

*Northeast Michigan Community Mental Health Authority  
Board Meetings - February 2021*



*Happy Valentine's Day!*

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



 Board Meeting, Thursday,  
February 11 @ 3:00 p.m.

**The Board meeting will be available as a  
Conference Call Meeting using:**

**888-627-8019 PIN # 40994**

**OR... via Zoom**

**<https://zoom.us/j/911168583?pwd=SEc3bDZhUW5FY1lSU1R1NFdXTmNLZz09>**

**Meeting ID: 911 168 583**

**Password: 013259**

**In-Person attendance is an option as well.**

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**  
**BOARD MEETING**  
February 11, 2021 at 3:00 p.m.  
**A G E N D A**

- I. Call to Order**
- II. Seating of Board Member -**
  - Terry Small - Alcona County
  - Geyer Balog – Montmorency County
- III. Roll Call & Determination of a Quorum**
- IV. Pledge of Allegiance**
- V. Appointment of Evaluator**
- VI. Acknowledgement of Conflict of Interest**
- VII. Information and/or Comments from the Public**
- VIII. Approval of Minutes** ..... (See pages 1-5)
- IX. Consent Agenda** ..... (See page 6)
  - 1. **Contracts**
    - a. Havenwyck Mental Health System
    - b. SentricHR Amendment
- X. Educational Session – SentricHR** ..... Lisa Anderson
- XI. February Monitoring Reports**
  - 1. **Treatment of Individuals Served 01-002**.... (See pages 7-10)
  - 2. **Staff Treatment 01-003** ..... (See pages 11-12)
- XII. Board Policies Review and Self Evaluation**
  - 1. **Asset Protection 01-007** ..... [Review Only] ..... (See pages 13-14)
  - 2. **Board Committee Principles 02-005** ..... [Review & Self-Evaluation] ... (See page 15)
  - 3. **Delegation to the Executive Director 03-002** [“ ” “ ”] ..... (See pages 16-17)
- XIII. Linkage Reports**
  - 1. **CMHAM**
    - a. **Go To Bat Award – Representative Sue Allor** ..... (Verbal)
  - 2. **Northern Michigan Regional Entity**
    - a. **January 27<sup>th</sup> Board Meeting Report** ..... (Verbal)
  - 3. **Advisory Council** ..... (Verbal)
- XIV. Operations Report** ..... (See page 18)
- XV. Chair's Report**
  - 1. **By-Law Update**..... (See pages 19 - 30)
  - 2. **Pre-Nominations Ballot**..... (See page 31)
- XVI. Director's Report**
  - 1. **Director’s Update** ..... (Verbal)
  - 2. **Endowment Fund Grant Awards** ..... (See page 32)
  - 3. **QI Council Update** ..... (Available at meeting)
- XVII. Information and/or Comments from the Public**
- XVIII. Information and/or Comments for the Good of the Board**
- XIX. Next Meeting – Thursday, March 11 at 3:00 p.m.**
  - 1. **Set March Agenda** ..... (See page 33)
  - 2. **Meeting Evaluation** ..... All
- XX. Adjournment**

**MISSION STATEMENT**

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

**Northeast Michigan Community Mental Health Authority Board  
Board Meeting [In-Person, Zoom, Uber Conference]**

**January 14, 2021**

**I. Call to Order**

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

**II. Seating of Board Members**

Terry Small - Alcona County

Lynnette Greskowiak – Alpena County

The newly appointed Board member for Alcona County did not attend this meeting.

**III. Roll Call and Determination of a Quorum**

Present: In Person: Les Buza, Roger Frye, Lynnette Greskowiak, Terry Larson, Eric Lawson

Via Zoom:

Via Uber Conference: Bonnie Cornelius, Judy Jones, Pat Przeslawski

Absent: Albert LaFleche, Gary Nowak (excused), Robert Adrian

Staff & Guests: Dennis Bannon, Carolyn Bruning, Lee Ann Bushey, Connie Cadarette, Mary Crittenden, Erin Fletcher, Lynne Fredlund, Morgan Hale, Ruth Hewett, Cacey Humphrey, Cheryl Kobernik, Larry Patterson, Nena Sork, Jen Whyte

**IV. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**V. Appointment of Evaluator**

Lynnette Greskowiak was appointed as evaluator of this meeting.

**VI. Acknowledgement of Conflict of Interest**

There was no conflict of interest to acknowledge.

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

No information or comments were presented.

**VIII. Approval of Minutes**

*Moved by Pat Przeslawski, supported by Bonnie Cornelius, to approve the minutes of the December 10, 2020 meeting as presented.* Roll call vote: Ayes: Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski; Nays: None; Absent: Bob Adrian, Albert LaFleche, Gary Nowak. Motion carried.

**IX. Educational Session – Section 928 (Local Match Draw Down)**

At the request of Board members at the December meeting, the impact of Section 928 for the Northeast Board is the Educational Session for this meeting. Nena Sork provided a historical timeline of the process the state initiated several years ago related to the use of local match dollars sent to the state to in turn use those dollars to draw down a greater amount of Medicaid dollars. It was later identified by the Centers for Medicare and Medicaid Services (CMS) that the State cannot require the community mental health boards to use the local funds in this manner. In total, Northeast will send the State \$199,580 in local match dollars in FY21, leaving around \$80,000 for local match dollars for services.

By using the local funds, the State is able to secure more Medicaid dollars from the federal government. The State uses this higher amount in the methodology for determining the amount of General Funds the Agency receives. The Medicaid dollars this Agency receives is greater than the local dollars the Board spends. If the Agency pulls out of submitting the local match for drawn down, the State will take the amount out of the General Fund allocation. If we chose not to give the State the \$199,580, the State would reduce our General Fund allocation by around 20%.

Last year the State made a good faith effort and developed a transition period of five years to reduce the amount of the dollars required for the Local Match Draw Down. Our FY20 contract local match requirement was reduced by 20%. The same was to happen this year; however, possibly due to the current environment with COVID the state did not reduce our match amount this fiscal year. Our contract for FY21 remained at the same rate as last year instead of being reduced another 20%. Some of the partner boards have withheld the local match payment to the State. Nena Sork indicated she would support the Board monitoring this situation and if the Board decides later to reduce the funding by 20%, it could still be reduced when the 4<sup>th</sup> Quarter payment is to be made.

Pat Przeslawski expressed her recommendation to send the local match as outlined in the FY21 contract this year to limit the impact to our General Fund (GF) dollars. A letter from Gary Wnuk, past Board member, was distributed to members regarding the 928 issue and his viewpoint was also discussed. Mr. Wnuk's letter recommends the Board stand with CentraWellness and the other Boards who are withholding the payments based on principle and integrity.

Nena Sork indicated not having the additional 20% reduction this FY in the local match obligation might just be a pause due to COVID. The anticipated date to have the local match obligation process eliminated is in 2026. This is spelled out in the boilerplate language and the plan is there. Nena Sork noted Chip agreed he would have supported the pause if the State had asked. Nena Sork reported the General Funds the Agency receives is well spent and most years we typically utilize all of GF dollars.

Eric Lawson reported there are two points of view. If there is a decision to support the action of the CentraWellness Board, we would need to take action and have a motion supporting the request. If we are planning to contribute the scheduled amount identified in the FY21 contract, there would be no action needed. The NMRE Board will be discussing this topic at their meeting in two weeks. Nena Sork reported AuSable Valley, Northern Lakes and Centra Wellness have all indicated they plan to withhold the additional local match dollars. Board members representing this Board should be ready to voice the wants of this Board at that meeting.

Robert Adrian arrived at 3:25 p.m.

Nena Sork reported there are two areas of contention – one of which is the State did this unilaterally without asking if this is just a pause and one would be a choice to channel dollars to legal fees if the Board would decide to fight the cause at this point. This is an issue, which may resolve in the next year. Nena Sork reported every Board is different in how significantly this could impact their GF allocation. Consensus of the Board members was to continue with making the payments as scheduled to the State for this year; however, if this continues into next year, this Agency can then take a stand on the state ignoring the boilerplate.

**X. Consent Agenda**

- 1. Merit Agreement**
- 2. The Regents of the University of Michigan (MC-3 Grant)**

*Moved by Roger Frye, supported by Les Buza, to approve the Consent Agenda as presented.*

Roll call vote: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski; Nays: None; Absent: Albert LaFleche, Gary Nowak; Motion carried.

**XI. January Monitoring Reports**

- 1. Emergency Executive Succession 01-006**

Nena Sork presented the Emergency Executive Succession to Board members identifying scenarios for succession if necessary.

*Moved by Les Buza, supported by Lynnette Greskowiak, to accept the January monitoring report as presented.* Roll call vote: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye,

Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski; Nays: None; Absent: Albert LaFleche, Gary Nowak. Motion carried.

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

### **1. Emergency Executive Succession 01-006**

Board members reviewed this policy. The monitoring report for this meeting provided compliance with the policy.

### **2. Executive Director Role 03-001**

Board members reviewed this policy. Eric Lawson noted the Board is in compliance with the policy which is evidenced through the monitoring reports provided monthly.

## **XIII. Linkage Reports**

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

#### **a. Winter Board Conference [Feb 9 – 12 Virtual]+**

The Winter CMHAM Conference will be held virtually. The sessions are morning sessions and scheduled for February 9<sup>th</sup> through February 12<sup>th</sup>. The conference is one the Board traditionally does not attend. There were no Board members indicating a desire to register.

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

#### **a. Contract Amendment B – Extension of FY19-20 Contract**

This is the second amendment extending the FY20's contract with the NMRE. This extension will continue the contract until February 28, 2021.

*Moved by Roger Frye, supported by Les Buza, to approve the extension of the FY19-20 Contract with the NMRE in Amendment B as presented.* Roll call vote: Ayes: Robert

Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Pat Przeslawski; Nays: None; Absent: Albert LaFleche, Gary Nowak. Motion carried.

Roger Frye reported the biggest discussion at the December NMRE Board meeting was the local match draw down, which was addressed in the educational session in this meeting.

## **XIV. Operations Report**

Mary Crittenden provided an update on the services provided for the month of December 2020. She reviewed on the additional cases in Home Based Services and Children's Services. There was a total of 1,032 individuals receiving services during the month of December.

## **XV. Chair's Report**

### **1. By-Law Update**

Eric Lawson reported he has been conducting a deep dive into the book "Roberts Rules for Dummies." He noted the Agency has used Roberts Rules as a parliamentary guideline. He would like to further his investigation into the guidelines of this process. He notes one element of "Roberts Rules" is a friendly amendment – once a motion is on the floor and seconded, an amendment must be approved by the entire board. This would mean if a motion maker requests to make an addition or revision, there would need to be full Board approval of amended motion. Les Buza indicated he believes this is a role of the Chair to determine how motions are finalized. Eric Lawson indicated he wants to assure all members have the opportunity to get their opinions heard. He suggest the Board test this the next time there is one.

Eric Lawson reported in the past, the Board presented motions to allow a member to abstain from voting. He reports abstaining is traditionally allowed if a board member has a conflict of interest. It might be clearer if there is something in the by-laws noting, if a conflict of interest occurs, the member should not vote. Bob Adrian reported there are different rules related to this depending on the size of the board.

Eric Lawson reported there are boards that vary the order of voting so one individual is not always setting the tone of the vote and noting the individual voting last can be the tying vote. This could

provide more power to one member than another. It may be something this Board would like to enact in the future.

The proposed revisions to the by-laws were reviewed by the members. The area identified for greater focus was addressing the "Nomination's Committee" and its role. Eric Lawson proposed the committee be renamed to "Board Member Composition Committee" with a role of assuring the composition of the Board for upcoming vacancies complies with the Mental Health Code.

Eric Lawson reported if the Board goes the route of eliminating the Nominations Committee we could develop a process that in February each board member would submit a recommendation for nominations for each of the officer positions. The nominations would be collected and summarized with a potential ballot for the March meeting at which time there would be opportunities for a member to voice their interest or disinterest in holding office. At the April meeting this could be presented along with nominations from the floor. Terry Larson questioned if there was a need to really change the process. Roger Frye indicated as long as he has been on the Board, there has never been members clamoring to hold office. Including all Board members in the development of a Slate of Officers would possibly take away some power from a small group. In the past, the Nomination's Committee was comprised of a Board member representing each county and that county representative was not a current officer eliminating a potential conflict. Pat Przeslawski suggested a rough draft of the proposed election process be presented to the Board at their February meeting. Roger Frye indicated the process currently used has worked. Eric Lawson reported under the Open Meetings Act Board members need to be cautious to discussions outside of the scheduled meetings.

An option could be to charge the Nominations Committee to discuss with board members their willingness to serve as an officer. At the February meeting board members could submit a form to the Nomination's committee to indicate their interest. The Committee could be called the "Nomination's / Board Member Composition Committee."

Eric Lawson reported the roles of the Chair and Secretary were revised to define a more correct version of responsibilities. Eric Lawson reviewed the revisions in Section 6 and Section 7. The Quorum was updated based on opinions expressed last month. Section 8 – Decorum during Debate was also updated.

The discussion related to abstaining when there is a conflict of interest and whether it should be compelled to abstain. Terry Larson suggested there be a definition of the conflict. "A conflict of interest being ...." Board members declaring such a conflict shall abstain from the vote.

Pat Przeslawski noted the Recipient Rights committee section in the by-laws does not identify Board representation on the Committee. It has been practice of this Board to have two Board members appointed to the Recipient Rights Advisory Committee. Ruth Hewett reported the composition of the Recipient Rights Advisory committee defined in Chapter 7 of the Mental Health Code is as follows: "Sec. 757. (1) The board of each community mental health services program shall appoint a recipient rights advisory committee consisting of at least 6 members. The membership of the committee shall be broadly based so as to best represent the varied perspectives of the community mental health services program's geographic area. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least 1/2 shall be primary consumers." Ruth Hewett expressed her desire to continue with having representation of two Board members.

## **XVI. Director's Report**

### **1. Director Report**

Nena Sork reported she participates in the AMA-ESD Collaborative group to focus on how to assure students are getting the proper oversight during this pandemic. She reported the new Home Manager, Nicole Kaiser, is on board and transitioning into this position. Nena reported, internally, a committee was formed to identify a process to help staff affected by COVID to address leave without pay if the absence is due to COVID. Nena Sork reported there are some positions that can work from home and would be able to quarantine at home and still work and receive wages. Direct Care staff do not have that luxury. The budget was reviewed and it was determined we could support a leave

balance for those staff that were ill or unable to report to work due to COVID or those staff who are without leave so they would not lose wages due to COVID.

Nena Sork reported she worked with DHD #2 and the first vaccines were provided in Alcona County on December 28<sup>th</sup> to residents and staff of our group homes. She reported the Alpena AFC homes were vaccinated last Friday, Monday of this week Montmorency County was vaccinated and Friday Presque Isle will be done for the group homes. The Agency referred other direct care staff to MidMichigan or DHD#4 to register for the vaccine. In collaboration with the District Health Department #4, we are providing two nurses each day and one clerical staff each day to assist in getting the vaccines scheduled and administered. As DHD#4 covers Cheboygan County, some staff will be traveling there to assist.

Nena Sork reported the Sue Allor nomination was submitted for the Go To Bat Award. The Agency submitted an application to participate in the Cultural Competence and Linguistic leadership training.

Monday, January 4<sup>th</sup>, the State delivered facemasks to the NMRE and charged Community Mental Health with the task of distributing the masks to all the foster care facilities in each of our counties. There are 43 such facilities in our four-county area. She reported 7,200 masks were distributed during this last week.

The Agency's Behavioral Health Home program is off and running and has their first enrollee. The contract with JB Cook PAC as the primary health consultant to this program is being finalized. Mary Crittenden provided a success story of the first enrollee. Nena Sork reported 88.9% of individuals receiving services have seen their primary care physician within the last year. Terry Larson reported he went right to the Health Department in Rogers City and was scheduled for his vaccine. Nena Sork informed Board members of this Agency's assistance to get them pre-registered for the vaccine schedule. Bob Adrian noted board members will need their Medicare #s to get scheduled.

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

There was no information or comments presented.

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

There were no comments presented.

**XIX. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, February 11, 2021 at 3:00 p.m.

**1. Set February Agenda**

The February agenda items were reviewed. The Audit Report traditionally presented at the February Board meeting will be postponed due to the late onset of the audit.

**XX. Evaluation of Meeting**

Lynnette Greskowiak reported the meeting began on time. She noted the information related to the funding was very well run and informative.

**XXI. Adjournment**

*Moved by Lynnette Greskowiak, supported by Pat Przeslawski, to adjourn the meeting.*

Motion carried. This meeting adjourned at 4:45 p.m.

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Bonnie Cornelius, Secretary

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Eric Lawson, Chair

Diane Hayka  
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Nena Sork  
**SUBJECT:** Consent Agenda  
**DATE:** February 1, 2021

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1. **Contracts**

a. **Havenwyck Mental Health System**

At the November meeting, the Board approved the contract with Havenwyck Mental Health System at a rate of \$800.00 per diem. We have since been notified Havenwyck had actually raised their rates effective October 1, 2020. The rates of inpatient for either adult or adolescent is \$850.00 per diem for a full day and \$350.00 for partial inpatient. This is one of the few facilities we use for our children's services.

b. **SentricHR**

This is an amendment to our current contract for the new payroll system. The amendment covers the addition of software to monitor the Affordable Care Act reporting requirements. In the past, Greenshades had provided this service for the Agency. A \$1,000 set-up fee was waived by SentricHR so the cost of this amendment will be a wash in the budget as savings will be realized with the discontinuance of this service from Greenshades. We recommend approval.





## Recipient Rights Advisory Committee Minutes January 20, 2021

The meeting was called to order at 3:15 p.m. January 20, 2021 by Chair Patricia Przeslawski via Uber line call in and TEAMS.

**Present:** Tom Fredlund, Judy Jones, Pat Przeslawski, Renee Smart-Sheppler and Lorell Whitscell  
**Absent:** Barb Murphy (Excused)  
**Staff:** Ruth Hewett  
**Guests:** None.

**DRAFT MINUTES**

**I. Old Business.** None.

**II. Approval of Minutes.** The minutes from 10-21-2020 were approved as written. Tom moved to approve, Judy supported, motion carried.

**III. New Business.**

REVIEW OF FUNDING: Connie Cadarette, Finance Officer, presented the funding for the rights office for FY21. There is an increase over FY20 budget in the amount of \$13,692 for a total budget for the office of \$165,624. Ruth noted that although travel for meetings and conferences are in the budget, due to COVID, all meetings have been held virtually. Judy moved to review the report, supported by Lorell, motion carried.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the first quarter of FY 21, 10/1/2020 – 12/31/2020. Complaints totaled 33 of which 26 were opened for investigation, 1 intervention, 2 outside the jurisdiction of the rights office and 5 contained no Code protected right. There were 22 substantiations with -0- investigations pending. Five remedial actions were pending at the time of the report and will be available on next meeting's report. Renee moved to review the report, supported by Lorell, motion carried.

REQUEST FOR REAPPOINTMENTS: Committee members were surveyed and all present indicated a desire to be reappointed to the committee for another year. Barb will be contacted as to her preference, and names submitted for consideration at the April Board meeting.

MDHHS-ORR TRIENNIAL AUDIT: The state rights office has scheduled the triennial rights audit for August 17-19. More information to come.

**IV. Educational Session.** No education session was presented at this meeting.

**V. Other Business.**

The next meeting will be April 21, 2021. Room to be determined as needed, or via teleconference if unable to meet in person.

**VI. Adjournment.**

Lorell moved to adjourn the meeting, supported by Tom. The meeting adjourned at 3:35 pm.

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: October, November & December 2020:**

I. COMPLAINT DATA SUMMARY		<u>FY 20-21</u>					<u>FY 19-20</u>			
A. Totals	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>		
Complaints Received:	33				39	38	26	31		
Investigated:	26				32	30	25	24		
Interventions:	01				01	02	01	02		
Substantiated:	22				14	18	17	21		
Outside Jurisdiction:	02				05	02	-0-	-0-		
No Code Protected Right:	04				01	04	-0-	05		

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	2	2		1*
Abuse III	1	1		1
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	7	7		6
Rights Protection System	1	1	0	1
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0
Civil Rights	0	0	0	0
Family Rights	1	1	0	1
Communication & Visits	1	1	0	0
Confidentiality/Disclosure	2	1	1	1
Treatment Environment	1	1	0	1
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	0	0	0	0
Suitable Services	11	11	0	10
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>27</b>	<b>26</b>	<b>1</b>	<b>22</b>

Pending from last quarter:

\*The Abuse II was not substantiated.

c. Remediation of substantiated rights violations.

