


# Northeast Michigan Community Mental Health Authority Board August 2021 Meetings



 **Board Meeting—  
Thursday, August 12  
@ 3:00 p.m.**



With the increase of COVID cases in Alpena County, District Health Department #4 has stated persons (whether vaccinated or unvaccinated) should wear a facemask indoors. Our office is requiring staff and visitors to wear a mask at this time.

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD**  
**BOARD MEETING**  
**August 12, 2021 at 3:00 p.m.**  
**A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Appointment of Evaluator**
- V. Acknowledgement of Conflict of Interest**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes ..... (See pages 1-6)**
- VIII. Educational Session – Compliance Audit (Straley, Lamp & Kraenzlein PC)(See booklet)**
- IX. Consent Agenda ..... (See page 7)**
  - 1. Saginaw Psychological Services Inc.**
  - 2. modéle Consulting LLC**
- X. August Monitoring Reports**
  - 3. Treatment of Consumers 01-002..... (See pages 8-20)**
  - 4. Staff Treatment 01-003 ..... (See page 21)**
  - 5. Budgeting 01-004 ..... (See page 22)**
  - 6. Financial Condition 01-005..... (See pages 23-25)**
- XI. Board Policies Review and Self-Evaluation**
  - 1. Chairperson’s Role 02-004.....[Review & Self Evaluate] ..... (See pages 26-27)**
  - 2. Board Member Per Diem 02-009...[Review & Self Evaluate] . (See pages 28-29)**
  - 3. Board Self-Evaluation 02-012.....[Review & Self Evalutate] ..... (See page 30)**
- XII. Linkage Reports**
  - 1. Northern Michigan Regional Entity Update**
    - a. July 28, 2021 Meeting..... (Verbal Update)**
  - 2. CMHAM**
    - a. Annual Dues Assessment ..... (See pages 31-32)**
  - 3. Advisory Council ..... (Verbal Update)**
- XIII. Operations Report..... (See page 33)**
- XIV. Chair’s Report**
  - 1. Begin Board Self-Evaluation ..... (See pages 34-40)**
  - 2. Directors Evaluation ..... (See page 41)**
- XV. Director’s Report**
  - 1. Director’s Report.....(Verbal)**
  - 2. Endowment Fund Grant Awards ..... (See page 42)**
- XVI. Information and/or Comments from the Public**
- XVII. Information and/or Comments for the Good of the Board**
- XVIII. Next Meeting – Thursday, September 9 at 3:00 p.m.**
  - 1. Set September Agenda ..... (See page 43)**
  - 2. Meeting Evaluation ..... (All)**
- XIX. Adjournment**

MISSION STATEMENT

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

**Northeast Michigan Community Mental Health Authority Board  
Strategic Planning (Part III)  
July 8, 2021**

**I. Call to Order**

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

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

Present: Robert Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Eric Lawson, Gary Nowak, Terry Small

Absent: Judy Jones (excused), Terry Larson (excused), Pat Przeslawski (excused)

Staff & Guests: Lisa Anderson, Carolyn Bruning, Lee Ann Bushey, Lynne Fredlund, Larry Patterson, Connie Cadarette, Mary Crittenden, Rebecca D, Nena Sork, Erin Fletcher, Jen Whyte

**III. Pledge of Allegiance**

Attendees recited the Pledge of Allegiance as a group.

**IV. Appointment of Evaluator**

Les Buza was appointed as evaluator for this meeting.

**V. Acknowledgement of Conflict of Interest**

No conflicts were identified.

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

There were no comments presented.

**VII. Approval of Minutes**

*Moved by Roger Frye, supported by Terry Small, to approve the minutes of the June 10, 2021 meeting as presented with a correction to the next meeting date.* Gary Nowak voted "no" due to his absence at the meeting. Motion carried.

**VIII. Educational Session – Strategic Plan Review**

Board members reviewed the Mission and Vision Statements. The Core Values were reviewed. There were no recommendations for revisions to the Mission, Vision or Core Values.

The "Forces in the Environment..." were reviewed with some minor revisions. Bob Adrian indicated he had received a response from Senator Stamas related to the recent resolution Alpena County had passed for the "Gearing Toward Integration" issue. Bob will share the correspondence with Nena Sork. Eric Lawson requested additional explanation related to the 1115 Waiver application. Nena Sork noted this has been an application process Michigan has been undertaking for a couple of years. The services included in this waiver are offered in other states and this would allow billing under different codes. The workforce and technology bullets are still appropriate. Eric Lawson noted getting staff trained in the evidence-based practices especially during staffing shortages can be taxing.

Board members reviewed the goals established during Strategic Planning last fiscal year. The first goal reviewed is related to reducing metabolic syndrome in both adults and children. Bob Adrian inquired as to what process is used when an outlier in the physical health is identified. Nena Sork reported the nursing staff works with the primary care provider and for those individuals eligible for the Behavioral Health Home, enrollments occur and they are monitored through that collaborative program. This goal will continue in next fiscal year.

The second goal is related to promoting a trauma-informed community through education... Board members felt this was also a goal to continue.

The third goal is related to supporting and expanding services to all children and young adults diagnosed with autism spectrum disorder. This goal will also continue. The Agency has enlisted services through contractual arrangements and there are three providers working with us to address service demand.

The next goal is to "coordinate community education and partnership in suicide prevention." Board members suggested this goal continue.

Nena Sork suggested the next goal continue as it relates to increasing substance use disorder services and training within the Agency. She reported many of the staff previously trained in SUD services have retired and we are now trying to get new staff trained to provide services.

The goal addressing collaborating with the Veteran's Administration to assure services are available is also recommended to continue. Nena Sork reported due to COVID there has been little interaction with the Veterans Administration. Eric Lawson questioned if this goal should be expanded or revised. The Board was informed this goal would address those veterans that may fall through the crack.

The goal addressing the Health Information Exchange (HIE) as well as the next goal addressing education in Information Technology should continue to be a focus for the Agency. Nena Sork reported with the ransomware and phishing, it would be important to keep this goal.

Board members discussed if there was a need to add any additional goals for the next fiscal year. Bob Adrian inquired about jail services. Nena Sork reported we work with the jails on jail diversion plans. She reported she will be meeting with Sheriff Kieliszewski in the near future to determine needs. This might be more welcomed in their new facility which now has a conference room available. Roger Frye inquired about substance abuse prevention services. Nena Sork reported Catholic Human Services provides those services and this agency works collaboratively with other providers in the area.

Nena Sork reviewed the "Barriers and Challenges" noting the Agency continues to work with providers on the compliance for home and community based waivers. Stewart Mills from NMRE provided training to Agency staff yesterday on the Habilitations Support Waiver requirements. Recruitment of staff continues to be challenging. Nena Sork reported the salary levels have been brought up some so this agency is not the lowest in this type of work. Service population modifications would present if the agency would treat mild to moderate population. This is the population group that has difficulty in getting services. Nena Sork reported the bills currently floating around in Lansing, would eliminate the PIHP and identify one ASO to provider oversight to the entire state. The NMRE along with the PIHP in the Upper Peninsula is working to develop a service model [should the state take action to consolidate] for all mental health in the 21 counties served by NMRE and the entire Upper Peninsula stressing the needs in rural Michigan are not the same as urban areas of the state. The challenges associated with the "Residential Options" continues and the Agency needs to continue supporting the local mom and pops foster care homes along with development of new sites. Bonnie Cornelius inquired what hurdles there are to these homes. Nena Sork reported the application process can be intimidating. She noted the Agency would also assist in some home modifications, if necessary.

Does the Board need to add any new barriers/challenges? Bob Adrian inquired as to whether there are educational misses in the community to prepare individuals to work in the agency. Board members requested the addition to reflect lack of a feeder system that creates qualified individuals to work in this field. Nena Sork noted we need to reach out to the junior and senior high school students to encourage them to go into this field.

Board members reviewed the FY21 Strategic Plan Opportunities identified. Eric Lawson questioned if MDHHS training opportunities are still available. Nena Sork reported there are training opportunities which most have been virtual and our agency received certification to provide training sessions with CEUs available to staff. The Agency certification will be added as an opportunity.

Bonnie Cornelius inquired as to the relationship between this agency and the primary care providers. Nena Sork noted we have good working relationships with the providers. Nena Sork noted telemedicine is conducted internally and works well. She noted an individual in Onaway may go to the Rogers City office and see a doctor in our Alpena Office. This telemedicine practice was in place pre pandemic.

The Mega Statement was reviewed. This statement is the overall End and the sub-Ends are identified after it.

Sub-End #1 – Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.

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

The 80% may not be viable this year due to staffing shortages. Mary Crittenden noted the fidelity only allows 15 children per clinician. Nena Sork reported the numbers have increased overall from the past year. Board members agreed to keep this as a goal. The sub-end detail will provide explanation as to why a goal may not have been met. Nena Sork suggested a number be put in the goal for next fiscal year include the percentage of services are provided in the community versus schools and/or homes. Nena Sork noted this could be measured using the Service Activity Log (SAL).

Sub-End #2 – Individuals needing independent living supports will live in the least restrictive environment.

*How will this be measured...*

- a. *Development of one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.*
- b. *Development of additional supported independent services for two individuals currently living in licensed foster care.*

Nena Sork reported an internal Placement Committee has been formed to focus on getting individuals in the least restrictive environments noting the committee is currently working to bring two individuals from foster care to semi-independent living arrangements.

Sub-End #3 – Adults with co-occurring disorders will realize a significant improvement in their condition.

*How will this be measured...*

- a. *10% of individuals served with two or more of the following chronic conditions – asthma/COPD, high blood pressure, diabetes, morbid obesity, cardiac issues will be offered enrollment in the Behavioral Health Home.*
- b. *95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.*
- c. *100% of individuals served enrolled in the Behavioral Health Home will have a base-line A1C.*

The proposed revision would eliminate "offered enrollment" and include "enrolled" now that we will be in our second year for this program. Mary Crittenden provided the Board with a definition of eligibility for the Behavioral Health Home and the 10% measurement would be of the eligible individuals we serve.

Sub-End #4 – The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year [except as noted in 5.B below].

Sub-End #5 – The Board's major revenue sources [Medicaid and non-Medicaid] shall be within the following targets at year-end.

- a. *Medicaid revenue: expenses shall not exceed 100% of revenue unless approved by the Board and the PIHP.*
- b. *Non-Medicaid revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the Board.*

Board members concurred with keeping the financial sub-ends through next fiscal year.

Sub-End #6 – The Board will provide community education. This will include the following:

- a. *Disseminate mental health information to the community utilizing available technology and at least one report to the community.*
- b. *Develop and coordinate community education in Mental Health First Aid for Adults and Youth, Trauma and the Effects of Trauma on individuals and families, Suicide Prevention, Co-occurring Disorders and the increasing violence in our society.*
- c. *Support community advocacy.*

Board members will continue this sub-end for fiscal year 2022.

There were no additions to the Sub-Ends.

## **IX. July Monitoring Reports**

### **1. Budgeting 01-004**

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending May 31, 2021. She reported Medicaid revenue and Healthy Michigan revenue is coming in higher than what was projected when the budget was prepared. She reported at this point we are underspent by \$3.2 M. This amount will decrease by the next report as some of the projects approved by the Board will hit June's report. She indicated even if the Agency had to pay back the underspent dollars, etc. the Agency is still with a positive balance of \$292,406.

Larry Patterson reviewed the variances in the expense portion of this report. He reported the self-insured benefits is overspent and this is based on actual expenses in healthcare claims. Staff recruiting will likely increase as there is a push to advertise to recruit. He reviewed the contract residential noting some of the variance is due to payments for the direct care wage payments. Larry reported the telephone expense was reviewed and there will be an adjustment to that line to cover some of the overage. He noted some of the variances will require a budget adjustment to correct and some will be timing issues.

### **2. Asset Protection 01-007**

Board members reviewed the Asset Protection monitoring report. The MMRMA attachment is from last year's policy. MMRMA met with the agency yesterday and a new policy will be available shortly.

### **3. Community Resources 01-010**

Eric Lawson reported this monitoring report captures a lot of information related to services and participation of staff in the community. He noted with the COVID restrictions lifted, training opportunities will increase.

*Moved by Les Buza, supported by Gary Nowak, to accept the July Monitoring Reports as presented.* Motion carried.

## **X. Board Policies Review & Self-Evaluation**

### **1. Community Resources 01-010**

Board members reviewed this policy and did not recommend any revisions.

### **2. Public Hearing 02-010**

Board members reviewed this policy and requested a revision to change "Director" in the second paragraph to "Executive Director or their designee." It was noted public hearing traditionally held upon receipt of the Annual Submission was not held due to COVID this calendar year. The Department requested information related to COVID activities of the Agency in lieu of the hearing.

*Moved by Gary Nowak, supported by Bonnie Cornelius, to revise Policy 02-010 as discussed.* Motion carried.

**XI. Linkage Reports**

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

**a. Board Meeting June 23, 2021**

The draft minutes from the June 23, 2021 meeting were distributed at the meeting today. Gary Nowak reported the meeting was a standard meeting. Roger Frye reported the SUD Board will meet next Monday.

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

**a. CMH PAC Update**

The Annual PAC campaign is underway. The correspondence from CMHAM was included in the packet mailed to Board members. Eric Lawson reported there is now an online option for the contribution. Board members may also give checks to Diane Hayka and she will submit the contributions as a group to CMHAM.

**XII. Operational Report**

Mary Crittenden reported there were 61 individuals contacting the agency in June to secure services with one being urgent. June also had 77 Pre-screens. Mary reported the contacts in ACT and Home-Based services have increased slightly. In total, 1,072 individuals received services during the month of June.

**XIII. Chair's Report**

**1. Planning for Executive Director Evaluation**

Eric Lawson reported next month the Director's evaluation will be completed. The monitoring reports received monthly are used in the evaluation and if board members would like to see any of the past monitoring reports they can contact Diane Hayka to get copies for their consideration.

**XIV. Director's Report**

**1. Director's Update**

Nena Sork provided Board members with an update of the various activities she has participated in during the past month. She attended the OPS meeting early June, focused on the strategies to address bills and funding. Annual staff training/picnic was held one June 23 and 239 staff attended. Lunch for a Cause has been a fund raiser for the past years and due to COVID was paused. At the picnic, a dunk tank was secured as an alternative to raising funds for this cause and \$1,800.25 was raised in about two hours – the director and six others sat in the dunk tank. A staff person provided DJ services for the event. This event was a huge Morale boost to staff after the long COVID break. Employee recognition was held the next day with Terry Larson attending as Board representative.

The results of the staff survey were share with staff. The Agency has started a week-long RTW training to assure new hires learn all aspects of providing services in the home prior to working within the home.

Nena Sork reported recruitment efforts are stepping up. Initially a sign-on bonus was discussed to apply to direct care positions; however, recruitment is difficult for all positions and a sign-on bonus will be offered for all positions to aid in recruitment. She reported the Agency will be renting approximately 20 billboards with recruitment messages between now and year end.

Nena Sork reported she has the three remaining County Commissioner meetings scheduled with Alcona County on July 21, Montmorency County on July 28 and Presque Isle County on July 30. She reported the home renovations continue and Princeton home is complete. She was able to tour it yesterday. Cleaning is underway and residents will be moving back in on July 14. Renovations continue in the other homes, which include window replacements, flooring replacements and numerous other repairs. She reported some renovations will be done at the Alpena Office to update conference room and create a small exercise room in this building. Staff checked with MMRMA related to liability and MMRMA indicated this would be approved. Staff is checking to determine if there is a waiver needed. The Agency is participating in more activities

in the community. She reported the Agency received \$4,000 for suicide prevention from Alcona County. Alpena Alcona Area Credit Union has chosen this Agency for their next quarter fund raiser. Nena reported there will be a push in the fall for some donations to schools possibly backpacks and suicide prevention speakers in the schools. Bill Furbush received the training materials related to Autism. All counties have received their Carter Kits.

Bob Adrian had Nena Sork read Senator Jim Stamas's response to the resolution passed by Alpena County related to Gearing Toward Integration. Nena Sork reported there will be a group of directors meeting with legislative representatives from our region to further provide concerns.

## **2. QI Council Update**

The minutes from the last QI Council meeting were distributed to Board members.

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

There was no information or comments presented.

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

Gary Nowak inquired about orientation of the new board members. Policy Governance training has been completed. Tours of the homes and other offices facilities have yet to be scheduled, mainly due to COVID restrictions for visitors in the homes.

### **XVII. Next Meeting**

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, August 12, 2021 at 3:00 p.m.

#### **1. Set August Agenda**

The August agenda items were reviewed. The Compliance Exam report will be presented by the auditing firm.

### **XVIII. Evaluation of Meeting**

Les Buza reported the meeting began on time and board members participated in the Strategic Planning and felt the new members benefited by the way it was presented. Les Buza thanked Nena Sork and Diane Hayka for providing the plan in simplified terms. He also thanked staff for providing good services to our communities.

### **XIX. Adjournment**

*Moved by Les Buza, supported by Bonnie Cornelius, to adjourn the meeting.* Motion carried. This meeting adjourned at 4:43 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**

CMH Compliance Examination

September 30, 2020

**STRALEY LAMP & KRAENZLEIN P.C.**

## CONTENTS

	<u>Page</u>
Independent Accountant’s Report on Compliance with Requirements Applicable to Medicaid, GF and CMHS Block Grant Programs and on Internal Control Over Compliance in Accordance with <i>CMH Compliance Examination Guidelines</i> issued by the Michigan Department of Health and Human Services.....	1
Examined FSR Schedule.....	3
Examined FSR – DCW – Supplemental.....	10
Examined Cost Settlement Schedule.....	11
Examined GF Contract Settlement Worksheet.....	12
Recipient Fees and Third-Party Reimbursements.....	13
Schedule of Findings and Questioned Costs.....	16
Comments and Recommendations.....	18

**Independent Accountant's Report on Compliance with Requirements Applicable to Medicaid,  
Gf and CMHS Block Grant Programs and on Internal Control Over Compliance in  
Accordance With *CMH Compliance Examination Guidelines* Issued by the Michigan  
Department of Health And Human Services**

To the Board of Directors  
Northeast Michigan Community Mental Health Authority

**Compliance**

We have examined the compliance of the Northeast Michigan Community Mental Health Authority (the "Authority") with the specified requirements described in *CMH Compliance Examination Guidelines*, issued by the Michigan Department of Health and Human Services ("MDHHS"), that are applicable to its Medicaid, General Fund ("GF") and Community Mental Health Services ("CMHS") Block Grant Programs for the year ended September 30, 2020. Compliance with these requirements is the responsibility of the Authority's management. Our responsibility is to express an opinion on the Authority's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs is in accordance with the criteria, in all material respects. An examination involves performing procedures to obtain evidence about the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material misstatements of the specified requirements described in *CMH Compliance Examination Guidelines*, that are applicable to its Medicaid, GF and CMHS Block Grant Programs, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion. Our examination does not provide a legal determination on the Authority's compliance with those requirements.

In our opinion, Northeast Michigan Community Mental Health Authority complied, in all material respects, with the specified requirements referred to above that are applicable to its Medicaid, GF and CMHS Block Grant Programs for the year ended September 30, 2020.

## **Internal Control Over Compliance**

The management of the Authority is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations and programs applicable to its Medicaid, GF and CMHS Block Grant Programs. In planning and performing our examination, we considered the Authority's internal control over compliance with the requirements that could have a direct and material effect on its Medicaid, GF and CMHS Block Grant Programs in order to determine our examination procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with criteria established by MDHHS, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Authority's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of the Medicaid, GF or CMHS Block Grant programs will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a MDHHS contract that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be deficiencies, significant deficiencies, or material weaknesses in internal control over compliance. We did not identify any deficiencies in internal control over compliance that we consider to be a material weakness, as defined above.

## **Examination Schedules**

As required by CMH Compliance Examination Guidelines, we have prepared the accompanying Examined FSR Schedule and Examined Cost Settlement Schedule.

