

# Northeast Michigan Community Mental Health Authority Board October 2021 Meetings



Board Meeting –  
Thursday,  
October 14 @ 3:00 p.m.



Recipient Rights  
Meeting – Wednesday,  
October 20 @ 3:15 p.m.



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



NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

October 14, 2021 at 3:00 p.m.

A G E N D A

MISSION STATEMENT

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

- I. Call to Order
- II. Roll Call & Determination of a Quorum
- III. Pledge of Allegiance
- IV. Appointment of Evaluator
- V. Acknowledgement of Conflict of Interest
- VI. Information and/or Comments from the Public
- VII. Approval of Minutes.....(See pages 1-5)
- VIII. Educational Session – Assertive Community Treatment (ACT)..... Mickey Knoch
- IX. Consent Agenda.....(See pages 6-7)
  - A. MRS Cash Match Agreement
  - B. Bay View Center
  - C. ABA Pathways
  - D. Touchstone Amendment for FY21
  - E. Catholic Human Services Amendment for FY21
  - F. Straley, Lamp & Kraenzlein PC
  - G. Hospital Contracts/Amendments
- X. NEMROC.....(See page 8)
  - A. Supported Employment
  - B. Community Living Services
- XI. MDHHS Contract Amendment #1 and FY22 Contract .....(See page 9)
- XII. October Monitoring Reports
  - 1. Budgeting 01-004 .....(See page 10)
  - 2. Compensation and Benefits 01-008.....(See pages 11-14)
- XIII. Board Policies Review and Self Evaluation
  - 1. Annual Board Planning Cycle 02-007..[Review & Self-Evaluation].....(See pages 15-16)
  - 2. Executive Director Job Description 03-003..[Review & Self-Evaluation].....(See page 17)
  - 3. Monitoring Executive Performance 03-004..[Review & Self-Evaluation] .(See pages 18-23)
- XIV. Linkage Reports
  - 1. Northern Michigan Regional Entity
    - a. Board Meeting [September 22] ..... (Verbal)
    - b. Board Meeting [August 25].....(See pages 24-29)
  - 2. MACMHB
    - a. Fall Board Conference – October 25 - 26 – Grand Traverse Resort..... (Verbal)
  - 3. Advisory Council Update ..... (Verbal)
- XV. Operation’s Report.....(See page 30)
- XVI. Chair’s Report
  - 1. Perpetual Calendar Adoption .....(See pages 31-32)
  - 2. Strategic Plan.....(See pages 33-37)
  - 3. Ends Policy 04-001.....(See pages 38-39)
  - 4. Appoint Nomination/Board Member Composition Committee.....(See pages 40-41)
  - 5. CMH PAC .....(See pages 42-43)
- XVII. Director’s Report ..... (Verbal)
  - 1. Staff Salaries/Economic Adjustments
- XVIII. Information and/or Comments from the Public
- XIX. Information and/or Comments for the Good of the Board
- XX. Next Meeting – Thursday, December 9 at 3:00 p.m.
  - 1. Set December Agenda.....(See page 44)
  - 2. Meeting Evaluation ..... (Verbal)
- XXI. Adjournment

**Northeast Michigan Community Mental Health Authority Board  
September 9, 2021**

**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: Les Buza, Bonnie Cornelius, Roger Frye, Lynette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent: Robert Adrian, Geyer Balog

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, LeeAnn Bushey, Connie Cadarette, Mary Crittenden, Rebekah Duhaime, Erin Fletcher, Morgan Hale, Larry Patterson, Nena Sork

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Terry Small was appointed as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

No conflicts were identified.

**VI. Information and/or Comments from the Public**

There were no comments presented.

**VII. Approval of Minutes**

*Moved by Pat Przeslawski, supported by Lynette Grzeskowiak, to approve the minutes of the August 12, 2021 meeting as presented.* Gary Nowak voted "No" due to his absence at the previous meeting. Motion carried.

**VIII. Consent Agenda**

- 1 Partners in Prevention**
- 2 Thunder Bay Transportation**
- 3 Autism of America**
- 4 ACORN – Autism Centers of Michigan**
- 5 Touchstone Services Inc., dba Light of Hope Clubhouse**
- 6 Rite Aid**
- 7 Catholic Human Services**
- 8 AT & T Corporate Digital Advantage Agreement**

*Moved by Gary Nowak, supported by Pat Przeslawski, to approve the Consent Agenda as presented.* Motion carried.

**IX. FY 20 – 21 Budget Amendment #2**

Connie Cadarette reported this budget amendment would update the revenues to reflect the actual receipts of Medicaid and other line item revenues. She reported this budget amendment adds \$2.8M in revenues. Connie reviewed the Expenditure Budget (by account) noting the expenditures are based on the additional revenues and show where the additional funds are flowing. The retention payments made to staff are reflected in the salaries and associated benefits line items. Recruitment expenses have also increased. She reported the rent increase covers the cost associated with the temporary placement of residents during renovation of the homes. Connie Cadarette reported the Capital Purchases worksheet was not updated as there are many invoices and expenses occurring at this point. The FTE budget adjustments are due to actual hours worked in the various programs.

*Moved by Gary Nowak, supported by Roger Frye, to approve the FY 20-21 Budget Amendment #2 as presented.* Motion carried.

Bob Adrian arrived at 3:10 p.m.

Eric Lawson announced the opening of the Public Hearing on FY21-22 budget at 3:10 p.m.

**X. FY 21-22 Budget Hearing**

The FY21-21 Budget presented is a continuation budget due to not having our contract with the State and revenues still unknown at this point. Connie Cadarette noted NMRE was informed there would be no additional revenues anticipated.

*Moved by Les Buza, supported by Bonnie Cornelius, to approve the FY 21-22 Budget as presented.* Motion carried.

The Public Hearing concluded at 3:15 p.m.

**XI. September Monitoring Report**

**1. Budgeting 01-004**

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending July 31, 2021. She noted this report reflects the budget based on the pre-amendment #2 numbers. Next report should reflect the new budget numbers and have smaller variances. Connie reviewed the underspending noting there are many items currently in the works, which will bring the underspending down. The Agency anticipates with the planned spending, there will still be an underspending of approximately \$1M.

Larry Patterson reviewed the variances in the expense line items. He noted the salary and related benefit line items are impacted by the retention payments. He noted the self-insured benefits, while still overspent, has decreased from the previous report. Recruitment continues. Contracted inpatient is still running higher than anticipated and will need a budget adjustment. Larry reported the Contracted Employees line includes expenses associated with Self-determination. It was budgeted for 102 self-determination participants and we are currently servicing around 125 individuals in this program. The Asset Distribution received from MMRMA was less than anticipated. Capital Equipment will be adjusted in the budget as we are still continuing to purchase several items. Overall, with 83.3% of the budget year our expenses are at 86%.

*Moved by Gary Nowak, supported by Terry Small, to accept the September Monitoring Report as presented.* Motion carried.

**XII. Board Policies Review & Self-Evaluation**

**1. General Executive Constraint 01-001**

Board members reviewed the policy and had no recommendations.

**2. Compensation and Benefits 01-008**

Board members reviewed the policy. The monitoring report on this policy will be presented at the October meeting.

**3. Board Committee Structure 02-006**

Board members reviewed the policy. Gary Nowak reported the Recipient Rights Committee is doing a fantastic job and has a good leader.

**4. Chief Executive Officer Search Process 03-005**

Board members reviewed the policy. Bob Adrian noted we may wish to discard this policy for the next 20 years. Pat Przeslawski indicated the Board adhered to this policy during their recent search.

### **XIII. Linkage Reports**

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

##### **a. Board Meeting August 25, 2021**

Roger Frye and Gary Nowak reported there was a lot of discussion related to SUD Board and this will be reviewed more thoroughly.

Roger Frye reported there was much discussion about the auditors for the boards next fiscal year audit. He reported it may be this Board follows.

Eric Lawson inquired as to whether the rural exemption has any weight. Nena Sork reported she will be meeting with Christine Gebhardt and Mary Whiteford to discuss. She noted a letter was sent to Senator Stamas on behalf of the five boards. Robert Sheehan, CMHA CEO, was supportive of the letter. She will get a copy of the letter to share with the Board at a future meeting.

Roger Frye reported several approvals were made in the PA dollars. Gary Nowak noted the county commissioners need to encourage eligible entities to apply for funds to provide services within the counties. Bob Adrian noted in addition to the PA funding, other funding will be available for substance use programs with the counties.

##### **b. Board Meeting July 28, 2021**

The minutes for the July 28, 2021 meeting were included in the materials for this meeting. Roger Frye noted there were quite a few contracts approved at the July 28<sup>th</sup> meeting.

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

##### **a. Fall Board Conference – October 25 & 26 [Grand Traverse Resort]**

The program information is not out as of yet. The website indicates it will be hybrid conference with parts of the conference conducted virtually. Nena Sork noted there will be options available. Bonnie Cornelius, Judy Jones, Roger Frye, Terry Small and Eric Lawson all indicated an interest to attend. Once the information is released, Board members will be updated.

### **XIV. Chair's Report**

#### **1. Setting Perpetual Calendar**

The perpetual calendar was reviewed. If Board members have any recommendations for additions, etc. they can be added/deleted and this will be adopted by the Board at their October meeting.

#### **2. Board Self-Evaluation Report**

The Board Self-Evaluation Report was reviewed by the Board. Pat Przeslawski noted Board members were pretty agreeable in most instances. There were a couple of instances where there was a disagreement of the opinion. One item addresses Board members participation in the organization in ways other than attending monthly meetings. Opportunities include attending employee recognition and staff picnics.

Board member orientation was another item. Pat Przeslawski noted during COVID, the orientation process was made much more difficult. This could be improved. Pat Przeslawski noted all Board members did well during COVID with participating via phone calls and Zoom.

Eric Lawson noted in the written comments one item identified having more public presence or input in the meetings. Gary Nowak reported at one time the news came to the meeting and reported on some meetings. All the news media gets a copy of the meeting notice. Nena Sork reported the News periodically interviews staff. Mary Crittenden relayed a recent contact with the Alpena News. Terry Larson suggested a summary of the board meeting be sent to news after the meeting to see if they would publish. Bob Adrian reported he finds the services provided in the Operational Report to be interesting and feels this might be an eye catcher for

the public. Gary Nowak noted he heard a news flash indicating northern Michigan has a poor mental health system.

## **XV. Director's Report**

### **1. Director's Update**

Nena Sork provided Board members with an update of the various activities she has participated in during the past month. Nena Sork introduced Morgan Hale, Contract Manager, to the Board. The Consent Agenda showcases some of the contracts recently involving Morgan.

Nena attended the NMORC Board meeting. She attended the NMRE OPS meeting and the Directors are focusing on the Milliman reports, Standard Cost Allocation reports and addressing the privatization of the system.

On August 27<sup>th</sup>, she met with the Presque Isle County Commissioners with Terry Larson attending. She reported there were positive comments from the commissioners. Nena Sork reported in the private sector mental health services are very difficult to obtain. Nena Sork reports we are always lumped in with the private sector and a blanket statement made provides a negative cloud over the public sector as well.

Nena reported the NMRE Board meeting had discussion about the auditors for the coming year. The recommendation of NMRE was for all five Boards to use the same auditing firm. Gary Nowak indicated he would like to see the dollars stay local. Nena Sork noted the consensus of the CFO's in attendance at the NMRE meeting indicated it would not be best practice to continue to use the same auditors for so many consecutive years. If this Board chooses to use the current auditors, the NMRE might need to conduct a similar audit of our Agency to adapt the results to be in the same format as the other boards. The recommended auditing firm is Roslund, Prestage, and Company PC.

***Moved by Gary Nowak, supported by Terry Small, to approve the auditing firm change for FY 21 to Roslund, Prestage, and Company PC.*** Eric Lawson requested additional information of the benefits of using a common auditor. Connie Cadarette reported she must submit her reports to the NMRE and if we are using the same auditors, the reports will be able to be compiled more easily. Connie Cadarette provided the Board with the bids provided by each of the auditing firms submitting bids. Terry Small provided his experience with a treasurer issue having the same auditing firm for many years so new eyes can be good.

Roll call vote: Ayes: Roger Frye, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small; Nays: Robert Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Judy Jones, Terry Larson; Absent: Geyer Balog. Motion failed.

***Moved by Pat Przeslawski, supported by Bob Adrian, to approve Straley, Lamp & Kraenzlein for the FY21 auditing firm.***

Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Lynnette Grzeskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski, Terry Small; Nays: Roger Frye, Gary Nowak; Absent: Geyer Balog. Motion carried.

Nena Sork reported the Agency is working with school systems to determine how we can help them during this pandemic. She reported flash drives are being purchased with our phone number and suicide prevention number printed on along with ear buds. The Suicide Walk Alpena is September 25<sup>th</sup>. Board members were requested to notify Diane Hayka if they would like to participate. A resource table will be available at the event with a goodie bag distributed to participants. On Sunday a Walk Out of Darkness suicide walk will be held in Rogers City and we will host a resource table at that event. The Take Back Event will be held on October 23 with our Agency participating.

Stability Payments are being distributed to AFC homes and provide dollars for each bed we contract with them. Nena Sork reported the 928 local match payments have made ground with the Legislature so the final local match payment to the State will be submitted..

On August 21<sup>st</sup>, 42 individuals participated in the Pop Up Pantry in Alpena at the Aplex.

Nena Sork reported a collection of history is being developed by Diane Hayka to celebrate the 53<sup>rd</sup> birthday of the Agency.

Judy Jones inquired as to whether the Agency has data on the number of suicides in our region. Nena Sork reported this information is collected; however, we are not informed unless it is a person we actually serve. The Recipient Rights Committee does collect this information. Bob Adrian reported the County Medical Examiner would have this statistic.

## **2. QI Council Update**

The QI Council minutes were included in the mailed materials for this meeting. Board members had no questions related to the minutes.

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

Bonnie Cornelius noted the Agency could use a cot. Nena Sork reported this is being secured.

### **XVII. Information and/or Comments for the Good of the Board**

Eric Lawson informed Board members of receipt of a thank you from the Besser Community Living facility. Mary Crittenden reported the facility really jumped through hoops to get licensing to allow our residents to live there during the renovation at Princeton.

Roger Frye thanked staff for their great job. Roger Frye reported next month is Tootsie Roll Drive.

Gary Nowak suggested the Board return to Educational Sessions.

### **XVIII. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, October 14, 2021 at 3:00 p.m.

#### **1. Set October Agenda**

The October agenda items were reviewed.

### **XIX. Evaluation of Meeting**

Terry Small reported there was good information received. All members participated with lots of discussion.

### **XX. Adjournment**

*Moved by Pat Przeslawski, supported by Terry Small, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:20 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** September 30, 2021

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**I. Contracts/Agreements**

**A. 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 FY21-22 is \$18,519, of which \$5,000 or 27% is the local match contributed by NeMCMHA. This amount is the same as last year's total amount. We recommend approval.

**B. Bay View Center**

The Agency contracts with Bay View Center to provide community members with a Drop-In Center. Last year, Bay View Center had a budget of \$87,570.64 Medicaid/\$26,000 General Funds totaling \$113,570.64. Bay View Center has been working diligently to expand services and the FY22 contract will total \$134,635.25, an increase of \$21,064.61. We recommend approval.

**C. ABA Pathways**

This is a continuation of the ABA Pathways contract. ABA Pathways currently provides services to children/young adults with a diagnosis of autism spectrum disorder served by the Agency. ABA Pathways is experiencing difficulty in retaining staff and has requested a slight increase to provide a cost of living increase. The rates are as follows:

Service	Code	Cost/Unit/Encounter FY20/21	Cost/Unit/Encounter FY21/22
Determine Eligibility	90791	\$35 per 15-min unit or \$140 per hour	\$36.05 per 15-min unit or \$144.20 per hour
ABA Behavior ID Assessment	97151		
Family Guidance/ Training	97156		
ABA Supervision & Monitoring	97155		
Adaptive Behavior Treatment	97153	\$15 per 15-min unit or \$60 per hour	\$15.45 per 15-min unit or \$61.80 per hour
Functional Analysis / Follow-up Assessment	0362T	\$30 per 15-min unit or \$120 per hour	\$36.05 per 15-min unit or \$144.20 per hour

We recommend approval.



**D. Touchstone Services dba Light of Hope Clubhouse Amendment FY21**

This amendment to the agreement with Touchstone Services adds \$40,000 to their contract, which will be used to purchase a van. The purchase of this van will improve transportation to get individuals to and from services. We recommend approval of the amendment.

**E. Catholic Human Services (CHS) Amendment FY21**

The FY21 agreement with Catholic Human Services included an option to cost settle at the end of the fiscal year. CHS anticipates exceeding their FY21 contract by \$5,241.60. This amendment allows for the provision of an additional 90 units at a rate of \$58.24 per unit. We recommend approval of this amendment.

**F. Straley Lamp & Kraenzlein PC**

Straley Lamp & Kraenzlein PC is the auditing firm this Agency uses to conduct the annual financial and compliance audits. This year's audit cost is \$20,500, which is \$1,450 less than last year's cost. We recommend approval.

**G. Hospital Contracts/Amendments**

The Northern Michigan Regional Entity negotiates the rates for hospitals for each of their member Boards; however, our Agency is responsible for the final execution of the contracts. Below is a table with the details of this year's negotiations:

Hospital Name	Location	FY21	FY22	Adult/Children/ Adolescent Unit
BCA Stone Crest	Detroit	\$718.00	\$740.00	Adult
Cedar Creek	Saint Johns	\$775.00	\$975.00	Adult/Child/Adoles. (same cost for all)
Forest View	Grand Rapids	\$968.00	\$997.75	Adult / Adolescent (same cost for all)
Harbor Oaks	Detroit	NEW FY22	\$750.00	Adult / Adolescent
Havenwyck	Auburn Hills	\$800.00	\$884.00	Adult / Adolescent (same cost for all)
Healthsource of Saginaw	Saginaw	\$875.00	\$925.00	Adult / Adolescent (same cost for all)
Marquette General Hospital (Marquette – UP Health Systems)	Marquette	\$662.22	\$662.00	Adult
MidMichigan Health	Alpena Gratiot Midland	\$900.00	\$900.00	Adult
Pine Rest (Adult)	Grand Rapids	\$1,098.00	\$1,180.00	Adult
Pine Rest (Child/Adolescent)	Grand Rapids	\$1,140.00	\$1,136.00	Adolescent / Child
War Memorial	Kincheloe	\$925.00	\$925.00	Adult / Adolescent

We recommend approval.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** NEMROC Contract  
**DATE:** October 4, 2021

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The Agency has had a contract with NEMROC for many years and during those years, one contract outlined the services provided by NEMROC. This year's contract will be divided into two contracts – one for supported employment and one for community living supports. By splitting the contract, the Agency will be able to approve invoices and monitor performance more efficiently as the Agency has one coordinator to oversee community living services and one coordinator to oversee supported employment services eliminating a bottleneck in the approval process.

**Supported Employment Services (SE)**

The FY22 contract amount to provide supported employment services is budgeted at \$666,767.44. This is \$76,323.25 more than the FY21 allocation for SE. NEMROC anticipates providing 66,200 units of SE.

**Community Living Supports (CLS)**

The FY22 contract amount to provide community living supports is budgeted for \$63,106.56. This is \$17,803.44 less than last year's allocation for CLS; however, the unit rate increased from \$9.30 per unit to \$9.96 per unit. NEMROC intends to increase focus on SE in the coming year.

Overall, the budgeted amount for NEMROC will increase by \$58,519.81 in FY22. The reason for the increase is due to rising costs of health insurance, hiring additional job coaches and increases in wages and benefits.

We recommend approval.

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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## INTEROFFICE MEMORANDUM

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**TO:** Board Members

**FROM:** Nena Sork

**SUBJECT:** MDHHS FY21 Contract Amendment #1 and FY22 Contract

**DATE:** September 30, 2021

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Many of you will remember from last year, the State of Michigan converted their system of contract agreements to an EGrAMS system which requires the Director to log in and sign contracts electronically.

We have received a contract amendment to our FY21 contract. This amendment removes some sections of the initial contract and revises some of the attachments to the contract. The changes are as follows:

- Remove Attachment C 4.9.1 – Mental Health Courts
- Modify Attachment C 4.5.1 – PASRR Agreement
- Modify Attachment C 4.7.2 – Technical Requirement for SED Children
- Modify Attachment C 6.5.1.1 – CMHSP Reporting Requirements
- Modify Attachment C 6.9.1.1 – IST & NGRI Protocol
- Modify Attachment C 6.9.7.1 – CMHSP Trauma Policy
- Modify Attachment C 6.9.8.1 – Family-Driven and Youth-Guided Policy
- Modify Attachment C 6.9.9.1 – Employment Works! Policy
- Modify Part II, Statement of Work as follows: a) remove Section 4.8 Mental Health Court, b) update Section 6.5.3 Level of Care Utilization System (LOCUS), c) update Section 6.9.1 State Managed Services, item E – MDHHS Community Transition Program, d) Add Section 6.9.7 Trauma Policy and e) Add Section 6.9.8 Family-Driven and Youth-Guided Policy Guideline.

The contract for FY22 indicates a slight increase over last fiscal year of \$100,580. The FY contract is for a total of \$1,102,207.00.

Due to the required turnaround timeframes for both the amendment and the contract, the contracts were electronically signed with notification to the Board Chair. The policy related to contracts comes up for review at the December Board meeting and we may wish to add language to the contract to outline this type of contract execution.

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Eleventh Month Ending August 31, 2021**  
**91.67% of year elapsed**

	Actual August Year to Date	Budget August Year to Date	Variance August Year to Date	Budget FY21	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	84,503.52	96,021.41	\$ (11,518)	105,187.00	80.3%
2 Private Contracts	22,479.00	54,002.63	(31,524)	58,912.00	38.2%
3 Grants from Local Units	506,412.77	543,787.50	(37,375)	603,450.00	83.9%
4 Interest Income	1,499.14	11,151.25	(9,652)	12,165.00	12.3%
5 Medicaid Revenue	26,748,017.32	26,620,170.39	127,847	29,675,562.00	90.1%
6 General Fund Revenue	831,496.37	959,455.88	(127,960)	1,046,679.00	79.4%
7 Healthy Michigan Revenue	1,496,737.32	2,026,994.06	(530,257)	2,337,264.00	64.0%
8 3rd Party Revenue	387,891.18	341,735.68	46,156	367,347.00	105.6%
9 Behavior Health Home Revenue	24,567.90	0.00	24,568	0.00	0.0%
10 SSI/SSA Revenue	470,872.41	478,089.04	(7,217)	521,553.00	90.3%
11 Other Revenue	79,587.03	40,700.99	38,886	44,401.00	179.2%
12 <b>Total Revenue</b>	<b>30,654,064</b>	<b>31,172,109</b>	<b>(518,045)</b>	<b>34,772,520</b>	<b>87.8%</b>
<b>Expense</b>					
13 Salaries	12,953,403.70	13,085,732.66	132,329	14,525,614.00	89.2%
14 Social Security Tax	568,471.89	629,155.01	60,683	686,351.00	82.8%
15 Self Insured Benefits	2,852,735.53	3,037,944.12	185,209	3,444,691.00	82.8%
16 Life and Disability Insurances	180,765.90	206,494.53	25,729	225,267.00	80.2%
17 Pension	1,073,061.91	1,082,442.69	9,381	1,224,319.00	87.6%
18 Unemployment & Workers Comp.	145,654.47	168,892.13	23,238	184,246.00	79.1%
19 Office Supplies & Postage	37,008.76	43,744.87	6,736	47,721.00	77.6%
20 Staff Recruiting & Development	111,395.14	102,203.14	(9,192)	119,365.00	93.3%
21 Community Relations/Education	15,348.57	14,996.83	(352)	17,042.00	90.1%
22 Employee Relations/Wellness	52,520.45	53,065.97	546	60,072.00	87.4%
23 Program Supplies	483,109.78	568,803.10	85,693	622,558.00	77.6%
24 Contract Inpatient	1,232,267.86	1,212,725.49	(19,542)	1,347,246.00	91.5%
25 Contract Transportation	43,656.74	70,289.73	26,633	80,498.00	54.2%
26 Contract Residential	5,283,107.14	5,250,640.62	(32,467)	5,876,266.96	89.9%
27 Contract Employees & Services	3,489,667.70	3,822,135.01	332,467	4,248,829.00	82.1%
28 Telephone & Connectivity	128,629.05	126,495.52	(2,134)	139,495.00	92.2%
29 Staff Meals & Lodging	4,039.82	27,706.14	23,666	30,225.00	13.4%
30 Mileage and Gasoline	230,814.89	285,085.84	54,271	311,685.00	74.1%
31 Board Travel/Education	2,534.54	12,525.37	9,991	13,664.00	18.5%
32 Professional Fees	34,791.78	64,526.11	29,734	71,824.00	48.4%
33 Property & Liability Insurance	68,564.49	59,873.88	(8,691)	65,317.00	105.0%
34 Utilities	145,355.49	146,641.96	1,286	160,246.00	90.7%
35 Maintenance	126,127.11	147,083.50	20,956	161,573.00	78.1%
36 Rent	284,758.07	261,770.62	(22,987)	304,027.00	93.7%
37 Food (net of food stamps)	42,059.79	60,099.60	18,040	65,563.00	64.2%
38 Capital Equipment	314,547.86	133,348.64	(181,199)	178,485.00	176.2%
39 Client Equipment	25,569.56	23,592.37	(1,977)	29,828.04	85.7%
40 Miscellaneous Expense	130,452.55	132,411.36	1,959	157,758.00	82.7%
41 Depreciation Expense	298,294.72	341,681.89	43,387	372,744.00	80.0%
42 <b>Total Expense</b>	<b>30,358,715</b>	<b>31,172,109</b>	<b>813,393</b>	<b>34,772,520</b>	<b>87.7%</b>
43 <b>Change in Net Position</b>	<b>\$ 295,349</b>	<b>\$ 0</b>	<b>\$ 295,349</b>	<b>\$ -</b>	<b>0.0%</b>
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 2,499,401				
46 Healthy Michigan Funds (Over) / Under Spent	716,097				
47 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 3,215,498</b>				
47 General Funds to Carry Forward to FY22	\$ 45,908				
48 General Funds Lapsing to MDHHS	87,806				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 133,714</b>				

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING REPORT**

<b>POLICY CATEGORY:</b>	Executive Limitations
<b>POLICY TITLE AND NUMBER:</b>	Compensation and Benefits, 01-008
<b>REPORT FREQUENCY &amp; DUE DATE:</b>	Annual, October 2021
<b>POLICY STATEMENT:</b>	

With respect to employment, compensation and benefits to employees, consultants, contract workers and volunteers, the 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.
  - **Interpretation:** The Board will set the Executive Director’s salary.
  - **Status:** The contract with the Executive Director, which addresses salary, expires June 30, 2022
  
2. . . . promise or imply permanent or guaranteed employment.
  - **Interpretation:** Neither the Executive Director nor any other person will indicate to an employee or prospective employee that employment is guaranteed or permanent.
  - **Status:** Employment terms for various types of employees are defined elsewhere in personnel policies. None are “guaranteed” employment.