<b>Category/Specific Allegation</b>	<b>Specific Provider</b>	<b>Specific Remedial Action</b>
Pending from prev qtr:		
Neglect III	NEMCMH	Documented Counseling
Confidentiality	Self-Determination	Training
Actions this qtr:		
Abuse II	Cornerstone Hernandz	Pending
Abuse III	NEMCMH	Suspension
Neglect III	CJ's AFC	Other
Neglect III	NEMCMH	Documented Counseling
Neglect III	NEMCMH	Documented Counseling
Neglect III	Beacon Ossineke	Termination
Neglect III	NEMCMH	Written Reprimand
Neglect III	Advanced AFC	Pending
Rgts Pro-Failed to rept	NEMCMH	Documented Counseling
Family Rights	NEMCMH	Documented Counseling
Confidentiality	Johnson CPA	Pending
Treatment Environmt	CJ's AFC	Other
Suitable Services	NEMCMH	Documented Counseling
Suit Serv-Dign & Resp	NEMCMH	Documented Counseling
Suit Serv-Dign & Resp	NEMCMH	Written Reprimand
Suit Serv-Dign & Resp	NEMCMH	Employee left, but substant.
Suit Serv-Dign & Resp	Cornerstone AFC	Verbal Counseling
Suit Serv-Dign & Resp	Victoria's AFC	Pending
Suit Serv-Dign & Resp	NEMCMH	Termination
Suit Serv-Dign & Resp	NEMCMH	Documented Counseling
Suit Serv-Dign & Resp	NEMCMH	Termination
Suit Serv-Dign & Resp	NEMCMH	Pending

d. Summary of Incident Reports: October, November & December 2020

Category Type	1 <sup>st</sup> Qtr		2 <sup>nd</sup> Qtr		3 <sup>rd</sup> Qtr		4 <sup>th</sup> Qtr	
	'21	'20	'21	'20	'21	'20	'21	'20
01.0 Absent without leave (AWOL)	04	02		03		06		03
02.0 Accident – No injury	03	06		06		01		02
02.1 Accident – With injury	20	14		10		16		12
03.0 Aggressive Acts – No injury	16	30		25		24		40
03.1 Aggressive Acts – w/ injury	04	06		10		-0-		05
03.3 Aggressive Acts – Property Destruc	01	01		04		01		03
04.0 Death	01	05		05		02		05
05.0 Fall – No injury	07	12		20		09		07
06.0 Medical Problem	103	60		78		91		109
07.0 Medication Delay	04	06		05		06		04
07.1 Medication Error	29	19		19		22		21
07.2 Medication Other	52	49		52		41		51
07.3 Medication Refusal	99	47		77		63		73
08.0 Non-Serious Injury – Unknwn cause	08	03		06		07		04
09.0 Other	68	41		65		50		87
10.0 Self Injurious Acts – No injury	04	12		03		01		08
10.1 Self Injurious Acts – w/injury	09	06		02		04		02
Challenging Behavior	17	35		25		12		12
Fall – with injury	07	11		16		17		14
Arrests	04	05		08		03		03
Total	460	370		439		376		465

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	31.25	31.25
Hours Used in Training Received	4.50	4.50
Hours Used in Site Visits	18.00	18.00

F. Monitoring Activity	Quarter	YTD
Incident Report Received	460	460

G. Source of All Complaints:	Quarter	YTD
Recipient:	03	03
Staff:	20	20
ORR:	05	05
Gdn/Family:	04	04
Anonymous:	-0-	-0-
Comm/Gen Pub:	<u>01</u>	<u>01</u>
Total	33	33

\_\_\_\_\_  
Ruth M. Hewett, Recipient Rights Officer

\_\_\_\_\_  
Date

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INTEROFFICE MEMORANDUM

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TO: BOARD MEMBERS  
FROM: NENA SORK  
SUBJECT: TURNOVER REPORT  
DATE: JANUARY 31, 2021  
CC:

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Attached is the Turnover Report required by Policy 01-003, Staff Treatment. This report addresses the period January 1, 2020 through December 31, 2020. The report reflects employment activity for the Board's regular employees; substitute and casual employees have not been included as their employment is, by nature, somewhat sporadic and turnover-prone. In the "Turnover by Department" section, we have included internal transfers in the attached report; i.e., a part-time employee accepting a full-time position in a different home would be considered turnover. At the bottom of the report, we have included a statistic showing turnover "Agency-wide," which reflects turnover of employees actually leaving the agency.

Turnover for 2020, including "in-house" turnover, was 37% (this was 31% in the prior year); when limited to only those employees that actually left the agency, the rate is 30% (this was 25% in the prior year). \*For the one-year period January 2019 through December 2019, the US Bureau of Labor Statistics reports a "separation rate" of 34% for employees in the classification of "Healthcare and Social Assistance." For those employees who actually left the agency, the table below shows the circumstances under which those employees left during 2020. Also shown is some detail about the reasons for the terminations.

<u>Reason for Leaving</u>		<u># of Separations</u>
Retirement		13
Health/Disability		4
Death		1
Position Eliminated/Contracted		5
Bumped		0
Resigned		62
Termination		11
Attendance	3	
Performance	7	
Rights-related	1	
TOTAL		<u>96**</u>

\*2020 numbers are not yet released

\*\*Turnover report shows 97 due to a correction of a staff counted in 2 areas.

Attachment

### Turnover by Department

Division/Department Name	# at 1/1/2020	Employees Hired/Trnsfr'd	Employees Separated/Trnsfr'd	# at 12/31/2020	Total Turnover
<b>Administration/Support Services</b>	42	7	7	42	17%
<b>MI Programs</b>					
MI Program Management	4		2	2	50%
Psychiatry & Nursing Support	8	1		9	0%
OAS Services	12	4	2	14	17%
MI Adult Outpatient	8	3	4	7	50%
MI Adult Casemanagement	12	1	4	9	33%
MI Integrated Employment	2		1	1	50%
MI Adult A.C.T.	6	3	4	5	67%
Home Based Child	9	4	2	11	22%
MI Peer Support Services	3			3	0%
<b>DD Programs</b>					
DD Program Management	8	2	1	9	13%
DD Casemanagement	9	5	6	8	67%
DD Clinical Support	4	2	2	4	50%
DD App. Behav. Analysis Program	15	2	17	0	113%
DD Integrated Employment	12	4	5	11	42%
DD SIP Residential	42	15	16	41	38%
DD Community Support	28	1	11	18	39%
Blue Horizons	10	3	3	10	30%
Brege	10	1	1	10	10%
Cambridge	11	6	6	11	55%
Harrisville	12	2	4	10	33%
Mill Creek	10	2	3	9	30%
Pine Park	12	2	4	10	33%
Princeton	12	4	5	11	42%
Thunder Bay Heights	12	2	4	11	33%
Walnut	<u>11</u>	6	6	<u>11</u>	55%
<b>Totals</b>	324	82	120	287	37%

### Agency-Wide Turnover

<u>Division/Department Name</u>	<u># at</u> <u>1/1/2020</u>	<u>Number</u> <u>Hires</u>	<u>Total</u> <u>Employees</u> <u>Separated</u>	<u># at</u> <u>12/31/2020</u>	<u>Total</u> <u>Turnover</u> <u>Rate</u>
All Employees	<u>324</u>	<u>60</u>	<u>97</u>	<u>287</u>	30%

**EXECUTIVE LIMITATIONS**

(Manual Section)

**ASSET PROTECTION**

(Subject)

Board Approval of Policy  
Last Revision of Policy Approved

August 8, 2002  
February 13, 2020

**•1 POLICY:**

The Executive Director may not allow assets to be unprotected, inadequately maintained nor unnecessarily risked.

Accordingly, he or she may not:

1. Fail to insure against theft and casualty losses at:
  - Actual cash value less any reasonable deductible for vehicles;
  - Replacement value less any reasonable deductible for personal and real property; and,
  - Against liability losses to board members, staff or the organization itself in an amount greater than the average for comparable organizations.
2. Allow unbonded personnel access to material amounts of funds.
3. Unnecessarily expose the organization, its board or staff to claims of liability. The Executive Director's annual monitoring report shall include a risk analysis summary.
4. Make any purchase wherein normally prudent protection has not been given against conflict of interest. Make any purchase of over \$500 without having obtained comparative prices and quality. Make any purchase over \$5,000 without a stringent method of assuring the balance of long term quality and cost; further, such purchases over \$5,000 not included in the Board's capital equipment budget, shall require Board approval. Orders shall not be split to avoid these criteria.
5. Fail to protect intellectual property, information and files from loss or significant damage.
6. Receive, process or disburse funds under controls which are insufficient to meet the board-appointed auditor's standards.

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

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7. Invest or hold operating capital in insecure instruments, including uninsured checking accounts and bonds of less than AA rating, or in non-interest bearing accounts except where necessary to facilitate ease in operational transactions.
8. Endanger the organization's public image or credibility, particularly in ways that would hinder its accomplishment of mission, including changing the name of the organization or substantially altering its identity in the community.
9. Subject facilities and equipment to improper wear and tear or insufficient maintenance.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**



**GOVERNANCE PROCESS**

(Manual Section)

**BOARD COMMITTEE PRINCIPLES**

(Subject)

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

August 8, 2002  
February 13, 2020

●1 **POLICY:**

Board committees, when used, will be assigned so as to reinforce the wholeness of the board's job and so as never to interfere with delegation from board to Executive Director. Committees will be used sparingly and ordinarily in an *ad hoc* capacity.

1. Board committees are to help the board do its job, not to help or advise the staff. Committees ordinarily will assist the board by preparing policy alternatives and implications for board deliberation. In keeping with the board's broader focus, board committees will normally not have direct dealings with current staff operations.
2. Board committees may not speak or act for the board except when formally given such authority for specific and time-limited purposes. Expectations and authority will be carefully stated in order not to conflict with authority delegated to the Executive Director.
3. Board committees cannot exercise authority over staff. Because the Executive Director works for the full board, he or she will not be required to obtain approval of a board committee before an executive action.
4. Board committees are to avoid over-identification with organizational parts rather than the whole. Therefore, a board committee which has helped the board create policy on some topic will not be used to monitor organizational performance on that same subject.
5. This policy applies only to committees which are formed by board action, whether or not the committees include non-board members. It does not apply to committees formed under the authority of the Executive Director.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**BOARD STAFF RELATIONSHIP**

(Manual Section)

**DELEGATION TO THE EXECUTIVE DIRECTOR**

(Subject)

Board Approval of **Policy**

August 8, 2002

Board Approval of Policy Revision:

February 13, 2020

**•1 POLICY:**

All board authority delegated to staff is delegated through the Executive Director, so that all authority and accountability of staff—as far as the board is concerned—is considered to be the authority and accountability of the Executive Director.

1. The board will direct the Executive Director to achieve specified results, for specified recipients, at a specified worth through the establishment of *Ends* policies. The board will limit the latitude the Executive Director may exercise in practices, methods, conduct and other “means” to the ends through establishment of *Executive Limitations* policies.
2. As long as the Executive Director uses *any reasonable interpretation* of the board’s *Ends* and *Executive Limitations* policies, the Executive Director is authorized to establish all further policies, make all decisions, take all actions, establish all practices and develop all activities.
3. The board may change its *Ends* and *Executive Limitations* policies, thereby shifting the boundary between board and Executive Director domains. By so doing, the board changes the latitude of choice given to the Executive Director. But so long as any particular delegation is in place, the board and its members will respect and support the Executive Director’s choices. This does not prevent the board from obtaining information in the delegated areas.
4. Only decisions of the board acting as a body are binding upon the Executive Director.
  - A. Decisions or instructions of individual board members, officers, or committees are not binding on the Executive Director except in rare instances when the board has specifically authorized such exercise of authority.
  - B. In the case of board members or committees requesting information or assistance without board authorization, the Executive Director can refuse such requests that require—in the Executive Director’s judgment—a material amount of staff time or funds or is disruptive.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**



# Advisory Council

Regular Meeting

02-08-21

5:00 PM to 5:40 PM

Board Room

**Meeting called by:** Diane Hayka

**Type of meeting:** Regular

**Facilitator:** Janet Freeman

**Attendees:** Les Buza, Janet Freeman, Anne Ryan, Rebecca Stockford (Uber)

**Absent:** Roger Engle (excused), Alan Fischer, Roger Boston, Eileen Tank

**Public:**

**Staff:** Nena Sork, Diane Hayka

## ----- Agenda Topics -----

### Welcome

Janet Freeman welcomed Council members.

### Targeted Agenda Items:

*Approval of Minutes*

### Discussion:

By consensus, the minutes of the December 7, 2020 Advisory Council meeting were approved.

### Action items:

### Person responsible:

Diane Hayka

### Deadline:

### Targeted Agenda Items:

*Educational Session – Behavioral Health Home*

### Discussion:

The *Good Vibrations* newsletter, included in your packet, has an article on the front page related to the Behavioral Health Home. This provides some information on what a Behavioral Health Home is and the services it may be responsible for. Nena Sork reported the Northern Michigan Regional Entity is piloting the program and covers 21 counties in northern, lower Michigan. Nena reported a couple of member Boards piloted this program previously [since 2014] and the program has now expanded into the full NMRE region. Northeast began this program on October 1. The original intent of the program was to address the report conducted earlier related to those individual with a mental health diagnosis dying 25 years earlier than those without a mental health diagnosis. The Agency has worked several years coordinating services with physical health and mental health. The Peer Support staff and CLS staff have been instrumental with assuring the individual receiving services have appointments with their primary care providers. Common recipients were determined between Alcona Health Center and the agency and coordination of care was developed. Both agencies met jointly to review cases. The Behavioral Health Home requires the individual to be diagnosed with an SMI or SED diagnosis with various diagnoses to be eligible. The behavioral health team meets in a "huddle" weekly to review cases. Nena Sork noted education related to diabetes, asthma and other such chronic conditions to assist individuals in their care is provided to individuals and family members. She reported social determinants are also a focus. The primary care provider has access to a direct phone number to access our nursing/physician staff. Nena reported due to technical difficulties with the WSA (the system needed to enroll in the Behavioral Health

Home) which has been corrected, a delay in getting individuals enrolled occurred. At this point, there is one individual enrolled and there was some success in the treatment of this individual. She notes we are providing the services to other individuals; however, have not been able to get them enrolled in the system. The one we have enrolled has been a success.

Les Buza inquired as to whether the individuals residing in the group homes and staff have been vaccinated for COVID. Nena Sork reported about 97% of the residents were vaccinated. Nena reported about 56% of staff offered the vaccines have accepted vaccinations.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

***NMRE Updates***

**Discussion:**

Regional Entity Partners (REP) Update

The minutes from the January 21<sup>st</sup> meeting were included in the mailing. The REP group is discussing alternative ideas for the May Day of Recovery Education as it may not be safe yet to do a large gathering. One idea was to conduct a virtual "recovery celebration." As many do not have access to computers this may be something which could be viewed in small group gatherings, if that is allowed by May. The REP group also discussed the reinstatement of surveys with the mental health surveys commencing in March. The surveys have been shortened in length and combined as a way to reduce survey fatigue.

NMRE Board Meetings

The minutes of the NMRE Board meeting for October and December were included in the mailing. The NMRE discussed the Section 928 language which was to reduce the amount of the Local Match Draw Down each CMH would need to contribute this fiscal year. The Michigan legislature agreed to a five-year phase out and in FY20 the commitment was reduced to 80%. FY21 should have shown a 60% reduction; however, the State Budget Office indicated the language referenced in the boilerplate bill was "intent" language and there was no funding appropriated to support a further reduction.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

***December Operational Report***

**Discussion:**

Nena Sork reviewed the numbers in the report for month ending January 31, 2021. She noted the doctor's services have been changed slightly. She reported we have recently began using telehealth services from our parking lot. This allows individuals to come to the agency and a nurse will provide them with a laptop or tablet and conduct their appointments through a video link on our internet service.

The Home Based children's contacts have increased. This has been a goal to provide children with more support in Home Based services and provide less services in case management as the Home Based services are more intense.

Some of the services have dropped slightly due to COVID and individual preference of not wanting to have services within the community. She also noted the length of stay in the inpatient unit at the hospital have increased, there are fewer admissions but the patient is there longer.

Nena Sork noted the Agency is continually hiring staff, especially direct care staff. She reported we are going to an open interview model to see if we can get more interest from individuals to apply for jobs.

**Action items:**

**Person responsible:**

**Deadline:**

**Targeted Agenda Items:**

**Board Agenda Review**

**Discussion:**

Nena Sork and Diane Hayka reviewed the items on the Board's Agenda for the Thursday meeting. Diane reported two new board members will be seated at Thursday's meeting. This will make three new board members this fiscal year.

**Action items:**

**Person responsible:**

**Deadline:**

**DRAFT**

**Targeted Agenda Items:**

*Other*

**Discussion:**

Les Buza questioned how the psychiatrist in Rogers City is doing. Nena Sork reported the Agency has been very fortunate with the last two psychiatrists hired. This has worked out quite well and because the doctors have community ties and are not just here for a short time.

Nena Sork inquired as to whether Council members would like to see specific topics for any upcoming educational sessions. Janet Freeman reported she worked with a family needing services in the past and attended a workshop that provided information on how to proceed to get someone through a petition process if needed or other methods to get services to individuals in need. Janet noted because she had this information, she was able to use what she learned to work through the process.

Nena Sork reported we do have staff who like to provide training and if there is a request we will attempt to provide the training.

**Action items:**

**Person responsible:**

**Deadline:**

**Next Regular Meeting Date:**

The next regular meeting is scheduled for April 5, 2021 @ 5:00 p.m. in the Board Training Room. This meeting adjourned at 5:40 p.m.

	Program	Consumers served January 2021 (12/1/20 - 12/31/20)	Consumers served in the Past Year (2/1/21 - 1/31/21)	Running Monthly Average(year) (2/1/21 - 1/31/21)
1	Access / Crisis / Prescreens	54 - Routine 0 - Emergent 0 - Urgent 45 - Crisis 32 - Prescreens	594 - Routine 0 - Emergent 5 - Urgent 625 - Crisis 489 - Prescreens	50 - Routine 0 - Emergent 0 - Urgent 53 - Crisis 41 -Prescreens
2	Doctors' Services	454	1381	423
3	Case Management			
	Older Adult (OAS)	116	249	104
	MI Adult	118	401	158
	MI ACT	25	188	25
	Home Based Children	47	102	42
	MI Children's Services	147	328	122
	IDD	134	382	157
4	Outpatient Counseling	168(21/147)	374	199
5	Hospital Prescreens	32	489	41
6	Private Hospital Admissions	16	202	17
7	State Hospital Admissions	0	2	0
8	Employment Services			
	IDD	53	106	40
	MI	23	66	21
	Touchstone Clubhouse	79	96	84
9	Peer Support	39	65	37
10	Community Living Support Services			
	IDD	75	149	72
	MI	56	108	64
11	CMH Operated Residential Services			
	IDD Only	58	87	58
12	Other Contracted Resid. Services			
	IDD	32	33	31
	MI	36	38	37
13	Total Unduplicated Served	1074	2268	1076

County	Unduplicated Consumers Served Since February 2021
Alcona	241
Alpena	1388
Montmorency	253
Presque Isle	283
Other	81
No County Listed	22

# NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

## BYLAWS

### **PREAMBLE**<sup>[DH1]</sup>

Recognizing the responsibility of the Alcona, Alpena, Montmorency, and Presque Isle County Boards of Commissioners to provide suitable mental health services to the above named counties, the boards of commissioners have duly appointed a Community Mental Health Board as a Mental Health Authority according to Public Act 258, 1974, as amended.

Recognizing further the responsibility of this Authority in upholding the best interests of the citizens through concerted effort in providing and maintaining mental health services in accordance with Public Act 258, 1974, as amended, the Northeast Michigan Community Mental Health Authority hereby organizes in conformity with bylaws and regulations herein-stated.

For the purpose of these bylaws, whenever the term "Authority" shall appear, it shall be interpreted to mean the Northeast Michigan Community Mental Health Authority, who shall have authority in the government of the county mental health services for the above-mentioned counties. Whenever the term "Board" shall appear, it shall be interpreted to mean the Board of Directors of the Northeast Michigan Community Mental Health Authority. Whenever the term "Department" is used, it shall be interpreted to mean the Michigan Department of Health and Human Services.