## **Purpose of this Report**

This report is intended solely for the information and use of the Authority's board of directors, management, and MDHHS. This report is an integral part of our examination in accordance with these guidelines in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*Straley Lamp & Kraenzlein P.C.*

March 25, 2021

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority	Fiscal Year:	2019-2020
		Submission Type:	YE Final
		Submission Date:	3/31/2021

REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
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A	MEDICAID SERVICES - Summary From FSR - Medicaid (incl Direct Care Wage)			
A 190	TOTAL REVENUE		-	
A 290	TOTAL EXPENDITURE		-	
A 295	NET MEDICAID SERVICES SURPLUS (DEFICIT)		-	
A 390	Total Redirected Funds		-	
A 400	BALANCE MEDICAID SERVICES (A 400 + A 401)		-	

AC	INTENTIONALLY LEFT BLANK			
AC 190	TOTAL REVENUE		-	
AC 290	TOTAL EXPENDITURE		-	
AC 295	NET SURPLUS (DEFICIT)		-	
AC 390	Total Redirected Funds		-	
AC 400	BALANCE		-	

AE	OPIOID HEALTH HOME SERVICES - Summary From FSR - Opioid Health Home Services			
AE 190	TOTAL REVENUE		-	
AE 290	TOTAL EXPENDITURE		-	
AE 295	NET SURPLUS (DEFICIT)		-	
AE 390	Total Redirected Funds		-	
AE 400	BALANCE OPIOID HEALTH HOME SERVICES		-	

AG	HEALTH HOME SERVICES - Summary From FSR - Health Home Services			
AG 190	TOTAL REVENUE		-	
AG 290	TOTAL EXPENDITURE		-	
AG 295	NET HEALTH HOME SERVICES SURPLUS (DEFICIT)		-	
AG 390	Total Redirected Funds		-	
AG 400	BALANCE HEALTH HOME SERVICES		-	

AI	HEALTHY MICHIGAN SERVICES - Summary From FSR - Healthy Michigan (incl Direct Care Wage)			
AI 190	TOTAL REVENUE		-	
AI 290	TOTAL EXPENDITURE		-	
AI 295	NET HEALTHY MICHIGAN SERVICES SURPLUS (DEFICIT)		-	
AI 390	Total Redirected Funds		-	
AI 400	BALANCE HEALTHY MICHIGAN SERVICES (AI 400 + AI 401)		-	

AK	MI HEALTH LINK SERVICES - Summary From FSR - MI Health Link			
AK 190	TOTAL REVENUE		-	
AK 290	TOTAL EXPENDITURE		-	
AK 295	NET MI HEALTH LINK SERVICES SURPLUS (DEFICIT)		-	
AK 390	Total Redirected Funds		-	
AK 400	BALANCE MI HEALTH LINK SERVICES		-	

RES	RESTRICTED FUND BALANCE ACTIVITY			
RES 180	Beginning Restricted Fund balance		-	
RES 190	TOTAL REVENUE (Deposits)		-	
RES 290	TOTAL EXPENDITURE (PBIP & SUD NON-MEDICAID only)		-	
RES 390	Total Redirected Funds		-	
RES 400	BALANCE RESTRICTED FUND		-	

B	GENERAL FUND			
B 100	REVENUE			
B 101	CMH Operations		941,047	941,047
B 102	Intentionally left blank			
B 103	Intentionally left blank			
B 120	Subtotal - Current Period General Fund Revenue		941,047	941,047
B 121	1st & 3rd Party Collections (Not in Section 226a Funds) 100% Services			-
B 122	1st & 3rd Party Collections (Not in Section 226a Funds) 90% Services			-
B 123	Prior Year GF Carry Forward			-
B 124	Intentionally left blank			
B 140	Subtotal - Other General Fund Revenue		-	-
B 190	TOTAL REVENUE		941,047	941,047
B 200	EXPENDITURE			
B 201	100% MDHHS Matchable Services / Costs		207,259	207,259

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority	Fiscal Year:	2019-2020
		Submission Type:	YE Final
		Submission Date:	3/31/2021

				REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
B	202	100% MDHHS Matchable Services Based on CMHSP Local Match Cap		-	-	-
B	203	90% MDHHS Matchable Services / Costs - REPORTED	650,457			
B		90% MDHHS Matchable Services / Costs - EXAMINATION ADJUSTMENTS				
B		90% MDHHS Matchable Services / Costs - EXAMINED TOTAL	\$ 650,457	585,411	-	585,411
B	204	Intentionally left blank				
B	205	Intentionally left blank				
B	290	<b>TOTAL EXPENDITURE</b>		792,670	-	792,670
B	295	<b>NET GENERAL FUND SURPLUS (DEFICIT)</b>		148,377	-	148,377
B	300	<b>Redirected Funds (To) From</b>				
B	301	(TO) Medicaid - Redirected for Unfunded Medicaid Costs - <b>A331</b> (PIHP use only)		-		
B	301.1	(TO) Healthy Michigan - Redirected for Unfunded Healthy Michigan Costs - <b>A1331</b> (PIHP use only)		-		
B	301.2	Intentionally left blank				
B	301.3	(TO) Opioid Health Home Services - Redirected for Unfunded Opioid Health Home Services <b>AE331</b>		-		
B	301.4	(TO) Health Home Services - Redirected for Unfunded Health Home Services <b>AG331</b> (PIHP use only)		-		
B	301.5	(TO) MI Health Link - Redirected for Unfunded MI Health Link Costs - <b>AK331</b> (PIHP use only)		-		
B	303	Intentionally left blank				
B	304	(TO) Targeted Case Management - <b>D301</b>		-	-	-
B	305	Intentionally left blank				
B	306	Intentionally left blank				
B	307	Intentionally left blank				
B	308	Intentionally left blank				
B	309	(TO) Allowable GF Cost of Injectable Medications - <b>G301</b>		-	-	-
B	310	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I304</b>		-	-	-
B	310.1	Intentionally left blank				
B	310.2	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - <b>IB304</b>		-	-	-
B	310.3	(TO) PIHP to Affiliate Health Home Services Contracts - <b>IC304</b>		-	-	-
B	310.4	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID304</b>		-	-	-
B	312	(TO) CMHSP to CMHSP Earned Contracts - <b>J305</b> (explain - section Q)		(13,807)	-	(13,807)
B	313	FROM CMHSP to CMHSP Earned Contracts - <b>J302</b>				
B	314	FROM Non-MDHHS Earned Contracts - <b>K302</b>				
B	330	<b>Subtotal Redirected Funds rows 301 - 314</b>		(13,807)	-	(13,807)
B	331	FROM Local Funds - <b>M302</b>				
B	332	FROM Risk Corridor - <b>N303</b>				
B	390	<b>Total Redirected Funds</b>		(13,807)	-	(13,807)
B	400	<b>BALANCE GENERAL FUND (cannot be &lt; 0)</b>		134,570	-	134,570

**OTHER GF CONTRACTUAL OBLIGATIONS**

**FEE FOR SERVICE MEDICAID**

D	TARGETED CASE MANAGEMENT - (GHS Only)				
D	190	Revenue			-
D	290	Expenditure			-
D	295	<b>NET TARGETED CASE MANAGEMENT (cannot be &gt; 0)</b>		-	-
D	300	<b>Redirected Funds (To) From</b>			
D	301	FROM General Fund - <b>B304</b>			
D	302	FROM Local Funds - <b>M304</b>			
D	303	(TO) CMHSP to CMHSP Earned Contracts - <b>J304.4</b>		-	-
D	304	FROM CMHSP to CMHSP Earned Contracts - <b>J303.4</b>			
D	390	<b>Total Redirected Funds</b>		-	-
D	400	<b>BALANCE TARGETED CASE MANAGEMENT (GHS Only) (must = 0)</b>		-	-

G	INJECTABLE MEDICATIONS				
G	190	Revenue			-
G	290	Expenditure			-
G	295	<b>NET INJECTABLE MEDICATIONS (cannot be &gt; 0)</b>		-	-
G	300	<b>Redirected Funds (To) From</b>			
G	301	FROM General Fund - <b>B309</b>			
G	302	FROM Local Funds - <b>M309</b>			
G	390	<b>Total Redirected Funds</b>		-	-
G	400	<b>BALANCE INJECTABLE MEDICATIONS (must = 0)</b>		-	-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority	Fiscal Year:	2019-2020
		Submission Type:	YE Final
		Submission Date:	3/31/2021

	REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
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**OTHER FUNDING**

H		MDHHS EARNED CONTRACTS		
H	100	<b>REVENUE</b>		
H	101	Comprehensive Services for Behavioral Health	101,105	101,105
H	102	Housing and Homeless Services	-	-
H	103	Pilot Programs for Juvenile Justice Diversion	-	-
H	104	Mental Health Diversion Council	-	-
H	105	Projects for Assistance in Transition from Homelessness	-	-
H	106	Regional Perinatal Collaborative	-	-
H	107	Substance Abuse & Mental Health COVID-19 Grant Program	-	-
H	108	Coronavirus (COVID-2019) Community Mental Health Support Program	80,753	80,753
H	150	Other MDHHS Earned Contracts (describe):	-	-
H	151	Other MDHHS Earned Contracts (describe):	-	-
H	190	<b>TOTAL REVENUE</b>	181,858	181,858
H	200	<b>EXPENDITURE</b>		
H	201	Comprehensive Services for Behavioral Health	101,105	101,105
H	202	Housing and Homeless Services	-	-
H	203	Pilot Programs for Juvenile Justice Diversion	-	-
H	204	Mental Health Diversion Council	-	-
H	205	Projects for Assistance in Transition from Homelessness	-	-
H	206	Regional Perinatal Collaborative	-	-
H	207	Substance Abuse & Mental Health COVID-19 Grant Program	-	-
H	208	Coronavirus (COVID-2019) Community Mental Health Support Program	80,753	80,753
H	250	Other MDHHS Earned Contracts (describe):	-	-
H	251	Other MDHHS Earned Contracts (describe):	-	-
H	290	<b>TOTAL EXPENDITURE</b>	181,858	181,858
H	400	<b>BALANCE MDHHS EARNED CONTRACTS (cannot be &lt; 0)</b>	-	-

I		PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY		
I	100	<b>REVENUE</b>		
I	101	Revenue - from PIHP Medicaid (incl Direct Care Wage)	26,239,000	26,239,000
I	104	Revenue - from PIHP Healthy Michigan Plan (incl Direct Care Wage)	1,565,566	1,565,566
I	122	1st & 3rd Party Collections - Medicare/Medicaid Consumers - Affiliate	645,105	645,105
I	123	1st & 3rd Party Collections - Healthy Michigan Plan Consumers - Affiliate	2,496	2,496
I	190	<b>TOTAL REVENUE</b>	28,452,167	28,452,167
I	201	Expenditure - Medicaid (incl Direct Care Wage)	26,884,105	26,884,105
I	202	Expenditure - Healthy Michigan Plan (incl Direct Care Wage)	1,568,062	1,568,062
I	203	Expenditure - MI Health Link (Medicaid) Services (incl Direct Care Wage)	-	-
I	290	<b>TOTAL EXPENDITURE</b>	28,452,167	28,452,167
I	295	<b>NET PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	-	-
I	300	<b>Redirected Funds (To) From</b>		
I	301	(TO) CMHSP to CMHSP Earned Contracts - J306	-	-
I	302	FROM CMHSP to CMHSP Earned Contracts - J303	-	-
I	303	FROM Non-MDHHS Earned Contracts - K303	-	-
I	304	FROM General Fund - B310	-	-
I	306	FROM Local Funds - M309.1	-	-
I	390	<b>Total Redirected Funds</b>	-	-
I	400	<b>BALANCE PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS (must = 0)</b>	-	-

IB		PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY		
IB	190	Revenue - Medicaid Opioid Health Home Services - from PIHP	-	-
IB	290	Expenditure - Medicaid Opioid Health Home Services	-	-
IB	295	<b>NET PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	-	-
IB	300	<b>Redirected Funds (To) From</b>		
IB	304	FROM General Fund - B310.2	-	-
IB	306	FROM Local Funds - M309.3	-	-
IB	390	<b>Total Redirected Funds</b>	-	-
IB	400	<b>BALANCE PIHP to AFFILIATE OPIOID HEALTH HOME SERVICES CONTRACTS (cannot be &lt; 0)</b>	-	-

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority	Fiscal Year:	2019-2020
		Submission Type:	YE Final
		Submission Date:	3/31/2021

IC	PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS - CMHSP USE ONLY	REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
IC 190	Revenue - Medicaid Health Home Services - from PIHP			-
IC 290	Expenditure - Medicaid Health Home Services			-
IC 295	<b>NET PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	-	-	-
IC 300	<b>Redirected Funds (To) From</b>			
IC 304	FROM General Fund - B310.3			-
IC 306	FROM Local Funds - M309.4			-
IC 390	<b>Total Redirected Funds</b>	-	-	-
IC 400	<b>BALANCE PIHP to AFFILIATE HEALTH HOME SERVICES CONTRACTS (cannot be &lt; 0)</b>	-	-	-

ID	PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS - CMHSP USE ONLY	REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
ID 100	<b>REVENUE</b>			
ID 101	Revenue - MI Health Link - from PIHP			-
ID 122	1st & 3rd Party Collections - MI Health Link Consumers - Affiliate			-
ID 190	<b>TOTAL REVENUE</b>	-	-	-
ID 200	<b>EXPENDITURE</b>			
ID 201	Expenditure			-
ID 202	Intentionally left blank			
ID 290	<b>TOTAL EXPENDITURE</b>	-	-	-
ID 295	<b>NET PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS SURPLUS (DEFICIT)</b>	-	-	-
ID 300	<b>Redirected Funds (To) From</b>			
ID 301	(TO) CMHSP to CMHSP Earned Contracts - J306.3	-	-	-
ID 302	FROM CMHSP to CMHSP Earned Contracts - J303.3			-
ID 303	FROM Non-MDHHS Earned Contracts - K303.3			-
ID 304	FROM General Fund - B310.4			-
ID 305	Intentionally left blank			
ID 306	FROM Local Funds - M309.5			-
ID 390	<b>Total Redirected Funds</b>	-	-	-
ID 400	<b>BALANCE PIHP to AFFILIATE MI HEALTH LINK SERVICES CONTRACTS (must = 0)</b>	-	-	-

J	CMHSP to CMHSP EARNED CONTRACTS	REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
J 190	Revenue	164,414		164,414
J 290	Expenditure	178,221		178,221
J 295	<b>NET CMHSP to CMHSP EARNED CONTRACTS SURPLUS (DEFICIT)</b>	(13,807)	-	(13,807)
J 300	<b>Redirected Funds (To) From</b>			
J 301	(TO) Medicaid Services - A302 (PIHP use only)	-		
J 301.1	(TO) Healthy Michigan - A1302 (PIHP use only)	-		
J 301.2	Intentionally left blank			
J 301.3	(TO) MI Health Link - AK302 (PIHP use only)	-		
J 302	(TO) General Fund - B313	-	-	-
J 303	(TO) PIHP to Affiliate Medicaid Services Contracts - I302	-	-	-
J 303.2	Intentionally left blank			
J 303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - ID302	-	-	-
J 303.4	(TO) Targeted Case Management - D304	-	-	-
J 304	FROM Medicaid Services - A301 (PIHP use only)			-
J 304.1	FROM Healthy Michigan - A1301 (PIHP use only)			-
J 304.2	Intentionally left blank			
J 304.3	FROM MI Health Link - AK301 (PIHP use only)			-
J 304.4	FROM Targeted Case Management - D303			-
J 305	FROM General Fund - B312	13,807		13,807
J 306	FROM PIHP to Affiliate Medicaid Services Contracts - I301			-
J 306.2	Intentionally left blank			
J 306.3	FROM PIHP to MI Health Link Services Contracts - ID301			-
J 307	FROM Local Funds - M310			-
J 390	<b>Total Redirected Funds</b>	13,807	-	13,807
J 400	<b>BALANCE CMHSP to CMHSP EARNED CONTRACTS (must = 0)</b>	-	-	-

K	NON-MDHHS EARNED CONTRACTS	REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
K 190	Revenue	45,153		45,153
K 290	Expenditure	44,673		44,673
K 295	<b>NET NON-MDHHS EARNED CONTRACTS SURPLUS (DEFICIT)</b>	480	-	480
K 300	<b>Redirected Funds (To) From</b>			
K 301	(TO) Medicaid Services - A303 (PIHP use only)	-		
K 301.1	(TO) Healthy Michigan - A1303 (PIHP use only)	-		
K 301.2	Intentionally left blank			
K 301.3	(TO) MI Health Link - AK303 (PIHP use only)	-		
K 302	(TO) General Fund - B314	-	-	-



**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority		Fiscal Year:	2019-2020	
			Submission Type:	YE Final	
			Submission Date:	3/31/2021	
			<b>REPORTED</b>	<b>EXAMINATION ADJUSTMENTS</b>	<b>EXAMINED TOTALS</b>
K	303	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I303</b>	-	-	-
K	303.2	Intentionally left blank			
K	303.3	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID303</b>	-	-	-
K	304	(TO) Local Funds - <b>M315</b>			
K	305	FROM Local Funds - <b>M311</b>	(480)		(480)
K	390	<b>Total Redirected Funds</b>	(480)	-	(480)
K	400	<b>BALANCE NON-MDHHS EARNED CONTRACTS (must = 0)</b>	-	-	-

M	LOCAL FUNDS				
M	100	<b>REVENUE</b>			
M	101	County Appropriation for Mental Health	266,639		266,639
M	102	County Appropriation for Substance Abuse - Non Public Act 2 Funds			-
M	103	Section 226 (a) Funds	34,308	-	34,308
M	104	Affiliate Local Contribution to State Medicaid Match Provided from CMHSP (PIHP only)			-
M	105	Medicaid Fee for Service Adjuster Payments			-
M	106	Local Grants			-
M	107	Interest	8,793		8,793
M	108	Intentionally left blank			-
M	109	SED Partner			-
M	110	All Other Local Funding	32,080		32,080
M	111	Performance Bonus Incentive Pool (PBIP) Restricted Local Funding	203,814		203,814
M	190	<b>TOTAL REVENUE</b>	545,634	-	545,634
M	200	<b>EXPENDITURE</b>			
M	201	GF 10% Local Match	65,046	-	65,046
M	202	Reported Local match cap amount			
		Examination Adjustment Local match cap amount			
		Examined Total Local match cap amount	\$ -		
M	203	GF Local Match Capped per MHC 330.1308	-	-	-
M	204	Local Cost for State Provided Services	122,377		122,377
M	205	Local Contribution to State Medicaid Match (CMHSP Contribution Only)	199,580		199,580
M	206	Local Contribution to State Medicaid Match on Behalf of Affiliate (PIHP Only)			-
M	207	Local Match to Grants and MDHHS Earned Contracts			-
M	208	Intentionally left blank			-
M	209	Local Only Expenditures			-
M	290	<b>TOTAL EXPENDITURE</b>	387,003	-	387,003
M	295	<b>NET LOCAL FUNDS SURPLUS (DEFICIT)</b>	158,631	-	158,631
M	300	<b>Redirected Funds (To) From</b>			
M	301	(TO) Medicaid Services - <b>A332</b> (PIHP use only)	-		
M	301.1	(TO) Healthy Michigan - <b>A1332</b> (PIHP use only)	-		
M	301.2	Intentionally left blank			
M	301.3	(TO) Opioid Health Home Services - <b>AE332</b> (PIHP use only)	-		
M	301.4	(TO) Health Home Services - <b>AG332</b> (PIHP use only)	-		
M	301.5	(TO) MI Health Link - <b>AK332</b> (PIHP use only)	-		
M	302	(TO) General Fund - <b>B331</b>	-	-	-
M	304	(TO) Targeted Case Management - <b>D302</b>	-	-	-
M	309	(TO) Injectable Medications - <b>G302</b>	-	-	-
M	309.1	(TO) PIHP to Affiliate Medicaid Services Contracts - <b>I306</b>	-	-	-
M	309.2	Intentionally left blank			-
M	309.3	(TO) PIHP to Affiliate Opioid Health Home Services Contracts - <b>IB306</b>	-	-	-
M	309.4	(TO) PIHP to Affiliate Health Home Services Contracts - <b>IC306</b>	-	-	-
M	309.5	(TO) PIHP to Affiliate MI Health Link Services Contracts - <b>ID306</b>	-	-	-
M	310	(TO) CMHSP to CMHSP Earned Contracts - <b>J307</b>	-	-	-
M	311	(TO) Non-MDHHS Earned Contracts - <b>K305</b>	480	-	480
M	313	(TO) Activity Not Otherwise Reported - <b>O302</b>	-	-	-
M	313.3	FROM MI Health Link (Medicare) - <b>AK336</b> - (PIHP use only)			-
M	314	Intentionally left blank			-
M	315	FROM Non-MDHHS Earned Contracts - <b>K304</b>			-
M	390	<b>Total Redirected Funds</b>	480	-	480
M	400	<b>BALANCE LOCAL FUNDS</b>	159,111	-	159,111

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority	Fiscal Year:	2019-2020
		Submission Type:	YE Final
		Submission Date:	3/31/2021

		REPORTED	EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
<b>N</b>	<b>RISK CORRIDOR</b>			
N	100 REVENUE			
N	101 Stop/Loss Insurance			-
N	102 Medicaid ISF for PIHP Share Risk Corridor	-		
N	103 MDHHS for MDHHS Share of Medicaid Risk Corridor			-
N	104 Restricted Fund balance for PIHP Share Risk Corridor	-		
N	190 TOTAL REVENUE	-	-	-
N	300 Redirected Funds (To) From			
N	301 (TO) Medicaid Services - PIHP Share - A333 (PIHP use only)	-		
N	301.1 (TO) Healthy Michigan - PIHP Share - A333 (PIHP use only)	-		
N	301.2 (TO) Restricted Fund balance for PIHP Share - A335 & A335 (PIHP use only)	-		
N	302 (TO) Medicaid Services - MDHHS Share - A334 (PIHP use only)	-		
N	303 (TO) General Fund - B332	-	-	-
N	390 Total Redirected Funds	-	-	-
N	400 BALANCE RISK CORRIDOR (must = 0)	-	-	-

<b>O</b>	<b>ACTIVITY NOT OTHERWISE REPORTED</b>			
O	100 REVENUE			
O	101 Other Revenue (describe): Production and Donor Revenues	85,945		85,945
O	102 Other Revenue (describe): CARES Act Revenues	15,527		15,527
O	103 Other Revenue (describe):			-
O	190 TOTAL REVENUE	101,472	-	101,472
O	200 EXPENDITURE			
O	201 Other Expenditure (describe): Production and Donor Expenses	85,945		85,945
O	202 Other Expenditure (describe): CARES Act Expenses	15,527		15,527
O	203 Other Expenditure (describe):			-
O	290 TOTAL EXPENDITURE	101,472	-	101,472
O	295 NET ACTIVITY NOT OTHERWISE REPORTED SURPLUS (DEFICIT)	-	-	-
O	300 Redirected Funds (To) From			
O	302 FROM Local Funds - M313			-
O	390 Total Redirected Funds	-	-	-
O	400 BALANCE ACTIVITY NOT OTHERWISE REPORTED	-	-	-

<b>P</b>	<b>GRAND TOTALS</b>			
P	190 GRAND TOTAL REVENUE	30,431,745	-	30,431,745
P	290 GRAND TOTAL EXPENDITURE	30,138,064	-	30,138,064
P	390 GRAND TOTAL REDIRECTED FUNDS (must = 0)	-	-	-
P	400 NET INCREASE (DECREASE)	293,681	-	293,681

<b>Q</b>	<b>REMARKS</b>
Q	This section has been provided for the CMHSP to provide narrative descriptions as requested in the FSR instructions or where additional narrative would be
Q	M101: Alcona County \$35,224, Alpena County \$150,216, Montmorency County \$31,435, Presque Isle County \$49,764 = \$266,639. B312: CMHSP to CMHSP
Q	Earned Contracts had a shortfall of \$13,807 which was supplemented with General Funds.
Q	



**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED FINANCIAL STATUS REPORT - ALL NON MEDICAID DIRECT CARE WAGE - SUPPLEMENTAL  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP:	Northeast Michigan Community Mental Health Authority	FISCAL YEAR:	2019-2020			
		Submission Type:	YE Final			YEAR TO DATE REPORTING
		Submission Date:	3/31/2021			
			<b>Column A</b>	<b>Column B</b>	<b>Column C</b>	<b>Column D</b>
			<b>Fiscal period</b>	<b>Fiscal period</b>	<b>Fiscal period</b>	
I			<b>4/1/20-6/30/20</b>	<b>7/1/20-9/30/20</b>	<b>10/1/19-9/30/20</b>	<b>Total</b>

<b>PIHP to AFFILIATE MEDICAID SERVICES CONTRACTS - CMHSP USE ONLY</b>						
I	201	Expenditure - Medicaid			26,358,893	26,358,893
I	201	Expenditure - Medicaid Direct Care Wage	262,766	262,446		525,212
I	201	<b>SUBTOTAL Medicaid Expenditures (incl Direct Care Wage)</b>	262,766	262,446	26,358,893	26,884,105
I	202	Expenditure - Healthy Michigan Plan			1,566,359	1,566,359
I	202	Expenditure - Healthy Michigan Plan Direct Care Wage	801	866		1,667
I	202	<b>SUBTOTAL Healthy Michigan Plan Expenditures (incl Direct Care Wage)</b>	801	866	1,566,359	1,568,026
I	203	Expenditure - MI Health Link				-
I	203	Expenditure - MI Health Link Direct Care Wage				-
I	203	<b>SUBTOTAL MI Health Link Expenditures (incl Direct Care Wage)</b>	-	-	-	-
I	290	<b>TOTAL EXPENDITURE</b>	263,567	263,312	27,925,252	28,452,131

<b>REMARKS</b>						
	Remarks may be added about any entry or activity on the report for which additional information may be useful.					
	Total Medicaid Direct Care Wage (Medicaid DCW - I. 201 + MI Health Link DCW - I. 203)		525,212			

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED GENERAL FUND CONTRACT RECONCILIATION AND CASH SETTLEMENT  
FOR THE YEAR ENDED SEPTEMBER 30, 2020**

