Northeast Michigan Community Mental Health Authority Board
August 2018 Meetings

- **Board Meeting–**
  Thursday, August 9
  @ 3:00 p.m.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD MEETING
August 9, 2018 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 – Veteran's Navigator ..... Brian Martinus

IX. Open Discussion

X. August Monitoring Reports
1. **Treatment of Consumers 01-002..... ..... (See pages 7-10)**
2. **Staff Treatment 01-003 .... (See page 11)**
3. **Budgeting 01-004 .... (See page 12)**
4. **Financial Condition 01-005..... ..... (See pages 13-15)**

XI. Board Policies Review and Self-Evaluation
1. **Chairperson's Role 02-004…….[Review & Self Evaluate] ..... (See pages 16-17)**
2. **Board Member Per Diem 02-009…[Review & Self Evaluate] . (See pages 18-19)**
3. **Board Self-Evaluation 02-012……[Review & Self Evalutate]..... (See page 20)**
4. **Disclosure of Ownership 02-016 [Review & Self Evaluate]... (See pages 21-25)**

XII. Linkage Reports
1. **Northern Michigan Regional Entity Update**
   a. **July 25, 2018 Meeting..... ..... (Verbal Update)**
   b. **June 27, 2018 Meeting .... (See pages 26-31)**
2. **CMHAM ....(Verbal, if any updates)**
3. **Consumer Advisory Council .... (Verbal Update)**

XIII. Operations Report..... (Available at Meeting)

XIV. Chair's Report
1. **CEO Evaluation .... (See page 32)**
2. **Begin Board Self-Evaluation..... ..... (See pages 33-37)**

XV. Director's Report
1. **Director's Report..... .....(Verbal)**
2. **Endowment Fund Grant Awards..... ..... (See page 38)**
3. **Medication Cabinet ACT/Rogers City.... ..... (See page 39)**
4. **Presidio Security Agreement .... (See page 40)**

XVI. Information and/or Comments from the Public

XVII. Next Meeting – Thursday, September 13 at 3:00 p.m.
1. **Set September Agenda .... (See page 41)**
2. **Meeting Evaluation ....(All)**

XVIII. Adjournment

MISSION STATEMENT

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

Northeast Michigan Community Mental Health Authority Board

Board Meeting

July 12, 2018

I. Call to Order

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

II. Roll Call and Determination of a Quorum

Present: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski

Absent:

Staff & Guests: Lisa Anderson, Dennis Bannon, Carolyn Bruning, Lee Ann Bushey, Lynne Fredlund, Cheryl Jaworowski, Cathy Meske, Nena Sork, Peggy Yachasz

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Eric Lawson as evaluator for this meeting.

V. Acknowledgement of Conflict of Interest

Gary Nowak provided Board members with the reason for the addition of this item to our Agenda. This will continue to be an agenda item going forward. No conflicts were identified for today's meeting.

VI. Information and/or Comments from the Public

There was no information or comments presented.

VII. Approval of Minutes

Moved by Albert LaFleche, supported by Lester Buza, to approve the minutes of the June 14, 2018 minutes as presented. Motion carried.

VIII. Educational Session – Strategic Plan Review

Cathy Meske reports based on input from our planning session a draft plan was developed. She thanked Lynne Fredlund for leading this session. She proposed breaking Strategic Planning into a three-segmented process spanning three months next year with the Environmental Scan conducted in May, the Monitoring Report of the Ends be presented in June and then the development of the new Ends and final plan in July.

Cathy Meske reviewed the draft of the 2019 Plan. She addressed the reimbursement based on health outcomes noting this is ever important to capture the diagnoses for all our individuals receiving services as the Milliman rates are based upon the severity and complexity of the diagnoses.

Cathy Meske reviewed the addition of the barriers/challenges from the previous plan and the opportunities and options.

Cathy Meske reviewed the changes made to the sub-ends. It was noted some of the previous Ends in residential living supports have been met repeatedly so the new End will provide challenge by development of additional contract residential providers in our geographic area. Cathy Meske reviewed the Ends associated with co-occurring disorders to address treatment options. She noted

this will include providing Medication Assisted Treatment. She reports the methods for gathering the information to determine if the Ends are being met may need further focus as some elements will be more difficult to track and trend.

Cathy Meske also address the assistance the Agency will be providing to advocacy efforts and support of a local group in the establishment of a local NAMI.

Alan Fischer suggested more focus be made in the Mental Health First Aid for Adults and Youth. He noted not all the General Fund dollars were spent and this would be a good use of the funds. Cathy Meske noted she will be in contract negotiations with Partners in Prevention to add more opportunities. She will discuss this further when the contract is presented to the Board for approval. Cathy Meske noted Partners in Prevention is also providing trauma focused training in the Alcona County schools.

Roger Frye reported there are many children in the schools needing help but parents do not always admit to this need. Cathy Meske reported the Department issued a memo of notice for a block grant to provide services in schools. The grant is up to $50,000. This was referred to the Leadership Team to determine how best to respond. Cathy Meske also reported our staff are participating in TRAILS and our staff will work with NEMSCA School Success to address mindfulness and stress issues in children. Cathy also notes she looks for some of the community partners to come forward and provide some resources as well.

Terry Larson inquired as to whether there are any refresher updates for Mental Health First Aid. Cathy Meske noted one could take the course over; however, the course outline is very prescriptive and they must follow the guidelines established. Cathy Meske noted she will discuss with Partners in Prevention to determine what types of training will be available for Suicide Prevention.

Judy Jones noted teachers sometimes view their lack of knowledge related to mental illness/trauma/suicide as a weakness and they need to be reassured there is assistance available.

IX. July Monitoring Reports

1. Budgeting 01-004

Cheryl Jaworowski reviewed the Statement of Revenue and Expense for month ending May 31, 2018. She reports there is a positive net position of $79,677. She notes the PASARR and private contracts are running slightly behind. She reported on the incentive Medicare payment of $17,000 due to our doctors meeting specific objectives. Cheryl noted the data in this report is based on the revenues we have been paid. She reports the negative variance in the Medicaid Revenue line item is still at the NMRE and will be coming our way when we overspend.

Cheryl Jaworowski notes she is working on a budget amendment to make adjustments discussed with the Board. She reports the contracted employees and services is 100% due to the Autism program related to some late billings but she believes they will be getting caught up soon. She reports MMRMA did send the check for about $69,000.

She also noted the budget hole has closed and is only about $100,000 in deficit; however, she is confident by year-end this will be down to $0.00. She notes we will be very close to budget on General Funds but may be overspent slightly.

Cheryl Jaworowski reported the NMRE has requested bids be secured for the financial audit. She notes it would be preferred that one audit firm provide this service for the entire region. She notes our auditors came in just over $75 from the low bid. She would recommend staying with our current auditors "Straley, Lamp and Kraenzlein."

Moved by Roger Frye, supported by Eric Lawson, to approve Straley, Lamp and Kraenzlein as auditors for the next three years. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche,

Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

2. Asset Protection 01-007

Steve Dean inquired as to where the clinical records are stored offsite. Dennis Bannon reported these records are stored in Detroit and Chicago. Our local records are stored offsite at one of the group homes.

Eric Lawson inquired about the organization's fleet of vehicles. He notes many vehicles now are lasting longer than the mileage identified in the service life in this report. Cathy Meske notes there have been some instances where due to rust and repairs the vehicles do not last. Cheryl Jaworowski notes due to the multiple drivers using our vehicles more wear and tear can occur. In addition, it is common to have three or four vehicles in a repair shop at one time. She notes there may be some instances where there will be a need for an accelerated purchase. In addition, the bidding process determines the make and types of vehicles secured.

Steve Dean requested clarification of some of the insurance liability statements related to the SIR and deductibles. Cheryl Jaworowski provided explanation and noted we have a retention fund held by MMRMA, the insurer.