### **ARTICLE I - NAME**

The name of this Board shall be the NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY.

### **ARTICLE II - MISSION**

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

### **ARTICLE III - DUTIES**

This community mental health authority shall:

- A. Examine and evaluate the mental health needs of the counties it represents and the public and nonpublic services necessary to meet those needs.

Approved by the Northeast Board – March 10, 1994

Last revision approved by the Northeast Board – ~~December 13, 2018~~ February 11, 2021



- B. Review and approve an annual plan and budget for the program. (The format and documentation of the annual plan and budget shall be as specified by the Department.)
- C. Provide and advertise a public hearing on the annual plan and budget.
- D. Submit to each board of commissioners a copy of the Board's needs assessment, annual plan and requests for new State funds.
- E. Take such actions as it deems necessary and appropriate to secure private, federal, and other public funds to help support the program.
- F. Approve and authorize contracts for services.
- G. Review and evaluate the quality, effectiveness, and efficiency of services being provided by the program.
- H. Appoint an executive director of the community mental health program who shall meet standards of training and experience as established by the Department in Administrative Rules.
- I. Establish general policy guidelines within which the director shall execute the program.
- J. Subject to the provisions of Chapter II of Public Act 258, 1974, as amended, the Authority may enter into contracts for purchase of mental health services with private or public agencies.

Contracts may be entered into with any facility or entity of the Michigan Department of Health and Human Services with the approval of the Michigan Department of Health and Human Services.

## **ARTICLE IV- MEMBERSHIP**

### **Section 1. Appointment**

The county boards of commissioners of the counties involved, being Alcona, Alpena, Montmorency, and Presque Isle, shall establish a 12-member community mental health authority board of directors. Each board of commissioners shall appoint the board members from its county.

### **Section 2. Composition**

The composition of the Board shall be as specified in the Mental Health Code, section 222.

### **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~~ or as needed to fill Board vacancies, the Chair will appoint a "Nomination/Board Member Composition Committee," which 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~~ This Committee shall review the terms of all Board members with terms expiring and ~~to~~ identify the need for individuals with lived experience consumer or consumer-a family member of an individual with lived experience for potential ~~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 or his/her designee.

- At the February Meeting, Board members will receive a pre-nominations ballot to submit their recommendation for officers for the next year. At this meeting, Board members not wishing to serve in an officer capacity will voice their unwillingness to be considered for positions. Board members will submit their pre-nominations ballot to the Nomination/Board Member Composition Committee for consideration at their March meeting
- Prior to the March Board meeting, the Nomination/Board Member Composition Committee will meet to review the pre-nominations for each officer position. A recommendation for a Slate of Candidates will be presented to the Board for discussion at the March Board meeting. The Slate of Candidates will take into consideration equal representation among counties, if possible.
- By At the March Meetingmeeting, that Committee shall report its recommendations. to theThe Board Chair shall lead discussion with the Board's for its-members to develop a final Slate of Candidates for consideration prior to the April election meeting.
- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination first by the Nominating-Nomination/Board Member Composition Committee, which shall give its report at the call of the Chair.
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall state the nomination(s) for Chair based on the final Slate of Candidates developed at the March Board meetingNominating Committee's nomination, then ask if there are any [further] nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by secret-written ballotroll call at the request of any Board member, as the Board may determine in advance or by its majority vote at any time during the election process; a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:  
Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.

- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its By-Laws, Policies and/or Robert's Rules.

## **Section 2. Duties**

**Chair** - The Chair shall be the presiding officer at all meetings of the Board; shall be an ex officio member of all committees; shall appoint the Chair of the standing and special committees; shall sign and execute in the name of the Board; shall call meetings of the Board; shall work with the Executive Director to create the meeting agenda; and shall perform such other duties as are required by the Board.

**Vice-Chair** - The Vice-Chair, in the event of the incapacity or absence of the Chair, shall assume the duties prescribed to the Chair. In the absence of the Chair from a meeting of the Board, the meeting shall be called to order by one of the officers of the appointed Board, designated as temporary Chair, in the following order of precedence:

Vice Chair ... then Secretary.

If the Chair does arrive, the temporary Chair shall surrender the chair to him/her.

**Secretary** - The Secretary or his/her designee shall send appropriate notices ~~and prepare agendas for all meetings of the Board~~, shall act as custodian of all records and reports, and shall be responsible for the keeping and reporting of adequate records of all meetings of the Board.

## **Section 3. Additional Officers**

The Board may elect or appoint such other officers or agents as it may deem necessary for the transaction of business of the Board, and for terms to expire the same as other officers provided for in these Bylaws.

## **Section 4. Removal of an Officer**

The Board may remove an Officer for just cause by the majority of the Board (7). A member removed from office shall remain a member of the Board unless he or she is removed from the Board by the appointing board of commissioners according to Article IV, Section 3.

## **Section 5. Replacement of an Officer**

Should an Officer be unable to finish their term of office, the Board Chair will appoint a replacement for the position vacated, preferably from the same County to assure equal representation on the Executive Committee. If the appointee rejects the appointment, the Chair will appoint another Board member.

## ARTICLE VI - MEETINGS

### **Section 1. Regular Meetings**

The board of directors of Northeast Michigan Community Mental Health Authority shall hold at least twelve regular meetings annually at a time and place to be designated by the Chair of the Board. All meetings of the Board shall be open to the public and shall be held in a place available to the general public. All meetings shall be held in accord with 1976 P.A. Act 267 (the "Open Meetings Act") and 1976 P.A. 422 (the "Freedom of Information Act"). Within ten days after the April meeting of the Board in each year, the Secretary shall post a public notice stating the dates, times and places of its regular meetings.

If there is a change in the schedule of regular meetings of the Board, there shall be posted within three days after the meeting at which the change is made, a public notice stating the new dates, times, and places of its regular meetings.

Upon written request, at the same time a public notice of meeting is posted, the Secretary shall provide a copy of the public notice of that meeting to any newspaper published in the state and to any radio and television station located in the state, free of charge.

Other requirements pertaining to regular meetings of this Board contained in Public Act 267, 1976 shall be adhered to.

The agenda for regular meetings of the Board may include the following:

- Call to Order
- Roll Call and Determination of a Quorum
- Pledge of Allegiance
- Appointment of Evaluator
- Acknowledgement of Conflict of Interest
- Information and/or Comments from the Public
- Board Training
- Approval of Minutes
- Consent Agenda
- Monitoring Reports
- Policy Review, Approval & Self-Evaluation (if any)
- Linkage Reports
- Operation Report (if any)
- Chair's Report
- Director's Report
- ~~Operation's Report (if any)~~
- Information and/or Comments from the Public
- Information and/or Comments for the Good of the Board

Next Meeting – Setting Agenda  
– Meeting Evaluation  
Adjournment

## **Section 2. Special Meetings**

Special meetings of the Board may be called by the Chair or upon written request of any three members of the Board filed with the Secretary or his/her designee. Notices of a special meeting shall be given by one of the following means or as required by the Open Meetings Act:

- a. Personal notice by telephone or otherwise to each Board member at least 24 hours before such meeting.
- b. Public notice at least eighteen hours before such meeting, stating date, time, and place.
- c. As otherwise determined by the Chair.

Each notice of a special meeting shall state the time, place, and purpose thereof.

The agenda for special meetings of the Board may include the following:

Call to Order  
Roll Call and Determination of a Quorum  
Statement of Purpose of Meeting  
Transaction of Business According to Stated Purpose  
Adjournment

## **Section 3. Closed Meetings**

A 2/3 majority roll call vote of appointed Board members shall be required to call a closed session, for purposes stated in Section 8, Public Act 267, 1976. The roll call vote and the purpose or purposes for calling the closed meeting shall be entered into the minutes of the meeting at which the vote is taken.

## **Section 4. Meeting by Remote Communication**

A Board member may participate in a meeting by conference telephone or any similar communication equipment through which all persons participating in the meeting can hear each other. Participation in a meeting pursuant to this Section constitutes presence in person at the meeting.

## **Section 5. Minutes**

The Board shall keep minutes of each meeting showing the date, time, place, members present, members absent, any decisions made at a meeting open to the public, and the

purpose or purposes for which a closed session is held. The minutes shall include all roll call votes taken at the meeting.

Minutes shall be public records open to public inspection and shall be available at the address designated on posted public notices pursuant to Section 1. Copies of the minutes shall be available to the public at a reasonable estimated cost for printing and copying.

Proposed minutes shall be available for public inspection no later than eight (8) business days after the meeting to which the minutes refer. Approved minutes shall be available for public inspection not later than five (5) business days after the meeting at which the minutes are approved by the Board.

A separate set of minutes shall be taken by the Secretary or his/her designee at the closed meeting; these minutes shall not be available to the public, and shall only be disclosed if required by a civil action filed under Section 10, 11, or 13 of Public Act 267, 1976. These minutes may be destroyed one year and one day after approval of the minutes of the regular meeting at which the closed meeting was approved.

#### **Section 6. Materials to be Furnished Board Members**

Insofar as possible, all members of the Board shall be mailed a copy of the proposed agenda and copies of all material to be considered at regular Board meetings in advance of such meetings, ~~unless this requirement shall be waived by unanimous consent of Board members present at any regular meeting; provided,~~ however, that any Board member or the Director may place an item on the agenda by requesting the Chair to include such item or items.

Insofar as possible, all members of the Board shall be mailed copies of the agenda to be considered at special Board meetings, unless this requirement shall be waived by unanimous consent of all Board members.

#### **Section 7. Quorum and Voting**

One-half plus one of the appointed Board members, which shall include one officer, shall constitute a quorum of the Board. Consistent with Robert's Rules of Order, motions made during Board and committee meetings shall require a second in order to be considered. The affirmative vote of the majority of the votes cast shall be required for the passage of any motion or resolution at any meeting of the Board or its committees. The Chair of the Board will be allowed to vote.

It shall be the prerogative of any Board member to require a roll call vote on any motion.

#### **Section 8. Decorum during Debate**

Board members shall confine their remarks to the question, be courteous in their language and behavior, not arraign the motives of another board member and emphasize it is not the individual, but the measure which is subject of debate. The Chair will assure enforcement of these behavioral guidelines.

The Chair shall call to order any person who is being disorderly by speaking or otherwise disrupting the meeting proceedings by failing to be courteous, by speaking longer than a reasonable time or by speaking vulgarities. Such person shall thence be ~~seated until the Chair shall have determined whether the person is in order~~ warned by the Chair that he/she may be expelled from the meeting and ~~If the person shall have been ruled out of order,~~ he/she shall not be permitted to speak further at the same meeting except upon special request of the board. If the person continues to be disorderly and disrupt the meeting, the Board Chair or a designee shall contact local law enforcement to have said individual removed from the meeting. No person shall be removed from a public meeting except for an actual breach of the peace committed at the meeting.

## **ARTICLE VII - COMMITTEES**

The Board of Directors shall establish the following standing committees: Executive Committee and Recipient Rights Committee. The standing committees shall perform such functions and duties as designated by the Board.

At the annual organizational meeting of the Board, the Chair of the Board shall appoint the Chair and members of the standing committees; those persons shall be members of the Board, except that the Recipient Rights Committee membership may include Community Mental Health Board members, staff personnel, government officials, attorneys, mental health consumer interest group representatives, or other persons, at the discretion of the Board Chair.

The Chair shall appoint the chair and members of special committees, subject to the approval of the Board; those persons need not be members of the Board, shall be counted for quorum and shall be eligible to vote on committee matters. The Chair of the Board shall be the only ex officio member of any and all standing committees, shall be included in counting for quorum, if present, and shall be eligible to vote.

The Board may establish such other committees as it deems proper.

All standing and special committees shall meet upon the call of the committee Chair, with the concurrence of the Board Chair, to consider whatever business is before said committee in order to recommend appropriate action to the Board.

Committees of the Board may meet by teleconference providing all requirements of the Open Meetings Act are met including providing and announcing a location at which



members of the public may attend and hear the entire deliberations of the committee and all committee members.

Matters reported by a committee may be reported with a recommendation for Board action, or solely for the information of the Board.

Tenure on standing committees shall be for a one-year term beginning in April or until the appointment of a new committee; however, nothing herein shall be construed to prevent reappointment of any committee member.

Nothing contained in this Article shall be construed to deny any Board member the right to attend any meeting of any standing or special committee.

For Board committees a quorum shall be defined as equal to at least fifty percent (50%) of the committee membership.

Notices to the public regarding committee meetings shall be posted pursuant to Section 5, Public Act 267 of 1976, and Article VI of these Bylaws.

### **Section 1. Executive Committee**

The Executive Committee shall consist of four members: the Chair, Vice-Chair, Secretary of the Board and immediate past Chair. If the immediate past Chair is no longer a current member of the Board, the Board shall elect an additional board member to serve as an at-large member of the Committee. It is the preference of the Board to have all four counties represented on the Committee. This committee shall have authority to act on behalf of the Board during the period between meetings of the Board, subject to any prior limitation imposed by the Board and with the understanding that all matters of major importance be referred to the Board.

At the request of the board (by consensus or majority vote) or the Chair, tThis Committee ~~shall~~may research and apprise Board members of proposed, pending and current legislation pertaining to mental health services, and shall recommend a Board position.

### **Section 2. Recipient Rights Committee**

This Committee shall advise the Board and Director concerning implementation of policy as it relates to the Recipient Rights system and shall review the operation of the Office of Recipient Rights in accordance with Section 757 of the Mental Health Code. This Committee shall serve as the Appeals Committee under Section 784. Preference is to have at least two Board representative as members of this Committee.

## **ARTICLE VIII - DIRECTOR OF COMMUNITY MENTAL HEALTH AUTHORITY**

The Director of the Northeast Michigan Community Mental Health Authority shall be selected by the Board. The Director shall be given the necessary authority and responsibility to operate all mental health services and carry out all policies as may be adopted by the Board, or any of its committees to which it has delegated authority. The Director shall ensure that appropriate orientation programs for new Board members and continuing education programs for all Board members are carried out and shall represent the Board in all areas in which the Board has not formally designated some other person to so act.

## **ARTICLE IX - MISCELLANEOUS**

### **Section 1. Amendment and Adoption of Bylaws**

These Bylaws may be amended or repealed by the affirmative vote of a majority of the members of the Board present at any regular or special meeting of the Board if notices of the proposed amendment or repeal are contained in the written notice of the meeting, such notice to be given prior to such a meeting by ordinary mail. Bylaws may also be amended without notice by a three-fourths vote of the Board members present.

### **Section 2. Rules of Order**

Robert's Rules of Order shall be the parliamentary guideline for all matters of procedure not specifically covered by the Bylaws or by specific rules or procedures adopted by this Board.

### **Section 3. Conflict of Interest**

No Board member shall in any way be a contractor for purposes of remuneration of this Authority or its contracting agencies unless a competitive bid process is utilized, the Board member discloses the association and affiliation, and a two-thirds (2/3) majority vote of the Board supports such a contract.

### **Section 4. Employment**

Employment of a Board member or any member of his or her immediate family is prohibited.

### **Section 5. Suspension of Rules**

The rules governing all matters of procedure of the Board provided in the Bylaws and in subsequent governing resolutions may be temporarily suspended at any time by the unanimous consent of the members present to facilitate the accomplishment of any legal objectives of the Board.

## **Section 6. Depository**

As a Mental Health Authority, the Board may act as its own depository of funds, or, at its discretion, designate a county willing to act as depository.

## **Section 7. Per Diem and Reimbursement**

Board members shall be paid in accord with the payment schedule for Northeast Michigan Community Mental Health Authority.

## **Section 8. Assurances**

With respect to both employment practices and services rendered, the Authority will not discriminate against persons because of religion, race, color, national origin, age, sex, height, weight, marital status, political affiliation, sexual orientation or physical or mental handicap.

No service or program provided by the Authority will be withheld from any person on the basis of residence in a county other than Alcona, Alpena, Montmorency, and Presque Isle counties. If a person cannot meet financial obligations incurred by such program or service, the county of residence will be billed.

## PRE-NOMINATIONS BALLOT

Eric Lawson, Chair	_____ , Chair
Roger Frye, Vice Chair	_____ , Vice Chair
Bonnie Cornelius, Secretary	_____ , Secretary
Gary Nowak, Past Chair	Past Chair determined by Election

Board Member	Y/N	County
Robert Adrian		Alpena
Geyer Balog		Montmorency
Les Buza		Presque Isle
Bonnie Cornelius		Alcona
Roger Frye		Montmorency
Lynnette Greskowiak		Alpena
Judy Jones		Alpena
Terry Larson		Presque Isle
Eric Lawson		Alpena
Gary Nowak		Presque Isle
Pat Przeslawski		Alpena
Terry Small		Alcona

Board members should voice their willingness/unwillingness to serve in an officer capacity at the February Board meeting so members can complete this pre-nomination form. Our Board tries to assure each county has representation in officers so the Executive Committee reflects an equal voice.

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

To: Board Members  
From: Margie Hale-Manley  
Date: January 29, 2021  
Subject: Endowment Fund Grant Awards

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In continuing to provide notification to the Board for usage of the spendable dollars available in the Endowment Fund created through The Community foundation of Northeast Michigan, this memo serves as an update of the grant awards since 8-1-20.

As you may recall, a committee was established to review applications for grants and approve awards while maintaining funding to assure future needs can be met. The funds awarded are not covered by other resources.

1. \$100.00-Cleaning supplies to maintain apartment/Cuff to monitor blood pressure at home.

Total award for past six months: \$100.00

# DRAFT



## QI Council Minutes

For Meeting on 01/25/21

10:14 AM/11:01 AM

Board Training Room/Teams/Uber

**Meeting called by:** Lynne M. Fredlund  
**Type of meeting:** Bi-Monthly  
**Facilitator:** Angie Stawowy  
**Note taker:** Diane Hayka via digital recorder  
**Timekeeper:**

**Attendees:** Mary Crittenden, Genny Domke, Lynne Fredlund, Amber Gapske, Joe Garant (via Uber), Rich Greer, Angela Stawowy (via Teams), Jen Whyte (via Teams)

**Absent:** Nena Sork (excused)

**QI Coordinator:** Lynne Fredlund

**Assistant:** Lee Ann Bushey

**Disclaimer:** Due to COVID 19, the QI Council meeting was held with a combination of in-person, Teams and Uber conference call.

### Agenda Topics

#### Review of Minutes

**Discussion:**

By consensus, the minutes of the October 19, 2020 meeting were approved. Mary Crittenden clarified the LOCUS discussion included in the minutes under the Utilization Management section of the minutes. She reported there is an initial LOCUS training for all new employees, which is an online training. Subsequent to the initial training, staff also attend a classroom training for LOCUS, which is offered monthly.

**Action items:**

**Person responsible:**

Diane Hayka via digital recorder

**Deadline:**

ASAP

Angela Stawowy welcomed new member, Amber Gapske. Amber is a Peer Support staff and she will succeed Judy Szott.

### Committees requesting Additional Time

There were no requests from the Committees to have additional time.

#### CARF Committee

**Discussion:**

Lynne Fredlund reported the CARF Committee has not met since last report. The committee is scheduled to meet again in February. It is hopeful the new manuals will be ordered early this year so prep work can begin as we will

# DRAFT

soon be faced with our next review. Work continues to assure evidence is available to address conformance of standards.

**Action Items:**

Report Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## Clinical Leadership Team

**Discussion:**

Mary Crittenden reported the minutes for the December meetings of the Clinical Leadership Team were included in meeting materials. Mary reported the Team continues to track inpatient hospitalizations closely as this line item has been over budget. The Team is looking at the length of stays as this has increased recently.

Mary reports the Team approves conference requests for clinical staff and one request was approved for LGBTQIA+ Youth training and an RN was approved for Marijuana and Youth. There were conference requests for LOCUS; however, when staff went to register the trainings were full so they are on waiting lists.

The Team reviewed policies 5170 – Supported Employment – MI Services and 5670 – Physical Intervention.

Mary noted the Team reviewed the Performance Indicators, reporting there are a couple this Agency is not doing well in. Performance Indicator training will be provided to supervisors who will then work with staff to improve our scores.