We establish a variety of employment relationships that can be used to provide services. Beyond the “standard” full- or part-time status used for 80-85% of our positions, contractual and casual status may be used for particular purposes. Typically, contractual employees include certain professional clinical staff (OTs, Speech Therapists, etc.); casual employees are those on a call-in status, largely in group homes as substitute workers for those employees on leave.

The Board’s professional clinical employees are organized with Office and Professional Employees International Union (OPEIU); many of the Board’s Paraprofessional staff (group home and most other direct care staff) are in a separate bargaining unit of that same union. Other employees (administration, psychiatrists, MI and Blue Horizons Residential, Supported Independence Program (SIP) Community Support Workers (CSW), maintenance and housekeeping) are not represented by unions.

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, in no event longer than one year with the exception of labor contracts and in all events subject to losses of revenue.
    - **Interpretation:** Subject to sufficiency of financial resources, staff compensation and benefits will be set following a review of data describing the geographic or professional market for the skills employed by our staff. To the extent possible, surveys of like agencies will be used. Labor contracts for represented employees will be negotiated with the intent to avoid material differences in overall compensation,

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING REPORT**

understanding that salaries, wages and specific benefits will differ from those of non-union staff as a result of the negotiation process.

- **Status:**

- Salary & Wages:

The Board’s salaries and wages are set according to either a salary schedule that applies to non-union staff or the terms of labor agreements with OPEIU, the union that represents a number of our staff. To help determine the market conditions to which to compare these rates, we use the Board Association’s survey of compensation packages used by Michigan’s CMH Boards; that survey was conducted this year and reflects fiscal year 2021 data. The table below illustrates the progress made over the last four years; the table compares the percent that these five classifications of staff lag their counterparts at other CMH boards.

<u>Classification</u>	<u>2017 Lag</u>	<u>2019 Lag</u>	<u>2021 Lag</u>
Management Team	-6.6%	-5.0%	-8.4
Other Management/ Supervisors	-3.0%	-3.5%	-14.1
Professional Clinical	-0.5%	-3.0%	-6.4
Office Staff	-0.8%	-4.0%	+0.7
Paraprofessional	-23.6%	-12.2%	-9.3

Huge progress has been made in the Paraprofessional workgroup due to the Direct Care Wage Pass Through and our intentionally raising the salaries in this workgroup to keep pace with market salaries and aid in recruiting and retention. The Professional Clinical group has experienced program growth along with several staff retirements; replacement staff are new graduates starting at a lower entry wage. Since March 2020, the pandemic challenged recruitment efforts further. The biggest reason for the increased gaps is due to not providing a cost of living increase for the past several years.

- Fringe Benefits:

- ◆ Health Insurance

The organization provides these benefits for Full-time (40 hours/week) employees covering medical, prescription, dental and vision OR just medical coverage for those working an average 30 hours per week. All of these plans are self-insured. Participating employees pay 22% of the premium for the agency’s most costly benefit plan through payroll deduction. If employees agree to participate and meet certain aspects of the Agency’s Wellness program, the premium co-pay is reduced by 4%. Agency health plans include a plan that meets requirements of the Affordable Care Act.

- ◆ Leave

For many years now the Board has had a leave policy that combines vacation and sick leave into one bank to be managed by the employee (full- and part-time). New employees are eligible for approximately 18 leave days if working 40 hours per week; according to the September 2021 Board Association Salary survey, other CMH Boards having similar “all-purpose” leave plans offer an average of 26 leave days. Northeast employees with 25 years are allowed 33 days. We attempt to accommodate staff requests for use of leave and allow very flexible use of leave. I believe this is a benefit

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING REPORT**

appreciated by most staff. In addition to regular leave, with the onset of the pandemic, a special leave bank was established to cover absences for documented absences due to COVID.

◆ Other

Other fringe benefits provided for employees include:

- Deferred Compensation (voluntary retirement account)
- Flexible Medical—Sec. 125 (voluntary medical account)
- Short-term disability insurance
- Long-term disability insurance (Full-time only)
- Life insurance (Full-time only)
- Accidental death and dismemberment

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 Executive Director differently from other comparable key employees.
- E. Are instituted without prior monitoring of these provisions.

- **Interpretation:** The organization will avoid defined-benefit plan structures in favor of defined contribution plans clearly stating and limiting employer liability. The organization’s pension plans and related retirement benefits as established in policy or labor contracts will be available to full-time employees meeting eligibility criteria as defined in policy or labor contracts. Changes in pension plans (if any) will not result in loss of benefits to employees; this will not preclude the possibility of changing plan structures in ways offering at least an equivalent benefit. The Executive Director will participate in the same plan available to other management team employees.

- **Status**

The organization offers several plans depending on the employees’ employee group status. Employer pension contributions to the three groups’ pension accounts differ as shown below as a result of negotiations with the Union.

- Non-Union: 7.5%
- Professional Union: 7%
- Paraprofessional Union: 6%

According to the Board Association data, our contribution to employee pensions is at par with the average CMH Board.

Non-union employees no longer participate in Social Security; instead, the organization and the employee contribute a total of 11.9% of pay to a 401a pension plan that is separate from the agency’s basic pension plan. The Board’s Union employees continue participation in the Social Security program and the Board’s basic pension program as well.

Only the Board’s full-time employees (40 hours/week) participate in the “basic” pension program.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING REPORT**

The balance of each of the Board’s retirement account programs is shown below. Because each of these programs is a defined contribution plan (versus a defined benefit) there is no risk that the plans are underfunded.

<u>Plan</u>	<u>Balances as of June 30, 2021</u>
Pension, Non-union (Pre SS Opt-out)	\$ 586,494.54
Pension, Non-union (Post SS Opt-out)	\$ 8,512,220.29
Pension, Professional Union	\$ 2,854,389.77
Pension, Paraprofessional Union	\$ 2,207,760.45
Social Security Alternative, Non-union	\$ 14,425,574.24
Deferred Compensation, VOYA	\$ 4,368,268.00
Deferred Compensation, AXA Equitable	\$ 146,755.06
Deferred Compensation, Hartford (now Mass Mutual)	\$ 299,983.62
Total, All Plans	\$ 33,401,446.07

**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 that other policies may be necessary?



GOVERNANCE PROCESS

(Manual Section)

**ANNUAL BOARD PLANNING CYCLE**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved:

August 8, 2002  
October 10, 2019

**●1 POLICY:**

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

1. The cycle will conclude each year on the last day of September in order that administrative budgeting can be based on accomplishing a one-year segment of the most recent board long-range vision.
  - By September preceding the new cycle, the board will develop its agenda for the ensuing one-year period.
2. Education, input and deliberation will receive paramount attention in structuring the series of meetings and other board activities during the year.
  - To the extent feasible, the board will identify those areas of education and input needed to increase the level of wisdom and forethought it can give to subsequent choices.
3. The sequence of the process for the board planning year ending September 30 is as follows:
  - May: The planning process begins with a brief review of progress to-date toward the current year ends. The session will include an environmental scan and exploration of the primary factors affecting public mental health services. The goal of the session will be to identify areas upon which the board wishes to focus its planning efforts over the next several months.
  - June through August: During these months, the planning areas identified above are refined with the active assistance of staff.

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

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- September: The board’s plan (including ends) for the coming year is adopted. This plan will also include the board’s desires for educational presentations for the year.
  - November: Review of past year ends achievement. Celebration.
4. Executive Director monitoring will be included on the agenda if monitoring reports show policy violations, or if policy criteria are to be debated.
  5. Executive Director remuneration will be decided after a review of monitoring reports received in the last year by September.
- 2 **APPLICATION:**
- The Northeast Michigan Community Mental Health Authority Board
- 3 **DEFINITIONS:**
- 4 **REFERENCES:**
- 5 **FORMS AND EXHIBITS:**

BOARD STAFF RELATIONSHIP

(Manual Section)

**EXECUTIVE DIRECTOR JOB DESCRIPTION**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved:

August 8, 2002  
October 10, 2019

**●1 POLICY:**

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

Consequently, the Executive Director’s job contributions can be stated as performance in the following areas:

1. Organizational accomplishment of the provisions of board policies on *Ends*.
2. Organization operation within the boundaries of prudence and ethics established in board policies on *Executive Limitations*.

**●2 APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

**●3 DEFINITIONS:**

**●4 REFERENCES:**

**●5 FORMS AND EXHIBITS:**

**BOARD STAFF RELATIONSHIP**

(Manual Section)

**MONITORING EXECUTIVE DIRECTOR PERFORMANCE**

(Subject)

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

August 8, 2002  
October 10, 2019

**●1 POLICY:**

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

1. The purpose of monitoring is to determine the degree to which board policies are being fulfilled. Information that does not do this will not be considered to be monitoring. Monitoring will be as automatic as possible, using a minimum of board time so that meetings can be used to create the future rather than to review the past.
2. A given policy may be monitored in one or more of three ways:
  - A. Internal report: Disclosure of compliance information to the board from the chief executive.
  - B. External report: Discovery of compliance information by a disinterested, external auditor, inspector or judge who is selected by and reports directly to the board. Such reports must assess executive performance only against policies of the board, not those of the external party unless the board has previously indicated that party's opinion to be the standard.
  - C. Direct board inspection: Discovery of compliance information by a board member, a committee or the board as a whole. This is a board inspection of documents, activities or circumstances directed by the board which allows a "prudent person" test of policy compliance.
3. Upon the choice of the board, any policy can be monitored by any method at any time. For regular monitoring, however, each *Ends* and *Executive Limitations* policy will be classified by the board according to frequency and method.
  - A. See Board Monitoring Schedule for frequency and method.
4. By each September, the board will have a formal evaluation of the Executive Director. This evaluation will not only consider monitoring data as defined here, but as it has appeared over the intervening year. In every case, the standard for compliance shall be any reasonable Executive Director interpretation of the board policy being monitored. The board is final arbiter of reasonableness, but will always judge with a "reasonable

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

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**  
Exhibit 1 – Monitoring Schedule

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING SCHEDULE**

Exhibit 1

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

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING SCHEDULE**

Exhibit 1

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

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING SCHEDULE**

Exhibit 1

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



**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY  
MONITORING SCHEDULE**

Exhibit 1

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

**NORTHERN MICHIGAN REGIONAL ENTITY  
BOARD OF DIRECTORS MEETING  
10:00AM – AUGUST 25, 2021  
GAYLORD BOARDROOM**

<b>ATTENDEES:</b>	<b>Roger Frye, Randy Kamps, Terry Larson, Christian Marcus, Mary Marois, Gary Nowak, Jay O’Farrell, Richard Schmidt, , Don Smeltzer, Joe Stone, Don Tanner</b>
<b>VIRTUAL ATTENDEES:</b>	<b>Gary Klacking (St. Ignace), Karla Sherman (Wilson, WY), Nina Zamora (Traverse City)</b>
<b>ABSENT:</b>	<b>Ed Ginop</b>
<b>NMRE/CMHSP STAFF:</b>	<b>Brian Babbitt, Lauri Fischer, Sandy Kintz, Eric Kurtz, Trish Otremba, Pamela Polom, Brandon Rhue, Sara Sircely, Deanna Yockey, Carol Balousek, Lisa Hartley</b>
<b>PUBLIC:</b>	<b>Kara Steinke, Sue Winter, Jackie Wurst</b>

CALL TO ORDER

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

ROLL CALL

Let the record show that Ed Ginop was excused from the meeting on this date; all Board Members were in attendance either virtually or in person.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

Let the record show that no Conflicts of Interest to any of the meeting agenda items were expressed.

APPROVAL OF AGENDA

Let the record show that Chairman Tanner added the naming of NMRE Board Secretary and Northern Lakes CMH Executive Committee representation to the meeting Agenda under “New Business.”

**MOTION BY JOE STONE TO APPROVE THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS MEETING AGENDA FOR AUGUST 25, 2021 AS AMENDED; SUPPORT BY RANDY KAMPS. MOTION APPROVED BY CONSENSUS.**

APPROVAL OF PAST MINUTES

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

**MOTION BY ROGER FRYE TO APPROVE THE MINUTES OF THE JULY 28, 2021 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS; SUPPORT BY GARY NOWAK. MOTION APPROVED BY CONSENSUS.**

CORRESPONDENCE

1) The minutes of the August 5, 2021 PIHP CEO meeting.

- 2) CMHAM David Lalumia Professional Service nomination form.
- 3) CMHAM Partners in Excellence nomination form.
- 4) Michigan Integration Efforts document from MDHHS dated August 2021.
- 5) CMHAM infographic titled, "Within Our Reach: Concrete Approaches to Building a World Class Public Mental Health System in Michigan."
- 6) CMHAM document titled, "Within our Reach: Avoid ill-conceived redesign/privatization plans and, instead, take concrete steps to advance Michigan's nationally recognized public mental health system."
- 7) CMHAM's analysis of "Media coverage of Michigan Legislature's system redesign proposals" dated July 26, 2021.
- 8) Medical Services Administration Bulletin 21-25 regarding expansion of the Opioid Health Home dated July 30, 2021.
- 9) Correspondence from Allen Jansen, Senior Deputy Director of BHDDA requiring the use of the substance use disorder (SUD) GAIN-I CORE assessment for the adolescent population.
- 10) Slides from a presentation from the University of Michigan School of Public Health Behavioral Health Workforce Research Center titled, "Diversifying the Behavioral Health Workforce."
- 11) Email correspondence from CMHAM dated July 26, 2021 providing an "update on contract negotiations around MDHHS/Milliman proposed financial reporting changes."
- 12) Curriculum vitae from new SUD Oversight Board representative from Grand Traverse County, David Freedman.
- 13) Letter from Chip Johnston and Don Tanner to Jon Villasurda at MDHHS announcing Centra Wellness Network's withdrawal from the CCBHC project.
- 14) The minutes from the August 11, 2021 NMRE Regional Finance Committee meeting.

Mr. Kurtz drew attention to the expansion of the Opioid Health Home (booming statewide). Mr. Kurtz also mentioned the letter from Centra Wellness Network opting out of the CCBHC pilot project.

#### ANNOUNCEMENTS

Let the record show that Mr. Stone reminded the Board about the CMHAM Fall Conference taking place October 25<sup>th</sup> – 26<sup>th</sup> in Traverse City; a reception is planned for the evening of October 24<sup>th</sup>.

#### PUBLIC COMMENTS

Let the record show that the members of the public attending the meeting virtually were recognized.

#### REPORTS

##### **Executive Committee Report**

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

##### **CEOs Report**

The NMRE CEO Monthly Report for August 2021 was included in the materials for the meeting on this date. Mr. Kurtz highlighted the Rural Area Crisis Discussion that occurred on August 24<sup>th</sup> facilitated by Public Sector Consultants, calling it a 'very good meeting.' Mr. Kurtz noted that the perception is that emergency and crisis services are not being delivered; they are actually being delivered quite well; the real concern is the lack of inpatient psychiatry. Mr. Marcus stressed the importance of participating in the survey about Behavioral Health Integration sent by Connor Spalding, Director of Legislative Strategy for Senator Shirkey.

## June 2021 Financial Report

- Traditional Medicaid showed \$151,233,952 in revenue, and \$130,992,030 in expenses, resulting in a net surplus of \$20,241,922. Medicaid ISF was reported as \$7,738,320 based on the unaudited final FSR. Medicaid Savings was reported as \$4,515,675.
- Healthy Michigan Plan showed \$23,250,353 in revenue, and \$17,719,362 in expenses, resulting in a net surplus of \$5,530,991. HMP ISF was reported as \$7,058,552 based on the unaudited Final FSR. HMP savings was reported as \$0.
- Net Position\* showed net surplus Medicaid and HMP of \$25,772,913. Medicaid carry forward was reported as \$4,515,675. The total Medicaid and HMP Current Year Surplus was reported as \$25,095,588. Medicaid and HMP combined ISF based on unaudited Final FSR was reported as a \$14,796,872; the total Medicaid and HMP net surplus, including carry forward and ISF was reported as \$39,892,460.
- Health Home showed \$365,765 in revenue, and \$292,082 in expenses, resulting in a net surplus of \$73,683.
- SUD showed all funding source revenue of \$15,558,991, and \$12,951,192 in expenses, resulting in a net surplus of \$2,607,799. Total PA2 funds were reported as \$5,930,363.

Ms. Yockey reported the Direct Care Wage surplus as \$5,193,000. The current potential lapse as of June 30, 2021 was provided as approximately \$15M. It was noted that quarter four spending is typically increased. Revenue continues higher than normal due to COVID halting redeterminations and spenddowns; those may resume as early as January 1, 2022. Mr. Kurtz voiced that PIHP CEOs are having discussions with MDHHS about the potential impact. Milliman is projecting a 0% rate increase FY22. Mr. Kurtz suggested that the legislation consider bidding out the actuary. Mr. Kamps expressed concern about the surplus and the need for a rural exemption. A proposed FY22 regional budget will be brought to the NMRE Board in September.

## **MOTION BY GARY NOWAK TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR JUNE 2021; SUPPORT BY MARY MAROIS. MOTION APPROVED BY CONSENSUS.**

Mr. Stone referred to the discussion about Board Per Diems referenced in the August 11, 2021 Regional Finance Committee meeting minutes. He noted that the per diem rate cannot exceed the highest amount paid by the counties in the entity's region. Ms. Yockey noted that the NMRE Board per diem has not changed since 2014.

## **Operations Committee**

The minutes from August 17, 2021 were included in the meeting materials in draft form.

## **NMRE SUD Oversight Board Report**

Let the record show that the next meeting of the NMRE Substance Use Disorder (SUD) Oversight Board is taking place at 10:00AM on September 13, 2021.

## NEW BUSINESS

### **MDHHS-PIHP Contract Amendments No. 2 and No.3**

Amendments numbers 2 and 3 to the FY21 PIHP Contract were included in the materials for the meeting on this date. Mr. Kurtz explained that Amendment No.2. Mr. Kurtz clarified that the current Contract is or a 7-year term, renewing annually; amendment numbers will increase over time contract's term rather than numbering restarting with each fiscal year.

Mr. Kurtz explained the Amendment No.2 primarily contains changes that were requested by CMS. An additional change is requiring the CAFAS Assessment for children receiving EPSDT services. Amendment No.3 extends the Contract for FY22.

**MOTION BY RANDY KAMPS TO APPROVE AMENDMENTS NUMBER TWO (NO.2) AND NUMBER THREE (NO.3) TO THE CONTRACT BETWEEN THE STATE OF MICHIGAN AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2021; SUPPORT BY CHRISTIAN MARCUS. ROLL CALL VOTE.**

**“Yea” Votes:** R. Schmidt, N. Zamora, M. Marois, R. Kamps, G. Nowak, D. Smeltzer, R. Frye, G. Klacking, J. Stone, T. Larson, C. Marcus, J. O’Farrell, K. Sherman, D. Tanner

**“Nay” Votes:** Nil

**NMRE Financial Audit Firm Selection**

A summary of the responses to the NMRE’s RFP to secure a financial auditing firm for the region was included in the materials for the meeting on this date. Mr. Kurtz reported that the recommendation of NMRE staff is to select Roslund, Prestage, and Company, PC (RPC) for fiscal years 2021-2021.

**MOTION BY JOE STONE TO APPROVE THE SELECTION OF ROSLUND, PRESTAGE, AND COMPANY, PC AS THE NORTHERN MICHIGAN REGIONAL ENTITY’S FINANCIAL AUDITING FIRM FOR FISCAL YEARS 2021, 2022, AND 2023; SUPPORT BY RANDY KAMPS.**

Northeast Michigan CMH discussion: When the audit firm selection of RPC was presented to the Northeast Michigan CMH Board in August, the Board voiced a preference for continuing with its previous (19 years), local auditing firm. No vote took place at that time pending further discussion, Ms. Yockey noted the advantage of all five Boards and the NMRE utilizing the same firm. The Northeast Michigan CMH Boards intends to vote on the matter during the September 9<sup>th</sup> meeting.

**ROLL CALL VOTING TOOK PLACE ON MR. STONE’S MOTION.**

**“Yea” Votes:** C. Marcus, R. Frye, N. Zamora, M. Marois, R. Schmidt, R. Kamps, K. Sherman, J. Stone, T. Larson, G. Klacking, J. O’Farrell, D. Smeltzer, G. Nowak, D. Tanner

**“Nay” Votes:** Nil

**MOTION CARRIED.**

**NMRE United Training Budget**

The NMRE has purchased credits from United Training (formerly New Horizons) to be used for staff training throughout the region in past years. The recommendation for FY22 is to continue to take advantage of the promotional match and increase the purchase amount to \$75K (resulting in \$150K training dollars).

**MOTION BY RANDY KAMPS TO AUTHORIZE SPENDING SEVENTY-FIVE THOUSAND DOLLARS (\$75,000.00) FOR REGIONAL STAFF TRAINING THROUGH UNITED TRAINING; SUPPORT BY CHRISTIAN MARCUS. ROLL CALL VOTE.**

**“Yea” Votes:** D. Smeltzer, G. Klacking, G. Nowak, R. Schmidt, J. O’Farrell, N. Zamora, R. Kamps, K. Sherman, C. Marcus, T. Larson, R. Frye, J. Stone, M. Marois, D. Tanner

**“Nay” Votes:** Nil

## **MOTION CARRIED.**

### **NMRE Board Secretary and Executive Committee Member**

Mr. Kamps (Northern Lakes CMH Board Chair) informed the Board that Nina Zamora term limited from her position on the Northern Lakes Board, therefore, according to the NMRE Bylaws she is not eligible to continue on the NMRE Board. Northern Lakes will appoint a new Board representative. In the meantime, however, her absence leaves a vacancy in the positions of NMRE Board Secretary and Northern Lakes' representation on the NMRE Executive Committee. Mr. Kamps requested that a permanent replacement be named during an upcoming Board meeting. In the interim, Gary Nowak volunteered to assume the role of Board Secretary, and Mary Marois was appointed to the Executive Committee. It was noted that there will be a meeting of the NMRE Executive Committee in September.

## OLD BUSINESS

### **Update on the July 28, 2021 Meeting with the Northern Caucus**

Mr. Kurtz provided a debrief of the meeting that occurred with PIHP/CMHSP leadership from Regions 1 (NorthCare Network) and 2 (NMRE) and Members of the Northern Caucus of the Michigan House of Representatives on July 28 2021. In general, Mr. Kurtz felt they were "heard." With both the House and Senate proposals, the status of SUD liquor tax, and block grant funding is unknown. There is talk of taking legislators on a typical ACT day for them to see first-hand the work being done in the current system. Clarification was made that Sen. Wayne Schmidt was not in attendance.

Mr. Kamps requested an update on the work being done by the NMRE's public relations firm. Mr. Kurtz responded that a NMRE staff met with Lambert on August 24<sup>th</sup>. Currently work is being done to pull data and define audiences (general public, legislators, etc.) Mr. Tanner expressed concern about the timeline. Mr. Kurtz acknowledged that something prior to the Senate's fast track of the Sen. Shirkey bills will be difficult as meetings are being scheduled next week. Mr. Kurtz acknowledged, we do need to do something sooner rather than later. Mr. Tanner voiced the need to "refine the message."

Ms. Sork read from an email she received during the meeting from Alan Bolter, Associate Director of CMHAM. Sen. Shirkey is planning a Governmental Operations Committee meeting on September 1<sup>st</sup> on his integration package.

## PRESENTATION

### **Overview and Input Regarding SUD Block Grant, SOR, and COVID Funding**

Sara Sircely, NMRE Managing Director of Substance Use Disorder Services, was in attendance to update the Board on SUD grants.

SUD Grants available to NMRE during FY22:

- "Regular" Block Grant – \$3,105,145
  - Administration – \$182,000
  - Treatment and Access – \$1,879,559
  - Prevention – \$752,483
  - Women's Specialty Services – \$195,888
  - SDA – \$95,315
- State Opioid Response (SOR) II – \$1,215,000
  - Administration – \$100,000
  - Jail MAT – \$140,000
  - Mobile Care Unit – \$150,000
  - OUD Treatment – \$200,000
  - Peers – \$300,000

- Recovery Housing – \$200,000
- Prevention EBP – \$125,000
- COVID Supplemental Block Grant – \$1,388,858
  - Administration – \$50,000
  - Treatment – \$886,420
  - Prevention – \$280,979
  - Women’s Specialty Services – \$171,459
- Michigan youth Treatment Infrastructure Enhancement (MYTIE)
  - Youth Treatment – \$32,335
- Gambling Disorder Prevention
  - Activity Toward the Prevention of Gambling Disorder – \$200,000
- Tobacco 4000
  - Combat Tobacco Use by Youth - \$4,000
- COVID-19 Mitigation
  - Specifics Not Yet Available – Amount Currently Unknown
- American Rescue Plan Act (ARPA)
  - Specifics Not Yet Available – Amount Currently Unknown

Mr. Kamps shared a personal story about OUD recovery. He noted that the focus of SUD treatment is on prevention and treatment; he voiced that equal emphasis needs to be placed on recovery. Mr. Kamps requested that the NMRE put together a program that encourages and supports recovery, including incentives, peer supports, training, etc. A Traverse City Record Eagle article about prescribing practices was referenced. Ms. Sircely referenced the work of the Northern Michigan Opioid Response Consortium.