3. Community Resources 01-010

Cathy Meske reports this Monitoring Report truly addresses the Ends as far as community involvement.

Moved by Eric Lawson, supported by Lester Buza, to accept the July monitoring reports with correction to Asset Protection Monitoring Report in removing "of" at the end of the sentence on page 3. Motion carried.

X. Board Policy Review and Self Evaluation

1. Community Resources 01-010

Board members reviewed this policy and had no recommendations for revision.

2. Public Hearing 02-010

Board members reviewed this policy and had no recommendations for revision.

XI. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Regional Board Meetings

i. June 27, 2018

The minutes from the June meeting were not available. Cathy Meske reported there will be a kick off of the Opioid Health Home on July 30th in Traverse City. The NMRE has been approved to be an Opioid Health Home. She reports Carrie Standen, Lisa Orozco and herself will be attending this meeting. Carrie has indicated an interest in being a prescriber for Medication Assisted Treatment.

Cathy Meske also addressed the Rural Community Opioid Planning Grant. She notes she has attended some planning sessions and became part of a consortium. She reports there are 11 counties identified in our northern region which have been identified as high risk for HIV and Hepatitis C. She reports there have been 220 counties identified at being at high risk and they include three of this agency's four counties. Those counties are Alcona, Montmorency and Presque Isle counties.

Eric Lawson inquired as to what local providers are authorized to dispense suboxone. Cathy Meske noted the Freedom Clinic working with Alcona Health Center and possible Dr. Beatty. Cathy Meske noted NMSAS prescribe but they are

located in Gaylord and the only methadone clinic in the area. There has been some discussion about having a satellite clinic set up to provide an alternative to travel.

Cathy Meske will bring back a report from the Opioid Health Home presentation at the August meeting.

ii. May 23, 2018

The minutes of the May 23rd meeting were included in the mailing.

2. CMHAM

a. CMHAM FY19 Dues

The Member dues for FY18-19 were released by the Community Mental Health Association of Michigan (CMHAM). Northeast's dues for the upcoming year will be $13,166; $9 less than the previous year.

Moved by Albert LaFleche, supported by Lester Buza, to approve the CMHAM Dues Assessment of as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

b. CMH PAC Update

The results of the recent CMH PAC campaign were shared with Board members. Sanilac County was awarded the prize of the Detroit Tiger tickets this year.

XII. Operational Report

Nena Sork reviewed the Operational Report through June 2018. She reported the ACT decrease is attributed to staff vacancies in the ACT program. Due to fidelity of the program, we must stay within certain ratios. She reported the ACT Supervisor position has been difficult to fill due to two other community mental health agencies in the area also having a vacancy for the ACT Supervisor.

Nena Sork reviewed the "by county" numbers of individuals receiving services. Steve Dean requested clarification on the numbers provided. Nena Sork reported the numbers indicate the number of open cases not how many contacts were made during the month.

The quarterly employment report was included in this report.

XIII. Chair's Report

1. Planning for the CEO Evaluation

Board members were informed next month is the CEO Evaluation. Board members requesting any review of the monitoring reports provided during the year can contact Diane Hayka and they will be provided. Diane reported all monitoring reports have been presented according to the schedule. Next month the Director will receive a positive evaluation unless there is other discussion.

2. Employee Recognition Luncheons

The Annual Employee Recognition events are scheduled for July 24th and July 26th. On July 24th, the staff receiving recognition from Montmorency County or Presque Isle County will gather at the Thunder Bay Golf Resort at 11:30 a.m. On July 26th, the staff receiving recognition from Alcona County and Alpena County will gather at the APlex in Alpena at 11:30 a.m. Board members were polled to determine attendance. Lester Buza, Roger Frye, Albert LaFleche, Terry Larson and Gary Nowak will attend the recognition on July 24th. Bonnie Cornelius and Judy Jones will attend the recognition on July 26th.

3. Board Member Laptops

Gary Nowak reported many of the NMRE Board members use laptops at the meeting. He requested input as to whether this Board should consider using this method for their board materials versus paper copies. There was no interest in changing distribution methods.

XIV. Director's Report

1. Directors Update

Cathy Meske reported in the materials distributed in the mailing, a memo from Lynda Zeller was included addressing the Individual Placement and Support Report which included recognition of Northeast and Mary Jameson's program.

2. RFP - Clubhouse

Cathy Meske noted the lease of our current Clubhouse is for another few years (2021) and the numbers of participants in our program have decreased. She notes there may be a provider who would be able to manage and clubhouse and market it to increase participation that might be a better option. She requests consideration for issuing an RFP to determine what may be available.

Moved by Eric Lawson, supported by Roger Frye, to authorize the release of a Request for Proposals for operation of the Clubhouse program as presented. Motion carried.

3. Third Level/ProcoCall Update

Cathy Meske reports the NMRE recently issued an RFP for after-hours crisis services. She reports this agency has used Third Level for several years and notes the issues recently experienced with the processes used. Nena Sork reports many calls routed through Third Level are mostly referred back to the local clinical staff or the callers are sent to the Emergency Room. They have also been reported to put individuals on hold when the caller identifies as suicidal.

Cathy Meske reported she has checked references on ProtoCall with the boards currently using that provider and they are all happy with the experience they have had. The ProtoCall staff are willing to work through issues before referrals to local staff are made. Cathy Meske recognizes the difference in today's population using this service.

She requests Board approval for a contract with ProtoCall for the after-hours crisis provision.

Cathy Meske reports there would be a one-time startup fee of $2,500. The other fees are based a monthly retainer based on number of call allowances. She reports we would need to meet with ProtoCall to get actual numbers; however, she is estimating this would cost approximately $59,000/year.

Moved by Judy Hutchins, supported by Terry Larson, to approve entering into an agreement for ProtoCall, as presented. Roll call vote: Ayes: Lester Buza, Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

4. MidWest Recruiting

Cathy Meske reported two or three years ago MidWest Recruiting was used to assist in recruitment efforts for a Child Psychiatrist. She recommends we do this again to secure an adult psychiatrist. Steve Dean inquired how long this campaign lasts. Cathy Meske reported it is a one-time mass mailing. Lisa Anderson reported this would be a similar process to our previous recruitment effort. Cathy Meske reports we also work with Dianne Simms in the final recruitment process.

Moved by Judy Hutchins, supported by Alan Fischer, to approve entering into an agreement for psychiatrist recruitment as presented. Roll call vote: Ayes: Lester Buza,

Bonnie Cornelius, Steve Dean, Alan Fischer, Roger Frye, Judy Hutchins, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: None. Motion carried.

Cathy Meske reported the Reinvestment Plan with the NMRE includes the costs associated with this recruitment.

5. QI Council Update

Lynne Fredlund reported many of the contracts in the past have included evergreen clauses which would extend the contract on a month-to-month basis should the expiration date occur before a new contract could be negotiated. This evergreen clause will be removed from the contracts during future negotiations for most contracts. She reports the CARF Conformance Report was completed and submitted.

Lynne Fredlund reported the results from the recent satisfactions surveys have been received.

XV. Information and/or Comments from the Public

Bonnie Cornelius reported the "Handicapable Day" will be held again as part of the Alpena County Fair. More information should be coming in the near future.

XVI. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, August 9, 2018 at 3:00 p.m.

1. Set August Agenda

The Veteran's Navigator has confirmed his attendance for the August meeting making this the educational session in August.

XVII. Evaluation of Meeting

Eric Lawson inquired about the stopping on time on the evaluation form. Should this be changed? He reported this meeting was especially rich and the opportunities in the schools is good. The discussion of the Strategic Plan was good as well.

He reports there were some good questions and in depth discussion. Today was especially robust. He noted the clarification of the Operations Report was helpful.

