-school-staff/>

### **New! NYT Essay Addresses Early Intervention to Address Psychosis**

Below is a recent New York Times essay on the importance of early intervention efforts to address psychosis.

Interventions to Prevent Psychosis: An impending psychotic break can be identified and prevented if it is recognized early and appropriate steps are taken to head it off.

Tiffany Martinez was a 17-year-old college freshman when she began hearing voices, seeing shadowy figures and experiencing troubling, intrusive thoughts. Her friends at the University of Southern Maine, where she was majoring in psychology, noticed that she was acting strangely and urged her to get help.



They most likely saved her from a crippling mental health crisis, prevented the derailment of her education and ultimately enabled her to become a psychiatric nurse practitioner who can help other young people avert a psychiatric crisis.

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

### **New! Trump Administration Grants Michigan \$28M to 'Smash the Grip' of Opioid Crisis**

Below are excerpts from a recent news story on the receipt, by the State of Michigan, of federal dollars targeted to fighting the opioid crisis.

Michigan will receive a \$27.9 million federal grant to help communities respond to the epidemic of opioid addiction.

The U.S. Department of Health and Human Services announced \$1.8 billion in federal funds will help states increase access to medication, treatment and mental health resources. President Donald Trump said Wednesday the funds will be delivered to communities where the help is most needed, with the hope of "building a drug-free future."

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

## State Legislative Update:

### **New! House, Senate Pushing Ahead with Budgets**

House and Senate Republican leadership gave their appropriations subcommittee chairs their final targeted spending amounts yesterday and instructed them to begin pushing out conference committee budgets next week.

This week's legislative quadrant meeting with Gov. Whitmer over the FY20 budget and additional road dollars yielded little to no progress. The lack of movement spurred Senate Majority Leader Shirkey and House Speaker Chatfield to set Thursday deadlines for at least some of the department budgets.

Many of the differences between the House's \$58.9 billion spending plan for FY 2020 and the Senate's \$59.35 billion budget were worked out by June and subcommittee chairs have been waiting for word from leadership to push forward. Now, negotiations between the Democratic governor and Republican legislative leaders have stalled out. The Governor's doesn't support the immediate amortization of the Michigan Public Schools Employees Retirement System (MPERS) to free up roughly \$600 million and Republicans' don't want to raise the \$2.5 billion in revenue Whitmer insists is needed to fix the roads long term.

Republicans have offered some additional revenue options that haven't included Whitmer's proposed 45-cents-a-gallon gas tax increase. One option was increasing the sales tax on services to include ride-sharing services and delivery services, but preliminary estimates show a basic proposal bringing in roughly \$30 million, a far cry from the \$2.5 billion in new revenue Whitmer wants brought in.

The likelihood a budget deal will be reached in the near future is becoming less likely.

### **New! Governor Orders All Flavored Vaping Products Off Shelves**

The week Gov. Whitmer offered three emergency rules banning all flavored vaping products from Michigan shelves amid what Chief Medical Executive Dr. Joneigh Khaldun believes is a youth vaping "public health emergency." "This is a health crisis and in a health crisis, I have the ability to take action and we're taking it," Whitmer said. "There are 13-year-olds who are vaping fruit loops right now. They are doing life-long damage and have no idea they are engaging in a substance that they're going to be addicted to maybe for the rest of their lives," she said.

The Governor said she is the nation's first chief executive to move against the vaping industry, which she described as "an industry notorious for deceiving the public and for putting their bottom line before the public health."

Her three-step ban includes taking all flavored e-cigarettes and vaporizing products off the shelves, including such flavors as bubble gum and apple sauce. She is going after the marketing strategies that she argues "are focusing on our kids and they are targeting and making money off of them and they're hurting them." She reported products are sold next to candy on the store shelves.

The Governor's unprecedented action comes after she signed legislation earlier this year that bans the sale of vaping products to teenagers under 17. Whitmer said the extra steps are needed "because (the law) is not being enforced and they (the products) are widely available. That's the problem." She will eventually ask lawmakers to codify her temporary emergency action.

The Governor's actions impact both minors and adults, who will still apparently have access to so-called tobacco vaping devices.



## Federal Update:

### Registration is Now Open for Hill Day 2019 - Behavioral Health's Largest Advocacy Event of the Year.

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

### **New!** SAMHSA Proposes Changes to Part 2 SUD Privacy Rules

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a proposed rule that would change the way substance use disorder (SUD) treatment records are shared under 42 CFR Part 2. Although the Trump administration does not have the authority to fully align 42 CFR Part 2 with the Health Information Portability and Accountability Act (HIPAA), the administration stated that its proposal aims to "facilitate better coordination of care for substance use disorders, which will also enhance care for opioid use disorder," according to an [official fact sheet](#) on the proposal. Meanwhile, critics expressed concern that the changes to the rule would undermine patient confidentiality and willingness to seek treatment. SAMHSA is accepting public comments on these proposed changes until October 24, 2019.

42 CFR Part 2 currently prohibits the sharing of SUD treatment records between health care providers without a patient's explicit consent and includes protections for patient records in criminal and civil legal proceedings. According to SAMHSA, the proposed rule will not change the restrictions on using SUD patient records in criminal prosecutions and will continue to restrict the disclosure of these records without patient consent. The changes included in the proposal are:

- **Consent Requirements:** A patient may consent to disclosure of their SUD treatment records to an entity (e.g., the Social Security Administration), without naming a specific person as the recipient for the disclosure.

- Applicability and Re-Disclosure: Treatment records created by non-SUD treatment providers based on their own patient encounters will not be covered by part 2, unless any SUD records previously received from a part 2 program are incorporated into such records. Part 2 patient records can be separated out to ensure that new records created by non-part 2 providers will not become subject to part 2.
- Medical Emergencies: Declared emergencies resulting from natural disasters that disrupt treatment facilities and services will meet the definition for a “bona fide medical emergency,” for the purpose of disclosing SUD records without patient consent under part 2.
- Confidential Communications: The standard for court ordered disclosures of SUD records for the purpose of investigating “an extremely serious crime” will be revised, by dropping the phrase “allegedly committed by the patient.” This is meant to serve as a correction to a technical error from 2017 rule-making in which this phrase was inadvertently added without notice or public comment.
- Disposition of Records: When a patient sends an incidental message to the personal device of an employee of a part 2 program, the employee will be able to fulfill the part 2 requirement for “sanitizing” the device by deleting that message.
- Disclosures Permitted with Written Consent: Disclosures for the purpose of “payment and health care operations” are permitted with written consent, in connection with an illustrative list of 17 non-exhaustive example activities listed on page 31 of the proposal, which include instances such as billing, claims management, collections activities, credentialing activities and more.
- Disclosures to Central Registries and Prescription Drug Monitoring Programs (PDMPs): Non-opioid treatment program (OTP) providers will become eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. OTPs will be permitted to enroll in a state prescription drug monitoring program and permitted to report data into the PDMP when prescribing or dispensing medications on Schedules II to V, consistent with applicable state law.
- Research: Disclosures for research under part 2 will be permitted by a HIPAA covered entity or business associate to individuals and organizations who are neither HIPAA covered entities, nor subject to regulations surrounding research on human subjects.
- Audit and Evaluation: Part 2 will be revised to clarify that some specific situations fall within the scope of permitted disclosures for audits and/or program evaluation.
- Undercover Agents and Informants: Court-ordered placement of an undercover agent or informant within a part 2 program will be extended to a period of 12 months, and courts will be authorized to further extend the period of placement through a new court order.

Supporters of the rule change believe that making SUD treatment records easier to share will enhance the coordination of patients’ care across settings. “This is a good step forward in breaking down barriers for people with substance use disorders to receive effective integrated care,” said Dr. Saul Levin, CEO and medical director for the American Psychiatric Association. “We will continue to work with the Administration and Congress to address the remaining barriers.”

On the other hand, critics argue that allowing more easily shareable records will be detrimental to individuals who might avoid seeking care for fear of facing stigma or discrimination or potential legal consequences. “With over 90% of people with substance use disorders not currently accessing treatment, weakening the

## **CMHA WEEKLY UPDATE**

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current protections for patient privacy contained in Part 2 will not fix what is broken,” said Dr. H. Westley Clark, who served as director of the SAMHSA Center for Substance Abuse Treatment from 1998-2014. “Instead, it will drive even more people away from substance use disorder treatment and penalize the over 20 million people in recovery from substance use disorders.”

Secretary of Health and Human Services, Alex Azar called on Congress to continue their work to fully align 42 CFR Part 2 with HIPAA, via legislation such as the Overdose Prevention and Patient Safety Act (H.R. 2062) and its companion bill in the Senate, the Protecting Jessica Grubb’s Legacy Act (S. 1012).

### **Education Opportunities:**

#### **New! Free Training: Environmental Contamination Response Training for Behavioral Health Practitioners**

*Brought to you by the Michigan Department of Health and Human Services with assistance from the Community Mental Health Association of Michigan.*

#### **2 DATES TO SELECT FROM:**

##### **September 11, 2019**

8:30am Registration  
9:00am – 4:00pm Training  
Fetzer Center  
2251 Business Ct., Kalamazoo, MI

- OR -

##### **September 25, 2019**

8:30am Registration  
9:00am – 4:00pm Training  
University Center Gaylord  
80 Livingston Blvd  
Gaylord, MI 49735

#### **Fee:**

- This workshop is free; however, registration is required as space is limited.
- Continental breakfast and lunch will be provided.
- Registration closes September 6, 2019!

[Click Here to Register for SEPTEMBER 11 - KALAMAZOO](#)

[Click Here to Register for SEPTEMBER 25, 2019 - GAYLORD](#)

#### **Workshop Objectives:**

- Gain an understanding of environmental contaminants including PFAS (Per- and Polyfluoroalkyl Substances).
- Recognize that psychological stress is a normal reaction to an abnormal situation.
- Identify early community interventions to address emotional and behavioral impacts.
- Be aware of Michigan’s response to PFAS and resources available to the public.

#### **Continuing Education Credits:**

Social Workers: This course qualifies for a maximum of **4 Continuing Education hours**. The Community Mental Health Association is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved Provider Number: MICEC 060818.

## Save the Date for the 2019 CMHA Fall Conference

The CMHAM Annual Fall Conference will be held on:  
October 21 & 22, 2019  
Grand Traverse Resort, Traverse City, Michigan

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

## Annual Recipient Rights Conference

Join us for the 26<sup>th</sup> Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir  
Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Conference Registration information: [Click here to register!](#)

### Overnight Accommodations:

The McCamly Hotel is **currently sold out**. You may request to be put on a waiting list.

Standard Rooms \$119.00 + 11% sales and accommodation tax

Reservations: e-mail [mccamlyreservations@trushospitality.com](mailto:mccamlyreservations@trushospitality.com) or 269-268-5021.

Room block name: 2019 Recipient Rights Conference

Cutoff date to secure hotel accommodations is August 23, 2019

### Overflow Hotel Information:

Holiday Inn at 12812 Harper Village Drive, Battle Creek

**For Reservations, call: 269-979-0500 refer to Block Code RRC**

\$119 single/double plus taxes

Cutoff date to secure hotel accommodations is **September 6, 2019**

## Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

## 20<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

**Full Conference - [Click Here to Register!](#)**

**Pre-Conference Workshop: Prevention - [Click Here to Register!](#)**

**Pre-Conference Workshop: Treatment - [Click Here to Register!](#)**



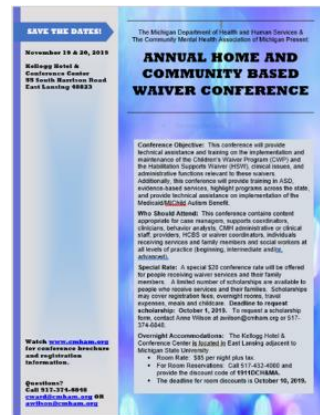
**Who Should Attend:** This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

## Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center  
55 South Harrison Road  
East Lansing 48823

**Conference Objective:** This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.



**Who Should Attend:** This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

**Overnight Accommodations:** The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: \$85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

**Special Rate:** A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at [awilson@cmham.org](mailto:awilson@cmham.org) or 517-374-6848.

Questions? Call 517-374-6848 OR email [cward@cmham.org](mailto:cward@cmham.org) OR [awilson@cmham.org](mailto:awilson@cmham.org)

## Writing Quality and Comprehensive Behavior Support Plans

This training will introduce attendees to two new tools that will be systematically implemented across the state to develop sound behavior support plans for individuals being served through community mental health. This includes a rubric developed by Western Michigan University BCBA program that is intended to help guide clinicians who have responsibility for writing and reviewing plans. The training will provide attendees with models and practice opportunities using the tools with various case examples.

Training in Oakland County – September 20

Training in Marquette – September 27

For more information, email [awilson@cmham.org](mailto:awilson@cmham.org)

### **New! Michigan CIT Conference Announced**

2nd Annual Michigan CIT Conference Oct. 3-4th at Fire Keepers Casino Hotel!

Michigan Crisis Intervention Team presents 2019 CIT Conference "Bringing It All Together" to be held on October 3-4th at Fire Keepers Casino Hotel in Battle Creek Michigan. The Keynote Speaker is Lt. Michael S. Woody (Ret.), former CIT International President and author of "The Art of Verbal De-Escalation".

For more information and to register to go: <https://www.summitpointe.org/asp-products/michigan-cit-conference-oct-3-4/>. Please see the conference flyer for schedule information. CEUs are pending for many of the sessions.

Registration deadline September 20th

Hotel Accommodations: Reservations can be made by calling 877-352-8777 (Reference Michigan CIT Conference) or online at <http://firekeeperscasino.com/stay/>. For online reservations, click "Book Now" at the top of the webpage and enter code **1022019CIT** in the "Group Attendee" drop-down box to receive the discounted group rate of 102.00 + tax. Please note, reservations must be made by 5:00pm on September 17th, 2019 to receive the discounted rate.

### **New! Michigan League for Public Policy Forum on Racial Equity Announced**

Below is an announcement, by the Michigan League for Public Policy (MLPP) of its 2019 Public Policy Forum

Registration is now open for our 2019 Public Policy Forum!

This year's forum, titled Reframe and Reclaim: Addressing racial equity through asset framing, features keynote speaker Trabian Shorters.

Mr. Shorters is the leading authority on an award-winning approach to diversity, equity and inclusion called Asset Framing, which calls for defining people by their aspirations and contributions, not by the negative circumstances they may face.

Asset framing shifts narratives away from crisis and deficit and focuses on potential and worth. By reframing narratives, we take steps toward removing harmful stigmas and negative associations. Asset framing leads to positive definition, and it's crucial in the pursuit of racial equity.

After the keynote, you will have the opportunity to choose one of three breakout sessions to participate in, discussing what was learned and how to utilize asset framing in your life and career.

We're thrilled about this year's forum and look forward to learning, sharing and evolving with you as we work towards racial equity.

We hope you can join us for this event on Tuesday, November 12. The forum will be held from 1:00-4:15 p.m. at the Radisson Hotel in Lansing.

**CLICK HERE** to register today and secure your space at this event!

We will have a few spaces available for on-site registration, but would prefer that everyone register in advance so we can get an accurate count.

## **New! Great Lakes Health Connect Announces Summit**

Below is a recent announcement of the upcoming Great Lakes Health Connect summits.

On behalf of Great Lakes Health Connect (GLHC), I would like to invite you to attend the 2019 Summit Series. The 2019 Summit Series gathers healthcare professionals and staff from across Michigan to learn about how health information exchange and interoperability can transform the healthcare system.

There are three regional events, each with different dynamic keynote speakers and breakout sessions. The overall theme will focus on how the power of technology and relationships can break down the barriers that prevent organizations and providers from optimally delivering, coordinating, and tracking patient care.

Metro Detroit Summit – Friday, September 27 – Troy  
Capital Area Summit – Wednesday, October 23 – Lansing  
West Michigan Summit – Thursday, November 14 – Grand Rapids

You and other staff/members from the Community Mental Health Association of Michigan are welcome at any/all of the Summit Series events. These events are free and open to all, lunch is included. Learn more and register on the Great Lakes Health Connect website, [www.gl-hc.org/2019-summit-series](http://www.gl-hc.org/2019-summit-series).

Stay up-to-date with GLHC and health information exchange news from across the state by subscribing to the monthly newsletter!

## **Miscellaneous News and Information:**

## **CMH Association's Officers and Staff Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

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### **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](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)

Janessa Nichols, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)

Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)

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Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)

Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



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## CMH Association and Member Activities:

### **New! Pines Behavioral Health Services Partners to Produce Pulitzer Prize Winning Play**

Below is the recent announcement from Pines Behavioral Health Services on its upcoming production of a Pulitzer prize winning play, “Next to Normal”.