**MOTION BY GARY NOWAK TO CHARGE THE SUD BOARD WITH DEVELOPING AN OPIOID USE DISORDER RECOVERY PROGRAM IN THE REGION THAT SUPPORTS SUBOXONE PRESCRIBING; SUPPORT BY JOE STONE.**

Discussion: Mr. Kurtz requested that the above request be completed with the input of NMRE staff and Opioid Health Home involvement.

**MOTION BY GARY NOWAK TO CHARGE THE SUD BOARD TO WORK WITH NORTHERN MICHIGAN REGIONAL ENTITY STAFF TO DEVELOP AN OPIOID USE DISORDER RECOVERY PROGRAM IN THE REGION THAT SUPPORTS SUBOXONE PRESCRIBING; SUPPORT BY JOE STONE. MOTION APPROVED BY CONSENSUS.**

COMMENTS

**Board**

- Mr. Stone asked what the Boards are doing about mandating COVID vaccinations. None of the Boards currently have vaccination mandates. Ms. Sork spoke about the impact of hospitals requiring vaccinations for staff and the impact on emergency services workers.
- Ms. Sherman requested information about the survey about Sen. Shirkey’s bills referenced earlier in the meeting; Mr. Stone responded that the submission period ended on August 23<sup>rd</sup>.

MEETING DATES

The next meeting of the NMRE Board of Directors was scheduled for 10:00AM on September 22, 2021.

ADJOURN

Let the record show that Mr. Tanner adjourned the meeting at 12:13 PM.

	Program	Consumers served September 2020 (9/1/21 - 9/30/21)	Consumers served in the Past Year (10/1/20 - 9/30/21)	Running Monthly Average(year) (10/1/20 - 9/30/21)
1	Access / Crisis / Prescreens	63 - Routine 0 - Emergent 1 - Urgent 64 - Crisis 67 - Prescreens	657 - Routine 3 - Emergent 4 - Urgent 634 - Crisis 655 - Prescreens	55 - Routine 0 - Emergent 0 - Urgent 53 - Crisis 54 -Prescreens
2	Doctors' Services	428	1417	403
3	Case Management			
	Older Adult (OAS)	91	230	100
	MI Adult	154	350	135
	MI ACT	24	73	27
	Home Based Children	35	88	53
	MI Children's Services	94	244	143
	IDD	159	414	162
4	Outpatient Counseling	130(28/102)	361	153
5	Hospital Prescreens	67	655	54
6	Private Hospital Admissions	19	234	20
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	46	86	47
	MI	22	65	19
	Touchstone Clubhouse	85	98	81
9	Peer Support	36	57	41
10	Community Living Support Services			
	IDD	79	142	76
	MI	55	102	61
11	CMH Operated Residential Services			
	IDD Only	57	62	58
12	Other Contracted Resid. Services			
	IDD	32	37	32
	MI	35	44	36
13	Total Unduplicated Served	1016	2307	1055

County	Unduplicated Consumers Served Since October 2020
Alcona	247
Alpena	1429
Montmorency	257
Presque Isle	278
Other	74
No County Listed	22



**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH  
BOARD ANNUAL CALENDAR (10-01-~~2021~~)**

<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 (Exec. Director Report)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
February	Ownership Linkage - Public Hearing – Program Input	Activity
	Delegation to the Executive Director 03-002	Policy Review & Board Self-Evaluation
	Asset Protection 01-007	Policy Review
	Board Committee Principles 02-005	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Staff Treatment 01-003 (Turnover Report/Exit)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Financial Condition 01-005 (CPA Audit)	Review Monitoring Report
	Asset Protection 01-007 (CPA Audit)	Review Monitoring Report
	Educational Session	Presentation
Nominations Committee meets to develop Slate of Officers	Activity	
March	Budgeting 01-004	Policy Review
	Code of Conduct 02-008	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Satisfaction Surveys)	Review Monitoring Report
	Staff Treatment 01-003 (Employee Survey)	Review Monitoring Report
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Educational Session	Presentation
April	Board Member Recognition	Activity
	Financial Condition 01-005	Policy Review
	Governing Style 02-002	Policy Review & Board Self-Evaluation
	Cost of Governance 02-013	Policy Review & Board Self-Evaluation
	Communication & Counsel 01-009	Policy Review
	Budgeting 01-004 (Monthly Finance/Variance Report)	Review Monitoring Report
	Communication & Council 01-009	Review Monitoring Report
	Educational Session	Presentation
May	Election of Officers	Activity
	Orientation of New Members	Activity
	Board Job Description 02-003	Policy Review & Board Self-Evaluation
	Board Core Values 02-014	Policy Review & Board Self-Evaluation
	Disclosure of Ownership 02-016	Policy Review & Board Self-Evaluation
	Treatment of Individuals Served 01-002 (Recipient Rights Log)	Review Monitoring Report
	Budgeting 01-004 (2 months) (Monthly Finance Report)	Review Monitoring Report
	Financial Condition 01-005 (Quarterly Balance Sheet)	Review Monitoring Report
June	Ownership Input	Activity
	Begin Strategic Planning w/Environmental Scan	
	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 Executive Director Evaluation	Activity	
		Activity

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH  
BOARD ANNUAL CALENDAR (10-01-~~2021~~)**

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

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN  
2020-2021



**Mission:**

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

**Vision:**

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

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

**Core Values:**

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

**Forces in the Environment Impacting Behavioral Health**

**Payers/Payment Reform**

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Gearing Toward Integration (Sen. Shirkey proposal) and House Bills 4925-29 Introduced by Mary Whiteford

**Persons Served**

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

**Quality Improvement**

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

**Regulatory Changes**

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

### Workforce

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

### Technology

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

### Goals:

1. To reduce the risk of metabolic syndrome in both adults and children.
  - a. Nursing staff will collect blood pressures (BPs), weights and body mass index (BMI) on all new psychiatric evaluations and all children receiving medication clinic services.
  - b. The Agency will participate in the data analytics project to identify those individuals who are at risk for increased health concerns.
  - c. Clinical staff will work with the Medicaid Health Plans to coordinate care and treatment.
  - d. Participate in PIHPs QAPIs [Quality Assessment Performance Improvement Projects].
    - i. QAPI #1 – Follow up care for children prescribed ADHD medications.
    - ii. QAPI #2 – Adults prescribed psychotropic medications for more than six (6) months will be screened for diabetes.
2. Promote a trauma-informed community through education, assessment and participation in community initiatives.
3. Support and expand services to all children and young adults diagnosed with Autism Spectrum Disorders.
4. Coordinate community education and partnerships in suicide prevention.
5. To increase Substance Use Disorder (SUD) services and training within the Agency, while partnering with local SUD providers to educate and reduce substance use in the community.
6. To collaborate with the Veteran's Administration assuring comprehensive behavioral health services are available.
7. To further utilize the Health Information Exchange (HIE) with MiHIN (Michigan Health Information Network) and local organizations in order to share critical health care information. *[It should be noted, our current electronic record system (PCE) is a conduit for this information making this utilization much easier.]*
8. To keep current in education and information technology (IT).

### Barriers/Challenges:

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

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

**Integrated Healthcare** – The Health Information Exchange (HIE) is not progressing as rapidly as previously anticipated. Data provided is not sufficient to address real time queries on health information of the populations served. Current restrictions of Personal Health Information (PHI) specific to Substance Use Disorders/treatment does not address the total needs of the individual in an HIE venue.

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

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

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

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

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

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

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

**Staffing** – The lack of a feeder system to create qualified individuals to work in this field of healthcare.

### **Opportunities:**

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

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

Using the new training certification the Agency received, the Agency can provide training opportunities for staff as well as community partners with CEUs awarded for the training.

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

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

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

Take advantage of training opportunities provided by MDHHS.

### **Options:**

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

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

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

**Plan:**

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

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

**Ends:**

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

**Sub-Ends:**

**Services to Children**

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
  - a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. Goal is to reach 80% in home-based services.
  - b. 90% of home-based services will be provided in a home or community setting.

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

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

**Services to Adults with Co-Occurring Disorders**

3. Adults with co-occurring disorders will realize significant improvement in their condition.
  - a. 10% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be enrolled in the BHH.

- b. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.
- c. 100% of individuals served enrolled in the Behavioral Health Home will have a base-line A1C.

#### **Financial Outcomes**

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

#### **Community Education**

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

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

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

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

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ENDS

(Manual Section)

**BOARD ENDS STATEMENT**

(Subject)

Board Approval of Policy  
Revision to Board Policy  
20202021

August 8, 2002  
~~November 12~~October 14,

●1 **POLICY:**

Ends

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

Sub-Ends

**Services to Children**

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

A. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. ~~Current percentage in each program is 33% in home-based services and 67% in targeted case management.~~ Goal is to reach 80% in home-based services.

A.B. 90% of home-based services will be provided in a home or community setting.

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

2. Individuals needing independent living supports will live in the least restrictive environment.

A. Development of one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.

B. Development of additional supported independent services for two individuals currently living in licensed Foster Care.

**Services to Adults with Co-Occurring Disorders**

3. Adults with co-occurring disorders will realize significant improvement in their condition.

A. 10% of eligible Behavioral Health Home (BHH) individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be ~~offered enrollment~~ enrolled in the ~~Behavioral Health Home~~BHH.



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

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- B. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.
- C. 100% of individuals served enrolled in the Behavioral Health Home will have a base-line A1C.

**Financial Outcomes**

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

**Community Education**

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

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

### **Section 3. Terms; Vacancies; Removal of Member**

The term of office of a board member shall be three (3) years from April 1 of the year of appointment. Vacancies shall be filled for unexpired terms in the same manner as original appointments. Board members are encouraged to attend all board meetings. If a Board member misses two consecutive meetings without advance notice to the Board Chairperson or his or her designee, a letter from the Board Chairperson will be sent to the board member inquiring about the member's intent to fulfill his or her term of office. If no response is received within 30 days, a second letter will be sent with a copy to the Chairperson of the appointing County Commission. If no response is received within 30 days, a letter will be sent to the Chairperson of the appointing County Commission requesting the removal of the board member according to the requirements of the Mental Health Code, § 224, which states in part: A board member may be removed from office by the appointing board of commissioners for neglect of official duty or misconduct in office.

## **ARTICLE V - OFFICERS**

### **Section 1. Officers; Election; Term of Office**

The officers of this Board shall consist of a Chair, Vice-Chair, and Secretary who shall perform the duties usually pertaining to such offices or as provided by the Board. All officers shall be elected for a term of one year and shall hold office until the next regular election; such election to be held at the April meeting of each year.

The annual election of Board Members to Board Offices shall be conducted in the following manner:

- By the October Meeting prior to the April election, the Chair will recommend to the Board, subject to the approval of the Board, a "Board Officers Nominating Committee", a Special Committee of the Board which shall exist for the sole purpose of nominating candidates to fill the positions of the Board's Offices; that Committee shall consist of at least four and no more than six Board Members, preferably one from each county and excluding the Chair.

The Nominating Committee shall also review the terms of all Board members to identify the need for consumer or consumer representative appointments. The committee shall attempt to recruit or identify candidates for membership who meet the requirements of Section 222 (1) of the Mental Health Code. These recommendations shall be communicated to the county Boards of Commissioners as necessary by the Board's Chair.

- By the March Meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.

## Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona <i>Secretary</i>	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2023
Alcona	Terry Small (John) 2066 Wilson Road Curran MI 48728		(989) 590-0364	3-31-2024
Alpena	Robert Adrian 227 Dawson St Alpena MI 49707		(989) 255-0208	3-31-2022
Alpena	Lynnette Grzeskowiak 6120 Blackberry Lane Alpena MI 49707		(701) 240-4802	3-31-2023
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2022
Alpena <i>Chair</i>	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2024
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2024
Montmorency <i>Vice Chair</i>	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2023
Montmorency	Geyer Balog 21710 Behring Road Hillman MI 49746		(989) 590-2475	3-31-2024
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49779		(989) 734-7383	3-31-2022
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2022
Presque Isle <i>Past Chair</i>	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2023



June 10, 2021

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

From: PAC Committee

Re: 2021 Annual PAC Campaign

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

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

Obviously, the last year and a half have been like nothing we have seen before and supporting the CMH PAC was probably one of furthest things from everybody's mind. With that said, **we have gone over a year without collecting any significant PAC contributions and therefore our fund balance is at an all-time low.** It is safe to say that the remainder of this year and next year will be extremely critical. As you know, both the Michigan House and Senate are currently working on dramatic system wide change proposals, both of which could have devastating impacts for years to come. With so much attention on behavioral health reform in the Michigan it is critical we maintain an active presence – **WE MUST BUILD OUR PAC FUND BACK UP** and support those key leaders who are willing to work with us.

Part of the delay in announcing the 2021 CMH PAC campaign was the development of our new online capabilities. **We can now take credit card payments online by accessing the link below and using our secure online checkout function.**

<https://cmham.org/public-policy/cmh-pac/>

Due to COVID we will not have a drawing for Detroit Tiger suite tickets this year, but if your board gets the required 6 contributions we will add your board into the drawing for next year, so you could have more than one entry in the mix for next year's drawing (if your board meets the criteria in 2021 & 2022).

**Again, you can pay online at the link listed above or make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please).**

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

## DECEMBER AGENDA ITEMS

### **Policy Review**

Treatment of Individuals Served  
Staff Treatment 01-003  
Grants or Contracts 01-011

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

Board Member Recognition 02-011  
Board Member Orientation 02-015

### **Monitoring Reports**

01-002 Treatment of Individuals Served – Recipient Rights Quarterly Report  
01-004 Budgeting  
01-005 Financial Condition  
01-011 Grants or Contracts  
04-001 Ends

### **Review**

Bylaws

### **Activity**

### **Ownership Linkage**

### **Educational Session**

Compliance Report

# GLIMPSES OF YESTERDAY

The Northeast Voice

### In this issue:

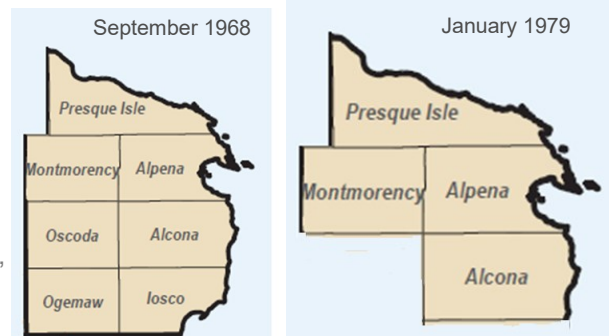
- Purpose of this edition
- Historical Q & A
- Program Histories
- Residential Programs
- Can you Guess who these employees are?

## Purpose of this edition

The purpose of this edition is to celebrate the birthday of this Agency. The first board meeting of this Agency was held on September 26, 1968 (53 years ago). Many changes have occurred during those years. Hopefully, this newsletter will provide some history to staff and possibly some flashback memories for our tenured staff.

### Q: What was the Agency's first name?

A: Northeast Michigan Community Mental Health (PA 54), later consolidated agencies and was named Northeast Michigan Community Mental Health Services. The original Board was administrative only and contracted for needed services. It was a seven-county region consisting of Alpena, Alcona, Iosco, Ogemaw, Oscoda, Montmorency and Presque Isle Counties. In September 1976, Iosco and Ogemaw counties resign and become AuSable Valley CMH with Oscoda county following in January 1979.



### Q: Who was the first director?

A: Fred Schaedig was employed as the first Business Manager. Soon after, the Board began discussions to change from an administrative only board to direct operations and they hired Warren Fritz as Director. Mr. Fritz came back to visit our Agency when Ed LaFramboise was Director.



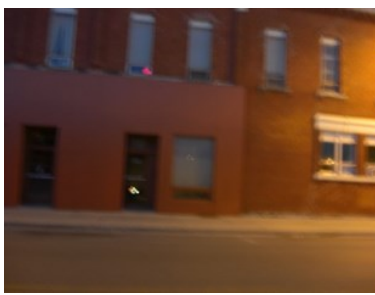
Warren Fritz  
1972—1974

### Q. Where were the early offices located?

The first location was some shared office space in the old Poor Farm Building, which is now part of the Annex at MidMichigan Medical Center—Alpena. The second location was 106 Water St..



First official office — shared space with the Mental Health Centers in the old Poor Farm Building



106 Water Street  
Administrative Offices—1973



630 Walnut—November 1974

### Q. What other locations in Alpena did the Agency operate from?

In November 1974 the offices moved to 630 Walnut St. location, the former Catholic Central Convent. In 1987, the Board leased office space at 113 State Ave for several administrative staff. In June 1990, the Johnson Street building was ready for move in. The administrative office from State Street and the business/clinical offices from 630 Walnut moved. The ACT program moved in to the vacated office space on State Street from their Chisholm Street location.

Right: 1987 space leased for Administrative Offices until new building is complete—

113 State Avenue



400 Johnson Street  
June 1990



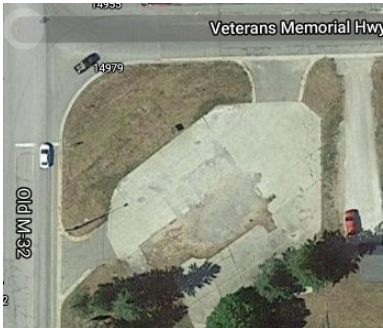
April 2012—Fletcher Street Annex

**Q. What locations in Presque Isle County did the Agency operate from?**

In 1980, the Agency developed a satellite office in Rogers City sharing secretarial time with Dr. James Ryan. In 1983, the Agency leased from Alpena Oil Company a location for five years before settling in the third location (the old Gatzke building) and then our final location today.



Top Above: Dr. Ryan's shared office  
 Far Left: Alpena Oil Co leased office  
 Middle: Old Gatzke building  
 Left: Current office location 156 N Fourth



**Q. What locations in Montmorency did the Agency operate from?**

The initial office space was located at One Village Corner in Hillman. The graphic only depicts the footprint of the building as the original building was demolished. Hillman office space was also located in the old Wenzel Building [now the location of Widell Industries] where the Day Program was located until the construction of the current location at 603 Caring Street.

Top Left: Footprint of One Village Corner—Hillman's first office  
 Top Right: Current Hillman office at 630 Caring Street  
 Above: Old Wenzel Bldg—Location for Day Program / Hillman ofc  
 Below Left: Lake St, Harrisville Office  
 Below Right: Lincoln site—Alcona Health Center

**Q. What locations in Alcona County did the Agency operate from?**

In 1981, a satellite office was opened in Alcona County located inside the Alcona Medical Clinic in Lincoln. At this point, the Agency shared the clinic's clerical support services, paying \$250/month for leased space and \$375/month for clerical services. Later the Agency moved to the location on Lake Street in Harrisville through a lease arrangement with District Health Department #4. The clinical services were returned to Lincoln through a lease arrangement with Alcona Citizens for Health for office space within the Alcona Health Center.





# AGENCY DIRECTORS

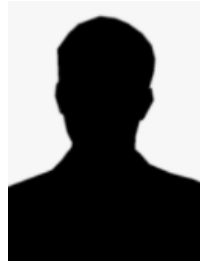
05/19/69—Fred Schaedig was Business Manager of the Agency.

01/30/1972—Warren Fritz was hired as the Administrative Assistant. This was still at a time when the Board was an administrative Board only; contracting for all services. Mr. Fritz was to focus on delivering direct service versus contracting for services. Mr. Fritz submitted his resignation effective February 1, 1974. He later visited our office during Ed LaFramboise's directorship and provided the Agency with this picture.



Warren Fritz

1972—1974



01/20/1974—David Lindenmulder PhD was hired as Director upon Warren Fritz's resignation. Director Lindenmulder submitted letter of resignation to the Board effective September 30, 1976.

07/01/1975—The operation of the Mental Health Centers officially transferred to direct operation under this Agency.

09/30/1976 Board appointed Paul VanderSchie acting Director effective October 1, 1976. Mr. VanderSchie was hired by the Agency on July 6, 1976 as the MI Division Director and served in that position until he was appointed acting Director. The Board took action in December 1976 to waive the process for Director search and awarded Mr. VanderSchie the Director position with a probation period beginning the date he was appointed acting Director.

David Lindenmulder  
1974—1976



Paul VanderSchie

10/1976—1985



Charles "Tony" White was hired by the Agency in December 1974 through the CETA program as a psychiatric aide. In October 1975, the CETA position was made a regular position within the organization. Tony took a short leave to finish his education in 1976. On March 16, 1978 he was appointed to the position of Program Analyst. In June 1979, he also filled the position of Recipient Rights Officer for a short period of time. He was later appointed to Assistant Director on October 1, 1980. On March 14, 1985, Mr. White was appointed Acting Director with the resignation of Paul VanderSchie. He was made the Director on November 14, 1985. He remained in this position until the time of his retirement on September 30, 2012.

Charles "Tony" White  
1985—09/2012

Edwin LaFramboise was hired as Director of Residential Services on February 25, 1980. At this point in time, the Agency was gearing up to develop at least 16 AIS homes. He served on the Independent Professional Review Team in the early 1980s to help in determining placement of the Plymouth Center residents. The Cambridge home was the first group home to open in our catchment area and opened on April 16, 1980. In June 2000, Mr. LaFramboise worked diligently to transition day program services to community based services and employment services. NEMROC, Lumberjack Enterprises and Evergreen Recycling were providers for the various integrated services. His position transitioned into that of DD Division Director. He was promoted to the Director position when Tony White retired, taking over effective October 1, 2012. He retired from this position September 30, 2016.



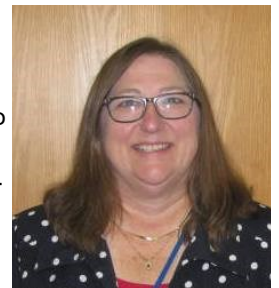
Ed LaFramboise

10/2012—09/2016



Cathy Meske  
10/2016—06/2019

Cathy Meske was hired by the Agency on March 16, 1972 as an Activity Aide. Mr. Fritz was the Agency's Director at the time. August 4, 1975 she was promoted to the position of Altered Client Program Coordinator. In March 1980, she took a position with the Agency as a Case Manager for AIS. In July of that year she resigned to return to school. In 1982, Cathy completed an internship assigned to the Agency's Hillman Office. She came back into employment at the end of 1982 as an Outpatient Therapist MA for Montmorency County. She left the Agency for a brief time and worked as a Discharge Planner at Alpena General Hospital. Cathy was rehired as an Outpatient Therapist for Presque Isle County in May 1985. Cathy was promoted to ACT Supervisor for the ACT program in December 1988. Prior to her accepting the Director position in July 2016, Cathy held positions of Project Manager, MI Services Director and Director of Clinical & Support Services. Cathy retired from the Agency on July 1, 2019.



Nena Sork

07/2019—Present

Nena Sork was appointed to the Director position upon the retirement of Cathy Meske. Nena began her career with this Agency on December 5, 2008 as a CRS [Crisis Response Stabilization] Clinician. In May 2010, she was promoted to the Utilization Management Coordinator. She became the Chief Operating Officer in May 2019 and remained in that position until her appointment to the Director position on July 1, 2019.

# OUR MEDICAL STAFF

[FROM INFO GLEANED FROM BOARD MINUTES, ETC.]

The Agency has been fortunate to have worked with several psychiatrists over time. The first psychiatrist was Ali Guner MD. He was an employee of the Mental Health Centers prior to the Centers merging with this Agency. He became an employee of this Board on May 20, 1980 and continued until September 5, 1980.



Ali Guner

Dr. Kunkel was hired as a contract psychiatrist to provide eight hours per week for the Tawas Clinic. [remember we were a seven-county agency at that time]

Aurora Genoves MD was appointed to Director of Psychiatric Services and stayed with the Agency from November 15, 1976 until June 10, 1978.

Seuk Im was hired on June 29, 1979 and stayed with the Agency until May 21, 1980.

Martin Abbert was hired April 14, 1980 and continued with the Agency through December 18, 1987.



Hermann VonGreiff MD

Donald Michael MD was hired August 5, 1980 and stayed with the Agency until June 16, 1983. Dr. Michael left the Agency to take a position for a mental health clinic in Pennsylvania.

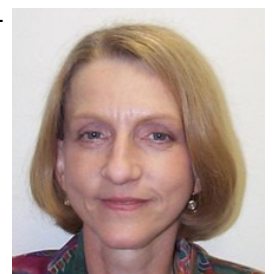
Herman VonGreiff was employed by the Agency from January 12, 1981 through November 30, 1982. Newer staff may remember him as he also provided services at the Behavioral Health Clinical at MidMichigan for a short period of time.

The Agency hired two psychiatrists in July 1983; Paul Rajasekhar MD and Carolyn Koppenol MD. Dr. Rajasekhar and Dr. Koppenol provided services for many years in various capacities; sometimes leaving the Agency for a short time or retiring and then coming back again. Dr. Koppenol left as Medical Director on November 15, 2009, coming back for a short stint as a contract psychiatrist (07/2011-04/2012), and then moved back to her hometown area to take a position at Pine Rest. Dr. Rajasekhar is currently our Medical Director through a contractual arrangement.



Paul Rajasekhar MD

Tariq Hassan MD was hired as a staff psychiatrist accepting the offer on July 12, 1984 and began his duties in October. He remained with the Agency until January 1986.



Carolyn Koppenol MD

John Boaz, coming from Grosse Pointe, was hired as staff psychiatrist beginning November 14, 1988 and staying until December 15, 1989.

Joseph Wolodzko accepted a position as staff psychiatrist on May 2, 1988 and stayed with the Agency until June 9, 1989.

Robert Davidson MD came to this Agency from Arnell Engstrom Children's Center in Traverse City. He began employment with this Agency on April 1991. Dr. Davidson was appointed Medical Director January 9, 1992 and served in that position until April 2000 when he "semi-retired" to a more part-time position. He retired from here on March 2005.