Focus on COVID-19 pandemic processes continue. Recently, a process was put in place to alert staff, residents and guardians of possible exposures in group homes. Mary also reported on the work done to develop the electronic COVID screening document. This has been an adjustment to some staff; however, overall the process is working well. Mary addressed the anonymous survey sent to staff to determine interest in receiving the COVID vaccine when available. This survey will assist the District Health Department #4 in forecasting the actual need in the community when establishing vaccination clinics. Another issue reviewed related to COVID, was the need for transportation of individuals testing positive for COVID, when transferring to other inpatient settings for admission. She noted the Team worked with RS & D to promote a positive educational promotion of the COVID vaccine.

Mary explained the Team's role in the Majestic system and processes. The Behavioral Health Home is a new program which began October 1. This is a great benefit for individuals receiving services who may also have some physical health needs. Majestic will be updated to include a section in the Progress Note to allow capture of Behavioral Health Home billing codes. There will be different therapeutic modalities to select from depending on what the clinician is working with (i.e., Peer Support, CLS) This will enable the Agency to maintain one uniform format for the Progress Note regardless of the program.

**Action Items:**

Report Monthly

**Person Responsible:**

Mary Crittenden

**Deadline:**

## Management Team

**Discussion:**

Mary Crittenden noted she will contact Nena Sork to determine if she should cover the updates when Nena is unable to attend. This meeting recap from Management Team is based on the minutes from the meetings of November 9 and December 7. Management Team continues to monitor the budget, reviewing the Statement of

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Revenue and Expenses, which are also provided to the Board at their meetings. The Board did adopt a budget amendment for FY21. Management Team is provided updates from the Clinical Leadership Team, which is reflected earlier in this meeting. Meaningful Use attestation was attained in December. Management Team also receives updates on the Behavioral Health Home program. This was also addressed briefly in the Clinical Leadership Team update. Erin Fletcher was welcomed to Management Team and is settling in to her role as Clinical Director. In the areas of Communication/Community Outreach, a "Staff" survey was conducted in September with Management Team reviewing the results of the survey at their November meeting. It was felt there was good information identified in the survey process. This survey will be repeated possibly in March 2021.

**Action Items:**

Report Monthly

**Person Responsible:**

Nena Sork/Mary Crittenden

**Deadline:**

## Advisory Council

**Discussion:**

Nena Sork was not in attendance to report; however, the minutes from the October 5 and December 7 Advisory Council were included in the materials for this meeting. The Council viewed the video of the virtual "Walk a Mile in My Shoes Rally" held in September. Unfortunately our Agency was notified the day before the event of this opportunity and was not able to participate in the event itself. In October, Council members reviewed the FY20/21 Strategic Plan and were informed of several community events the Agency had participated in.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## Customer Satisfaction Committee

**Discussion:**

Angie Stawowy reported the Customer Satisfaction Committee met on January 13, 2021. The data from the most recent I/DD survey is currently being entered. A brochure will be developed capturing the results of the survey as this needs to be presented to the Board at their March Board meeting.

Angie reported the committee discussed the need to revise the survey for next year and include satisfaction with services provided during the pandemic. Input from the pandemic questions, would be very helpful in the future should there be other states of emergency in which services are provided through different avenues. Angie requested input from QI as to whether the Customer Satisfaction Committee should pursue gathering pandemic satisfaction.

Angie noted a survey was also sent out for MI Employment; however, COVID hit right at that point and only one survey was returned. The committee will attempt to redo this survey in June.

The Customer Satisfaction Committee reviewed the Behavior Health survey sent out last June. This survey focused on services through the Behavior Support Committee. The results indicated the individuals were satisfied with the services they received.

Lynne Fredlund requested Angie put this information on a QI Tracking form so this would be able to be tracked better.



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Mary Crittenden inquired as to how it is determined what services this committee surveys. Lynne Fredlund reported this committee conducts the I/DD survey as this is a population group the State does not address for surveys. The NMRE conducts surveys for the areas identified by the State. Lynne Fredlund noted the NMRE QOC has requested we share the I/DD survey content with them so they can develop a standard survey they would use among the partner boards. The Employment Survey is a recent survey just developed and required in policy.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Angie Stawowy

**Deadline:**

## **Resource Standards and Development Committee**

**Discussion:**

Genny Domke reported the RS & D Committee has met October, November, December and January. She reported there was information pushed out from the committee to address COVID. There was a self-care focus in November with an activity for staff to participate in each day. The committee provided prize drawings as an incentive for staff to complete their Phase II of the Annual Staff Training.

Genny informed Council members of a Secret Cupid event to be held in February. She noted the committee continues with the "Random Acts of Kindness," Employee of the Month and Team of the Month (once they have completed recognition of all team, this recognition will end ) awards.

**Action Items:**

Monthly

**Person Responsible:**

Genny Domke

**Deadline:**

## **Risk Management Committee**

**Discussion:**

Lynne Fredlund reported the Risk Management Committee has not met since the last Council meeting. It is scheduled to meet tomorrow.

**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Lynne Fredlund

**Deadline:**

## **Safety Committee**

**Discussion:**

Rich Greer reported the Safety Committee minutes were sent out somewhat late. With the departure of Jamie MacConnell from the committee, members were unsure of who was responsible for forwarding the minutes to QI. The minutes for the September and October meeting were sent out late Friday. The committee also met in December but the minutes from that meeting are not yet approved.

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Rich noted some of the information from the September and October meeting may have already been shared with the Council. He noted the external review of worksites from last year were reviewed by the Safety Committee but the external reviews were not conducted this year due to the pandemic. He reported the Environment of Care is under review. He notes this will be revamped to a "Safety and Disaster Preparedness Manual." Sections of the manual are currently under review and will be updated as necessary. The Flip Charts will also be updated as needed.

Rich reported Kay Keller had reviewed some of the files on Jamie's computer to determine if there was needed data for the Safety Committee and there were some files related to infestation. He reported the Agency just experienced an infestation in one of our group homes and there was some valuable lessons learned during this process.

Rich reported a discussion at the Safety Committee addressing the AED's and the need for replacement pads if the unit is used. It was discovered the AED units are an older model but still are being sold and still work the same. Since the use of an AED is so infrequent, if one is used in the interim due to usage, they can get one from one of the office temporarily until replacement pads can be obtained. He noted the Alpena Office has three on hand so it could be easily obtained for an interim substitute.

Lynne Fredlund reported it will be necessary to document the external audit will not be conducted due to COVID restrictions of visitors in the residential facilities during this time.

## **Action Items:**

### **Person Responsible:**

Rich Greer

### **Deadline:**

ASAP

## **Utilization Management**

### **Discussion:**

Jen Whyte reported the Utilization Management Committee met on December 3. The committee reviewed Policy 5500 – Utilization Management. The forms were updated to reflect the newer forms. Jen noted the committee has investigated the issues with LOCUS overrides and noted the PCE feature to address this has not yet been deployed. Once deployed, the staff will need supervisor approval for some overrides. She reported attestation was completed in December for Meaningful Use. Only Dr. Rajasekhar and Dr. Hoffman are eligible at this point for the incentive. Carrie Standen has aged out of the incentive as it is only available for six years and she has already received the incentive for those six years.

Jen Whyte reported respite has been impacted due to COVID. Respite is underutilized as families do not want others in their home. There have been a few instances for respite was used for urgent needs.

Case review forms have been updated which affected the database. Information is now being input into the new database so going forward reports will be available for review at the meetings.

Mary Crittenden noted there was some clarification related to the LOCUS training and she indicated staff who have had LOCUS training can take a refresher on-line, refresher training or the full training based on need or staff desire.

### **Action Items:**

Report Monthly

### **Person Responsible:**

Jennifer Whyte

### **Deadline:**

# DRAFT

## Quality Oversight Committee - NMRE

### **Discussion:**

Lynne Fredlund reported this Committee met three times since the last QI meeting. She noted one this the QOC is doing is merging compliance with quality management programs. There is a reorganization of this area at the NMRE. Lynne reported a new staff person, Chief Compliance Officer/Privacy Officer, was hired at the NMRE. This area is still being developed. Quality will fall under this department. She reported there were no satisfaction surveys conducted last calendar year due to COVID. There will be more information as this program gets further developed.

### **Action Items:**

Report Bi-Monthly

### **Person Responsible:**

Lynne Fredlund

### **Deadline:**

Angie Stawowy asked if anyone wished to cover Management Team update for Nena Sork other than what was presented and captured earlier.

Genny Domke questioned Lynne Fredlund about the timeline of the CARF review. Lynne noted this could occur anytime from March 2022 forward. Genny requested clarification as to whether the CARF training needs to be added to Annual Staff Training for this next calendar year. Lynne Fredlund reported the new standards will not be available until March or April of this year and the training should be held after the standards are known.

## Management Team

### **Discussion:**

Mary Crittenden reported Management Team reviewed budget status reports. She notes the details in the minutes from Clinical Leadership were reported on earlier in this meeting. She did note the Take Back Event held was successful. She reported Dennis Bannon had assigned Joe Roesner to provide additional Majestic training to staff. Joe did attend a Clinical Leadership meeting to get further input. She noted Joe was tasked with obtaining themes of problems areas staff had identified and create a training addressing those concerns. She requested Genny Domke include Majestic training in the training calendar so staff can sign up to take refresher courses when they determine help is needed. Updates were provided related to Meaningful Use. The Behavioral Health Home program in being developed. This is a benefit for SED or SMI which coordinates physical health with behavioral health. A Behavioral Health Team has "huddle meetings" weekly to review progress. She noted the contract with Alcona Health Center is being worked on as a primary care provider is a required participant of the program. At this point, the agency is working to finalize a contract for JB Cook [it was later determined, JB's schedule was too full and another provider will be secured]. Staff survey results were reviewed and reported out to staff. Peggy Yachasz provided Management Team with an update on the ACE application which will allow the Agency to conduct training which would give credits in CEUs for staff. Identified during an exit interview, an area of improvement to work on as an agency is cultural diversity. Mary reported she did submit an application for a Cultural and Linguistic Diversity workgroup and there will be seven agencies throughout the state participating. Each agency will have ten participants. If Northeast is awarded this training opportunity, Mary will notify Council members.

Mary Crittenden reported the December meeting focused on the budget closeout for last fiscal year. She noted the State has continued their support in the \$2.00 wage increase for direct care workers. Majestic did not conduct deployments during the holidays. Additional replacement phones have been ordered for the SIP program to replace those that are defective. Mary Crittenden reported much focus has been on getting the SentricHR system up and running. The first paycheck of this calendar year was process through the new software. Implementation of the system will be rolled out in small groups. This system will replace the paper timesheet process the Agency has used for many years.

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**Action Items:**

Report Bi-Monthly

**Person Responsible:**

Nena Sork

**Deadline:**

## QI Member Concerns

**Discussion:**

Members had no concerns.

**Action Items:**

**Person(s) Responsible:**

All members

**Deadline:**

## Project Team/Workgroup Update/Old Business

1. **Vice Chair Election**

Jen Whyte accepted the nomination for Vice Chair.

2. **COVID Matrix – Project Team**

This team is underway. Lynne Fredlund reported the group met in December and have been reaching out to programs for input. She has some work to do on the Matrix to change the headings around. She anticipates making the changes and having it ready for her team to review so she can bring it back to the next QI meeting.

3. **Delegated Function Response – Plan of Correction (POC) Underway**

Lynne Fredlund reported the Plan of Correction is underway. She noted the NMRE had met with us early in January and explained what areas they would like to see improvement. She noted there has been some documents uploaded into the portal to provide evidence of their areas of concerns.

4. **Peer Support Staff Recruited**

Amber Gapske was recruited to participate in the QI Council. This fills the vacancy created by Judy Szott's resignation.

## Department/Program Process Improvements/New Business

1. **Compliance/Finance Audit – Scheduled for end of January**

Lynne Fredlund reported the Compliance/Finance audit is happening this week. The auditors will be onsite Wednesday, Thursday and Friday of this week. Connie Cadarette and Larry Patterson have been working to get the auditors needed documents for the audit.

2. **Improvements by Department/Program**

Lynne Fredlund reported there have been some improvements submitted from various departments. She reported she has been sending out reminder emails a couple of weeks prior to the QI Council meeting to get improvements to her. She had received four to report.

- (1) Deferral/AOT Meetings – monthly meetings established to address any deferral/AOT's scheduled for expiration or court action. The team meets to review the initial court order and reviews the case to make a determination if the order should continue or if it is appropriate to

# DRAFT

allow the order to lapse based on the individual's treatment and response to treatment. This improvement has been implemented.

- (2) Grievance and Appeals process – Lynne Fredlund indicated she has been requested to develop a clear process on the handling of Grievances and Appeals to assist clinical staff assuring all are handling the requests in the same manner. She reported this project team will begin in February.
- (3) Self-Determination training – A request was to establish online training for self-determination workers. This enables staff hired by individuals in the self-determination program a more easily accessible method to receive the necessary training for the position.
- (4) New Self-Determination Technical Requirements – A group consisting of self-determination staff, Mary Crittenden and Jen Whyte are meeting to interpret and implement new requirements of the Technical Advisory. This group is developing a guide. Mary and Jen indicated this may not be a process improvement; just wanting to ensure we are interpreting the guidelines properly. It was noted this may not be the last version.

### 3. Other

There was no other presented.

## Adjournment

**Discussion:** Next Meeting is scheduled for February 15, 2020, at 10:15 a.m. in the Board Training Room and via teams/Uber for those working from home.

**Action Items:** By consensus, this meeting adjourned at 11:01 a.m.

## MARCH AGENDA ITEMS

### **Policy Review**

Budgeting 01-004

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

Governance Commitment 02-001

Code of Conduct 02-008

### **Monitoring Reports**

Treatment of Consumers 01-002 (Satisfaction Surveys)

Staff Treatment 01-003 (Employee Surveys)

Budgeting 01-004 (Finance Report)

Asset Protection 01-007 (included with audit report)

### **Activity**

Board Member Recognition

### **Ownership Linkage**

### **Educational Session**

Audit Reports – Financial and Compliance



# Good Vibrations

Issue 23

Winter 2021

*Good Vibrations* is written for consumers by consumers. If you have something you would like to contribute to the next issue, please contact Member Services at 1.833.285.0050.

## Inside this issue:

Welcome Home	1
Artist's Ally	2
Let's Talk About Surveys!	3
Just For Fun	4
What is a Grievance?	5



## Welcome Home Health Home Services

A Health Home is not a building – it's a Medicaid benefit that is available to you if you have a qualifying health condition and live within the NMRE region.

The NMRE supports two Health Home Programs: The Opioid Health Home (OHH) provides coordination of services to individuals with an opioid use disorder (OUD) diagnosis and the Behavioral Health Home (BHH) provides coordination of services to individuals with select serious mental illness (SMI) and serious emotional disturbance (SED) diagnoses.

NMRE was the first Prepaid Inpatient Health Plan to offer Opioid Health Home services within the state. Services began in 2018 and to date over 500 clients have been enrolled. In October 2020 these services were expanded to other regions within the state. OHH services are now offered through five PIHPs and cover 39 counties. Behavioral Health Services were first offered at select locations in the NMRE region beginning in 2014.

In October 2020 BHH services were expanded across the state, with all five CMHSPs within the NMRE region participating. Currently within the NMRE region there are 73 clients enrolled in the program.

Through the Health Home program you will have access to a team of health professionals who will coordinate care to meet your specific needs. This program seeks to:

- Increase Access to Care
- Improve Health Outcomes
- Coordinate and provide care for all of your health needs
- Reduce unnecessary hospital and emergency room visits
- Increase hospital post-discharge follow up

You can be enrolled in one of the Health Home programs through one of the NMRE's contracted Health Home Partners. This may be a Community Mental Health Service Provider, Federally Qualified Health Center, or Substance Use Disorder provider. Enrollment within a health home program is voluntary and if you choose not to participate it will not have any impact on your current services.

For more information about Health Home services and to locate a Health Home Partner near you, talk with your current service provider or contact the NMRE Access Center at 800-834-3393.

### Laugh a Little!

The three hardest things to say:

1. I need help
2. I was wrong
3. Worcestershire

~

"Taking a dog named Shark to a beach is a very bad idea."

## Artist's Ally

### The Meaning Behind the Words

They say, "Get over it already."  
 They mean, "I'm emotionally exhausted."  
 They say, "Smile."  
 They mean, "I am uncomfortable because I don't know what to say."  
 They say, "What's wrong with you?"  
 They mean, "I don't understand what you are feeling."  
 They say, "You just want attention."  
 They mean, "I'm attempting to rationalize your actions and emotions because I can't relate."  
 They say, "Gotta go."  
 They mean, "I'm scared to talk to you because I don't know what to say, so I just walk away."  
 They say, "Let's talk about something else."  
 They mean, "I feel inadequate because I want to make you feel better and nothing I say or do seems to help."  
 If they would only say, "Please help me understand, tell me about it so we can work through it together." ~RJ



## I Am Me

By Virginia Satir

I am me  
 In all the world, there is no one else exactly like me  
 Everything that comes out of me is authentically me  
 Because I alone chose it –  
 I own everything about me  
 My body, my feelings, my mouth, my voice, all my actions,  
 Whether they be to others or to myself –  
 I own my fantasies, my dreams, my hopes, my fears –  
 I own all my triumphs and successes, all my failures and mistakes  
 Because I own all of me, I can become intimately acquainted with me – by so doing  
 I can love me and be friendly with me in all my parts –  
 I know there are aspects about myself that puzzle me, and other  
 Aspects that I do not know – but as long as I am  
 Friendly and loving to myself, I can courageously  
 And hopefully look for solutions to the puzzles  
 And for ways to find out more about me –  
 However I look and sound, whatever I say and do, and whatever  
 I think and feel at a given moment in time is authentically  
 Me – If later some parts of how I looked, sounded, thought  
 And felt turn out to be unfitting, I can discard that which is  
 Unfitting, keep the rest, and invent something new for that  
 Which I discarded – I can see, hear, feel, think, say, and do  
 I have the tools to survive, to be close to others, to be  
 Productive to make sense and order out of the world of  
 People and things outside of me – I own me, and  
 therefore I can engineer me – I am me and  
 I AM OKAY

"I first saw this poem hanging on the wall of a psychiatric unit. I did not like it at all, but I felt it was true. There was no one like me, thank God. I knew myself to be an unlovable failure simply taking up space here on earth. Then one of the nurses gave me a copy of the poem and encouraged me to study it. I am fairly good at being objective, so I agreed. I still don't understand the whole of it. But I did learn that it is indeed true. There is only one me and I have good parts and bad parts. I feel things, I think things, I do things, and no one does it quite the same way I do. And I have survived. So, if that part was true, I came to accept that being me was not such a bad thing. If there are parts I don't like me, I can try to change them. But she was right. I am me, and I am ok."

Betsy Brown

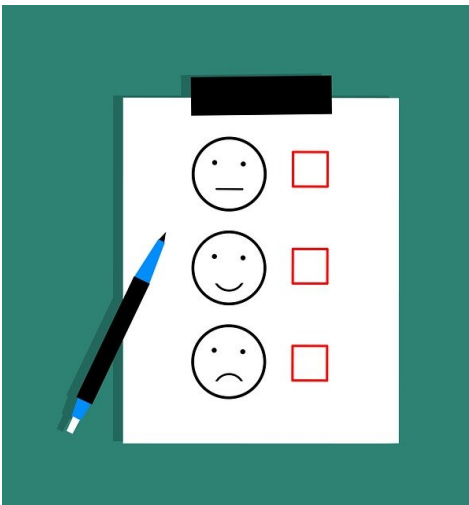


# Let's Talk About: Surveys

**Are the NMRE surveys important?** You may ask yourself why it seems you are frequently being asked to complete one when you go to your doctor, see your therapist, or attend a day program. I'm here to tell you: surveys are very important! They give you, the client, a chance to tell us how you feel about the services you receive. Your concerns are very important to us and we want to know what you think.

**What does NMRE do with the information?** Once we get the survey results, we carefully look at them and determine what areas of service are doing well, and which areas need improvement. Then we share this information with the CMHSPs and other providers in the region and come up with a plan to make positive changes based on your feedback.

**Is my information confidential?** Yes. We do not ask for your name or other personal identifying information. Your survey may have a place at the end that you can put your name if you want to have someone from NMRE call you to talk about your concerns, but you do not have to.



**What if I don't want to fill out a survey?** You always have a right to say no. Surveys are not mandatory. However, please understand that your feedback is very important and is used to improve services for everyone.