Pines is collaborating with our local Tibbits Opera House and ProMedica Coldwater Regional Hospital, with additional support from SWMBH, in bringing the play “Next to Normal” to Coldwater. The Pulitzer prize winning play is a musical about a woman with worsening symptoms of Bipolar Disorder and the effects it has on her and her family. Although a musical, it definitely doesn’t shy away from the dark parts of serious mental illness, and we’re hopeful to stimulate conversation as a result. The play runs for two weekends beginning September 6-8th and 12th - 14th. The Tibbits Opera House is located at 14 South Hanchett Street in Coldwater. The tickets can be purchased online at [www.Tibbits.org](http://www.Tibbits.org) . All shows begin at 7:30 pm except for the 8th which is a 2:00 pm matinee.

We wish Pines, their partnership, and the actors involved in the play, the best.

### **New! Leadership Change at Arbor Circle**

Below are excerpts from a recent letter from Jack Greenfield, the CEO at Arbor Circle

I am writing to let you know that I have announced my retirement from Arbor Circle this coming September. I am most fortunate to end my career leading Arbor Circle where I have worked for the last 32 years. I am completing my 45th year of working in the mental health system, where I began at Ypsilanti State Hospital’s York Woods Center. Like you, I have seen significant progress throughout the years, even though we have many challenges that lie ahead. I appreciate your commitment and dedication to our public mental health system and thank you for all of your hard work!

.... announcing the appointment of Kristin Gietzen as the new President/CEO of Arbor Circle effective September 13, 2019. The Board and staff are extremely happy to have someone of Kristin’s talent, skill and experience to lead our organization’s culture, beliefs and values into the future.

We wish Jack the best in his future endeavors and Kristin success in her new role.

### **CMHA Committee Schedules, Membership, Minutes, and Information**

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

## News from Our Preferred Corporate Partners:

### **myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand**

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

Technology can help. Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

### **Relias Announces Webinar on Staff Retention: Keep Your Staff by Giving Them What They Need**

When your staff feels supported and prepared, they are more likely to stay in their roles than leave for another position, whether at a different organization or in a different field altogether.

Last week, two of our product managers, Melissa Lewis-Stoner and Justin Hess, hosted a fantastic webinar to demonstrate how using assessments and learning in combination can help your employees feel more competent and effective in their jobs.

While the live webinar has come and gone, you can still watch it on demand and read the full Q&A that followed.

Enjoy!

[Watch the Webinar](#)

[Read the Q&A](#)

## State and National Developments and Resources:

### **New! MAC Resolution Supports Michigan's County-Based Public Mental Health System**

Below is an excerpt from a recent announcement, from the Michigan Association of Counties (MAC) in support of Michigan's county-based public mental health system.

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On Tuesday, during MAC's Annual Business Meeting, about 150 MAC members approved policy platforms developed by MAC's seven policy committees overseeing issue areas ranging from finance to agriculture and tourism.

During the platform discussions, members approved three amendments submitted by commissioners to the draft platforms:

Added language to the Health and Human Services Platform to emphasize the value of local control in community mental health operations

"We say it again and again: MAC is a member-driven organization," said Stephan Currie, executive director. "The Business Meeting was a great example of that principle in action as members discussed, debated and voted on policy positions. It's great to see members show such passion for finding the best ideas, the best practices to make our state an even better place to live."

For more information on MAC's policy process, contact Governmental Affairs Director Deena Bosworth at [bosworth@micounties.org](mailto:bosworth@micounties.org).

The amendment in support of the value of local control in community mental health operations is provided below:

Amendment to 2019-20 MAC Health and Human Services Platform

Proposed that the platform include the following:

"MAC supports our public mental health system, which, together with adequate state funding, gives local control and oversight to our counties to ensure quality and accessible services for all residents." Final versions of the amended platforms will be loaded to the MAC website in early September.

### **New! Health Endowment Announces Behavioral Health Grantees**

**School**-based mental health support, opioid addiction recovery, access to healthy food—the 39 new projects we're funding are taking on the most pressing health challenges in Michigan. See the lists of awards for our 2019 Behavioral Health and 2019 Nutrition & Health Lifestyles grant programs, which include some of the most innovative and exciting health work going on statewide. Together we can work toward a healthier Michigan!



The list of behavioral health grantees can be [found here](#).

### **New! Michigan Organizations Receive Opioid Treatment Funding**

Below is a recent announcement from the Michigan Center for Rural Health regarding the receipt of federal HRSA funds by Community Health Centers/Federally Qualified Health Centers to support opioid treatment.

Recently, the U.S. Department of Health and Human Services (HHS) through the Health Resources and Services Administration (HRSA) awarded nearly \$400 million to combat the nation's opioid crisis. Seventeen Michigan organizations were recipients of this funding. The investments will enable HRSA-funded community health centers, rural organizations and academic institutions to establish and expand access to integrated substance use disorder and mental health services.

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"Health centers and behavioral health providers are on the front lines of the fight against the opioid crisis and substance abuse, especially in rural communities," said HHS Secretary Alex Azar. "With our evidence-based strategy, HHS is working to support local communities in fighting back against substance abuse, and our united efforts are yielding results. Together, we can end our country's opioid crisis and lay a foundation for a healthier country where every American can access the mental healthcare they need."

The funding package included more than \$200 million to 1,208 health centers across the nation to increase access to high quality, integrated behavioral health services, including the prevention or treatment of mental health conditions and/or substance use disorders, including opioid use disorder through the Integrated Behavioral Health Services (IBHS) program. MI recipients include:

Alcona Citizens for Health, Inc.  
Baldwin Family Health Care  
East Jordan Family Health Center  
Isabella Community Health Network  
Lakeland Immediate Care Center  
MidMichigan Health Services, Inc.  
Northwest Michigan Health Services  
Sterling Area Health Center  
Thunder Bay Community Health Service, Inc.  
Traverse Health Clinic and Coalition  
Upper Great Lakes Family Health Center  
[Click here to view a full list of Michigan IBHS award recipients.](#)

In addition to HRSA's investments in community health centers, HRSA's Federal Office of Rural Health Policy awarded more than \$111 million to 96 rural organizations across 37 states as part of its Rural Communities Opioid Response Program (RCORP) initiative. These funds will strengthen rural communities' capacity to provide needed SUD prevention, treatment, and recovery services and build the evidence base for interventions that are effective in rural settings.

The Michigan Center for Rural Health and the Michigan Rural EMS Network were awarded \$1 million each to implement prevention, treatment, and recovery activities. In addition, McKenzie Health System, was awarded \$725,000 to expand Medication-Assisted Treatment (MAT) under the RCORP-MAT Expansion Program.

To learn more about RCORP, and to view the lists of recipients, [click here](#).

HRSA also awarded nearly \$70 million to Opioid Workforce Expansion Programs (OWEP) for Professionals and Paraprofessionals to fund 64 grantees and over \$17 million to Graduate Psychology Education (GPE) Program to fund 49 grantees.

The awards support training across the behavioral health provider spectrum including community health workers, social workers, psychology interns and post-doctoral residents. These workforce investments help clinicians to provide integrated behavioral health care and treatment services in underserved communities.

Wayne State University and Western Michigan University were awarded the Opioid Workforce Expansion Program (OWEP) Professionals funding and the VHS Children's Hospital of Michigan was awarded funding from the Graduate Psychology Education (GPE) Program.

[View list of OWEF Professionals awardees](#)

[View list of GPE awardees](#)

## **New! Michigan Announces Public Comment Period for MI Health Link Waiver Renewal**

Below is a recent announcement, by MDHHS, regarding the public comment period on the draft MI Health Link (aka "Duals Project") waiver renewal that the Department is submitting

Dear Interested Party:

RE: Section 1915(b)/(c) MI Health Link Waiver Renewals

The Michigan Department of Health and Human Services (MDHHS) is submitting renewal applications to the Centers for Medicare and Medicaid Services (CMS) for the Section 1915(b)/(c) MI Health Link Waivers. The purpose of these renewal applications is to allow continued integration of care for individuals eligible for both Medicare and Medicaid through the MI Health Link Program.

The following changes will be made to the renewal applications:

1. Revision and addition of some performance measures for the Quality Improvement Strategy.
2. Revision to reflect the correct entities (known as Integrated Care Organizations) the state has contracted with to deliver services.

The anticipated effective date of these renewal applications is January 1, 2020.

There is no public hearing scheduled for the renewal applications. Input regarding the renewal applications is highly encouraged. The Section 1915(b)/(c) MI Health Link Waiver renewal applications can be found online at <https://www.michigan.gov/mdhhs> >> Doing Business with MDHHS >> Health Care Providers >> MI Health Link.

These documents are drafts and will be updated as needed until they are submitted for approval by September 26, 2019. At that time, the final version of the applications will be posted online. Comments may be submitted to [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov) or by mail to:

Attention: Medicaid Policy

Michigan Department of Health and Human Services

P.O. Box 30479

Lansing, Michigan 48909-7979

## **New! Michigan Lawmakers Ask Whitmer to Resume Construction of Psychiatric Hospital**

Below are excerpts from recent news story regarding the on-going discussions around the replacement for the states Caro Center.

Michigan lawmakers and Tuscola County officials are asking Gov. Gretchen Whitmer to resume construction of an expanded psychiatric hospital to serve most of the state's northern residents.

The Michigan Department of Health and Human Services recommended downsizing the aging Caro Center instead of continuing construction on a new, larger \$115 million facility. Democratic Gov. Gretchen Whitmer's administration stalled the project in March while awaiting a review of the

situation from an independent consultant and is expected to weigh in on whether to move forward with a new facility or pursue cheaper options.

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

## **New! Healthcare Provider Shortage Area Process Open for Input**

Below is a recent announcement, from the Health Resources and Services Administration (HRSA) regarding the updates being made to the Healthcare Providers Shortage Area (HPSA) process and the opportunity for interested parties to weigh in on that process. We provide Weekly Update readers with this information, given that the HPSA designation, for regions across Michigan, has been key to obtaining loan forgiveness for clinicians working in public interest mental health provider system, such as the members of CMHA. The table, referenced in the narrative, below, is also provided for Weekly Update readers, at the end of the article.

Dear Auto-HPSA Organizations,

As part of our ongoing effort to keep you informed, please find below last reminders, updates and useful information regarding the National Update of Auto-HPSA designations and how to request rescoring:

**National Update:** We have a date! The implementation of the national update will take place on **August 30, 2019**. The results will be based on provider data pulled from SDMS (Shortage Designation Management System) on August 16.

The updated scores will be published to the HRSA Data Warehouse on August 30<sup>th</sup> and organization Points of Contact will be granted access to the Auto-HPSA portal.

*Note: If you do not have access to the portal after 08/30 or if you'd like to assign another person in your organization to be responsible for the rescore process, please let us know so we can grant you access.*

September 30, 2019: Deadline to guarantee rescore before January 1, 2020 (HPSA Lock). Daily updates of HPSA data on the HRSA website are suspended and HPSA scores are locked during the application cycles for NHSC Loan Repayment and other recruitment and retention programs.

### **How to request a rescore? : Online Auto-HPSA portal**

Immediately following the national update, your organization may submit supplemental data and/or request rescoring via the Auto-HPSA Portal.

There are two ways to request rescoring, please see below:

| <b>Selecting Rescore Type</b>  |  |
|--|--|
| <b>System Data Rescore</b>   | <b>Supplemental Data Rescore</b>   |
| Rescore with system data only, using the latest data available in the system (including recent provider updates)                               | Rescore with supplemental and system data, updates only the data points affected by the data entered |
| Does not allow submission of any supplemental user data  | Allows users to supplement system data with user-entered data  |
| Can be requested by both, the state office and the organization  | Can be requested by both, the state office and the organization                                      |
| Is automatically approved once submitted, system can take <b>up to 72 hours</b> to complete processing the request. A system data rescore will | Requires review by HRSA Shortage Designation Branch, it can take <b>up to 90 days</b>                |

## **CMHA WEEKLY UPDATE**

|   |  |
|---|--|
| publish to HRSA Data Warehouse in 24-72 hours   |  |
| Should be requested when: updates to federal data, UDS data, or provider data have occurred | Should be requested when: updates to fluoridated water data, substance misuse data, alcohol misuse data, facility-specific data, changes to site geo-locations or NSCs have occurred |

**Supplemental Data:** The state office plans to submit **water fluoridation, alcohol misuse, and substance misuse data** on behalf of some eligible organizations to receive additional points for dental and mental health HPSAs.

Dental Health HPSA: To receive a score of 1, must provide data showing that less than 50% of the population has access to fluoridated water.

Mental Health HPSA: To receive a score of 1 (each), must provide data showing alcohol or substance misuse rates are in the worst quartile for the nation, region or state.

Please find attached more details about what type of supplemental data you will be able to submit.

### **What you can do now:**

HRSA has [audience-specific trainings](https://bhw.hrsa.gov/sdmp) and webinar recordings on the Auto-HPSA portal for organizations, available at <https://bhw.hrsa.gov/sdmp>.

To learn how to access the portal, submit supplemental data and request rescors, please participate in one of these trainings or webinar recordings.

HRSA is working on FAQs and other materials to support you once the portal is available on the 30th. More to come.

Provider Data: Continue to review your update preview reports and request provider updates. Review the list of providers received with your Update Preview 9 reports, these results rely on provider data as of July 13, 2019.

Please continue to work with our office on your provider data. By completing our [HPSA Physician Questionnaire](#) or letting us know additional provider updates, we can update your provider data before requesting a new rescore.

Only the following physicians are used for the designation process: **General or Family Practice, Internal Medicine, OB/GYN, Pediatrics, Dentists (including # of auxiliaries) and Psychiatrists.**

Note: the provider outpatient hours/week (=direct patient care hours), annual Medicaid claims, and percentage of special populations served (Medicaid patients, sliding fee scale, native American, etc.) are used for the FTE calculations. Providers solely engaged in administration, inpatient care, research or training are excluded; please let us know.

Let us know if the **Nearest Sources of Care (NSCs)** identified are providers that work at your organization. This is a known system error and the state office can change your NSC. Your organization might be eligible to receive additional points for that criteria.

If you plan to submit supplemental data for a rescore, please start collecting the data in advance and note the following:

A low population and high Provider FTEs in your service area represent a lower population to provider ratio, and therefore less are the points received for that criteria and your organization's HPSA score will be LOWER.

Please let me know if you have any questions or concerns. Thank you for your continued support during this process.

Miguelina Carela-Garcia

**Primary Care Workforce Analyst**

Office of Planning - Workforce and Access to Care Section



Policy and Planning Administration  
Michigan Department of Health & Human Services  
333 S. Grand Avenue Lansing, MI 48909  
Phone: (517) 284-4982 | Email: [carelagarciam@michigan.gov](mailto:carelagarciam@michigan.gov)

## Supplemental Data: Following the National Update

| RHCs, ITUs and FQHCs and LALs*  | FQHCs and LALs   | PCOs   |
|---|--|--|
| <ul style="list-style-type: none"><li>• Zip codes in which 75% of the Auto-HPSA facility's patients reside</li><li>• The percent of population of patients served with known income at or below 100% FPL</li><li>• Out of the total unduplicated patient population, the count of individuals younger than 18, or 65 and older, divided by the count of adults age 18-64</li><li>• Water Fluoridation</li><li>• Alcohol Misuse Rate</li><li>• Substance Misuse Rate</li></ul>   | <ul style="list-style-type: none"><li>• Water Fluoridation</li><li>• Alcohol Misuse Rate</li><li>• Substance Misuse Rate</li></ul> | <ul style="list-style-type: none"><li>• <b>Nearest Source of Care</b></li><li>• Water Fluoridation</li><li>• Alcohol Misuse Rate</li><li>• Substance Misuse Rate</li></ul> |
| <b>Facility-specific Data</b>   |  |  |
| <ul style="list-style-type: none"><li>• Reporting period: calendar year<ul style="list-style-type: none"><li>• January 1, 2017-December 31, 2017</li><li>• January 1, 2018-December 31, 2018 (Preferable)</li></ul></li><li>• The fluoridation, alcohol misuse and substance misuse data do not need to mirror the HRSA-created service area.<ul style="list-style-type: none"><li>• However, the information submitted should reflect the service area (i.e., be based on the organization's address and sites) and represent a minimum 12 month reporting period.</li></ul></li></ul> |  |  |



\*Only FQHCs and LALs that have not yet reported UDS data.



## State Legislative Update:

### Governor Whitmer Signs Executive Order Creating the Michigan Opioids Task Force

This week Governor Gretchen Whitmer signed executive order 2019-18 creating the Michigan Opioids Task Force, which will bring together leaders from across state government to tackle the opioid epidemic. Dr. Joneigh Khaldun, chief medical executive for the State of Michigan and chief deputy director for health for the Michigan Department of Health and Human Services, will serve as chair of the task force.

The task force will be charged with identifying the root causes of the opioid epidemic and implementing response actions to help Michiganders struggling with opioid addiction access the recovery services they need. The task force will also work to raise public awareness about the opioid epidemic and the resources available to those impacted by it.