Robert Davidson MD

# OUR MEDICAL STAFF

[CONTINUED]

Dr. Jin Yun was hired as a Staff Psychiatrist on June 1, 1992. His prior service included Somerset State Hospital in Somerset, PA and the Newberry Regional Mental Health Center.



Oscar Barillas MD

Oscar Barillas began his career with Northeast on November 2, 1992. He came to this Agency from Las Vegas, Nevada. He began his career in Michigan at the Ypsilanti State Hospital and later as a staff psychiatrist at Clinton Valley Center in Pontiac. He was the psychiatric director at Macomb County Community Mental Health and psychiatric director of Berry Psychiatric Center in Mt. Clemens before moving to Las Vegas.

Gregg Miklashek MD joined the staff as staff psychiatrist in May 1993. He came here from Georgia where he was previously employed with Tideland CMH for three years.



Steve Goad MD

Steven Goad MD was recruited and began his career on August 4, 1997. He stayed with the Agency until April 2003. Dr. Goad came to the Agency from Virginia after serving in Africa for six years where he was a linguistics consultant for Literacy & Evangelism Fellowship. During his time spent in Africa he took an interest in medicine and began his path to becoming a psychiatrist. He left the Agency in April 2003.



Monika Arora MD

Monika Arora MD was hired in October 2003 and worked until August 2004 when she took a break. She returned to the Agency as a contract psychiatrist in February 2012. In December 2014 she accepted the Medical Director position and stayed until February 2019.



Reno Liegghio MD

Nazzareno "Reno" Liegghio MD joined our Agency in November 2004 and continued in the staff psychiatrist role until September 2006.

Russell Williams DO provided psychiatric services from July 2005 to September 2008 and again from September 2010 to August 2011. Dr. Williams came to us fresh out of school and was the first psychiatrist we qualified for to help with loan repayment.



Russell Williams DO



Geetha Mohan MD

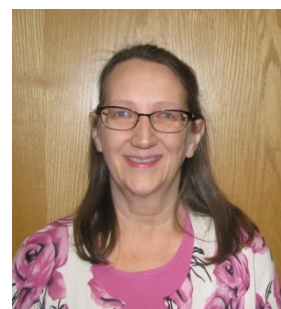
Geetha Mohan MD began her career at this Agency on October 1, 2012. She was here for just a brief period leaving February 11, 2013.

Anastasia Banicki-Hoffman began her career with the Agency in July 2018. Dr. Hoffman works out of the Rogers City office with the majority of her caseload focusing on children.



Anastasia Banicki-Hoffman MD

Lisa Spurlock was hired in February 2019. She works out of the Alpena office and is the doctor assigned to work with the ACT program.



Lisa Spurlock MD

In addition to the psychiatrists feature here, the Agency utilized many locum tenens over the years. There were many times when psychiatric services were needed and the use of locums was the only way to provide the services. At the height of service, this Agency employed five psychiatrists, either directly or through contract. The Agency now has the option to use PAs, nurse practitioners and other medical staff to provide services.

# BOARD HISTORY

The first Board of Directors for the Agency as a seven-county Agency consisted of:

Board Officers: Stuart Cohn, President (Alpena County)  
 Lloyd Little, Vice President (Iosco County)  
 Stanley Beck, Secretary (Alpena County)  
 Charles Smith, Treasurer (Iosco County)

The first Board meeting after the consolidation of agencies consisted of:

Board Officers: Stuart Cohn, Chair  
 Hiram Rose, Vice Chair  
 Mary Jane Burdett, Secretary  
 James Drooger, Treasurer

The first act of business after consolidation was to adopt a Resolution to reorganize under Public Act 258. The Resolution was:

“NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH SERVICES BOARD has functioned under the enabling legislation of Public Act 254 of 1963 of the compiled laws of the State of Michigan as the public mental health authority for the counties of Alcona, Alpena, Iosco, Montmorency, Ogemaw, Oscoda and Presque Isle.

“WHEREAS Public Act 54 is repealed by Public Act 258 of 1974, laws of the State of Michigan, and;

“WHEREAS all the aforementioned counties who compiled the Board under Public Act 54, laws of the State of Michigan, and;

“WHEREAS THE Public Act 54 Board has acted in good faith during its tenure, and;

“WHEREAS the Public Act 54 Board has assets and liabilities currently under their responsibility;

“Let it hereby be resolved that the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH SERVICES BOARD, as created August 6, 1975 [this is the date of the reorganization] as the public authority for mental health for the counties of Alcona, Alpena, Iosco, Montmorency, Ogemaw, Oscoda and Presque Isle, takes responsibility for all assets and liabilities previously assigned to the Public Act 54 Board and continues all agreements and contracts previously made with the Public Act 54 Board.”

In late 1988, a foundation was formed to allow for the building of an office at 400 Johnson Street. The foundation was needed as the Agency as a Mental Health Organization could not hold real property. The Northeast Community Mental Health Foundation was formed for this purpose. The initial Board members of the Foundation included — William McDonnell, Ralph Mills, Gary Pietsch, Paul Rose and Phil Richards. Construction award was approved for DeVere Construction with a Project Manager of Paul Rose appointed. Bonds were obtained for the dollars to build the facility and once complete, the Agency leased the facility from the Foundation.



In September 29, 1998, under Section 205 of the Mental Health Code, the Board changed the status of the Agency from a Community Mental Health Organization to a Community Mental Health Authority. This entailed a name change from Northeast Michigan Community Mental Health Services to Northeast Michigan Community Mental Health Authority. The following were Board Officers at the time of the change in status:

Board Officers: Les Buza, Chair  
 Bonnie Cross, Vice Chair  
 Virginia DeRosia, Secretary  
 Elsie Lewis, Treasurer

As an Authority, the Agency was now able to hold property. In February 2002, the Foundation held one of their final meetings in approving a resolution for the Agency to pay off the bond obligations and transfer the property from the Foundation to the Agency. Once this task was complete, the need for the Foundation ceased to exist and on December 11, 2008 the Foundation members met one more time to dissolve the Foundation. Today’s Board of Directors:



Top Row, Left to Right: Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Grzeskowiak, Judy Jones  
 Bottom Row, Left to Right: Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski Terry Small

# PREVENTION

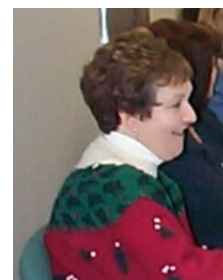
1985



## OUR BEGINNINGS WITH PREVENTION

In 1984, a prevention program project was presented to the Department of Mental Health (now the Department of Health and Human Services) focusing on Children’s Services through a grant request submitted by Ed Barkley (Ed Barkley was the MI Division Director). In April 1985, space was leased from the First Presbyterian Church for the Prevention Program Services. First coordinator for the program was Judy Wienczewski. Joe Manary was later hired in the Prevention program and he coordinated the Rainbow Runaway Program and later worked on collaborative prevention councils. Joe left the Agency in September 2001. The program was later expanded to include infant-parent services. The first Infant Mental Health (IMH) program was established. Greg Proulx was the first supervisor and one-person service provider in the program. In this capacity, Greg’s role was integrated as a

collaboration of several agencies at that time. His office was in the old Health Department and he supervised the Day One staff from Child and Family Services (CHS). Funding was blended from CMH, CFS and DHD #4 and DHS from the four counties we serve in our catchment area.



Judy Wienczewski

In 1999, through Strong Families support, the first Infant Mental Health (IMH) person was hired—Jennifer (Oliver) Stentoumis. At that time Jason Stentoumis, Jennifer’s husband to be, was supervising the Children’s Home Based Program. Joe and Greg provided IMH consulting to NEMCSA, Early Head Start from Cheboygan all the way down to Bay City serving over eight counties. By 2001, the political and financial climate in Michigan eliminated contractual funding for this program and layoffs occurred in the Infant Mental Health program. The program was expanded in 2006, when Jo Mancine was hired for IMH. Children’s Services supervisors included (in addition to Greg): Mike Roth, Jason Stentoumis, Al Drouillard and Lauren Tallant.



Joe Manary



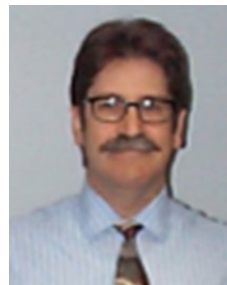
Mike Roth  
08/1994—05/2000



Jason Stentoumis  
05/2000-06/15/2001



Al Drouillard  
06/04/2001-01/05/2008



Greg Proulx PhD  
06/17/1994- 11/2014



Lauren Tallant  
01/2015 - 08/2021

# CHILDREN’S SERVICES

HOME-BASED SERVICES / INTENSIVE FAMILY-BASED SERVICES / INFANT AND EARLY CHILDHOOD SERVICES

The mental health home-based service program is designed to provide intensive services to children (birth through age 17) and their families with multiple service needs who require access to an array of mental health services. The families served usually have problems with normal family functioning, timely-child development, a lack of support systems, and all symptomatic of the focus child’s behavior. Children must meeting diagnostic criteria for a serious emotional disturbance to qualify for services. Criteria for discharge are based on the same assessment scores and descriptions where scores are improved and emotional disturbances are successfully managed. The primary goals of this service is to promote healthy functioning in community, school and home settings; consistent and positive support of staff towards the families they serve and to maintain children in their homes and community settings.

Infant and Early Childhood Services provides intensive in-home services for families with an adult caregiver who has a serious mental illness and who is parenting an infant/toddler. The infant/toddler, with a DSM V diagnosis may also be the primary person served. Focus of this program is developing positive relationships between the parent and infant. Also in this program is “Early Childhood Services) for children 3-6 who are experiencing regulatory disorders or other disruptions in their development. Other facets of this program include consultation and assessment of early childhood programs to include Day One, Early On, Early Head Start and Head Start.

# DAY PROGRAMS

[NORTHEAST NO LONGER OPERATES OR PROVIDES SERVICES THROUGH DAY PROGRAMS]

In September 1972, the first Day Program was conducted at Grace Lutheran Church in Alpena with 12 individuals through NEMROC and NMRS (Northeast Michigan Retardation Services) participating. Candy Voight and Cathy Meske staff this program; Candy concentrating on the Alpena County residents and Cathy reaching to the out counties. Homebound individuals received this activity program in their homes as well. Day Programs were instrumental in getting ready for the deinstitutionalization process to assure individuals would have services available when they transitioned to the AIS (Alternative Intermediate Services) homes in the area. The Centers provided the individuals with disabilities opportunities to learn new skills. This service also provided the private adult foster care contractual providers with some respite and made it more enticing to accept the transitioned individuals into their homes.

The Hawks Center in Presque Isle County was the first to be developed, with Centers in the other three counties soon after. The Hawks Center was supervised by Kim Brown, the Alpena Center by Judy Wienczewski (succeeded by Madeline Briggs, Bonnie McLennan and Bill Dashner), Montmorency Center by Karen Carr (Lapczynski) [succeed by Suzanne Goulet and Mark Pollard] and Alcona County by James Spangler. In addition, Day Program services were still provided by NEMROC.

In January 1981, the Board authorized the lease of the Wenzel Land Company building for Montmorency Partial Day Program until the New Montmorency County Day Center was completed with a proposed completion date of July 3, 1981. In late June 1990 the Agency's offices moved from 630 Walnut Street to the current location on Johnson Street.

Evergreen Recycling began as part of the Center program in-house and was later transferred to a private entity under the supervision of Wayne Hewett.

Later, Day Program Services were transitioned to Community Support Services to assure individuals' inclusion in their communities. The Center locations were closed in favor of community integration.



Early offices of NMRS



Wenzel Land Company Building—Hillman



Day Program Area at the Walnut Street Office



Day Program Room at the Johnson Street Office

# SUPPORTED INDEPENDENT PROGRAMS

[DEVELOPED TO ENHANCE COMMUNITY LIVING SUPPORT PROGRAMS IN LIEU OF DAY PROGRAMS]

In 1991, records indicate the beginning of the SIP Program for Northeast. The following article appeared in the Agency's newsletter.

*"You will come to know how bitter as salt and stone is the bread of others, how hard the way that goes up and down stairs that are never your own."* It's a line from Dante's Paradise, but it is also a line from life of every person who has a developmental disability and who has had to live in a house other than his own.

Living in a supervised setting, not one of them could have put all the words together to personally describe what life would be like living independently. Today ask any of the nine participants in the Supported Independence Program and they can tell you in 100 different ways the meaning of living independently and the meaning of home.

Their stories are stories of choice: Apartment or house? Own or rent? By myself or with a friend? And decision-making: Who do I hire to support me? What supports do I most need? Who will I spend my time with? Where will I go? How will I get there? What will I eat? When will I go to bed (or get up)? How will I spend my money? How will I use my time? Their stories are of learning and opportunities:

- \* To be a neighbor, to be hospitable
- \* To cook venison or bake cookies
- \* To be able to give (the cookies) instead of always receiving
- \* To bargain shop and to splurge
- \* To use a restaurant or the stove at home
- \* To shovel my driveway; maybe my neighbor's
- \* To decorate my home
- \* To make appointments and know what day and time to keep them
- \* To grocery shop ("almost by myself")
- \* To be safe on the street and at home
- \* To get along with friends, house partner and family
- \* To talk about what is working well; to change what is not
- \* To use my phone even when I "don't know numbers"
- \* To pay my bills, to save for a VCR

According to Fran Mattson, SIP Coordinator — Supported Independent Living is "having workers who treat me like an adult"... while I learn to "get along in the community."

In November 1998, Kay Kreft (Keller) was appointed to assist Fran Mattson in this ever-growing program. In June 1999, Bill Dashner was appointed at the SIP Coordinator. Peggy Yachasz followed Bill Dashner and remained in the position until she semi-retired. Karen Grochowski was then appointed to the Coordinator Position.

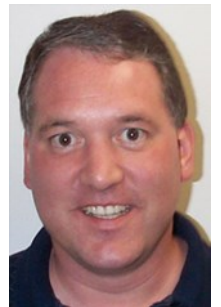
In 2006, the Agency implemented the SIP Emergency Response System which provides monitoring through a telephone connection allowing for greater independence for individuals needing a lesser intensity of support. This system operates 24-hours per day, seven days a week. Monitoring is done through the phone lines or emergency pendants. Individuals are provided face-to-face tech support for such things as medications, blood sugar tests, etc. Non face-to-face contacts include several phone calls as reminders to individuals.

The program has grown and today has 36 individuals in the Supported Independent Program with 29 of those individuals also involved in the SIP Emergency Response System. Today there is a SIP Coordinator, five SIP Supervisors and 42 full- and part-time SIP workers/techs.

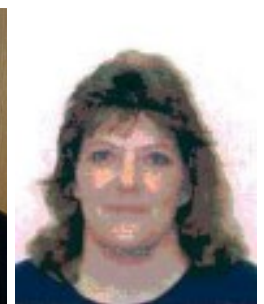
Fran Mattson



Bill Dashner



Peggy Yachasz



Karen Grochowski



SIP Emergency Response Monitoring Room

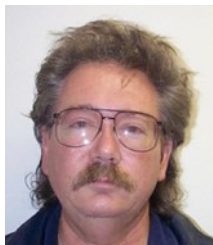
# COMMUNITY SUPPORT PROGRAMS

[THIS SERVICE REPLACED THE DAY PROGRAM SERVICES TO PROVIDE INCLUSION FOR INDIVIDUALS]

The DD Community Support Program had its beginning in the mid 90s under the direction of Joel Cooper. This program started slowly with only two Alpena staff, Lance Abbett and



Lance Abbett



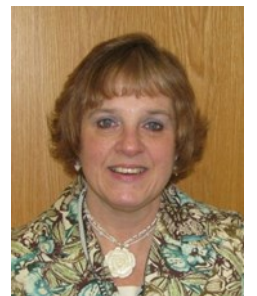
Jim LaCross

Jim LaCross

In 2000, when day programming was being phased out, the Community Support Services (CSS) Program began to grow in leaps and bounds as individuals who were previously going to segregated day programs everyday such as the CMH Day Program and NEMROC started to be transitioned into the CSS program where they would be supported by CSS staff in community-based settings. It was at this time, Maureen Sweet took over as Program Coordinator.



Joel Cooper  
Program Coordinator



Maureen Sweet  
Program Coordinator

For many years, Community Support and Employment Services worked as a combined program and CSS staff had dual roles of CSS worker and job coach, providing needed support to individuals who held jobs in the community. This changed in 2011 when the decision was made to split Employment and Community Support Services to function independently, each with their own staff due to the fact that as a combined program, it had become too big to effectively maintain.

CSS staff help people with disabilities integrate more fully into their community by helping them engage in activities such as bowling, fishing, camping, going to festivals and fairs, going out to eat in restaurants, playing mini-golf, taking trips to concerts, casinos, out-of-town sporting events such as Detroit Tigers games, water parks, even Mackinac Island — any and all community events and activities that any citizen participates in. They help them find volunteer opportunities if they have



Patti St. John  
Retired 2021

an interest in volunteering which helps the individual acquire skills, teaches the importance of punctuality and dependability and helps them feel they are contributing to their community. CSS helps the individual they support increase their safety and social skills and helps them become more independent as they more fully discover and enjoy their community and the opportunities that await them.



Phil Pickard  
CSS Supervisor



Jessica Barbeau  
Lead CSS Supervisor

This program has expanded greatly and now has 20+ employees. Due to COVID-19 some of the services had to be scaled back to keep within the early “Stay at Home” order and with the highs and lows of COVID comfort levels have not returned to pre-pandemic levels.

The MI Community Living Supports had its beginning in the ACT program and OBRA program. Many of the initial positions were held by peers or casual staff. The staff working in this capacity were supervised by the manager of the program. This program has expanded to provide services in programs such as case management and home-based and children’s services. The CLS staff in this program today total seven.



# COMMUNITY EMPLOYMENT

## I/DD SERVICES

Community Employment Services assists people to procure and maintain competitive employment in an integrated work setting. Services provided include: job development, job coaching and follow along support. Assistance to develop and maintain a micro-enterprise is another viable option for people to have meaningful work through self-employment. The program works collaboratively with Michigan Rehabilitation Services as well as NEMROC in order to provide employment services tailored to meet each person's needs.

The first job developed in this program was in January 1990 for Sara doing laundry for a beauty salon in Alpena. An Ossineke beauty salon then hired Edith to do their laundry and Joyce worked for a restaurant in Ossineke. Through the years this program grew and many jobs are in place today receiving support from this program.

The first supervisor of this program was Neil McMichael. Neil previously held positions with the Agency at the Montmorency Center and Alpena Center [previous day program options], ACT, and MI and DD Case



Neil McMichael  
1995—2000

Management. Neil was instrumental in development of the "ACC-ESS" [Alpena Community College—Employment Support Services] program operated by ACC to provide an array of vocationally-based services. This provided I/DD individuals with an alternative to NEMROC services. The initial ACC-ESS program began October 2, 1995 and provided services to 13 individuals. Inclusion will be a main emphasis in this program.

Through collaborations with various agencies the supported employment program works. The agencies work off the strengths of individuals in developing rewarding opportunities as well as assuring the individual is paid at or above minimum wage.



Margie Hale-Manley  
06/2000—Present

# MI SUPPORTED EMPLOYMENT

## EVIDENCE-BASED PRACTICE

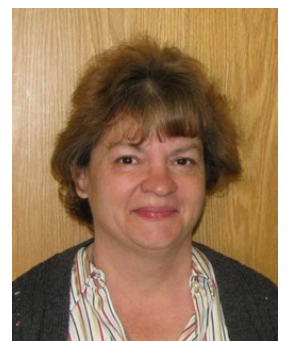
The MI Supported Employment program is based on an initiative by the Federal Government through SAM-HSA. The program is evidence-based practice supported employment model that provides supports to adults with mental illness. The program for Northeast began in March 2011. The first offices for this program was shared space with the Bay View Drop In Center at 810 N Second Avenue in Alpena. The program later relocated to the Fletcher Street offices in April 2012. The program began with two staff, Mary Mingus (Jameson) as Coordinator/Supervisor and Steve Gilmore Employment Specialist. The first peer job coach was hired in May 2011. By August 2011, an additional

Employment Specialist was hired due to demand. By April 2012, two peer job coaches provided services in this program. The program works with Michigan Rehabilitation Services, AMA-ESD, NEMROC and various other employers in the region.



Sherry Garlanger  
05/2019—10/2020

Margie Hale-Manley is still the coordinator of both programs. Staff working in the programs include: Kim Collins, Angela Stawowy, Katelyn Coonrod, Zackeria Miller, Teresa Kowalski, Kelli, Grulke, Melinda Spencer, Bambi Meoak, Stefanie Keller and Brandi Rygwelski.



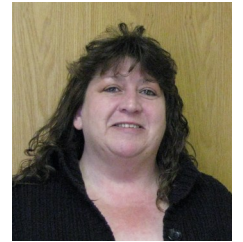
Mary Mingus (Jameson)  
03/2011— 2018

# PEER-DELIVERED SERVICES

Peer-delivered services cover a vast array of services designed and delivered by individuals with “lived experience” in population groups of individuals with mental illness, substance use and intellectual/developmental disabilities. The peers providing the services address unmet needs and focus to address wellness and recovery. The Agency has used peers for many years. One of the early programs utilizing peer-delivered services for the Agency was the “Monday Night Activities” program. Initially volunteers organized activities for the program with input from the individuals participating. This program was for adults with a mental illness. It got its name because the activities were scheduled for Monday evenings. Individuals participating in the program received transportation to and from the activity. The program is social and recreational in nature. Today the program is coordinated by Linda Millard and Julie Jensen.



Linda Millard



Julie Jensen

In 1998, this program had expanded and was outgrowing a manageable amount as a number of individuals with intellectual/developmental disabilities had also started participating in the program. This began the start of the “Tuesday Night Activities Program.” Kim Bednarski (Collins) and Christy Gallagher acted as facilitator in the development of this program. Fran Mattson and Ellen Eagan provided coordination and support as needed. The first Tuesday Night meeting was held on June 30, 1998 at the Trinity Episcopal Church in Alpena. Dues were 50¢ per meeting and activities included bingo, karaoke, attending Brown Trout Festival, touring the Paul Bunyan Amusement Park and many other activities.



Kim Bednarski  
(Collins)



Ellen Eagan



Fran Mattson



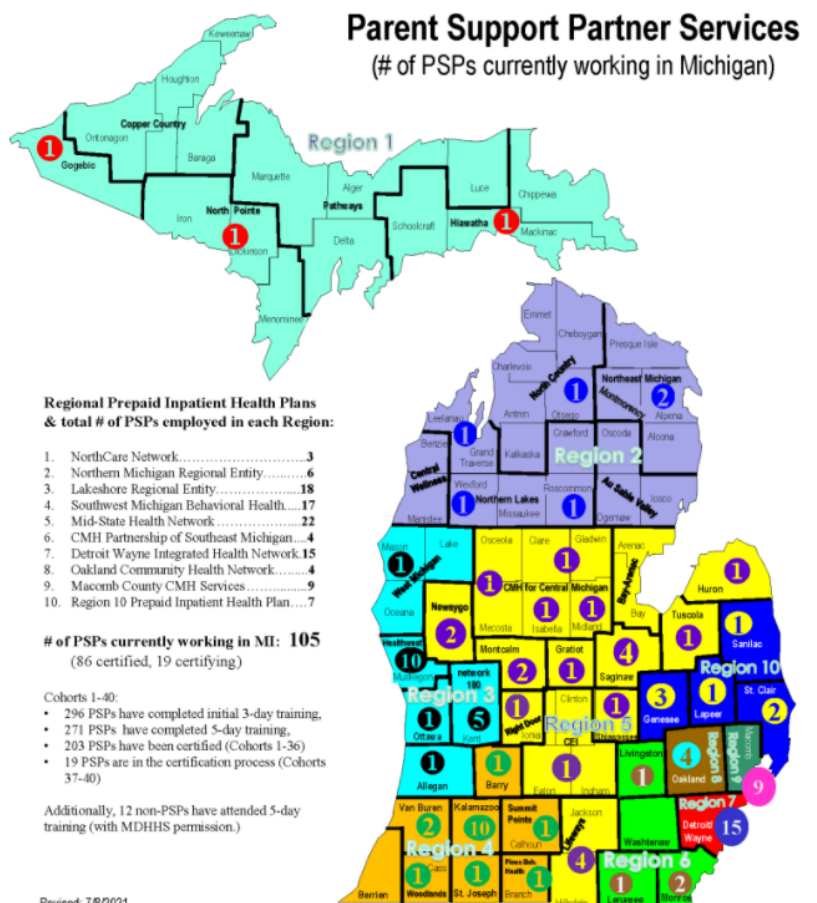
The ACT Program began using peer delivered services in the 90’s and continued until around 2003. The Agency hired their first Peer Support Specialist in July of 2006. Lee Ann Bushey supervises the program and included at one time both Peer Customer Services and Peer Support Specialists. During COVID the Customer Service position was eliminated; however the Peer Support Specialist program staff are going strong. The Peers organize and moderate the WHAM (Whole Health Action Management) group. WHAM is a group designed to take into consideration a person’s whole health condition. It addresses such topics as stress management, healthy eating, physical activity, restful sleep,

service to others, support network, optimism based on positive expectations, cognitive skills to avoid negative thinking, spiritual beliefs and a sense of meaning and purpose. The Peer staff also host a Healing Voices Group, which is an inclusive non-judgmental group to share lived experiences. The group provides opportunities for individuals to participate in a safe group where they can share their experiences and provide support to one another. The target population for this program would be adults with a serious mental illness and those with co-occurring disorders.

The Peer Mentor program provides support services for individuals with an intellectual/developmental disability. This program began in July 2012.

The Peers also played a role in other tasks within the Agency. The Agency used Peer Support Drivers as well as Peer Support Job Coaches.