**CMHSP:** Northeast Michigan Community Mental Health Authority

1. General Fund Services - Available Resources		Funding Resources
a.	CMH Operations (FSR B 101)	941,047
b.	Intentionally left blank	
c.	Intentionally left blank	
d.	Sub-Total General Fund Contract Authorization	\$ 941,047
e.	1st & 3rd Party Collections (FSR B 121 + B 122)	-
f.	Prior Year GF Carry-Forward (FSR B 123)	-
g.	Intentionally left blank	
h.	Redirected CMHSP to CMHSP Contracts (FSR B 313)	-
i.	Redirected Non-MDHHS Earned Contracts (FSR B 314)	-
j.	Sub-Total Other General Fund Resources	\$ -
k.	Local 10% Associated to 90/10 Services (FSR M 201)	65,046
l.	Local 10% Match Cap Adjustment (FSR M 203)	-
m.	Sub-Total Local 10% Associated to 90/10 Services	\$ 65,046
n.	Total General Fund Services - Resources	\$ 1,006,093

3. Summary of Resources / Expenditures		Amount
a.	Total General Fund Services - Resources	1,006,093
b.	Total General Fund Services - Expenditures	871,523
c.	Sub-Total General Fund Services Surplus (Deficit)	\$ 134,570
d.	Less: Forced Lapse to MDHHS (GF work sheet 5 d column F)	-
e.	Net General Fund Services Surplus (Deficit)	\$ 134,570

4. Disposition:		Amount
<b>Surplus</b>		
a.	Transfer to Fund Balance - GF Carry-Forward Earned	(47,052)
b.	Lapse to MDHHS - Contract Settlement	(87,518)
c.	Total Disposition - Surplus	\$ (134,570)
<b>Deficit</b>		
d.	Redirected from Local (FSR B 331)	-
e.	Redirected from risk corridor (FSR B 332)	-
f.	Total Disposition - Deficit	\$ -

5. Cash Settlement: (Due MDHHS) / Due CMHSP		Amount
a.	Forced Lapse to MDHHS	-
b.	Lapse to MDHHS - Contract Settlement	(87,518)
c.	Return of Prior Year General Fund Carry-Forward	
d.	Intentionally left blank	
e.	Contract Authorization - Late Amendment	-
f.	Intentionally left blank	
g.	Misc: (please explain)	
h.	Total Cash Settlement: (Due MDHHS) / Due CMHSP	\$ (87,518)

2. General Fund Services - Expenditures		90/10 - Local Cap	Expenditures
a.	100% MDHHS Matchable Services (FSR B 201)		207,259
b.	100% MDHHS Matchable Services - CMHSP Local Match Cap (FSR B 202)		-
c.	90/10% MDHHS Matchable Services (FSR B 203 Column A)	650,457	
d.	Local 10% Match Cap Adjustment (FSR M 203)	-	650,457
e.	Intentionally left blank		
f.	Intentionally left blank		
g.	Sub-Total General Fund Services - Expenditures		\$ 857,716
h.	GF Supplement for Unfunded Medicaid - (PIHP use only) (FSR B 301)		-
i.	GF Supplement for Unfunded Healthy Michigan - (PIHP use only) (FSR B 301.1)		-
j.	Intentionally left blank		
k.	Intentionally left blank		
l.	Intentionally left blank		
m.	Intentionally left blank		
n.	Intentionally left blank		
o.	Intentionally left blank		
p.	Intentionally left blank		
q.	GF Supplement for Injectable Medications (FSR B 309)		-
r.	GF Supplement for PIHP to Affiliate Medicaid Services Contracts (FSR B 310)		-
s.	Intentionally left blank		
t.	GF Supplement for PIHP to Affiliate Opioid Health Home Services Contracts (FSR B 310.2)		-
u.	GF Supplement for PIHP to Affiliate Health Home Services Contracts (FSR B 310.3)		-
v.	GF Supplement for PIHP to Affiliate MI Health Link Services Contracts (FSR B 310.4)		-
w.	GF Supplement for CMHSP to CMHSP Contracts (FSR B 312)		13,807
x.	Sub-Total General Fund Services Supplement - Expenditures		\$ 13,807
y.	Total General Fund Services - Expenditures		\$ 871,523

6. General Fund MDHHS Commitment		
a.	MDHHS / CMHSP Contract Funded Expenditures	806,477
b.	Earned General Fund Carry-Forward	47,052
c.	Total MDHHS General Fund Commitment	\$ 853,529

Examined Cash Settlement and MDHHS Commitment			
	Cash Settlement	Carry Forward	
Examined:	\$ (87,518)	\$ 47,052	
Original:			
Increase (Decrease):	\$ (87,518)	\$ 47,052	
Comments:			

**MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
EXAMINED GENERAL FUND CONTRACT SETTLEMENT WORKSHEET  
FOR THE YEAR SEPTEMBER 30, 2020**

CMHSP: Northeast Michigan Community Mental Health Authority

1. General Fund (Formula and Categorical Funding)	Contract Authorization	Cash Received			Amount Due CMHSP / (MDHHS) Cash Settlement
		Through 9/30	After 9/30 Prior to Settlement	Total	
a. CMH Operations	941,047	901,047	40,000	941,047	-
b. Intentionally left blank				-	-
c. Total Current FY GF Authorization / Cash Received / Cash Settlement	\$ 941,047	\$ 901,047	\$ 40,000	\$ 941,047	\$ -

2. Current Year - General Fund Carry-Forward - Maximum	Contract Authorization	Maximum C/F
a. CMH Operations	941,047	
b. Total Current Year Maximum Carry-Forward	\$ 941,047	\$ 47,052

3. Prior Year - General Fund Carry-Forward	FY	If balance of Prior Year GF Carry-Forward is not zero, balance must be explained
a. Prior Year GF Carry-Forward Earned		
b. Prior Year GF Carry-Forward (FSR B 123)	-	
c. Balance of Prior Year General Fund Carry-Forward	\$ -	

4. Categorical - Categories	Authorization	Expenditures	Lapse	Cost Above Authorizations
a. Other Funding - Please explain			-	-
b. Other Funding - Please explain			-	-
c. Other Funding - Please explain			-	-
d. Totals	\$ -	\$ -	\$ -	\$ -

**5. Narrative: Both CRCS and Contract Settlement Worksheet**

**SPECIAL FUND ACCOUNT**  
**For Recipient Fees and Third-Party Reimbursement**  
**As Added to Mental Health Code per PA 423, 1980**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2020**

CMHSP: Northeast Michigan Community Mental Health Authority

Part A: Mental Health Code (MHC) 330.1311 - County Funding Level				EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
1. County Funding - 1979/1980				\$	-
2. County Funding - Current Fiscal Year				\$	-

Part B: Mental Health Code (MHC) 330.1226a - Cash Collections Year to Date by Service Category and Source					EXAMINATION ADJUSTMENTS	EXAMINED TOTAL
Service Category	(1) Individuals Relatives	(2) Insurers Including Medicare	(3) Medicaid Health Plan Organizations	(4) Total		
1. Inpatient Services				\$ -		\$ -
2. Residential Services				\$ -		\$ -
3. Community Living Services		\$ 26,908		\$ 26,908		\$ 26,908
4. Outpatient Services		\$ 7,400		\$ 7,400		\$ 7,400
5. Total	\$ -	\$ 34,308	\$ -	\$ 34,308	\$ -	\$ 34,308

Part C: Mental Health Code (MHC) 330.1226a - Cash Collections Quarterly Summary				EXAMINATION ADJUSTMENTS	EXAMINED TOTALS
1. First Quarter				\$ 9,520	\$ 9,520
2. Second Quarter				\$ 10,204	\$ 10,204
3. Third Quarter				\$ 6,107	\$ 6,107
4. Fourth Quarter				\$ 8,477	\$ 8,477
5. Total				\$ 34,308	\$ 34,308

Explanation of Accrual and Examination Adjustments

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**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM CONTRACT  
AND  
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
CERTIFICATION OF MDHHS CONTRACT ATTACHMENTS C.6.5.1.1 & P.7.7.1.1 REPORT SUBMISSIONS**

CMHSP: Northeast Michigan Community Mental Health Authority	FISCAL YEAR:	2019-2020
	SUBMISSION TYPE:	YE Final
	SUBMISSION DATE:	3/31/2021

An "X" in the appropriate box in the section(s) below identifies the reports covered by this certification.

General Fund - Non Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Special Fund Account - Section 226a	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Financial Status Report (FSR) - All Non-Medicaid	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Financial Status Report (FSR) - All Non-Medicaid Supplemental	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Contract Reconciliation and Cash Settlement	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Contract Settlement Worksheet	X	Connie Cadarette	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>
Year End Accrual Schedule				

Medicaid Reports	"X"	Contact		
		Name	Telephone #	Email Address
Financial Status Report (FSR) - Medicaid				
Financial Status Report (FSR) - Healthy Michigan				
Financial Status Report (FSR) - Health Homes				
Financial Status Report (FSR) - Opioid Health Homes				
Financial Status Report (FSR) - MI Health Link				
RES Fund Balance				
Internal Service Fund (ISF)				
Shared Risk Calculation & Risk Financing				
Contract Reconciliation and Cash Settlement				
Contract Settlement Worksheet				
Year End Accrual Schedule				

**CERTIFICATION**

The name below is authorized to certify on behalf of the CMHSP or PIHP that this is an accurate statement of revenues / expenditures for the reporting period. Appropriate

Contact Information			
Name & Title	Date	Telephone #	Email Address
Connie Cadarette, Finance Officer	March 31, 2021	989-358-7704	<a href="mailto:ccadarette@nemcmh.org">ccadarette@nemcmh.org</a>



**MDHHS/PIHP MEDICAID MANAGED SPECIALTY SUPPORTS AND SERVICES CONCURRENT WAIVER PROGRAM CONTRACT  
AND  
MDHHS/CMHSP MANAGED MENTAL HEALTH SUPPORTS AND SERVICES CONTRACT (GF)  
FINANCIAL STATUS REPORT BUNDLE**

<b>CMHSP:</b>	Northeast Michigan Community Mental Health	<b>FISCAL YEAR:</b>	2019-2020
		<b>SUBMISSION TYPE:</b>	Fiscal Year
		<b>SUBMISSION DATE:</b>	3/31/2021

The "Additional Narrative" tab of the FSR Bundle should be utilized to provide additional narrative explanation regarding any entry or activity where additional information would be beneficial when the narrative section of the individual form was not sufficient.

<b>Column Instructions:</b>	
FORM (FSR Bundle Tab):	Select the appropriate Form (FSR Bundle Tab) from the drop down menu.
Row Reference:	Enter the row reference that the additional narrative refers to.
Narrative:	Enter narrative explanation regarding any entry or activity where additional information would be beneficial.

FORM (FSR Bundle Tab)	Row Reference	Narrative																		
FSR – All Non-Med	P190	<p style="text-align: center;"><b>Reconciliation between the issued financial statement and the Examined FSR</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Financial statement operating revenue</td> <td style="text-align: right;">\$ 30,071,819</td> </tr> <tr> <td>Financial statement non operating revenue</td> <td style="text-align: right;">9,229</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">30,081,048</td> </tr> <tr> <td>Medicaid settlements for FY 17, 18, 19</td> <td style="text-align: right;">236,523</td> </tr> <tr> <td>FY 20 Carryforward</td> <td style="text-align: right;">47,052</td> </tr> <tr> <td>Prior period adjustment FY 17</td> <td style="text-align: right;">(20,561)</td> </tr> <tr> <td>FY 20 Lapse</td> <td style="text-align: right;">87,518</td> </tr> <tr> <td>Admin Fees - Community Foundation</td> <td style="text-align: right; border-top: 1px solid black;">165</td> </tr> <tr> <td>Examined FSR Revenue</td> <td style="text-align: right; border-top: 1px solid black; border-bottom: 3px double black;">\$ 30,431,745</td> </tr> </table>	Financial statement operating revenue	\$ 30,071,819	Financial statement non operating revenue	9,229		30,081,048	Medicaid settlements for FY 17, 18, 19	236,523	FY 20 Carryforward	47,052	Prior period adjustment FY 17	(20,561)	FY 20 Lapse	87,518	Admin Fees - Community Foundation	165	Examined FSR Revenue	\$ 30,431,745
Financial statement operating revenue	\$ 30,071,819																			
Financial statement non operating revenue	9,229																			
	30,081,048																			
Medicaid settlements for FY 17, 18, 19	236,523																			
FY 20 Carryforward	47,052																			
Prior period adjustment FY 17	(20,561)																			
FY 20 Lapse	87,518																			
Admin Fees - Community Foundation	165																			
Examined FSR Revenue	\$ 30,431,745																			

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

FORM (FSR Bundle Tab)	Row Reference	Narrative
SELECT		

**Northeast Michigan Community Mental Health Authority**

Schedule of Findings and Questioned Costs

For the Year Ended September 30, 2020

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**Section I - Summary of Accountant's Results**

Medicaid Program

Type of accountant's report issued on compliance:

Unmodified

Internal control over Medicaid program:  
Material weakness(es) identified?

\_\_\_\_ Yes X No

Significant deficiency(ies) identified not considered  
to be material weaknesses?

\_\_\_\_ Yes X None reported

Material noncompliance with the provisions of laws,  
regulations, or contracts noted?

\_\_\_\_ Yes X No

Known fraud identified?

\_\_\_\_ Yes X No

General Fund Program

Type of accountant's report issued on compliance:

Unmodified

Internal control over General Fund program:  
Material weakness(es) identified?

\_\_\_\_ Yes X No

Significant deficiency(ies) identified not considered  
to be material weaknesses?

\_\_\_\_ Yes X None reported

Material noncompliance with the provisions of laws,  
regulations, or contracts noted?

\_\_\_\_ Yes X No

Known fraud identified?

\_\_\_\_ Yes X No

**CMHS Block Grant Program**

Not applicable.

**Northeast Michigan Community Mental Health Authority**

Schedule of Findings and Questioned Costs (continued)

For the Year Ended September 30, 2020

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**Section II - Current Year Findings and Questioned Costs**

None reported.

**Section III - Examination Adjustments**

None reported.

**Section IV - Prior Year Findings and Questioned Costs**

**Criteria:** The Medicaid subcontract between the Authority and the Northern Michigan Regional Entity (NMRE) along with 42 CFR 434.6(b) from the Code of Federal Regulations require that reimbursements to subcontractors must have appropriate and current documentation on costs and allowable services to be provided.

**Condition:** In our original sample of subcontracts, one subcontractor was noted as being reimbursed at prior year rates for the first few months of the fiscal year and another subcontractor had service codes that were agreed upon and noted within the consumers plan of service but were not noted within the contract. Our sample was expanded for additional subcontractors. No additional findings were noted.

**Status Update:** The Authority had implemented their Corrective Action Plan and no additional deficiencies were noted in relation to 2019-001.

**Northeast Michigan Community Mental Health Authority**

Comments and Recommendations

For the Year Ended September 30, 2020

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None noted.

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INTEROFFICE MEMORANDUM

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

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**I. Contracts/Agreements**

**A. Saginaw Psychological Services Inc.**

Due to the recent resignation of one of our psychologists, the Agency will need to cover a gap in psychological testing services. Our psychologist relocated to the Saginaw area and the new employer, Saginaw Psychological Services Inc. (SPSI), has agreed to enter into a contract to provide psychological testing of individuals served and also to provide consultation services. SPSI may be asked to testify at court hearings following psychological testing for guardianship. SPSI's rates for psychological testing range from \$29-\$187; consultation rate is in negotiation and court hearing testimony rates range from \$49-\$900. The contract will reimburse SPSI for mileage at their rate of \$0.56 per mile. We recommend approval.

**B. mod le Consulting LLC**

Due to results of two staff surveys completed in September 2020 and March 2021, management was presented with opportunities for improvement related to staff appreciation, workload, communication, supervision and wages/benefits. The Agency proposes to enter into a contract with mod le Consulting LLC to provide our leadership staff with one-on-one coaching to improve interactions between the supervisor and their staff. The goal is to create a positive culture and focus on organizational values. Leadership staff will gain experience using a structured, data-driven approach to achieve challenging goals. Leadership will gain increased awareness around the role of leadership in owning and creating culture. The total of this contract will be approximately \$38,500. The contract will be paid for in this fiscal year; however, the coaching services will be provided through next fiscal year. We recommend approval.



## Recipient Rights Advisory Committee Minutes July 21, 2021

The meeting was called to order at 3:00 p.m. July 21, 2021 by Chair Patricia Przeslawski in the Board Training Room.

**Present:** Tom Fredlund, Barb Murphy joined at 3:05, Pat Przeslawski, and Renee Smart-Sheppler  
**Absent:** Judy Jones (excused) and Lorell Whitscell (excused)  
**Staff:** Ruth Hewett  
**Guests:** None.

DRAFT MINUTES

I. **Old Business.** None.

II. **Approval of Minutes.** The minutes from 04-21-2021 were approved as written. Rene moved to approve, Tom supported, motion carried.

III. **New Business.**

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the third quarter of FY 21, 4/1/2021 – 6/30/2021. Complaints this quarter were comparable with the last quarter at 26 with 23 being investigated and 3 containing no code protected right. Of these 23, 5 were substantiated with 3 pending. Ruth noted two of the pending investigations were not substantiated. Ruth noted the low substantiation rate of 5 out of 23 investigations or 22%. Typically, there is a 50% substantiation rate. Renee moved to review the report, supported by Tom, motion carried.

SEMI-ANNUAL REPORT: The Semi-Annual rights report covered the months of 10/1/2020 to 3/31/2021 and included 56 complaints, of which 45 were investigated and 1 was handled as an intervention. Eight did not contain a Code-protected right, and 2 were outside the jurisdiction of the rights office. Renee moved to review the report, supported by Tom, motion carried.

COMMITTEE COMPOSITION SURVEYS: All surveys have been returned and tabulated. The committee meets and exceeds Mental Health Code requirements. Results are: 2 primary consumers and 4 family members of consumers. The Code requires at least 2 must be primary consumers or family members of primary consumers, and 1 must be a primary consumer. Areas of representation include a member of the faith based community, guardian of a primary consumer, board member of NEMROC, former regional director of Special Olympics, SIS Assessor, and retired deputy sheriff.

MDHHS RIGHTS SITE ASSESSMENT: Ruth informed the committee that the site reviewers will be on-site August 17-19, 2021 and will interview the chairperson.

IV. **Educational Session:** The committee conducted the annual policy review of the Rights of Substance Use Disorder Recipients, Policy #3860 with no revisions. Moved by Renee to review, supported by Barb.

V. **Other Business.**

The next meeting will be October 20, 2021 at 3 p.m. in the Administrative Conference Room.

**VI. Adjournment.**

Renee moved to adjourn the meeting, supported by Barb. The meeting adjourned at 3:23 pm.

Ruth Hewett, Recorder

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Patricia Przeslawski, Chairperson

**QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT**

**Time Period: April, May & June 2021:**

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>	39	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
Complaints Received:	33	23	26			38	26	31		
Investigated:	26	19	23			32	30	25	24	
Interventions:	01	-0-	-0-			01	02	01	02	
Substantiated:	22	08	05 + 3 pdg			14	18	17	21	
Outside Jurisdiction:	02	-0-	-0-			05	02	-0-	-0-	
No Code Protected Right:	04	04	03			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	4	4		0
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	6	6		3
Rights Protection System	0	0	0	0
Admiss/Dischrg-2 <sup>ND</sup> Opinion	0	0	0	0*
Civil Rights	0	0	0	0
Family Rights	0	0	0	0
Communication & Visits	0	0	0	0
Confidentiality/Disclosure	2	2	0	0
Treatment Environment	0	0	0	0**
Freedom of Movement	1	1	0	0 + 1 pdg
Financial Rights	0	0	0	0
Personal Property	3	3	0	0
Suitable Services	5	5	0	1+ 2 pdg
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
<b>Total</b>	<b>23</b>	<b>23</b>	<b>0</b>	<b>5 + 3 pdg</b>

Pending from last quarter:

\*Involuntary Admission Process was not substantiated.

\*\*Safety in the Treatment Environment was 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:		
**Tx Environ-Safety	Beacon Ossineke	Environmental Repair
Suit Serv-Dign & Resp	NEMCMH	1) Employee left bef subst 2) Documented Counsel.
Actions this qtr:		
Abuse II	NEMCMH	Suspension
Neglect III	NEMCMH	Employee left but substant.
Neglect III	NEMCMH	Wr Reprimand; Termination
Neglect III	NEMCMH	Written Reprimand
Suitable Services	NEMCMH	Verbal Reprimand

D. Summary of Incident Reports: April, May & June 2021

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	01	03	02	06		03
02.0 Accident – No injury	03	06	05	06	07	01		02
02.1 Accident – With injury	20	14	18	10	16	16		12
03.0 Aggressive Acts – No injury	16	30	51	25	39	24		40
03.1 Aggressive Acts – w/ injury	04	06	05	10	04	-0-		05
03.3 Aggressive Acts – Property Destruc	01	01	09	04	03	01		03
04.0 Death	01	05	05	05	08	02		05
05.0 Fall – No injury	07	12	10	20	12	09		07
06.0 Medical Problem	103	60	120	78	135	91		109
07.0 Medication Delay	04	06	05	05	02	06		04
07.1 Medication Error	29	19	23	19	19	22		21
07.2 Medication Other	52	49	46	52	49	41		51
07.3 Medication Refusal	99	47	22	77	04	63		73
08.0 Non-Serious Injury – Unknwn cause	08	03	08	06	08	07		04
09.0 Other	68	41	102	65	78	50		87
10.0 Self Injurious Acts – No injury	04	12	02	03	07	01		08
10.1 Self Injurious Acts – w/injury	09	06	06	02	04	04		02
Challenging Behavior	17	35	50	25	15	12		12
Fall – with injury	07	11	22	16	12	17		14
Arrests	04	05	02	08	06	03		03
Total	460	370	512	439	430	376		465

E. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	15.00	72.25
Hours Used in Training Received	3.00	11.00
Hours Used in Site Visits	2.00	25.00

F. Monitoring Activity	Quarter	YTD
Incident Report Received	403	1,371

G. Source of All Complaints:	Quarter	YTD
Recipient:	04	13
Staff:	15	50
ORR:	03	09
Gdn/Family:	01	06
Anonymous:	-0-	-0-
Comm/Gen Pub:	<u>03</u>	<u>04</u>
Total	26	82

Ruth M. Hewett, Recipient Rights Officer

Date

**Complaint Data for: Northeast Michigan CMH Authority**

Rights Office Director: **Ruth M. Hewett**

Reporting Period: **10/1/2020** to **3/31/2021**

**CMH** **1,836** # of Consumers Served (unduplicated count) **CMH** **2** Rights Office FTEs  
**LPH**  Number of Admissions **LPH**  Hours/40

**Section I: Complaint Data Summary**

**Part A: Agency Totals**

Allegations	56
Interventions	1
Investigations	45
Interventions Substantiated	0
Investigations Substantiated	30

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**COMPLAINT SOURCE**

Recipient	9
Staff	35
ORR	6
Guardian/Family	5
Anonymous	0
Community/General Public	1
Total Complaints Received	

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**TIMEFRAMES OF COMPLETED INVESTIGATIONS**

Category	Total	≤30	≤60	≤90	>90
Abuse I, II, III & Neglect I, II, III	10	4	1	0	0
All others	21	8	1	0	0

**Part B: Detailed Summary**

**1. Freedom from Abuse**

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
7221	Abuse class I	0	0	0	0	0	0
72221	Abuse class II - nonaccidental act	0	0	0	0	0	0
72222	Abuse class II - unreasonable force	3	3	1	0	5	0
72223	Abuse class II - emotional harm	0	0	0	0	0	0
72224	Abuse class II - treating as incompetent	0	0	0	0	0	0
72225	Abuse class II - exploitation	0	0	0	0	0	0
7223	Abuse - class III	2	2	2	0	4	0
7224	Abuse class I - sexual abuse	0	0	0	0	0	0