XVIII. Adjournment

Moved by Albert LaFleche, supported by Bonnie Cornelius, to adjourn the meeting.
Motion carried. This meeting adjourned at 4:34 p.m.

_____
Alan Fischer, Secretary

_____
Gary Nowak, Chair

Diane Hayka
Recorder

Recipient Rights Advisory Committee Minutes
July 18, 2018

The meeting was called to order at 3:18 p.m. in the Administrative Conference Room, NEMCMH, 400 Johnson Street, Alpena, Michigan on July 18, 2018 by Chair Pat Przeslawski.

Present:	Judy Jones, Patricia Przeslawski, and Renee Smart-Sheppler
Absent:	Tom Fredlund, Frank Walter & Lorell Whitscell (excused)
Staff:	Ruth Hewett
Guests:	None.

I. Old Business. None.

II. New Business.

QUARTERLY RIGHTS ACTIVITY REPORT: The report covered the third quarter of FY 17-18, 4/1/18 – 6/30/18. Complaints totaled 24 of which 17 were opened for investigation, 2 were handled as interventions, one was outside jurisdiction of the rights office, and 4 contained no Code protected right. There were 6 substantiations with 5 investigations still pending. Remedial action was completed on 5 substantiations with 1 pending. Renee moved to review the report, supported by Judy, motion carried.

COMMITTEE COMPOSITION SURVEY: The annual committee composition survey was completed by the three members present. Ruth will send the survey to the other three to complete and return.

POLICY REVIEW: The annual review of policy #3860 – Rights for Substance Use Disorder Recipients was reviewed. Renee motioned, Judy supported, the review of the policy.

UPDATE OF TRIENNIAL MDHHS-ORR AUDIT: The Rights System Assessment Report form was shared with the committee, showing the standards MDHHS-ORR will be using during their assessment on August 28-30. Of particular note was Section 5, page 5 of 11, regarding the ten (10) standards addressing the Recipient Rights Advisory Committee.

III. Other Business.

The next meeting will be October 17, 2018 in the Admin Conference Room immediately following the Mid-Michigan-Alpena RRAC meeting at 3:15 p.m.

IV. Adjournment.

Renee moved to adjourn the meeting, supported by Judy. The meeting adjourned at 3:35 p.m.

_____
Patricia Przeslawski, Chairperson

Ruth Hewett, Recorder

Northeast Michigan Community Mental Health Authority
400 Johnson Street, Alpena, MI 49707
989-358-7847

QUARTERLY RECIPIENT RIGHTS ACTIVITY REPORT

Time Period: April, May & June 2018:

I. COMPLAINT DATA SUMMARY

A. Totals	FY 17-18 1st	2nd	3rd	4th	FY 16-17 1st	2nd	3rd	4th
Complaints Received:	23	19	24		22	34	18	26
Investigated:	20	18	17		17	27	12	18
Interventions:	02	01	02		02	02	03	04
Substantiated:	13	09	06 (+5 pend)		08	17	10	12
Outside Jurisdiction:	01	-0-	01		01	01	01	03
No Code Protected Right:	-0-	-0-	04		02	04	02	01

B. Aggregate Summary of Complaints

CATEGORY	Received	Investigation	Intervention	Substantiated
Abuse I	0	0		0
Abuse II	0	0		0
Abuse III	0	0		0
Sexual Abuse	0	0		0
Neglect I	0	0		0
Neglect II	0	0		0
Neglect III	2	2		1 + 1 pend
Rights Protection System	0	0	0	0
Admiss/Dischrg-2ND 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	3	2	1	2
Treatment Environment	1	1	0	1 pend
Freedom of Movement	0	0	0	0
Financial Rights	0	0	0	0
Personal Property	1	0	1	1
Suitable Services	12	12	0	2 + 3 pend
Treatment Planning	0	0	0	0
Photos/Fingerprints/Audio etc	0	0	0	0
Forensic Issues	0	0	0	0
Total	19	17	2	6 + 5 pd

C. Remediation of substantiated rights violations.

Category/Specific Allegation	Specific Provider	Specific Remedial Action
Neglect III	Beacon	Suspension/Training
Confidentiality	NEMCMH	Documented Counseling
Confidentiality	NEMCMH	Pending
Personal Property	NEMCMH	Other
Suitable Serv	NEMCMH	Suspension
Suitable Serv-D&R	NEMCMH	Written Reprimand

D. Summary of Incident Reports: April, May & June 2018

Category Type	1st Qtr		2nd Qtr		3rd Qtr		4th Qtr	
	'18	'17	'18	'17	'18	'17	'18	'17
01.0 Absent without leave (AWOL)	02	01	01	06	04	03		01
02.0 Accident – No injury	11	05	04	03	13	04		13
02.1 Accident – With injury (Rev 5-17)	24	26	08	29	35	47		39
02.2 Accident – Serious injury (Rev 5-17)	-0-	02	-0-	01	-0-	--		--
03.0 Aggressive Acts – No injury	35	19	13	23	41	29		33
03.1 Aggressive Acts – w/ injury (Rev 5-17)	04	04	-0-	02	11	05		05
03.2 Aggressive Acts – Ser inj (Rev 5-17)	-0-	-0-	-0-	-0-	-0-	--		--
03.3 Aggressive Acts – Property Destruct	02	01	-0-	05	11	03		02
04.0 Death	05	05	03	06	05	04		02
05.0 Fall – No injury	06	09	11	14	18	21		15
06.0 Medical Problem	29	29	24	39	65	56		32
07.0 Medication Delay	10	02	08	03	12	08		12
07.1 Medication Error	15	09	06	19	22	15		16
07.2 Medication Other	82	52	36	55	52	73		80
07.3 Medication Refusal	61	62	06	87	25	52		96
08.0 Non-Serious Injury – Unknwn cause	05	05	-0-	07	08	06		06
09.0 Other	35	60	25	68	50	57		32
10.0 Self Injurious Acts – No injury	09	05	02	01	04	05		03
10.1 Self Injurious Acts – w/inj.(Rev 5-17)	04	04	06	02	09	07		09
10.2 Self Injurious Acts – Ser inj (Rev 5-17)	-0-	-0-	-0-	-0-	-0-	--		--
Challenging Behavior (Rev 5-17)	14		11		34	16		29
Fall – with injury (Rev 5-17)	18		10		14	05		13
Arrests (Rev 5-17)	15		07		20	08		07
Total	386	300	181	370	453	424		445

D. Prevention Activity	Quarter	YTD
Hours Used in Training Provided	25.50	67.00
Hours Used in Training Received	8.50	16.25
Hours Used in Site Visits	86.25	100.25

E. Monitoring Activity	Quarter	YTD
Incident Report Received	453	1,020

F. Source of All Complaints:	Quarter	YTD
Recipient:	01	11
Staff:	11	26
ORR:	05	17
Gdn/Family:	02	03
Anonymous:	03	05
Comm/Gen Pub:	02	04
Total	24	66

_____ _____

Ruth M. Hewett, Recipient Rights Officer Date

Turnover by Department

Division/Department Name	# at 1/1/2018	Number Hires/Transfers	Total Employees Separated/Trnsfr'd	# at 6/30/2018	Total Turnover Rate
Administration/Support Services	46	4	3	47	7%
MI Programs					
MI Program Management	4			4	0%
Psychiatry & Nursing Support	8	1		9	0%
Geriatric Services	11	1		12	0%
MI Adult Outpatient	9	1	1	9	11%
MI Adult Casemanagement	11	2	1	12	9%
MI Integrated Employment	5			5	0%
MI Adult A.C.T.	8	1	3	6	38%
Home Based Child	9	3	1	11	11%
Clubhouse	3		1	2	33%
MI Peer Support Services	3	1	1	3	33%
DD Programs					
DD Program Management	8	1	1	8	13%
DD Casemanagement	13		3	10	23%
DD Clinical Support	4	1	1	4	25%
DD App. Behav. Analysis Program	13	1	2	12	15%
DD Integrated Employment	13	1	1	13	8%
DD SIP Residential	47	2	5	44	11%
DD Community Support	31	3	3	31	10%
Blue Horizons	10			10	0%
Brege	12	2	3	11	25%
Cambridge	11	1	1	11	9%
Harrisville	12	2	2	12	17%
Mill Creek	11	1	1	11	9%
Pine Park	12	2	2	12	17%
Princeton	11	1		12	0%
Thunder Bay Heights	12			12	0%
Walnut	12	2	1	13	8%
Totals	349	34	37	346	11%