**It seems like there are a lot of surveys. I'm tired of them!** Good news: the NMRE has combined and shortened several surveys so you have less chance of "survey fatigue". All surveys are under 20 questions and take approximately 2 minutes to complete. We have combined the Mental Health Medical, Outpatient, Child and Adult Case Management Services, and ACT surveys into one 20 question survey called "Mental Health Services Survey"; you just check the services at the top that you receive!

**I don't like to use a computer/have no Internet.** All providers now have the option to use a paper survey if you prefer to use that instead of a tablet or kiosk. Just complete the confidential paper survey and place it in the designated drop spot or return it to staff.

**What if I want to do a survey, but was never offered one?** You can always ask your provider to make sure you receive a survey whenever they are scheduled. NMRE will be posting the surveys on the website at [www.nmre.org](http://www.nmre.org) in the future for you to complete online. If you would like a survey mailed to you, please call 1-8333-285-0050.

**The Mental Health Services survey will begin on March 1st! We look forward to hearing from you!**

**Thank you for your participation!**

# Just For Fun

## Positive Affirmations

### A Joke A Day...

Q: What did one ocean say to another ocean?

A: Nothing, it just waved

*"I stayed up all night trying to figure out where the sun was. Then it dawned on me..."*

H M V H B R A N R Y B Z Y P X O X N T D Q I R X  
 C R A Z V J A C P S W E E A M Q U H A P P Y C S  
 F F R Z H S J F H O R H P G K E U V U U B D D L  
 I T P W Q W H C A D M I R E D P I B D P F J A A  
 V C J M E A N I N G F U L V U G F D G U L L L H  
 W B S G H A N D S O M E T O M W S T R O N G Z N  
 W E C V Q L H R G K N D G L Q L K A K O L V W S  
 V A O X X E L W I K R L E Y J F L V R M J A C A  
 S U M T X H R Z X P R G E N E R O U S E C L F D  
 C T P X U F U N N Y U J M B K L W U O G X U C T  
 R I A G L X F S I N D E P E N D E N T X H A L P  
 E F S Y O H E Y S E F I M J J U W U W L S B E I  
 A U S W V J L E A D E R X W K Y T E I M J L V X  
 T L I G I B C B X P F P A U S M D P M J E E E C  
 I V O O N U A S R K C O U Q A U X T A E S N R E  
 V M N O G A R B E D R S M A R T I S G O B X T I  
 E H A D Q C I N Z W E I L P I H T J I B R H Z D  
 S I T B J L N T P C L T K I T R P E N C A V J L  
 L C E I U R G J S B I I S K C Y Z H A Z V B N A  
 P K Z G K J F X B Y A V F G W C F M T R E E C K  
 D C G U H D U T S W B E X B S O K D I Z U W W R  
 R V G O W M V V E G L E R Y W X M C V E O E O G  
 C O N F I D E N T G E M H W M O L T E Y J G W F  
 Z V R G U W P F R I E N D L Y W O N D E R F U L

WONDERFUL VALUABLE STRONG SMART RELIABLE  
 POSITIVE MEANINGFUL LOVING LEADER INDEPENDENT  
 IMAGINATIVE HAPPY HANDSOME GOOD GENEROUS  
 ADMIRE CONFIDENT FRIENDLY



## What is a Grievance?

As a Medicaid client, you have access to the Grievance process through your provider and the NMRE. The Guide to Services book that you received when you began services gives you information about this process.



A **grievance** is a complaint. It is an expression of dissatisfaction with something or someone. You have the right to tell someone when you are unhappy or have concerns about your services! Some examples of a grievance are:

- "I don't like my counselor, I would like another one"
- "My doctor acted inappropriately"
- "It is always so cold in the waiting room"
- "I slipped on the sidewalk because of the ice"

If you are unhappy with something and would like to talk to someone about it, you can ask to talk to the **Customer Service Specialist** at your CMHSP. They will be happy to assist you and work to resolve your complaint quickly. You can also fill out a grievance form. If there are none available in the lobby, please talk to the person at the front desk and they can assist you. This form will be given to the Customer Service Specialist who will handle your grievance. Be sure to put your name and phone number so they can contact you!

You will get a letter in the mail confirming that your grievance was received. The Customer Services Specialist will investigate your grievance and complete it within 90 days. Once it is completed, you will receive a notice in the mail that will tell you the results of your grievance and what if any action was taken as a result.

You are protected from retaliation when you file a grievance. Nobody can change or deny your services because you filed a grievance!



If you have any questions or you don't feel comfortable filing a grievance with your CMHSP or other provider, please call NMRE Customer Services toll-free at 1-833-285-0050.



# WEEKLY Update

March 5, 2021

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

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## CMH Association and Member Activities

### **New! Lakeshore Regional Entity announces New CEO**

Below are excerpts from a recent press release announcing the appointment of Mary Marlatt-Dumas as the CEO of the Lakeshore Regional Entity.

Lakeshore Regional Entity (LRE), one of the 10 designated Prepaid Inpatient Health Plans (PIHPs) in Michigan, has announced the appointment of Mary Marlatt-Dumas as its Chief Executive Officer (CEO). This appointment comes after an independent search firm conducted a nationwide search for the LRE that started in October of 2020. LRE Board unanimously approved the appointment of Ms. Marlatt Dumas after their interview with her, during the February 18, 2021 Board meeting.

Mrs. Marlatt-Dumas has over fifteen years of extensive, senior operations management leadership in Michigan’s behavioral health, managed care public system with expertise in federal regulations and the public community mental health service system. She has direct experience working for and with other PIHPs across the state. Her philosophy of working hard, being transparent, synthesizing information and data for decision-making and her expertise with the behavioral health system allowed her to lead initiatives and the development of many programs and projects over the years.

We wish Mary the best in this new role.

### **New! Centra Wellness and partners open on-campus health center for students**

Below are excerpts from a recent news story on the opening of a health center on the school campus by Centra Wellness and a number of its community partners.

A northern Michigan school district is going the extra mile to care for its students.

Manistee Area Public Schools is opening up an on-campus health center inside the middle and high school building.

If a student needs anything from vaccination to a sports physical, all they need to do is walk through the hallway of their own school and visit the northwest Michigan Health Clinic, and show up for their appointment Monday through Friday even throughout the summer.

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



## **New! CMHA speaks to inpatient bed access issues in news story: Mother of teen in need of mental health care**

Below are the opening lines of a recent news story in which CMHA spoke to some of the causes of the barriers to access to inpatient psychiatric care.

After a local family's plight exposed the challenge of getting children the mental health care they need, another family is coming forward pleading for help after finding themselves in a similar situation. Jay and Jo Ann Gross' struggle to find in-patient services for their teenage son quickly went viral, shining a light on what they describe as a broken system.

Another family's story is very familiar to the Gross family's. Nicole Norris is at her breaking point.

"I've reached a point where I just feel so lost and fear that my daughter is going to die," Norris said.

The full story and television news story can be [found 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! Video recording available from recent MDHHS webinar: revised emergency order for visitation and COVID19 testing reimbursement**

MDHHS has recently released the recording from the March 4 presentation, by MDHHS, around the revised emergency order for visitation and COVID19 testing reimbursement. That video can be [found here](#).

### **New! Medicaid Forward: Behavioral Health**

The National Association of Medicaid Directors (NAMD), a bipartisan, nonprofit, professional organization representing leaders of state Medicaid agencies across the country, today released the first of a three-part series of reports aimed at communicating the critical role Medicaid will play as the nation looks toward recovery from the pandemic and the country's "new normal."

The initial report, Medicaid Forward: Behavioral Health, focuses on the realities of mental health and addiction for the roughly 77 million Americans who now use Medicaid or the Children's Health Insurance Program to access the health care they need – enrollment grew by 6.6 million since the start of the pandemic. Prior to COVID-19, Medicaid covered more than 11 million adults with diagnosed mental illnesses.

This report can be [found here](#).

### **New! MDHHS issues RFP for implementing evidence-based services with juvenile justice-involved youth**

The Michigan Department of Health and Human Services (MDHHS) has issued a Request for Proposals (RFP) to implement evidence-based practices in order to promote and preserve community-based placement for juvenile justice involved youth in Michigan.

The Evidence-Based Services for Youth in the Juvenile Justice System program seeks to increase the availability of Multisystemic Therapy, Multisystemic Therapy for Problem Sexual Behaviors and Functional Family Therapy services with juvenile justice involved youth, in order to promote and preserve community-based placement and decrease the need for out-of-home care. A total of \$445,000 is available in this RFP, and MDHHS anticipates issuing up to three awards.

Funded applicants will receive ongoing guidance from the MDHHS project coordinator regarding program start-up, reporting requirements and barriers to program implementation.

Grant applications for the Evidence-Based Services for Youth in the Juvenile Justice System RFP must be submitted electronically through the EGrAMS program by 3 p.m. on April 13. The program period begins May 1 and ends Sept. 30. Funding from Oct. 1 through April 30, 2022, may be available to successful applicants, based upon funding availability and acceptable performance.

For more information or to apply, visit the [EGrAMS website](#) and select "About EGrAMS" link in the left panel to access the "Competitive Application Instructions" training manual. The complete RFP can be accessed under the 'Current Grants' section under the "Behavioral Hlth and Dev Dis Adm Standard" link and selecting the "EBSJJ-2021" grant program.



**New! DWIHN and partners offer webinar series: real talk: being black with a disability**



# Real Talk: Being Black with a Disability

[CLICK HERE TO REGISTER](https://form.jotform.com/203234675683056) or use the link that follows:  
<https://form.jotform.com/203234675683056>

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## "I Want You...To Want Me Too"

During this session, panelists will talk about relationships when you are black with a disability.  
**March 11, 2021 1:00-3:00pm EST**



**MARY SHEHAN-BOOGAARD**  
MODERATOR



TAWANA CARTER  
ALL WELL-BEING SERVICES



TAMEKA CITCHEN-SPRUCE  
MICHIGAN DISABILITY RIGHTS COALITION



BLAKE PERRY  
SELF-ADVOCATES OF MICHIGAN



ROBERT SPRUCE  
DWIHN

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## "Inner City Blues (Make You Want a Holler)"

These speakers will highlight some of the untapped resources contributing to the blues.  
**March 18, 2021 1:00-3:00pm EST**



**BRENT MIKULSKI**  
MODERATOR



KENYA HARPER  
MICHIGAN ALLIANCE FOR FAMILIES



PAUL JOHNSON  
DETROIT HEALTH DEPARTMENT



JAIME JUNIOR  
WARRIORS ON WHEELS

---

## "What's Going On"

This session will explore the financial inequities, reasons, and how to right the ship.  
**March 25, 2021 1:00-3:00pm EST**



**LUCINDA BROWN**  
MODERATOR



NANETTE GOODMAN  
BURTON BLATT INSTITUTE  
SYRACUSE UNIVERSITY

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## "What's Happening Brother..."

This session will focus on the overcriminalization of Blacks with developmental disabilities.  
**April 9, 2021 2:00-4:00pm EST**



**JUDGE DEBORAH THOMAS**  
MODERATOR



LEIGH ANN DAVIS  
ARC NATIONAL CENTER ON CRIMINAL JUSTICE AND DISABILITY

---

Michigan    

[Register here](#) for this series.

## **New! MDHHS launches campaign to promote harm reduction services**

Below are excerpts from a recent press release announcing the harm reduction campaign of MDHHS.

The Michigan Department of Health and Human Services (MDHHS) has partnered with Vital Strategies to launch [a media campaign](#) to promote the critical importance of harm reduction services in Michigan's response to the opioid epidemic.

As part of Michigan's comprehensive [opioid strategy](#), the harm reduction component includes expanding the availability of naloxone and access to syringe service programs (SSPs). Naloxone can save lives by reversing the effects of opioid-related drug poisonings or overdoses. SSPs are agencies that offer clients compassionate, judgement-free and person-centered care to reduce the harms associated with substance use.

The campaign kicks off on the heels of Gov. Gretchen Whitmer declaring Feb. 24-28 as [Opioid Addiction Awareness Week](#).

Vital Strategies work on this campaign is part of the Bloomberg Philanthropies \$10 million investment in overdose prevention in Michigan that was announced in March 2019. This \$900,000 campaign includes billboards, gas station posters, search, video, social media and digital media. The ads encourage Michiganders to "change at their own pace" and include real-life stories from people across Michigan sharing their personal experiences with substance use and harm reduction services.

For more information and resources, visit [Michigan.gov/Opioids](https://Michigan.gov/Opioids).

## **New! Subscribe Now to the CMS Rural Health Listserv!**

The Centers for Medicare & Medicaid Services rural health listserv is dedicated to sharing information about programs, policies and resources to help ensure rural populations have access to quality health care. To subscribe to the new topic, [click here and enter your email](#).

Our goal at CMS is to develop programs and policies that ensure rural Americans have access to high quality care, support rural providers and not disadvantage them, address the unique economics of providing health care in rural America, and reduce unnecessary burdens in a stretched system to advance our commitment to improving health outcomes for Americans living in rural areas.

Subscribe to the rural health care listserv to receive the latest information and resources on:

- CMS Rural Health Strategy
- Maternal health care
- Payment and billing
- Policies and regulation
- Resources for partners

In order to find more information on rural health activities at CMS, please visit [go.cms.gov/ruralhealth](https://go.cms.gov/ruralhealth) or contact [RuralHealth@cms.hhs.gov](mailto:RuralHealth@cms.hhs.gov)

### **New! CDC urged to prioritize COVID-19 vaccines for people with developmental disabilities**

Below are excerpts from a recent news story on the work of advocates around ensuring access to the COVID19 vaccines by persons with intellectual and developmental disabilities.

With access to COVID-19 vaccines varying dramatically for people with developmental disabilities, advocates want the Centers for Disease Control and Prevention to update its prioritization plan to account for the high risk this population faces.

In a letter to CDC leadership late last month, 16 advocacy groups called for people with developmental disabilities who are living independently in the community or with family to be added to group 1B in the CDC's recommendations for the vaccine rollout.

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

### **New! Save lives by prioritizing individuals with Schizophrenia for COVID-19 outreach and education**

Below is a composite summary of recent research on the impact of COVID 19 on persons with schizophrenia.

In a cohort of people with COVID-19, a Schizophrenia-spectrum diagnosis was associated with more than double the odds of dying, according to new research published in the Journal of the American Medical Association.<sup>1</sup> In this study, a diagnosis of Schizophrenia ranked behind only age in how strongly it was associated with COVID-19 mortality. This was a well-designed cohort study of 7,348 adults with laboratory-confirmed COVID-19 in an academic health system in New York State.

Background : Decades of research established that people with Schizophrenia-spectrum disorders are at higher risk of health problems like heart disease, diabetes, and cancer; moreover, they die up to 25 years earlier than the general public. This well-known problem has been called "a scandal of premature mortality." Evidence from earlier vaccination efforts shows difficulty reaching people with Schizophrenia. Unlike other vulnerable groups, flu vaccine rates among people with Schizophrenia-spectrum disorders are as low as 25%. We can save lives by ensuring that Michiganders living with Schizophrenia know how to protect themselves from COVID-19, and access vaccines as soon as possible.

Barriers and Potential Solutions:

Barrier: Systems level barriers may include low access to healthcare.

Solution: Offer education, outreach, and vaccine clinics in locations where people with Schizophrenia feel comfortable, such as Clubhouses<sup>5</sup>, Drop-In Centers<sup>6</sup>, and Community

Mental Health Centers. Collaborate with organizations such as the National Alliance for Mental Illness (NAMI)<sup>7</sup> to make the public aware of the higher risk of COVID-19 mortality among people with Schizophrenia.

Barrier: Individual level barriers may include suspiciousness of the vaccine, low health literacy, or lack of motivation to engage in preventive self-care.

Solution: Provide the behavioral health workforce – including psychiatrists, social workers, nurses, Peer Support Specialists, and Community Health Workers – with education on the link between Schizophrenia and COVID-19 mortality. Tailor educational brochures on COVID-19 risk for people with Schizophrenia, to raise awareness of their increased risk using clear and simple language, and provide these to the behavioral health workforce for distribution.

*Researchers involved in this effort:*

- Adrienne Lapidos, PhD, Clinical Assistant Professor, Department of Psychiatry, University of Michigan Medical School. [alapidos@med.umich.edu](mailto:alapidos@med.umich.edu)
- Stephan Taylor, MD, Professor, Department of Psychiatry, University of Michigan Medical School. [sftaylor@med.umich.edu](mailto:sftaylor@med.umich.edu)
- Ivy Tso, PhD, Assistant Professor, Department of Psychiatry, University of Michigan Medical School. [ivyts@med.umich.edu](mailto:ivyts@med.umich.edu)
- Gregory Dalack, MD, Department Chair and Professor, Department of Psychiatry, University of Michigan Medical School. [gdalack@med.umich.edu](mailto:gdalack@med.umich.edu)

### **New! For some teens, it's been a year of anxiety and trips to the E.R.**

Below are excerpts from a recent news story highlighting the burdens faced by some teenagers, with mental health and substance use disorder needs, during the pandemic.

When the pandemic first hit the Bay Area last spring, Ann thought that her son, a 17-year-old senior, was finally on track to finish high school. He had kicked a heavy marijuana habit and was studying in virtual classes while school was closed.

The first wave of stay-at-home orders shut down his usual routines — sports, playing music with friends. But the stability didn't last.

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



# State Legislative Update

## View February'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 that (or each) month at the State Capitol. Our February Briefing features CMHA Associate Director, Alan Bolter, provides an overview of the Governor's FY22 executive budget as well as a couple of other key updates. *To view the latest video, [CLICK HERE!](#)*

## New! Legislature Sends Supplemental Budget to the Governor

Wednesday afternoon, the Michigan House approved the COVID relief package that the Senate passed on Tuesday. Again, the package is a product of an agreement reached between the House and the Senate on the expenditure of some of the state's federal COVID-19 relief funding. Below are some of the details:

- House Bill 4047 (S-3) – the new Senate substitute includes supplemental appropriations for fiscal year 2020-21 of \$2.3 billion Gross (\$632 million GF/GP) – the majority of which will be dedicated to Health and Human Services (\$1.45 billion Gross). Specifically:
  - Extension of the direct care worker wage increase (\$2.25 per hour) for the remainder of the fiscal year (\$150 million gross)
  - Vaccine distribution (\$110 million)
  - COVID Testing (\$551 million) – \$347.3 million of the testing money is contingent on enactment of Senate Bill 1 (see below)
  - Mental Health Block Grant (\$15 million)
  - Substance Use Disorder Block Grant (\$17 million)
  - Congregate and home-delivered meals (\$1.3 million)

The measure includes boilerplate requiring a recipient of a COVID-19 vaccine be provided with information or be informed if and in what manner the development of the vaccine utilized aborted fetal tissue or human embryonic stem cell derivation lines. Notably, the measure did not include language prohibiting the use of the social vulnerability index.

- House Bill 4048 (S-1) – would amend the School Aid Act to provide \$1.65 billion in federal Elementary and Secondary School Emergency Relief (ESSER) funds, \$125.7 million in Federal Governor's Emergency Relief (GEER) funds, and \$170 million in State School Aid Fund (SAF) for a total gross appropriation of \$1.9 billion to support school districts. Some of the funding would be contingent on the enactment of HB 4049. The bill also ties some funding to an incentive for districts to offer in-person instruction.
- House Bill 4049 (H-1) – would amend the Public Health Code to prohibit the Director of Health and Human Services from closing schools to in-person instruction or prohibiting sporting events

and would instead allow local health officers to issue an emergency order to make a determination to act in this manner based on criteria set forth in the legislation.

- Senate Bill 1 – would amend the Public Health Code to specify that an emergency order issued to control an epidemic would be valid for up to 28 days unless a request from the Director of the Department of Health and Human Services (DHHS) to extend the order was approved by resolution of both Houses of the Legislature

The Governor is expected to line-item veto some aspects of the package, including the tie-bars.

### **New! House and Senate DHHS Committee Meetings**

Below are the scheduled House and Senate DHHS budget committee meetings for next week. Please note that Monday, March 8 is one of the scheduled public testimony days for the House committee.

#### **House DHHS Committee**

**Committee(s)** Appropriations Subcommittee on Health and Human Services

**Chair** Rep. Mary Whiteford

**Clerk Name** [Sue Frey](#)

**Clerk Phone** 517.373.8080

**Location** Room 519, House Office Building, Lansing, MI

**Date** Monday, 3/8/2021

**Time** 1:00 PM

#### **Time Notes**

**Agenda** Public Testimony on the Fiscal Year 2021-22 Executive Budget Recommendation for the Department of Health and Human Services

Due to concerns regarding Coronavirus (COVID-19), audience seating will be extremely limited.