**2. Freedom from Neglect**

Code	Category	Received	Investigations	Investigations Substantiated	Recipient Population		
					MI	DD	SED
72251	Neglect class I	0	0	0	0	0	0
72252	Neglect class I - failure to report	0	0	0	0	0	0
72261	Neglect class II	1	1	1	1	0	0
72262	Neglect class II - failure to report	0	0	0	0	0	0
72271	Neglect class III	9	9	8	8	34	0
72272	Neglect class III - failure to report	0	0	0	0	0	0

### 3. Rights Protection System

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	Notice/explanation of rights	0	0	0	0	0	0	0	0
7520	Failure to report	2	0	0	2	2	1	1	0
7545	Retaliation/harassment	1			1	0	1	0	0
7760	Access to rights system	0	0	0	0	0	0	0	0
7780	Complaint investigation process	0	0	0	0	0	0	0	0
7840	Appeal process/mediation	0	0	0	0	0	0	0	0

### 4. Admission/Discharge/Second Opinion

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	Second opinion - denial of hospitalization	0	0	0	0	0	0	0	0
4190	Termination of voluntary hospitalization (adult)	0	0	0	0	0	0	0	0
4510	admission process	1	0	0	1	0	1	0	0
4630	Independent clinical examination	0	0	0	0	0	0	0	0
4980	Objection to hospitalization (minor)	0	0	0	0	0	0	0	0
7050	Second opinion - denial of services	0	0	0	0	0	0	0	0

### 5. Civil Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	Civil rights: discrimination, accessibility, accommodation, etc	0	0	0	0	0	0	0	0
7044	Religious practice	0	0	0	0	0	0	0	0
7045	Voting	0	0	0	0	0	0	0	0
7047	Presumption of competency	0	0	0	0	0	0	0	0
7284	Search/seizure	0	0	0	0	0	0	0	0

### 6. Family Rights

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	Family dignity & respect	1	0	0	1	1	0	1	0
7112	Receipt of general education information	0	0	0	0	0	0	0	0
7113	Opportunity to provide information	0	0	0	0	0	0	0	0

### 7. Communication & Visits

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	Visits	0	0	0	0	0	0	0	0
7262	Contact with attorneys or others regarding legal matters	0	0	0	0	0	0	0	0
7263	Access to telephone, mail	1	0	0	1	0	1	0	0
7264	Funds for postage, stationery, telephone usage	0	0	0	0	0	0	0	0
7265	Written and posted limitations, if established	0	0	0	0	0	0	0	0
7266	Uncensored mail	0	0	0	0	0	0	0	0

### 8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	Disclosure of confidential information	4	1	0	3	1	3	2	0
7485	Withholding of information (includes recipient access to records)	0	0	0	0	0	0	0	0
7486	Correction of record	0	0	0	0	0	0	0	0
7487	Access by p & a to records	0	0	0	0	0	0	0	0
7501	Privileged communication	0	0	0	0	0	0	0	0

### 9. Treatment Environment

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	Safe environment	3	0	0	3	2	4	4	0
7082	Sanitary/humane environment	0	0	0	0	0	0	0	0
7086	Least restrictive setting	0	0	0	0	0	0	0	0

**10. Freedom of Movement**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	Restrictions/limitations	0	0	0	0	0	0	0	0
7400	Restraint	0	0	0	0	0	0	0	0
7420	Seclusion	0	0	0	0	0	0	0	0

**11. Financial Rights**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	Safeguarding money	0	0	0	0	0	0	0	0
7302	Facility account	0	0	0	0	0	0	0	0
7303	Easy access to money in account	0	0	0	0	0	0	0	0
7304	Ability to spend or use as desired	0	0	0	0	0	0	0	0
7305	Delivery of money upon release	0	0	0	0	0	0	0	0
7360	Labor & Compensation	0	0	0	0	0	0	0	0

**12. Personal Property**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	Access to entertainment materials, information, news	0	0	0	0	0	0	0	0
7281	Possession and use	1	0	0	1	0	1	0	0
7282	Storage space	0	0	0	0	0	0	0	0
7283	Inspection at reasonable times	0	0	0	0	0	0	0	0
7285	Exclusions	0	0	0	0	0	0	0	0
7286	Limitations	0	0	0	0	0	0	0	0
7287	Receipts to recipient and to designated individual	0	0	0	0	0	0	0	0
7288	Waiver	0	0	0	0	0	0	0	0
7289	Protection	0	0	0	0	0	0	0	0

**13. Suitable Services**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	Dignity and Respect	14	0	0	14	10	4	22	0
7003	Informed consent	0	0	0	0	0	0	0	0
7029	Information on family planning	0	0	0	0	0	0	0	0
7049	Treatment by spiritual means	0	0	0	0	0	0	0	0
7080	Mental health services suited to condition	3	0	0	3	2	0	3	0
7100	Physical and mental exams	0	0	0	0	0	0	0	0
7130	Choice of physician/mental health professional	0	0	0	0	0	0	0	0
7140	Notice of clinical status/progress	0	0	0	0	0	0	0	0
7150	Services of mental health professional	0	0	0	0	0	0	0	0
7160	Surgery	0	0	0	0	0	0	0	0
7170	Electro convulsive therapy (ect)	0	0	0	0	0	0	0	0
7180	Psychotropic drugs	0	0	0	0	0	0	0	0
7190	Notice of medication side effects	0	0	0	0	0	0	0	0

**14. Treatment Planning**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	Person-centered process	0	0	0	0	0	0	0	0
7122	Timely development	0	0	0	0	0	0	0	0
7123	Requests for review	0	0	0	0	0	0	0	0
7124	Participation by individual(s) of choice	0	0	0	0	0	0	0	0
7125	Assessment of needs	0	0	0	0	0	0	0	0

**15. Photographs, Fingerprints, Audiotapes, One-way Glass**

Code	Category	Received	Interventions	Interventions Substantiated	Investigations	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	Prior consent	0	0	0	0	0	0	0	0
7242	Identification	0	0	0	0	0	0	0	0
7243	Objection	0	0	0	0	0	0	0	0
7244	Release to others/return	0	0	0	0	0	0	0	0

7245	Storage/destruction	0	0	0	0	0	0	0	0
<b>TOTALS</b>		<b>46</b>	<b>1</b>	<b>0</b>	<b>45</b>	<b>30</b>	<b>24</b>	<b>77</b>	<b>0</b>

**17. No Right Involved**

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Code	Category	Received
0000	No right involved	8

**18. Outside Provider Jurisdiction**

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Code	Category	Received
0001	Outside provider jurisdiction	2



**Section II: intervention & investigation substantiation data for: Northeast Michigan CMH Authority**

Category (from Complaint Data)	Specific Provider Type (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)	Specific Remedial Action (select from drop-down)
Abuse class II - unreasonable force	Residential MI & DD	Employee left the agency, but substantiated	Other						
Abuse - Class III	Residential DD	Suspension							
Abuse - Class III	Residential DD	Written Counseling							
Neglect - Class II	Residential MI	Employment Termination							
Neglect - Class III	Residential MI & DD	Other							
Neglect - Class III	Residential DD	Verbal Counseling							
Neglect - Class III	Residential DD	Verbal Counseling							
Neglect - Class III	Residential MI & DD	Employment Termination							
Neglect - Class III	Residential DD	Written Reprimand							
Neglect - Class III	Residential MI & DD	Policy Revision/Development							
Neglect - Class III	Residential MI & DD	Employee left the agency, but substantiated							
Neglect - Class III	Supported Employment	Written Counseling							
Failure to report (other than Abuse/Neglect)	Residential DD	Verbal Counseling							
Failure to report (other than Abuse/Neglect)	Residential MI	Written Reprimand	Written Reprimand	Written Reprimand					
Family dignity & respect	Other	Written Counseling							
Disclosure of confidential information	Other	Other							
Safe environment	Residential MI & DD	Other							



### Turnover by Department

Division/Department Name	# at 1/1/2021	Employees Hired/Trnsfr'd	Employees Separated/Trnsfr'd	# at 6/30/2021	Total Turnover
<b>Administration/Support Services</b>	42	2	3	41	7%
MI/IDD Program Management	5			5	0%
Psychiatry & Nursing Support	10	2	2	10	20%
OAS Services	13	2	4	11	31%
MI CRS Services	3	2	1	4	33%
MI Access	3	1		4	0%
MI Adult Casemanagement	10	1		11	0%
MI Adult A.C.T.	5	1	1	5	20%
Home Based Child	11	4	2	13	18%
MI Peer Support Services	3			3	0%
MI/IDD Employment Services	14	2	3	13	21%
Self Determination	5			5	0%
DD Casemanagement	8	2	1	9	13%
DD Clinical Support	3		1	2	33%
DD SIP Residential	41	8	13	36	32%
DD Community Support	18		1	17	6%
Blue Horizons	10		1	9	10%
Brege	10	4	4	10	40%
Cambridge	11	2	2	11	18%
Harrisville	10	1	2	9	20%
Mill Creek	9	3	2	10	22%
Pine Park	10	3	3	10	30%
Princeton	11	2	2	11	18%
Thunder Bay Heights	11	1	2	10	18%
Walnut	<u>11</u>	2	2	<u>11</u>	18%
<b>Totals</b>	287	45	52	280	18%

### Agency-Wide Turnover

<u>Division/Department Name</u>	<u># at</u> 1/1/2021	<u>Number</u> <u>Hires</u>	<u>Total</u> <u>Employees</u> <u>Separated</u>	<u># at</u> 6/1/2021	<u>Total</u> <u>Turnover</u> <u>Rate</u>
All Employees	<u>287</u>	<u>39</u>	<u>46</u>	<u>280</u>	16%

**Northeast Michigan Community Mental Health Authority**  
**Statement of Revenue and Expense and Change in Net Position (by line item)**  
**For the Ninth Month Ending June 30, 2021**  
**75% of year elapsed**

	Actual June Year to Date	Budget June Year to Date	Variance June Year to Date	Budget FY21	% of Budget Earned or Used
<b>Revenue</b>					
1 State Grants	64,643.07	77,690.25	\$ (13,047)	103,587.00	62.4%
2 Private Contracts	15,412.00	44,183.97	(28,772)	58,912.00	26.2%
3 Grants from Local Units	461,912.97	424,462.50	37,450	565,950.00	81.6%
4 Interest Income	1,435.25	9,123.75	(7,689)	12,165.00	11.8%
5 Medicaid Revenue	21,604,115.56	20,509,385.76	1,094,730	27,345,847.00	79.0%
6 General Fund Revenue	672,129.18	785,009.34	(112,880)	1,046,679.00	64.2%
7 Healthy Michigan Revenue	1,178,573.57	1,406,449.62	(227,876)	1,875,266.00	62.8%
8 3rd Party Revenue	335,496.07	290,511.00	44,985	387,346.00	86.6%
9 Behavior Health Home Revenue	14,038.80	0.00	14,039	0.00	0.0%
10 SSI/SSA Revenue	381,949.71	391,163.76	(9,214)	521,552.00	73.2%
11 Other Revenue	63,568.27	33,300.81	30,267	44,401.00	143.2%
12 <b>Total Revenue</b>	<b>24,793,274</b>	<b>23,971,281</b>	<b>821,994</b>	<b>31,961,705</b>	<b>77.2%</b>
<b>Expense</b>					
13 Salaries	10,307,337.75	10,205,963.00	(101,375)	13,612,264.00	75.7%
14 Social Security Tax	450,137.90	514,763.19	64,625	686,351.00	65.6%
15 Self Insured Benefits	2,462,305.82	2,224,451.57	(237,854)	2,965,936.00	83.0%
16 Life and Disability Insurances	149,937.14	168,950.07	19,013	225,267.00	66.6%
17 Pension	861,584.78	798,689.61	(62,895)	1,064,919.00	80.9%
18 Unemployment & Workers Comp.	119,285.33	138,184.47	18,899	184,246.00	64.7%
19 Office Supplies & Postage	31,286.26	35,791.29	4,505	47,721.00	65.6%
20 Staff Recruiting & Development	81,446.40	67,878.90	(13,568)	90,505.00	90.0%
21 Community Relations/Education	12,835.34	10,906.47	(1,929)	14,542.00	88.3%
22 Employee Relations/Wellness	41,927.03	39,053.97	(2,873)	52,072.00	80.5%
23 Program Supplies	386,655.97	461,293.47	74,638	615,058.00	62.9%
24 Contract Inpatient	1,009,997.26	943,684.47	(66,313)	1,258,246.00	80.3%
25 Contract Transportation	39,557.60	49,873.41	10,316	66,498.00	59.5%
26 Contract Residential	4,312,488.19	3,999,387.78	(313,100)	5,332,517.00	80.9%
27 Contract Employees & Services	2,841,009.00	2,968,746.79	127,738	3,958,329.00	71.8%
28 Telephone & Connectivity	105,963.87	100,496.34	(5,468)	133,995.00	79.1%
29 Staff Meals & Lodging	3,286.00	22,668.66	19,383	30,225.00	10.9%
30 Mileage and Gasoline	191,784.32	231,888.42	40,104	309,185.00	62.0%
31 Board Travel/Education	2,019.74	10,248.03	8,228	13,664.00	14.8%
32 Professional Fees	33,551.23	49,930.47	16,379	66,574.00	50.4%
33 Property & Liability Insurance	88,124.48	48,987.72	(39,137)	65,317.00	134.9%
34 Utilities	119,683.00	119,434.32	(249)	159,246.00	75.2%
35 Maintenance	86,086.02	118,104.66	32,019	157,473.00	54.7%
36 Rent	230,502.07	177,257.94	(53,244)	232,027.00	99.3%
37 Food (net of food stamps)	36,042.53	49,172.40	13,130	65,563.00	55.0%
38 Capital Equipment	130,473.62	43,076.02	(87,398)	57,435.00	227.2%
39 Client Equipment	24,258.70	11,121.03	(13,138)	14,828.00	163.6%
40 Miscellaneous Expense	100,839.20	81,718.38	(19,121)	108,958.00	92.5%
41 Depreciation Expense	241,590.70	279,557.91	37,967	372,744.00	64.8%
42 <b>Total Expense</b>	<b>24,501,997</b>	<b>23,971,281</b>	<b>(530,716)</b>	<b>31,961,705</b>	<b>77.1%</b>
43 <b>Change in Net Position</b>	<b>\$ 291,277</b>	<b>\$ -</b>	<b>\$ 291,277</b>	<b>\$ -</b>	<b>0.1%</b>
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 2,106,789				
46 Healthy Michigan Funds (Over) / Under Spent	618,699				
47 <b>Total NMRE (Over) / Under Spent</b>	<b>\$ 2,725,488</b>				
47 General Funds to Carry Forward to FY22	\$ 37,561				
48 General Funds Lapsing to MDHHS	88,582				
49 <b>General Funds (Over) / Under Spent</b>	<b>\$ 126,143</b>				

**Northeast Michigan Community Mental Health Authority**  
**Statement of Net Position and Change in Net Position**  
**Proprietary Funds**  
**June 30, 2021**

	Total Business- Type Activities June, 2021	Total Business- Type Activities Sept. 30, 2020	% Change
<b>Assets</b>			
Current Assets:			
Cash and cash equivalents	\$ 9,178,219	\$ 7,908,516	16.1%
Restricted cash and cash equivalents	1,015,027	866,778	17.1%
Investments	750,000	750,000	0.0%
Accounts receivable	941,894	943,040	-0.1%
Inventory	37,068	37,068	0.0%
Prepaid items	101,237	420,792	-75.9%
Beneficial Interest	4,637	4,637	0.0%
Total current assets	<u>12,028,081</u>	<u>10,930,830</u>	<u>10.0%</u>
Non-current assets:			
Capital assets not being depreciated	111,489	80,000	39.4%
Capital assets being depreciated, net	1,555,943	1,653,068	-5.9%
Beneficial Interest	9,043	9,043	0.0%
Total non-current assets	<u>1,676,475</u>	<u>1,742,111</u>	<u>-3.8%</u>
Total assets	<u>13,704,557</u>	<u>12,672,940</u>	<u>8.1%</u>
<b>Liabilities</b>			
Current liabilities:			
Accounts payable	5,619,262	4,814,405	16.7%
Accrued payroll and payroll taxes	1,269,136	1,436,289	-11.6%
Deferred revenue	17,510	63,290	-72.3%
Current portion of long-term debt (Accrued Leave)	84,552	72,203	17.1%
Total current liabilities	<u>6,990,459</u>	<u>6,386,187</u>	<u>9.5%</u>
Non-current liabilities:			
Long-term debt, net of current portion (Accrued Leave)	930,475	794,575	17.1%
Total liabilities	<u>7,920,935</u>	<u>7,180,762</u>	<u>10.3%</u>
<b>Net Position</b>			
Invested in capital assets, net of related debt	1,667,432	1,733,068	-3.8%
Unrestricted	4,116,190	3,759,111	9.5%
Total net position	<u>\$ 5,783,622</u>	<u>\$ 5,492,179</u>	<u>5.3%</u>
<b>Net Position Beginning of Year</b>			
Revenue	5,492,179		
Expense	24,793,274		
	<u>(24,501,997)</u>		
Change in net position	<u>291,277</u>		
<b>Net Position June 30, 2021</b>	<u>\$ 5,783,456</u>		

Unrestricted Net Position as a % of projected annual expense  
Recommended Level

12.9% or 47 days  
8% - 25%

1

9:09 AM

Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2020 - 6/30/2021

	YTD
LIABILITY\FUND BALANCE ACTIVITY	
ENDOWMENT	
Beginning Balance	72,952.26
	-----
Revenue:	
Contributions	3,214.18
	-----
Increase (Decrease)	3,214.18
	-----
Ending Balance	76,166.44
	=====
RESERVE	
Beginning Balance	17,501.29
	-----
Revenue:	
Interest and Dividends	2,315.74
Realized Gain(Loss)	9,216.63
Unrealized Gain(Loss)	8,605.57
	-----
Total Revenue	20,137.94
	-----
Expense:	
Transfer To Spendable This FY	4,068.38
Administrative Fees	949.32
	-----
Total Expense	5,017.70
	-----
Increase (Decrease)	15,120.24
	-----
Ending Balance	32,621.53
	=====
SPENDABLE	
Beginning Balance	13,347.64
	-----
Revenue:	
Transfer From Reserve	4,068.38
	-----
Total Revenue	4,068.38
	-----
Expense:	
	-----
Total Expense	0.00
	-----
Increase (Decrease)	4,068.38
	-----
Ending Balance	17,416.02

Community Foundation for Northeast Michigan  
NE Mich Community Mental Health Fund

10/01/2020 - 6/30/2021

YTD

BALANCE SHEET

Assets:

Investment Pool 126,203.99

Total Assets 126,203.99

Current Liabilities:

Liability\Fund Balances:

Endowment 76,166.44

Reserve 32,621.53

Spendable 17,416.02

Total Liability\Fund Balances 126,203.99

Total Liabilities and Equity 126,203.99

07/12/2021  
9:09 AM

Financial Statement Consolidated  
Selections

Database: 1. CF for Northeast Michigan  
Selections for User: denise

Format

Statement: conag  
Foundation Name: Community Foundation for Northeast Michigan  
Statement Title: NE Mich Community Mental Health Fund  
Period Covered: 10/01/2020 - 6/30/2021  
Statement Date:  
Base Year: 2021  
Base Period: 9

Options

Print G/L account numbers: no  
Print lines with zero balances: no  
Print: NO

G/L Segments	From	Through
Organization:		
Class:		
Type:		
Sub-Type:		
Fund:	nemcmh	nemcmo
Account:		
Func. Exp.:		

Send To  
Screen



GOVERNANCE PROCESS

(Manual Section)

**CHAIRPERSON'S ROLE**

(Subject)

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

August 8, 2002  
October 8, 2020

**●1 POLICY:**

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

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

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

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

●2    **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3    **DEFINITIONS:**

●4    **REFERENCES:**

Board By-Laws  
Roberts Rules of Order

●5    **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD MEMBERS PER DIEM**

(Subject)

Board Approval of Policy

August 8, 2002

Last Revision Approved by the Board:

August 11, 2016

●1 **POLICY:**

1. Board Members shall be paid a per diem of \$40 per meeting within the service area, \$60 per meeting outside the service area and \$75 per day for conference attendance. In order to be eligible for these payments, these meetings must be approved by the Board or by the Board Chair if time constraints would not permit a delay until the next meeting of the Board.
2. Reimbursement of Board Members' expenditures for travel, lodging, meals, registration fees, tolls, parking fees and similar expenses related to Board business shall be at current rates established by the Board and consistent with applicable guidelines.
3. For purposes of reimbursement of expenses of travel to Board and Committee meetings held in a city other than a Board Member's city or township of residence, each Board Member shall have established a standard round-trip distance between home and Board Meeting site; reimbursement of such travel expenses shall be made monthly. For other Board-business-related travel, a record of actual mileage (via the shortest route between home and destination) shall be required, unless standard-map-mileage is utilized as a default. Wherever practical, Board Members traveling to the same destination should coordinate transportation to minimize expense. Reimbursement of all other expenses shall require documentation in the form of receipts. No reimbursement shall be made for purchases of alcoholic beverages.

4. Current reimbursement rates are:

Mileage: Mileage reimbursement equal to employee reimbursement rates<sub>[D5]</sub>

Lodging: \$75.00 per night, unless lodging is at the site of a conference, in which case that facility's rate shall be honored. Hotel accommodations should be made by the Executive Secretary or designee so tax exemption occurs. Board members are encouraged to utilize double occupancy when appropriate.

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

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Meals: **\$65.00** per day maximum, or individually by meal. Please note the allowance includes a gratuity to a maximum of 15%.  
    **\$ 15.00** for Breakfast  
    **\$ 20.00** for Lunch  
    **\$ 30.00** for Dinner

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

**BOARD SELF-EVALUATION**

(Subject)

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

November 7, 2002  
August 8, 2019

●1 **POLICY:**

In cooperation with the Executive Director, the board will establish a set of measurable standards in which the function and process of the board and performance of the individual board members can be evaluated.

Under the leadership of the chairperson, on an annual basis, the board will conduct a self-evaluation in conjunction with the appraisal of the executive director.

The board will evaluate itself in the areas outlined in the Board Job Description policy.

The Chairperson will distribute a report to the board outlining the results of the self-evaluation.

The board will discuss and interpret the outcomes of the self-evaluation.

The board will formulate a work plan that will highlight specific goals and objectives for improvement of identified areas.

The board will monitor its adherence to its own Governance Process policies on a regular basis. Upon the choice of the board, any policy can be monitored at any time. However, at minimum, the board will both review the policies and monitor its own adherence to them, according to the perpetual calendar schedule.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**From:** [Monique Francis](#)  
**To:** [Monique Francis](#)  
**Cc:** [Robert Sheehan](#); [Alan Bolter](#)  
**Subject:** FY 2022 CMHA dues and fees as approved by CMHA Member Assembly  
**Date:** Tuesday, July 20, 2021 11:25:43 AM  
**Attachments:** [dues calculation 21-22 Based on 2019 Numbers 2% increase.pdf](#)

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To: CMHA Officers; Members of the CMHA Board of Directors and Steering Committee; CMH & PIHP Board Chairpersons; CEOs of CMHs, PIHPs, and Provider Alliance members

From: Robert Sheehan, CEO, CMH Association of Michigan

Re: FY 2022 CMHA dues and fees as approved by CMHA Member Assembly

During its meeting today, July 20, the CMHA Member Assembly approved the FY 2022 CMHA budget and member dues. While CMHA will not invoice CMHA members for those dues and fees until October 2022, the dues and fees for FY 2022 are provided below and in the attached to allow CMHA members to plan their FY 2022 budgets.