In addition to the use of Peers in service delivery, our Home-Based Program uses the support of Parent Support Partners. A Parent Support Partner (PSP) service is an intervention that supports families whose children receive services through a community mental health service provider. Michigan’s model for this program is a statewide initiative in partnership with the Michigan Department of Health and Human Services which provides for Medicaid reimbursable peer-to-peer parent support to eligible families as part of Michigan’s Early Periodic Screening Diagnosis and Treatment State Plan. Its purpose is to increase family involvement, increase engagement within the mental health treatment process and equip parents with the skills necessary to address the challenges of raising a youth with special needs



# DROP-IN CENTERS

ESTABLISHED 1989

In July 1989, the Department of Mental Health approved the establishment of drop-in centers and Crossroads was opened in Alpena as a drop-in center. A drop-in center is for adults who are or who have been recipients of service of the mental health system. Debbie Grant was the first Director and Joanne Goeke was the Assistant Director. The Center was located at 701 N. Second Avenue in Alpena and was open from 1:00 pm—9:00 pm, seven days a week. The initial attempt at running a drop-in center failed and was closed in 1994.

In June 2010 the idea of a drop-in center was again addressed and the Agency applied for a block grant and the Bay View Center became a reality. JIMHO provided training on establishing a board and running a successful drop-in center to the organizers of the initial peers of the center. NAMI and DBSA

also assisted in bringing this center to fruition. Bay View Center is located at 710 N. Second Avenue — not too far of the original drop-in center. The original Board of the Bay View Center included Allen Macfaldal, Melissa Sherwood, Prudence Arthur, Tim Gray, Roger Boston and Terri Johnson.



The Bay View Center provides a place as structure or as unstructured as the members require. It's a place where the members are accepted, in a world where that has not always been their experience. Regularly scheduled groups include Arts & Crafts, Quilting & Sewing, Weight Loss, Writer's Group and Newsletter group as well as several Wellness groups.



# CLUBHOUSE

ESTABLISHED 1994

In the winter/spring of 1994, staff member Gary Jarmuszewski made a circuit of visiting clubhouses around the state to determine feasibility of providing this type of program locally. In the fall of that year, Gary was tasked with the challenge of finding a suitable location to host the program. The Clubhouse Program requires staff to attend specific training and Gary attends training in Greenville, South Carolina on the Clubhouse model. He then finds a suitable building located at 228 S. 3rd Avenue and renovations on the building begin. In April 1995 the Clubhouse opens with about 10-15 members. Over the years the members have increased. During the time the Agency directly operated the Clubhouse, it was staffed with four employees— one supervisor, one vocational coordinator and two unit leaders [one focusing on the kitchen unit and one focusing on the clerical unit].

Clubhouse members have options to learn vocational skills such as reception/clerical, kitchen/food service, concession/retail and janitorial services. Members also participate in social and recreational activities which include camping, fishing, shopping, concerts, riverboats, site seeing trips, movies and many other activities. Gary retired on June 5, 2014. After Gary's retirement, Mary Mingus (Jameson) split her time between the Supported Employment Program and Clubhouse Supervisor.

In 2018, the Agency issued an RFP for the provision of Psychosocial Rehabilitation Clubhouse Management of Program with a targeted operational date of January 1, 2019. A bidder's conference was held on August 27, 2018 with two interested parties attending — Hope Network and Touchstone Services. Touchstone Services was awarded the bid and services began under their leadership in January 2019. By the end of 2019, Touchstone had achieved Clubhouse International Accreditation. Abbey Podbielski is the current Director of the Light of Hope Clubhouse. During the pandemic, staff were very creative in the delivery of services while maintaining the mandates of the "Stay Home" order and other social distancing mandates.

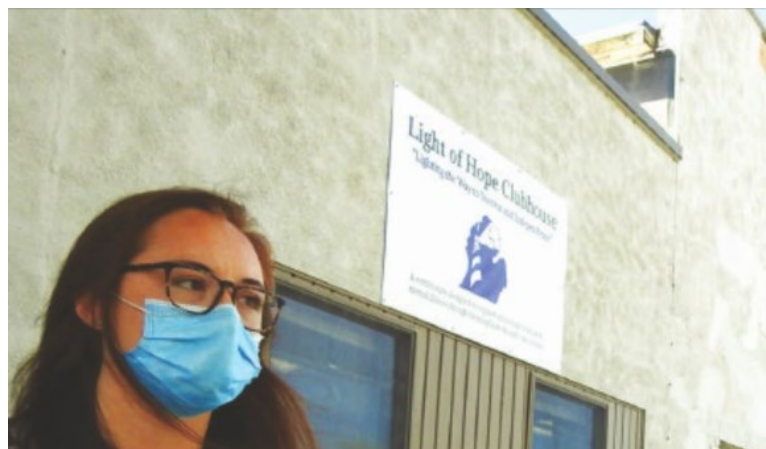
In early June of this year members were able to congregate at the facility again and return to a somewhat normal scheduled routine.



Gary Jarmuszewski  
Clubhouse Supervisor



Mary Mingus  
(Jameson)



# 1988—Approved to develop an ACT program

## [Assertive Community Treatment]



Far left: First office 200 E Chisholm (behind the present day Gliks)

Bottom left: Second office 113 S. State Street

Bottom right: Third office 1001 W. Washington Ave. (present day Devere Industrial LLC)

Far right: Final location—move in day at 400 Johnson St



The first ACT Team included: Cathy Meske [supervisor], Jackie Whiteman [clerical support], and clinical staff Neil McMichael, Mel Straley and Carol Welker. ACT services were provided to those individuals being transitioned back to the community from state institutions such as Traverse City Regional Psychiatric Hospital. The program operated seven days a week, requiring staff to work weekends. Later, the weekend duty went to an on-call system with staff rotating those duties.

Supervisors to the program included:



Cathy Meske  
12/1988—07/1994



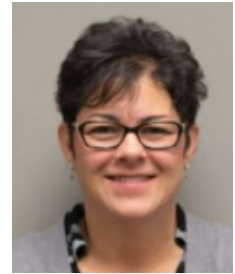
John Bonifas  
1994-03/2005



Pat Mullen  
02/2005—03/2012



Marie Mattson  
03/2012-03/2017



Vicki Knoczak Miltz  
03/2017-05/2018



Mary Jameson  
09/2018-07/2019



Kamara Marsh  
07/2019—08/2019



Barbara Olsen  
11/2019—05/2020



Michelle Knoch  
08/2020—Present

In addition, ACT had some temporary supervisors, which included JoAnn James-Schalk, Dave Misel and Lisa Orozco.

## Children's ACT Program

May 1992



### CHILDREN'S SERVICES ACT

In May 1992, there were programmatic changes made at the Agency. A Children's ACT Program was put in place. Brian Clark was appointed Supervisor of the new program. Robert Taylor, who worked previously as a Ripley RTF worker was promoted to an ACT Worker. Dorothy Cross was hired to work in this department as well. This program later evolved into Home-Based Services which is detailed more under the prevention portion of this newsletter.



Robert Taylor



Dorothy Cross

# SPECIALIZED TREATMENT FOR OFFENDERS PROGRAM

JOINT EFFORT BETWEEN 26TH JUDICIAL COURT AND THE AGENCY

ESTABLISHED AROUND 1994

What is S.T.O.P.? STOP is an acronym for Specialized Treatment for Offenders Program. It was a joint effort between the 26th Judicial Circuit Court and Community Mental Health. It was a community-based intervention effort to provide treatment and reduce recidivism of low risk sexual offenders. It was funded by the State of Michigan Community Corrections Department. Ed Barkley PhD was the Program Director. Over the course of the program he had assistance from Pamela L'Adnier (family therapist), Joyell Nezich and Donna Mullen.. Pam, Joyell and Donna served as co-therapist for in-jail and outpatient group therapy.

Referrals to the program were screened by the probation/parole prosecutor, court staff and the defense attorney. The court would order an assessment by CMH for determination of eligibility for treatment. The recommendation was then sent to the court and was used to determine sentencing.

The intent of the program was to provide local treatment with jail and probation time rather than send low risk sex offenders to the prison system where they were likely not to receive any treatment and would return to the community (and likely reoffend).. Participants in the program generally stayed with the program for five years with the first year being served in the Alpena County jail. The remaining time was served on probation (sometimes with electronic tether) with outpatient treatment and whatever stipulations necessary for therapeutic compliance. The program was designed to include a female co-therapist and included considerable flexibility to address each offender's and family's needs. Group therapy was the primary treatment modality.

The funding for this program transitioned to the court system in 2005 with Ed Barkley retiring from this Agency on April 29, 2005.



Ed Barkley



Joyell Nezich



Donna Mullen

## BEHAVIORAL HEALTH TREATMENT SERVICES

### AUTISM SERVICES

The Michigan Department of Health and Human Services (MDHHS) established the Michigan Autism Program in 2013 as part of the Behavioral Health and Developmental Disabilities Administration. The Agency established Behavioral Health Treatment (BHT) services at that time focusing on prevention of the progression of Autism Spectrum Disorder (ASD). Medical necessity and recommendations for BHT services is determined by a physician or other licensed practitioners working within their scope of practice under state law. Direct patient care services that prevent the regression or address ASD under the state plan are available for children under 21 years of age. The first supervisor of the program was Stephanie Davis and led the program from April 2013 until her resignation in June 2016. Amanda Sola was appointed to succeed Stephanie and held the position until August 7, 2020. Due to the difficulty in recruiting staff, providing training requirements only to have them leave the Agency a decision was made to contract out the service at that point. The Agency employs two staff who work closely with the contract agencies in the provision of services.



Top Row, Left to Right: Stephanie Davis, Amanda Sola

Bottom Row, Left to Right: Astrid Fitzpatrick (ABA Clinician), Jill Dickins (ABA Case Manager)



# RESIDENTIAL PROGRAM

## I/DD SERVICES

The residential program began for Northeast in the early 1980s. During the deinstitutionalization movement, Northeast was able to return 24 individuals with disabilities to their community from the institutions. In addition, Northeast developed a residential program that allowed other counties to transfer their individuals (and their funding) to Northeast. This added upward of 150 more individuals to the residential program.

The state issued guidelines to be used in the construction of the group homes and, in all, 22 homes were opened in the four-county area; most of them new construction made possible by various investors. This provided a boost to the communities with employment opportunities in a variety of fields along with providing local commerce for needed ongoing resources.

Some time after the institutions were closed, the residential program began to shrink due to mortality of the residents. It is important to note many of the individuals residing in our program lived longer than institutional statistics as they received more personal attention to their medical needs. This program continues to shrink as individuals are transitioned into less restrictive environments and are supported under the Supported Independence Program. Today, there are nine homes still in operation.

The one home established for individuals with a mental illness has closed and other services are provided to keep the individuals in their own homes versus a group home setting.

Initially, the majority of the group homes developed consisted of eight beds. This has since been reduced to six beds. The homes are very well decorated and create a family environment for the residents. As community services expanded, opportunities for the residents to become more independent arose. As able, residents moved to less restrictive settings to include their own apartments, own homes or back with families.

Today, the transition to supported independence continues. A monitoring system is in place for individuals needing that level of service. The Person-Centered Planning Process is used to evaluate the needs of the individuals annually.

Satisfaction survey conducted with this population group have always received great response and positive reviews.

### ***Home Development...***

On April 15, 1980 the Board held an Open House at the Cambridge AIS home in anticipation of their opening the following day. Cambridge was the first directly operated home for this Agency. Dick and Cathy Spencer owned the home built by local contractor Mark Skiba. The State of Michigan leased the home from the Spencers. In 1999, the lease was transferred from the State to the Agency. When the Agency became an Authority, the Board was able to hold property. The Cambridge Home was purchased from the Spencers in 2003.

The supervision of the Cambridge home fell on various hands. Home Supervisors included: 1) Jo McLain, 2) Bobbie VanLew, 3) Adele Moore, 4) Mary Ellen Hoppe, 5) Tina Hunt and 6) Kathy Wojda. Can you recognize some of them?



Bobbi VanLew



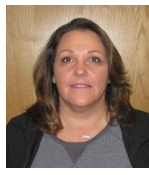
Adele Moore



Mary Ellen Hoppe



Tina Hunt



Kathy Wojda



Cambridge Group Home  
Established April 1980  
Still in Operation



# RESIDENTIAL PROGRAM

## I/DD SERVICES

On May 19, 1980 the Pinecrest Home opened. This home opened initially focused on service to children. In 1986, it converted to providing services to adults. In May of 1999, the owner of the Pinecrest Home notified the Board the home had been sold and the new owner was not planning to continue in a rental arrangement with the Agency. The search was on and the Princeton Home was purchased as a replacement. The Princeton Home was purchased in December 2000 with renovations to be done and open for residency in September 2001. Home Supervisors at the Pinecrest/Princeton Home included: Ruth Textor (1980-1989), Bonnie Benac, Barb Ludwiczak, Lorna Litzner, Cindy LaMay, Angela Iwema and Cheryl Romel. Pinecrest had two foster grandmothers working with the children, Sarah Millard and Eva Basch from 1981 to at least 1987.



Ruth Textor



Barb Ludwiczak



Lorna Litzner



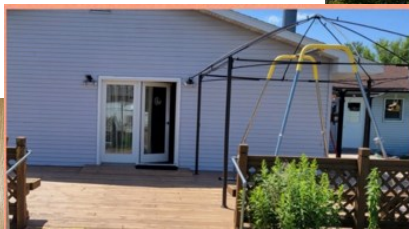
Cindy LaMay



Angela Iwema

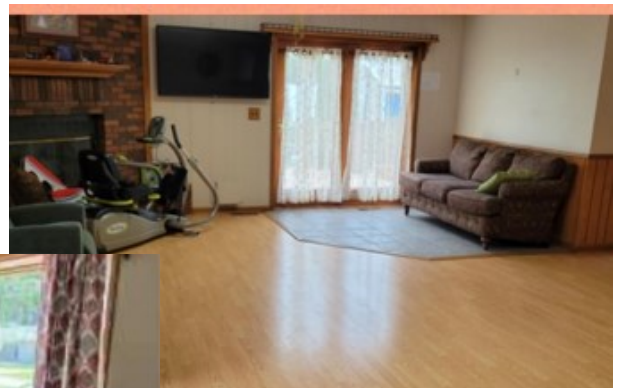


Cheryl Romel



Princeton Home  
Established: September 2001  
Replaced: Pinecrest Home  
Pinecrest Established: May 1980  
Closed: September 2001

The Princeton Home just underwent some major renovation to make the home more accessible for the wheelchair residents in the home. During the construction phase, the Besser Senior Living facility was gracious enough to house our residents and our staff were able to continue to provide services at the facility. Below are some of the pictures of the new renovation.



In November 1980, several additional homes were opened in the four-county area. Avalon, Lewiston, Orchard View and Thunder Bay opened in Montmorency county, Brege opened in Presque Isle and Walnut opened in Alpena county. Two of the five homes opened in November 1980 are still open today — Thunder Bay and Walnut.

The Avalon home closed in March of 2014; the Orchard View home closed March 2010 and the Lewiston home closed twice — first in April 1998. It reopened in August 2000 and closed a second time in March 2005.

# RESIDENTIAL PROGRAM

## I/DD SERVICES

The lease for Avalon home located in Montmorency County was signed in November 1980. The first supervisor of the home was Tony Cucuzza followed by Susan Kennard who held the position until September 2, 1988. She was followed by Brenda Wozniak, Beth Noffze, Candice Moore, Debbie Siebel, and Rhonda Fletcher. Rhonda was the supervisor in place when the home closed in March 2014.



Avalon Home  
Established: November 1980  
Closed: March 2014



Brenda Wozniak



Candace Moore



Debbie Siebel



Rhonda Fletcher

The lease for the Lewiston (Hofstra) home located in Montmorency County was signed in November 1980. When homes opened during this period it was not uncommon for one supervisor to be in charge of two homes. In the case of Lewiston, Roy "Pat" Griffith provided these services for the Lewiston home and the Pine Park home. The Lewiston home operated from November 1980 until April 1988 and then again in August 2000 until March 2005. The second opening was to accommodate the residents from the Kohlman home as the home was sold.



Lewiston/Hofstra Home  
Operated: November 1980—April 1988  
Operated: 2000 - 2005



Harriett Hubert



Cindy Foley



Rhonda Fletcher

Supervisors over this home during the first period also included Harriett Hubert and Cindy Foley, When the home reopened in 2000, Rhonda Fletcher was the home supervisor and remained in that position until the home closed in 2005.

The lease for the Orchard View home located in Montmorency County was signed in November 1980. Tony Cucuzza and Denise Marquardt were the first supervisors at this location. Denise was followed by Peggy Yachasz, JoAnne Degen, Judy Benac, Heidi Kissane and Amy Cumper. This home closed in March 2010.



Orchard View Home  
Opened: November 1980  
Closed: March 2010



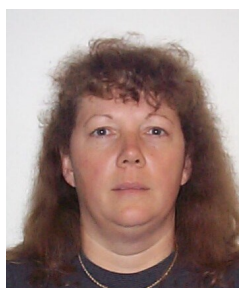
Denise Marquardt



Peggy Yachasz



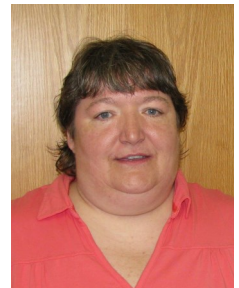
JoAnne Degen



Judy Benac



Heidi Kissane



Amy Cumper



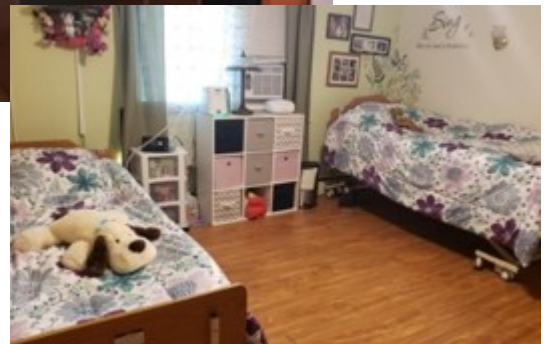
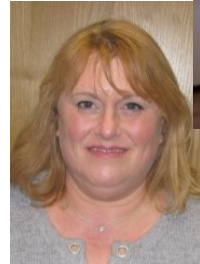
# RESIDENTIAL PROGRAM

## I/DD SERVICES

The fourth home opened in November 1980 was the Thunder Bay home located in Montmorency County. In 1985 this home transitioned into a home for the older I/DD population. Harry Rice and Bonnie Benac were early home supervisors with Regina (Connor) Briley taking over in September 1990. Supervisors following include: Marianne Yakes, Lorna Litzner, Dave Shadbolt, Rhonda Fletcher and our current supervisor Amy Maynard.



Left: Bonnie Benac  
Right: Marianne Yakes  
Bottom (from left):  
Lorna Litzner  
Dave Shadbolt;  
Rhonda Fletcher  
Amy Maynard



The Walnut home located in Alpena County was also opened in November 1980. Residents began arriving in January 1981. This home was originally owned by the Northeast Michigan Mental Health Centers, which was dissolved when this Agency began providing the services directly. The ownership of the home was transferred to the Northeast Michigan Community Foundation as this Agency was not able to own real estate. In October 1997, the Board approved the purchase of the home from the Community Foundation of Northeast Michigan for \$65,000. It took until September 1998 to get all the loan documents and proper paperwork executed. The home total was actually \$72,000.

Roberta "Bobbi" VanLew was the first home supervisor of the Walnut home. She retired in March 1998. Kay Kreft (Keller) assumed the supervision of this home, followed by Norma Anderson, Karen Grochowski, Kim Timmreck and Heidi Kissane.



Bobbi VanLew



Kay Kreft (Keller)



Norma Anderson



Karen Grochowski



Kim Timmreck



Heidi Kissane



# RESIDENTIAL PROGRAM

## I/DD SERVICES

The Brege home located in Presque Isle County opened in November 1980 under the supervision of Linda Berry. The home was licensed for six beds. Linda initially provided supervision for two homes — Brege and Grand Lake. Linda left the area and was replaced in August 1981 with Mary Trombly. Mary was only a supervisor for a very short time and Linda DeKett (DePaulis, DeRoque) was named supervisor in November 1981 providing supervisory duties to both Brege and Deerfield home. In February 1986, the Board approved the staffing of one supervisor per home versus a two-point supervision. Linda DeKett stayed with the Deerfield home and Linda Kleiber was promoted to supervise the Brege home in May 1986. Linda Kleiber left the Agency in July 1995 and was replaced by Kay Wyman (Kreft, Keller) who supervised the home from June 1995 until August 1996. She was succeeded by Kathy Kaszubowski. Ann Bisson stepped in when Kathy went out on medical leave and was made supervisor in December 2006. Amy Cumper replaced Ann in April 2010 and was later replaced with the current supervisor, Ann Smith in April 2015.



Linda DeKett



Linda Kleiber



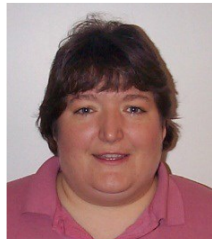
Kay Wyman



Kathy Kaszubowski



Ann Bisson



Amy Cumper



Ann Smith

The Grand Lake Group Home opened in May 1981 with occupancy beginning in July 1981. The home was located in Presque Isle County. The first home supervisor for the home was Linda Berry. Many supervisors had a hand in managing this home and include: Ruth Textor, Lorna Litzner, Colleen Wisniewski, Kim Yarch, Mike Nordstrand and Delores Wojcicki. As the need for fewer group homes diminished, this home was targeted for closure due to the difficulty in staff recruitment. The doors of this home were locked for the final time on October 13, 1995 with residents of the home being transferred to Walnut, Stonyridge, Deerfield, Thunder Bay and one to a foster care home. The home supervisor at the time, Delores Wojcicki was transferred to the Dewar Home.

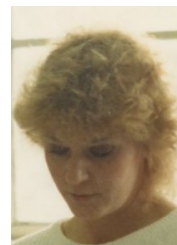


Grand Lake Group Home

Established: May 1981

Closed: October 1995

Left to Right: Ruth Textor, Lorna Litzner, Colleen Wisniewski, Kim Yarch



# RESIDENTIAL PROGRAM

## I/DD SERVICES

The Barlow Home was established in June 1981 in Alcona County and in operation for approximately 14 years. Sandy Krueger was home supervisor for the Barlow Home as well as the Dewar Home until she left the Agency for a new venture through NEMROC as a Work Activity Center Coordinator in December 1986. Bob Reynolds "Barlow Bob" was the home supervisor since December 1987. This home closed in June 1995. Bob transferred to the Harrisville Home at that time.



Sandra Krueger



Bob Reynolds



Barlow Group Home  
Established: June 1981  
Closed: June 1995

The Stoneyridge home opened in July 1981. Bonnie Benac was the first home supervisor of this home, holding that position until January 5, 1983. Lorna Litzner and Deborah Siebel followed as home supervisors. Debbie was the home supervisor when this home was closed in 2004.



No Picture Available  
Home Opened: July 1981  
Home Closed: September 2004

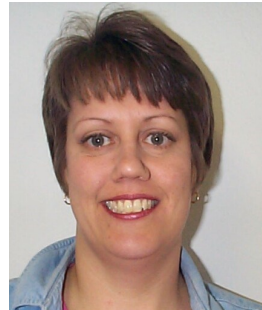


Deerfield Group Home  
Established: July 1982  
Closed: November 2011

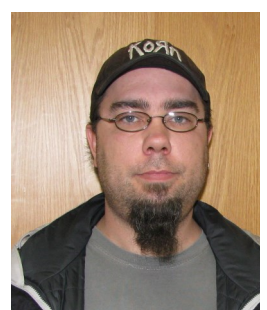
The Deerfield Home located at 3892 Wirgau Rd., Rogers City was opened in July 1982. Linda DeKett was the first home supervisor for this location. Elizabeth LaLonde (Geyer) was promoted to the home supervisor position October 1988. She served that position until she relocated from the area. David Shadbolt assumed the position at that time and remained in that position until the home closed in November 2011.



Linda DeKett



Elizabeth (LaLonde) Geyer

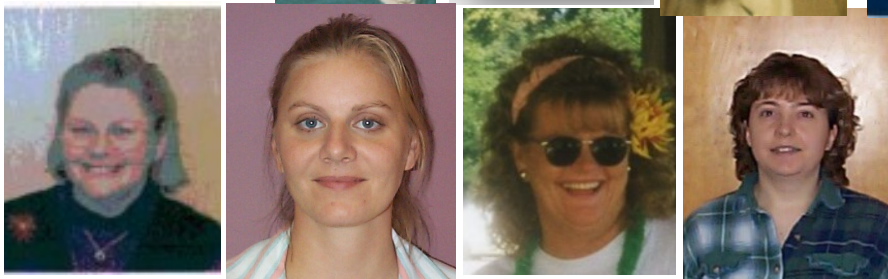


Dave Shadbolt

# RESIDENTIAL PROGRAM

## I/DD SERVICES

The Dewar Home in Alcona County was the next to open in August of 1981. From records I could find, it appears Sandra Krueger was the first home supervisor with Marty (Wilson) Slater Gates following her. Marty later took the position of Home Supervisor at the Harrisville Home when that home opened in September 1988. Julie Spangler was the Home Supervisor from September 1988 until October 1990. In October 1990, Jim Spangler transferred from supervisor of the Partial Day Program in Alcona County to the Home Supervisor. Succeeding Jim Spangler was Karen Grochowski, Antonina Nickowski, Geraldine LaCross, Lorette Whitscell, Marianne Yakes, Delores Wojcicki, Heidi Kissane, Theresa Talbot and Mellisa Hall. The Dewar Home closed in September 2015.