Agency-Wide Turnover

Division/Department Name	# at 1/1/2018	Number Hires	Total Employees Separated	# at 6/30/2018	Total Turnover Rate
All Employees	349	24	27	346	8%

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Nine Months Ending June 30, 2018
75.0% of year elapsed

		Actual June Year to Date	Budget June Year to Date	Variance June Year to Date	Budget FY18	% of Budget Earned or Used
	Revenue					
1	State Grants	$ 79,687	$ 91,804	$ (12,116)	$ 122,405	65.1%
2	Private Contracts	33,086	43,475	(10,390)	57,967	57.1%
3	Grants from Local Units	227,773	201,699	26,074	268,932	84.7%
4	Interest Income	8,415	5,475	2,940	7,300	115.3%
5	Medicaid Revenue	18,228,755	19,084,682	(855,927)	25,446,242	71.6%
6	General Fund Revenue	572,835	562,786	10,049	750,381	76.3%
7	Healthy Michigan Revenue	1,061,157	954,866	106,292	1,273,154	83.3%
8	3rd Party Revenue	429,888	256,262	173,626	341,683	125.8%
9	SSI/SSA Revenue	365,946	360,278	5,668	480,370	76.2%
10	Other Revenue	39,247	38,656	591	51,541	76.1%
11	**Total Revenue**	**21,046,790**	**21,599,981**	**(553,191)**	**28,799,975**	**73.1%**
	Expense					
12	Salaries	9,226,698	9,672,932	446,235	12,897,243	71.5%
13	Social Security Tax	419,184	458,753	39,569	611,670	68.5%
14	Self Insured Benefits	1,696,224	2,095,439	399,215	2,793,919	60.7%
15	Life and Disability Insurances	164,819	172,973	8,154	230,631	71.5%
16	Pension	732,056	769,601	37,545	1,026,135	71.3%
17	Unemployment & Workers Comp.	170,948	192,044	21,096	256,059	66.8%
18	Office Supplies & Postage	30,318	40,208	9,890	53,611	56.6%
19	Staff Recruiting & Development	101,697	84,893	(16,805)	113,190	89.8%
20	Community Relations/Education	1,159	2,408	1,248	3,210	36.1%
21	Employee Relations/Wellness	41,703	52,516	10,813	70,021	59.6%
22	Program Supplies	313,701	365,194	51,492	486,925	64.4%
23	Contract Inpatient	750,176	743,250	(6,926)	991,000	75.7%
24	Contract Transportation	95,001	78,267	(16,734)	104,356	91.0%
25	Contract Residential	3,547,620	3,523,276	(24,344)	4,697,701	75.5%
26	Contract Employees & Services	2,263,772	2,075,387	(188,385)	2,767,183	81.8%
27	Telephone & Connectivity	84,556	97,434	12,878	129,912	65.1%
28	Staff Meals & Lodging	22,396	29,893	7,497	39,857	56.2%
29	Mileage and Gasoline	331,330	323,835	(7,495)	431,780	76.7%
30	Board Travel/Education	11,117	10,962	(155)	14,616	76.1%
31	Professional Fees	31,170	33,146	1,975	44,194	70.5%
32	Property & Liability Insurance	83,003	32,672	(50,330)	43,563	190.5%
33	Utilities	134,633	153,821	19,188	205,095	65.6%
34	Maintenance	141,325	187,988	46,663	250,650	56.4%
35	Rent	198,334	197,737	(597)	263,649	75.2%
36	Food (net of food stamps)	43,022	70,376	27,353	93,834	45.8%
37	Capital Equipment	19,767	35,700	15,933	47,600	41.5%
38	Client Equipment	23,170	15,734	(7,436)	20,978	110.4%
39	Miscellaneous Expense	73,531	72,803	(728)	97,071	75.7%
40	Depreciation Expense	207,074	204,909	(2,165)	273,212	75.8%
41	Budget Adjustment	-	(194,168)	(194,168)	(258,890)	0.0%
42	**Total Expense**	**20,959,504**	**21,599,981**	**640,477**	**28,799,975**	**72.8%**
43	**Change in Net Position**	**$ 87,286**	**$ -**	**$ 87,286**	**$ -**	**0.3%**
	Contract settlement items included above:					
44	Medicaid Funds Under Spent	81,180				
45	General Funds Under Spent	76				
46	Healthy Michigan Funds Over Spent	(104,522)				

Northeast Michigan Community Mental Health Authority
Statement of Net Position and Change in Net Position
Proprietary Funds
June 30, 2018

	Total Business-Type Activities June 30, 2018	Total Business-Type Activities Sept. 30, 2017	% Change
Assets			
Current Assets:			
Cash and cash equivalents	$ 4,834,211	$ 3,883,652	24.5%
Restricted cash and cash equivalents	898,488	872,575	3.0%
Investments	750,000	750,000	0.0%
Accounts receivable	809,068	1,261,415	-35.9%
Inventory	16,518	16,518	0.0%
Prepaid items	283,429	448,107	-36.7%
Total current assets	7,591,713	7,232,266	5.0%
Non-current assets:			
Capital assets not being depreciated	90,000	90,000	0.0%
Capital assets being depreciated, net	1,420,220	1,675,571	-15.2%
Total non-current assets	1,510,220	1,765,571	-14.5%
Total assets	9,101,933	8,997,837	1.2%
Liabilities			
Current liabilities:			
Accounts payable	1,759,215	1,820,404	-3.4%
Accrued payroll and payroll taxes	740,753	647,023	14.5%
Deferred revenue	4,952	46,596	-89.4%
Current portion of long-term debt (Accrued	74,844	72,686	3.0%
Total current liabilities	2,579,765	2,586,709	-0.3%
Non-current liabilities:			
Long-term debt, net of current portion	823,644	799,889	3.0%
Total liabilities	3,403,409	3,386,598	0.5%
Net Position			
Invested in capital assets, net of related debt	1,510,220	1,765,571	-14.5%
Unrestricted	4,188,305	3,845,668	8.9%
Total net position	5,698,524	$ 5,611,239	1.6%
Net Position Beginning of Year	5,611,239		
Revenue	21,046,790		
Expense	(20,959,504)		
Change in net position	87,286		
Net Position June 30, 2018	$ 5,698,524		

Unrestricted Net Position as a % of projected annual expense	14.5% or 53	days
Recommended Level	8% - 25%	

NE Mich Community Mental Health Fund

10/01/2017 - 6/30/18

LIABILITY\FUND BALANCE ACTIVITY	YTD
ENDOWMENT	
Beginning Balance	60,416.20
Revenue:	
Contributions	4,122.84
Increase(Decrease)	4,122.84
Ending Balance	64,539.04
RESERVE	
Beginning Balance	15,500.67
Revenue:	
Interest and Dividends	2,157.75
Realized Gain(Loss)	3,360.57
Unrealized Gain(Loss)	(2,139.68)
Total Revenue	3,378.64
Expense:	
Transfer To Spendable This FY	3,201.43
Administrative Fees	721.31
Total Expense	3,922.74
Increase(Decrease)	(544.10)
Ending Balance	14,956.57
SPENDABLE	
Beginning Balance	7,772.81
Revenue:	
Transfer From Reserve	3,201.43
Total Revenue	3,201.43
Expense:	
Grants Approved	5,000.00
Total Expense	5,000.00
Increase(Decrease)	(1,798.57)
Ending Balance	5,974.24

10/01/2017 - 6/30/18

BALANCE SHEET	YTD
Assets:	
Investment Pool	85,469.85
Total Assets	85,469.85
Current Liabilities:	
Liability\Fund Balances:	
Endowment	64,539.04
Reserve	14,956.57
Spendable	5,974.24
Total Liability\Fund Balances	85,469.85
Total Liabilities and Equity	85,469.85

GOVERNANCE PROCESS
(Manual Section)

CHAIRPERSON'S ROLE
(Subject)

Board Approval of Policy August 8, 2002
Last Revision Approved by the Board: August 13, 2015

●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 CEO.