For those wishing to present their positions/testimony, written statements are strongly encouraged and can be submitted to the Committee Clerk listed above prior to the meeting

Remote testimony may be an option through video conferencing technology. Please contact the Committee Clerk or Committee Chair for participation details

Overflow viewing rooms may be available to members of the general public who are unable to enter the room due to capacity limits. Direction and signage to overflow viewing locations will be in place.

#### **Senate DHHS Committee**

**Committee(s)** Appropriations Subcommittee on Community Health/Human Services

**Chair** Sen. Rick Outman

**Clerk Name** [Steven Angelotti](#)

**Clerk Phone** 517.373.2768

**Location** Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan Street, Lansing, MI 48933

**Date** Tuesday, 3/9/2021

**Time** 8:00 AM

**Time Notes**

**Agenda** Presentation on Governor Whitmer's Proposed FY 2021-2022 Department of Health and Human Services Budget by Elizabeth Hertel, Director of the Department of Health and Human Services

And any other business properly before the committee.

### Executive Orders Signed

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

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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

## Federal Update

### Urge Your Legislators to Cosponsor the Medicaid Reentry Act

Last week, Reps. Tonko (D-NY) and Turner (R-OH) were joined by Senators Baldwin (D-WI) and Braun (R-IN) in reintroducing the Medicaid Reentry Act (H.R. 955/S. 285). This bipartisan bill would allow states to restart Medicaid coverage for eligible incarcerated individuals up to 30 days before their release from jail or prison. H.R. 955/S. 285 is an important step toward improving access to much-needed mental health and substance use services for one of the most vulnerable populations in the country.

**Will you take two minutes today to urge your legislators to cosponsor the Medicaid Reentry Act?**

<https://www.thenationalcouncil.org/policy-action/write-your-legislators/?vsrc=%2FCampaigns%2F58978%2FRespond#/TakeAction/Go/LetterGroupID/25/publicGRRecID/88E807BF-5056-92E0-69D373CF5A273620/EID/ELSAPXOKYL>

The criminal justice system has become the largest de facto mental health and substance use disorder treatment provider in the country. According to the Bureau of Justice Statistics, more than half of people in the criminal justice system have a mental illness. Of those with serious mental illness, approximately 75 percent also have a co-occurring substance use disorder. Successful reentry into the community requires enabling justice-involved individuals to avoid returning to the exact environmental factors that led to their incarceration in the first place. Equipping individuals with timely access to substance use, mental health, and other health-related services before release, will facilitate the transition to community-based care necessary to break the cycle of recidivism.

## Education Opportunities

### **VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open**

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

**Dates:**

- March 22, 2021 *(SOLD OUT)*
- April 5, 2021 [\(Register Here\)](#) *(5 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(16 spots left)*

**Agenda:**

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am  
Lunch Break: 11:30am – 12:00pm  
Education: 12:00pm – 3:00pm

**Training Fees:** \$120 CMHA Members \$143 Non-Members

### **VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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



**Dates:**

- March 30, 2021 *(SOLD OUT)*
- April 6, 2021 [\(Register Here\)](#) *(43 spots left)*

**Agenda:**

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

**Training Fees:** \$43 CMHA Members \$51 Non-Members

**Virtual Motivational Interviewing College Trainings – Registration Open**

Registration is open for the FY21 VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the revamped MI for Leadership & Organizations!

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

*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.*

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
April 22-23, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
April 29, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>
July 26-27, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
July 29-30, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Aug. 2-3, 2021	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
Aug. 5, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>

**Times:**

Training(s) start promptly at 9:00am and adjourn at 4:15pm each day. Zoom Waiting Room opens at 8:30am each morning; attendees must be logged on by 8:45am. (All times in EST)

**Training Fees:**

\$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

**New! 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.***

### **Integrated Dual Disorder Treatment 101**

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated and team-based services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Integrated Dual Disorder Treatment (IDDT) was designed following systematic study of high intensity COD treatment needs and alterations of the Assertive Community Treatment (ACT) model. Within this training attendees will understand the components of IDDT, including fidelity and outcome measurement. Specific attention will be paid to the development of stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders using the IDDT model.

**Dates:** April 15, 2021 | **SOLD OUT**

July 15, 2021 | [CLICK HERE to Register](#)

**Times:** Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

**\$30 Registration fee** includes electronic training materials and CEs

### **Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment**

Treatment planning for adults with complex mental health, substance use, and physical health needs involved understanding of stages of change and system navigation. Collaborating with these individuals on their wellness and recovery planning requires motivational approaches and often interventions that are more effective for early stage readiness. The prevalence of cannabis and opioid use makes these cases even more demanding to navigate. Add to this, the opioid crisis in the U.S. Since 1999, sales of opioids in the U.S. have quadrupled. From 1999-2015, more than 180,000 people died from overdoses related to prescription opioids. It is now the #1 cause of accidental death for people under 50. Michigan is one of 31 states with laws allowing medicinal or recreational marijuana use. Opioids and cannabis have become our new legal drugs.

This training will focus attention on providing stage-matched assessment and treatment surrounding use of legal drugs including cannabis and opioids. Focus on treatment planning and provision for individuals who have opioid or cannabis use, as well as management of co-occurring mental health or pain disorders.

**Dates:** April 27, 2021 | **SOLD OUT**

August 11, 2021 | [CLICK HERE to register](#)

**Times:** Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

**\$30 Registration fee** includes electronic training materials and CEs

### Recovery-Based Co-Occurring Treatment Planning and Delivery

Until the 21st century, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated services offer superior outcomes to parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Recovery-oriented care requires changes at a systems and individual practitioner level in areas including assessment, treatment planning, and delivery. Integrated co-occurring providers will learn about the research on integrated care including Evidence-Based Practices (EBP), and ways to develop stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use.

**Dates:** May 5, 2021 | [CLICK HERE to register](#)

August 24, 2021 | [CLICK HERE to register](#)

**Times:** Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

**\$30 Registration fee** includes electronic training materials and CEs

### Stage Matched Treatment for Co-Occurring Needs

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those individuals are in early stage of readiness for one of more presenting problems. This training will focus on the assessment of stage of readiness using validated tools, and the interventions that are best fit for each stage of readiness. In addition, ways to address organizational readiness for COD treatment will be discussed.

**Dates:** May 11, 2021 | [CLICK HERE to register](#)

August 31, 2021 | [CLICK HERE to register](#)

**Times:** Training: 8:30am – 4:30pm EST | Zoom log in by 8:15pm

**\$30 Registration fee** includes electronic training materials and CEs

### **New! CMHA and partners offer: Interdisciplinary Partnerships: Community Mental Health & Law Enforcement Collaboration Webinar**



In the midst of a global pandemic, the related economic downturn, and a renewed focus on racial justice, mental health, and public safety, the intersection of law enforcement and mental health have come to the fore in public discussion and debate. Our organizations, representing Michigan's law enforcement professionals, prosecuting attorneys, and community mental health (CMH) systems, want to underscore the ideas of continuously examining best practices, as well as taking the opportunity to

enhance longstanding partnerships between law enforcement, mental health systems and communities throughout Michigan and to recommend strengthening those partnerships.

When placed on the shoulders of law enforcement, the list of community needs burdens them with an evergrowing list of expectations from the public – expectations beyond the core responsibilities and capacities of any law enforcement professional.

As we look forward to shared strategies that enhance the capacity to respond to a variety of crisis situations, Michigan communities have developed innovative and effective partnerships between local law enforcement agencies and community mental health systems – the public mental health system designed to provide high quality, evidence-based and community-centered mental health services. These partnerships focus the appropriate resources and personnel on the issues at hand in any given crisis call - by applying law enforcement approaches when needed, mental health and human services approaches when needed, and partnering together as needed.

This webinar will explore interdisciplinary partnership and collaboration efforts from three innovative Michigan communities.

**When:** March 26th, 2021 | 10:30 a.m. – 12:00 p.m.

**Webinar Registration Cost: FREE** (*Registration for this webinar is made available by the Michigan Department of Health & Human Services.*)

**Registration:** Registration URL: <https://attendee.gotowebinar.com/register/3156763167938164236>

*For additional information please contact J. Eric Waddell at [jericwaddell@thecardinalgroup2.com](mailto:jericwaddell@thecardinalgroup2.com)*

### **New! Special Olympics “Strong Minds” Virtual Event**

Competition provides a natural opportunity to develop active strategies for maintaining emotional wellness under stress, such as: thinking positive thoughts, releasing stress and connecting with others. During this webinar we will be discussing the Strong Minds program which is a discipline of Special Olympics Healthy Athletes. Strong Minds focuses on developing adaptive coping skills for individuals with intellectual disabilities. We will also be discussing in greater detail what exactly a Strong Minds event teaches Special Olympics participants, how participants and volunteers benefit from the program, and ways attendees can get involved.

**When:** Thursday, March 18th

**Time:** 12:00 – 1:00pm

**RSVP:** <https://forms.gle/xxkvUsCmx7ZdQQKG6>

*Questions? Contact Kellie Murphy at [kellie.murphy@somi.org](mailto:kellie.murphy@somi.org)*



# 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 [webpage](#), to see available resources. If you have information to be included on the webpage, please contact [astagg@cmham.org](mailto:astagg@cmham.org).

[CMHA recommendations: Michigan's emerging Medicaid telemedicine policies](#): Recognizing that the Medical Services Administration of MDHHS is in the process of revising and expanding the state's Medicaid telemedicine policies, CMHA has created a document which outlines recommended telemedicine policies. These recommendations reflect the views of a broad cross section of CMHA members and stakeholders.

## Behavioral Health Provider Experiences with Telehealth during COVID-19

[The Behavior Health Workforce Research](#) Center at the Institute for Healthcare Policy and Innovation, University of Michigan recently completed key informant interviews and published a brief that highlights key findings and federal policy implications. Read the [IHPI Brief here](#).

## **New!** New Medicare Law Requires in Person Visit for Telehealth Coverage

The Consolidated Appropriations Act of 2021, section 123 includes language that requires behavioral health providers to have seen their client in person during the prior six months before a telehealth visit will be covered by Medicare. Further, providers must have in-person visits on a "regular interval" to be determined by the Health and Human Services Department for telehealth visits to be covered by Medicare. This change, signed into law in the last days of December 2020, has raised confusion in the telemental health provider community. As discussed in the blog by Nathaniel Lacktman, a partner at Foley & Lardner who chairs the Telemedicine and Digital Health Industry team "the in-person exam requirement is at odds with a direction that telehealth policy has moved over the last decade. It disrupts Medicare's historical approach which is to defer to state laws on professional practice requirements and clinical standards of care."

Read the full article [HERE](#).

## **New!** Psychotherapy Notes Excluded from Federal "Open Notes Rule?"

A new rule that prohibits "information blocking" for electronic health records takes effect April 5, 2021. Psychotherapists who use electronic health records (EHR) will have to comply with this federal rule requiring that health care providers give patients better access to their electronic health information (EHI). Exceptions to the Open Notes Rule include:

- Psychotherapists may exclude notes of any type that may cause harm to the patient or others should the patient have access. However, the rule specifically states that psychological distress does not meet the definition of harm (Torous, 2020).
- Psychotherapists who keep paper records will not be impacted.
- Any notes designated as “psychotherapy notes” are excluded from the Open Notes Rule as long as they are stored separately. However, if the psychotherapy notes reference content that is considered medical record notes, they cannot be blocked.
- Psychotherapists who used an uncertified EHR such as PsyBooks are not required to follow the Open Notes Rule.

The American Psychological Association further describes the application of the Open Notes Rule to psychologists here: [New federal rule affects psychologists with electronic health records](#).

Read the full article [HERE](#).

### **New! Peer to Peer Connection Opportunity!**



Please join CoE Office Hour – Rural Health Challenges during COVID-19. Rural America’s short supply of mental and behavioral health providers grows even thinner as the need for services rise amidst the COVID-19 pandemic. Rural health providers are doing all they can to reach those most in need in their communities, but the health disparities experienced by the 20% of rural Americans have only been amplified.

Please join us for our Office Hour session on Thursday, March 11th, from 2:00pm – 3:00pm ET to share your experiences and challenges with us in an open discussion with other rural health providers and experts. In this session, our panelists will share strategies they’ve used to provide culturally competent and equitable services in under-resourced areas through tele-health and mobile health innovations. We also hope to learn more about your community’s needs and opportunities, so please join us to have your voice heard. [Register Now!](#)

# Education & Training Resources from 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's partnership with SAMHSA funded Great Lakes MHTTC

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](#).

## Catalog of MHTTC resources

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

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

## MHTTC announces series on National School Mental Health Curriculum

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting an 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

## MHTTC upcoming webinar series: healing school communities in the context of racial violence: where do we go from here?

About the Learning Series: Healing School Communities in the Context of Racial Violence: Where do we go from here? is a two-part learning series intended for students, families, educators and school mental health professionals who are navigating the ongoing impact of racial violence in all forms on student mental health. More information at: <https://mhttcnetwork.org/centers/global-mhffc/healing-school-communities-context-racial-violence-where-do-we-go-here>

## News from Our Preferred Corporate Partners

### **Abilita: Are you ready for E-911?**

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!

### **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 recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Board of Directors, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the



Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone; [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat19@live.com](mailto:balcat19@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231) 392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHA Staff Contact Information:**

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

Treandra Bailey, Policy Analyst; [publicpolicy@cmham.org](mailto:publicpolicy@cmham.org)  
Alan Bolter, Associate Director, (517) 237-3144; [abolter@cmham.org](mailto:abolter@cmham.org)  
Audrey Daul, Administrative Assistant, (517) 237-3141; [adaul@cmham.org](mailto:adaul@cmham.org)  
Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; [dferguson@cmham.org](mailto:dferguson@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; [jhammond@cmham.org](mailto:jhammond@cmham.org)  
Regina MacDonald, Accounting Assistant, (517) 237-3146; [rmacdonald@cmham.org](mailto:rmacdonald@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Alexandra Risher, Training and Meeting Planner, (517) 237-3150; [arisher@cmham.org](mailto:arisher@cmham.org)  
Carly Sanford, Training and Meeting Planner, (517) 237-3151; [csanford@cmham.org](mailto:csanford@cmham.org)  
Robert Sheehan, CEO, (517) 237-3142 [rsheehan@cmham.org](mailto:rsheehan@cmham.org)  
Madi Sholtz, Training and Meeting Planner, (517) 237-3152; [msholtz@cmham.org](mailto:msholtz@cmham.org)  
Amy Stagg, Behavioral Telehealth Coordinator, (517) 324-7310; [astagg@cmham.org](mailto:astagg@cmham.org)  
Christina Ward, Director of Education & Training, (517) 237-3143; [cward@cmham.org](mailto:cward@cmham.org)  
Anne Wilson, Training and Meeting Planner, (517) 237-3153; [awilson@cmham.org](mailto:awilson@cmham.org)

# WEEKLY Update

January 22, 2021

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

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## CMH Association and Member Activities

### **New!** CMHA and partners issue call for vaccination access for persons with disabilities

CMHA joined a powerful group of advocates, led by the Self-Advocates of Michigan, in issuing a call for Michigan’s health system leaders to ensure that Michiganders with disabilities are prioritized for the Corona virus vaccine. Excerpts of that letter are provided below.

The Self-Advocates of Michigan (SAM), and the signatories below, greatly appreciates the work that the state and the various departments within the state have done to curb the outbreak of COVID-19 in Michigan. Recognizing that much work is still needed, we would like to address several issues important to people with disabilities.

...With this in mind, we have concerns regarding people with disabilities and the level they are placed in the distribution line-up; 1C. We feel that people with disabilities have been compiled



as an all-inclusive group which is far from reality. We share these following points and ask for your reconsideration in the level of importance for vaccine distribution.

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

### **CMH and provider crisis lines now posted on CMHA web**

While the access numbers for all the state's CMHs have been posted on the CMHA website, for years, the 24/7 crisis lines numbers have not. Now those crisis numbers are a part of the CMH listing section, searchable via an interactive map. (Acknowledgement to our partners at BHDDA/MDHHS who developed this map and keep it updated). The CMH maps, access numbers, websites and crisis numbers are [found here](#).

## **State & National Developments and Resources**

### **New! Michigan's Opioids Task Force issues report on 2020 Opioids Strategy Key Progress**

Below is a summary of the progress that Michigan made, in 2020, in combating the opioid crisis. This effort was guided by the Michigan Department of Health and Human Services Opioids Task Force, a group made up of knowledgeable and diverse stakeholders, including CMHA and a number of CMHA members.

#### **Michigan Naloxone Portal**

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- Launched publicly June 2020; pre-launch access given to jails, SUD treatment providers, MSP & MDOC
- As of Nov. 30, the portal has shipped 62,268 kits
- During the pandemic period (March 2020-Nov. 2020) the portal distributed 56,712 kits
- EMS Naloxone leave-behind protocol adopted by 6 EMS agencies; 10 additional EMS agencies in talks to adopt protocol

#### **2021 Priorities:**

- Pursue legislation to permit state standing order for community organizations to purchase naloxone
- Require all levels of EMS to carry naloxone
- Require SUD treatment providers to offer kits to clients
- Persuade jails to offer naloxone to people being released

#### **ED-based MAT & Care for Individuals with OUD**

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- MDHHS funding ED-based MAT programming through Michigan Opioid Partnership to 12 hospitals
- MI-OPEN working in 9+ hospital EDs to increase naloxone kit distribution to individuals post-overdose

- Piloting 6 post-overdose rapid response teams to provide in-person outreach within 24-72 hours post-overdose; programming will begin in early 2021
- DIFS updated the Essential Health Benefits benchmark plan to require two new OUD benefits in 2022 plans

2021 Priority: through legislation, require hospital EDs to have capability to initiate buprenorphine following an overdose

#### Services for Criminal justice populations

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- MDHHS committed over \$6m in funding to expand MOUD access in jails in 2021
- MDOC plans to expand MOUD access to all facilities by 2023; currently piloting in three facilities
- MDHHS funding peer recovery coaches in MDOC probation offices to improve connection to treatment & other resources
- MDHHS continues to support MI-REP program that offers pre- and post-release support to individuals
- The Improving Care for Justice-Involved Patients pilot received \$500k MHEF funding for a pilot project to improve data sharing between jails and providers to streamline Medicaid re-activation post-release

2021 Priorities: pilot LEAD diversion programs to divert individuals to services prior to arrest and launch an engagement center to connect individuals with resources

#### **New!** Joint NACo NSA report on the federal Medicaid inmate exclusion policy

Below are excerpts from a recent report developed by a joint task force of the National Association of Counties (NACo) and the National Sheriffs' Association (NSA) around the need for federal policy changes to eliminate the Medicaid inpatient exclusion policy.

The U.S. Constitution is clear: individuals are presumed innocent until proven guilty. Despite this clear constitutional mandate, people who receive federal health benefits, such as Medicaid, Medicare or CHIP benefits for juveniles are stripped of those benefits when arrested and jailed for an alleged crime, before conviction. From that starting point comes this report by a joint task force of the National Association of Counties (NACo) and the National Sheriffs' Association (NSA).

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

#### **New!** CHRT issues brief on CCHBC

Below are excerpts from a recent brief developed by the Center for Health and Research Transformation (CHRT) regarding the federal Certified Community Behavioral Health Center initiative - an initiative in which the state of Michigan and number of CMHA members are deeply involved.

The bipartisan [Excellence in Mental Health Act of 2009](#), which was introduced by U.S. Senator Debbie Stabenow (MI), increased federal and financial support for high quality mental health and substance use treatment services. To do so, Section 223 of the [Protecting Access to Medicare Act of 2014](#) established a two-year, eight-state demonstration program.

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

### **New! Medicaid Substance Use Disorder (SUD) Data Book issued**

Recently, the Centers for Medicare & Medicaid Services (CMS) released its second publication of the Transformed Medicaid Statistical Information System (T-MSIS) based Medicaid Substance Use Disorder (SUD) Data Book to help policymakers, researchers and other stakeholders better understand where to focus drug prevention and treatment efforts.