"As governor, my number one priority is protecting our families and our overall public health," said Governor Whitmer. "Right now, Michigan is among the states with the highest levels of opioid prescriptions and overdose deaths, with 2,053 overdoses in 2017 alone. This task force will bring us one step closer to finally ending the opioid epidemic in Michigan and keeping families safe."

By convening the expertise of numerous state departments, the task force will bring all possible tools to bear and work across systems to meet individuals struggling with addiction where they are. Focuses include increasing access to medication assisted treatment, harm reduction, and specialized populations like pregnant women and returning citizens.

In particular, helping Michigan's returning citizens access the treatment they need will be a key priority for the task force. Individuals exiting emergency rooms after an overdose and jails after an arrest are at extremely high risk when they are released. The task force will work to build coordinated care between

substance use disorder treatment provided across the system and warm handoffs to community-based services.

“Too many families have been devastated by the opioid epidemic in Michigan,” said Dr. Khaldun. “If we’re going to keep Michiganders safe and healthy, we must get to work addressing this crisis. The team at MDHHS is ready to work with all of our partners in state government to help Michiganders get on the road to recovery and prevent opioid addiction in the first place.”

The Michigan Opioids Task Force will consist of Dr. Khaldun, Chief Justice Bridget McCormack or the chief justice’s designee, and the directors or the directors’ designees from the Departments of Health and Human Services, Attorney General; Licensing and Regulatory Affairs; Michigan State Police; Corrections; Environment, Great Lakes, and Energy; Insurance and Financial Services; Military and Veterans Affairs; Labor and Economic Opportunity; and Education.

Earlier this year, Governor Whitmer announced a \$10 million partnership with Bloomberg Philanthropies to help address the state’s rising opioid overdose death rate. Additionally, in June, Governor Whitmer and the Michigan Opioid Partnership announced \$5 million in grants to Beaumont Hospital in Southeast Michigan, Munson Medical Center in Northern Lower Michigan, and Wayne State University Center for Behavioral Health and Justice to help people who need treatment for opioid addiction get on a path to successful recovery.

To view the full executive order, click the link below:

[EO 2019-18 Opioids Task Force.pdf](#)

## **Federal Update:**

### **Registration is Now Open for Hill Day 2019 - Behavioral Health’s Largest Advocacy Event of the Year.**

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

### **SAMHSA Proposes Changes to Part 2 SUD Privacy Rules**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a proposed rule that would change the way substance use disorder (SUD) treatment records are shared under 42 CFR Part 2. Although the Trump administration does not have the authority to fully align 42 CFR Part 2 with the Health Information Portability and Accountability Act (HIPAA), the administration stated that its proposal aims to "facilitate better coordination of care for substance use disorders, which will also enhance care for opioid use disorder," according to an [official fact sheet](#) on the proposal. Meanwhile, critics expressed concern that the changes to the rule would undermine patient confidentiality and willingness to seek treatment. SAMHSA is accepting public comments on these proposed changes until October 24, 2019.

42 CFR Part 2 currently prohibits the sharing of SUD treatment records between health care providers without a patient's explicit consent and includes protections for patient records in criminal and civil legal proceedings. According to SAMHSA, the proposed rule will not change the restrictions on using SUD patient records in criminal prosecutions and will continue to restrict the disclosure of these records without patient consent. The changes included in the proposal are:

- **Consent Requirements:** A patient may consent to disclosure of their SUD treatment records to an entity (e.g., the Social Security Administration), without naming a specific person as the recipient for the disclosure.
- **Applicability and Re-Disclosure:** Treatment records created by non-SUD treatment providers based on their own patient encounters will not be covered by part 2, unless any SUD records previously received from a part 2 program are incorporated into such records. Part 2 patient records can be separated out to ensure that new records created by non-part 2 providers will not become subject to part 2.
- **Medical Emergencies:** Declared emergencies resulting from natural disasters that disrupt treatment facilities and services will meet the definition for a "bona fide medical emergency," for the purpose of disclosing SUD records without patient consent under part 2.
- **Confidential Communications:** The standard for court ordered disclosures of SUD records for the purpose of investigating "an extremely serious crime" will be revised, by dropping the phrase "allegedly committed by the patient." This is meant to serve as a correction to a technical error from 2017 rule-making in which this phrase was inadvertently added without notice or public comment.
- **Disposition of Records:** When a patient sends an incidental message to the personal device of an employee of a part 2 program, the employee will be able to fulfill the part 2 requirement for "sanitizing" the device by deleting that message.
- **Disclosures Permitted with Written Consent:** Disclosures for the purpose of "payment and health care operations" are permitted with written consent, in connection with an illustrative list of 17 non-exhaustive example activities listed on page 31 of [the proposal](#), which include instances such as billing, claims management, collections activities, credentialing activities and more.

## **CMHA WEEKLY UPDATE**

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- Disclosures to Central Registries and Prescription Drug Monitoring Programs (PDMPs): Non-opioid treatment program (OTP) providers will become eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. OTPs will be permitted to enroll in a state prescription drug monitoring program and permitted to report data into the PDMP when prescribing or dispensing medications on Schedules II to V, consistent with applicable state law.
- Research: Disclosures for research under part 2 will be permitted by a HIPAA covered entity or business associate to individuals and organizations who are neither HIPAA covered entities, nor subject to regulations surrounding research on human subjects.
- Audit and Evaluation: Part 2 will be revised to clarify that some specific situations fall within the scope of permitted disclosures for audits and/or program evaluation.
- Undercover Agents and Informants: Court-ordered placement of an undercover agent or informant within a part 2 program will be extended to a period of 12 months, and courts will be authorized to further extend the period of placement through a new court order.

Supporters of the rule change believe that making SUD treatment records easier to share will enhance the coordination of patients' care across settings. "This is a good step forward in breaking down barriers for people with substance use disorders to receive effective integrated care," said Dr. Saul Levin, CEO and medical director for the American Psychiatric Association. "We will continue to work with the Administration and Congress to address the remaining barriers."

On the other hand, critics argue that allowing more easily shareable records will be detrimental to individuals who might avoid seeking care for fear of facing stigma or discrimination or potential legal consequences. "With over 90% of people with substance use disorders not currently accessing treatment, weakening the current protections for patient privacy contained in Part 2 will not fix what is broken," said Dr. H. Westley Clark, who served as director of the SAMHSA Center for Substance Abuse Treatment from 1998-2014. "Instead, it will drive even more people away from substance use disorder treatment and penalize the over 20 million people in recovery from substance use disorders."

Secretary of Health and Human Services, Alex Azar called on Congress to continue their work to fully align 42 CFR Part 2 with HIPAA, via legislation such as the Overdose Prevention and Patient Safety Act (H.R. 2062) and its companion bill in the Senate, the Protecting Jessica Grubb's Legacy Act (S. 1012).

## **Education Opportunities:**

### **Save the Date for the 2019 CMHA Fall Conference**

The CMHAM Annual Fall Conference will be held on:

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

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

## Annual Recipient Rights Conference

Join us for the 26<sup>th</sup> Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir

Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Conference Registration information: [Click here to register!](#)

### Overnight Accommodations:

The McCamly Hotel is **currently sold out**. You may request to be put on a waiting list.

Standard Rooms \$119.00 + 11% sales and accommodation tax

Reservations: e-mail [mccamlyreservations@trushospitality.com](mailto:mccamlyreservations@trushospitality.com) or 269-268-5021.

Room block name: 2019 Recipient Rights Conference

Cutoff date to secure hotel accommodations is August 23, 2019

### Overflow Hotel Information:

Holiday Inn at 12812 Harper Village Drive, Battle Creek

**For Reservations, call: 269-979-0500 refer to Block Code RRC**

\$119 single/double plus taxes

Cutoff date to secure hotel accommodations is **September 6, 2019**

## Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings

- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

## 20<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Conference

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

**Full Conference - [Click Here to Register!](#)**

**Pre-Conference Workshop: Prevention - [Click Here to Register!](#)**

**Pre-Conference Workshop: Treatment - [Click Here to Register!](#)**

**Who Should Attend:** This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).



## Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center  
55 South Harrison Road  
East Lansing 48823

**Conference Objective:** This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.

**Who Should Attend:** This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

**Overnight Accommodations:** The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: \$85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

**Special Rate:** A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at [awilson@cmham.org](mailto:awilson@cmham.org) or 517-374-6848.

Questions? Call 517-374-6848 OR email [cward@cmham.org](mailto:cward@cmham.org) OR [awilson@cmham.org](mailto:awilson@cmham.org)

## NEW! Writing Quality and Comprehensive Behavior Support Plans

This training will introduce attendees to two new tools that will be systematically implemented across the state to develop sound behavior support plans for individuals being served through community mental health. This includes a rubric developed by Western Michigan University BCBA program that is intended to help guide clinicians who have responsibility for writing and reviewing plans. The training will provide attendees with models and practice opportunities using the tools with various case examples.

Training in Oakland County – September 20  
Training in Marquette – September 27  
For more information, email [awilson@cmham.org](mailto:awilson@cmham.org)



## MDHHS Offers Webinar for Medicaid Prescribers

Below is a recent announcement, from MDHHS, on a webinar designed to provide Medicaid prescribers with information on the recent and upcoming changes to the Michigan Medicaid requirements around prescribing practices and requirements.

All Providers,

You are invited to join the Michigan Department of Health and Human Services (MDHHS) webinar Tuesday, September 17, 2019, 10:00-11:30 AM EST. This webinar will discuss enrollment requirements that will apply to providers who prescribe drugs to Medicaid beneficiaries as outlined in MSA policy bulletin 19-20.

To register for the webinar please visit: [www.Michigan.gov/MedicaidProviders](http://www.Michigan.gov/MedicaidProviders), click on training, click Medicaid Training Dates, under Webinar Training Dates and Times locate, "Click here to Register".

\*\*Please note audio for this webinar will be available through your computer speakers

## New! MSU and Capital Area Health Alliance Announce Opioid and Pain Conference



Save the Date: Feb. 4, 2020

### OPIOIDS

Engaging Our Community  
in the New Reality

**OPENING KEYNOTE TOPIC:**

**Changing the Narrative**  
Background and Current Reality; Importance  
of Changing the Narrative

Linda S. Vall, MD, Health Officer  
Ingham County Health Department

**CONFERENCE TOPICS OVERVIEW:**

- Current Reality: How Did We Get Here, Health Inequities
- Current Health Issues and Services Related to Pain: Opioid Prescribing & Alternatives; Behavioral Health Issues & Services; Health Plan Coverage/Authorization
- Best Practices: Prevention, Treatment, & Recovery Programs
- Solutions: Legal; Healthcare; Behavioral Health
- Partnering Opportunities
- Call to Action: The New Reality



Early Registration for this event begins Monday, August 19, 2019 at <https://2020capc.eventbrite.com>

Late registration pricing begins on Monday, January 6, 2020

For Registration questions, please email [aguila25@msu.edu](mailto:aguila25@msu.edu)

## Miscellaneous News and Information:

### New! CHRT Announces Health Care Integration Project Manager Position

Based on a longstanding partnership between this association and the University of Michigan's Center for Health and Research Transformation (CHRT) and the work that is carried out by a position that has recently become vacant, at CHRT, we are carrying the following job posting.

### **Project Manager with CHRT**

Who We Are: The Center for Health and Research Transformation (CHRT) promotes the delivery of evidence-based healthcare, the improvement of population health, and the expansion of access to care. For further information about CHRT, refer to: [www.chrt.org](http://www.chrt.org).

Responsibilities: The Project Manager will be responsible, under general supervision, for management of the day-to-day responsibilities of the funded program. It will include, but not be limited to management of all project activities and communication, functioning as a key point of contact between CHRT, local partners, the state of Michigan stakeholders, and federal funders. Duties will include, but not limited to, maintaining the project work plan to ensure all deadlines are met; managing and facilitating all meetings and calls for the project, including scheduling, agenda setting, note taking and reporting; building and managing key relationships to ensure clear and timely communication; monitoring multiple reporting deadlines; submitting deliverables and reports to state and federal partners; identifying partner needs and developing strategies to address those needs; maintaining regular communication with internal team and external partners; and, coordinating and collaborating closely with CHRT evaluation staff assigned to the project.

This individual must be comfortable working in a team environment and able to work with a diverse group of colleagues, clients, subject matter experts and project staff on an on-going basis. Project management skills and the ability to adhere to tight deadlines are a must.

The position description can be [found here](#).

## **CMH Association's Officers and Staff Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto: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:



## **CMHA WEEKLY UPDATE**

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Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
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Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

August 23, 2019

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Note that to aid Weekly Update readers in finding the newest resources, those Weekly Update articles that are new are noted as “**New!**” in the table of contents and in the body of the document.

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## CMH Association and Member Activities:

### **New! Woodlands Behavioral Healthcare Receives 3-Year CARF Re-Accreditation**

Below is a recent announcement, from Woodlands Behavioral Healthcare Network, of its recent receipt of full accreditation by CARF. Congratulations to Woodlands.

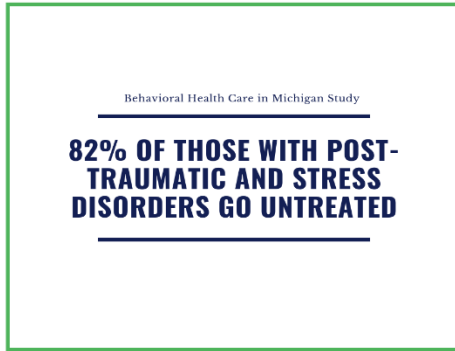
Woodlands Behavioral Healthcare Network is pleased to inform the public that ten (10) of our core programs have been re-issued CARF accreditation based on a recent survey completed June 12-14, 2019 and official letter received July 22, 2019. This accreditation will extend through June 30, 2022 and applies to the following programs/services:

- Assessment and Referral: Integrated: AOD/MH (Adults)
- Assessment and Referral: Integrated: AOD/MH (Children and Adolescents)
- Case Management/Services Coordination: Mental Health (Adults)
- Case Management/Services Coordination: Mental Health (Children and Adolescents)
- Crisis Intervention: Mental Health (Adults)
- Crisis Intervention: Mental Health (Children and Adolescents)
- Intensive Family-Based Services: Mental Health (Children and Adolescents) Outpatient
- Treatment: Alcohol and Other Drugs/Addictions (Adults)
- Outpatient Treatment: Mental Health (Adults)
- Outpatient Treatment: Mental Health (Children and Adolescents)
- Prevention: Alcohol and other Drugs/Addictions (Children and Adolescents)

CARF surveyors indicated that "Services, personnel, and documentation clearly indicate an established pattern of conformance to standards." This achievement is an indication of Woodlands' dedication and commitment to improving the quality of the lives of both children/families and adults served. The organization and staff take great pride in having achieved this high level of accreditation.

### **New! CMHA Posts Social Media Highlights of Recent MHEF/Altarum Behavioral Health Access Study**

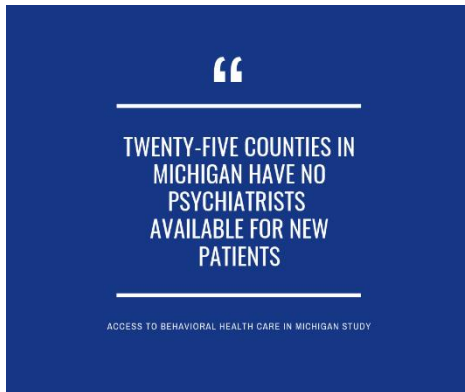
As discussed in a recent edition of the CMHA Weekly Update, CMHA has been carrying out, jointly with Lambert (the public relations partner of CMHA) a multi-faceted community and public relations effort around the recently released behavioral health access study, conducted by Altarum with the financial support of the Michigan Health Endowment Fund (MHEF). Below are excerpts from recent social media posts, developed and distributed as part of that campaign.



Post: Michigan Medicaid enrollees need mental health support, but they often don't have access to the care they need. 82% of those with post-traumatic and stress disorders don't receive treatment, while more than 60% of enrollees with depression, anxiety disorders or other mood disorders go untreated. We need to address affordability and increase the public's willingness to receive treatment.



Post: Substance use disorder affects all communities. Michiganders need care across our state, but there are 16 counties in Michigan with no SUD treatment facility and an additional 11 counties with high person-to-facility ratios. It's time to expand care and remove barriers to access.



Post: Twenty-five counties in Michigan have no psychiatrists, of which 10 have neither a psychiatrist nor a psychologist. Further, Michigan severely lacks child and adolescent psychiatrists, with none in the Upper Peninsula and areas of the northern half of the Lower Peninsula. Where you live should not determine your access to care. It's time to change.

## CMHA Committee Schedules, Membership, Minutes, and Information

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

## News from Our Preferred Corporate Partners:

### myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

Technology can help. Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

### **New! Relias Announces Webinar on Staff Retention: Keep Your Staff by Giving Them What They Need**

When your staff feels supported and prepared, they are more likely to stay in their roles than leave for another position, whether at a different organization or in a different field altogether.