**Community Mental Health Services Programs Members (CMH):**

FY 2022 dues for each CMH are listed in Column F in the attached.

**Prepaid Inpatient Health Plans Members (PIHP):**

No fee increase recommended for FY 2022; retaining PIHP fees at \$5,273 per PIHP per year.

**Provider Alliance Members:**

No dues increase recommended for FY 2022; retaining Provider Alliance membership dues at:

Providers with annual budgets of \$1 million or less:	\$474/year
Providers with annual budgets of \$1 million to \$3 million:	\$1,200/year
Providers with annual budgets over \$3 million:	\$2,645/year

**Corporate/Organizational Affiliate Members and Individual Affiliate Members:**

No dues increase recommended for FY 2022; retaining Corporate/Organizational and Individual Affiliate Member dues at

Corporate/organizational affiliate member (Silver)	\$ 474/year
Corporate/organizational affiliate member (Gold)	\$2,645/year
Individual affiliate member (Silver)	\$ 200/year
Individual affiliate member (Gold)	\$ 500/year

Robert Sheehan  
Chief Executive Officer  
Community Mental Health Association of Michigan  
[426 South Walnut Street, Lansing MI 48933](#)

**CMHAM Formula Calculations for Member Dues for Fiscal Year 2021-2022**

A	B	C	D	E	F	G	H
CMHSP	Total Revenue/Cost FY 18	Total Revenue/Cost FY 19	Variable Base (All Dues Capped at \$23,938)	Remaining Spread (cost /1000*.045)	Proposed FY 22 Dues based on FY 19 Allocations (All Dues Capped at \$29,244)	FY 21 Assessed Dues based on FY 18 Allocations	Change in Dues Amount from FY 21 to FY 22
Allegan	25,635,061	27,016,152	12,692	1,216	13,908	13,597	311
AuSable Valley	24,030,560	25,589,199	12,692	1,152	13,844	10,760	3,083
Barry	11,524,175	11,635,519	9,873	524	10,397	10,198	199
Bay-Arenac	50,997,251	52,461,866	15,512	2,361	17,873	17,503	370
Berrien	51,447,126	49,869,314	12,692	2,244	14,936	17,523	(2,587)
Centra Wellness NW (Mans B)	15,500,099	16,225,768	9,873	730	10,603	10,377	227
Clinton Eaton Ingham	125,628,724	136,844,188	21,155	6,158	27,313	26,393	920
CMH for Central MI	99,227,635	105,730,603	21,155	4,758	25,913	22,439	3,474
Copper Country	16,438,187	17,753,333	9,873	799	10,672	10,419	253
Detroit-Wayne	810,645,858	845,628,946	23,938	38,053	29,244	28,671	573
Genesee	128,879,031	137,860,894	21,155	6,204	27,359	26,540	819
Gogebic	7,696,199	8,272,644	6,914	372	7,286	7,260	26
Gratiot	15,288,621	16,166,178	9,873	727	10,600	10,367	233
Hiawatha	16,035,401	16,091,332	9,873	724	10,597	10,401	197
Huron	11,229,903	11,692,068	9,873	526	10,399	10,184	215
Ionia- The Right Door for Hope	15,859,626	17,339,211	9,873	780	10,653	10,393	261
Kalamazoo	89,102,674	82,719,474	18,333	3,722	22,055	21,984	72
Lapeer	21,256,010	21,744,588	9,873	979	10,852	10,636	216
Lenawee	20,640,222	20,919,274	9,873	941	10,814	10,608	207
LifeWays	67,681,084	79,096,320	15,512	3,559	19,071	18,254	818
Livingston	34,833,187	36,787,295	12,692	1,655	14,347	14,010	337
Macomb	230,296,017	235,999,369	23,938	10,620	29,244	28,671	573
Monroe	35,512,078	38,081,010	12,692	1,714	14,406	14,041	365
Montcalm	17,653,638	19,550,516	9,873	880	10,753	10,473	279
Muskegon- HW	68,395,370	71,740,399	15,512	3,228	18,740	18,286	455
Network180 (Kent)	164,272,548	165,194,125	23,938	7,434	29,244	28,671	573
Newaygo	14,429,212	15,637,479	9,873	704	10,577	10,328	248
North Country	49,306,357	51,616,399	15,512	2,323	17,835	14,662	3,173
Northeast Michigan	28,528,103	28,797,644	12,692	1,296	13,988	13,727	261
Northern Lakes	71,034,466	74,109,093	15,512	3,335	18,847	18,405	442
Northpointe	18,649,513	19,589,855	9,873	882	10,755	10,518	236
Oakland	316,745,978	344,208,326	23,938	15,489	29,244	28,671	573
Ottawa	40,440,320	41,878,019	12,692	1,885	14,577	14,263	314
Pathways	38,042,018	39,750,606	12,692	1,789	14,481	14,155	326
Pines	14,454,058	14,431,827	9,873	649	10,522	10,329	193
Saginaw	82,652,175	84,433,210	18,333	3,799	22,132	21,693	439
Sanilac	17,651,791	19,590,919	9,873	882	10,755	10,473	281
Shiawassee	21,054,468	22,483,373	9,873	1,012	10,885	10,626	258
St. Clair	56,088,420	59,832,635	15,512	2,692	18,204	17,732	472
St. Joseph	17,395,415	17,677,355	9,873	795	10,668	10,462	207
Summit Pointe	54,543,411	56,172,457	15,512	2,528	18,040	17,662	377
Tuscola	19,090,620	21,043,292	9,873	947	10,820	10,538	282
Van Buren	26,100,136	26,992,860	12,692	1,215	13,907	13,618	289
Washtenaw	86,448,070	89,493,472	18,333	4,027	22,360	21,864	496
West Michigan	21,570,208	24,077,909	9,873	1,084	10,957	10,650	307
Woodlands	12,915,517	13,011,549	9,873	586	10,459	10,260	198
<b>Totals:</b>	<b>3,182,846,541</b>	<b>3,332,837,864</b>	<b>631,529</b>	<b>149,978</b>	<b>731,134</b>	<b>709,294</b>	<b>21,840</b>

	Program	Consumers served July 2021 (7/1/21 - 7/31/21)	Consumers served in the Past Year (8/1/20 - 7/31/21)	Running Monthly Average(year) (8/1/20 - 7/31/21)
1	Access / Crisis / Prescreens	47 - Routine 0 - Emergent 0 - Urgent 53 - Crisis 60 - Prescreens	666 - Routine 2 - Emergent 3 - Urgent 647 - Crisis 639 - Prescreens	56 - Routine 0 - Emergent 0 - Urgent 55 - Crisis 53 -Prescreens
2	Doctors' Services	343	1415	407
3	Case Management			
	Older Adult (OAS)	96	222	103
	MI Adult	146	366	135
	MI ACT	30	116	27
	Home Based Children	49	126	53
	MI Children's Services	127	381	149
	IDD	168	417	159
4	Outpatient Counseling	137(27/110)	381	161
5	Hospital Prescreens	60	639	53
6	Private Hospital Admissions	26	242	
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	43	87	47
	MI	11	64	20
	Touchstone Clubhouse	81	91	80
9	Peer Support	35	61	41
10	Community Living Support Services			
	IDD	82	138	76
	MI	65	114	63
11	CMH Operated Residential Services			
	IDD Only	58	61	57
12	Other Contracted Resid. Services			
	IDD	32	36	32
	MI	35	43	37
13	Total Unduplicated Served	992	2331	1068

County	Unduplicated Consumers Served Since August 2020
Alcona	254
Alpena	1440
Montmorency	250
Presque Isle	282
Other	83
No County Listed	22



**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

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INTEROFFICE MEMORANDUM

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**TO:** Board Members  
**FROM:** Eric Lawson  
**SUBJECT:** Self-Evaluation  
**DATE:** July 29, 2021

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During the August meeting, we traditionally review the policy self-evaluation that we have conducted during our monthly board meetings related to Board compliance with the policies. Included here are excerpts from the last year's minutes highlighting those discussions.

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-002 Governing Style	This policy requires self-evaluation. Eric Lawson reported the Board is functioning in one voice so is abiding with this policy.	04-08-21
02-003 Board Job Description	Eric Lawson noted the board is required to review and self-evaluated their compliance to this policy. Eric Lawson notes in the first bullet, it explains Board members are the link and the embodiment to the four counties this Agency serves. He reviewed the ways of including individuals receiving services in planning. The Advisory Council participates in the Strategic Planning process and a community needs assessment is conducted as a part of the annual submission to identify areas of focus based on input received. The Agency is working to become more visible in the community by participating in events such as "The Take Back Event," "Pop Up Pantries," "Suicide Prevention Walk" and will be hosting a Blood Drive on May 18 <sup>th</sup> . Pat Przeslawski noted this policy is well written.	05-13-21
02-004 Chairperson's Role	Eric Lawson reported he believes the Board reviews the policies pretty good; however, the self-evaluation of the policy is sometimes vague. Eric Lawson noted he reviewed the policy and believes he as Chair the policy is followed. Roger Frye, Lester Buza and Terry Larson also believe the Board is following this policy as written. Bob Adrian reported there is a sentence in the #3., in which the Chair has the right to limit the number of persons wishing to address the Board on the same subject. He	08-13-20

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-004 Chairperson's Role (continued)	<p>notes in reviewing a similar element for the County, under open meetings act this cannot be limited to a restricted number of individuals. He also notes responses are not generally provided during these question sessions. It might say the Chair may or may not answer questions to the Board. This policy will be reviewed and brought back to the Board with future recommendations.</p> <p>Eric Lawson reviewed the proposed changes to this policy after a review of the Open Meetings Handbook recently published by Dana Nessel, Attorney General for Michigan. Gary Nowak inquired with the proposed revisions, what the process would be for an allowance of an extension of time for someone to address the Board. Gary Wnuk noted if there are issues requiring addition time, a person could request to be on the agenda for a presentation. A suggestion was whether the last sentence that was suggested to be deleted remain in the policy..."The presiding officer may also extend the period of time with approval of the Board." After discussion, this sentence will remain in the policy.</p>	10-08-20
02-005 Board Committee Principles	Pat Przeslawski reported this policy seems to be written well. Eric Lawson noted we do not use committees often. Diane Hayka reported the ad hoc committee has been used for work on a CARF issue related to ethics in the past.	02-11-21
02-006 Board Committee Structure	Eric Lawson requested Board member input as to whether the Board is adhering to the policy as a self-evaluation. Discussion related to the Nominating Committee functions. The Consumer Advisory Council recently changed their name to Advisory Council, which will need to be amended to this policy. The per diems for the Advisory Council have been the same amount for several years. This meeting generally lasts one hour or less.	09-10-20
02-007 Annual Board Planning Cycle	Board members indicated they have met their own expectations related to this policy and requested no revisions to this policy.	10-08-20
02-008 Code of Conduct	This policy is one that is attested to annually and must be signed and returned to Diane Hayka.	03-11-21

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-009 Board Member Per Diem	Board members reviewed this policy and the various elements of per diems were discussed along with mileage and meal reimbursement. Diane Hayka provided explanation of the hotel rate noting as long as the Agency makes the reservation, it is able to get government rates and tax exemption. No changes were recommended.	08-13-20
02-010 Public Hearing	Board members reviewed this policy and requested a revision to change "Director" in the second paragraph to "Executive Director or their designee." It was noted public hearing traditionally held upon receipt of the Annual Submission was not held due to COVID this calendar year. The Department requested information related to COVID activities of the Agency in lieu of the hearing.	07-08-21
02-011 Board Member Recognition	Board members reviewed this policy. Board members determined they were in compliance with the policy and there were no revisions needed.	12-10-20
02-012 Board Self-Evaluation	Pat Przeslawski reports this policy seems to cover all aspects of what the Board is to do for self-evaluation. She believes the policy is written clearly. Eric Lawson concurs it is well written. The Board will begin the self-evaluation process later in this meeting as well.	08-13-20
02-013 Cost of Governance	The budget numbers have been adjusted for the current fiscal year in this policy revision. The budget numbers in 2.C. have increased significantly due to a transfer of dollars related to the Partners in Prevention Contract transferred to community education. Nena Sork noted previously the dollars were reported under Children's Services as the Agency contracted with Partners to provide Children's Friendship Training. This artificially inflated the unit cost in service provision in the Children's department. The dollars have been transferred to the public relations portion of our budget which accurately reflects the community service element.	04-08-21
02-014 Board Core Values	Board members reviewed the policy and there were no revisions recommended. Les Buza reported this policy is also written well with everything in place. Eric Lawson reported our policies are written to support independence of individuals.	05-13-21

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-015 Board Member Orientation	The content of this policy seems to be sufficient; however, due to COVID this past year the orientation has been more difficult to attain. More focus will need to be taken in the future to comply with the elements of the policy.	12-10-20
02-016 Disclosure of Ownership		06-13-19
03-001 Executive Director Role	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.	01-14-21
03-002 Delegation to the Executive Director	Eric Lawson reviewed the policy with Board members and reviewed 4. 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." Gary Nowak reported that once the board approves the budget the director has the authority to manage services staying within the budget. The policies are designed to identify the tasks the Director cannot do versus what can be done. Geyer Balog requested further clarification about the hands off approach the Board takes. The new Board members will receive training in policy governance, which will give them a good understanding of the processes this Board utilizes.	02-11-21
03-003 Executive Job Description	Board members reviewed the policy and had no recommended changes. Eric Lawson noted this policy is very clear and he likes the statement "the Executive Director's performance will be considered to be synonymous with organizational performance as a total."	10-08-20
03-004 Monitoring Executive Performance	Eric Lawson reported the last revision changed the CEO references to Executive Director. He notes the monitoring reports directly evaluate the performance of the Director and he believes the Board does a good job on this.	10-08-20

**NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY**

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
03-005 Chief Executive Officer Search Process	Eric Lawson reported this process should be relatively fresh in Board member's minds. Board members reviewed the policy. Judy Jones noted she like the statement of 3.b. This policy is fairly new and Board members suggested no revisions at this time.	09-10-20

In addition to the review above, the Board also completes an additional form as a self-evaluation tool which has been used by other Boards seeking CARF Accreditation under Board Governance. We have attached this form again for completion. We believe this was a useful tool in achieving our accreditation under Board Governance. Please complete this form and return it to Diane Hayka. She will compile the results and present them at the September meeting.

Attachment

**NEMCMHA BOARD SELF-EVALUATION  
2021**

	ITEM	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1	There is sufficient meeting time devoted to discussion of NeMCMHA performance and review of strategic issues.				
2	Board and Committee meetings are productive.				
3	The free and open exchange of views is encouraged.				
4	The Board provides clearly written expectations and qualifications for the Executive Director position.				
5	Board members are involved and interested in the Board's work.				
6	The Board of Directors has a written process for handling urgent matters between meetings.				
7	Board members understand the Agency's mission and its programs.				
8	Board members participate in the organization in ways other than attending monthly meetings.				
9	The Board has defined its role, responsibilities, and the scope of its authority.				
10	Board members understand the financial structure of the organization and their fiduciary responsibilities.				
11	New Board members are oriented to NeMCMHA's mission, vision, bylaws, policies, Board structure, and their roles and responsibilities as members.				
12	The Board is familiar with NeMCMHA programs and kept informed of critical changes as they occur.				
13	Board members have complete information about financial issues which pertain to Board decisions and responsibilities.				
14	Board members are appropriately involved in the strategic planning of the organization.				
15	NeMCMHA effectively attempts to address identified gaps and deficits in service.				
16	The mission/vision reflects issues important to our service populations.				
17	The Board has identified, prioritized, and scheduled those issues that it believes should be discussed and reviewed by the Board on a regular basis.				
18	I have sufficient opportunity for input into policy development and decision-making.				
19	I am an active participant in committees and meetings.				
20	I understand NeMCMHA's financial position, funding sources, and resources.				
21	I understand the mission and values of NeMCMHA.				

A. WHAT ISSUES HAVE MOST OCCUPIED THE BOARD'S TIME AND ATTENTION DURING THE PAST YEAR?

B. WHAT IS THE MOST IMPORTANT PRIORITY FOR NEMCMHA TO ADDRESS OVER THE NEXT 12 MONTHS?

C. IN WHAT WAYS SHOULD THE BOARD'S ROLE BE EXPANDED OR REDUCED?

D. WHAT WERE THE ONE OR TWO SUCCESSES DURING THE PAST YEAR FOR WHICH THE BOARD TAKES SOME SATISFACTION?

E. WHAT OPPORTUNITIES FOR IMPROVEMENT DO YOU SEE IN THE BOARD'S ORGANIZATION OR PERFORMANCE?

F. HOW DOES THIS BOARD COMPARE TO OTHER BOARDS ON WHICH YOU SERVE?

OTHER COMMENTS:





# Northeast Michigan Community Mental Health Authority

**To:** Board Members

**From:** Margie Hale-Manley

**Date:** July 30, 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 2-1-21.

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. \$240.89- Employment clothing and bike for transportation.

## SEPTEMBER AGENDA ITEMS

### **Policy Review**

01-001 General Executive Constraint  
01-009 Compensation & Benefits

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

02-006 Board Committee Structure  
03-005 Chief Executive Officer  
Search Process

### **Monitoring Reports**

01-004 Budgeting  
01-009 Compensation & Benefits [if salary survey is received]

### **Review**

Annual Planning Cycle – Set Perpetual Calendar  
Review Linkage Activities and establish schedule

### **Ownership Linkage**

Public Hearing Budget

### **Educational Session**

### **Self-Evaluation**

Finalize Annual Self-Evaluation



# WEEKLY Update

July 30, 2021

## TABLE OF Contents

<b>CMH Association and Member Activities .....</b>	<b>3</b>
<i>New! CMHA develops social media messages highlighting successes of public system.....</i>	<i>3</i>
<i>Seeking Nominations: Nick Filonow Award of Excellence for 2021 .....</i>	<i>3</i>
<i>Traveling Art Show.....</i>	<i>3</i>
<b>State &amp; National Developments and Resources.....</b>	<b>4</b>
<i>New! Video recording available from recent MDHHS webinar: COVID 19 emergency response.....</i>	<i>4</i>
<i>New! Suicide Among Black Girls Is a Mental Health Crisis Hiding in Plain Sight.....</i>	<i>4</i>
<i>New! Overcoming stigma: Three strategies toward better mental health in the workplace.....</i>	<i>4</i>
<b>State Legislative Update .....</b>	<b>4</b>
<i>View June’s Legislative Video on CMHA’s Website.....</i>	<i>4</i>
<i>Senate Integration Proposal Introduced .....</i>	<i>5</i>
<b>Federal Update.....</b>	<b>5</b>
<i>Key Legislation Introduced to Expand CCBHC Program.....</i>	<i>5</i>
<b>Education Opportunities.....</b>	<b>6</b>
<i>New! Registration is Open! 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference .....</i>	<i>6</i>
<i>New! Save the Date! Michigan Celebrate Recovery Walk &amp; Rally.....</i>	<i>6</i>
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!.....</i>	<i>7</i>

<i>VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open!</i> .....	7
<i>Virtual Self-Determination Conference – Registration Open</i> .....	8
<i>Deadline: Friday, July 30, 2021. Call for Presentations: CMHA Annual Fall Conference (in person)</i> .....	8
<i>New! Registration Open: 28<sup>th</sup> Virtual Annual Recipient Rights Conference</i> .....	8
<i>Virtual Motivational Interviewing College Trainings – Registration Open</i> .....	8
<i>Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open</i> .....	9
<i>Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment</i> .....	10
<i>Recovery-Based Co-Occurring Treatment Planning and Delivery</i> .....	10
<i>Stage Matched Treatment for Co-Occurring Needs</i> .....	11
<i>New! CMHA Partners in Beyond Tokenism announces workshops on empowerment for persons with disabilities</i> .....	11
<i>Grand Challenges in Social Work announces webinar series: Eliminate Racism</i> .....	12
<b>Behavioral Telehealth Resource Center</b> .....	<b>12</b>
<i>Telehealth Resource Center</i> .....	12
<i>New! NACHC Survey on Audio-Only Telehealth &amp; Health Centers</i> .....	12
<i>2022 Proposed Physician Fee Schedule</i> .....	13
<i>Insights on utilization of behavioral health services in the context of COVID-19; McKinsey &amp; Company</i> .....	13
<i>Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021</i> .....	13
<b>Education &amp; Training Resources from Great Lakes MHTTC</b> .....	<b>13</b>
<i>CMHA’s partnership with SAMHSA funded Great Lakes MHTTC</i> .....	14
<i>New! MHTTC announces new round of school-based mental health offerings</i> .....	14
<i>New! Communicating About School Mental Health</i> .....	14
<b>News from Our Preferred Corporate Partners</b> .....	<b>15</b>
<i>New! Relias: Essentials to Help You Become Trauma-Informed</i> .....	15
<i>Abilita: Top Ten Times for a Communications Review</i> .....	16
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma</i> ..	16
<b>CMH Association’s Officers &amp; Staff Contact Info</b> .....	<b>16</b>
<i>CMHA Officers Contact Information:</i> .....	16
<i>CMHA Staff Contact Information:</i> .....	17

# CMH Association and Member Activities

## **New! CMHA develops social media messages highlighting successes of public system**

As part of CMHA's advocacy efforts around the proposed legislature-based system redesign proposals and a range of other issues, CMHA and its public relations partner, Lambert, have developed a set of social media messages that highlight the strengths of Michigan's public system. Those social media messages, provided below, are appearing on a number of CMHA social media platforms.

Strengths graphics: <https://www.dropbox.com/sh/t47xtf2cfvu9lq8/AADF3yZdB9--hLxNGOJyyOyZa?dl=0>

HH/OHH graphics:

[https://www.dropbox.com/sh/8wwbgqc6id1y6h5/AADnifGX0E9zzg2DH7S\\_Cb9ga?dl=0](https://www.dropbox.com/sh/8wwbgqc6id1y6h5/AADnifGX0E9zzg2DH7S_Cb9ga?dl=0)

CCBHC graphics: <https://www.dropbox.com/sh/6bbi5lr9zcijp3o/AAAWwdDnQyenQz-LFwjHWntqa?dl=0>

Full package of social media graphics:

<https://www.dropbox.com/s/dp5fcaau2916i25/CMHA%20Copy.docx?dl=0>

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

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

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM.** All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

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

## **Traveling Art Show**

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

## State & National Developments and Resources

### **New!** Video recording available from recent MDHHS webinar: COVID 19 emergency response

The latest MDHHS Updates on AFCs and HFAs COVID-19 Emergency Response, held July 28, 2021, can be [found here](#). Access Passcode: 6NXi^UK?