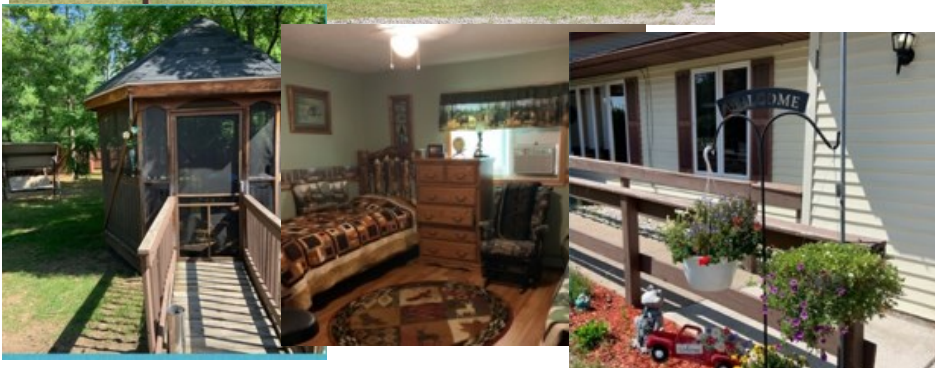


Top Row, Left to Right: Sandra Krueger, Marty Slater Gates, Julie Spangler, Karen Grochowski, Gerri LaCross, Lorette Whitscell

Bottom Row, Left to Right: Marianne Yakes, Heidi Kissane, Theresa Talbot, Missy Hall



The Pine Park home in Montmorency County opened in November 1981. The first Home Supervisor was Roy "Pat" Griffith. He began in August to get the home ready for occupancy. Mr. Griffith left the Agency in June 1985. Harriett Hubert was appointed Home supervisor for a short period of time, until December 1, 1985. Virginia Irons agreed to become Home Supervisor upon Harriett's resignation in December 1985. She remained in that position until December 1995. Cindy Foley absorbed the Home Supervisor position along with the Lewiston Home until June of 1996 when Lois Cumper was promoted to the Home Supervisor Position. When Lois was out on medical leave, Kathy Wojda was appointed as a temporary supervisor of the home. Kathy later transferred to the Cambridge Home and Denise Safford was appointed to the position of permanent Home Supervisor.



Harriett Hubert



Virginia Irons



Cindy Foley



Lois Cumper



Kathy Wojda



Denise Safford

# RESIDENTIAL PROGRAM

## I/DD SERVICES

The Kohlman Home opened as a CLF (Community Living Facility) in 1984 and was supervised by a husband/wife duo, Tom and Sally Wineman. In January 1987, the operation of this home was transitioned into a Home Supervisor run model. The first Home Supervisor of this home was Millie Goossens. She ran the home until July 1993 when she left the Agency for another position. Candace Moore was promoted to Home Supervisor July 29, 1993 and remained in that position until April 24, 2000. JoAnne Degen was appointed to fill the vacancy Candace left and she was the Home Supervisor until July of 2000 when she transferred to supervise the Orchard View Home. Rhonda Fletcher filled the vacancy until the home closed in August 2000.



Millie Goossens



Candace Moore



JoAnne Degen



Rhonda Fletcher

The Highland Court Home in Alpena also opened in 1984. This may have been another home initially run by a married couple. The first Home Supervisor I could identify was Colleen Wisniewski from October 1987 to December 1, 1989. Sue Dehring succeeded Colleen and stayed until July 14, 1995. Karen Grochowski then transferred to this home as Home Supervisor and stayed for one year leaving in July 1996. Kay Kreft (Keller) was appointed to the supervisor positions from July 29, 1996 until April 6, 1998 when she transferred to the Walnut Group Home as supervisor. Karen Grochowski was rehired to the supervisor position at Highland Court in April 1998. This home closed in October 1998.



Picture Not Available

Established 1984 — Closed December 2000



Colleen Wisniewski



Karen Grochowski



Kay Kreft (Keller)

The Krueger Home opened in December 1987 as a CLF home. The husband and wife team of Tom and Carol Tessmer managed the home initially. The first home supervisor I could identify was Gerry LaCross and she held this role until July 1992. Karen Grochowski was the home supervisor from July 9, 1992 until July 3, 1995. Lorell Whitscell held the position from July 24, 1995 until January 22, 1999. Heidi Kissane was the last supervisor, appointed January 23, 1999 and held the position until the home closed in June 2004.



Gerry LaCross



Karen Grochowski



Lorell Whitscell



Heidi Kissane

Krueger Group Home  
Established: December 1987  
Closed: June 2004

# RESIDENTIAL PROGRAM

## I/DD SERVICES

The Harrisville Home was opened in October 1988 after a difficult negotiation with the Alcona County Commissioners. The Commissioners were reluctant to have such a home opened in their town and opposed the opening of the Harrisville Home and Mill Creek Home. The Harrisville Home is a leased home from DWT Enterprises, LLC. Initially the State of Michigan held the leases on the group homes. On September 27, 1996 the lease transferred from the State of Michigan to Northeast. Martha Slater-Gates was the first home supervisor transferring from the Dewar Home. When she left the Agency on July 21, 1995, Bob Reynolds was appointed the supervisor. Bob transferred to the Harrisville Home upon the closure of the Barlow Road Home July 1, 1995.

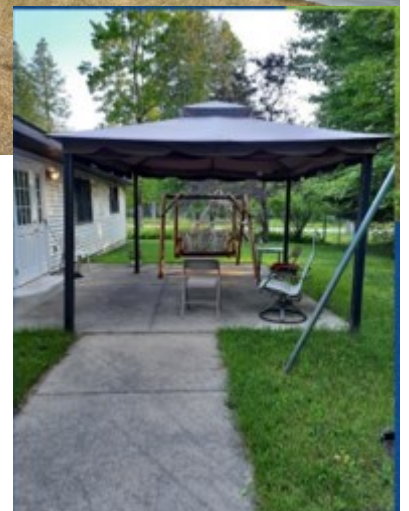


Marty Slater-Gates

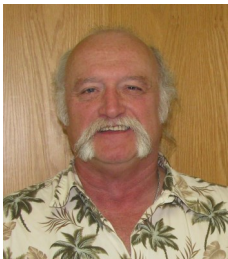


Bob Reynolds

The Mill Creek Home opened in December 1988. The first Home Supervisor for this location was Sue Kortman. The home was opened and ready to welcome five new residents [who arrived from state institutions] just in time for Christmas. Sue Kortman resigned as Home Supervisor and Cindy LaMay was chosen to fill the position. Cindy remained at Mill Creek as the Home Supervisor until July 2000 when Dave Talbot took over the reins. When Dave retired, Dave Shadbolt took over for a short time followed by Karen Grochowski, Julie Matthews and Cindy Fields.



Cindy LaMay



Dave Talbot



Dave Shadbolt



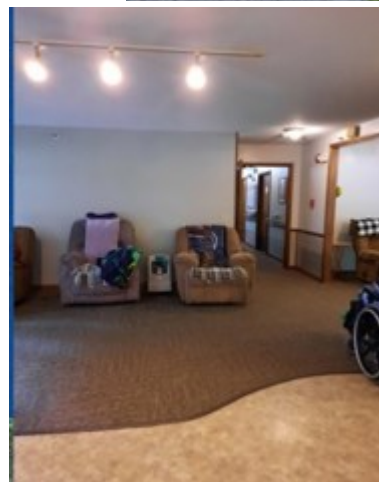
Karen Grochowski



Julie Matthews



Cindy Fields



# RESIDENTIAL PROGRAM

## I/DD SERVICES

In November 1974, NMRS (Northeast Michigan Retardation Services) applied for a MSHDA sponsored group home. The home opened in 1978. In February 1984, a special meeting was held to discuss a proposal for the Northeast Board to serve as the managing agent of the Blue Horizons Home. Gerald VanLew and Virginia Hawkins were charter members of the Blue Horizons Board at the time the grant was written. Initially, the Blue Horizons Board contracted with Child & Family Services for the management of the home. Brenda Roberts was the Director of the Blue Horizons Home through the initial arrangement. The transfer of management was targeted for April 1, 1984. Fran Mattson was the first Northeast Home Supervisor for this property. In August 1990, she transferred to the position of Supported Independent Living Coordinator and Renee Smart-Sheppler became the Home Supervisor. Renee left the position to take a part-time position within the Agency as a SIS Assessor. Amy Thompson was promoted to the Home Supervisor position transferring from a SIP Supervisor position in Janu-



Fran Mattson



Renee Smart-Sheppler



Amy Thompson

# RESIDENTIAL PROGRAM

## MI SERVICES

With the State institutions closing, there was also a need to have residential setting for individuals with a mental illness. In July 1980, the Northeast Board supported a lease with the Besser Foundation for the establishment of this facility located at 409 Ripley Boulevard in Alpena. An Open House was held on October 17, 1980 with residents arriving the week of October 20th. Steve Larsen was the first supervisor of the program referred to as Partial Hospitalization & Aftercare—Residential Treatment Facility. John Oliver was appointed Home Supervisor in August 1982. The Besser Foundation, in 1988, sold the property to Frank Romanik. In April 2002, John Oliver transitioned to Supervisor of the Community Living Skills program and JoAnne Dice (James-Schalk) was appointed Home Supervisor. In August 2007, JoAnne James-Schalk held a role as a temporary ACT Supervisor and Steve Gilmore was made temporary Home Supervisor of Second Avenue.



The facility located at 919 N Second Avenue was purchased to replace the Ripley Street Facility in 2017. On March 30, 2004 the facility at Second Avenue was open to receive residents. In January 2008, the Agency focused their efforts to supporting individuals in their own homes versus having this facility. The Second Avenue home was converted into temporary office space until the Fletcher Street Office was refurbished to accommodate staff. This home then became a transitional home for individuals to move from a semi-supported residential environment to a more self-supported environment. The Agency sold the home in September 2017 to Beacon Specialized Living Services.



John Oliver



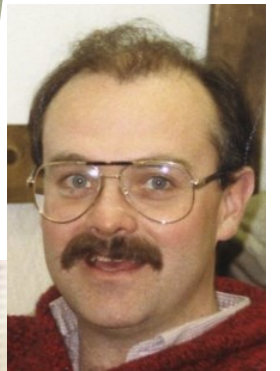
JoAnne James-Schalk



Steve Gilmore

# FACES KNOWN/UNKNOWN

DO YOU RECOGNIZE THESE INDIVIDUALS????







# WEEKLY Update

September 24, 2021

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## CMH Association and Member Activities

### 17th Annual ‘Walk a Mile in My Shoes’ Rally



“The 17th Annual ‘Walk a Mile in My Shoes’ Rally will be held IN PERSON this year at the State Capitol on September 29, 2021. Each year, we draw more than 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Join us on Wednesday, September 29 as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

The Walk A Mile packet can be [downloaded here](#).

### **New! Graphic images for CMHA’s Walk a Mile social media posts announced**

For the 17th annual “Walk-a-Mile in My Shoes” rally, CMHA and Lambert, CMHA’s public relations partner, have developed social media posts and graphics to promote the event. These posts will be shared on the Community Mental Health Association of Michigan’s Facebook and Twitter, as well as with partner organizations for their social channels. The graphic images that will accompany those social media posts: <https://bit.ly/3o5di0J>

### **Seeking Nominations: Nick Filonow Award of Excellence for 2021**

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, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 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.

You can download a copy of the nomination form by [CLICKING HERE](#).

### **Traveling Art Show**

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at [mfrancis@cmham.org](mailto:mfrancis@cmham.org). Those NOT sold by October

1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at [mfrancis@cmham.org](mailto:mfrancis@cmham.org).

## State & National Developments and Resources

**New!** Recording of most recent MDHHS updates on AFCs and HFAs COVID-19 emergency response available

Below is the link to the video recording of the most recent MDHHS “Topic: Important Updates on AFCs and HFAs COVID-19 Emergency Response”

Date: Sep 22, 2021 01:40 PM Eastern Time (US and Canada)

Meeting Recording: <https://bit.ly/3ERHpPe>

Access Passcode: MA\$J68?M

## State Legislative Update

**View August’s Legislative Video on CMHA’s Website**

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

Our August briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget, and the Senate and House behavioral health redesign proposals.

To view the latest video, [CLICK HERE!](#)

**New! FY22 Budget is Done**

This week the House and Senate finalized its FY22 budget work in the form of a General Omnibus Budget ([Senate Bill 82](#)) and a Higher Education Budget ([House Bill 4400](#)). Governor Gretchen Whitmer released a statement confirming her plan to sign the budgets before the end of the month.

The bipartisan agreement amounts to a historically high level of spending, in part due to the approximately \$2.8 billion in federal funding that is included. The final FY22 budget, including the K-12 budget that passed in June, amounts to a total appropriation of \$68.7 billion gross (\$11.8 billion GF). Below are details on items of interest:

### Specific Mental Health/Substance Abuse Services Line items

	<u>FY'20 (Final)</u>	<u>FY'21 (Final)</u>	<u>FY'22 (Final)</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,487,345,800	\$2,653,305,500	\$3,124,618,700
-Medicaid Substance Abuse services	\$68,281,100	\$87,663,200	\$83,067,100
-State disability assistance program	\$0	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$108,754,700	\$108,333,400	\$79,705,200
-Health Homes Program	\$3,369,000	\$26,769,700	\$33,005,400
-Autism services	\$230,679,600	\$271,721,000	\$339,141,600
-Healthy MI Plan (Behavioral health)	\$371,843,300	\$589,941,900	\$603,614,300
-CCBHC	\$0	\$0	\$25,597,300
-Total Local Dollars	\$20,380,700	\$20,380,700	\$15,285,600

### Other Highlights of the FY22 Final Budget:

#### Direct Care Worker Wage Increase

Conference concurs with the Senate budget and reflects a full year implementation of a **\$2.35/hour direct care worker wage increase** on an ongoing basis after revising annual costs cost estimates to \$414.5 million Gross (\$146.1 million GF/GP), Sec. 231 is related boilerplate.

#### CCBHC Implementation

**Conference report concurs with the FY22 Executive Budget and includes \$26.5million gross, \$5.0million general fund(6.0FTEs) to support a two-year implementation of the Centers for Medicare and Medicaid (CMS) Certified Community Behavioral Health Clinic (CCBHC) Demonstration program.**

Proposed funding will be used to:

- **Establish 14 CCBHC sites**, through 11 Community Mental Health Programs and 3 non-profit behavioral health entities, to provide comprehensive access to behavioral health services to vulnerable individuals.
- Create a new Behavioral Health Policy and Operations Office to oversee the implementation of the CCBHC demonstration, Medicaid Health Homes, and other behavioral health integration initiatives. The new office will comprise 6 new FTE positions and 9 reassigned FTE positions responsible for policy, operations, technical assistance, and quality monitoring support.

### **KB vs. Lyon lawsuit**

**Conference report concurs with the FY22 Executive budget and includes \$91 million gross (\$30 million general fund) to recognize new costs related to the implementation of policy changes associated with the KB v. Lyon lawsuit settlement.** These caseload costs will come from program changes aimed at increasing consistency in access to behavioral health services for Medicaid enrollees and those served through the child welfare system.

### **Local Match Draw Down**

Conference report includes funding for the second year of a five-year phase-out of the use of Local CMH Local Match funding to support the Medicaid Restricted Mental Health Services line. **\$5,095,100 GF/GP**

### **Five-Year Inpatient Psychiatric Plan**

Conference includes \$300,000 GF/GP for DHHS to create a 5-year plan to address adult and children inpatient psychiatric bed needs using both public and public-private partnership beds. Sec. 1062 is related boilerplate.

### **Federal State Opioid Response (SOR) Grant**

Conference report concurs with the Executive budget and includes \$36.4 million in federal SOR grant funding to increase access to medication-assisted treatments, addressing unmet treatment needs, and reducing opioid overdose deaths. Federal opioid grant funding also separated out into a separate opioid response activity line item.

### **Behavioral Health Community Supports and Services**

Conference report concurs with the House budget and adds \$2.3 million Gross (\$138,500 GF/GP) and directs these community supports to crisis stabilization units and psychiatric residential treatment facilities and authorizes 2.0 FTE positions. Sec. 1010 is related boilerplate.

### **Specialty Medicaid Managed Care Health Plan for Foster Children**

Conference report concurs with the House budget and includes \$500,000 Gross (\$250,000 GF/GP) to complete an actuarial analysis and any necessary federal approvals to create a specialty Medicaid

managed care health plan for children in foster care to provide comprehensive medical, behavioral, and dental services

**Key Boilerplate Sections:**

**Sec. 239 NEW.** Medicaid Reimbursement for Telemedicine – New Senate language requires DHHS to reimburse Medicaid telemedicine services the same as if the serve involved face-to-face contact between the provider and patient. House Omnibus concurs with the Senate with revisions to apply the language to the non-facility component of the reimbursement rate. Conference concurs with the House Omnibus.

**Sec. 908.** NEW Senate – Uniform credentialing , As a condition of their contracts with the department, PIHPs and CMHSPs, in consultation with the Community Mental Health Association of Michigan, shall work with the department to implement section 206b of the mental health code, MCL 330.1206b, to establish a uniform community mental health services credentialing program.

**Sec. 927.** Uniform Behavioral Health Service Provider Audit. Existing boilerplate requires DHHS to create a uniform community mental health services auditing process for CMHPs and PIHPs, outlines auditing process requirements, and requires a report.

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

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

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

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

**Sec. 940.** Transferring and Withdrawing CMHSP Allocations - Requires DHHS to review CMHSP expenditures to identify projected lapses and surpluses, to encourage the board of the CMHSP with a projected lapse to concur with the recommendation to reallocate the lapse to other CMHSPs, and to

withdraw funds from a CMHSP if those funds were not expended in a manner approved by DHHS, including for services and programs provided to individuals residing outside of the CMHSP's geographic region; prohibits a CMHSP from receiving additional funding if the CMHSP transferred out or withdrew funds during current fiscal year; requires CMHSPs to report any proposed reallocations prior to going into effect; requires legislative notification and report. Conference report concurs with Executive and House revision by removing the requirement to withdraw unspent funds if funds were not expended in a manner approved by DHHS

**Sec. 964.** Behavioral Health Fee Schedule. Requires the department to provide a report with the standardized fee schedule for Medicaid behavioral health services and supports to the Legislature by July 1 and must include the adequacy standards to be used in all contracts with PIHPs and CMHSPs. In developing the fee schedule the Department must prioritize and support essential service providers and develop a standardized fee schedule for revenue code 0204.

**Sec. 965.** Medication Assisted Treatment - Requires DHHS to explore requiring CMHSPs to reimburse medication assisted treatment at not less than \$12.00 per dose and drug screen collection at not less than \$12.00 per screen. Executive deletes. Conference report concurs with House revision to require the Medicaid behavioral health fee schedule to offer bundled medication assisted treatment billing and prioritizes federal state opioid response funds to assist in providing efficient and effective billing

**Sec. 970.** Skill Building Assistance Services – RETAINED Requires DHHS to maintain skill building assistance services policies in effect on October 1, 2018, and requires DHHS to continue to seek federal matching funds for skill building assistance services.

**Sec. 1005.** Health Home Program Expansion – REVISED Requires DHHS to maintain and expand the number of behavioral health homes in PIHP regions 1, 2, and 8 and to expand the number of opioid health homes in PIHP regions 1, 2, 4, and 9. Conference revises to maintain the current behavioral health and substance use disorder health homes and permits DHHS to expand into additional PIHP regions.

**Sec. 1010.** Behavioral Health Community Supports and Services – REVISED Requires the funds appropriated for behavioral health community supports and services be used to expand assertive community treatment (ACT), forensic assertive community treatment, and supportive housing for the purpose of reducing waiting lists at state psychiatric hospitals. House revises to allocate funding for crisis stabilization units and psychiatric residential treatment facilities. Conference adds crisis stabilization units and psychiatric residential treatment facilities to list of uses of the line.

**Sec. 1062.** Inpatient Psychiatric Plan – By July 1 of the current fiscal year, the department shall provide a 5-year plan to address the need for adult and children's inpatient psychiatric beds to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office. The report shall include recommendations for utilizing both public and public private partnership beds.

**Sec. 1151.** Opioid Addiction Treatment Education Collaboration – current boilerplate requires DHHS to coordinate with other departments, law enforcement, and Medicaid health plans to work with substance use disorder providers to inform Medicaid beneficiaries of medically appropriate opioid



addiction treatment options when an opioid prescription is ended, and address other opioid abuse issues; requires report.

**Sec. 1517.** Specialty Medicaid Managed Care Health Plan for Foster Children – (1) From the funds appropriated in part 1 for medical services administration, the department shall allocate \$500,000.00 to complete an actuarial analysis and any necessary federal approvals to create a specialty Medicaid managed care health plan for children in foster care. The specialty Medicaid managed care health plan must be responsible for comprehensive medical, behavioral, and dental services, including EPSDT exams, as well as case management, specialty supports and services, home- and community-based waiver services, and any other medically necessary value-added services.

(2) By July 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on the implementation status of this section.

**Sec. 1846.** Graduate Medical Education Priorities - Requires DHHS to distribute GME funds with an emphasis on encouragement of the training of physicians in specialties, including primary care, that are necessary to meet future needs of this state, and training of physicians in settings that include ambulatory sites and rural locations. Conference report concurs with House to also emphasize training of pediatric psychiatrists.

## Federal Update

### Key Legislation Introduced to Expand CCBHC Program

Last month, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

#### If passed, this bill would:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

**Key resources:**

- [National Council public statement](#)
- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

## Education Opportunities



### CMHA Hybrid Annual Fall Conference – October 25 & 26, 2021

The CMHA Annual Fall Conference, "Together we Thrive," will be held both in-person and virtual (hybrid) on October 25 & 26, 2021 at the Grand Traverse Resort in Traverse City, Michigan.

#### What is a Hybrid Conference?

The CMHA Annual Fall Conference going hybrid means attendees will have the option to attend the conference fully in-person or only view certain sessions virtually.

#### In-person Conference Information:

The in-person portion of the conference will take place at the Grand Traverse Resort in Traverse City, Michigan.

Grand Traverse Resort guests that have been fully vaccinated are NO LONGER required to wear a mask during their visit. Grand Traverse Resort employees are currently wearing masks for their protection and that of their guest and fellow co-workers.

If you have NOT been fully vaccinated, you will be required to wear a mask on the Grand Traverse Resort property (other than in your hotel room). Please bring your own mask with you to the conference.

All conference attendees, presenters and exhibitors will be required to submit a health questionnaire during the registration. You will be asked to self-monitor and quarantine if you begin feeling symptoms not related to other conditions. If you begin feeling symptoms at any point prior to or during the conference, please stay in your room and notify CMHA immediately. You must sign a waiver at registration agreeing to all safety requirements put in place by both CMHA and the Grand Traverse Resort. If you are not able to comply with the requirements, we respectfully ask you to join virtually.

We will be following all current guidelines from MDHHS, CDC and Safe Meetings in Michigan. We are closely monitoring the COVID-19 situation and will continue to update our conference status as mandated by local, state, and federal government agencies.

**Virtual Conference Information:**

If you chose to attend virtually, the conference will consist of a reduced number of sessions for virtual attendees (at a greatly reduced registration fee). The virtual conference will be live-stream all 4 keynote addresses and 8 workshops specifically selected by CMHA for the virtual participant. Continuing education will be available for virtual sessions you fully participate in during the designated live times.

**Hotel Reservations:**

There will be NO PHONE RESERVATIONS.

When making your reservations, you will be charged one-night deposit.

Grand Traverse Resort: 100 Grand Traverse Village Boulevard, Acme, MI 49610-0404

Room Rates: Rates below do not include 6% state tax, 5% city assessment, or \$14.95 nightly resort fee

<b>Room Type</b>	<b>Rate</b>	<b>Room Type</b>	<b>Rate</b>
Hotel Guest room	<b>\$143</b>	Tower Guest Room	<b>\$163</b>
Studio Condo	<b>\$143</b>	1 Bedroom Condo	<b>\$178</b>
2 Bedroom Condo	<b>\$208</b>	3 Bedroom Condo	<b>\$248</b>

To make online reservations: <https://www.grandtraverseresort.com/promocode?promocode=MHB2021>

Deadline for Reduced Rate: Friday, October 1, 2021

Cancellation Deadline & Policy: If you cancel 3 days prior to your arrival, your reservation is fully refundable, minus a \$25 dollar processing fee.



<b>IN-PERSON REGISTRATION FEE (per person)</b>				
Full conference registration fee provides you with a program packet, admission to all keynote sessions, all workshops, 2 breakfasts, 2 lunches, welcome reception and all breaks.				
	Member Early Bird	Member After 10/15/21	Non-Member Early Bird	Non-Member After 10/15/21
In-Person Full Conference	\$418	\$458	\$500	\$549
In-Person One Day	\$323	\$363	\$387	\$435
<b>VIRTUAL REGISTRATION FEE (per person)</b>				
If you choose to attend virtually, the conference will consist of a reduced number of sessions for virtual attendees (at a greatly reduced registration fee). The virtual conference will live-stream all 4 keynote addresses and 8 workshops specifically selected by CMHA for all virtual participants. Continuing education will be available for virtual sessions you fully participate in during the designated LIVE times. You will have access to the recordings for 30 days (no CEs for viewing recordings).				
Virtual Conference Fee	<b>MEMBER: \$210</b>		<b>NON-MEMBER: \$250</b>	

Conference registration opening next week!

### **VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!**

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

**Dates:**

- October 12th, 2021 ([Register Here](#))
- November 9th, 2021 ([Register Here](#))
- January 18th, 2022 ([Register Here](#))
- February 15th, 2022 ([Register Here](#))
- March 15th, 2022 ([Register Here](#))
- April 13th, 2022 ([Register Here](#))
- April 19th, 2022 ([Register Here](#))

**Agenda:**

- Log into Zoom: 9:45am
- Education: 10:00am – 12:30pm
- Lunch Break: 12:30pm– 1:00pm
- Education: 1:00pm – 4:30pm

**Training Fees:** \$130 CMHA Members \$153 Non-Members

### **VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open!**

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS online through Zoom. This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for pain management.