Last week, two of our product managers, Melissa Lewis-Stoner and Justin Hess, hosted a fantastic webinar to demonstrate how using assessments and learning in combination can help your employees feel more competent and effective in their jobs.

While the live webinar has come and gone, you can still watch it on demand and read the full Q&A that followed.

Enjoy!

[Watch the Webinar](#)

[Read the Q&A](#)

## State and National Developments and Resources:

### **New! MCRH Awarded \$1 Million HRSA Grant to Combat Opioid Epidemic**

The Michigan Center for Rural Health (MCRH) was recently awarded a \$1,000,000 competitive grant from the Health Resources and Services Administration (HRSA) (a division of the U.S. Department of Health and Human Services) to combat the opioid epidemic in 16 Northern Lower MI counties. These funds will strengthen rural communities' capacity to provide needed Substance Use Disorder (SUD) prevention, treatment, and recovery services and build the evidence base for interventions that are effective in rural settings.

HRSA's Federal Office of Rural Health Policy awarded more than \$111 million to 96 rural organizations across 37 states as part of its [Rural Communities Opioid Response Program \(RCORP\)](#). This included: 80 rural consortia received RCORP-Implementation awards of \$1 million each to implement a set of prevention, treatment, and recovery activities.

12 recipients received RCORP-Medication-Assisted Treatment (MAT) Expansion awards of up to \$725,000 each to establish and/or expand MAT in rural health clinic, hospital, Health Center Look-Alike, and tribal settings.

Three recipients received \$6.6 million each to establish Centers of Excellence on Substance Use Disorders (CoEs) that will identify, translate, disseminate, and implement evidence-based and promising practices related to the treatment for and prevention of substance use disorder (SUD).

The funding will support the Northern Michigan Opioid Response Consortium (NMORC). This 32-member consortium, established in September 2019 under the [RCORP-Planning funding](#), works across 16 Northern MI counties to identify barriers in OUD prevention, treatment, recovery and workforce. Partners of the NMORC include health systems/hospitals, Federally Qualified Health Centers, Community Mental Health agencies, Local Public Health departments, Recovery Networks, Opiate-Treatment Providers, and academic institutions. Under the RCORP-Planning funding, the NMORC has:

### **New! MDHHS Awarded \$1.66 Million Grant to Transform Health Care for Michigan Children with Epilepsy**

Below is a recent news release from MDHHS on its receipt of federal funding to support its work to serve children with epilepsy.

Michigan children with epilepsy will see improved outcomes through expanded services funded by a \$1.66 million grant that the Michigan Department of Health and Human Services (MDHHS) has received.

The 4-year-grant for \$416,000 annually from the Health Resources and Services Administration's Maternal Child and Health Systems Branch will fund the Michigan Pediatric Epilepsy Project.

The focus of the grant is to improve health outcomes for children and youth with epilepsy, especially those in Michigan's rural and medically underserved areas. This grant enables the Michigan Children's Special Health Care Services Division to expand upon current efforts to improve access to specialized pediatric epilepsy services.

"This new funding opportunity provides greater access to comprehensive services for children, youth and their families living with epilepsy," said MDHHS Director Robert Gordon. "By partnering with four of the major epilepsy centers in Michigan – Beaumont Children's hospital, Children's Hospital of Michigan, Helen DeVos Children's Hospital, and Mercy Health Hauenstein Neurosciences – epilepsy patients and their families will have better access to specialty care and more successful transitions to adult specialists to effectively manage their epilepsy."

More than 13,000 Michigan children up to 17 years old have active epilepsy, and approximately 25 percent of Michigan's youth population resides in rural areas. Children in rural and underserved areas often have less access to pediatricians, pediatric sub-specialists and coordinated care. By increasing access to care, this funding will help positively impact the overall health and well-being of children with epilepsy.

During the next 4 years, strategies to improve health outcomes among Michigan's children and youth with epilepsy will include widespread implementation of health care transition practices (transitioning from a pediatric to adult provider), adoption of practices to improve collaboration and communication between primary and specialty care providers, expansion of telemedicine, and integration of shared decision-making practices between patients and providers.

In addition to the epilepsy centers, other key partners in the project include the Family Center for Children and Youth with Special Health Care Needs; Epilepsy Foundation of Michigan; the Michigan Chapter of the American Academy of Pediatrics; Michigan Primary Care Association; Michigan Public Health Institute; Alcona Health Center; Michigan State University's Child Health Care Clinic, Pediatric Clinic, and Neurology Clinic; Northpointe Pediatrics; the University of Michigan Child Health Evaluation and Research Unit; and the Upper Peninsula Health System Marquette Hospital Neurology Clinic.

For more information about the Michigan Pediatric Epilepsy Project, visit [www.michigan.gov/pediatricpilepsy](http://www.michigan.gov/pediatricpilepsy).

Note: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H98MC26257, Awareness and Access to Care for Children and Youth with Epilepsy, in the amount of \$416,000. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

### **New! New York Submits Federal Medicaid Waiver to Allow Medicaid to Fund Services to Prisoners**

Below are excerpts from a recent press release describing the waiver that New York State has submitted to the federal Centers for Medicare and Medicaid Services (CMS) to allow the use of Medicaid to pay for healthcare services to prisoners as they approach their release date. This waiver describes the policy direction that this Association and many of its allies have promoted for the past several years.

Governor Cuomo Directs Department of Health to Apply for Federal Waiver to Provide Medicaid Services to Incarcerated Individuals Leaving Prisons and Jails

Initiative Will Reduce Recidivism and Improve Public Health, without Increasing Healthcare Costs  
Federal Approval Required

(August 14, 2019) - The New York State Department of Health today announced that at Governor Andrew M. Cuomo's direction, it is submitting for public comment an application to the US Center for Medicaid and Medicare Services, to provide Medicaid services to certain incarcerated individuals about to be released from county jails and New York State prisons. The services will be provided beginning 30 days prior to the release date for people enrolled in Medicaid with certain serious health conditions.

The Waiver Amendment will be posted online for public comment for 30 days beginning today. The comment period is the final requirement before the state can submit the application to amend its Medicaid Redesign program.

"For incarcerated individuals leaving prisons and jails, it is critical that they receive the healthcare services they need for a seamless transition to life outside the correctional facility," said New York State Department of Health Commissioner Dr. Howard Zucker. "Ensuring continuous healthcare coverage for criminal justice involved populations with serious health conditions will make our communities both healthier and safer."

The waiver application was highlighted in the 2019 State of the State Justice Agenda. The initiative will apply to incarcerated individuals who have two or more chronic physical/behavioral health

conditions, a serious mental illness, HIV/AIDS, or opioid use disorder, and enable them to connect to community-based care prior to release from incarceration. Because criminal justice involved populations have higher rates of emergency department visits and hospitalizations, any increase in Medicaid spending is expected to be offset by reductions in the use of these services.

If the Center for Medicaid and Medicare Services (CMS) grants New York State's waiver request, Medicaid-covered services will include care management, such as "in-reach," a care needs assessment, development of a discharge care plan, making referrals and appointments with physical and behavioral health providers, and linkages to other critical social services and peer supports. Through the initiative, incarcerated individuals will also receive clinical consultation services provided by community-based medical and behavioral health practitioners, to facilitate continuity of care post release. They will also receive a medication management plan and certain higher priority medications for chronic conditions, to support longer-term clinical stability post release.

These services will provide key "bridging care" for the Medicaid members prior to transition to the community and will allow continuous care management through Medicaid Health Homes, a group of health care and service providers working together to make sure Medicaid members get the care and services they need. This effort would further foundational work done by state-funded pilots to link Health Home care management to services for high-risk incarcerated individuals before and after release, in an effort to better coordinate care to avoid hospitalization, reincarceration and other negative outcomes.

Incarcerated individuals with serious health and behavioral conditions use costly Medicaid services such as inpatient hospital stays, psychiatric admissions, and emergency department visits for drug overdoses at a high rate in the weeks and months immediately after release. According to the National Institutes of Health (NIH), one in 70 people are hospitalized within a week of release from prison or jail (2.5 times higher than people who were never incarcerated) and one in 12 is hospitalized within 90 days (nearly twice as high as people never incarcerated), rates which are likely higher for high-cost, high-need inmates targeted by the demonstration waiver. Nationally, nearly a quarter of criminal justice involved populations have a first emergency department visit within one month of release and are more likely than the general population to visit the emergency department due to a mental health condition, substance use disorder, or ambulatory sensitive condition.

Beginning August 14th, the application can be [viewed here](#).

Comments may be submitted by emailing [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov).

The full press release can be found at: [https://www.health.ny.gov/press/releases/2019/2019-08-14\\_federal\\_waiver.htm](https://www.health.ny.gov/press/releases/2019/2019-08-14_federal_waiver.htm)

### **New! 1115 Waiver Demonstration - Utah Per Capita Cap 1115 Demonstration**

On August 1, 2019, the State of Utah submitted a new 1115 demonstration, "Per Capita Cap." This new demonstration requests authority to receive enhanced Federal Medical Assistance Percentage (FMAP) for the adult expansion population, operate a per capita cap funding mechanism, lock out individuals from the Adult Expansion Population for committing an Intentional Program Violation (IPV), receive federal authority to provide housing related services and supports, provide 12 months continuous Medicaid eligibility to the Adult Expansion population, waive hospital presumptive eligibility for the Adult Expansion Population, receive additional flexibility for providing managed care, and move components including Adult Expansion Population, Targeted Adult Medicaid population, Clinically Managed Residential Withdrawal Pilot, and the



Substance Use Demonstration from the PCN demonstration to this new demonstration. The federal comment period will be open from August 16, 2019 through September 15, 2019.

The waiver application can be found here: [Pending Application](#)

Public comments can be submitted and viewed here: [View/Submit Public Comments](#)

### **New! Study on Closing the Racial Wealth Gap Issued**

McKinsey and Company, one of the nation's leading social, government, and business consulting groups, recently issued a ground-breaking study on the economic benefits of closing the racial wealth gap that exists in this country. This issue is of interest to CMHA, its members, and allies given the wealth gap that exists for persons with mental illness, substance use disorders, and intellectual/developmental disabilities, many of whom are persons of color. The announcement of this study is provided below.

The economic impact of closing the racial wealth gap

The persistent racial wealth gap in the United States is a burden on black Americans as well as the overall economy. New research quantifies the impact of closing the gap and identifies key sources of this socioeconomic inequity.

The United States has spent the past century expanding its economic power, and it shows in American families' wealth. Despite income stagnation outside the circle of high earners, median family wealth grew from \$83,000 in 1992 to \$97,000 in 2016 (in 2016 dollars).<sup>1</sup> "2016 survey of consumer finances," Federal Reserve Board, September 2017, [federalreserve.gov](http://federalreserve.gov).

Beyond the overall growth in top-line numbers, however, the growth in household wealth (defined as net worth—the net value of each family's liquid and illiquid assets and debts) has not been inclusive. In wealth, black individuals, families, and communities tend to lag behind their white counterparts. Indeed, the median white family had more than ten times the wealth of the median black family in 2016 (Exhibit 1). In fact, the racial wealth gap between black and white families grew from about \$100,000 in 1992 to \$154,000 in 2016, in part because white families gained significantly more wealth (with the median increasing by \$54,000), while median wealth for black families did not grow at all in real terms over that period.

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

### **NOMINATIONS Open for Recipient Rights Directors Award and Cooke Gant Spirit Award**

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:

Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.

## **CMHA WEEKLY UPDATE**

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Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.

Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.

Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated-consider nominating individuals or organizations whose accomplishment has yet to be publicly acknowledged. A nomination form to submit your referral for Directors' Awards and the Cookie Gant Spirit Award can be obtained by emailing Veronica Ryan at [RyanV1@michigan.gov](mailto:RyanV1@michigan.gov)

All nominations are due August 15, 2019.

### **State Legislative Update:**

#### **New! Governor Whitmer Signs Executive Order Creating the Michigan Opioids Task Force**

This week Governor Gretchen Whitmer signed executive order 2019-18 creating the Michigan Opioids Task Force, which will bring together leaders from across state government to tackle the opioid epidemic. Dr. Joneigh Khaldun, chief medical executive for the State of Michigan and chief deputy director for health for the Michigan Department of Health and Human Services, will serve as chair of the task force.

The task force will be charged with identifying the root causes of the opioid epidemic and implementing response actions to help Michiganders struggling with opioid addiction access the recovery services they need. The task force will also work to raise public awareness about the opioid epidemic and the resources available to those impacted by it.

"As governor, my number one priority is protecting our families and our overall public health," said Governor Whitmer. "Right now, Michigan is among the states with the highest levels of opioid prescriptions and overdose deaths, with 2,053 overdoses in 2017 alone. This task force will bring us one step closer to finally ending the opioid epidemic in Michigan and keeping families safe."

By convening the expertise of numerous state departments, the task force will bring all possible tools to bear and work across systems to meet individuals struggling with addiction where they are. Focuses include increasing access to medication assisted treatment, harm reduction, and specialized populations like pregnant women and returning citizens.

In particular, helping Michigan's returning citizens access the treatment they need will be a key priority for the task force. Individuals exiting emergency rooms after an overdose and jails after an arrest are at extremely high risk when they are released. The task force will work to build coordinated care between substance use disorder treatment provided across the system and warm handoffs to community-based services.

"Too many families have been devastated by the opioid epidemic in Michigan," said Dr. Khaldun. "If we're going to keep Michiganders safe and healthy, we must get to work addressing this crisis. The team at

## **CMHA WEEKLY UPDATE**

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MDHHS is ready to work with all of our partners in state government to help Michiganders get on the road to recovery and prevent opioid addiction in the first place.”

The Michigan Opioids Task Force will consist of Dr. Khalidun, Chief Justice Bridget McCormack or the chief justice’s designee, and the directors or the directors’ designees from the Departments of Health and Human Services, Attorney General; Licensing and Regulatory Affairs; Michigan State Police; Corrections; Environment, Great Lakes, and Energy; Insurance and Financial Services; Military and Veterans Affairs; Labor and Economic Opportunity; and Education.

Earlier this year, Governor Whitmer announced a \$10 million partnership with Bloomberg Philanthropies to help address the state’s rising opioid overdose death rate. Additionally, in June, Governor Whitmer and the Michigan Opioid Partnership announced \$5 million in grants to Beaumont Hospital in Southeast Michigan, Munson Medical Center in Northern Lower Michigan, and Wayne State University Center for Behavioral Health and Justice to help people who need treatment for opioid addiction get on a path to successful recovery.

To view the full executive order, click the link below:

[EO 2019-18 Opioids Task Force.pdf](#)

### **Federal Update:**

#### **Registration is Now Open for Hill Day 2019 - Behavioral Health’s Largest Advocacy Event of the Year.**

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

### Education Opportunities:

#### Save the Date for the 2019 CMHA Fall Conference

The CMHAM Annual Fall Conference will be held on:

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

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

#### The Addiction-Trauma Connection: Spirals of Recovery and Healing Conference

**Featuring:** Stephanie S. Covington, PhD, Institute for Relational Development/Center for Gender and Justice

**About the Conference:** With the increased awareness of the impact of trauma on women's lives, social service providers are beginning to consider what this means in their specific settings. There is a growing evidence-base documenting the impact of child neglect and abuse (as well as other forms of trauma) on health, mental health and behavior. While research and clinical experience indicate a high incidence of trauma and co-occurring disorders in women's lives, community professionals often struggle with the realities of providing effective, integrated, and trauma-based services. This two-day training provides the definitions of trauma informed, trauma responsive, and trauma specific: the three levels of response needed for comprehensive addiction treatment services. It also discusses the specifics of becoming gender-responsive and trauma-sensitive, as well as offers recommendations for interventions for women. It focuses on the three core elements that both staff and clients need: an understanding of what trauma is, its process, and its impact on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships). In addition, it provides a discussion and demonstration of interventions based on several gender-specific curricula (including Helping Women Recover, Beyond Trauma, Beyond Anger and Violence, and Voices). Examples of coping skills, grounding exercises, and interactive exercises are provided that can be incorporated into work with women in a variety of settings.

September 24 & 25, 2019

8:30am: Registration

9:00am – 4:30pm: Training

Lansing Center

333 E. Michigan Ave., Lansing, MI 48933

Fee: \$100/person includes 2 breakfasts, 2 luncheons and training material.

Registration Closes Friday, 8/30/19!

[CLICK HERE TO REGISTER FOR THIS CONFERENCE!](#)

#### Annual Recipient Rights Conference

Join us for the 26<sup>th</sup> Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir

## CMHA WEEKLY UPDATE

Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Conference Registration information: [Click here to register!](#)

### Overnight Accommodations:

The McCamly Hotel is **currently sold out**. You may request to be put on a waiting list.

Standard Rooms \$119.00 + 11% sales and accommodation tax

Reservations: 269-963-7050 or 888-622-2659

The McCamly Hotel's phone system is currently down. Please contact them at: e-mail

[mccamlyreservations@trustrhospitality.com](mailto:mccamlyreservations@trustrhospitality.com) or their temporary phone number: 269-268-5021.