### **New!** Suicide Among Black Girls Is a Mental Health Crisis Hiding in Plain Sight

Below are excerpts from a recent national news story on suicide among black adolescent girls:

“Black youths are two times more likely to die by suicide compared to their white counterparts,” says Arielle Sheftall, a researcher at the Center for Suicide Prevention and Research at Nationwide Children’s Hospital in Columbus, Ohio, and one of the authors of the 2019 *Pediatrics* study. Now, she says, “we’re trying to figure this out.” There’s rarely a single thing that drives someone to attempt suicide, and similarly there are many factors—from bullying to stigma to childhood trauma and racism—but no one cause that could help to explain the increase in suicides among Black youth.

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

### **New!** Overcoming stigma: Three strategies toward better mental health in the workplace

Below is an excerpt from a recent McKinsey report on mental health in the workplace – a key issue given the impact of the pandemic on workplace mental health.

Employees are worried about their mental health as they return to the workplace after the COVID-19 pandemic. Stigma can exacerbate their concerns, but employers can thwart its impact.

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

## State Legislative Update

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

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

Our June briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the House behavioral health redesign proposal, HBs 4925-4929.

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

## Senate Integration Proposal Introduced

On Thursday, July 15, 2021, Senator Shirkey introduced his 2-bill integration package. Senate Bills 597, sponsored by Sen. Shirkey amends the social welfare act and Senate Bill 598, sponsored by Sen. Bizon amends the mental health code. The bills were sent to the Senate Government Operations Committee. Below is a list of the committee members with email addresses:

### Senate Government Operations Committee

- (Chair) Mike Shirkey – [senmshirkey@senate.michigan.gov](mailto:senmshirkey@senate.michigan.gov)
- (Vice Chair) Dan Lauwers – [sendlauwers@senate.michigan.gov](mailto:sendlauwers@senate.michigan.gov)
- Aric Nesbitt – [senanesbitt@senate.michigan.gov](mailto:senanesbitt@senate.michigan.gov)
- (Minority Vice Chair) Jim Ananich – [senjananich@senate.michigan.gov](mailto:senjananich@senate.michigan.gov)
- Stephanie Chang – [senschang@senate.michigan.gov](mailto:senschang@senate.michigan.gov)

## Federal Update

### Key Legislation Introduced to Expand CCBHC Program

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

#### **If passed, this bill would:**

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

Expanding the CCBHC model is a core priority of the National Council for Mental Wellbeing, as it represents a transformational change in the way people access mental health and substance use

services. Access to high-quality care should not depend on where a person lives, so we will do everything in our power to ensure no one gets left behind.

CCBHCs make a difference by promoting community wellbeing.

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

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

**Key resources:**

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

## Education Opportunities

### **New!** Registration is Open! 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

#### **22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference**

*Health Equity: Transforming to Meet the Challenge*

**Conference Date:** September 13-16, 2021

**Conference Location:** Virtual

[CLICK HERE TO REGISTER AS AN ATTENDEE, EXHIBITOR OR SPONSOR!](#)

Questions? Contact Alexandra Risher at [arisher@cmham.org](mailto:arisher@cmham.org).

### **New!** Save the Date! Michigan Celebrate Recovery Walk & Rally



#### *“Remembering the Journey”*

**When:** September 11, 2021

**Where:** Belle Isle, Detroit

**Time:** 10:30am Registration

FREE, family fun, food, games, music & more



## Follow Michigan Celebrate Recovery on social media:

Facebook: [Michigan Celebrate Recovery Walk & Rally](#)

Instagram: [@micelebraterecovery](#)

Twitter: [@micelerecovery](#)

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

Website: <https://www.michigancelebraterecovery.com/>

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

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

### Dates:

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

### Agenda:

Log into Zoom: 9:45am

Education: 10:00am – 12:30pm

Lunch Break: 12:30pm – 1:00pm

Education: 1:00pm – 4:30pm

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

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

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

### Dates:

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

### Agenda:

Log into Zoom: 12:45 pm

Education: 1:00pm – 3:00pm

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

## Virtual Self-Determination Conference – Registration Open

Register now for the 2021 Virtual Self-Determination Conference: It Starts With You!

August 25 & 26, 2021  
Education Daily from 9:00am – 12:30pm

While there is no fee to attend this conference, registration is required. Registration deadline is 5:00pm on Friday, August 20.

[Click Here to Register](#)

[Click Here to See the Agenda](#)

## **Deadline: Friday, July 30, 2021. Call for Presentations: CMHA Annual Fall Conference (in person)**

We are excited to announce that our Annual Fall Conference will be IN-PERSON (with a virtual component as well). We invite you to share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference! The CMHA Annual Fall Conference will be held on:

October 25 & 26, 2021  
Grand Traverse Resort, Traverse City, Michigan

Presentation Submission Form: [CLICK HERE TO SUBMIT YOUR INFORMATION ELECTRONICALLY](#)

Submit your workshop proposals by **Friday, July 30, 2021**.

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

## **New! Registration Open: 28<sup>th</sup> Virtual Annual Recipient Rights Conference**

Pre-Conference: “Deceptive Analysis” with presenter: Lena Sisco  
September 13 & 14, 2021  
9:00am - 12:00pm both days  
Pre-Conference ONLY 9/13/21 & 9/14/21.....\$75

Main Conference  
September 21 – 24, 2021 ~ Education each morning  
Featuring 2 general sessions and 18 workshops!  
Main Conference 9/21/21 - 9/24/21.....\$150

[CLICK HERE FOR CONFERENCE BROCHURE & TO REGISTER!](#)

## 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.*

**Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!**

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
July 26-27, 2021	M.I. Basic	<a href="#">SOLD OUT</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. for Supervisors	<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.

### **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.***

## **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.

**Date:** August 11, 2021 | **SOLD OUT** [CLICK HERE for more information](#)

**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.

**Date:** 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.

**Date:** 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 Partners in Beyond Tokenism announces workshops on empowerment for persons with disabilities

Announcing a 'Special Topics' Webinar Series, starting at 7:00 pm  
EST on Thursday, August 5th.



### Supported Decision-Making Solutions

Thursday, August 4 (intro) and  
Thursday, September 2  
(advanced) - 7:00 PM EST

Jonathan Martinis, Esq.,  
Senior Director for Law and  
Policy at the Burton Blatt  
Institute, Syracuse  
University

Practical alternatives to  
guardianship and trusteeship



### Strengthening financial security with ABLE Accounts

Thursday, August 12 - 7:00 PM  
EST

R Scott de Varona,  
Director, MiABLE Disability  
Savings Program

Funding for disability-related  
expenses that will  
supplement, but not supplant  
other benefits such as SSI,  
Medicaid, etc.



### Customized Employment and Micro- Business

Thursday, August 19 - 7:00 PM  
EST

Dr. Ruthie-Marie Beckwith,  
Executive Director  
Emeritus, TASH

Meaningful, valued  
employment in ordinary  
community settings, based on  
one's unique skills, capacities  
and interests



### Home of One's Own Solutions

Thursday, August 26 - 7:00 PM  
EST

Joe Wykowski, Executive  
Director Emeritus,  
Community Visions,  
Portland, OR

Flexible, person-centered  
housing and support  
combinations for staying safe,  
successful and thriving in  
one's own home

[Learn more and register HERE!](#)

## Grand Challenges in Social Work announces webinar series: Eliminate Racism



A CMHA staff member is on the Leadership Board of the Grand Challenges for Social Work – a cutting edge research and policy-based initiative aimed at addressing some of the most pressing issues facing the United States and the world.

The Grand Challenges recently distributed the recording for part 2 of the Eliminate Racism series recording on Promote Smart Decarceration and Achieve Equal Opportunity and Justice.

You can view the previous webinars here.

Part 3 will take place on August 10 – [register now!](#)

## Behavioral Telehealth Resource Center

### Telehealth Resource Center

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

### New! NACHC Survey on Audio-Only Telehealth & Health Centers

The National Association of Community Health Centers (NACHC) recently released a [report](#) on their survey of CHCs to assess their telehealth experiences over the course of the public health emergency and determine what the effects would be upon termination of temporary policies, and how that would impact their providers and patients.

The value and necessity of audio-only was stressed throughout the survey. Benefits of audio-only telehealth included:

- Reduced no-show rates
- Improved patient/provider relationships
- Better coordination of care amongst providers and families
- Improved chronic care management

The report concludes that without continued telehealth coverage for CHCs, all of the stated benefits will disappear, create a barrier to the provision of quality health care, and negate the ability for health centers to bring equity and access to underserved communities that would otherwise likely go without

needed services. The authors urge the federal government to act and preserve access to care via telehealth in health centers across the country.

## **2022 Proposed Physician Fee Schedule**

On July 13, 2021, the Center for Medicare and Medicaid Services (CMS) released their proposed CY 2022 Physician Fee Schedule (PFS). The PFS is historically where CMS will make administrative changes to telehealth policy in the Medicare program. As the pandemic begins to stabilize and restrictions begin to lift, there has been great concern as to what will happen with the temporary telehealth changes on the federal level. The [CY 2022 proposed PFS](#) is one step towards addressing those questions.

**Mental Health & Audio-Only:** One of the most significant proposals involve the provision of mental health services via telehealth and utilization of audio-only to deliver those services. Based on data from COVID-19 and other factors, CMS is proposing to allow the use of audio-only to provide mental health services in the Medicare program if:

It is for an established patient;

The originating site is the patient's home;

The provider has the technical capability to use live video but,

The patient cannot or does not want to use live video and

There must be an in-person visit within six months of the telehealth service.

For an in-depth look at the CY2022 PFS, download the Center for Connected Health Policy (CCHP) [fact sheet](#) or [video](#) from CCHP Executive Director, Mei Kwong.

## **Insights on utilization of behavioral health services in the context of COVID-19; McKinsey & Company**

[Infographic](#) created from analyzed data sample from 115,000 providers who delivered Behavioral Healthcare to over 20+ million Americans in 2019, 2020 and 2021. This report shows trends in behavioral health claims, including telehealth and includes information on the disproportionate impact on racial and ethnic minorities and identifies barriers that limit access to telehealth.

## **Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021**

The purpose of this [bulletin](#) is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and Remote Patient Monitoring (RPM) services.

# 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](#).

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

## New! MHTTC announces new round of school-based mental health offerings

Mental health literacy for teachers and school staff will be a key component of all school reopening plans in the 2021-22 school year. A free 6-hour course, Classroom Well-Being Information and Strategies for Educators (WISE), was just released from the Mental Health Technology Transfer Center Network Coordinating Office. To accompany the course, the Southeast MHTTC is hosting [Classroom WISE Implementation Support Series](#) this summer to support Classroom WISE adoption and implementation at local and state levels in our region. Join Session 5 of this series on Tuesday

[Tuesday, August 3, 2021 | 12 - 1pm EST](#)

Session 5 of the [Classroom WISE Implementation Support](#) will provide an overview of Classroom Wise Module 6: Classroom Strategies to Support Students Experiencing Distress. Join us to discuss how this module aligns with your existing initiatives and supports and explore effective approaches to roll out the Classroom Wise in your local schools. Register for this event, explore the series landing page, and share with your peers using the links below!

Register for this event [here](#).

Get the description of the full series [here](#).

## New! Communicating About School Mental Health

This series, Communicating About School Mental Health, provides state and local education agencies with information about how to most effectively communicate about school mental health to audiences who may not have a background in education or mental health. It provides strategies and tools that help



navigate pitfalls and craft messaging likely to raise awareness, increase engagement, and convey the value of improving student wellness.

**Communication 101 for School Mental Health: Engaging Adults on Campus Who Do Not Have a Mental Health Background** shares key considerations for how to communicate about children's mental health in ways that resonate with individuals who are not mental health professionals. It provides strategies and tools for making sure that teachers, principals, parents, caregivers and other allies learn what you would like them to know about school mental health and student wellness.

*July 22, 12:00 - 1:30pm ET*

[REGISTER HERE](#)

**Making Sense of School Mental Health: A New Graphic Tool on the Role of Teachers** provides recommendations on how to translate complex concepts about children's mental health and school mental health into visual aides to enhance understanding. In this session, we provide a new graphic tool designed to help you communicate with teachers about their role and the role of other adults on campus in supporting school mental health. Participants will be able to access and implement the graphic tool with a full suite of support tools.

*August 5, 12:00 - 1:30pm ET*

[REGISTER HERE](#)

## News from Our Preferred Corporate Partners

### **New!** Relias: Essentials to Help You Become Trauma-Informed

Becoming and maintaining a trauma-informed organization is possible, even as COVID-19 continues to impact your staff and clients. However, it isn't a one-time implementation or the responsibility of a committee. It requires full support from your leadership, board of directors, and employees. It also requires ongoing communication and training.

Relias offers training to help everyone at your organization not only understand trauma-informed care but practice it as well. Our behavioral health training library covers topics like:

- Introduction to trauma-informed care
- Compassion fatigue
- Trauma-informed supervision
- Employee wellness

To learn how Relias can help your organization implement trauma-informed care, including training courses available in our behavioral health library, [contact Relias today](#). Register for this offering [here](#).

## Abilita: Top Ten Times for a Communications Review

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

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

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

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

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

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

## CMH Association's Officers & Staff Contact Info

### CMHA Officers Contact Information:

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

sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members.

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)  
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)  
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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, Chief Executive Officer, (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 Resource Center 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

July 23, 2021

## TABLE OF Contents

<b>CMH Association and Member Activities .....</b>	<b>3</b>
<i>New! Shiawassee Health and Wellness receives CARF accreditation .....</i>	<i>3</i>
<i>New! 9 new Michigan CCBHC expansion sites named .....</i>	<i>3</i>
<i>New! OCHN celebrates Minority Mental Health Awareness Month with powerful video .....</i>	<i>3</i>
<i>New! CMHA distributing social media messages highlighting successes of public system .....</i>	<i>4</i>
<i>CMHA issues one-pager "Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan" .....</i>	<i>4</i>
<i>Seeking Nominations: Nick Filonow Award of Excellence for 2021 .....</i>	<i>5</i>
<i>Traveling Art Show .....</i>	<i>5</i>
<b>State &amp; National Developments and Resources.....</b>	<b>5</b>
<i>New! CMS announces opioid recover funding opportunity .....</i>	<i>5</i>
<i>New! MDHHS and Vital Strategies recognizes International Overdose Awareness Day and National Recovery Month.....</i>	<i>6</i>
<i>New! Persons with autism, deaf, and hard of hearing in Michigan offered designation.....</i>	<i>6</i>
<i>New! New poll: minority mental health worsened during the COVID-19 pandemic.....</i>	<i>7</i>
<i>New! Grand Challenges in Social Work announces webinar series: Eliminate Racism .....</i>	<i>7</i>
<i>New! Gap between death rates in rural and urban areas tripled during past two decades.....</i>	<i>7</i>
<b>State Legislative Update .....</b>	<b>8</b>
<i>View June's Legislative Video on CMHA's Website.....</i>	<i>8</i>
<i>New! Senate Integration Proposal Introduced .....</i>	<i>8</i>

<b>Federal Update.....</b>	<b>8</b>
<i>Key Legislation Introduced to Expand CCBHC Program.....</i>	<i>9</i>
<b>Education Opportunities.....</b>	<b>9</b>
<i>Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference .....</i>	<i>9</i>
<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!.....</i>	<i>10</i>
<i>VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open!.....</i>	<i>10</i>
<i>Virtual Self-Determination Conference – Registration Open .....</i>	<i>11</i>
<i>Call for Presentations: CMHA Annual Fall Conference (in person) .....</i>	<i>11</i>
<i>New! 12<sup>th</sup> Annual Anti-Stigma Event Day – July 28<sup>th</sup> .....</i>	<i>11</i>
<i>Virtual Motivational Interviewing College Trainings – Registration Open.....</i>	<i>12</i>
<i>Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open .....</i>	<i>13</i>
<i>Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment .....</i>	<i>13</i>
<i>Recovery-Based Co-Occurring Treatment Planning and Delivery.....</i>	<i>13</i>
<i>Stage Matched Treatment for Co-Occurring Needs .....</i>	<i>14</i>
<i>Self-Advocates of Michigan presents Community Conversation .....</i>	<i>14</i>
<b>Behavioral Telehealth Resource Center.....</b>	<b>15</b>
<i>Telehealth Resource Center .....</i>	<i>15</i>
<i>New! 2022 Proposed Physician Fee Schedule .....</i>	<i>15</i>
<i>Federal Legislation: to amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program, and for other purposes.....</i>	<i>15</i>
<i>Insights on utilization of behavioral health services in the context of COVID-19; McKinsey &amp; Company .....</i>	<i>15</i>
<i>Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021.....</i>	<i>16</i>
<b>Education &amp; Training Resources from Great Lakes MHTTC .....</b>	<b>16</b>
<i>CMHA’s partnership with SAMHSA funded Great Lakes MHTTC.....</i>	<i>16</i>
<b>News from Our Preferred Corporate Partners .....</b>	<b>16</b>
<i>Relias: The Importance of Trauma-Informed Care .....</i>	<i>16</i>
<i>Abilita: Top Ten Times for a Communications Review.....</i>	<i>17</i>
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma..</i>	<i>17</i>
<b>CMH Association’s Officers &amp; Staff Contact Info .....</b>	<b>18</b>
<i>CMHA Officers Contact Information: .....</i>	<i>18</i>

## CMH Association and Member Activities

### **New! Shiawassee Health and Wellness receives CARF accreditation**

Below are excerpts from the letter announcing the receipt, by Shiawassee Health and Wellness, of the full three-year accreditation from CARF.

It is my pleasure to inform you that Shiawassee Health and Wellness has been issued (a Three-Year) CARF accreditation based on its recent survey. This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served. Services, personnel, and documentation clearly indicate an established pattern of conformance to standards.

The accreditation report is intended to support a continuation of the quality improvement of your organization's program(s)/service(s). It contains comments on your organization's strengths as well as any consultation and recommendations.

Your organization should take pride in achieving this high level of accreditation.

Congratulations to Shiawassee Health and Wellness.

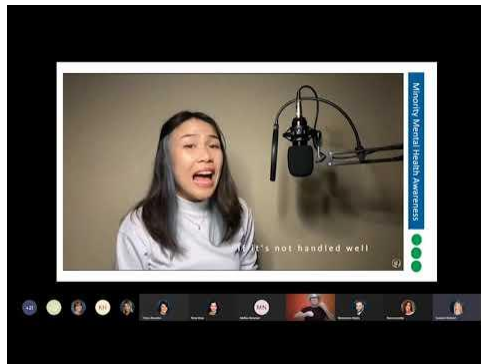
### **New! 9 new Michigan CCBHC expansion sites named**

This week, the federal Substance Abuse and Mental Health Services Administration named nine new Certified Community Behavioral Health Clinics (CCBHC) in Michigan, bringing the number of CCBHC sites in Michigan to 33 – more than any other state in the country. Congratulations to these new CCBHC sites:

- Alternative Community Living, Inc., DBA Hope Network New Passages (Pontiac)
- Community Mental Health of Ottawa County's (Holland)
- The Elmhurst Home, Inc. (Detroit)
- Allegan County Community Mental Health Services (Allegan)
- Detroit Rescue Mission Ministries (Detroit)
- Branch County Community Mental Health Authority (Coldwater)
- Community Care Services (Lincoln Park)
- Barry County Community Mental Health Authority (Hastings)
- Berrien Mental Health Authority (Benton Harbor)

### **New! OCHN celebrates Minority Mental Health Awareness Month with powerful video**

Oakland Community Health Network (OCHN) recently developed a video to celebrate National Minority Mental Health Awareness Month. That video is highlighted below.



## [MMHAM 7 13 21](#)

Minority Mental Health Awareness Month in July strives to bring awareness about the unique struggles that underrepresented groups face regarding mental health.

<https://youtu.be/yCFCbrHof7g>

### **New! CMHA distributing social media messages highlighting successes of public system**

We have made the graphic edit below. Would you like us to begin scheduling these social media posts now? Let us know what timing is most effective for your efforts.

Here are the final graphics:

Strengths graphics: <https://www.dropbox.com/sh/t47xtf2cfvu9lq8/AADF3yZdB9--hLxNGOJyyOyZa?dl=0>

HH/OHH graphics:

[https://www.dropbox.com/sh/8wwbqoc6id1y6h5/AADnifGX0E9zzg2DH7S\\_Cb9ga?dl=0](https://www.dropbox.com/sh/8wwbqoc6id1y6h5/AADnifGX0E9zzg2DH7S_Cb9ga?dl=0)

CCBHC graphics: <https://www.dropbox.com/sh/6bbi5lr9zcijp3o/AAAWwdDnQyenQz-LFwjHWntqa?dl=0>

Here is the final social media copy with the suggested images:

<https://www.dropbox.com/s/dp5fcaau2916i25/CMHA%20Copy.docx?dl=0>

### **CMHA issues one-pager “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan”**

As you may remember, the advocacy work of CMHA is founded on a number of principles. One of those principles is to pursue, simultaneously, and offense-oriented strategy (proposing innovative changes that build on the proven strengths of our system) and defensive strategies (that work to thwart threats to our system and those whom we serve).

As part of the offense-oriented component, CMHA has developed a one-pager, “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan”, that outlines 13 concrete approaches to advancing the system to address 5 areas in which advancement is needed. This infographic and its contents – based on the system advancing proposals of CMHA, its members, and allies - will be used as part of a media and legislative campaign that recommends that legislators and policy makers pursue these real and tangible approaches to advancing Michigan’s public mental health system that build upon the system’s proven performance and strengths – in areas recognized by the public and behavioral healthcare experts – rather than pursuing efforts that work to redesign or dismantle the public system. This one-pager can be [found here](#).

Weekly Update readers should feel free to use this infographic in your community relations and education work with your local stakeholders, in advocacy work, and in your media relations.

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

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

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM.** All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

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

### **Traveling Art Show**

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

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

### **New! CMS announces opioid recover funding opportunity**

Recently, the Center for Medicare & Medicaid Services (CMS) released a Notice of Funding Opportunity (NOFO) to solicit applications for the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act post-planning period, demonstration project. Open to only the 15 states receiving planning grants, this 36-month demonstration project seeks to increase the treatment capacity of providers, participating in the state's Medicaid program, to provide substance use disorder (SUD) treatment and recovery services. Additionally, CMS released a technical supplement that provides detailed information regarding how the agency will implement the SUPPORT Act payment provision for the states that are selected for the demonstration.



Learn more about the NOFO here: <https://www.medicaid.gov/medicaid/benefits/downloads/sud-nofo-07092021.pdf>

Learn more about the Technical Supplement here:  
<https://www.medicaid.gov/medicaid/benefits/downloads/nofo-tech-supp.pdf>

## **New! MDHHS and Vital Strategies recognizes International Overdose Awareness Day and National Recovery Month**

On August 31, International Overdose Awareness Day and National Recovery Month in September, the Michigan Department of Health and Human Services and Vital Strategies (Bloomberg sponsored initiative) partnering with community-based organizations to launch two events aimed at broadening awareness of the drug overdose crisis in Michigan. Vital Strategies will be funding both of these events.