**Dates:**

- October 19th, 2021 ([Register Here](#))
- November 12th, 2021 ([Register Here](#))
- January 25th, 2022 ([Register Here](#))
- March 24th, 2022 ([Register Here](#))
- April 27th, 2022 ([Register Here](#))

**Agenda:**

Log into Zoom: 12:45 pm  
Education: 1:00pm – 3:00pm

**Training Fees:** \$53 CMHA Members \$61 Non-Members

## Rural Michigan Opioid and Substance Use Disorder Summit

The Michigan Center for Rural Health is pleased to invite you to the Rural Michigan Opioid and Substance Use Disorder Summit in Traverse City, Michigan. This one-day event will allow participants to collaborate to increase their awareness of Rural Health best practices in the prevention, treatment, and recovery aspects of Opioid Use Disorder (OUD) and Substance Use Disorder (SUD).

[Draft agenda can be found here.](#)

When: Thursday, October 21, 2021 from 8:00 AM to 4:00 PM EDT

Where: Park Place Hotel-Traverse City  
300 East State Street, Traverse City, MI 49684

### HOTEL RESERVATIONS

Park Place Hotel

231.946.5000

Block Code: Michigan Center for Rural Health or MIRH

[Register here.](#)

## **New!** Benefits to Work Coaching Training – November 1-3, 2021 (Virtually)

This Benefit-to-Work Coach training begins with 9 self-paced online lessons which provide an overview of Benefit-to-Work Coach services, an overview of the Michigan specific Disability Benefits 101 (MI DB101) website ([www.mi.db101.org](http://www.mi.db101.org)), basic information about the benefits and program rules covered on MI DB101, and procedures for verifying benefits. Upon successful completion of the self-paced lessons, the training proceeds to the live instructor-led training presented via Zoom. The live training is an interactive opportunity to reinforce and heighten clarity of the information from the self-paced lessons and focus on the role and skills needed to deliver Benefit-to-Work Coach services. [This training is a specialized training and applications are available on the CMHA website here.](#)

## **New!** NARMH announces national conference: Emerging from COVID-19 - Lessons Learned and Future Directions for Rural Mental Health

The National Association for Rural Mental Health's (NARMH) virtual conference is approaching quickly so register now for this great deal! ***Emerging from COVID-19 - Lessons Learned and Future Directions for Rural Mental Health*** ([Conference information and registration here.](#)) will take place on Wednesdays in October with relevant topics specific to rural mental health. And - the conference registration fee includes a one-year individual level membership for new and returning individual level members! The pandemic has had a significant impact on the mental health of people in this country. With the resurgence of the COVID, it is as important as ever to discuss the impact of the pandemic on rural mental health, share lessons learned, and consider rural mental health services and systems moving forward.

### **New! Mental Health America Virtual Conference: Our Future in Mind: A Brand New Event for Young People**

Streaming live on YouTube, this free two-day summit, offered by Mental Health America (the national organization of which the Mental Health Association for Michigan is an affiliate) gives you front-row access to the most innovative mental health organizations and campaigns in the world. You'll gain insight into how they got started, and you'll learn (and unlearn) from young mental health experts to help you find your unique pathway into activism. Details and registration information can be [found here](#).

## Behavioral Telehealth Resource Center

### Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [Telehealth Resource Center webpage](#) to see new information and updated format. If you have content suggestions, please contact Amy Stagg at [astagg@cmham.org](mailto:astagg@cmham.org).

### **New! Action Requested: Telehealth Experience Survey Distribution by CMHs, PIHPs and Provider Alliance Members**

CMHA wants to learn about client telehealth experiences. This information will help us provide the best support possible to local community mental health centers. An email has been sent to the CEOs of CMHs, PIHPs and Provider Alliance members asking for their help to **distribute this electronic survey**. [Click here to view a flyer](#) that can be distributed to clients and describes how to complete the survey electronically. This project is part of the Telehealth Resource Center and is supported by a grant from the Michigan Health Endowment Fund. The **Provider/Supervisor Telehealth survey is complete**, [click here](#) to view the report.

### **New! Telehealth Guide for Critical Access Hospitals**

The Northwest Regional Telehealth Resource Center (NRTRC) and the National Rural Health Resource Center recently released the [Telehealth Guide](#) to provide practical guide to implement and sustain telehealth. This comprehensive guide includes expertise related to billing and reimbursement, vendor selection, health equity barriers and how to engage key stakeholders and assess privacy and legal issues.

### **Telehealth and Clinical Trials: Improving Diversity in Clinical Trials and Data Collection**

The pandemic has magnified disparities within the healthcare system, including those related to clinical trial processes. The increased use of telehealth to improve access to care may have the ability to decrease disparities in clinical trial research. A recently introduced bill in Congress ([H.R.5030Diverse Trials Act](#)) seeks to address this very issue. This bill would include a recommendation to: [“Include how to appropriately use digital health, such as telemedicine, to support clinical trials.”](#)

### **Center for Connected Health Policy Trend Maps**

The CCHP has updated its Policy Trend [maps](#), which provide a snapshot of key telehealth reimbursement policies. These policies can also be compared by [state](#).

### **The Center for Connected Health Policy (CCHP) Telehealth & Medicaid webinars**

Register now for the Fall Medicaid webinar series. Webinar topics, dates and registration links are noted below.

- Session 3: Medicaid & Other State Agencies Telehealth Policies for Patients with Disabilities. Friday, October 1: 2:00-3:30pm (EST); Register [here](#).
- Session 4: Medicaid & Permanent COVID-19 Telehealth Policies. Friday, October 8: 2:00-3:30pm (EST); Register [here](#).

### **\$500 Million in Emergency Rural Health Care Grants Available**

The United States Department of Agriculture (USDA) is offering \$500 million in grants to help rural health care facilities and communities expand access to vaccines, **telehealth**, and various health care services. There are two types of grants available: [Recovery Grants](#) and [Impact Grants](#). Use these links to learn more.

## **Education & Training Resources from Great Lakes MHTTC**

**CMHA's partnership with SAMHSA funded Great Lakes MHTTC**



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC [can be found here](#).

The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources webpage](#). This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

### **SAMHSA: Advancing Comprehensive School Mental Health Systems**

As children go back to school, SAMHSA is also elevating mental health resources for supporting students and staffs, created by SAMHSA's grantees through its Mental Health Technology Transfer Centers, that address mental health and resiliency in school settings:

The [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit \(PDF | 4 MB\)](#) helps guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.

[Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning \(PDF | 4 MB\)](#) presents information on the impact of COVID-19, what to expect as students return to school, and ways to prepare at the staff, building, and district levels.

[Strengthening School Communities for a Safe, Supportive Return: Part 2](#) covers strategies and best practices for school systems to promote student and staff resilience, wellbeing, and success, following COVID-related school closures. It also promotes cross-state networking and shared learning about best practices, successes, and challenges during learning modality transitions.

View more [back-to-school resources](#).

### **SAMHSA training and technical assistance related to COVID-19 recovery and resilience**

As part of CMHA's partnership with the SAMHSA-funded Mental Health Technology Center (MHTTC) provides Michiganders with access to a number of resources on how we all can recovery from and ensure resiliency as the state and nation comes out of the pandemic. These resources can be [found here](#).

**News from Our Preferred Corporate Partners**





## Relias: Understanding and Addressing Racial Trauma in Behavioral Health

Behavioral health professionals are trained to provide competent, effective, compassionate services. However, most have not been adequately educated on the impacts of racial discrimination, systemic oppression, and historical trauma, nor their profound implications for clinical practice.

Our course, [Understanding and Addressing Racial Trauma in Behavioral Health](#), moves beyond the discussion of diversity and cultural competence by exploring current research and best practices for identifying implicit bias, understanding cultural contexts, and effectively addressing racial trauma with clients.

Watch a preview of the course to see the training in action here: <https://bit.ly/2XosbA3>

## Abilita: Top Ten Times for a Communications Review

It's never a bad time to review your organization's communications technology expenses, and never a better time to enlist the help of a specialist. That's because there are certain milestones when not having a good handle on spending and inventory can result in the greatest financial risk.

Here are our top 10 scenarios for a Communications technology expense review and inventory update:

- Before a Move
- After an acquisition or merger with another company
- Upon Contract Renewal with Communications Service Providers (before and after)
- After Closing a Site
- When there are changes in Regulatory Charges
- When moving from Premise to Cloud-Based Services
- When Transforming Network Technology
- When a New Person is taking over responsibility for Communications Technology Management
- When changing to a new Data Center Provider
- When Employees Work from Home

For more details and what you might want to consider, download Abilita's Top 10 Times newsletter [here](#). To get started now, contact your Abilita Advisor, Dan Aylward, at [daylward@abilita.com](mailto:daylward@abilita.com) for a zero-risk review of your technology systems and services.

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

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

# CMH Association's Officers & Staff Contact Info

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

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## CMHA Staff Contact Information:

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

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# WEEKLY Update

September 17, 2021

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## CMH Association and Member Activities

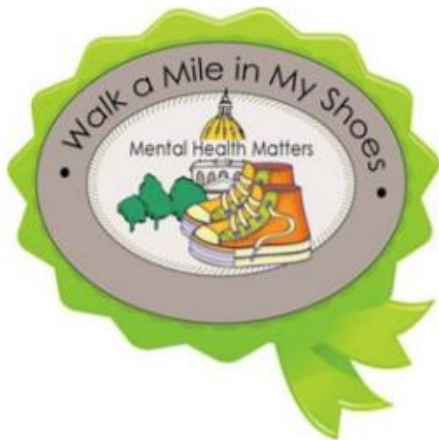
## **New! Saginaw CMH announces educational resource: Civil Admission and Discharge Procedures for Adults with Mental Illness, A Community Approach in Saginaw, Michigan**

The Saginaw County Community Mental Health Authority has created a new video production with an accompanying slide deck, for the training of involved professionals in the Civil Admission and Discharge Procedures in Chapter 4 of the Michigan Mental Health Code for adults with mental illness. The one-hour video provides training content on legal procedures and their execution in Saginaw County under the jurisdiction of the Saginaw County Probate Court.

The purpose for the video production and the accompanying slide deck, is to provide a single comprehensive training resource for local partner agencies directly involved in these procedures.

There are unique aspects as to how these procedures are performed in Saginaw County as described by the professionals in the video, but largely the processes as prescribed in Chapter 4 of the Michigan Mental Health Code are the same across the State of Michigan. The Saginaw County Community Mental Health Authority has therefore posted the video and accompanying slide deck containing the requisite court forms which guide and inform the proceedings, to their website for use by other jurisdictions in Michigan at no cost. This resource is [available here](#).

### **17th Annual ‘Walk a Mile in My Shoes’ Rally**



“The 17th Annual ‘Walk a Mile in My Shoes’ Rally will be held IN PERSON this year at the State Capitol on September 29, 2021. Each year, we draw more than 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Join us on Wednesday, September 29 as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

The Walk A Mile packet can be [downloaded here](#).

### **Seeking Nominations: Nick Filonow Award of Excellence for 2021**

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, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 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.

You can download a copy of the nomination form by [CLICKING HERE](#).

### Traveling Art Show

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at [mfrancis@cmham.org](mailto:mfrancis@cmham.org). Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at [mfrancis@cmham.org](mailto:mfrancis@cmham.org).

## State & National Developments and Resources

### **New!** Recording of most recent MDHHS updates on AFCs and HFAs COVID-19 emergency response available

Below is the link to the video recording of the most recent MDHHS “Topic: Important Updates on AFCs and HFAs COVID-19 Emergency Response”

Date: Sep 8, 2021 01:53 PM Eastern Time (US and Canada)

#### [Meeting Recording](#)

Access Passcode: fs+n5\$=&

### **New!** Michigan DD Council announces call for competitive proposals

The Developmental Disabilities Council is seeking competitive proposals for three programs aimed at improving the lives of people with developmental disabilities. The RFPs are open to private non-profit organizations, institutions of higher education, and governmental agencies. To find out more details and apply, visit the DD Suite website at [www.ddsuite.org](http://www.ddsuite.org).

**The Family Empowerment Initiative** will educate parents and family members of children aged 0 to 12 by establishing partnerships with local and statewide organizations that support families of children with disabilities. The Council expects to award up to \$150,000 to one applicant over two years.

A pre-application conference will be held September 22, 2021, at 1:00pm on Zoom. You can connect to the meeting using the information below.

<https://bit.ly/3zf7eEY>

**Meeting ID:** 867 5880 0943

**Passcode:** 938098

**Developing Leaders for Life** will establish a leadership development and training programs as well as technical assistance infrastructure to connect disability leaders to opportunities to advance their leadership. The Council expects to award up to \$1,125,000 to one applicant over five years.

A pre-application conference will be held September 22, 2021, at 2:00pm on Zoom. You can connect to the meeting using the information below.

<https://bit.ly/3klXioM>

**Meeting ID:** 859 6539 2581

**Passcode:** 216329

**Strengthening Communities of Color Through Leadership** will establish a leadership initiative that centers the experience, culture, and issues of people of color with developmental disabilities and family members to engage and lead the public discussion of principles and policies that affect their lives and role in the community. The Council expects to award up to \$1,250,000 to one applicant over five years.

A pre-application conference will be held September 22, 2021, at 3:00pm on Zoom. You can connect to the meeting using the information below.

<https://bit.ly/3CqrTrQ>

**Meeting ID:** 832 4922 7413

**Passcode:** 181089

Only one application per RFP will be accepted from each applicant. Applications, any related materials, and attachments must be submitted electronically using the DD Suite website by 11:59pm on October 18, 2021. To apply, visit the DD Suite website at [www.ddsuite.org](http://www.ddsuite.org).

Any questions about the RFP or for technical assistance with the DD Suite website, please contact Tedra Jackson at 517-284-7294 or [jacksont7@michigan.gov](mailto:jacksont7@michigan.gov). Questions about the RFP must be received, in writing, by Friday, October 1, 2021. The MDDC will compile all relevant questions and answers and post these, as well as any other clarifications or revisions, to the initial RFP by Monday, October 4, 2021, on the [MDDC website](#).

**New! Notice of funding opportunity for new public health Americorps program**

Recently the notice of the funding opportunity for new Public Health AmeriCorps program was issued by the federal government. This notice can be [found here](#). Excerpts from the recent press release are provided below.

Public Health AmeriCorps is open to applicants from Indian tribes, institutions of higher education, local governments, nonprofit organizations, and states and US territories. AmeriCorps expects to fund 3-year grants to:

- Help meet public health needs of local communities by providing needed capacity and support in state and local public health settings and advancing more equitable health outcomes for communities who are currently or historically underserved.
- Provide pathways to good quality public health-related careers by providing exposure through onsite experience, training, and more, with a focus on recruiting AmeriCorps members who reflect the communities in which they will serve.

**Apply:** If you are interested in applying for Public Health AmeriCorps, please contact Christine Mulvin, one of the Portfolio Managers here in the Midwest, at [cmulvin@cns.gov](mailto:cmulvin@cns.gov). We will be sure to connect you with informational sessions.

### **New! CHCS brief: Incorporating Racial Equity into Trauma-Informed Care**

The Center for Health Care Strategies (CHCS) has recently published a brief that outlines six considerations for health systems and provider practices looking to integrate a focus on racial equity to enhance trauma-informed care approaches and promote racial justice. It draws from the experiences of two federally qualified health centers — the Stephen and Sandra Sheller 11th Street Family Health Services in Philadelphia and Bread for the City in Washington, D.C. — that are participating in the Center for Health Care Strategies’ Advancing Integrated Models initiative, made possible through support from the Robert Wood Johnson Foundation.

The brief can be [found here](#).

## State Legislative Update

### **View August’s Legislative Video on CMHA’s Website**

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

Our August briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget, and the Senate and House behavioral health redesign proposals.

To view the latest video, [CLICK HERE!](#)



## **New! Senate Committee Holds Hearing on Proposal to Integrate Physical, Behavioral Health**

Members of the Senate Government Operations Committee Track heard divided testimony on a pair of bills that would integrate physical and behavioral health services, something supporters said was long overdue and opponents contend would raise costs.

Senate Majority Leader Mike Shirkey (R-Clarklake), speaking about SB 597 Track and SB 598 Track, said everyone in the state should have access to quality mental health services, which he said are out of reach for many in the state and must change.

"For decades our system has failed patients, their families, doctors and taxpayers," Mr. Shirkey said. "This is not an indictment of those passionate legions of people who are ... working in this community. This is an indictment of the system as it has evolved."

Mr. Shirkey said those in most need of services must wade through a disjointed system that lacks coordination and accountability. He said his hope is legislative discussions on the two bills would lead to a collaborative process to make significant improvements.

Under SB 597, the state would contract for the provision of a comprehensive Medicaid health care benefit package, including the full integration of physical and behavioral health services.

The bills would create a process for a phased integration through three steps. This would be done to prevent interruption of care for patients and providers.

In the bills are requirements for the state to have strict measurement standards ensuring performance targets are met before reaching each of three stages of integration. Statistically significant improvements in service delivery, health outcomes and access would be required for movement to each new stage.

Phases would also be determined by population. The bill language outlines a phased transition and enrollment of all eligible Medicaid beneficiaries from a specialty prepaid health plan into a specialty integrated plan.

For phase one, all eligible Medicaid beneficiaries with a serious mental illness or serious emotional disturbance, as well as all eligible Medicaid beneficiaries who are children in foster care, would need to be enrolled in a specialty integrated plan.

Phase two would be enacted 24 months after successful transition and enrollment of those individuals within phase one, also mandating Medicaid beneficiaries with a substance use disorder to be enrolled in a specialty integrated plan.

For phase three, this would begin 24 months after phase two while mandating all eligible Medicaid beneficiaries with a developmental disability to be enrolled in a specialty integrated plan.

Under SB 598, a behavioral health ombudsman position would be created. That individual would set up procedures for receiving and processing complaints, conducting investigations, holding informal hearings and reporting the findings or recommendations that come from the investigations.

Jim Haveman, a former director of the Department of Mental Health and later Department of Community Health, said he believed the bills would be a good start in improving services in the state as well as access.

"If you want different results than what you're getting, you have to try different approaches," Mr. Haveman said.

He said decades ago mental health was not included with physical health as it was not considered as a chronic illness or brain disease.

Alan Bolter, associate director of the Community Mental Health Association of Michigan, said the organization had several objections to the bills, the first being cost.

"Our fear (is) that this proposal will dramatically increase costs to the state and to the taxpayers, without an improvement in services or quality, and ultimately will lead to an overall reduction in services," Mr. Bolter said.

He also said that under the proposal, instead of one managed care entity in a region of the state, there could be several, driving up costs.

Mr. Bolter added that the solution should be to address concerns from the ground up, not from the administrative level trickling downward.

"One of our principal points of opposition to this package would be that this will eliminate the public governance, public oversight and public accountability that currently exists within our current system," Mr. Bolter said.

While the bills would require Medicaid health plans to contract with the state to manage the population, he said it would be dramatically different than having local accountability and oversight.

"It essentially ... makes them just another provider," Mr. Bolter said.

He used the example of a local sheriff calling a local CMH to address someone who has been brought in. Under the bills, he said the CMH would be one of multiple providers, potentially putting law enforcement in the position of having to ask someone in a mental health crisis for their insurance information for the provision of services.

A mother, Laura Marshall, spoke about her 13-year-old son who deals with multiple disorders including attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder and pediatric bipolar disorder.

Ms. Marshall proceeded to outline how difficult it has been for years to deal with her son's violent outbursts and numerous attempts to obtain various services, in many cases with mixed results, at best.

"Raising a child with severe challenges is beyond difficult in itself," Ms. Marshall said in favor of the bills. "Having little help, ineffective services and learning to navigate systems adds exponentially to the burden. It is defeating. You are in a place to help us, so please help us."

### **New! Budget Deal Has Been Reached**

Whitmer administration and GOP leaders have announced a deal on the state government portion of the Fiscal Year (FY) 2022 budget today, including the sticky controversy over higher education funding. No details were announced. Instead, the battle plan appears to push a single omnibus spending bill through a House-Senate conference committee as soon as Tuesday and, hopefully, jam it through by Wednesday morning at the latest. Later Tuesday isn't off the table, either.

From here out, lots of logistics are involved. Bills need to be drafted and double-checked. Budget analyses need to be completed on more than a dozen individual budgets. Lawmakers on both sides of the aisle have an interest in wrapping up the budget so everyone can make at least the back half of the Detroit Regional Chamber of Commerce policy conference on Mackinac Island.

Jamming the budget through in this fashion, prior to the Oct. 1 start of FY 2022, however, will mark a third straight year in which a complete, negotiated final budget isn't moving through conference committee department by department, limiting public view at the final document.

In all likelihood the transparency on all of the budget details will be harder for the public to flush out until well after the single budget bill is on its way to Whitmer's desk.

In a joint announcement from the House and Senate appropriations chairs and Whitmer's budget director, David Massaron, the principals said the Legislature will move forward with an omnibus budget covering the funding for all state departments and agencies for the next fiscal year. The press release said the budget process is expected to proceed with conference committees and a floor vote in the upcoming week. No further details on the budget itself were divulged in the press release.

## **Federal Update**

### **Key Legislation Introduced to Expand CCBHC Program**

Last month, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

**If passed, this bill would:**

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

**Key resources:**

- [National Council public statement](#)
- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

## Education Opportunities

**CMHA Hybrid Annual Fall Conference – October 25 & 26, 2021**



The CMHA Annual Fall Conference, “Together we Thrive,” will be held both in-person and virtual (hybrid) on October 25 & 26, 2021 at the Grand Traverse Resort in Traverse City, Michigan.

### **What is a Hybrid Conference?**

The CMHA Annual Fall Conference going hybrid means attendees will have the option to attend the conference fully in-person or only view certain sessions virtually.

### **In-person Conference Information:**

The in-person portion of the conference will take place at the Grand Traverse Resort in Traverse City, Michigan.

CMHA will NOT require masks or proof of vaccine for conference attendees unless guidelines have changed by the time of the conference. We will be following all current guidelines from MDHHS, CDC and Safe Meetings in Michigan. We are closely monitoring the COVID-19 situation and will

continue to update our conference status as mandated by local, state, and federal government agencies.

In-person Full Conference Member Early bird Registration Fee: \$420/person

### **Virtual Conference Information & Fees:**

If you chose to attend virtually, the conference will consist of a reduced number of sessions for virtual attendees (at a greatly reduced registration fee). The virtual conference will be live-stream all 4 keynote addresses and 8 workshops specifically selected by CMHA for the virtual participant. Continuing education will be available for virtual sessions you fully participate in during the designated live times.

Virtual Conference Member Early Bird Registration Fee: \$210/person

*Hotel and Conference registration information coming soon!*

## **VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!**

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

### **Dates:**

- October 12th, 2021 ([Register Here](#))
- November 9th, 2021 ([Register Here](#))
- January 18th, 2022 ([Register Here](#))

### **Agenda:**

Log into Zoom: 9:45am  
 Education: 10:00am – 12:30pm  
 Lunch Break: 12:30pm– 1:00pm

- February 15th, 2022 ([Register Here](#))
- March 15th, 2022 ([Register Here](#))
- April 13th, 2022 ([Register Here](#))
- April 19th, 2022 ([Register Here](#))

Education: 1:00pm – 4:30pm

**Training Fees:** \$130 CMHA Members \$153 Non-Members

## **VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open!**

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS online through Zoom. This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for pain management.

**Dates:**

- October 19th, 2021 ([Register Here](#))
- November 12th, 2021 ([Register Here](#))
- January 25th, 2022 ([Register Here](#))
- March 24th, 2022 ([Register Here](#))
- April 27th, 2022 ([Register Here](#))

**Agenda:**

Log into Zoom: 12:45 pm  
Education: 1:00pm – 3:00pm

**Training Fees:** \$53 CMHA Members \$61 Non-Members

## **Rural Michigan Opioid and Substance Use Disorder Summit**

The Michigan Center for Rural Health is pleased to invite you to the Rural Michigan Opioid and Substance Use Disorder Summit in Traverse City, Michigan. This one-day event will allow participants to collaborate to increase their awareness of Rural Health best practices in the prevention, treatment, and recovery aspects of Opioid Use Disorder (OUD) and Substance Use Disorder (SUD).

[Draft agenda can be found here.](#)

When: Thursday, October 21, 2021 from 8:00 AM to 4:00 PM EDT

Where: Park Place Hotel-Traverse City  
300 East State Street, Traverse City, MI 49684

**HOTEL RESERVATIONS**

Park Place Hotel  
231.946.5000  
Block Code: Michigan Center for Rural Health or MIRH

[Register here.](#)



## 2021 Crisis Residential Conference



# Crisis Residential Conference

Louisville, Kentucky  
October 12 - 14

The 2021 Crisis Residential Conference takes place October 12-14 in Louisville, KY, at the historic Galt House Hotel. This conference brings together thought leaders and passionate advocates of residential alternatives to psychiatric hospitalization.

The conference begins with a Welcome Reception the evening of October 12<sup>th</sup> followed by two full days of sessions. CRA has curated a stellar lineup of speakers and presenters who will cover topics such as return on investment in crisis services, advances in peer respite and peer-delivered services, mobile crisis response approaches, and the intersection of spirituality & mental health crisis.

To assure the safety of all our attendees, masks are required in designated conference spaces.

To learn more about the conference, visit [tinyurl.com/crisiscon21](https://tinyurl.com/crisiscon21)

### Michigan's 1<sup>st</sup> Social Emotional Learning Conference: Building Bridges-Breaking Silos

*When:* Wednesday, October 27 (9:00 a.m.—4:15 p.m.) and Thursday, October 28 (9:00 a.m.-Noon), 2021

*Where:* Kellogg Hotel and Conference Center on the campus of Michigan State University (MSU) in East Lansing, Michigan, with a virtual option.

*NOTE:* The conference will proceed in person, unless otherwise determined based on health and safety protocols instituted by MSU. If MSU modifies its regulations, the Featured Speakers and Research Reports will be offered virtually.

The other events planned for the conference will be postponed.

*What:* The conference will bring educators and stakeholders together to build connections around social emotional learning and elevate the promise-practice-purpose around social emotional learning. For more information [click here](#).

[Register here.](#)

**New!** BHDDA and The Arc Michigan PCP Webinar Series: What is an AAoM Navigator and how can they help me?

The Behavioral Health and Developmental Disability Administration (BHDDA) within MDHHS and the Arc Michigan invite you to a virtual seminar: What is an AAoM Navigator and how can they help me?