Room block name: 2019 Recipient Rights Conference

Cutoff date to secure hotel accommodations is August 23, 2019

### Overflow Hotel Information:

Holiday Inn at 12812 Harper Village Drive, Battle Creek

**For Reservations, call: 269-979-0500 refer to Block Code RRC**

\$119 single/double plus taxes

Cutoff date to secure hotel accommodations is **September 6, 2019**

## Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings



- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

### 20<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Conference

**“Innovative Strategies for Today’s Challenges”**

**Pre-Conference Workshops: September 15, 2019**

**Full Conference: September 16-17, 2019**

Cobo Center, Detroit, MI

**Full Conference - [Click Here to Register!](#)**

**Pre-Conference Workshop: Prevention - [Click Here to Register!](#)**

**Pre-Conference Workshop: Treatment - [Click Here to Register!](#)**

**Who Should Attend:** This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

## Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center  
55 South Harrison Road  
East Lansing 48823

**Conference Objective:** This conference will provide technical assistance and training on the implementation and maintenance of the Children's Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.

**Who Should Attend:** This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

**Overnight Accommodations:** The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: \$85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

**Special Rate:** A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare. Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at [awilson@cmham.org](mailto:awilson@cmham.org) or 517-374-6848.

Questions? Call 517-374-6848 OR email [cward@cmham.org](mailto:cward@cmham.org) OR [awilson@cmham.org](mailto:awilson@cmham.org)

## Behavioral Healthcare: Approaches to Increase Value for the Organization and Meet Community Needs

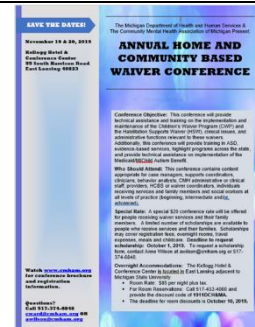
Education and Networking Event Friday October 18th, 2019  
Western Michigan University Fetzer Center  
2251 Business Ct, Kalamazoo, MI

9:00 AM Registration and networking  
10:00 AM Education Session Panel Discussion:

Moderator: Bradley Casemore, CEO, Southwest Michigan Behavioral Health

Panelists: Robert Lyerla, Ph.D., MGIS, former Federal Substance Abuse & Mental Health Services Administration Executive; Lia Gaggino, M.D., Senior Medical Executive, Bronson Health Systems, Kalamazoo, MI; Robert Hill, M.D., Senior Medical Executive, State of Michigan, Kalamazoo Psychiatric Hospital, Internist, former Hospital Executive; Jeff Patton, CEO, Kalamazoo Community Mental Health and Substance Abuse Services

11:30 AM Networking Break and transition into Lunch  
12:00 PM Lunch and Keynote Address



Speaker: TBD  
1:30 PM Adjourn

Price:

\$125 GLACHE Member (includes education sessions and lunch)

\$155 Non-GLACHE Member (includes education session and lunch)

\$ 30 Student (includes education session and lunch)

More information and online registration: Behavioral Healthcare: Approaches to Increase Value for the Organization and Meet Community Needs

### **New! MDHHS Offers Webinar for Medicaid Prescribers**

Below is a recent announcement, from MDHHS, on a webinar designed to provide Medicaid prescribers with information on the recent and upcoming changes to the Michigan Medicaid requirements around prescribing practices and requirements.

All Providers,

You are invited to join the Michigan Department of Health and Human Services (MDHHS) webinar Tuesday, September 17, 2019, 10:00-11:30 AM EST. This webinar will discuss enrollment requirements that will apply to providers who prescribe drugs to Medicaid beneficiaries as outlined in MSA policy bulletin 19-20.

To register for the webinar please visit: [www.Michigan.gov/MedicaidProviders](http://www.Michigan.gov/MedicaidProviders), click on training, click Medicaid Training Dates, under Webinar Training Dates and Times locate, "Click here to Register".

\*\*Please note audio for this webinar will be available through your computer speakers

### **New! AMHS Issues "Save The Date" for Its Fall Conference**

The Association for Children's Mental Health recently announced the date for its fall conference. That announcement is provided below.

SAVE THE DATE!

Monday, September 30th

2019 ACMH Conference

What is your superpower? Is it your quick wit or brilliant mind? Your drive to keep going and looking for better solutions? Or your ability to listen and support others in a non-judgmental way? Is it the wisdom you have learned along your journey? Your skill for thinking outside the box and finding supports that people actually need or want? Or a toolbox of tricks you have learned navigating a winding and sometimes challenging mental health service system? Do you have a special technique that can help others move toward their goals in life? Or a knack for using your experience to help others feel heard, understood or confident in their abilities to navigate their journey?

If you have these traits or others.. Please join ACMH, youth, families and community partners from across Michigan as we spend the day discovering our individual and collective 'Super Powers' and plan how we can collaborate together to use our powers for good!

This year's conference is once again a bargain! Registration is only \$40.00 and covers conference registration, materials and lunch. A limited number of family scholarships will also be available.

Further details about the agenda, program and presenters will be coming soon but mark your calendars today! Learn more or reserve your spot today on the ACMH website at: [www-acmh-mi.org](http://www.acmh-mi.org) or registration link: <http://www.acmh-mi.org/events/acmh-2019-annual-conference/>

Questions? Contact Terri Henzri at: [acmhterri@sbcglobal.net](mailto:acmhterri@sbcglobal.net) or call the ACMH State Office at 517-372-4016.

### Family Engagement Workshops Offered by MDDC and MARO



Michigan Developmental Disabilities Council



The Michigan Developmental Disabilities Council (MDDC) and MARO have announced a workshop designed for professionals and families related to employment, independent living and related topics. The details of these workshops are outlined below.

Lighting the Way: Helping Families See Possibilities in Competitive Employment. A workshop for professionals. Provider Sessions will be from 1-4 pm

Families play a crucial role in the lives of youth and individuals with significant disabilities. They are often the first and most consistent influence a person with a disability will have. Families are responsible for making many decisions and coordinating services and support, all while trying to cultivate and honor what youth want for themselves.

For many families, their youth's transition to adulthood is an uncertain time. Where will they work? Where will they live? Will they have friends and be able to do things they enjoy? Families of youth with significant barriers to employment may not be able to envision employment in the community for their sons and daughters. This session is intended to serve as an introduction to the topic of building partnerships with families and the following topics:

Improve partnerships between employment professionals and families of youth and individuals with disabilities in Michigan

Provide regional teams of professionals/parents with a presentation to train professionals on engaging families

Expand capacity within Michigan's employment and provider community to partner with families

Improve the ability of families in Michigan to understand the value of competitive employment and their role as partners in the employment process

A Future that Includes Employment: A Workshop for Families Family session will be from 6-8 pm

Parents of youth with significant disabilities may have a difficult time envisioning community-based competitive employment as part of their son or daughter's future. This workshop is intended to be a tool that advocates, educators, and service providers can use to provide accurate information to and help raise the expectations of families in Michigan. The goal is to show that work is possible for all people regardless of disability, to help address questions families may have, and to connect families



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with the resources they need to begin advocating for competitive employment for their sons and daughters.

No single presentation can answer all the questions about employment or show all the available resources and supports available to people with disabilities. This session is meant to be an introduction to seeing employment as an option, and addresses the follow topics:

- Opportunities for people with disabilities in today's society
- Challenges faced
- Employment First and competitive employment (what are we trying to accomplish?)
- Core employment concepts
- Benefits of your son or daughter working
- The power of high expectations (and the impact of low expectations)
- Helping youth create a vision statement
- Preparing for employment success
- Addressing your concerns
- Social Security benefits overview
- Action steps: Getting started

Sessions are free but space is limited. YOU MUST REGISTER TO ATTEND!!

The Links Below will take you to the individual session registration pages:

[September 16 Provider Session Troy](#)

[September 16 Family Session Troy](#)

[September 17 Provider Session Grand Rapids](#)

[September 17 Family Session Grand Rapids](#)

[September 19 Provider Session Marquette](#)

[September 19 Family Session Marquette](#)

## **Miscellaneous News and Information:**

### **CMH Association's Officers and Staff Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284

First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124

Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451

Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972

Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670

Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto: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](mailto:abolter@cmham.org)

Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)

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Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)

Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)

Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

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## CMH Association and Member Activities:

### **New! Leadership change at Gratiot Integrated Health Network**

Below is a recent announcement, from the Gratiot Integrated Health Network (GIHN) of a change in the leadership of the organization.

At the August 8th, 2019 GIHN Board of Directors meeting, the Board accepted the resignation of CEO, Steve Vernon. The Board also appointed Lynn Charping as Interim CEO, effective August 8th. Lynn brings expertise and deep experience in leadership and administrative functions.

The Board is confident that GIHN will benefit from Lynn’s insights and perspectives as we continue to focus on strategic priorities and everyday business. In the upcoming months the Board will conduct a search to secure a permanent CEO.

We wish Steve the best of luck in his new endeavors and welcome Lynn in her new role.

### **New! CEI and community partners selected to participate in national jail-based opioid treatment effort**

Below is a recent press release announcing the selection of a coalition, including the CMH Authority of Clinton, Eaton, and Ingham Counties (CEI), to participate in a national jail-based opioid use treatment effort.

Ingham County today announced it has been selected to participate in a national program to expand medication assisted treatment for opioid use disorder in jails.

The county will receive expert guidance on how to overcome barriers to providing opioid treatment and scholarships for staff members to attend trainings in Washington, D.C. Experts will work with jail officials to create treatment guidelines, manage administration of the medications, and educate jail staff about addiction. The Ingham County team includes six people representing: the Ingham County Health Department, the Ingham County Sheriff’s Department, the Ingham County Prosecutor’s Office, the 55th District Court-Probation and Treatment Courts Division, and Community Mental Health of Clinton, Eaton & Ingham Counties.

"With the expertise, dedication and resources of the Ingham County team, I know we will bring home and implement real change to improve the health of inmates and those released back into the community," said Linda S. Vail, Ingham County Health Officer.

Ingham County will also develop a plan with local health care officials to ensure people can access treatment after they are released. The program is a joint initiative of the U.S. Department of Justice, Bureau of Justice Assistance, and Arnold Ventures, a national philanthropy headquartered in Houston, Texas. In addition to supporting efforts to expand treatment for opioid use disorder, the philanthropy is also working to improve the criminal justice system through reforms to policing, pretrial, probation and parole, and reintegration services.

Jails are at the epicenter of the opioid crisis. Tens of thousands of people with opioid use disorder pass through the corrections system each year. But only about 30 of the 3,200 jails in the country offer the opioid medications methadone and buprenorphine, which have been shown by research to be the most effective forms of treatment. Most individuals instead go through detoxification, which lowers tolerance levels without curbing opioid cravings and dramatically raises the risk that people will overdose after they are released.

Ingham County is one of 15 jurisdictions that will participate in the Planning Initiative to Build Bridges Between Jail and Community-Based Treatment for Opioid Use Disorder. The selected sites span the country from Lewis and Clark County Detention Center in Helena, Montana, which has 80 beds, to Cook County Jail in Chicago, the largest single-site jail in the United States.

For more information about the Planning Initiative to Build Bridges Between Jail and Community-Based Treatment for Opioid Use Disorder, visit <https://www.arnoldventures.org/work/the-opioid-epidemic>.

### CMHA Committee Schedules, Membership, Minutes, and Information

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

## News from Our Preferred Corporate Partners:

### myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

**Technology can help.** Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

## State and National Developments and Resources:

### **New! MDHHS issues organizational chart**

MDHHS recently issued the most recent version of the organizational chart for the top tier of the Department's leadership. That chart can be found at [this link on the CMHA website](#).

### **New! SAMHSA Announces New Director of Center for Substance Abuse Treatment (CSAT) and New Chief Medical Officer**

Louis Trevisan, M.D. and Neeraj Gandotra, M.D. have been named the new CSAT director and chief medical officer at SAMHSA, respectively. Prior to joining SAMHSA, Dr. Trevisan served as the substance use disorder lead consultant for the Department of Veterans Affairs National TeleMental Health Center. He is also a board-certified addiction psychiatrist. Dr. Gandotra previously served as chief medical officer for the fourth largest nationwide addiction treatment network and the medical director of addiction treatment services at Johns Hopkins.

### **New! NOMINATIONS Open for Recipient Rights Directors Award and Cooke Gant Spirit Award**

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:

Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.

Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.

Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.

Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated-consider nominating individuals or organizations whose accomplishment has yet

to be publicly acknowledged. A nomination form to submit your referral for Directors' Awards and the Cookie Gant Spirit Award can be obtained by emailing Veronica Ryan at [RyanV1@michigan.gov](mailto:RyanV1@michigan.gov)

All nominations are due August 15, 2019.

### **New! Michigan health providers must enroll in system by Oct. 1 for Medicaid patients to be able to fill prescriptions**

Health care providers are facing an important upcoming enrollment deadline that is necessary for their Medicaid beneficiaries to be able to continue to fill prescriptions.

To meet federal requirements, providers who prescribe medications to Medicaid beneficiaries must enroll by Oct. 1, 2019, in the Community Health Automated Medicaid Processing System (CHAMPS) – the state's online Medicaid enrollment system. Under federal requirements, the Michigan Department of Health and Human Services (MDHHS) will prohibit payment for prescription drug claims written by any provider who is not enrolled in CHAMPS.

"At MDHHS we want to make sure that Michigan's Medicaid beneficiaries are able to continue to fill the prescriptions they need to be healthy," said Kate Massey, MDHHS deputy director for Medical Services Administration and Medicaid director. "We encourage providers to register in CHAMPS as soon as possible to avoid any interruptions in patients' drug therapy."

The federal Affordable Care Act and the 21st Century Cures Act require prescribers to enroll. The purpose of this requirement is to protect beneficiaries by strengthening program integrity and care quality. The requirement applies to all providers who prescribe drugs – including medical residents.

Providers who want information about the enrollment process and how to get started can reference MSA 19-20 or visit [Michigan.gov/MedicaidProviders](http://Michigan.gov/MedicaidProviders) and click on the "Provider Enrollment" box. Providers who have questions on the process can call MDHHS Provider Support at 800-292-2550.

### **New! MDHHS announces webpage for adult foster care and homes for aged**

Below is a recent announcement from MDHHS on the creation of an Adult Foster Care and Homes for the Aged webpage.

To better provide you with the information you need, the Michigan Department of Health and Human Services (MDHHS) has created a new Adult Foster Care and Homes for the Aged webpage. The page is intended for providers who want to receive the Medicaid personal care supplement payment out of Title XIX funding. Additional materials are being added and updated so check this new webpage frequently.

To access this webpage, visit [www.Michigan.gov/AFCprovider](http://www.Michigan.gov/AFCprovider)

### **New! Public meetings on Michigan Rehabilitation Services transfer to new state agency announced**

Below is a recent press release from MDHHS on a series of public hearings centered around the movement of Michigan Rehabilitation Services to a newly created department.

LANSING, Mich. – Michigan Rehabilitation Services customers and others can attend public meetings at four locations on Aug. 9 regarding its move to a new state government department.

Michigan Rehabilitation Services, which provides specialized employment and education services and training to help people with disabilities become employed and retain employment, is scheduled to transfer to the newly created Michigan Department of Labor and Economic Opportunity (LEO) on Aug. 11.

Michigan Rehabilitation Services, now part of the Michigan Department of Health and Human Services (MDHHS), will hold the meetings and accept public comments. Gov. Gretchen Whitmer in June signed an executive order creating LEO to streamline and better coordinate efforts within state government to meet the state's business and labor needs. The Department of Talent & Economic Development becomes LEO on Aug. 11.

The Aug. 9 meetings are at the following times and locations, which are all accessible. Anyone requiring additional accommodations to participate should call 800-605-6722 by 5 p.m. Aug. 2.

- Disability Network Capital Area, 901 E. Mount Hope Ave., Lansing, 2-5:30 p.m. Anyone who cannot attend the Lansing meeting in person can participate by calling 877-336-1831 and entering passcode 7467045.
- Michigan Rehabilitation Services, Detroit Grand River Office, 17411 Grand River Ave., Detroit, 2-6 p.m.
- Michigan Works Marquette, 1498 Odovero Drive, Suite 2, Marquette, 1-5 p.m.
- Michigan Works Traverse City, Networks Northwest Conference Center, 1209 S. Garfield Ave., Suite E, Traverse City, 2-6 p.m.

At the meetings, members of the public can comment on a proposed amendment to the fiscal year 2016-2020 State Plan for Vocational Rehabilitation Services and the State Supported Employment Services Program. The proposed state plan amendment implements provisions of the executive order. After public comments are received, the plan will be submitted for final approval to the U.S. Department of Education Rehabilitation Services Administration.