    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-CEO 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 CEO.

    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 themselves by name and residence address and their group if they represents one. They shall then state their reason for addressing the Board and may be limited in their remarks to five minutes on matters within jurisdiction of the Board at which time a brief supporting the points may be submitted to the Board for its consideration; provided, however, that individual employees of the Board shall have exhausted administrative procedures before making the request to address the Board on specific matters which shall have had administrative review. The presiding officer of the Board shall have the right to limit the number of persons wishing to address the Board on the same subject. The presiding officer may also extend the period of time with approval of the Board. All questions presented by any person to either the Board of 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:

●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[D5]

   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 utilized double occupancy when appropriate.

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	November 7, 2002
Last Revision Approved by Board:	August 13, 2015

●1 POLICY:

In cooperation with the CEO, 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:

GOVERNANCE PROCESS
(Manual Section)

DISCLOSURE OF OWNERSHIP
(Subject)

Board Approval of Policy August 11, 2016

●1 POLICY:

The Board shall comply with all requirements to obtain, maintain, disclose and furnish required information about ownership and control interests, business transactions and criminal convictions.

Board members shall complete the Disclosure of Ownership, Controlling Interest and Management Statement (Exhibit A) upon appointment or reappointment to the Board within 35 days of request. The Disclosure Statements will be reviewed at least annually by a designated staff member. A new disclosure statement and criminal convictions attestation will be required from each Board Member every three years, even if there are no changes in the information.

Disclosure statements will be kept in a confidential file with limited access by designated Agency staff. The disclosure statements will only be viewed or shared to meet State or federal regulations (i.e., representative(s) of the PIHP, MDHHS or other state/federal agencies).

●2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board members

●3 DEFINITIONS:

Disclosing Entity – means a Medicaid provider (other than an individual practitioner or group of practitioners) or a fiscal agent.

Family Members – for the purpose of this policy include spouse, parent, child or sibling.

Fiscal Agent – means a contractor processing or paying vendor claims on behalf of the Disclosing Entity.

Managing Employee – means a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day

operation of an institution, organization or agency. Designated individuals are defined in Agency procedures.

●4 REFERENCES:

42 CFR 455 Subpart B
42 CFR 455.104-106
Social Security Act, Sections 1128(a) and 1128(b)(1), (2) or (3)
State of Michigan Medicaid Provider Manual, Chapter 2
MDHHS/CMHSP Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver
Program Contract, Section 34.0 CMHSP Ownership and Control Interests

●5 FORMS AND EXHIBITS:

Exhibit A – Disclosure of Ownership, Controlling Interest and Management Statement – Board of Directors

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY
NeMCMHA BOARD OF DIRECTORS

Disclosure of Ownership, Controlling Interest and Management Statement

Attestation of Criminal Convictions, Sanctions, Exclusions, Debarment or Termination

Northeast Michigan Community Mental Health Authority (NeMCMHA) as a comprehensive service provider must comply with federal regulations (42 CFR 455.100-106) to collect disclosure of ownership, controlling interest and management information including information from NeMCMHA Board of Directors, pursuant to a Medicaid contract with the Northern Michigan Regional Entity and federal regulations set forth in 42 CFR Part §455. Required information includes 1) the identity of all owners and others with a controlling interest; 2) certain business transactions as described in 42 CFR §455.105; 3) the identity of managers and others in a position of influence or authority; and 4) criminal conviction, sanction, exclusion, debarment or termination information for the provider, owners and managers. The information required includes, but is not limited to, name, address, date of birth, social security number (SSN) and tax identification (TIN) information.

This Statement should be submitted at the time of initial appointment or re-appointment, updated every 3 years, within 35 days of any change in information, or within 35 days of a request for updated information.

I. NeMCMHA Board Information		
Northeast Michigan Community Mental Health Authority		EIN **38-3537521**
NEMCMHA Address: Street Name and Number, Suite, Room, Etc. **400 Johnson Street**		
City/Town **Alpena**	State **Michigan**	Zip Code **49707**
II. Board Member Information		
First Name	Last Name	Date of Birth
Social Security Number	Appointment Start Date	
Street Name and Number, Suite, Room, Etc.		
City/Town	State	Zip Code

Disclosure of Ownership, Controlling Interest and Management Statement

III. Board Member Ownership Information

Does the Board Member have an ownership or controlling interest of 5% or more in any wholly owned **supplier** or **subcontractor** of NeMCMHA, NeMCMHA provider or entity?
Yes ☐ No ☐

If Yes, list the required information below.

Attach documentation on additional sheets as necessary. Did you attach additional sheets? Yes ☐ No ☐

Legal Name of Supplier/Subcontractor	% Interest
Legal Name of Supplier/Subcontractor	% Interest

IV. Familial Relationships of All Owners

Is the Board Member related to another owner, managing employee, or individual with a controlling interest in the NeMCMHA Network or any provider, subcontractor or wholly owned supplier listed in Section III? Yes ☐ No ☐

If Yes, list the individuals and their relationship (e.g., spouse, parent, child, sibling) below

Attach documentation on additional sheets as necessary. Did you attach additional sheets? Yes ☐ No ☐

Name of Owner 1	Name of Owner 2	Relationship

V. Criminal Convictions, Sanctions, Exclusions, Debarment and Termination

1. Has the Board Member ever been convicted of a criminal offense described under sections 1128(a) and 1128(b)(1), (2), or (3) of the Social Security Act, or had civil money penalties or assessments imposed under section 1128A of the ACT? (See 42 CFR §1001.1001(a))
Yes ☐ No ☐

If Yes, list the required information below.

Attach documentation and additional sheets as necessary. Did you attach additional sheets? Yes ☐ No ☐

State of Conviction	Matter of the Offense
Date of Conviction (mm/dd/yyyy)	Date of Reinstatement (mm/dd/yyyy)

2. Has the Board Member ever been **sanctioned, excluded or debarred** from any Federal or State program including Medicare, Medicare, CHIP or a Title XX program since the inception of those programs? (See 42 CFR §438.610(a)(1)) Yes ☐ No ☐

If Yes, list the required information below

Attach documentation and additional sheets as necessary. Did you attach additional sheets? Yes ☐ No ☐

Reason for Sanction, Exclusion or Debarment	Dates of Sanctions, Exclusions or Debarments (mm/dd/yyyy)
Date of Reinstatement (mm/dd/yyyy)	List all States Where Currently Excluded:

3. Has the Board Member ever been **terminated** from participation in any Federal or State program including Medicaid, Medicare, CHIP or a Title XX program in the last 10 years, or been terminated under title XVIII on or after January 1, 2011? (See 42 CFR § 455.416(b)&(c))
Yes ☐ No ☐

If Yes, list the required information below.