Key findings contained in the 2018 data book reveal the following:

- Of the 55.9 million Medicaid beneficiaries with full or comprehensive benefits ages 12 and older, 4.6 million (8%) were treated for a SUD in 2018
- 57% of beneficiaries treated for a SUD were diagnosed with tobacco use disorder and 30% had an opioid use disorder
- Nearly half of beneficiaries (46%) treated for a SUD received emergency services (the most common SUD treatment service)
- 26% received at least one service in an outpatient or home- or community-based setting within 30 days of discharge

The complete interactive T-MSIS based Substance Use Disorder Data Book can be [found here](#).

### **New! Leading Age issues report on direct care worker wages: Making Care Pay Work**

Below are excerpts from a recent announcement of the report issued by Leading Age, containing a number of recommendations related to the wage level for direct care workers. Leading Age is a national association working on long-term care issues. The Michigan office of Leading Age is an advocacy partner of CMHA.

As members on the front lines of the coronavirus pandemic know better than most, direct care workers are critically important to our nation's health—but they are not usually valued accordingly.

A new LeadingAge study, Making Care Pay Work, offers a glimpse into a different world in which direct care workers earn at least a living wage. The research demonstrates that the single action of paying direct care workers a living wage has the power to reduce staff shortages and turnover, improve productivity and quality of care, infuse billions of dollars into local economies, and offer financial security and independence of care workers themselves.

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

### **New! Health Affairs: The Affordable Care Act Reduced Income Inequality In The US**

Matthew Buettgens and colleagues from the Urban Institute show that the Affordable Care Act's (ACA's) coverage expansion reduced income inequality in 2019 compared with a simulated baseline scenario

without the ACA. Nonelderly adults with the lowest incomes experienced significant increases in income when a health-inclusive poverty measure was used.

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

## State Legislative Update

### View January'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 that (or each) month at the State Capitol. Our December Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 legislative lame duck session recap which concluded in late December. *To view the latest video, [CLICK HERE!](#)*

### **New!** Whiteford Promises Fast Start for DHHS Approps Subcommittee

Rep. Mary Whiteford, chair of the Department of Health and Human Services Appropriations Subcommittee, plans to start her second session in this role quickly. She's already scheduled an 11 a.m. Wednesday hearing on human trafficking. She also expects a 22-bill package to be introduced next week addressing the issue. It is a reintroduction of a similar package introduced last year, which failed to get a hearing because of the COVID pandemic.

Another area of interest for Whiteford that she will be able to address in this appropriations subcommittee is mental health services, especially those for children.

"I looked at the number of children who are traumatized and have mental problems, anxiety, depression, matching with the number of providers out there and I realized if I can increase the reimbursement for behavioral health providers, I'm hoping that they will offer services to more of these children. When you take the reimbursement for Medicare, Medicaid can be half of that," Whiteford said.

She said she did get that into the budget this year, the budget has been increased.

Several other accomplishments have already been made, she said. One is the creation of crisis stabilization licensing. Not every person needs a full in-patient stay, so instead they can go to a stabilization unit for 72 hours, she said.

Psychiatric Residential Treatment Facilities for children was signed into law at the end of December, so that children who don't need the full intensity of a psychiatric hospital can go into a facility with more of a residential setting. And the Michigan Crisis and Access Line is going live in Oakland County and the U.P. this quarter, Whiteford said.



## DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For individuals still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

Today, Governor Whitmer announced the finalization of the Feb. 1 reopening of indoor dining for restaurants and bars, but with a 10 p.m. curfew and a 25% capacity limit, up to 100 people.

Large stadiums will also be allowed more capacity to allow for additional attendance at high school football finals being hosted this weekend, under the newest epidemic order issued by the Michigan Department of Health and Human Services (DHHS) that will take effect Feb. 1 and run until Feb. 21.

The new capacity limits allow for 500 people at venues that seat over 10,000 people, while stadiums that seat less than 10,000 are allowed to be at 20% capacity, up to 250 people.

The order also will allow concessions at casinos, movie theaters and stadiums; personal services requiring mask removal and non-residential gatherings of up to 10 people from two households.

## Executive Orders Signed

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

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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

## Federal Update

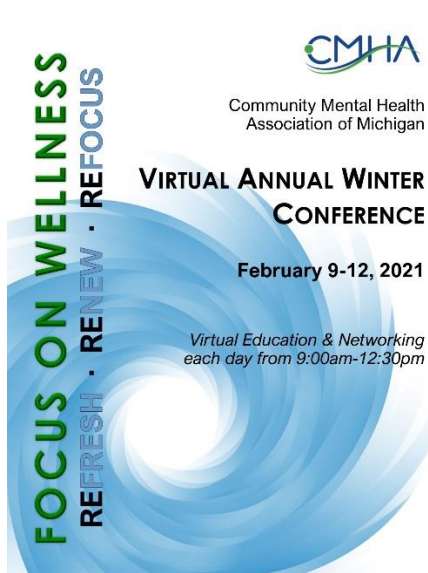
### House Passes Short-Term Federal Funding

This week, the House of Representatives passed a short-term continuing resolution (CR) through December 18 to provide appropriators with additional time to reach a spending agreement for fiscal year (FY) 2021. The CR also includes provisions that would extend several expiring health care policies, including Certified Community Behavioral Health Clinics (CCBHCs). The Senate now has until midnight tonight to vote on the CR to avert a shutdown.



# Education Opportunities

## Still Time to Register - CMHA 2021 Virtual Annual Winter Conference



CMHA 2021 Virtual Annual Winter Conference  
“Focus on Wellness: Refresh · Renew · Refocus”

February 9-12, 2021  
Educational Sessions Each Morning

**[CLICK HERE TO REGISTER!](#)**

Here’s some key benefits on why you should register for this virtual conference series!

***Earn 9.5 Social Work CEs + 10.5 MCBAP CEs at the CMHA Virtual Annual Winter Conference!***

**Reduced Registration Fee:** Eliminating the cost of food, meeting room rental, audio-visual rental and materials allows us to lower

our conference fee.

**Save on Travel Costs:** The extra costs such as mileage reimbursement, hotel overnight costs and meal per diems *substantially increase* the cost of each person attending the conference.

### **LIVE Conference Fees:**

*Live Conference: You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 90 days after the conference (no CEs).*

**Member: \$210 per attendee**

**Non-Member: \$252 per attendee**

### **Recording Only (No CEs) Conference Fees:**

*Recording Only– No Continuing Education Credits: For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 90 days to view the recordings. You can view as many sessions as you like.*

**Member: \$50 per attendee**

**Non-Member: \$70 per attendee**

**How Far Does \$3,000 Go?** Invest in your staff and board members by making sure they are up to date on the latest evidence-based practices and hot topics in our industry. Traditionally, for \$3,000 a member

organization could only send 3 attendees to an in-person conference. *Virtual conferences allow you to stretch that \$3,000 to send 20 attendees!*

**Time Efficient:** The conference takes place in the mornings only - so your afternoons are available for meetings, emails and projects.

**Location:** You can attend from anywhere that has internet access: office, home, coffee shop, out of state, the beach....the possibilities are endless!

**More Accessibility:** Virtual conferences are more accessible to a larger and more diverse audience. Traveling long distances and prolonged time away from home, office, personal commitments are no longer barriers with a virtual environment.

**The Education Never Ends – Don't Miss Any Sessions:** Usually during in-person conferences, there are so many sessions taking place at the same time – but you can only select 1 per timeslot. With virtual conferences, you'll have access to view ALL the educational sessions for up to 3 months after the conference concludes (no continuing education credits for viewing the recordings).

**Questions?** Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-237-3143.

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

### **VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings – Registration Open**

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

**Dates:**

- February 22, 2021 *(SOLD OUT)*
- March 22, 2021 [\(Register Here\)](#) *(42 spots left)*
- April 5, 2021 [\(Register Here\)](#) *(58 spots left)*
- April 26, 2021 [\(Register Here\)](#) *(56 spots left)*

**Agenda:**

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am  
Lunch Break: 11:30am – 12:00pm  
Education: 12:00pm – 3:00pm

**Training Fees:** \$120 CMHA Members \$143 Non-Members

### **VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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

**Dates:**

- March 8, 2021 *(SOLD OUT)*

**Agenda:**

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

**\*NEW Pain Management and Mindfulness Training Date to be Announced Soon\***

**Training Fees:** \$43 CMHA Members \$51 Non-Members

**Family PsychoEducation Basic Facilitator Virtual Training – Registration Open**

Registration is now open for the Family PsychoEducation Basic Facilitator Virtual Training to be held February 1, 2, 8 and 9 for two hours each day. Two cohorts will be held. For additional information, please email [awilson@cmham.org](mailto:awilson@cmham.org) for a brochure.

**Virtual Motivational Interviewing College Trainings – Registration Open**

Registration is now open for the FY21 VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the revamped MI for Leadership & Organizations!

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

*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.*

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
April 22-23, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
April 29, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>
July 26-27, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
July 29-30, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Aug. 2-3, 2021	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
Aug. 5, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>

**Times:**

Training(s) start promptly at 9:00am and adjourn at 4:15pm each day. Zoom Waiting Room opens at 8:30am each morning; attendees must be logged on by 8:45am. (All times in EST)

**Training Fees:**



\$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

### **Free Virtual X-Waiver/MAT Training for Michigan Clinicians Jan. 25<sup>th</sup>**

[Get Waivered](#), a national organization that empowers clinicians (physicians, PAs, NPs) with DEA-X waivers so that they may provide the most advanced treatment interventions in addressing the opioid epidemic. With 30-40 Michiganders dying from opioid overdoses each week — a figure that is expected to soar due to COVID-19 — Michigan practitioners are uniquely-positioned to do something about it. The pandemic has placed ongoing stress on hospitals across the state and practitioners are needed now more than ever to decompress emergency departments by providing medication-assisted treatment (MAT) for opioid use disorder (OUD) in outpatient settings.

In response, Get Waivered, the American College of Emergency Physicians (ACEP), Providers Clinical Support System (PCSS), the Michigan Opioid Collaborative (MOC), the Michigan Emergency Department Improvement Collaborative (MEDIC) and the Michigan Opioid Prescribing Engagement Network (OPEN) are partnering to provide the first free, fully-remote MAT training class for [Michigan providers on January 25th](#), while new, amended regulations allow for waived physicians to prescribe buprenorphine without requiring an in-person intake appointment. After completing this course, clinicians will be able to provide evidence-based care to patients struggling with OUD, while limiting their reliance on emergency department resources.

### **New! Surviving Suicide Loss: A Journey of Healing and Hope**

Suicide is a personal tragedy that has become all too common in Michigan and in communities throughout the country. And when someone dies by suicide, it can have a profound effect on survivors — the families, friends and others who knew and loved the individual.

To help those grieving such a loss and to foster healing, Kevin's Song and Detroit Public Television (DPTV) are hosting a free public event, "Surviving Suicide Loss: A Journey of Healing and Hope" with suicide loss survivors.

**Join us this Saturday, Jan. 23, from 12:00-1:30 p.m. on DPTV's [Facebook](#) page and [website](#)**

"Surviving Suicide Loss: A Journey of Healing and Hope" will be a 90-minute discussion with a panel of four suicide loss survivors, who will share their stories, discuss how they dealt with the various stages of grief and offer insights into the resources they were able to call upon to support them through their grief journeys.



# Education & Training Resources from Great Lakes MHTTC



MHTTC

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

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

## Catalog of MHTTC resources

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

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

## MHTTC announces series on National School Mental Health Curriculum

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting an 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

## News from Our Preferred Corporate Partners

### **Abilita: Are you ready for E-911?**

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Second Vice President: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Secretary: Cathy Kellerman; [balcat19@live.com](mailto:balcat19@live.com); (231) 924-3972  
Treasurer: Randy Kamps; [randyk@4iam.com](mailto:randyk@4iam.com); (231)392-6670  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

## CMHA Staff Contact Information:

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

Alan Bolter, Associate Director, (517) 237-3144; [abolter@cmham.org](mailto:abolter@cmham.org)

Audrey Daul, Administrative Assistant, (517) 237-3141; [adaul@cmham.org](mailto:adaul@cmham.org)

Dana Ferguson, Senior Accounting Specialist, (517) 237-3147; [dferguson@cmham.org](mailto:dferguson@cmham.org)

Monique Francis, Executive Secretary/Committee Clerk, (517) 237-3145; [mfrancis@cmham.org](mailto:mfrancis@cmham.org)

Christina Ward, Director of Education & Training, (517) 237-3143; [cward@cmham.org](mailto:cward@cmham.org)

Jodi Hammond, Training and Meeting Planner, (517) 237-3148; [jhammond@cmham.org](mailto:jhammond@cmham.org)

Bethany Rademacher, Training and Meeting Planner, (517) 237-3149; [brademacher@cmham.org](mailto:brademacher@cmham.org)

Alexandra Risher, Training and Meeting Planner, (517) 237-3150; [arisher@cmham.org](mailto:arisher@cmham.org)

Carly Sanford, Training and Meeting Planner, (517) 237-3151; [csanford@cmham.org](mailto:csanford@cmham.org)

Madi Sholtz, Training and Meeting Planner, (517) 237-3152; [msholtz@cmham.org](mailto:msholtz@cmham.org)

Anne Wilson, Training and Meeting Planner, (517) 237-3153; [awilson@cmham.org](mailto:awilson@cmham.org)

Treandra Bailey, Policy Analyst [publicpolicy@cmham.org](mailto:publicpolicy@cmham.org)

Robert Sheehan, CEO, (517) 237-3142 [rsheehan@cmham.org](mailto:rsheehan@cmham.org)



# WEEKLY Update

January 15, 2021

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

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## CMH Association and Member Activities

### **New!** CMHA staff member appointed to national Leadership Board of the Grand Challenges for Social Work

A CMHA staff member has recently been appointed to the Leadership Board of the Grand Challenges for Social Work.

The staff member's work with the Grand Challenges will be an asset to CMHA, to the CMHA members, and the Michiganders as the Grand Challenge draws together social work academicians and practitioners from across the country.

The Grand Challenges for Social Work, the flagship program of the [American Academy of Social Work & Social Welfare](#) (AASWSW), is a groundbreaking initiative to champion social progress powered by science. It's a call to action for social work researchers and practitioners to: Harness social work's science and knowledge base; collaborate with individuals, community-based organizations, and professionals from all fields and disciplines; and work together to tackle some of our toughest social problems.

The GCSW focuses on innovations to solve social problems, especially those that disproportionately affect the most vulnerable in our society.

The 12 Grand Challenges are:

- Individual and family well-being
- Ensure healthy development for youth
- Close the health gap
- Build healthy relationships to end violence
- Advance long and productive lives
- Stronger social fabric
- Eradicate social isolation
- End homelessness
- Create social responses to a changing environment
- Harness technology for social good
- Just society
- Eliminate racism
- Promote smart decarceration
- Build financial capability and assets for all
- Reduce extreme economic inequality

More information on the Grand Challenges for Social Work can be found at:  
<https://grandchallengesforsocialwork.org/>

### **CMH and provider crisis lines now posted on CMHA web**

While the access numbers for all the state's CMHs have been posted on the CMHA website, for years, the 24/7 crisis lines numbers have not. Now those crisis numbers are a part of the CMH listing section, searchable via an interactive map. (Acknowledgement to our partners at BHDDA/MDHHS who developed this map and keep it updated). The CMH maps, access numbers, websites and crisis numbers are [found here](#).

# State & National Developments and Resources

## **New! Uplifting Michigan's Direct Care Workers - Stay Well/MDHHS webinar & discussion around COVID-related distress**

CMHA is joining MDHHS and the Stay Well team in inviting you and the direct care workers on your staff to a webinar designed to provide resources and support to direct care workers as they deal with the Coronavirus pandemic.

The COVID-19 pandemic has changed life dramatically for many direct care workers, creating anxiety, depression, and symptoms of emotional distress some have never experienced before. How can we help these valuable team members manage these feelings and regain hope?

Join the Michigan Stay Well team for “Uplifting our Direct Care Workers Community,” a free, 1-hour webinar designed for those who provide hands on care.

The webinar will consist of a presentation followed by an interactive discussion. You will learn:

How to recognize and address normal symptoms of emotional distress

What is burnout, compassion fatigue, and how to reduce these symptoms

How anyone can get free, confidential emotional support from trained crisis counselors

Where to find helpful brochures, videos, and other support services

**WHEN:** Wednesday, January 20, 2 to 3 p.m.  
**HOW TO REGISTER:** [https://zoom.us/webinar/register/WN\\_EjsCxsfQ62QACStGsl6JA](https://zoom.us/webinar/register/WN_EjsCxsfQ62QACStGsl6JA)  
**HOW TO CONNECT:** Follow the unique link emailed to you after registration  
**PRESENTER:** Erin Wallace, CDP, Outreach Specialist, Stay Well grant program

After the presentation, participants are invited to share their experiences and ask questions.



*This Stay Well webinar is brought to you by the Michigan Department of Health and Human Services with grant funding from the Federal Emergency Management Agency (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).*



**New!** APA announces town hall to address structural racism and psychiatric residency training

Join APA Monday, Feb. 8 at 8pm ET for an online Town Hall addressing structural racism & psychiatric residency training.



Michele Reid, MD  
Chief Medical Officer, CNS Healthcare  
Trustee-at-Large, American Psychiatric Association (APA)



Sheritta Strong, MD  
Director of Inclusion at University of Nebraska Medical Center



Crystal Clark, MD, MSc  
Associate Professor of Psychiatry and Behavioral Sciences and Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine



Nhi-Ha Trinh, MD  
Director, Psychiatry Center for Diversity Department of Psychiatry Massachusetts General Hospital | Associate Director, Hinton Society, Harvard Medical School (HMS)  
Assistant Professor of Psychiatry, HMS



Michael O. Mensah, MD, MPH  
Co-Chief Resident, UCLA Department of Psychiatry  
Resident-Fellow Member Trustee, APA

Register at  
[psychiatry.org/townhall](https://psychiatry.org/townhall)



**New!** Sunfield Center offers free video resources to support remote schooling

Given how difficult it has been for some children and parents to adapt to remote schooling, the Sunfield Center created a video with research informed recommendations for what parents can do to help their children succeed at home during this unusual time of distance learning. In addition to a ten-minute video Sunfield created a PDF document that clinicians and families can use to guide them with examples of what they may be able to do to help themselves and their children.

- Direct link to the [video](#) on Youtube

- Direct link to the [PDF document](#)
- Direct link to the Sunfield [website](#) where you can find both the video and the PDF as well as another video we produced in March of this year to help parents implement a home behavioral plan to manage kids during the pandemic.

### **New! Coalition for Whole Health's recommendations to the Biden-Harris Transition Team**

The national Coalition for Whole Health's recently released its "Recommendations to the Biden-Harris Transition Team to Strengthen Access to Mental Health and Substance Use Disorder Care." The Coalition for Whole Health is a broad coalition of local, State, and national organizations in the mental health and substance use disorder (MH/SUD) prevention, treatment, and recovery communities.

The Coalition offers policy recommendations in the following areas to improve coverage and expand access to needed MH and SUD services and care:

- Achieving Health Equity
- Addressing the Needs of People with Mental Health and Substance Use Disorders as a Part of COVID-19 Response
- Health, Not Punishment
- Covering People Who Need Mental Health and Substance Use Disorder Care
- Improving Access to Services and Health Outcomes
- Promoting Delivery System and Payment Reforms
- Chronic Disease Prevention, Early Intervention, and Wellness

This set of recommendations can be [found here](#).

### **New! Two ground-breaking visions for the nation's mental health system released**

A. The report, [How to Transform the U.S. Mental Health System](#), was recently released by the RAND Health care.

In the report, researchers broadly examined the mental health system including the institutions and resources that support the delivery of mental health, and based on these insights, RAND developed specific recommendations to impact three critical areas:

**1: Promote Pathways to Care:** Promoting comprehensive mental health education in K-12 settings, integrating behavioral health expertise into general health care settings, linking homeless individuals with mental illness to supportive housing, and developing a mental health diversion strategy centered on community behavioral health.

**2: Improve Access to Care:** Strengthening mental health parity regulation and enforcement, reimbursing evidence-based behavioral health treatments at their true cost, establishing an evidence-based mental health crisis response system, and expanding access to digital and telehealth services for mental health.

**3: Establish an Evidence-Based Continuum of Care:** Defining and institutionalizing a continuum of care in states and communities, launching a national care coordination initiative, and forming a learning collaborative for Medicaid behavioral health financing.