Written comments on the state plan amendment may be submitted by email with "state plan comments" in the subject line to [PolicyUnitSupport@michigan.gov](mailto:PolicyUnitSupport@michigan.gov). People also can submit written comments at any of the meetings or by mailing them to State Plan Comments, c/o MRS Bureau Director, Michigan Rehabilitation Services, P.O. Box 30010, Lansing, MI 48909. All comments must be received no later than 5 p.m. Aug. 9.

The proposed state plan amendment is posted on the Michigan Rehabilitation Services website. For general information, visit [www.michigan.gov/mrs](http://www.michigan.gov/mrs).

### **New! Michigan ACE initiative links announced**

The Michigan Adverse Childhood Events (ACE) Initiative recently announced a number of links to resources to support community education around ACE. Those links are listed below.

New! Michigan ACE initiative links announced

1. New Michigan Ace Initiative Website : <https://miace.org/>
2. Michigan ACE Initiative Facebook: <https://www.facebook.com/MichiganACE/>
3. Michigan ACE Initiative Videos:  
1st Video—Overview of ACE and ACE initiative  
<https://youtu.be/MtuTmDtvGm0>



2nd Video—Resilience efforts by Master Trainers

<https://youtu.be/XM4o50q8r5g>

4. Michigan ACE Conference (May 23rd)

b. Keynote from Dr. Christina Bethell (1 hour and 6 minutes)

<https://www.youtube.com/watch?v=TfAbNUYkXYQ>

c. Presentation by Lynn Waymer, VP from KPJR Films (22 minutes)

<https://www.youtube.com/watch?v=kuyn0RPhD84>

d. Panel Discussion from Master Trainers (55 minutes)

[https://www.youtube.com/watch?v=gJVnO\\_9SM9c](https://www.youtube.com/watch?v=gJVnO_9SM9c)

e. Links to Power points from Conference, List of Master Trainers, and listing of State Steering Committee

Organizations

<https://miace.org/about/#resources>,

<https://miace.org/about/#partners>

### **New! CMS provides guidance on electronic visit verification**

The Centers for Medicare & Medicaid Services (CMS) continues to provide technical assistance to states and other stakeholders to ensure compliance with the 21st Century Cures Act. The Agency has received numerous requests from states and stakeholders to clarify certain electronic visit verification (EVV) requirements.

Recently CMS issued an Informational Bulletin that includes a set of frequently asked questions to provide guidance regarding the applicability of EVV requirements to beneficiaries with live-in caregivers, the provision of durable medical equipment, and services rendered partially in the home and partially in the community, where requirement may create privacy concerns.

This guidance also affirms that web-based electronic timesheets alone are not sufficient for ensuring EVV compliance.

This guidance adds additional clarity to previous guidance available on the CMS resource pages:

EVV Resources Page

CIB: Electronic Visit Verification

### **New! Minimizing Trauma and Maximizing Treatment for Migrant Children**

Below are resources provided by the National Council for Behavioral Health, one of the national organizations of which CMHA and CMHA members are also members.

Left unaddressed, the impacts of trauma can be far-reaching. That's especially true for migrant children, many of whom experience trauma at a young age. "Migrant children are more vulnerable because of their inherent environmental situation. Some migrant children are

leaving areas with volatile political strife, poverty, and community or even domestic violence," said Linda Henderson-Smith, director of children and trauma-informed services for the National Council. [Read more.](#)

The demand for behavioral health care knows no boundaries. Every day, we are connecting vulnerable populations – like migrant families and their children – to the care they deserve. With this in mind, we've put together a collection of external resources to help you maximize your impact in your community. We've provided an extensive list of resources at on our BH365 blog. Here is just a small sampling.

- Caring for Children Moving Alone: Protecting Unaccompanied and Separated Children
- Creating Accessible, Culturally Relevant, Domestic Violence- and Trauma Informed Agencies, A Self-Reflection Tool
- Trauma Informed Care for Children Exposed to Violence: Tips for Agencies Working with Immigrant Families
- Package of Resources for: Planning, Implementing, and Evaluating the Integration of Cultural and Linguistic Competence into Mental Health Service Delivery
- Helping Immigrant Children Heal
- Community-Defined Evidence: A Culturally-Appropriate Approach to Meeting the Mental Health Needs of Diverse Populations
- Measures that are Appropriate for Refugee Children and Families

## State Legislative Update:

### **New! Shirkey: There Will Be No Government Shutdown**

Senate Majority Leader Mike Shirkey (R-ClarkLake) told WJR radio this week there will be no government shutdown because "there's no reason for it." Gov. Gretchen Whitmer suggested Monday that a continuation budget be prepared in case budget negotiations go beyond Oct. 1, but Shirkey told radio show host Frank Beckmann that legislative leaders are making "good progress on the budget and some creative ways to address roads."

He said he's been in continuous contact with Whitmer throughout the summer and expects to come out with a framework of a deal in two weeks. Shirkey is predicting a "busy September" as legislators fill in the details of the budget, but "that's OK."

Shirkey didn't provide a lot of details about what he's looking at, but here are some other highlights:

- He will suggest using additional General Fund money for roads. Like the 2015 deal that ultimately steered \$600 million from the General Fund for roads, Shirkey said the cap will be lifted off that and more will go to the roads.

He conceded that future legislatures will be put in the position to find the necessary cuts to balance the

budget.

- Shirkey said that changes in spending priorities and re-evaluating cash flows will free up north of \$1 billion.
- Once the spending priorities and the cash flow issues are addressed, Shirkey said some new revenue can be discussed but it won't be anything close to the 45-cent-a-gallon gas tax increase Whitmer initially proposed.

### Federal Update:

#### **New! Bill Expands Access to Telehealth for Mental Illness, Substance Use Disorder**

New legislation introduced in Congress this week would expand access to telemedicine for mental health and substance use disorder treatment. The Improving Access to Remote Behavioral Health Treatment Act of 2019 (S. 2244/H.R. 4131) would amend regulations for the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 and specifically name community mental health centers and addiction treatment centers as eligible sites to prescribe controlled substances via telemedicine.

The Ryan Haight Act created regulatory guardrails for safe online pharmacy practices. In the implementation of the law, the Drug Enforcement Administration's (DEA) definition of eligible "hospital or clinic" requires that entities be "licensed by the state." This definition excludes legitimate treatment providers that are otherwise recognized by county or state governments to prescribe controlled substances via telemedicine. While this issue only applies in a few select states, the law currently limits patient access to controlled substance via telemedicine, including access to medications for ADHD and medication-assisted treatment (MAT) for opioid use disorder.

In March, 2018, National Council member Richard Nance of the Utah County Department of Drug and Alcohol Prevention and Treatment testified before the House Energy and Commerce Committee about the impact the current regulations have on rural providers who are unable to offer MAT via telemedicine. Nance shared that in the frontier areas of Utah, such as the town of Bluff, "it can take up to ten hours round-trip including an overnight stay," for an addiction provider to travel to see a patient in need of MAT.

The Improving Access to Remote Behavioral Health Treatment Act is a longstanding priority for the National Council and one we are excited to see reintroduced in the 116<sup>th</sup> Congress. The bill sponsors include: Senator Pat Roberts (R-KS) and Representatives Doris Matsui (D-CA), Susan Brooks (R-IN), Tom O'Halleran (D-AZ), Ann Kuster (D-NH) and Rob Wittman (R-VA). The National Council thanks these legislators for their leadership on this important issue and looks forward to working with them to see this bill through to passage.

#### **New! Registration is Now Open for Hill Day 2019 - Behavioral Health's Largest Advocacy event of the Year.**

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

## **CMHA WEEKLY UPDATE**

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Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

## **Education Opportunities:**

### **CMHA Fall Conference Call for Presentations - Deadline August 19, 2019**

Share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference!

The CMHAM Annual Fall Conference will be held on:

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

Presentation Submission Form is attached or [CLICK HERE TO DOWNLOAD WORKSHOP FORM!](#)

Submit your workshop proposals by Monday, August 19, 2019.

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

### **New! The Addiction-Trauma Connection: Spirals of Recovery and Healing Conference**

**Featuring:** Stephanie S. Covington, PhD, Institute for Relational Development/Center for Gender and Justice

**About the Conference:** With the increased awareness of the impact of trauma on women's lives, social service providers are beginning to consider what this means in their specific settings. There is a growing evidence-base documenting the impact of child neglect and abuse (as well as other forms of trauma) on health, mental health and behavior. While research and clinical experience indicate a high incidence of trauma and co-occurring disorders in women's lives, community professionals often struggle with the realities of providing effective, integrated, and trauma-based services. This two-day training provides the definitions of trauma informed, trauma responsive, and trauma specific: the three levels of response needed

## **CMHA WEEKLY UPDATE**

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for comprehensive addiction treatment services. It also discusses the specifics of becoming gender-responsive and trauma-sensitive, as well as offers recommendations for interventions for women. It focuses on the three core elements that both staff and clients need: an understanding of what trauma is, its process, and its impact on both the inner self (thoughts, feelings, beliefs, values) and the outer self (behavior and relationships). In addition, it provides a discussion and demonstration of interventions based on several gender-specific curricula (including Helping Women Recover, Beyond Trauma, Beyond Anger and Violence, and Voices). Examples of coping skills, grounding exercises, and interactive exercises are provided that can be incorporated into work with women in a variety of settings.

September 24 & 25, 2019

8:30am: Registration

9:00am – 4:30pm: Training

Lansing Center

333 E. Michigan Ave., Lansing, MI 48933

Fee: \$100/person includes 2 breakfasts, 2 luncheons and training material.

Registration Closes Friday, 8/30/19!

[CLICK HERE TO REGISTER FOR THIS CONFERENCE!](#)

### **Annual Recipient Rights Conference**

Join us for the 26<sup>th</sup> Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir  
Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Conference Registration information: [Click here to register!](#)

#### **Overnight Accommodations:**

The McCamly Hotel is **currently sold out**. You may request to be put on a waiting list.

Standard Rooms \$119.00 + 11% sales and accommodation tax

Reservations: 269-963-7050 or 888-622-2659

The McCamly Hotel's phone system is currently down. Please contact them at: e-mail

[mccamlyreservations@truthorhospitality.com](mailto:mccamlyreservations@truthorhospitality.com) or their temporary phone number: 269-268-5021.

Room block name: 2019 Recipient Rights Conference

Cutoff date to secure hotel accommodations is August 23, 2019

#### **Overflow Hotel Information:**

Holiday Inn at 12812 Harper Village Drive, Battle Creek

**For Reservations, call: 269-979-0500 refer to Block Code RRC**

\$119 single/double plus taxes

Cutoff date to secure hotel accommodations is **September 6, 2019**

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

- August 13-14, 2019 – Hilton Garden Inn, Detroit

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- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

## 20<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

**Pre-Conference Workshops: September 15, 2019** (*registration coming soon*)

**Full Conference: September 16-17, 2019** (*registration now open!*)

Cobo Center, Detroit, MI

[Click here for more information about attending or exhibiting at the conference.](#)

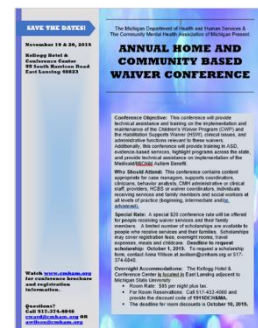
**Who Should Attend:** This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

## Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center  
55 South Harrison Road  
East Lansing 48823

**Conference Objective:** This conference will provide technical assistance and training on the implementation and maintenance of the Children’s Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.



**Who Should Attend:** This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

**Overnight Accommodations:** The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: \$85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

**Special Rate:** A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare.

## **CMHA WEEKLY UPDATE**

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Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at [awilson@cmham.org](mailto:awilson@cmham.org) or 517-374-6848.

Questions? Call 517-374-6848 OR email [cward@cmham.org](mailto:cward@cmham.org) OR [awilson@cmham.org](mailto:awilson@cmham.org)

### **New! Behavioral Healthcare: Approaches to Increase Value for the Organization and Meet Community Needs**

Education and Networking Event Friday October 18th, 2019  
Western Michigan University Fetzer Center  
2251 Business Ct, Kalamazoo, MI

9:00 AM Registration and networking  
10:00 AM Education Session Panel Discussion:

Moderator: Bradley Casemore, CEO, Southwest Michigan Behavioral Health

Panelists: Robert Lyerla, Ph.D., MGIS, former Federal Substance Abuse & Mental Health Services Administration Executive; Lia Gaggino, M.D., Senior Medical Executive, Bronson Health Systems, Kalamazoo, MI; Robert Hill, M.D., Senior Medical Executive, State of Michigan, Kalamazoo Psychiatric Hospital, Internist, former Hospital Executive; Jeff Patton, CEO, Kalamazoo Community Mental Health and Substance Abuse Services

11:30 AM Networking Break and transition into Lunch  
12:00 PM Lunch and Key Note Address  
Speaker: TBD  
1:30 PM Adjourn

Price:  
\$125 GLACHE Member (includes education sessions and lunch)  
\$155 Non-GLACHE Member (includes education session and lunch)  
\$ 30 Student (includes education session and lunch)

More information and online registration: Behavioral Healthcare: Approaches to Increase Value for the Organization and Meet Community Needs

## **Miscellaneous News and Information:**

### **CMH Association's Officers and Staff Contact Information:**

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

## **CMHA WEEKLY UPDATE**

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President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto: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](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@mham.org](mailto:awilson@mham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



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## CMH Association and Member Activities:

### **NEW! Northeast Michigan Community Mental Health Authority Awarded Three-Year CARF Accreditation**

CARF [formerly known as Commission on Accreditation of Rehabilitation Facilities] announced Northeast Michigan Community Mental Health Authority has been accredited for a period of three years for 17 programs. This is the fifth three-year accreditation that the international accrediting commission has awarded to Northeast Michigan Community Mental Health Authority. This accreditation outcome represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to the standards established by CARF.

Northeast Michigan Community Mental Health Authority, with offices in Alcona, Alpena, Montmorency and Presque Isle counties, has been providing mental health and intellectual/developmental services to adults with a serious and persistent mental illness, children with a serious emotional disturbance and individuals with an intellectual/developmental disability in the area for more than fifty years.

Nena Sork, Director stated the accrediting body was on site for several days and did a comprehensive review of our service programs, policies and procedures, board governance model and operations. The CARF reviewers conducted interviews with staff, board members, community partners and persons served by NeMCMHA. This accreditation is a confirmation of the Vision, Mission and Core Values that NeMCMHA strives to achieve.

### **Shiawassee County Suicide Prevention Coalition to Host Annual Suicide Prevention Walk**

The Shiawassee County Suicide Prevention Walk will be held on Tuesday, September 10, 2019 at 6:00 p.m. Registration begins at 5 p.m. at the JCPenney Owosso parking lot. The walk will take place on the Miner Riverwalk loop and return to the parking lot.

This is a free event with doughnuts, coffee and cider provided. Hot dogs, chips, cookie and pop will be available to purchase.

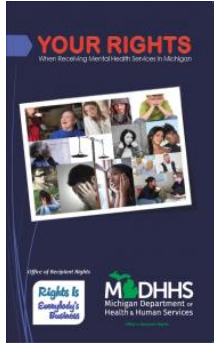
Suicide Prevention T-shirts will be for sale at the Downtown Owosso Farmers Market on August 10, 17 and September 7. T-shirts will also be for sale the day of the event.

Rain or shine, all are welcome to raise awareness, support survivors and remember individuals who have died by suicide.

Questions about this event? Please contact Penny at 989-723-0755.

## Recipient Rights Books and Nationally Recognized Channing Bete Books: Take Advantage of Discounted Rates Offered Through CMHA

### RECIPIENT RIGHTS BOOKLETS:



#### Recipient Rights Booklets

The Mental Health Code states that CMHSPs are required to distribute “Your Rights When Receiving Mental Health Services in Michigan” booklet to each recipient receiving services.

**Personalization will be available in late September.**

**Prices for Booklets:** Cost Per Booklet: **50¢ (Plus Flat Rate Shipping)**

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

**Order Booklets:** To place your order, click here: [Order Your Rights Booklets Here!](#)

### CHANNING BETE BOOKLETS:



Special Member Ordering Opportunity of Channing Bete Company, Inc., Booklets

Up to a 51% discount off our published price list, increasing the “purchasing power” for the Community Mental Health Association of Michigan. There is complete flexibility concerning the timing of orders and booklet selection.

How the Program Works: All members of CMHA can purchase any Price List “A” & “K” items through this purchasing opportunity. Please refer to the chart on the attached order form for pricing.

Shipping costs are not included. They will be added to your final invoice from CMHA.

All orders must be faxed, mailed or emailed to the attention of:

Dana Ferguson  
CMHA  
426 S. Walnut, Lansing, MI 48933  
Tel. # 517-374-6848 \* Fax. # 517-374-1053  
Email: [dferguson@cmham.org](mailto:dferguson@cmham.org)

[Download the Channing Bete Order Form Here!](#)

## Job Bank CMHA Member Benefit Now Available!

CMHA Members may log on to [www.cmham.org](http://www.cmham.org) under Services to access the Job Bank and upload any Job Postings within their organization. Experience the ease and accessibility of being able to post what you want – when you want – and reach the maximum number of people in the State of Michigan!