Attach documentation and additional sheets as necessary. Did you attach additional sheets? Yes ☐ No ☐

Reason for Termination	
Date of Termination (mm/dd/yyyy)	State that Originated Termination
Date of Reinstatement (mm/dd/yyyy)	Terminated From Medicare? ☐ Yes ☐ No

VI. Signature

Anyone who knowingly and willfully makes or causes to be made a false statement or representation of this statement may be prosecuted under applicable federal or state laws.
In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the appropriate state agency. By signature I certify that the information provided within, is true and correct and I fully understand the consequences as explained above.

Name of Individual Completing This Form	
Title of Individual Completing This Form	
Signature of Individual Completing This Form	Date:

NORTHERN MICHIGAN REGIONAL ENTITY
BOARD OF DIRECTORS MEETING
10:00AM, JUNE 27, 2018
CROSS STREET CONFERENCE ROOM, GAYLORD

BOARD MEMBERS IN ATTENDANCE:	**Roger Frye, Ed Ginop, Randy Kamps, Gary Klacking, Terry Larson, Gary Nowak, Jay O'Farrell, Dennis Priess, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora**
BOARD MEMBERS ABSENT:	**Carol Crawford, Annie Hooghart**
STAFF IN ATTENDANCE:	**Christine Gebhard, Karl Kovacs, Eric Kurtz, Mary Marlatt-Dumas, Brian Martinus, Cathy Meske, Ron Meyer, Stewart Mills, Diane Pelts, Christy Pudvan, Rik Rambo, Brandon Rhue, Sara Sircely, Dee Whittaker, Deanna Yockey, Carol Balousek**
PUBLIC IN ATTENDANCE:	**Chip Cieslinski, Heather Diggs, Susan Pulaski, Sue Winter**

CALL TO ORDER
Let the record show that Chairman Randy Kamps called the meeting to order at 10:01AM.

ROLL CALL
Let the record show that Carol Crawford and Annie Hooghart were absent with notice for the meeting on this date; all other Board Members were in attendance.

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

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

APPROVAL OF PAST MINUTES
The minutes of the May meeting of the NMRE Governing Board were included in the materials for the meeting on this date.
MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE MAY 23, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY DENNIS PRIESS. MOTION CARRIED.

APPROVAL OF AGENDA
Mr. Kamps called for approval of the meeting agenda.
MOTION MADE BY GARY NOWAK TO APPROVE THE AGENDA FOR THE JUNE 27, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ED GINOP. MOTION CARRIED.

Mr. Kurtz requested Dale Howe Contract be added under "New Business" and Michigan Department of Corrections (MDOC) be added under "Old Business".

Let the record show that Mr. Nowak amended his motion to include the additions; Mr. Ginop supported. The motion carried as Amended.

CORRESPONDENCE

- Michigan Psychiatric Admissions Denial (MiPAD) Initial Findings July – December 2017 Report dated May 29, 2018. Mr. Kurtz highlighted the MiPAD report shows a worsening trend for placing individuals in psychiatric hospitals.
- PIHP CEO meeting minutes for May 3, 2018. Mr. Stone asked about whether Oakland County has been attending the meetings; Mr. Kurtz responded yes, Diana Bundschuh (CIO) has been representing.
- GAIN Implementation Plan.
- 2019 Behavioral Health Budget Update.
- Memorandum to CMHSP and PIHP Executive Directors from Lynda Zeller regarding the 2017 Individual Placement and Support (IPS) Report.
- NMRE Spring 2018 Consumer Newsletter

Mr. Kamps added that he received correspondence from Ben Bledsoe of Consumer Direct Care Network (Missoula, Montana) about Electronic Visit Verification (EVV) implementation; he called the letter a "fishing expedition," noting "word is out".

ANNOUNCEMENTS

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

PUBLIC COMMENTS

Let the record show that no comments were made from the public during the meeting on this date. NMRE staff and public in attendance were introduced to Board Members.

REPORTS

Board Chair Report/Executive Committee

Let the record show that no meetings have occurred, and no report was given on this date.

CEO's Report

The NMRE CEO Report for June 2018 was included in the materials for the meeting on this date.
Eric highlighted his attendance at the AuSable Valley CMH Board meeting on May 29th and the Northeast Michigan CMH Board meeting on June 14th, stating he appreciated the opportunity.

SUD Board Report

Prevention RFP

Let the record show that the NMRE SUD Policy Board met June 25th. Sara Sircely announced STR grants will continue for a second year. Rollover funds will move forward for different projects within the same parameters. MDHHS announced a grant opportunity for Prevention Gambling in the amount of $200K; Ms. Sircely noted the parameters are highly prescriptive. Ms. Sircely was notified the State also received Opioid Response Grants. Larry Scott at the Office of Recovery Oriented Systems of Care is developing a group to discuss potential use.

Ms. Sircely reported on the RFP for prevention services in the counties of Antrim, Charlevoix, Cheboygan, Crawford, Emmet, Otsego, and Roscommon. Responses were received from Catholic Human Services (Cheboygan, Crawford, Otsego, and Roscommon) and the Health Department of Northwest Michigan (Antrim, Charlevoix, Emmet, and Otsego). After review, the recommendation was made to award Catholic Human Services the contract for Cheboygan, Crawford, Otsego, and Roscommon counties and the Health Department of Northwest Michigan for Antrim, Charlevoix, and Emmet Counties.

MOTION MADE BY ROGER FRYE TO AWARD PREVENTION SERVICES CONTRACTS TO CATHOLIC HUMAN SERVICES FOR THE COUNTIES OF CHEBOYGAN, CRAWFORD, OTSEGO, AND ROSCOMMON, AND TO THE HEALTH DEPARTMENT OF NORTHWEST MICHIGAN FOR THE COUNTIES OF ANTRIM, CHARLEVOIX, AND EMMET, SECOND BY TERRY LARSON.

Discussion: Mr. Stone asked why the RFP was only for the seven stated counties. Ms. Sircely clarified that procurement for prevention services is done on a three-year, staggered cycle.

Voting took place on Mr. Frye's Motion. MOTION CARRIED.

Financial Reports

The NMRE Monthly Financial Report for April 2018 was included in the materials for the meeting on this date. Deanna Yockey reported Traditional Medicaid shows a surplus of $2.6M, savings of $4.2M, and ISF of $6.6M. Healthy Michigan shows a deficit of just under $700K. Ms. Yockey noted DAB, TANF, and HMP eligible have dropped slightly with revenue following. A discussion of Q4 FY18 rate changes will follow as the next Agenda item.

MOTION MADE BY NINA ZAMORA TO RECEIVE AND FILE THE NORTHERN MICHIGAN REGIONAL ENTITY MONTHLY FINANCIAL REPORT FOR APRIL 2018, SECOND BY KARLA SHERMAN. MOTION CARRIED.

NEW BUSINESS

Capitation Rate Adjustment

Mr. Kurtz expressed the SFY 2018 Rate Setting Capitation Rate Amendment dated June 12, 2018 that was included in the meeting packet is no longer relevant. He directed the Board to disregard and distributed a SFY 2018 Revenue Projection on this date. Mr. Kurtz explained Oakland and Southeast Michigan PIHPs received a cut in the first proposal even though $20M in additional Medicaid was rolled out for Q4 FY18. A second meeting was held to dissect the methodology, facilitated by CMHAM. The rationale for the cut points to data and the transition to using a 100% morbidity factor. Mr. Kurtz noted that FY17 data was used, although the current contract only acknowledges FY16 data usage for Milliman. A collective email was sent to Milliman with questions.

The reason(s) why the three PIHPs were hit negatively could easily have to do with geographic factor and Milliman no longer look at spending. Diagnostic trends may potentially move individuals to lower cost categories. Mr. Kurtz assured the Board that NMRE is on top of researching this issue to make sure this doesn't happen in our region. Christine Gebhard added that chronic medical conditions also need to be recorded to get the morbidity factor. Mr. Kurtz agreed, noting it is essential that primary diagnoses (presumably higher rate) are not lost. Ms. Yockey added NMRE FY17 data was tested with NMRE coming out favorably, increasing Q4 FY18 increase by $100K to $3.9M. Brandon Rhue is working with PCE to address any needed corrections and developing data study and report to monitor. Karl Kovacs commented on the importance of staying on top of the various "buckets." A follow-up rate setting meeting is scheduled for July 2nd.