1. *Collective Healing through Art: 2021 Overdose Awareness Day Exhibit* in partnership with Downriver Council for the Arts and Vital Strategies
  - Up to 30 artists impacted by the drug overdose crisis will be commissioned \$500 for the exhibition of existing work and/or \$1,500 for creation of new work for a juried art exhibition on August 31, 2021
  - Exhibition will run online and in-person from Aug. 31- Sept. 18
  - Applications are due July 27 via this link: <https://overdoseawarenessexhibit.artcall.org>
2. National Recovery Month murals in partnership with Vital Strategies and City Walls Detroit
  - MDHHS, Vital Strategies, and City Walls Detroit are partnering to commission muralists or collaborative teams that have experience the impact of the drug overdose crisis to create three murals symbolizing hope, healing, perseverance, and resiliency of people impacted by substance use
  - We've partnered with three community-based recovery-oriented host organizations for the public wall spaces
  - Budget ranges from \$10,500-\$29,250 depending on the mural size
  - Applications are due by August 14, 2021, more information can be found at this link: [Call to Artist | City of Detroit \(detroitmi.gov\)](#)

## **New! Persons with autism, deaf, and hard of hearing in Michigan offered designation**

Michigan residents with conditions that could impede communication with law enforcement such as deafness or autism can now apply to have a designation associated with their information that comes up on officers' computer system during traffic stops.

Secretary of State Jocelyn Benson promoted the so-called communication impediment designation that took effect this month during a news conference Monday in Mason. She also discussed measures to allow residents more access to appointments at branch offices that should reduce backlogs by Labor Day.

The designation wouldn't appear on identification cards or documents, but it would appear on the Law Enforcement Information Network used by police to create safe and productive interactions. Benson attributed the change largely to the efforts of community advocate Xavier DeGroat, whose own experience with police at a traffic stop spurred him to create better interactions between people with autism like himself and law enforcement.

<https://apnews.com/article/health-michigan-6360b1cf85975dcae8aba889d06a0a4e#:~:text=Jocelyn%20Benson-,Autistic%2C%20hearing%20impaired%20in%20Michigan%20offered%20designation,-By%20ANNA%20LIZ>

### **New! New poll: minority mental health worsened during the COVID-19 pandemic**

Nearly half of all Black, Hispanic, Asian, Native American and LGBTQ+ individuals say they have personally experienced increased mental health challenges over the past 12 months, but few received treatment, according to a [new poll by the National Council](#). The poll, conducted by Morning Consult and released yesterday by the National Council to raise awareness about Minority Mental Health Awareness Month, underscores the toll the COVID-19 pandemic has taken on minority and LGBTQ+ individuals and the urgent need to improve health equity among minorities through [Certified Community Behavioral Health Clinics \(CCBHCs\)](#) and other programs that dramatically boost access in underserved communities. [Learn more about our findings](#)

### **New! Grand Challenges in Social Work announces webinar series: Eliminate Racism**



A CMHA staff member is on the Leadership Board of the Grand Challenges for Social Work – a cutting edge research and policy-based initiative aimed at addressing some of the most pressing issues facing the United States and the world.

The Grand Challenges recently distributed the recording for part 2 of the Eliminate Racism series recording on Promote Smart Decarceration and Achieve Equal Opportunity and Justice.

You can view the previous webinars here.

Part 3 will take place on August 10 – [register now!](#)

### **New! Gap between death rates in rural and urban areas tripled during past two decades**

Discrepancy driven primarily by an increase in death rates in middle-aged white people. Death rates among Black people remained highest overall, however, gap with those of white people halved.

Death rates from chronic conditions like lung disease and cardiovascular disease and so-called "diseases of despair" such as opioid overdoses are known to be higher in rural areas than in large cities, with differing economic, social and political circumstances influencing people's access to care. To examine disparities in mortality rates for all causes of death, researchers from [Brigham and Women's](#)

[Hospital](#) used a Centers for Disease Control and Prevention (CDC) database to analyze all deaths occurring in the U.S. between 1999 and 2019. They found that age-adjusted mortality rates (AAMRs) declined in both rural and urban populations, but that the gap between the death rates dramatically widened as white individuals aged 25 to 64 in rural areas faced increasing AAMRs. The research findings are published in [JAMA](#).

[https://www.eurekalert.org/pub\\_releases/2021-06/bawh-gbd060721.php](https://www.eurekalert.org/pub_releases/2021-06/bawh-gbd060721.php)

## State Legislative Update

### View June's Legislative Video on CMHA's Website

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

Our June briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the House behavioral health redesign proposal, HBs 4925-4929.

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

### New! Senate Integration Proposal Introduced

On Thursday, July 15, 2021, Senator Shirkey introduced his 2-bill integration package. Senate Bills 597, sponsored by Sen. Shirkey amends the social welfare act and Senate Bill 598, sponsored by Sen. Bizon amends the mental health code. The bills were sent to the Senate Government Operations Committee. Below is a list of the committee members with email addresses:

#### Senate Government Operations Committee

- (Chair) Mike Shirkey – [senmshirkey@senate.michigan.gov](mailto:senmshirkey@senate.michigan.gov)
- (Vice Chair) Dan Lauwers – [sendlauwers@senate.michigan.gov](mailto:sendlauwers@senate.michigan.gov)
- Aric Nesbitt – [senanesbitt@senate.michigan.gov](mailto:senanesbitt@senate.michigan.gov)
- (Minority Vice Chair) Jim Ananich – [senjananich@senate.michigan.gov](mailto:senjananich@senate.michigan.gov)
- Stephanie Chang – [senschang@senate.michigan.gov](mailto:senschang@senate.michigan.gov)

## Federal Update

## Key Legislation Introduced to Expand CCBHC Program

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

### If passed, this bill would:

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

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

CCBHCs make a difference by promoting community wellbeing.

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

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

### Key resources:

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

## Education Opportunities

**Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference**

## 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

*Health Equity: Transforming to Meet the Challenge*

**Conference Date:** September 13-16, 2021

**Conference Location:** Virtual

Questions? Contact Alexandra Risher at [arisher@cmham.org](mailto:arisher@cmham.org).

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

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

#### **Dates:**

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

#### **Agenda:**

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

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

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

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

#### **Dates:**

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

#### **Agenda:**

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

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

## Virtual Self-Determination Conference – Registration Open

Register now for the 2021 Virtual Self-Determination Conference: It Starts With You!

August 25 & 26, 2021

Education Daily from 9:00am – 12:30pm

While there is no fee to attend this conference, registration is required. Registration deadline is 5:00pm on Friday, August 20.

[Click Here to Register](#)

[Click Here to See the Agenda](#)

## Call for Presentations: CMHA Annual Fall Conference (in person)

We are excited to announce that our Annual Fall Conference will be IN-PERSON (with a virtual component as well). We invite you to share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference! The CMHA Annual Fall Conference will be held on:

October 25 & 26, 2021

Grand Traverse Resort

Traverse City, Michigan

Presentation Submission Form: [CLICK HERE TO SUBMIT YOUR INFORMATION ELECTRONICALLY](#)

Submit your workshop proposals by **Friday, July 30, 2021**.

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

## **New!** 12<sup>th</sup> Annual Anti-Stigma Event Day – July 28<sup>th</sup>

Registration will remain open through Monday, July 26 at 5pm for the Anti-Stigma Day to be held on Wednesday, July 28 from 9am-4pm. We will have sign language interpreters at this virtual event.

9:00am - 9:30am	Opening: Colleen A. Jasper, Michigan Department Health and Human Services: "Stigma as Resistance to Diversity, Inclusion and Equity"
9:30am - 9:45am	Noelle Kellogg, Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) Update
9:45am - 10:30am	Ronnie Tyson, Odyssey Village, "Integrated Care: Career Development, Scope of Practice, and Stigma"
10:30am - 11:15am	Marsha "Shay" Pounds, Recovery Institute of Southwest Michigan, "PoWer Group"
11:15am - 12:00pm	Michelle Bidigare, Director of My Place Center, Oak Park, "Teachable Moments at Work: How To Advocate for a Stigma-Free Workplace"
12:00pm – 12:45pm	Lunch on Your Own
12:45pm -1:30pm	Brian Wellwood, Director of JIMHO, "Stand Up, We Can Do This!"

1:30pm - 2:15pm Christy Buck, West Michigan Assoc. of Mental Health, “Be Nice: An Action Plan to Change, Improve and Save Lives”  
 2:15pm - 3:15pm Stephen Kuhlman, Detroit Wayne Integrated Health Network, “The DWIHN Ambassador Message: Rejecting Stigma, Staying Positive, and Passing It On”  
 3:15pm - 4:00pm Anti-Stigma Bingo, conducted by JIMHO Staff and then Closing Comments

Click here to register for Anti-Stigma:

<https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5831&AppCode=REG&CC=121011350750>

### 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.*

**Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!**

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), “Motivational Interviewing, Helping People Change” (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession” and Rosengren, D. (2018) “Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition.”

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
July 26-27, 2021	M.I. Basic	<a href="#">SOLD OUT</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>



**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.

### 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.*

### 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.

**Date:** August 11, 2021 | **SOLD OUT** [CLICK HERE for more information](#)

**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.

**Date:** 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.

**Date:** 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

### Self-Advocates of Michigan presents Community Conversation

Please join us July 23, 2021 from 1-3 pm for a Community Conversation Sponsored by the Self-Advocates of Michigan. The conversation will feature Dr. Joneigh Khaldun, Chief Medical Executive, Chief Deputy for Health for a COVID Discussion followed by Erin Wallace, CDP of Bright Leaf Consulting for a discussion on Coping with COVID: Mental health resources during the COVID-19 Pandemic.

Please register for the webinar at <https://www.surveymonkey.com/r/GK9MZDG>. We will be using auto-captioning. If you need additional accommodations, please contact Advisor to the Self-Advocates, Renee Hall @ [hallr24@michigan.gov](mailto:hallr24@michigan.gov).

Accommodations requested after July 9th cannot be guaranteed to be filled. Session link will be distributed via email in advance of the session.

# Behavioral Telehealth Resource Center

## Telehealth Resource Center

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

## **New! 2022 Proposed Physician Fee Schedule**

On July 13, 2021, the Center for Medicare and Medicaid Services (CMS) released their proposed CY 2022 Physician Fee Schedule (PFS). The PFS is historically where CMS will make administrative changes to telehealth policy in the Medicare program. As the pandemic begins to stabilize and restrictions begin to lift, there has been great concern as to what will happen with the temporary telehealth changes on the federal level. The [CY 2022 proposed PFS](#) is one step towards addressing those questions.

**Mental Health & Audio-Only:** One of the most significant proposals involve the provision of mental health services via telehealth and utilization of audio-only to deliver those services. Based on data from COVID-19 and other factors, CMS is proposing to allow the use of audio-only to provide mental health services in the Medicare program if:

It is for an established patient;

The originating site is the patient's home;

The provider has the technical capability to use live video but,

The patient cannot or does not want to use live video and

There must be an in-person visit within six months of the telehealth service.

For an in-depth look at the CY2022 PFS, download the Center for Connected Health Policy (CCHP) [fact sheet](#) or [video](#) from CCHP Executive Director, Mei Kwong.

## **Federal Legislation: to amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program, and for other purposes**

[HR 4040](#) (*Rep. Dingell D-MI*) - Text has not yet been published but the description indicates the bill will amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program. (**Status:** 6/23/21 – Introduced)

## **Insights on utilization of behavioral health services in the context of COVID-19; McKinsey & Company**

[Infographic](#) created from analyzed data sample from 115,000 providers who delivered Behavioral Healthcare to over 20+ million Americans in 2019, 2020 and 2021. This report shows trends in behavioral health claims, including telehealth and includes information on the disproportionate impact on racial and ethnic minorities and identifies barriers that limit access to telehealth.

**Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021**

The purpose of this [bulletin](#) is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and Remote Patient Monitoring (RPM) services.

## 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](#).

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

## News from Our Preferred Corporate Partners

### Relias: The Importance of Trauma-Informed Care

Create Safe and Nurturing Environments

Integrating trauma-informed care is a journey, not a destination. It involves understanding the people you serve, how staff are affected by their work, and how to create safe and nurturing environments that



allow you to provide care in a trauma-informed way. Leveraging this framework is more important now than ever before as we continue to navigate the effects of COVID-19.

Hear the experts at the National Council for Mental Wellbeing (formerly National Council for Behavioral Health) discuss the value of trauma-informed care and the impact it has on clinical outcomes and staff engagement.

[WATCH THE VIDEO](#)

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

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

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

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

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

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

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

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

# CMH Association's Officers & Staff Contact Info

## CMHA Officers Contact Information:

The Officers of the CMH Association of Michigan 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)  
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 Berry, Training and Meeting Planner, (517) 237-3149; [bberry@cmham.org](mailto:bberry@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, Executive Director, (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

July 16, 2021

## TABLE OF Contents

<b>CMH Association and Member Activities .....</b>	<b>2</b>
<i>New! New Michigan CCBHC expansion sites named.....</i>	<i>2</i>
<i>CMHA issues one-pager “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan” .....</i>	<i>3</i>
<i>Seeking Nominations: Nick Filonow Award of Excellence for 2021 .....</i>	<i>3</i>
<i>Traveling Art Show.....</i>	<i>4</i>
<b>State &amp; National Developments and Resources.....</b>	<b>4</b>
<b>State Legislative Update .....</b>	<b>4</b>
<i>View June’s Legislative Video on CMHA’s Website.....</i>	<i>4</i>
<i>Legislature Only Passes School Aid Budget Before Leaving Town .....</i>	<i>4</i>
<i>Governor Announces Launch of “MI Shot To Win Sweepstakes” .....</i>	<i>5</i>
<b>Federal Update.....</b>	<b>5</b>
<i>Key Legislation Introduced to Expand CCBHC Program.....</i>	<i>6</i>
<b>Education Opportunities.....</b>	<b>6</b>
<i>Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference .....</i>	<i>6</i>
<i>New! VIRTUAL Ethics for Social Work, Substance Use Disorder, and Recipient Rights Professionals Training – Registration now open!.....</i>	<i>7</i>
<i>New! VIRTUAL Pain Management Essentials: A Psychotherapeutic Approach – Registration now open! .....</i>	<i>7</i>
<i>Virtual Self-Determination Conference – Registration Open.....</i>	<i>8</i>

<i>Call for Presentations: CMHA Annual Fall Conference (in person)</i> .....	8
<i>Family PsychoEducation Basic Facilitator Training</i> .....	8
<i>Virtual Motivational Interviewing College Trainings – Registration Open</i> .....	9
<i>Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open</i> .....	9
<i>Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment</i> .....	10
<i>Recovery-Based Co-Occurring Treatment Planning and Delivery</i> .....	10
<i>Stage Matched Treatment for Co-Occurring Needs</i> .....	11
<i>New! Self-Advocates of Michigan presents Community Conversation</i> .....	11
<b>Behavioral Telehealth Resource Center</b> .....	<b>11</b>
<i>Telehealth Resource Center</i> .....	11
<i>New! Federal Legislation: to amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program, and for other purposes</i> .....	12
<i>New! Broadband Funding Frameworks and Updates</i> .....	12
<i>Insights on utilization of behavioral health services in the context of COVID-19; McKinsey &amp; Company</i> .....	12
<i>Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021</i> .....	12
<b>Education &amp; Training Resources from Great Lakes MHTTC</b> .....	<b>12</b>
<i>CMHA’s partnership with SAMHSA funded Great Lakes MHTTC</i> .....	13
<b>News from Our Preferred Corporate Partners</b> .....	<b>13</b>
<i>Relias: The Importance of Trauma-Informed Care</i> .....	13
<i>Abilita: Top Ten Times for a Communications Review</i> .....	13
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma</i> ..	14
<b>CMH Association’s Officers &amp; Staff Contact Info</b> .....	<b>14</b>
<i>CMHA Officers Contact Information:</i> .....	14
<i>CMHA Staff Contact Information:</i> .....	15

## CMH Association and Member Activities

**New!** New Michigan CCBHC expansion sites named



This week, the federal Substance Abuse and Mental Health Services Administration named three new Certified Community Behavioral Health Clinics (CCBHC) in Michigan, bringing the number of CCBHC sites in Michigan to 27 – more than any other state in the country. Congratulations to these three new CCBHC sites:

- Alternative Community Living, Inc., DBA Hope Network New Passages
- Community Mental Health of Ottawa County's
- Allegan County Community Mental Health Services
- The Elmhurst Home, Inc.

### **CMHA issues one-pager “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan”**

As you may remember, the advocacy work of CMHA is founded on a number of principles. One of those principles is to pursue, simultaneously, and offense-oriented strategy (proposing innovative changes that build on the proven strengths of our system) and defensive strategies (that work to thwart threats to our system and those whom we serve).

As part of the offense-oriented component, CMHA has developed a one-pager, “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan”, that outlines 13 concrete approaches to advancing the system to address 5 areas in which advancement is needed. This infographic and its contents – based on the system advancing proposals of CMHA, its members, and allies - will be used as part of a media and legislative campaign that recommends that legislators and policy makers pursue these real and tangible approaches to advancing Michigan’s public mental health system that build upon the system’s proven performance and strengths – in areas recognized by the public and behavioral healthcare experts – rather than pursuing efforts that work to redesign or dismantle the public system. This one-pager can be [found here](#).

Weekly Update readers should feel free to use this infographic in your community relations and education work with your local stakeholders, in advocacy work, and in your media relations.

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

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

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM.** All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

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



## Traveling Art Show

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

# State & National Developments and Resources

## State Legislative Update

### View June's Legislative Video on CMHA's Website

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

Our June briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the House behavioral health redesign proposal, HBs 4925-4929.

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

### Legislature Only Passes School Aid Budget Before Leaving Town

In action being praised by legislators, school advocates and the administration, the legislature passed a FY22 School Aid Budget with broad bi-partisan support. House Bill 4411 reflects historic investment in students and schools, with the budget appropriating more than \$17 billion. The school aid fund was buoyed by unprecedented federal dollars and a state school aid surplus. The House and Senate however, did not pass a General Omnibus Budget for all other state departments prior to adjourning until mid-July, leaving a summer of budget negotiations ahead.

In addition to the School Aid Budget, multiple other spending bills saw legislative action late this week, but were not sent to the Governor. House Bill 4410 and Senate Bill 27 both received substitutes to make them similar supplemental funding bills. In the S-1 version of House Bill 4410, the bill was completely rewritten to reflect a FY21 supplemental appropriation bill, while also including local revenue sharing money for FY 2021-2022. Before the Senate change, House Bill 4410 was the General Omnibus Budget. Senate Bill 27 was discharged from the House Appropriations Committee and amended to provide

supplemental funding. Both bills, outside of the revenue sharing in House Bill 4410, would provide a total of \$385.2 million in funding, with \$17.2 million from the General Fund and the rest being federal COVID-19 relief funding. Neither bill was sent to the Governor and is anticipated to be part of further budget negotiations.

The other supplemental funding bill that received changes this week was Senate Bill 28. Senate Bill 28 would provide financial assistance to facilities that experience a systemic deficit because of the fee schedule in the auto no-fault law which takes effect, July 1. The Senate adopted an S-1 substitute for Senate Bill 28 that increased the dollar amount in the Post-Acute Injury Provider Relief Fund from \$10 million to \$25 million. Additionally, the Post-Acute Injury Provider Relief Fund would be managed by the Department of Treasury. Senate Bill 28 passed the Senate 33-0 and the House 79-30. The bill is expected to be signed by the Governor.

The House and Senate adjourned yesterday and will remain in-district until the House returns to Lansing on July 14 and the Senate on July 15.

### **Governor Announces Launch of “MI Shot To Win Sweepstakes”**

This week, Governor Whitmer announced the creation of the “MI Shot to Win Sweepstakes”, a lottery-style raffle that gives vaccinated Michiganders a chance to win \$5 million in cash and a combined total of nearly \$500,000 in college scholarships. Powered by Meijer and in partnership with the Michigan Association of United Ways and the State of Michigan, residents age 18 and older who have received one dose of vaccine are eligible to register for the cash giveaways. Other business and philanthropic partners supporting the campaign include, but are not limited to, Business Leaders for Michigan, the Protect Michigan Commission, and the Michigan Association of State Universities.

In addition to the \$5 million in cash giveaway, Michiganders between the ages of 12-17 will have an opportunity to win one of nine scholarship drawings if their parents enter on their behalf. Each scholarship drawing prize consists of a four-year Michigan Education Trust (MET) charitable tuition contract (valued at \$55,000) that may be used to pay for tuition and mandatory fees at a college or university in accordance with MET terms and conditions.

Poking fun of the state’s rivalry with Ohio, while also crediting that state’s first-in-the-nation lottery style launch of their “Vax-a-Million” campaign, Governor Whitmer stated, “If there’s one thing every Michigander can agree on, it’s that whatever Ohio can do, Michigan can do it better and bigger. This sweepstakes gives every Michigander who’s been vaccinated a shot to win cash or college scholarships. It’s also a great way to encourage more Michiganders to get the safe and effective vaccine so you can protect yourself, your family, and help get life back to normal. If we all roll up our sleeves and do our part, we can all win big. Let’s get to work!”

The sweepstakes begins today and ends August 3. Eligibility criteria for each of the drawings can be found at: [www.MIShotToWin.com](http://www.MIShotToWin.com).

## **Federal Update**

## Key Legislation Introduced to Expand CCBHC Program

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

### If passed, this bill would:

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

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

CCBHCs make a difference by promoting community wellbeing.

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

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

### Key resources:

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

## Education Opportunities

**Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference**

## 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

*Health Equity: Transforming to Meet the Challenge*

**Conference Date:** September 13-16, 2021

**Conference Location:** Virtual

Questions? Contact Alexandra Risher at [arisher@cmham.org](mailto:arisher@cmham.org).

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

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

#### **Dates:**

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

#### **Agenda:**

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

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

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

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

#### **Dates:**

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

#### **Agenda:**

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

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

## Virtual Self-Determination Conference – Registration Open

Register now for the 2021 Virtual Self-Determination Conference: It Starts With You!

**August 25 & 26, 2021**  
**Education Daily from 9:00am – 12:30pm**

While there is no fee to attend this conference, registration is required. Registration deadline is 5:00pm on Friday, August 20.

[Click Here to Register](#)

[Click Here to See the Agenda](#)

## Call for Presentations: CMHA Annual Fall Conference (in person)

We are excited to announce that our Annual Fall Conference will be IN-PERSON (with a virtual component as well). We invite you to share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference! The CMHA Annual Fall Conference will be held on:

**October 25 & 26, 2021**  
**Grand Traverse Resort**  
**Traverse City, Michigan**

Presentation Submission Form: [CLICK HERE TO SUBMIT YOUR INFORMATION ELECTRONICALLY](#)

Submit your workshop proposals by **Friday, July 30, 2021**.

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

## Family PsychoEducation Basic Facilitator Training

The Family PsychoEducation Basic Facilitator Training will be held virtually over a 4-session period July 29, 30 and August 5 & 6. Training will be offered in a morning and afternoon cohort. This 4-session training will present information distilled from best-practice structures historically defined as “active ingredients” of therapeutic change imbedded in the 3 traditional elements of Family Psychoeducation; Joining, the Educational Workshop and Multi-Family Groups for facilitators. Instruction will begin with an examination of the theoretical and empirical foundations as leading to the development of Family Psychoeducation. More specifically, FPE Model structures will be presented with differential emphasis on FPE’s effect in working with adults and their natural supports with and without a co-occurring disorder. Population-specific content for adults will include information on schizophrenia and bipolar disorder. Who Should Attend: Social Workers and Clinical Workers who work with adults with schizophrenia or bipolar on a regular basis in a program that accepts Medicaid funding, and who intend to implement FPE group at their agency. This training is appropriate for social work practice levels of beginning and intermediate. For an application, please email [awilson@cmham.org](mailto:awilson@cmham.org)

## 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.*

**[Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!](#)**

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

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

**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.

## 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.***

### **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.

**Date:** 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.

**Date:** 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.

**Date:** 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! Self-Advocates of Michigan presents Community Conversation

Please join us July 23, 2021 from 1-3 pm for a Community Conversation Sponsored by the Self-Advocates of Michigan. The conversation will feature Dr. Joneigh Khaldun, Chief Medical Executive, Chief Deputy for Health for a COVID Discussion followed by Erin Wallace, CDP of Bright Leaf Consulting for a discussion on Coping with COVID: Mental health resources during the COVID-19 Pandemic.