If you would like to POST a job, please use the following link (REMEMBER... You must be a member in order to enjoy this benefit!): <https://cmham.org/services/job-bank/>

If you would like to VIEW current job postings, please use the following link (you do NOT have to be a member to view postings!): [https://cmham.org/job\\_postings/](https://cmham.org/job_postings/)

## CMHA Committee Schedules, Membership, Minutes, and Information

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

## News from Our Preferred Corporate Partners:

### myStrength: Digital Solution for Behavioral Healthcare Staff Shortages and Rampant Consumer Demand

Across the U.S., a staggering 77% of counties have underserved behavioral healthcare needs. And within the next six years, providers will face an estimated shortage of more than 250,000 behavioral health professionals. Lack of access to care is culminating in a crisis for the U.S. healthcare system resulting in poor outcomes, over-dependence on emergency departments, lower quality of care, reduced consumer satisfaction, and increasing costs.

**Technology can help.** Staff are increasingly stressed due to heavy caseload burdens and administrative work demands. Digital solutions can ease these burdens by helping meet clinical patient needs, especially those with less acute issues. myStrength's scalable, HIPAA-compliant digital behavioral health platform offers evidence-based tools that extend reach and allow clinicians to work at the high-end of their licensure by focusing on the needs of the most needy and vulnerable patients. Offering bridge support between treatment sessions, myStrength's mobile and web self-care tools are proven to drive improved outcomes and cost savings

[Request a Demo](#)

## State and National Developments and Resources:

### MHEF Mental Health Access Study Reveals Gaps in Care

Below is a recent announcement of the behavioral healthcare access study carried out by the Michigan Health Endowment Fund (MHEF). The CMH Association, a member of the Stakeholder Advisory Board for this effort, will be launching a media relations effort, around this study, in partnership with the MHEF.

The Michigan Health Endowment Fund (MHEF) partnered with Altarum to research access to behavioral healthcare in Michigan, and the resulting study reveals a pressing need for expansion of care. The CMH Association was a member of the Stakeholder Advisory Board for this effort.

38% of Michigan residents with a mental illness and 80% with a substance use disorder are not receiving treatment, accounting for hundreds of thousands of people. The final report, released today, describes various barriers to care, including cost, lack of transportation, and public awareness and perceptions about behavioral healthcare. It also makes various suggestions on what can be done to address those barriers.

The Health Fund commissioned and funded the study to better understand the state of access to behavioral healthcare amid rising rates of mental illness and substance use disorder in Michigan and across the country. We have various resources related to the study available on our website, including:

The full study

A blog post summarizing the data

A toolkit for sharing on social media

A landing page with links to briefs and one pagers

### **State Recommends 84-Bed Facility at Caro, Relocation of Beds to Other State Hospitals, Increasing Community-Based Resources**

Below is a press release describing the recent decisions, by MDHHS, regarding the replacement for the state psychiatric hospital/developmental disability center at Caro.

Following a review by an independent consulting firm, the Michigan Department of Health and Human Services (MDHHS) is recommending an 84-bed facility in Caro; reopening units at existing state hospitals; and increasing resources into community-based programs to help serve individuals in need of mental health services.

The MDHHS recommendation would continue funding levels for the current 794 beds statewide. This would include realigning current funding through the following actions:

- Maintain an 84-bed facility at Caro, via either large-scale modernization or new construction. An 84-bed facility will be close to the current census and will reflect the state's approach to hospital unit design, utilization for patients and construction. Staff needed to support the facility, professional and nonprofessional, will remain at current levels.
- Shift the remaining 61 beds to other existing state hospitals closer to major population centers. Existing facilities have closed units that can be brought back into use at a limited cost.
- Pursue additional resources into community-based services sufficient to care for more than 55 additional high-acuity individuals.

"These recommendations will sustain and strengthen the Caro community's historic role in providing psychiatric care," said MDHHS director Robert Gordon. "They will also improve the quality of mental health services at state hospitals, while expanding community-based care. Finally, the recommendations will achieve their results at significantly lower cost than the legislature previously anticipated, allowing for additional investment in other urgent health priorities."

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Based on preliminary estimates, the capital costs associated with renovation or a new build at Caro is estimated at \$40-\$65 million and renovating other existing facilities at under \$20 million. No capital costs would be associated with the community-based investment. Based on these estimates, capital costs of these recommendations will be \$30-\$55 million less than the \$115 million authorized by the legislature.

In 2017, the state legislature authorized financing to construct a new hospital on the Caro site. The new Caro Psychiatric Hospital was scheduled to be completed in 2021 and serve 200 adults, an increase of 50 beds from the existing facility.

Concerns about staffing and accessibility to communities caused state officials to pause the Caro Center Reconstruction project in March 2019 to allow for an outside consultant to review the project and recommend next steps to best meet the needs of Michigan's citizens. Myers & Stauffer was tasked with analyzing the process which led to plans for a new Caro hospital, to engage in fact finding and to support further decision-making. A copy of Myers & Stauffer's final report is available online.

### Michigan Center for Rural Health Snapshot

Community Stars is an electronic publication released on National Rural Health Day, which falls on the third Thursday of November each year. The stories featured in the collection represent shining examples of generosity, service, and dedication to the health and wellbeing of those who call rural America home.



Community Star nominations are opened and will remain open until August 9, 2019.

There are no limitations to how many individuals, organizations or consortiums can be nominated. Eligible nominees must be located, working or volunteering in a designated rural area, and they must demonstrate how they have benefitted from the resources provided to them through their State Office of Rural Health.

The 2019 Community Star Selection Committee will review and evaluate nominations, making recommendations for which stories to include in this year's eBook and other NRHD activities based on the following merits. The nominee:

- Cultivates a vital, innovative rural health landscape and infrastructure
- Develops leadership capacity to grow rural population health and health equity
- Builds capacity for rural data-driven program planning and decision making
- Contributes to rural health innovation, education, collaboration and communication

If you know of an organization or individual that meets one or more of the following criteria, please take a few moments to complete the secure online nomination form and submit them as a 2019 Community Star!

## National Quality Forum Accepting Public Comment on Behavioral Health Quality Measures



The National Quality Forum (NQF) has posted draft reports from the Spring 2019 cycle for public commenting in each of the following topic areas: Renal, Behavioral Health and Substance Use, Neurology, and Patient Safety. The draft reports are posted on each topic area's project page. They contain the measure summaries and the Standing Committee's recommendations for endorsement. NQF members and the public may submit comments on each report as a whole, on individual recommended measures, and on measures not recommended for endorsement. In addition, NQF members may express their support for measures under review during the commenting period. Comments on the Renal project can be submitted through August 23 at 6:00pm ET. Comments on the Behavioral Health, Neurology, and Patient Safety projects can be submitted through August 26 at 6:00pm ET.

### Behavioral Health and Substance Use

The [draft report](#) (PDF) can be views and readers can [submit comments](#) on the project page. You will need to log in to the NQF website to submit comments. Please contact the [Behavioral Health and Substance Use team](#) with questions

## CMS Advances MyHealthEData with New Pilot to Support Clinicians

Below is a recent press release on a CMS initiative designed to improve the access, by clinicians, to Medicare claims data, with the hope of improving the coordination of care.

Pilot program gives clinicians direct access to claims data, putting patients over paperwork and at the center of their care

Recently, at the White House Blue Button Developers Conference (BBDC), the Centers for Medicare & Medicaid Services (CMS) announced changes that further protect and strengthen Medicare by unleashing the power of data and placing it firmly where it belongs, in the hands of patients and the clinicians who treat them.

This week, as the agency celebrates the anniversary of Medicare, CMS is accelerating the transformation of the nation's healthcare system to one that is based on value by increasing patient and provider access to the data needed through a new pilot program for clinicians called "Data at the Point of Care" (DPC). DPC is based on an industry-standard application programming interface (API), and is part of the MyHealthEData Administration-wide initiative led by the White House Office of American Innovation. MyHealthEData is designed to empower patients around a common aim - giving every American access to their medical information so they can make better medical decisions.

The DPC pilot program will transform healthcare delivery by leveraging Medicare's Blue Button data to provide clinicians with access to claims data. The claims data will fill in information gaps for clinicians, giving them a more structured and complete patient history with information like previous diagnoses, past procedures, and medication lists. Blue Button 2.0 has provided better access to this data for patients but now CMS is going a step further and helping to connect clinicians to their patients' information. Clinicians will be able to access the DPC pilot data directly within their

workflow, without needing to log into another application. This in turn will reduce burden in the exam room and give clinicians more time to deliver high quality care for their patients.

“This pilot program is another example of how the Trump Administration is doing everything possible to bring our healthcare system into the 21st century,” said CMS Administrator Seema Verma. “Technology, coupled with open data sharing, is how we will improve value, control costs and keep patients healthy while ensuring a solvent Medicare program for generations to come.”

Currently, patient information often becomes trapped within health system siloes, preventing patients from accessing their complete health information aggregated into one usable health record. This creates a problem for patients during visits with providers who are looking to obtain the most complete medical history possible for the person they are treating. Doctors are left offering treatment solutions with incomplete patient histories, putting patients at risk and potentially duplicating tests and treatments that can be costly or unnecessary.

Clinicians participating in the DPC pilot program will be allowed to request a Medicare beneficiary's claims data from CMS to get a full snapshot of their care including from other healthcare providers the beneficiary has seen for care. This will be done through a developer-friendly, industry-standard API using Health Level 7's Fast Healthcare Interoperability Resource (FHIR®) standard, one of the most popular protocols for joining disparate systems together to promote interoperability and seamlessly share health information.

DPC is one of many critical steps CMS is taking to build on our actions to make a truly interoperable healthcare system. For example, CMS launched Blue Button 2.0, the first-ever FHIR-based claims API for Medicare beneficiaries, last year. Blue Button 2.0 gives beneficiaries the ability to securely connect their data to apps and other tools developed by innovators. Engagement and partnership with the technology community has involved more than 2,000 developers from over 1,100 organizations that are using synthetic data in the Blue Button 2.0 sandbox. Currently, 28 organizations have applications in production.

Most recently, CMS issued the Interoperability and Patient Access Proposed Rule. This proposed rule would require all health plans regulated by the rule to follow CMS's lead with Blue Button 2.0 by making patient data available through an API. This will make it easier to access, use, and share claims data for 85 million patients including those covered by Medicare Advantage, Medicaid, CHIP and health plans sold on the Federal exchanges.

BBDC brings developers together to network, learn, build software, and share insights on how Medicare claims data can be leveraged to improve health outcomes for patients.

Clinicians who are interested in participating in the DPC pilot program can sign up by visiting: <https://dpc.cms.gov>. Beneficiaries who wish to opt out of data sharing can do so by calling 1-800-Medicare.

For more information on Blue Button, please visit: <https://bluebutton.cms.gov>.

### **Nominations Open for Recipient Rights Directors Award and Cooke Gant Spirit Award**

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:



## **CMHA WEEKLY UPDATE**

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Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.

Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.

Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.

Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated—consider nominating individuals or organizations whose accomplishment has yet to be publicly acknowledged. A nomination form to submit your referral for Directors' Awards and the Cookie Gant Spirit Award can be obtained by emailing Veronica Ryan at [RyanV1@michigan.gov](mailto:RyanV1@michigan.gov)

All nominations are due August 15, 2019.

## **State Legislative Update:**

### **Still No Movement on FY20 Budget**

Still no progress on the FY20 budget and legislators are not expected to resume voting until later this month a September budget deal seems highly likely. All budget decisions will remain on hold until the legislature and Governor can agree on a road funding deal. The state's new fiscal year begin 10/1/19.

On July 18, 2019 the State Budget Office did submit Supplemental Request 2019-5 to the Legislature. Included in that request was \$49.8 million FY19 increase for PIHPs (\$38 federal / \$11 GF).

- \* \$4.4 million Autism Services
- \* \$22.4 million HMP
- \* \$16.1 million Medicaid Mental Health
- \* \$6.9 million Medicaid SUD

However, the legislature is not required to act on this request and if they do it will likely be part of an overall budget deal, which would not happen until September.

## **Federal Update:**

### **New Bill Expands Access to Telehealth for Mental Illness, Substance Use Disorder**

New legislation introduced in Congress this week would expand access to telemedicine for mental health and substance use disorder treatment. The Improving Access to Remote Behavioral Health Treatment Act of 2019 (S. 2244/H.R. 4131) would amend regulations for the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 and specifically name community mental health centers and addiction treatment centers as eligible sites to prescribe controlled substances via telemedicine.

The Ryan Haight Act created regulatory guardrails for safe online pharmacy practices. In the implementation of the law, the Drug Enforcement Administration's (DEA) definition of eligible "hospital or clinic" requires that entities be "licensed by the state." This definition excludes legitimate treatment providers that are otherwise recognized by county or state governments to prescribe controlled substances via telemedicine. While this issue only applies in a few select states, the law currently limits patient access to controlled substance via telemedicine, including access to medications for ADHD and medication-assisted treatment (MAT) for opioid use disorder.

In March, 2018, National Council member Richard Nance of the Utah County Department of Drug and Alcohol Prevention and Treatment testified before the House Energy and Commerce Committee about the impact the current regulations have on rural providers who are unable to offer MAT via telemedicine. Nance shared that in the frontier areas of Utah, such as the town of Bluff, "it can take up to ten hours round-trip including an overnight stay," for an addiction provider to travel to see a patient in need of MAT.

The Improving Access to Remote Behavioral Health Treatment Act is a longstanding priority for the National Council and one we are excited to see reintroduced in the 116<sup>th</sup> Congress. The bill sponsors include: Senator Pat Roberts (R-KS) and Representatives Doris Matsui (D-CA), Susan Brooks (R-IN), Tom O'Halleran (D-AZ), Ann Kuster (D-NH) and Rob Wittman (R-VA). The National Council thanks these legislators for their leadership on this important issue and looks forward to working with them to see this bill through to passage.

### **Registration is Now Open for Hill Day 2019 – Behavioral Health's Largest Advocacy Event of the Year.**

Held in partnership with national mental health and addictions organizations, Hill Day gathers hundreds of behavioral health providers, C-suite level executives, board members, consumers and community stakeholders in Washington, D.C. (September 17-18).

Hill Day begins with sessions and workshops on federal behavioral health policy. The following day, attendees take their message to Capitol Hill to advocate for better resources for mental health and addictions treatment in their communities.

We look forward to seeing you in Washington, D.C., this September. [Register today!](#)

National Council Hill Day registration is free and open to all interested advocates. Attendees are responsible for booking and funding their own transportation and hotel accommodations. [Book your room](#) at the Hyatt Regency on Capitol Hill at a special discounted rate.

The schedule will be updated as Hill Day nears so stay tuned!

Tuesday, September 17, 2019: Public Policy Institute

- National Council will provide the latest news about federal behavioral health policy, host advocacy trainings and discuss the policy asks for Hill Day 2019.

Wednesday, September 18, 2019: Capitol Hill Visits

- Congressional visits will be made in coordination with your state's State Captain. CMHA staff make appointments and coordinate meetings with federal legislators.

## Education Opportunities:

### **10 Spots Left! Required for Licensure Renewal: Ethics for Social Work & Substance Use Disorder Professionals & Psychologists Trainings**

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

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

Trainings offered on the following date.

**August 21, 2019 – Lansing [Click Here to Register!](#)**

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

\$115 CMHA Members

\$138 Non-Members

### **NEW! CMHA Fall Conference Call for Presentations - Deadline August 19, 2019**

Share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference!

The CMHAM Annual Fall Conference will be held on:

October 21 & 22, 2019

Grand Traverse Resort, Traverse City, Michigan

Presentation Submission Form is attached or [CLICK HERE TO DOWNLOAD WORKSHOP FORM!](#)

Submit your workshop proposals by Monday, August 19, 2019.

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

### **Annual Recipient Rights Conference**

Join us for the 26<sup>th</sup> Annual Recipient Rights Conference which will be held on September 24-27, 2019 at the McCamly Plaza Hotel in Battle Creek, Michigan.

Pre-Conference on September 24, 2019 from 9am-4pm: Scientific Content Analysis featuring Avinoam Sapir  
Full Conference from September 25-27, 2019 will feature General Sessions on Human Trafficking and How Policy Makers Work and How Advocates can Influence change with Senator Rebekah Warren as well as 24 workshops.

Registration information: [Click here to register!](#)

### **Individualized Service Plans Using the ASAM Criteria and Motivational Interviewing Trainings**

# CMHA WEEKLY UPDATE

- August 13-14, 2019 – Hilton Garden Inn, Detroit
- August 27-28, 2019 – Radisson Plaza Hotel, Kalamazoo
- September 24-25, 2019 – Great Wolf Lodge, Traverse City

Visit [www.cmham.org](http://www.cmham.org) for more information.