FY19 MDHHS/PIHP Contract

A memorandum dated June 12, 2018 from John Duvendeck, Program Development, Consultation, and Contracts Division at MDHHS to PIHP Directors introducing the FY19 Contract was included in the materials for the meeting on this date. There were no additional changes to the Contract from Amendment No.2 to FY18 contract. The signature page is due to MDHHS by June 30, 2018.

MOTION MADE BY JOE STONE TO APPROVE THE CONTRACT BETWEEN THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE NORTHERN MICHIGAN REGIONAL ENTITY FOR FISCAL YEAR 2019, SECOND BY DON TANNER. MOTION CARRIED.

CMHA Contract
An Independent Contractor Agreement from Michigan Association of Community Mental Health Boards was included in the materials for the meeting on this date. The Agreement provides the NMRE with start-up funds for the Opioid Health Home for staff time and travel expenses.
MOTION MADE BY KARLA SHERMAN TO APPROVE THE INDEPENDENT CONTRACTOR AGREEMENT BETWEEN THE MICHGAN ASSOCIATION OF COMMUNITY MENTAL HEALTH BOARDS AND THE NORTHERN MICHIGAN REGIONAL ENTITY TO PROVIDE FUNDS UP TO TWENTY-THOUSAND DOLLARS FOR STAFF TIME AND UP TO TEN THOUSAND DOLLARS FOR STAFF TRAVEL RELATED TO THE OPIOID HEALTH HOME PILOT PROJECT, SECOND BY DON TANNER. MOTION CARRIED.

Rehmann Change Order
A change order from Rehmann to the NMRE dated June 13, 2018 was included in the materials for the meeting on this date. Effective July 1st, Richard Carpenter (Rehmann) will no longer be acting CFO for the NMRE. A consultation agreement with Rehmann will remain in place through the end of FY18.
MOTION MADE BY DON TANNER TO APPROVE THE CHANGE ORDER DATED JUNE 13, 2018 TO THE ORIGINAL AGREEMENT DATED JULY 21, 2016 BETWEEN REHMANN ROBSON AND THE NORTHERN MICHIGAN REGIONAL ENTITY, SECOND BY KARLA SHERMAN. MOTION CARRIED.

Class Action Complaint
A Class Action Complaint prepared by Mantese Honigman, PC, Michigan Protection and Advocacy Service, and John J. Conway, PC was included in the materials for the meeting on this date. The complaint alleges that medically necessary services were not provided as allowed under the Medicaid benefit. The NMRE is named (page 30); two individuals from Northern Lakes CMH (Roscommon) are involved. Other plaintiffs are joining; it may include all 10 PIHPs in the end. Mr. Kovacs stressed the need to treat individuals with challenging behaviors in appropriate settings. Cathy Meske agreed, adding that staffing issues at recommended capacity is a considerable factor, particularly with individuals under six years old and over 21 years old.

Afia SOW
A Statement of Work from Afia was included in the materials for the meeting on this date. The SOW broadens the scope of the original agreement with Afia for development of a data warehouse.
MOTION MADE BY JOE STONE TO APPROVE THE STATEMENT OF WORK FROM AFIA DATED JUNE 20, 2018 TO AMEND THE SCOPE OF THE MASTER SERVICES AGREEMENT DATED JANUARY 11, 2018, SECOND BY GARY NOWAK.

Discussion: Mr. Tanner asked whether this has any factor on the rate setting. Mr. Kurtz responded that good data helps but NMRE had already been complying.

Voting took place on Mr. Stone's motion. MOTION CARRIED.

DKHowe
Due to the development of the data warehouse, NMRE will be able to run data reports previously supplied by Mr. Howe. Mr. Kurtz called for action to discontinue this contract ($16K x 4 quarters), nothing CMHSP have option of contracting directly if they chose.
MOTION MADE BY JOE STONE TO RECOMMEND THE NORTHERN MICHIGAN REGIONAL ENTITY DISCONTINUE ITS CONTRACT WITH DKHOWE, SECOND BY KARLA SHERMAN. MOTION CARRIED.

OLD BUSINESS
A Benefit Stabilization Reinvestment – Board Updates

This topic will be a standing agenda item at the request of the Request of the Board Chair.

AuSable Valley CMH
Diane Pelts reported the initial amount of $525K was revised as some items are no longer being pursed. Lack of workforce has been a big factor as expanded positions are not being filled. Program expansions include Telehealth/telepsychiatry, staff training, family program, IT upgrades, and reevaluating and redesigning programs. Also pursuing Relias for training vs. myLearningPointe, implementing new general ledger software, and funding the "I'm In" program to help individuals build relationships through community participation.

Centra Wellness Network
Let the record show that Chip Johnston was not in attendance to provide an update.

North Country CMH
Christine Gebhard reported $1M was budgeted to core services, North Country CMH is currently $1.1M over for residential through April. Other planned expenses include staffing increases ($36K to date), and one-time costs (equipment upgrades, IT, property improvement) at $500K anticipated ($108K to date). ProtoCall after-hours crisis services and myStrength digital platform are being pursued.

Northeast Michigan CMH
Cathy Meske reported funds are being used for rural practice development. A child psychiatrist has been hired. A mobile crisis unit for children is being developed. ProtoCall after-hours crisis services is being pursued. Contracts with Prevention partners for trainings on suicide and substance use is moving forward. Increased residential costs continue ($800K). Training is being expanded for autism services in an effort to "grow from within". A psychiatrist is being recruited. MyStrength digital platform has been purchased. Staff is receiving a one-time ancillary payment.

Northern Lakes CMH
Karl Kovacs reported his Board approved a plan totaling $919K for 19 initiatives (Board approved up to $1M). Included in the plan: one-time performance incentive to staff, expanding service capability, developing crisis residential capacity, expanding supportive employment, upgrading IT capability, property modifications, continuing myStrength digital platform, expanding occupational therapy, expanding children's services (2 additional staff), purchasing new general ledger software, and developing a curriculum for secondary trauma.

Mr. Kamps commented that the CMHSPs are thoughtfully going through the process. He noted it will be difficult to get it all done by September 30th. Mr. Kurtz acknowledged the NMRE will still lapse back funds (especially with the additional $3.9 for Q4).

Mr. Stone asked if NMRE is giving one-time bonuses to staff. Mr. Kurtz responded no, but increasing staff is likely for providers and NMRE for the Opioid Health Home.

Opioid Health Home
A "kickoff" is scheduled for July 30th in Traverse City. Information will be sent to the Board. Public Comment has been received on the Opioid Health Home Pilot Program policy bulletin. The Opioid Health Home Handbook was sent from MDHHS on June 25th.

Autism Sanction Plan of Correction
A summary of ABA services for NMRE from the Michigan Autism Program was included in the materials for the meeting on this date. The NMRE had an on-site review by MDHHS on June 14th – 15th. AuSable Valley's

use of case management services received recognition from the auditors; staff may be asked to conduct a regional training. Mr. Kurtz noted the sanction Plan of Correction timeline was delayed allowing for the pre-meeting in Lansing.

MDOC

A Notice of Intent to Negotiate and Contract with a Single Provider from the State of Michigan was distributed. Currently all 10 PIHPs are "at the table." PIHPs are the only entities with statutory and contractual responsibility to manage publicly funded substance use disorder services. PIHPs are being asked to do Network Management for MDOC SUD treatment. Basically, PIHPs would do procurement of the provider network, Utilization Management, Quality Management, Care Coordination, Network Development, and Claims Processing. Mr. Kovacs asked if financial risk is shifted to PIHPs. Mr. Kurtz responded, "some gray areas remain." Mr. Priess, Mr. Schmidt, and Mr. Tanner shared previous experiences. No indication to date of financing or how the funds would flow.