Please register for the webinar at <https://www.surveymonkey.com/r/GK9MZDG>. We will be using auto-captioning. If you need additional accommodations, please contact Advisor to the Self-Advocates, Renee Hall @ [hallr24@michigan.gov](mailto:hallr24@michigan.gov).

Accommodations requested after July 9th cannot be guaranteed to be filled. Session link will be distributed via email in advance of the session.

## Behavioral Telehealth Resource Center

### Telehealth Resource Center

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



## **New! Federal Legislation: to amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program, and for other purposes**

[HR 4040](#) (*Rep. Dingell D-MI*) - Text has not yet been published but the description indicates the bill will amend title XVIII of the Social Security Act to extend telehealth flexibilities under the Medicare program. (**Status:** 6/23/21 – Introduced)

## **New! Broadband Funding Frameworks and Updates**

[Addressing Gaps in Broadband Infrastructure Availability and Service Adoption: A Cost Estimation & Prioritization Framework](#) is an analysis conducted by ACA Connects, an association representing small and rural broadband providers which projects that broadband funding levels should be higher than recent federal funding proposals offer. The report released last month suggests the need for \$106 - \$179 billion to future-proof networks and get higher broadband speeds to those that currently need them. Although President Biden's [initial proposal](#) put \$100 billion toward broadband, the [latest bipartisan agreement](#), or Bipartisan Infrastructure Framework, currently only designates \$65 billion to broadband. In addition, the White House recently released state fact sheets, to show the needs and impacts the framework proposes to provide. [Click here](#) to see Michigan's fact sheet.

## **Insights on utilization of behavioral health services in the context of COVID-19; McKinsey & Company**

[Infographic](#) created from analyzed data sample from 115,000 providers who delivered Behavioral Healthcare to over 20+ million Americans in 2019, 2020 and 2021. This report shows trends in behavioral health claims, including telehealth and includes information on the disproportionate impact on racial and ethnic minorities and identifies barriers that limit access to telehealth.

## **Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021**

The purpose of this [bulletin](#) is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and Remote Patient Monitoring (RPM) services.

**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](#).

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

## News from Our Preferred Corporate Partners

### Relias: The Importance of Trauma-Informed Care

Create Safe and Nurturing Environments

Integrating trauma-informed care is a journey, not a destination. It involves understanding the people you serve, how staff are affected by their work, and how to create safe and nurturing environments that allow you to provide care in a trauma-informed way. Leveraging this framework is more important now than ever before as we continue to navigate the effects of COVID-19.

Hear the experts at the National Council for Mental Wellbeing (formerly National Council for Behavioral Health) discuss the value of trauma-informed care and the impact it has on clinical outcomes and staff engagement.

[WATCH THE VIDEO](#)

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

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



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

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

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

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

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

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

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

### **CMHA Officers Contact Information:**

The Officers of the CMH Association of Michigan 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)  
Jodi Hammond, Training and Meeting Planner, (517) 237-3148; [jhammond@cmham.org](mailto:jhammond@cmham.org)  
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Robert Sheehan, Executive Director, (517) 237-3142 [rsheehan@cmham.org](mailto:rsheehan@cmham.org)  
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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

July 9, 2021

## TABLE OF Contents

<b>CMH Association and Member Activities .....</b>	<b>3</b>
<i>New! Centra Wellness and education partners in the news.....</i>	<i>3</i>
<i>New! CMHA issues one-pager “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan” .....</i>	<i>3</i>
<i>Seeking Nominations: Nick Filonow Award of Excellence for 2021 .....</i>	<i>3</i>
<i>Traveling Art Show.....</i>	<i>4</i>
<b>State &amp; National Developments and Resources.....</b>	<b>4</b>
<i>New! CMS clarifies: no prohibitions on HCBS funding for intentional communities, campus settings, nor cap on number of persons in a setting .....</i>	<i>4</i>
<i>New! MDHHS Notification for Grant - Michigan Gambling Disorder Helpline and Treatment Program – 2022.....</i>	<i>4</i>
<b>State Legislative Update .....</b>	<b>5</b>
<i>View June’s Legislative Video on CMHA’s Website.....</i>	<i>5</i>
<i>Legislature Only Passes School Aid Budget Before Leaving Town .....</i>	<i>5</i>
<i>Governor Announces Launch of “Mi Shot To Win Sweepstakes” .....</i>	<i>6</i>
<b>Federal Update.....</b>	<b>6</b>
<i>Key Legislation Introduced to Expand CCBHC Program.....</i>	<i>7</i>
<b>Education Opportunities.....</b>	<b>7</b>
<i>Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference .....</i>	<i>7</i>

<i>VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Training – New Dates</i> .....	8
<i>VIRTUAL Pain Management and Mindfulness Training – New Dates</i> .....	8
<i>Virtual Self-Determination Conference – Registration Open</i> .....	9
<i>Call for Presentations: CMHA Annual Fall Conference (in person)</i> .....	9
<i>Family PsychoEducation Basic Facilitator Training</i> .....	9
<i>Virtual Motivational Interviewing College Trainings – Registration Open</i> .....	10
<i>Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open</i> .....	11
<i>New! Our Brave New World: Cannabis, Opioids, and Pain in Behavioral Health Treatment</i> .....	11
<i>New! Recovery-Based Co-Occurring Treatment Planning and Delivery</i> .....	11
<i>New! Stage Matched Treatment for Co-Occurring Needs</i> .....	12
<i>New! Detroit Disability Power hosts series of community conversations</i> .....	12
<i>New! Justice and Behavioral Health Center offers webinar series: County-Level Data Resources, Measures, and Characteristics: Utilizing Them in a Nation-Wide Initiative</i> .....	12
<b>Behavioral Telehealth Resource Center</b> .....	<b>13</b>
<i>Updated! Telehealth Resource Center</i> .....	13
<i>New! Insights on utilization of behavioral health services in the context of COVID-19; McKinsey &amp; Company</i> .....	13
<i>New! Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021</i> .....	13
<b>Education &amp; Training Resources from Great Lakes MHTTC</b> .....	<b>13</b>
<i>CMHA’s partnership with SAMHSA funded Great Lakes MHTTC</i> .....	14
<b>News from Our Preferred Corporate Partners</b> .....	<b>14</b>
<i>New! Relias: The Importance of Trauma-Informed Care</i> .....	14
<i>Abilita: Top Ten Times for a Communications Review</i> .....	14
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma</i> ..	15
<b>CMH Association’s Officers &amp; Staff Contact Info</b> .....	<b>15</b>
<i>CMHA Officers Contact Information:</i> .....	15
<i>CMHA Staff Contact Information:</i> .....	16

# CMH Association and Member Activities

## **New! Centra Wellness and education partners in the news**

Centra Wellness and its partners in the education sector were recently featured in the media regarding their prevention and community collaboration. SafeNet is a program in which Centra Wellness staff provide prevention in the schools through the braiding of a diverse set of funding sources, including Medicaid, State General Funds, liquor tax, schools, and other sources. The article can be [found here](#).

## **New! CMHA issues one-pager “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan”**

As you may remember, the advocacy work of CMHA is founded on a number of principles. One of those principles is to pursue, simultaneously, an offense-oriented strategy (proposing innovative changes that build on the proven strengths of our system) and defensive strategies (that work to thwart threats to our system and those whom we serve).

As part of the offense-oriented component, CMHA has developed a one-pager, “Within Our Reach: Concrete approaches to building a world class public mental health system in Michigan”, that outlines 13 concrete approaches to advancing the system to address 5 areas in which advancement is needed. This infographic and its contents – based on the system advancing proposals of CMHA, its members, and allies - will be used as part of a media and legislative campaign that recommends that legislators and policy makers pursue these real and tangible approaches to advancing Michigan’s public mental health system that build upon the system’s proven performance and strengths – in areas recognized by the public and behavioral healthcare experts – rather than pursuing efforts that work to redesign or dismantle the public system. This one-pager can be [found here](#).

Weekly Update readers should feel free to use this infographic in your community relations and education work with your local stakeholders, in advocacy work, and in your media relations.

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

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

Nominations may be submitted by any of the following eligible member groups: CMHSP; CMHA Affiliate Member Agency, CMHA Executive Board, PIHP, or CMHA Standing Committee.

**DEADLINE FOR NOMINATIONS IS FRIDAY, OCTOBER 1ST, 2021 AT 5:00PM.** All nominations will be reviewed by the Improving Outcomes Conference Planning Committee. Award recommendations will be based on the quality of the nomination, its support information and attachments, not the number of

nominations an individual receives. The award will be presented during the CMHA Improving Outcomes December Conference.

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

## Traveling Art Show

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

## State & National Developments and Resources

### **New! CMS clarifies: no prohibitions on HCBS funding for intentional communities, campus settings, nor cap on number of persons in a setting**

On April 28, 2021, Congressman Brian K. Fitzpatrick (R-PA1) sent a letter to the Centers for Medicare & Medicaid Services (CMS) with specific questions regarding the scope of the home and community-based services (HCBS) settings rule. Thanks to Rep. Fitzpatrick and his dedicated staff, we now have a written response from CMS.

The response letter from CMS ([found here](#)) is significant because it clarifies that the HCBS settings rule "does not prohibit funding in farmsteads, intentional communities, and campus settings." It also clarifies that the rule does not impose a cap on the number of individuals receiving services in a setting. Importantly, CMS reiterates that "the focus should be on the experience of the individuals in the setting."

If your state prohibits or restricts HCBS funding in farmsteads, intentional communities and campus settings or imposes a cap on the number of individuals receiving services in a setting by blaming the federal HCBS settings rule, please download the attached letters and share them with your state regulators and legislators.

### **New! MDHHS Notification for Grant - Michigan Gambling Disorder Helpline and Treatment Program – 2022**

The Michigan Department of Health and Human Services has released a Request for Proposals (RFP) on the MI E-Grants system for the GAMB-2022-Michigan Gambling Disorder Helpline and Treatment Program - 2022.



All proposal responses with related materials must be submitted electronically using the MI E-Grants system located at <http://egram-mi.com/mdhhs>. Agencies interested in applying for this Request for Proposal must first register both the agency and users, and process a Project Director Request in <http://egram-mi.com/mdhhs> and submit their proposal by 08/04/2021 at 15:00. To review information about the RFP, go to <http://egram-mi.com/mdhhs> and scroll down until you find Behavioral Hlth and Dev Dis Adm Standard. Click on it, and look for GAMB-2022-Michigan Gambling Disorder Helpline and Treatment Program - 2022 to access RFP-related information.

For application instructions, please visit <http://egram-mi.com/mdhhs> and click the "About EGrAMS" link. The "Competitive Application Instructions" manual will provide detailed instructions on completing an application in the MI E-Grants system.

For technical assistance when completing registration for the MI E-Grants system or entering application materials, contact the Bureau of Grants and Purchasing Helpdesk at [MDHHS-EGRAMS-HELP@michigan.gov](mailto:MDHHS-EGRAMS-HELP@michigan.gov).

## State Legislative Update

### View June's Legislative Video on CMHA's Website

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

Our June briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the House behavioral health redesign proposal, HBs 4925-4929.

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

### Legislature Only Passes School Aid Budget Before Leaving Town

In action being praised by legislators, school advocates and the administration, the legislature passed a FY22 School Aid Budget with broad bi-partisan support. House Bill 4411 reflects historic investment in students and schools, with the budget appropriating more than \$17 billion. The school aid fund was buoyed by unprecedented federal dollars and a state school aid surplus. The House and Senate however, did not pass a General Omnibus Budget for all other state departments prior to adjourning until mid-July, leaving a summer of budget negotiations ahead.

In addition to the School Aid Budget, multiple other spending bills saw legislative action late this week, but were not sent to the Governor. House Bill 4410 and Senate Bill 27 both received substitutes to make them similar supplemental funding bills. In the S-1 version of House Bill 4410, the bill was completely rewritten to reflect a FY21 supplemental appropriation bill, while also including local revenue sharing money for FY 2021-2022. Before the Senate change, House Bill 4410 was the General Omnibus Budget. Senate Bill 27 was discharged from the House Appropriations Committee and amended to provide

supplemental funding. Both bills, outside of the revenue sharing in House Bill 4410, would provide a total of \$385.2 million in funding, with \$17.2 million from the General Fund and the rest being federal COVID-19 relief funding. Neither bill was sent to the Governor and is anticipated to be part of further budget negotiations.

The other supplemental funding bill that received changes this week was Senate Bill 28. Senate Bill 28 would provide financial assistance to facilities that experience a systemic deficit because of the fee schedule in the auto no-fault law which takes effect, July 1. The Senate adopted an S-1 substitute for Senate Bill 28 that increased the dollar amount in the Post-Acute Injury Provider Relief Fund from \$10 million to \$25 million. Additionally, the Post-Acute Injury Provider Relief Fund would be managed by the Department of Treasury. Senate Bill 28 passed the Senate 33-0 and the House 79-30. The bill is expected to be signed by the Governor.

The House and Senate adjourned yesterday and will remain in-district until the House returns to Lansing on July 14 and the Senate on July 15.

### **Governor Announces Launch of “Mi Shot To Win Sweepstakes”**

This week, Governor Whitmer announced the creation of the “MI Shot to Win Sweepstakes”, a lottery-style raffle that gives vaccinated Michiganders a chance to win \$5 million in cash and a combined total of nearly \$500,000 in college scholarships. Powered by Meijer and in partnership with the Michigan Association of United Ways and the State of Michigan, residents age 18 and older who have received one dose of vaccine are eligible to register for the cash giveaways. Other business and philanthropic partners supporting the campaign include, but are not limited to, Business Leaders for Michigan, the Protect Michigan Commission, and the Michigan Association of State Universities.

In addition to the \$5 million in cash giveaway, Michiganders between the ages of 12-17 will have an opportunity to win one of nine scholarship drawings if their parents enter on their behalf. Each scholarship drawing prize consists of a four-year Michigan Education Trust (MET) charitable tuition contract (valued at \$55,000) that may be used to pay for tuition and mandatory fees at a college or university in accordance with MET terms and conditions.

Poking fun of the state’s rivalry with Ohio, while also crediting that state’s first-in-the-nation lottery style launch of their “Vax-a-Million” campaign, Governor Whitmer stated, “If there’s one thing every Michigander can agree on, it’s that whatever Ohio can do, Michigan can do it better and bigger. This sweepstakes gives every Michigander who’s been vaccinated a shot to win cash or college scholarships. It’s also a great way to encourage more Michiganders to get the safe and effective vaccine so you can protect yourself, your family, and help get life back to normal. If we all roll up our sleeves and do our part, we can all win big. Let’s get to work!”

The sweepstakes begins today and ends August 3. Eligibility criteria for each of the drawings can be found at: [www.MIShotToWin.com](http://www.MIShotToWin.com).

## **Federal Update**

## Key Legislation Introduced to Expand CCBHC Program

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

### If passed, this bill would:

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

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

CCBHCs make a difference by promoting community wellbeing.

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

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

### Key resources:

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

## Education Opportunities

**Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference**

## 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference

*Health Equity: Transforming to Meet the Challenge*

**Conference Date:** September 13-16, 2021

**Conference Location:** Virtual

Questions? Contact Alexandra Risher at [arisher@cmham.org](mailto:arisher@cmham.org).

## VIRTUAL Ethics for Social Work, Substance Use Disorder, Recipient Rights and Psychologist Professionals Training – New Dates

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

### Dates:

- September 9th, 2021
- October 12th, 2021
- November 9th, 2021
- January 18th, 2022
- February 15th, 2022
- March 15th, 2022
- April 13th, 2022
- April 19th, 2022

### Agenda:

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

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

**Training details and registration information coming soon.**

## VIRTUAL Pain Management and Mindfulness Training – New Dates

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

### Dates:

- October 19th, 2021
- November 12th, 2021
- January 25th, 2022
- March 24th, 2022
- April 27th, 2022

### Agenda:

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

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

**Training details and registration information coming soon.**

## **Virtual Self-Determination Conference – Registration Open**

Register now for the 2021 Virtual Self-Determination Conference: It Starts With You!

**August 25 & 26, 2021**  
**Education Daily from 9:00am – 12:30pm**

While there is no fee to attend this conference, registration is required. Registration deadline is 5:00pm on Friday, August 20.

[Click Here to Register](#)

[Click Here to See the Agenda](#)

## **Call for Presentations: CMHA Annual Fall Conference (in person)**

We are excited to announce that our Annual Fall Conference will be IN-PERSON (with a virtual component as well). We invite you to share your expertise, research or showcase a successful program with over 800 attendees during our Annual Fall Conference! The CMHA Annual Fall Conference will be held on:

**October 25 & 26, 2021**  
**Grand Traverse Resort**  
**Traverse City, Michigan**

Presentation Submission Form: [CLICK HERE TO SUBMIT YOUR INFORMATION ELECTRONICALLY](#)

Submit your workshop proposals by **Friday, July 30, 2021.**

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

## **Family PsychoEducation Basic Facilitator Training**

The Family PsychoEducation Basic Facilitator Training will be held virtually over a 4-session period July 29, 30 and August 5 & 6. Training will be offered in a morning and afternoon cohort. This 4-session training will present information distilled from best-practice structures historically defined as “active ingredients” of therapeutic change imbedded in the 3 traditional elements of Family Psychoeducation; Joining, the Educational Workshop and Multi-Family Groups for facilitators. Instruction will begin with an examination of the theoretical and empirical foundations as leading to the development of Family Psychoeducation. More specifically, FPE Model structures will be presented with differential emphasis on FPE’s effect in working with adults and their natural supports with and without a co-occurring disorder. Population-specific content for adults will include information on schizophrenia and bipolar disorder. Who Should Attend: Social Workers and Clinical Workers who work with adults with schizophrenia or bipolar on a regular basis in a program that accepts Medicaid funding, and who intend

to implement FPE group at their agency. This training is appropriate for social work practice levels of beginning and intermediate. For an application, please email [awilson@cmham.org](mailto:awilson@cmham.org)

## 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.*

**[Be sure to check out the newly updated M.I. for Leadership & Organizations training lead by Randall Estes!](#)**

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

See below for dates and link to the event page where you can view the brochure.

<u>Dates</u>	<u>Training</u>	<u>Registration Link</u>
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. for Supervisors	<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.

## 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.***

### **New! 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.

**Date:** 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

### **New! 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.

**Date:** 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

### **New! 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.

**Date:** 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! Detroit Disability Power hosts series of community conversations**

Detroit Disability Power will be hosting a 5 event series of Community Conversations about the intersections of ableism, racism, and ageism over the coming months- and we hope you can join us! The first is coming up on **Tuesday, July 13th from 6-8 pm**. [Here's more info and an RSVP form.](#)

Tuesday, July 13th: Intersectionality: Ableism, Racism & Ageism

Wednesday, August 11th: Growing up with a Disability

Thursday, September 2nd: Ableism & Caregiving

Tuesday, October 12th: Intergenerational Organizing

Thursday, November 18th: Policy & Ableism in Long-term Care

### **New! Justice and Behavioral Health Center offers webinar series: County-Level Data Resources, Measures, and Characteristics: Utilizing Them in a Nation-Wide Initiative**

The I.M. Justice BH (Implementation Mechanisms of Justice and Behavioral Health) research team (led by Drs. Faye Taxman, Jennifer Johnson, and Jill Viglione) cordially invite you to attend several upcoming webinars in our series focusing on the intersection of the behavioral health and criminal justice systems.

The next webinar will take place **Wednesday, July 14th, from 2:00 - 3:00 PM EST**. We will discuss data resources and factors that affect county participation in jail and mental health reform initiatives. Click [here](#) to register or paste the link below into your web browser:

[https://zoom.us/webinar/register/WN\\_eumJNoPJQp6j0B\\_4k65PuA](https://zoom.us/webinar/register/WN_eumJNoPJQp6j0B_4k65PuA)



You can also register now for upcoming webinars in August and September by clicking these links

August 4th, 1:00 PM - 2:00 PM EST - Register

here: [https://zoom.us/webinar/register/WN\\_zC8\\_GSw9SWCpP9UqwRW9Gw](https://zoom.us/webinar/register/WN_zC8_GSw9SWCpP9UqwRW9Gw)

September 15th, 1:00 PM - 2:00 PM EST - Register

here: [https://zoom.us/webinar/register/WN\\_-cdk42Y9SNmKXpOuuPcFfg](https://zoom.us/webinar/register/WN_-cdk42Y9SNmKXpOuuPcFfg)

Please contact study team members Ben Mackey ([bmackey2@gmu.edu](mailto:bmackey2@gmu.edu)) or Nick Paul ([nicholas.paul@knights.ucf.edu](mailto:nicholas.paul@knights.ucf.edu)) with any questions.

## Behavioral Telehealth Resource Center

### **Updated!** Telehealth Resource Center

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

### **New!** Insights on utilization of behavioral health services in the context of COVID-19; McKinsey & Company

[Infographic](#) created from analyzed data sample from 115,000 providers who delivered Behavioral Healthcare to over 20+ million Americans in 2019, 2020 and 2021. This report shows trends in behavioral health claims, including telehealth and includes information on the disproportionate impact on racial and ethnic minorities and identifies barriers that limit access to telehealth.

### **New!** Medicaid Bulletin MSA 21-24 discusses Asynchronous Telemedicine Services, and is issued on July 2, 2021

The purpose of this [bulletin](#) is to clarify current Medicaid program coverage of asynchronous telemedicine services, including store and forward services, interprofessional telephone/Internet/electronic health record consultations, and Remote Patient Monitoring (RPM) services.

## 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](#).

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

## News from Our Preferred Corporate Partners

### **New! Relias: The Importance of Trauma-Informed Care**

Create Safe and Nurturing Environments

Integrating trauma-informed care is a journey, not a destination. It involves understanding the people you serve, how staff are affected by their work, and how to create safe and nurturing environments that allow you to provide care in a trauma-informed way. Leveraging this framework is more important now than ever before as we continue to navigate the effects of COVID-19.

Hear the experts at the National Council for Mental Wellbeing (formerly National Council for Behavioral Health) discuss the value of trauma-informed care and the impact it has on clinical outcomes and staff engagement.

[WATCH THE VIDEO](#)

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

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



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

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

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

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

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

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

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

### **CMHA Officers Contact Information:**

The Officers of the CMH Association of Michigan 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)  
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 Berry, Training and Meeting Planner, (517) 237-3149; [bberry@cmham.org](mailto:bberry@cmham.org)  
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Carly Sanford, Training and Meeting Planner, (517) 237-3151; [csanford@cmham.org](mailto:csanford@cmham.org)  
Robert Sheehan, Executive Director, (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)