## 20<sup>th</sup> Annual Substance Use and Co-Occurring Disorder Conference

“Innovative Strategies for Today’s Challenges”

**Pre-Conference Workshops: September 15, 2019** (*registration coming soon*)

**Full Conference: September 16-17, 2019** (*registration now open!*)

Cobo Center, Detroit, MI

[Click here for more information about attending or exhibiting at the conference.](#)

**Who Should Attend:** This conference attracts more than 1,200 attendees including board members, oversight policy board members, administrators, financial directors, medical directors, clinical directors, prevention, treatment and recovery professionals, case managers, recovery coaches and those with lived experience. This educational opportunity is intended for providers in the substance use and co-occurring disorders field at all levels of practice (beginning, intermediate and/or advanced).

## **NEW!** Save the Date for the 2019 Annual Home and Community Based Waiver Conference

The Annual Home and Community Based Waiver Conference will be held November 19 & 20, 2019.

Kellogg Hotel & Conference Center  
55 South Harrison Road  
East Lansing 48823

**Conference Objective:** This conference will provide technical assistance and training on the implementation and maintenance of the Children’s Waiver Program (CWP) and the Habilitation Supports Waiver (HSW), clinical issues, and administrative functions relevant to these waivers. Additionally, this conference will provide training in ASD, evidence-based services, highlight programs across the state, and provide technical assistance on implementation of the Medicaid/MiChild Autism Benefit.



**Who Should Attend:** This conference contains content appropriate for case managers, supports coordinators, clinicians, behavior analysts, CMH administrative or clinical staff, providers, HCBS or waiver coordinators, individuals receiving services and family members and social workers at all levels of practice (beginning, intermediate and/or advanced).

**Overnight Accommodations:** The Kellogg Hotel & Conference Center is located in East Lansing adjacent to Michigan State University.

- Room Rate: \$85 per night plus tax.
- For Room Reservations: Call 517-432-4000 and provide the discount code of 1911DCH&MA.
- The deadline for room discounts is October 10, 2019.

**Special Rate:** A special \$20 conference rate will be offered for people receiving waiver services and their family members. A limited number of scholarships are available to people who receive services and their families. Scholarships may cover registration fees, overnight rooms, travel expenses, meals and childcare.

## **CMHA WEEKLY UPDATE**

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Deadline to request scholarship: October 1, 2019. To request a scholarship form, contact Anne Wilson at [awilson@cmham.org](mailto:awilson@cmham.org) or 517-374-6848.

Questions? Call 517-374-6848 OR email [cward@cmham.org](mailto:cward@cmham.org) OR [awilson@cmham.org](mailto:awilson@cmham.org)

### **45th Annual National Association for Rural Mental Health Conference**

The 45th Annual National Association for Rural Mental Health Conference will be held August 26-29, 2019 at the La Fonda on the Plaza Hotel, Santa Fe, New Mexico. Register online at [www.narmh.org](http://www.narmh.org), or for additional information contact Brenton Rice at [brenton@togevents.com](mailto:brenton@togevents.com) or by phone at 651.242.6589.

## **Miscellaneous News and Information:**

### **CMH Association's Officers and Staff Contact Information:**

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto: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](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Ferguson, Accounting Clerk, [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Alexandra Risher, Training and Meeting Planner, [arisher@cmham.org](mailto:arisher@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

# THE NORTHEAST VOICE

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

## INTRODUCTION TO THE NEW DIRECTOR



strengthen our communities in Alcona, Alpena, Montmorency and Presque Isle counties by implementing innovative solutions to the identified needs of these communities.

Since July 1<sup>st</sup> we have been working with the Board of Directors on our Strategic Plan. The Management Team has been identifying the projects they will

be focusing on in FY20. There has been a reorganization of the Clinical Leadership Team, and we are developing a contract with a clinical consultant who will provide supervision for our clinical managers and their specific program needs.

We are making changes in our Accounting Department to automate our Great Plains Accounting program and our PCE system. Everyone is diligently working on next year's budget and together I am confident we will do exciting things in the coming year.

Sincerely, Nena Sork

Greetings,

I am honored to be selected as the Director of this organization and proud of the good work each and every one of you do. I know our programs provide excellent service. The dedication of the staff is exceptional and I am confident our staff will continue to protect the rights of people served by NeMCMHA.

My goal is to stay focused on the vision and mission of the agency. My commitment is to lead with accountability, transparency and integrity. Together we will continue to

## MEET THE NEW CLINICAL CONSULTANT



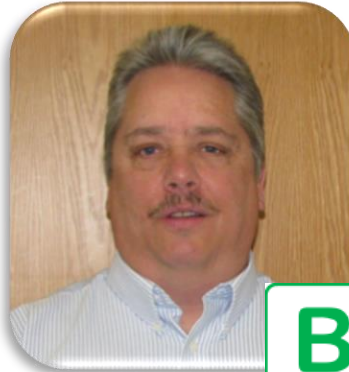
Cheryl Kobernik, formerly from Centra-Wellness, has agreed to provide consultation services to Northeast's clinical staff. Cheryl has an extensive background in various programs provided through the community mental health services program. Her expertise will provide clinical mentorship for the clinical staff to aspire to the best.

Cheryl will be providing oversight via Skype. Cheryl previously held the post of Clinical Director at Centra Wellness. She started her career with Centra Wellness in 2005 as an ACT Team member, shortly after she moved to a full-time mental health clinician until 2007. At that time, she assumed the position of Children's Services Supervisor. A short time later, she was promoted to Clinical Director and served in that capacity for the past 11 years.

# MEET THE MANAGEMENT TEAM



Lisa Anderson  
Human Resource Manager



Dennis Bannon  
IS Director



Mary Crittenden  
COO



Margie Hale-Manley  
Community Employment  
Coordinator/Homes Supervisor



Paul Rajasekhar MD  
Medical Director



Nena Sork  
Director



Jen Whyte  
Compliance Officer



Peggy Yachasz  
SIP Coordinator

The building blocks of our foundation as  
an Agency:

- Lisa Anderson
- Dennis Bannon
- Mary Crittenden
- Margie Hale-Manley
- Paul Rajasekhar MD
- Nena Sork
- Jen Whyte
- Peggy Yachasz

Short bios of Management Team members will be highlighted in future editions of this  
newsletter.

## CARF SURVEY

As many of you already know, the Agency received their notification from CARF indicating we received a three-year accreditation. The CARF review team this year consisted of four surveyors, Diana Barber, Administrative Lead; Pamela McDowell, Program Surveyor; Nicole Guincho, Program Surveyor; and Deborah Jones, Program Surveyor. Agency staff rolled out the red carpet and welcomed the CARF team to their program, home or office and with pride provided the CARF team with the evidence they needed to address the many standards in the accreditation process.

The programs receiving the three-year accreditation include:

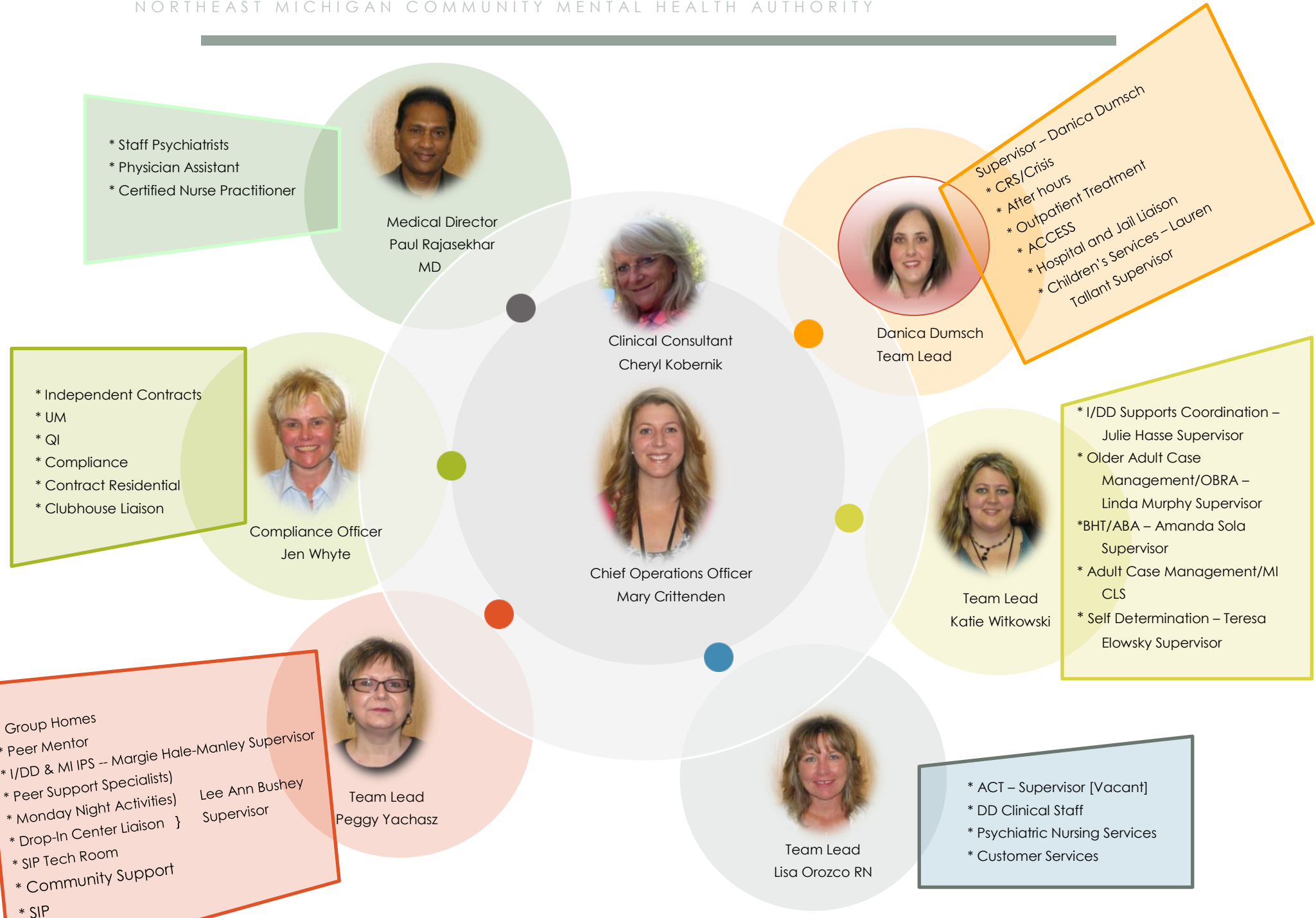
Assertive Community Treatment Mental Health (Adults)  
 Case Management/Services Coordination: Integrated: IDD/Mental Health (Adults)  
 Case Management/Services Coordination: Integrated: IDD/Mental Health (Children and Adolescents)  
 Case Management/Services Coordination: Mental Health (Adults)  
 Case Management/Services Coordination: Mental Health (Children and Adolescents)  
 Community Housing: Integrated: IDD/Mental Health (Adults)  
 Crisis Intervention: Integrated: IDD/Mental Health (Adults)  
 Crisis Intervention: Integrated: IDD/Mental Health (Children and Adolescents)  
 Crisis Intervention: Mental Health (Adults)  
 Crisis Intervention: Mental Health (Children and Adolescents)  
 Intensive Family-Based Services: Mental Health (Children and Adolescents)  
 Outpatient Treatment: Mental Health (Adults)  
 Outpatient Treatment: Mental Health (Children and Adolescents)  
 Prevention: Mental Health (Children and Adolescents)  
 Supported Living: Integrated: IDD/Mental Health (Adults)  
 Community Employment Services: Employment Supports  
 Community Employment Services: Job Development  
*Governance Standards Applied*



Per CARF's accreditation decision, "On balance, NeMCMHA demonstrated substantial conformance to the standards. NeMCMHA is respected in the community. Funding sources, persons served, and referral sources have all expressed satisfaction with the services provided. The organization's continued commitment to CARF's values and the diligence and eagerness with which it addresses the standards are evidenced in the provision of quality services to NeMCMHA's persons served. The organization has areas for improvement, including documentation of practices, policies and procedures. Teamwork and an atmosphere of cooperation are noted across the organization. NeMCMHA benefits from the talented leadership's commitment and competence. It enjoys the appreciation and satisfaction of persons served, family members, referral sources, and other stakeholders. The organization's services, setting, and environment communicate a sense of respect across its business operations and service delivery."

The Board of Directors were very impressed and would like to thank all employees for the role they played in this accreditation process. Well done!





Medical Director  
Paul Rajasekhar  
MD

- \* Staff Psychiatrists
- \* Physician Assistant
- \* Certified Nurse Practitioner



Clinical Consultant  
Cheryl Kobernik



Danica Dumsch  
Team Lead

- Supervisor – Danica Dumsch
- \* CRS/Crisis
- \* After hours
- \* Outpatient Treatment
- \* ACCESS
- \* Hospital and Jail Liaison
- \* Children's Services – Lauren Tallant Supervisor



Compliance Officer  
Jen Whyte

- \* Independent Contracts
- \* UM
- \* QI
- \* Compliance
- \* Contract Residential
- \* Clubhouse Liaison



Chief Operations Officer  
Mary Crittenden



Team Lead  
Katie Witkowski

- \* I/DD Supports Coordination – Julie Hasse Supervisor
- \* Older Adult Case Management/OBRA – Linda Murphy Supervisor
- \* BHT/ABA – Amanda Sola Supervisor
- \* Adult Case Management/MI CLS
- \* Self Determination – Teresa Elowsky Supervisor



Team Lead  
Peggy Yachasz

- \* Group Homes
- \* Peer Mentor
- \* I/DD & MI IPS -- Margie Hale-Manley Supervisor
- \* Peer Support Specialists)
- \* Monday Night Activities) } Lee Ann Bushey Supervisor
- \* Drop-In Center Liaison }
- \* SIP Tech Room
- \* Community Support
- \* SIP

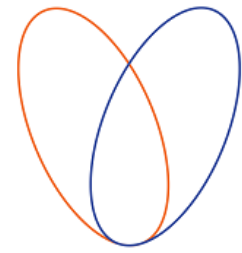


Team Lead  
Lisa Orozco RN

- \* ACT – Supervisor [Vacant]
- \* DD Clinical Staff
- \* Psychiatric Nursing Services
- \* Customer Services

# Clinical Leadership Structure

***This week we are celebrating amazing Direct Support Professionals all around the nation! They are the heart and soul of everything we do to help people with disabilities feel, and be, included in the community!***



**SEPTEMBER 8 - 15, 2019: DIRECT SUPPORT PROFESSIONALS RECOGNITION WEEK**

2019 Direct Support Professional RECOGNITION WEEK  
September 8 - 14, 2019



**WHEREAS**, direct support professionals, including direct care workers, personal assistants, personal attendants, in home support workers, and paraprofessionals, are key to providing publicly funded long-term support and services for millions of individuals with disabilities; and,

**WHEREAS**, direct support professionals provide essential support that ensures individuals with disabilities are included as a valued part of their community, supported at home, at work, and in the communities of our state, and empowered to live with the dignity all people of our state and nation deserve; and,

**WHEREAS**, all communities have a stake in ensuring individuals with disabilities thrive through the connections of their families, friends, and communities, fostered by direct support professionals to avoid more costly institutional care; and,

**WHEREAS**, direct support professionals assist individuals with disabilities by helping them make person-centered choices that lead to meaningful, productive lives; and,

**WHEREAS**, direct support professionals must build close, respectful, and trusting relationships with individuals with disabilities; and,

**WHEREAS**, direct support professionals provide a broad range of individualized support to individuals with disabilities, including assisting with the preparation of meals, helping with medication, assisting with daily living, assisting with access to the environment around them, providing transportation to school work, religious, and recreational activities, and helping with general daily affairs, such as assisting with financial matters and medical appointments; and,

**WHEREAS**, there is a documented critical and increasing shortage of direct support professionals throughout the United States; and,

**WHEREAS**, 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; and,

**WHEREAS**, 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 support for their patients;

**NOW, THEREFORE**, I, Gretchen Whitmer, governor of Michigan, do hereby proclaim September 8 - 15, 2019, as Direct Support Professionals Recognition Week in Michigan.



This year the Agency again will launch a dual campaign consisting of the United Way and the Northeast Michigan Community Mental Health Endowment Fund. As in the past, management has authorized incentive prizes in the form of time off. This year the prizes



will again be pooled to encompass both campaigns. To be eligible for the prizes, an employee must pledge at least \$2 per pay period (\$52/year) to either of the funds. If an employee pledges \$52 to each of the funds, their name will be entered into the drawing twice; thus having the potential for someone to win more than once. The incentives are as follows:

- 5 prizes of 2 days off (16 hours);
- 5 prizes of 1 day off (8 hours);
- and 5 prizes of ½ day off (4 hours)

**WATCH FOR YOUR CAMPAIGN MATERIALS COMING TO YOUR WORKSITE**