September 21, 2021

3:00 PM – 4:00 PM Eastern Time (US and Canada)

The Autism Alliance of Michigan (AAoM) is a non-profit organization that provides information, training, and resources at no cost to individuals affected by autism spectrum disorder across the state of Michigan. At the heart of AAoM is their MiNavigator program, consisting of a team of generalists and specialists in the field of autism, who answer calls and inquiries around autism related services. AAoM Navigators provide individualized consultations and support to best help guide individuals, families and professionals to whatever they are seeking.

Join us for our webinar to learn more information about AAoM's MiNavigator Program and how their team can best assist you! This training is applicable to individuals, families, and professionals.

[Register here](#) in advance for this webinar. After registering, you will receive a confirmation email containing information about joining the webinar.

## Behavioral Telehealth Resource Center

### Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [Telehealth Resource Center webpage](#) to see new information and updated format. If you have content suggestions, please contact Amy Stagg at [astagg@cmham.org](mailto:astagg@cmham.org).

### Telehealth Experience and Resource Needs Survey

CMHA wants to learn about client telehealth experiences. This information will help us provide the best support possible to local community mental health centers. An email has been sent to the CEOs of CMHs, PIHPs and Provider Alliance members asking for their help to **distribute this electronic survey**. [Click here to view a flyer](#) that can be distributed to clients and describes how to complete the survey electronically. This project is part of the Telehealth Resource Center and is supported by a grant from the Michigan Health Endowment Fund. The **Provider/Supervisor Telehealth survey is complete**, [click here](#) to view the report.

### **New!** Telehealth and Clinical Trials: Improving Diversity in Clinical Trials and Data Collection

The pandemic has magnified disparities within the healthcare system, including those related to clinical trial processes. The increased use of telehealth to improve access to care may have the ability to



decrease disparities in clinical trial research. A recently introduced bill in Congress ([H.R.5030Diverse Trials Act](#)) seeks to address this very issue. This bill would include a recommendation to: [“Include how to appropriately use digital health, such as telemedicine, to support clinical trials.”](#)

### Center for Connected Health Policy Trend Maps

The CCHP has updated its Policy Trend [maps](#), which provide a snapshot of key telehealth reimbursement policies. These policies can also be compared by [state](#).

### The Center for Connected Health Policy (CCHP) Telehealth & Medicaid webinars

Register now for the Fall Medicaid webinar series. Webinar topics, dates and registration links are noted below.

- Session 2: Medicaid & Telehealth Data Collection: Surveys, Studies & Advisory Groups. Friday, September 24: 2:00-3:30 (EST); Register [here](#).
- Session 3: Medicaid & Other State Agencies Telehealth Policies for Patients with Disabilities. Friday, October 1: 2:00-3:30pm (EST); Register [here](#).
- Session 4: Medicaid & Permanent COVID-19 Telehealth Policies. Friday, October 8: 2:00-3:30pm (EST); Register [here](#).

### \$500 Million in Emergency Rural Health Care Grants Available

The United States Department of Agriculture (USDA) is offering \$500 million in grants to help rural health care facilities and communities expand access to vaccines, **telehealth**, and various health care services. There are two types of grants available: [Recovery Grants](#) and [Impact Grants](#). Use these links to learn more.

## Education & Training Resources from Great Lakes MHTTC

### CMHA's partnership with SAMHSA funded Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of

evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC [can be found here](#).

The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources webpage](#). This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

### **SAMHSA: Advancing Comprehensive School Mental Health Systems**

As children go back to school, SAMHSA is also elevating mental health resources for supporting students and staffs, created by SAMHSA's grantees through its Mental Health Technology Transfer Centers, that address mental health and resiliency in school settings:

The [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit \(PDF | 4 MB\)](#) helps guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.

[Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning \(PDF | 4 MB\)](#) presents information on the impact of COVID-19, what to expect as students return to school, and ways to prepare at the staff, building, and district levels.

[Strengthening School Communities for a Safe, Supportive Return: Part 2](#) covers strategies and best practices for school systems to promote student and staff resilience, wellbeing, and success, following COVID-related school closures. It also promotes cross-state networking and shared learning about best practices, successes, and challenges during learning modality transitions.

View more [back-to-school resources](#).

### **SAMHSA training and technical assistance related to COVID-19 recovery and resilience**

As part of CMHA's partnership with the SAMHSA-funded Mental Health Technology Center (MHTTC) provides Michiganders with access to a number of resources on how we all can recovery from and ensure resiliency as the state and nation comes out of the pandemic. These resources can be [found here](#).

## **News from Our Preferred Corporate Partners**

### **New! Relias: Understanding and Addressing Racial Trauma in Behavioral Health**

Behavioral health professionals are trained to provide competent, effective, compassionate services. However, most have not been adequately educated on the impacts of racial discrimination, systemic oppression, and historical trauma, nor their profound implications for clinical practice.

Our course, [Understanding and Addressing Racial Trauma in Behavioral Health](#), moves beyond the discussion of diversity and cultural competence by exploring current research and best practices for identifying implicit bias, understanding cultural contexts, and effectively addressing racial trauma with clients.

Watch a preview of the course to see the training in action here: <https://bit.ly/2XosbA3>

### **Abilita: Top Ten Times for a Communications Review**

It's never a bad time to review your organization's communications technology expenses, and never a better time to enlist the help of a specialist. That's because there are certain milestones when not having a good handle on spending and inventory can result in the greatest financial risk.

Here are our top 10 scenarios for a Communications technology expense review and inventory update:

- Before a Move
- After an acquisition or merger with another company
- Upon Contract Renewal with Communications Service Providers (before and after)
- After Closing a Site
- When there are changes in Regulatory Charges
- When moving from Premise to Cloud-Based Services
- When Transforming Network Technology
- When a New Person is taking over responsibility for Communications Technology Management
- When changing to a new Data Center Provider
- When Employees Work from Home

For more details and what you might want to consider, download Abilita's Top 10 Times newsletter [here](#). To get started now, contact your Abilita Advisor, Dan Aylward, at [daylward@abilita.com](mailto:daylward@abilita.com) for a zero-risk review of your technology systems and services.

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

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

## **CMH Association's Officers & Staff Contact Info**

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

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  
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# WEEKLY Update

September 10, 2021

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## CMH Association and Member Activities

### 17th Annual ‘Walk a Mile in My Shoes’ Rally





“The 17th Annual ‘Walk a Mile in My Shoes’ Rally will be held IN PERSON this year at the State Capitol on September 29, 2021. Each year, we draw more than 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Join us on Wednesday, September 29 as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

The Walk A Mile packet can be [downloaded here](#).

### **Seeking Nominations: Nick Filonow Award of Excellence for 2021**

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, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 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.

You can download a copy of the nomination form by [CLICKING HERE](#).

### **Traveling Art Show**

Traveling Art Show VI features pieces from Consumer Art Contests across Michigan. Anyone interested in any of the pieces shown may contact Monique at [mfrancis@cmham.org](mailto:mfrancis@cmham.org). Those NOT sold by October 1, 2021, will be auctioned off at the 2021 Fall Conference in Traverse City, Michigan. Art may be available for viewing locally or on the [CMHA website](#). Check with your local CMH for more information or email Monique at [mfrancis@cmham.org](mailto:mfrancis@cmham.org).

# State & National Developments and Resources

## Michigan CCBHC Medicaid bulletin issued

Below are excerpts from a recently released bulletin, by the Medical Services Administration of the Michigan Department of Health and Human Services regarding the state's Certified Community Behavioral Health Clinics (CCBHC) demonstration project.

### CCBHC General Information

A. Overview: The CMS CCBHC Demonstration requires states and their certified CCBHC sites to provide a robust set of coordinated, integrated, and comprehensive services to all persons with any mental illness or substance use disorder (SUD) diagnosis. Moreover, the demonstration requires and emphasizes 24/7/365 crisis response services (e.g., mobile crisis services). Other critical elements include, but are not limited to, strong accountability in terms of financial and quality metric reporting; formal coordination with primary and other care settings to provide intensive care management and transitions; linkage to social services, criminal justice/law enforcement, and educational systems; and an emphasis on providing services to veterans and active-duty service members. To account for these requirements, the state must create a prospective payment system (PPS) reimbursement structure that finances CCBHC services at an enhanced payment rate to properly cover costs and offer greater financial predictability and viability. The PPS is integral to sustaining expanded services, investments in the technological and social determinants of care, and serving all eligible Michigan residents regardless of insurance or ability to pay. MSA 21-34 Page 2 of 13

B. Purpose: The purpose of this policy is to define the operational requirements needed to implement the CCBHC Demonstration.

C. CCBHC Demonstration Handbook: MDHHS created a companion operational protocol to this policy for Prepaid Inpatient Health Plans (PIHPs) and CCBHCs called the CCBHC Demonstration Handbook. The CCBHC Demonstration Handbook provides further detail and guidance to execute the provisions of this policy. Collectively, this policy and the CCBHC Demonstration Handbook comprise MDHHS' requirements of the PIHPs and CCBHCs regarding the clinical, financial, and operational facets of the CCBHC Demonstration. The CCBHC Demonstration Handbook can be accessed on the MDHHS CCBHC website.

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

## Pew Charitable Trusts: States Have Money to Spend on Mental Health, but It May Not Last

Below are excerpts from a recent article published the Pew Charitable Trusts on the sustainability of mental health services funded with short-term relief dollars.



But there's a catch. After the relief funds run out—the money must be spent by the end of 2026—state leaders will have to find other ways to fund any programs, services or staffing increases they spend federal dollars on now.

State leaders need to make sure they don't start a successful new program only to get rid of it five years later, said Dr. Brian Hepburn, executive director of the National Association of State Mental Health Program Directors, an Alexandria, Virginia-based membership organization.

"If it's just a blip—if this is just a one-time only, and we're only seeing an improvement over the next couple of years, that's not very helpful," Hepburn said.

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

## State Legislative Update

### **View August's Legislative Video on CMHA's Website**

The Capitol Briefing is a monthly resource available to CMHA members providing a high-level overview of the key items impacting the public mental health system at the State Capitol.

Our August briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget, and the Senate and House behavioral health redesign proposals.

To view the latest video, [CLICK HERE!](#)

### **Senate Appropriators See Budget Being Completed In Timely Fashion**

Senate appropriators are confident a budget can be ironed out between the Legislature and administration and be signed before the budget deadline at the end of the month, with some federal pandemic relief dollars likely to be included in at least one supplemental appropriations package before the end of the year.

Sen. Jim Stamas (R-Midland), chair of the Senate Appropriations Committee Track, said Tuesday that budget talks continue to progress. Mr. Stamas said appropriations subcommittee chairs are expected to have their reports completed this week. Appropriations leaders will then review them with Budget Director Dave Massaron next week and begin to hash out differences.

This progress comes on the heels of an agreement on budget targets reached late last month between appropriators and the Whitmer administration

"I'm very upbeat on where we're at," Mr. Stamas said, adding he was confident the budget could be finished and delivered to the governor on time. The senator said he believes a clearer picture of the differences between the Legislature and administration will emerge next week.

Lawmakers passed a record K-12 budget in late June before leaving for their traditional summer recess.

## Federal Update

### Key Legislation Introduced to Expand CCBHC Program

Last month, a bipartisan group of Senators led by Sens. Debbie Stabenow (D-Mich.) and Roy Blunt (R-Mo.) [introduced](#) the Excellence in Mental Health and Addiction Treatment Act of 2021, legislation which would allow for the broad adoption of the Certified Community Behavioral Health Clinic (CCBHC) model.

#### If passed, this bill would:

- Allow any state or territory to participate in the CCBHC Medicaid Demonstration program and allocate additional planning grant monies for states to prepare to do so. (Currently, only 10 states are in the demonstration.)
- Authorize \$500 million for Substance Abuse and Mental Health Services Administration (SAMHSA) CCBHC Expansion Grants, an important tool in helping provider organizations adopt the CCBHC model and prepare for participation in state led CCBHC implementation efforts.
- Establish and fund a technical assistance center for current and prospective CCBHCs within SAMHSA.

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

That's why we're committed to giving every National Council member the option to transform your clinic by becoming a CCBHC and gaining access to sustainable funding. Our [CCBHC Success Center](#) can help your clinic prepare to become a CCBHC, and I urge you to leverage all our resources.

[Urge your legislators to support this important legislation.](#)

#### Key resources:

- [National Council public statement](#)

- [Senator Stabenow and Senator Blunt joint press release](#)
- [National Council 2021 CCBHC Impact Report](#)
- [National Council's CCBHC Success Center](#)

## Education Opportunities

### **New!** CMHA Hybrid Annual Fall Conference – October 25 & 26, 2021



The CMHA Annual Fall Conference, "Together we Thrive," will be held both in-person and virtual (hybrid) on October 25 & 26, 2021 at the Grand Traverse Resort in Traverse City, Michigan.

#### **What is a Hybrid Conference?**

The CMHA Annual Fall Conference going hybrid means attendees will have the option to attend the conference fully in-person or only view certain sessions virtually.

#### **In-person Conference Information:**

The in-person portion of the conference will take place at the Grand Traverse Resort in Traverse City, Michigan.

CMHA will NOT require masks or proof of vaccine for conference attendees unless guidelines have changed by the time of the conference. We will be following all current guidelines from MDHHS, CDC and Safe Meetings in Michigan. We are closely monitoring the COVID-19 situation and will

continue to update our conference status as mandated by local, state, and federal government agencies.

In-person Full Conference Member Early bird Registration Fee: \$420/person

#### **Virtual Conference Information & Fees:**

If you chose to attend virtually, the conference will consist of a reduced number of sessions for virtual attendees (at a greatly reduced registration fee). The virtual conference will be live-stream all 4 keynote addresses and 8 workshops specifically selected by CMHA for the virtual participant. Continuing education will be available for virtual sessions you fully participate in during the designated live times.

Virtual Conference Member Early Bird Registration Fee: \$210/person

*Hotel and Conference registration information coming soon!*

## **VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!**

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

### **Dates:**

- October 12th, 2021 ([Register Here](#))
- November 9th, 2021 ([Register Here](#))
- January 18th, 2022 ([Register Here](#))
- February 15th, 2022 ([Register Here](#))
- March 15th, 2022 ([Register Here](#))
- April 13th, 2022 ([Register Here](#))
- April 19th, 2022 ([Register Here](#))

### **Agenda:**

Log into Zoom: 9:45am  
Education: 10:00am – 12:30pm  
Lunch Break: 12:30pm– 1:00pm  
Education: 1:00pm – 4:30pm

**Training Fees:** \$130 CMHA Members \$153 Non-Members

## **VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open!**

Community Mental Health Association of Michigan is pleased to offer Pain Management Trainings presented by Stephanie M Huhn MA, LLP, CBIS, CAADC, CCM, ACCTS online through Zoom. This course qualifies for 2 CEs and fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for pain management.

### **Dates:**

- October 19th, 2021 ([Register Here](#))
- November 12th, 2021 ([Register Here](#))
- January 25th, 2022 ([Register Here](#))
- March 24th, 2022 ([Register Here](#))
- April 27th, 2022 ([Register Here](#))

### **Agenda:**

Log into Zoom: 12:45 pm  
Education: 1:00pm – 3:00pm

**Training Fees:** \$53 CMHA Members \$61 Non-Members

## **Registration Open: 28<sup>th</sup> Virtual Annual Recipient Rights Conference**

Main Conference

September 21 – 24, 2021 ~ Education each morning

Featuring 2 general sessions and 18 workshops!

Main Conference 9/21/21 - 9/24/21.....\$150

Registration Deadline: September 15, 2021

[CLICK HERE FOR CONFERENCE BROCHURE & TO REGISTER!](#)

## Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

*By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.*

***\*Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

## Rural Michigan Opioid and Substance Use Disorder Summit

The Michigan Center for Rural Health is pleased to invite you to the Rural Michigan Opioid and Substance Use Disorder Summit in Traverse City, Michigan. This one-day event will allow participants to collaborate to increase their awareness of Rural Health best practices in the prevention, treatment, and recovery aspects of Opioid Use Disorder (OUD) and Substance Use Disorder (SUD).

[Draft agenda can be found here.](#)

When: Thursday, October 21, 2021 from 8:00 AM to 4:00 PM EDT

Where:

Park Place Hotel-Traverse City  
300 East State Street, Traverse City, MI 49684

HOTEL RESERVATIONS

Park Place Hotel  
231.946.5000

Block Code: Michigan Center for Rural Health or MIRH

[Register here.](#)

## Grand Challenges in Social Work announces series on racism, homelessness, and social isolation

As Weekly Update readers may remember, one of the CMHA staff member is also a member of the Leadership Board of the Grand Challenges in Social Work, the nation's social work-centered public policy initiative. Through this partnership, CMHA is able to keep the Weekly Update readers informed of the

educational offerings of the Grand Challenge. Upcoming Grand Challenges are described below as well as the links to past sessions.

**Intersections: Eliminate Racism, End Homelessness & Eradicate Social Isolation**

Tuesday, September 14, 2021

12pm Central Time

via Zoom

In the fourth session of this series on eliminating racism, panelists will examine the intersections between racism and the Grand Challenges to End Homelessness and Eradicate Social Isolation, as well as interventions to address them.

[Register for this session here.](#)

If you missed the previous webinars in the series, click below to access the recordings.

**Part 1:** Grand Challenge to Eliminate Racism [available here.](#)

**Part 2:** Eliminate Racism, Promote Smart Decarceration, and and Achieving Equal Opportunity [available here.](#)

**Part 3:** Eliminate Racism, Build Financial Capability and Assets for All, Reduce Extreme Economic Inequality [available here.](#)

**2021 Crisis Residential Conference**



**Crisis Residential  
Conference**

Louisville, Kentucky  
October 12 - 14

The 2021 Crisis Residential Conference takes place October 12-14 in Louisville, KY, at the historic Galt House Hotel. This conference brings together thought leaders and passionate advocates of residential alternatives to psychiatric hospitalization.

The conference begins with a Welcome Reception the evening of October 12<sup>th</sup> followed by two full days of sessions. CRA has curated a stellar lineup of speakers and presenters who will cover topics such as return on investment in crisis services, advances in peer respite and peer-delivered services, mobile crisis response approaches, and the intersection of spirituality & mental health crisis.

To assure the safety of all our attendees, masks are required in designated conference spaces.

To learn more about the conference, visit [tinyurl.com/crisiscon21](https://tinyurl.com/crisiscon21)

## Michigan's 1<sup>st</sup> Social Emotional Learning Conference: Building Bridges-Breaking Silos

*When:* Wednesday, October 27 (9:00 a.m.—4:15 p.m.) and Thursday, October 28 (9:00 a.m.-Noon), 2021

*Where:* Kellogg Hotel and Conference Center on the campus of Michigan State University (MSU) in East Lansing, Michigan, with a virtual option.

*NOTE:* The conference will proceed in person, unless otherwise determined based on health and safety protocols instituted by MSU. If MSU modifies its regulations, the Featured Speakers and Research Reports will be offered virtually.

The other events planned for the conference will be postponed.

*What:* The conference will bring educators and stakeholders together to build connections around social emotional learning and elevate the promise-practice-purpose around social emotional learning. For more information [click here](#).

[Register here](#).

## Behavioral Telehealth Resource Center

### Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training, and engagement opportunities. Please visit the [Telehealth Resource Center](#) to see new information and updated format. If you have content suggestions, please contact Amy Stagg at [astagg@chmam.org](mailto:astagg@chmam.org).

### New! Telehealth Experience and Resource Needs Survey

CMHA wants to learn about client telehealth experiences. This information will help us provide the best support possible to local community mental health centers. An email has been sent to the CEOs of CMHs, PIHPs and Provider Alliance members asking for their help to **distribute this electronic survey**. [Click here to view a flyer](#) that can be distributed to clients and describes how to complete the survey electronically. This project is part of the Telehealth Resource Center and is supported by a grant from the Michigan Health Endowment Fund. The **Provider/Supervisor Telehealth survey is complete**, [click here](#) to view the report.

### Center for Connected Health Policy Trend Maps

The CCHP has updated its Policy Trend [maps](#), which provide a snapshot of key telehealth reimbursement policies. These policies can also be compared by [state](#).

### **\$500 Million in Emergency Rural Health Care Grants Available**

The United States Department of Agriculture (USDA) is offering \$500 million in grants to help rural health care facilities and communities expand access to vaccines, **telehealth**, and various health care services. There are two types of grants available: [Recovery Grants](#) and [Impact Grants](#). Use these links to learn more.

### **The Center for Connected Health Policy (CCHP) Telehealth & Medicaid webinars**

Dates have been announced for the Fall Medicaid webinar series on topics such as audio-only, policies that have been made permanent, and the Medicaid program's reasoning for those decisions. See dates below and registration links. Stay tuned for updates on confirmed speakers for the Fall series.

- Session 1: Medicaid & Audio Only. Friday, September 17: 2:00-3:30 (EST); Register [here](#).
- Session 2: Medicaid & Telehealth Data Collection: Surveys, Studies & Advisory Groups. Friday, September 24: 2:00-3:30 (EST); Register [here](#).
- Session 3: Medicaid & Other State Agencies Telehealth Policies for Patients with Disabilities. Friday, October 1: 2:00-3:30pm (EST); Register [here](#).
- Session 4: Medicaid & Permanent COVID-19 Telehealth Policies. Friday, October 8: 2:00-3:30pm (EST); Register [here](#).

## **Education & Training Resources from Great Lakes MHTTC**

### **CMHA's partnership with SAMHSA funded Great Lakes MHTTC**



Great Lakes (HHS Region 5)

**MHTTC**

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA is the Michigan partner of the Great Lakes Mental Health Technology Transfer Center (MHTTC). Through this partnership, funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), MHTTC and CMHA provide Michiganders with access to a wide range of evidence-based and promising mental health practices. More information on the work of the Great Lakes MHTTC [can be found here](#).

The Great Lakes MHTTC products and educational offerings can be found at its [Products and Resources](#)





[webpage](#). This section of the MHTTC website hosts all Great Lakes MHTTC products along with products developed with their partner TTCs within the region and across the country.

## **Supporting the Mental Health of Students with Intellectual and Developmental Disabilities**

Part 1 of this series will define intellectual and developmental disabilities (IDDs) and describe signs of mental health challenges in students with IDDs.

Part 1

Wednesday, September 8, 2021

12:00 - 1:30pm EST

[Register here.](#)

Part 2 of this series will provide an overview of evidence-based approaches and practices that can be used within schools to support the mental health of students with intellectual and developmental disabilities (IDDs). It will also describe challenges and solutions when implementing these practices in schools.

Part 2

Wednesday, September 15, 2021

12:00 - 1:30pm EST

[Register here.](#)

## **SAMHSA: Advancing Comprehensive School Mental Health Systems**

As children go back to school, SAMHSA is also elevating mental health resources for supporting students and staffs, created by SAMHSA's grantees through its Mental Health Technology Transfer Centers, that address mental health and resiliency in school settings:

The [Back to School After COVID-19: Supporting Student and Staff Mental Health Toolkit \(PDF | 4 MB\)](#) helps guide conversations to include a trauma-informed, equitable, and compassionate lens to providing mental health supports to every member of the school community.

[Behavioral Health Impacts During & After COVID-19: What to Expect and Ways to Prepare for the Return to In-Person Learning \(PDF | 4 MB\)](#) presents information on the impact of COVID-19, what to expect as students return to school, and ways to prepare at the staff, building, and district levels.

[Strengthening School Communities for a Safe, Supportive Return: Part 2](#) covers strategies and best practices for school systems to promote student and staff resilience, wellbeing, and success, following COVID-related school closures. It also promotes cross-state networking and shared learning about best practices, successes, and challenges during learning modality transitions.

View more [back-to-school resources](#).

## **SAMHSA training and technical assistance related to COVID-19 recovery and resilience**

As part of CMHA's partnership with the SAMHSA-funded Mental Health Technology Center (MHTTC) provides Michiganders with access to a number of resources on how we all can recovery from and ensure resiliency as the state and nation comes out of the pandemic. These resources can be [found here](#).

## News from Our Preferred Corporate Partners

### **Relias: Introduction to trauma-informed care**

Over 90% of people receiving behavioral healthcare have a history of trauma. In this course, you will learn about the various types of trauma, the long-lasting consequences of trauma, and what it means to provide care through a trauma-informed lens.

Through interactive practice scenarios and detailed examples, you will learn the scope of your role and responsibilities when you are serving individuals with histories of trauma. You will examine best practices to implement, as well as how to avoid harmful ones that can further perpetuate the suffering and silence of trauma. As you complete this course, you will gain a deeper understanding of how your personal history can impact your work with trauma survivors. Importantly, you will learn what it means to provide trauma-informed care, and why this approach is a multi-faceted one that you should consider for the individuals you serve.

This training is designed for behavioral healthcare professionals who interact with individuals in a variety of behavioral healthcare settings, including those with basic to intermediate levels of experience with trauma.

The preview is [found here](#).

### **Abilita: Top Ten Times for a Communications Review**

It's never a bad time to review your organization's communications technology expenses, and never a better time to enlist the help of a specialist. That's because there are certain milestones when not having a good handle on spending and inventory can result in the greatest financial risk.

Here are our top 10 scenarios for a Communications technology expense review and inventory update:

- Before a Move
- After an acquisition or merger with another company
- Upon Contract Renewal with Communications Service Providers (before and after)
- After Closing a Site
- When there are changes in Regulatory Charges
- When moving from Premise to Cloud-Based Services

- When Transforming Network Technology
- When a New Person is taking over responsibility for Communications Technology Management
- When changing to a new Data Center Provider
- When Employees Work from Home

For more details and what you might want to consider, download Abilita's Top 10 Times newsletter [here](#). To get started now, contact your Abilita Advisor, Dan Aylward, at [daylward@abilita.com](mailto:daylward@abilita.com) for a zero-risk review of your technology systems and services.

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

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

## **CMH Association's Officers & Staff Contact Info**

### **CMHA Officers Contact Information:**

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

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