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

B. A number of the nation’s leading mental health advocacy groups recently release a document **“Unified vision for a transformed mental health system”** Excerpts from the document appear below:

As leading organizations in the United States dedicated to improving outcomes for people with mental health and substance use disorders, we aspire to create the vital conditions that promote well-being and a system of care where all people have readily available access to evidence-informed services across a full continuum.

- Early identification and Prevention: Achieve optimal outcomes through prevention, early identification and intervention, with a targeted focus on children, youth, and families.
- Emergency and Crisis Response: Improve crisis response and suicide/overdose prevention.
- Equity. Address social/political constructs and historical systemic injustices, such as racism and discriminatory structures and policies, that disproportionately impact the mental health of people of color.
- Eliminate inequitable conditions: for people with mental health and substance use conditions.
- Integration. Improve access to services and quality of care by integrating physical health, mental health, and substance use services.
- Parity. Ensure fair and equivalent coverage for mental health and substance use disorders.
- Standards. Hold systems accountable to evidence-based standards of care that improve outcomes and quality of life.
- Workforce. Increase the number and diversity of mental health and substance use disorder providers

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

### **New! Caring for the Future: The Power and Potential of America’s Direct Care Workforce**

Below are excerpts from a recent report, “Caring for the Future: The Power and Potential of America’s Direct Care Workforce”, released by PHI, the leading research and advocacy center for the work done by and value of direct care workers/direct care professionals.

Every day around the country, direct care workers leave their homes to ensure that older adults and people with disabilities have the care and support they need to be safe and to fully participate in their communities. These 4.6 million workers are the paid frontline of support for consumers and their families, growing as a workforce annually as people live longer and demand surges. They work in private homes, nursing homes, and residential care settings, such as assisted living. They are unquestionably essential. They are predominantly women, people of color, and immigrants—diverse and consistently marginalized workers. These workers are not valued, compensated, or supported at the level they deserve. This report—Caring for the Future: The Power and Potential of America’s Direct Care Workforce— explains why these and



other challenges to ensuring a quality direct care job exist and offers a clear and achievable path forward.

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

### **New! CHCS: What Works to Improve Care for Dual Eligible Individuals: An Evidence and Resource Review**

Below are excerpts from a “better care playbook” recently released by the Center for Health Care Strategies (CHCS).

Individuals who are dually eligible for Medicare and Medicaid often have multiple chronic conditions, behavioral health issues, and functional needs and frequently receive fragmented, uncoordinated care across both programs. This population is both high-need and high-cost, making up a disproportionate amount of overall Medicare and Medicaid spending. Increasing evidence suggests that integrating Medicare and Medicaid benefits can improve health and cost outcomes, yet only about 10 percent of dually eligible individuals are currently enrolled in integrated programs.



This Better Care Playbook blog post, authored by CHCS staff, highlights a new set of curated resources that can help health plans, policymakers, and providers better understand: (1) the diverse needs of this population; (2) the evidence for investing in integrated care; and (3) implementation resources and policy considerations for advancing integrated care models. A companion reference guide can assist stakeholders in easily accessing the emerging evidence base and implementation tools to support improved care for high-need dually eligible individuals.

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

## State Legislative Update

### **New! View January’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 that (or each) month at the State Capitol. Our December Briefing features CMHA Associate Director, Alan Bolter, provides a 2020 legislative lame duck session recap which concluded in late December. *To view the latest video, [CLICK HERE!](#)*



## New! 101<sup>st</sup> Legislature Kicks Off

On Wednesday, the 101<sup>st</sup> Michigan Legislature kicked off the new legislation session, all house members were sworn in this Wednesday, January 13, at Noon, as is required under the Michigan Constitution.

We expect to learn more about House committee assignments within the next week or so, and will share that information with you as soon as it becomes available. It should be noted that while the Senate committees will largely remain the same, Senate Majority Leader Mike Shirkey (R-Clarklake) announced multiple changes to committees following the resignations of Senators Pete Lucido and Peter MacGregor, both of whom won local elections last November. The changes made are as follows:

- Senator Roger Victory (R-Georgetown Township) is now chairman of the Senate Judiciary and Public Safety Committee
- Senator Jon Bumstead (R-Newaygo) was named Senate chair of the Joint Committee on Administrative Rules
- Senator Kevin Daley (R-Lum) replaces former Senator MacGregor on the Appropriations Committee
- Senator Bumstead replaces Senator Lana Theis (R-Brighton) on the Advice and Consent Committee
- Senators Wayne Schmidt (R-Traverse City) and Marshall Bullock (D-Detroit) were added to the Energy and Technology Committee
- Senator John Bizon (R-Battle Creek) was named to the Oversight Committee, while Senator Theis is named Vice Chair on the Committee as well.
- The Senate Appropriations Subcommittee on Community Health and Human Services has yet to have a new chair, which former Senator MacGregor previously held.
- The Education and Career Readiness and Elections Committees will each have one fewer member following the moves made by Majority Leader Shirkey.

On Wednesday, January 27, Governor Gretchen Whitmer will deliver her third State of the State address at 7:00 PM. Her address will be held virtually and while information on how to view the address is not yet available, it will likely be live-streamed on the Governor's [Facebook](#) and [Twitter](#) page.

## DHHS EMERGENCY ORDERS

Currently, there are active *DHHS* emergency orders. Please find a list of the active emergency orders with the topic, date it was signed and a hyper link accessing the emergency order below. For clients still interested, or in need of referencing previous *Executive Orders*, please click [here](#).

Department of Health and Human Services (DHHS) Director Robert Gordon signed a new Emergency Order on mask wearing and gathering restrictions. This DHHS Emergency Order updates the order signed on December 8, 2020 and allows certain indoor activities to resume. The Emergency Order signed today goes into effect Monday, December 21, and remains in effect until January 15, 2021.

Multiple changes are being made under today's DHHS Emergency Order from the December 8 order, mainly allowing indoor activities where Michiganders can remain masked to re-open. Specific changes under the new Emergency Order includes the following: high schools are able to return to in-person

learning, which is up to the discretion of local school districts; casinos, theaters, bowling alleys, stadiums/arenas, bingo halls and arcades are all able to re-open with certain safety protocols in place; and outdoor, non-contact sports are able to resume. All indoor settings that are able to re-open must limit their capacity to 100 individuals, food and drink concessions must be closed, and social distancing must be followed/enforced.

Governor Whitmer and DHHS have created multiple infographics to provide further details on the DHHS Emergency Order and COVID-19 in Michigan. These infographics can be viewed below:

- [Social Gathering Guidance](#)
- [Dec. 18 Gatherings Order Infographic](#)
- [Dec. 18 Capacity Limits Flyer](#)
- [Safe Social Pods Guidance](#)
- [Key Metrics Infographic](#)
- [Outdoor Seating Guidance](#)

## Executive Orders Signed

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

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

[https://www.michigan.gov/whitmer/0,9309,7-387-90499\\_90705---,00.html](https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705---,00.html)

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

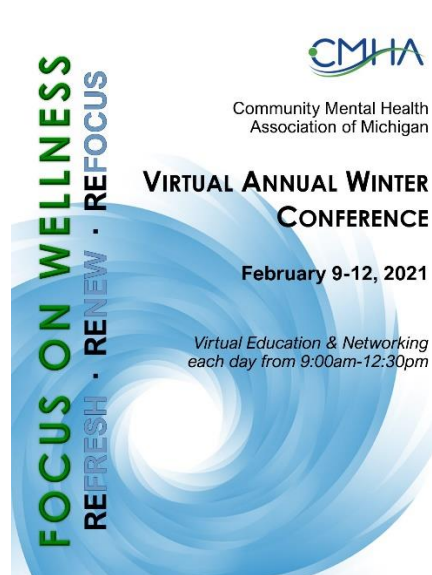
## Federal Update

### House Passes Short-Term Federal Funding

This week, the House of Representatives passed a short-term continuing resolution (CR) through December 18 to provide appropriators with additional time to reach a spending agreement for fiscal year (FY) 2021. The CR also includes provisions that would extend several expiring health care policies, including Certified Community Behavioral Health Clinics (CCBHCs). The Senate now has until midnight tonight to vote on the CR to avert a shutdown.

# Education Opportunities

## Volume Discount ends Monday, Jan 18 - CMHA 2021 Virtual Annual Winter Conference



CMHA 2021 Virtual Annual Winter Conference  
“Focus on Wellness: Refresh · Renew · Refocus”

February 9-12, 2021  
Educational Sessions Each Morning

**[CLICK HERE TO REGISTER!](#)**

Here’s some key benefits on why you should register for this virtual conference series!

***Earn 8.5 Social Work CEs + 10.5 MCBAP CEs at the CMHA Virtual Annual Winter Conference!***

**Reduced Registration Fee:** Eliminating the cost of food, meeting room rental, audio-visual rental and materials allows us to lower

our conference fee.

**Save on Travel Costs:** The extra costs such as mileage reimbursement, hotel overnight costs and meal per diems *substantially increase* the cost of each person attending the conference.

**Group Agency Discounts:** For the first time, we’ll be offering discounted tiers for sending multiple paying-attendees from the same agency (*“recording only” attendees do not qualify towards group discount*).

**Volume discounts will only be offered until *MONDAY, JANUARY 18, 2021.***

**Volume discount is applied to those registered on the SAME ORDER. To take advantage of the deepest discount, please determine everyone from your agency who will be participating in the conference and register them at the same time.**

**After January 18, 2021, additional attendees from the same agency will be charged the full rate of \$210 Members and \$252 for Non-Members.**

**Live Conference:** You are NOT required to attend the entire conference – you can attend 2 sessions or 8 or more! You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions **live** is the only way to receive CE Credits. You also have access to session recordings for 90 days after the conference (no CEs).

**Recording Only– No Continuing Education Credits:** For those who do not need CEs take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 90 days to view the recordings. You can view as many sessions as you like.

	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
Member	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
Non-Member	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

**Increase your Purchase Power - the Savings Add Up!**

Average cost for In-person conference: \$980/attendee (includes registration fee, overnight, travel and meals)

Average cost for virtual conference: \$190/attendee

*Average savings: \$790/attendee*

**How Far Does \$3,000 Go?** Invest in your staff and board members by making sure they are up to date on the latest evidence-based practices and hot topics in our industry. Traditionally, for \$3,000 a member organization could only send 3 attendees to an in-person conference. *Virtual conferences allow you to stretch that \$3,000 to send 20 attendees!*

**Time Efficient:** The conference takes place in the mornings only - so your afternoons are available for meetings, emails and projects.

**Location:** You can attend from anywhere that has internet access: office, home, coffee shop, out of state, the beach....the possibilities are endless!

**More Accessibility:** Virtual conferences are more accessible to a larger and more diverse audience. Traveling long distances and prolonged time away from home, office, personal commitments are no longer barriers with a virtual environment.

**The Education Never Ends – Don’t Miss Any Sessions:** Usually during in-person conferences, there are so many sessions taking place at the same time – but you can only select 1 per timeslot. With virtual conferences, you’ll have access to view ALL the educational sessions for up to 3 months after the conference concludes (no continuing education credits for viewing the recordings).

**Questions?** Contact Chris Ward at [cward@cmham.org](mailto:cward@cmham.org) or 517-237-3143.

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

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

Community Mental Health Association of Michigan is pleased to offer VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC online through Zoom. There are 6 CE credits available for this training. This training fulfills the Michigan Social Work Licensing Board’s requirement for licensure renewal for ethics. This training fulfills the MCBAP approved treatment ethics code education – specific.

**Dates:**

- February 22, 2021 ([Register Here](#)) (17 spots left)
- March 22, 2021 ([Register Here](#)) (50 spots left)

**Agenda:**

Log into Zoom: 8:15am  
Education: 8:30am – 11:30am





- April 5, 2021 ([Register Here](#)) (64 spots left)
- April 26, 2021 ([Register Here](#)) (62 spots left)

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

**Training Fees:** \$120 CMHA Members \$143 Non-Members

### **VIRTUAL Pain Management and Mindfulness Trainings – Registration Open**

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

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

**Dates:**

- January 21, 2021 (**SOLD OUT**)
- March 8, 2021 ([Register Here](#)) (17 spots left)

**Agenda:**

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

**Training Fees:** \$43 CMHA Members \$51 Non-Members

### **NEW! Family PsychoEducation Basic Facilitator Virtual Training – Registration Open**

Registration is now open for the Family PsychoEducation Basic Facilitator Virtual Training to be held February 1, 2, 8 and 9 for two hours each day. Two cohorts will be held. For additional information, please email [awilson@cmham.org](mailto:awilson@cmham.org) for a brochure.

### **Virtual Motivational Interviewing College Trainings – Registration Open**

Registration is now open for the FY21 VIRTUAL Motivational Interviewing College trainings which includes Basic, Advanced, Supervisory, and the revamped MI for Leadership & Organizations!

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

*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.*

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
April 19-20, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
April 22-23, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
April 29, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>



July 26-27, 2021	M.I. Basic	<a href="#">CLICK HERE</a>
July 29-30, 2021	M.I. Advanced	<a href="#">CLICK HERE</a>
Aug. 2-3, 2021	M.I. for Leadership & Organizations	<a href="#">CLICK HERE</a>
Aug. 5, 2021	M.I. Supervisory	<a href="#">CLICK HERE</a>

**Times:**

Training(s) start promptly at 9:00am and adjourn at 4:15pm each day. Zoom Waiting Room opens at 8:30am each morning; attendees must be logged on by 8:45am. (All times in EST)

**Training Fees:**

\$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CEs for each day.

**New! CCBHC Technical Assistance Webinar for Michigan - 1/21/21 - No Cost**

**Date:** Thursday, January 21, 2021  
**Time:** 3:00pm – 4:30pm EDT  
**Cost:** FREE  
**Register:** [CLICK HERE TO REGISTER!](#)

*After registering, you will receive a confirmation email containing information about joining the meeting.*

**Webinar Description:**

SAMHSA has announced a new round of funding for CCBHC expansion. The new funding opportunity offers up to \$2,000,000 annually for up to 2 years. It is estimated that 74 awards will be granted. Total funding available is \$149,000,000. Applications are due March 1, 2021.

HMA, in partnership with the Community Mental Health Association of Michigan, will present a webinar on Thursday, January 21, 2021 regarding the funding opportunity and application process. Topics covered will include: the goals and objectives of CCBHC program; required services; what must be directly provided and what may be provided by a Designated Collaborating Organization; and SAMHSA reporting requirements. The application process, the necessary relationships, and the scoring process will be reviewed, and we will discuss how this opportunity can support CMHCs to build capacity in order to participate in the CCBHC Demonstration Program (if/when the state of Michigan expands participation).

**HMA Speakers:**

Kristan McIntosh, Senior Consultant kmcintosh@healthmanagement.com  
 Kristan McIntosh specializes in behavioral health programming designed to both enhance access to community-based care and facilitate program and organizational sustainability. She has extensive development experience, working across a number of human service sectors to fund and implement programming that responds to the needs of a wide array of vulnerable populations. Since the Protecting Access to Medicare Act (H.R. 4302) passed in Congress in 2014, which established the CCBHC program, Kristan has been supporting an array of entities to successfully plan for, implement, and fund CCBHC programs across the country. Section 223. Prior to joining HMA, Kristan served as a project manager at



SAE & Associates. She established a successful track record of helping secure grant funding for nonprofit behavioral health clients. A social worker by training, Kristan began her career working with children and youth diagnosed with serious emotional disturbances and their families in a clinical residential setting.

Dave Schneider, Principal [dschneider@healthmanagement.com](mailto:dschneider@healthmanagement.com)

Dave Schneider is an experienced public administrator with more than 30 years' experience dedicated to improving specialty healthcare. Through cross-county and cross-organizational collaborations, he helped develop innovative solutions built upon a foundation of public administration education and experience, community service and servant-leadership excellence.

Prior to joining HMA, Dave served as a behavioral health specialist for the Michigan Department of Health and Human Services where he led development of metrics projects, implemented federal regulations and facilitated coordination of programs to improve health and well-being of those with co-morbid physical and behavioral health conditions. He is a proven strategic planner and leader with a passion for behavioral and integrated healthcare. He has guided the development and operations of information systems, quality management, regulatory compliance, client access and eligibility and contract management as the lead administrator of a Prepaid Inpatient Health Plan (PIHP).

**[CLICK HERE TO REGISTER!](#)**

**New! Free Virtual X-Waiver/MAT Training for Michigan Clinicians Jan. 25<sup>th</sup>**

[Get Waivered](#), a national organization that empowers clinicians (physicians, PAs, NPs) with DEA-X waivers so that they may provide the most advanced treatment interventions in addressing the opioid epidemic. With 30-40 Michiganders dying from opioid overdoses each week — a figure that is expected to soar due to COVID-19 — Michigan practitioners are uniquely-positioned to do something about it. The pandemic has placed ongoing stress on hospitals across the state and practitioners are needed now more than ever to decompress emergency departments by providing medication-assisted treatment (MAT) for opioid use disorder (OUD) in outpatient settings.

In response, Get Waivered, the American College of Emergency Physicians (ACEP), Providers Clinical Support System (PCSS), the Michigan Opioid Collaborative (MOC), the Michigan Emergency Department Improvement Collaborative (MEDIC) and the Michigan Opioid Prescribing Engagement Network (OPEN) are partnering to provide the first free, fully-remote MAT training class for [Michigan providers on January 25th](#), while new, amended regulations allow for waived physicians to prescribe buprenorphine without requiring an in-person intake appointment. After completing this course, clinicians will be able to provide evidence-based care to patients struggling with OUD, while limiting their reliance on emergency department resources.



## Practicing Effective Management Virtual Training



### Practicing Effective Management

A Comprehensive Virtual Training to Improve Relationships & Results

4 Half-Day Sessions  
January  
14, 15, 21 & 22  
\$379

REGISTER NOW  
at EventBrite  
or  
Email

MollyR@TBDSolutions.com  
www.TBDSolutions.com

TBD Solutions is hosting its next Practicing Effective Management Training online on January 14, 15, 21, and 22. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate. To learn more or register for the training, visit <https://www.eventbrite.com/x/practicing-effective-management-tickets-129950135353> or email Molly at [MollyR@TBDSolutions.com](mailto:MollyR@TBDSolutions.com).

## Education & Training Resources from Great Lakes MHTTC



MHTTC

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

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

### Catalog of MHTTC resources

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

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



## **New! MHTTC announces series on National School Mental Health Curriculum**

The National School Mental Health Curriculum was the result of a partnership between the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health (NCSMH) to identify priority training topics, develop training content and gather related resources for inclusion in the training curriculum.

The national Mental Health Technology Transfer Center (MHTTC) Network, one of the groups that provides the backbone support for that curriculum, has developed and is hosting an 8-part training series using the National School Mental Health Curriculum: Guidance and Best Practices for States, Districts, and Schools. Each session will include a pre-session video, live panel session, and post-session regional breakout.

Information on this free series, which starts on February 9 and runs through March 25, can be [found here](#).

## **New! Well-being Resources from Across the MHTTC Network**

The MHTTC Network Regional Centers are building a growing inventory of resources to help behavioral health providers enhance personal and professional resilience. The upcoming offerings are listed below:

### **How to Cultivate the Skill of Well-being**

**January 22, 2021**

**8:30 am–12:30pm CST**

*The Great Lakes MHTTC presents this workshop for providers in HHS Region 5 (IL, IN, MI, MN, OH, and WI) in partnership with WAFCA, the [Wisconsin Association of Family and Children's Agencies](#).*

We all aspire to high levels of happiness, yet this is a goal that evades many of us. What should we know if we too aim to become a happy—or a happier—person? In this four-hour workshop, Dr. Pelin Kesebir will answer this question, relying on the latest findings from well-being research. Participants will gain a better sense of how to cultivate well-being through small, daily activities.

[REGISTER HERE](#)

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

### **Abilita: Are you ready for E-911?**

By the end of this year, all organizations with greater than 20,000 square feet of workspace and/or multiple buildings or floors must comply. If someone from your organization called 911 now, would their location in the building get sent to the 911 center? Are you in compliance with the new E911 law?

Check out [www.abilita.com/michigan-e911](http://www.abilita.com/michigan-e911) to learn more and find out what you need to do to prepare!

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

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Carl Rice Jr; [ricejr@outlook.com](mailto:ricejr@outlook.com); (517) 745-2124  
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Secretary: Cathy Kellerman; [balcat19@live.com](mailto:balcat19@live.com); (231) 924-3972  
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