PRESENTATION

Marijuana Education

Christina Pudvan, SUD Prevention Coordinator, provided some information on marijuana effects and potency and reactions to marijuana legalization in Colorado and other states. The Michigan Marijuana Legalization Initiative is on the November 6th ballot in Michigan. The initiative was designed to allow adults age 21 or older to possess and use marijuana for recreational purposes. Individuals would be permitted to grow up to 12 marijuana plants in their residences. Municipalities would be allowed to ban or limit marijuana establishments within their boundaries, though it was noted would occur by an "opt out" process.

Liquor Tax Request

Susan Pulaski from the Health Department of Northwest Michigan discussed a liquor tax request to expand the SAFE in Northern Michigan coalition's digital media campaign addressing marijuana use in adolescents to the entire twenty-one county NMRE region (already running in Antrim, Charlevoix, and Emmet counties.) at a cost of $18K. This request received the recommendation of the NMRE SUD Policy Board. A summary of the Marijuana Campaign prepared by Ted Garber of McDonald Garber Broadcasting was distributed on this date. (McDonald Garber Broadcasting operates a local top 40 radio station, popular with teens.)

MOTION MADE BY JOE STONE TO APPROVE THE LIQUOR TAX REQUESTS RECOMMENDATION OF THE NORTHERN MICHIGAN REGIONAL ENTITY SUBSTANCE USE DISORDER OVERSIGHT BOARD ON JUNE 25, 2018, SECOND BY JAY O'FARRELL. MOTION CARRIED WITH ONE OPPOSITION VOTE RECORDED FROM MR. TANNER.

COMMENTS

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

MEETING DATES

The next meeting of the NMRE Board of Directors is scheduled for 10:00AM on July 25th in the Cross Street Conference Room in Gaylord.

ADJOURN

Let the record show that Mr. Kamps adjourned the meeting at 12:27PM.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Director Evaluation

Employee Name: Cathy Meske
Title: Director

Evaluation Period: From August 2017 to August 2018

The evaluation process consists of a review of the monitoring reports that have been made over the course of the year to assure compliance. The monitoring reports are reviewed on a revolving schedule as identified on the perpetual calendar.

Board members take action at their August meeting after discussion of compliance in meeting the monitoring schedule.

By consensus at the August 9, 2018 Board meeting, the Director's performance was positive for FY '18.

_____
Gary Nowak, Chair

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Gary Nowak

SUBJECT: Self-Evaluation

DATE: July 31, 2018

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	Board members reviewed the policy. Diane Hayka noted #4 of this policy directs the Board to self-monitor which includes comparison of board activity and discipline to policies in Governance Process and Board-Staff Relationship.	04-12-18
02-003 Board Job Description	Board members discussed the description under 2.A. Ends: It was determined to revised the sentence to say "Organizational products, impacts, benefits, outcomes, recipients, and the relative worth of these ends or products (what good for which needs at what cost).	05-10-18
02-004 Chairperson's Role	Board members reviewed the policy and had no concerns and requested no revisions.	08-10-17
02-005 Board Committee Principles	Board members had no comments regarding this policy.	02-08-18
02-006 Board Committee Structure	Board members reviewed the policy and had no concerns or comments related to content.	09-14-17
02-007 Annual Board Planning Cycle	Board members reviewed the policy. Cathy Meske noted this is the time to make changes if needed and more input is requested from Board members. Roger Frye requested consideration of resuming the legislative luncheons. Cathy Meske reports Nena Sork and Eric Lawson recently attended a forum hosted by Representative Sue Allor in Mackinac City. She reports we need to continue having a loud voice and attending venues such as this forum.	10-12-17

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-008 Code of Conduct	Board members reviewed the policy and had no concerns. Members were requested to sign the attestation for this policy and return it to Diane Hayka.	03-08-18
02-009 Board Member Per Diem	Cathy Meske reported a survey was conducted of our four county region and our member boards to provide a comparison on per diem, mileage and meal reimbursements. The Board appears to be in line with others. No changes were recommended to the policy.	08-10-17
02-010 Public Hearing	Board members reviewed this policy and had no recommendations for revision.	07-12-18
02-011 Board Member Recognition	Board members had no comments regarding this policy. The 20-year "appropriate" gift is a monetary gift based on years of service similar to that of agency staff.	12-14-17
02-012 Board Self-Evaluation	A report will be discussed under the Chair's Report related to self-assessment. No revisions were recommended for this policy.	08-10-17
02-013 Cost of Governance	This policy was updated to include the most current budget detail related to the cost of governance.	04-12-18
02-014 Board Core Values	Judy Hutchins inquired about item #4 and the phrase "Recognition of…". Cathy Meske notes the intention is for Board members to not become complacent. Steve Dean suggested changing the wording to "Understanding that…" Alan Fischer suggested it just be "Understanding…" and not include "that." After discussion, the word Recognition will be replaced with Understanding.	05-10-18
02-015 Board Member Orientation	Board members had no comments regarding this policy.	12-08-16
02-016 Disclosure of Ownership	This policy will be self-evaluated in 2018 for the first time.	08-2018
03-001 Executive Director Role	Board members had no comments regarding this policy.	01-11-18
03-002 Delegation to the Executive Director	Board members had no comments regarding this policy. Eric Lawson commented after serving on the Board a few years now and having policy review monthly he is impressed with the way the policies were written.	02-08-18
03-003 Executive Job Description	Board members had no comments regarding this policy.	10-12-17

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
03-004 Monitoring Executive Performance	Board members reviewed the policy and had no concerns or comments related to content. The Monitoring Schedule was updated to reflect the addition of the Disclosure of Ownership policy which will mirror the perpetual calendar to be adopted.	10-12-17
03-005 Chief Executive Officer Search Process	Board members reviewed the policy. Steve Dean inquired about a succession plan if needed due to a catastrophic incident. This is addressed in the Emergency Executive Succession Policy which is reviewed in January of each year.	09-14-17

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
2018

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 27, 2018

Subject: Endowment Fund Grant Awards

In continuing in providing 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 3-1-18.

1. $250: Vehicle Repairs
2. $250: Computer software
3. $249.92: Vehicle plates, title and insurance

Total Awards: $749.92

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

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

MEMORANDUM

TO: Board Members

FROM: Cheryl Jaworowski
Finance Director

SUBJECT: Medication Cabinets for Rogers City and ACT Offices

DATE: August 9, 2018

We have received a bid from Nowak's Window, Door & Cabinet Co. to install lockable medication cabinets;

1. In the Rogers City office to facilitate having a psychiatrist there full time, and
2. To replace the unsecured shelving in the closet used as a medication room in our ACT office.

Rogers City Office	$1,721.76
ACT Office	$4,223.98
Total	$5,945.74

We recommend using this vendor as we want to match cabinets previously bid and purchased for the Alpena and Fletcher offices for consistency of product, low pricing, and ease of use for nurses serving multiple offices.

We recommend approval of these leasehold and building improvements that are not in the currently approved budget.

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members

FROM: Cathy Meske, Dennis Bannon

SUBJECT: Presidio Security Agreement

DATE: July 31, 2018

Presidio has provided a quote for a cloud-based security system, which will replace the current Barracuda and Cyberoam appliances currently used to protect the network. The Presidio proposal is a subscription service based in the cloud. This will eliminate the need to have everything routed through the Alpena Office and speed up processes in the field.

Presidio Cloud Security will protect the agency's computers and digital devices from viruses, questionable websites, etc. This will cover both in-house and portable computers. It is anticipated the use of this protection will improve performance in the field in accessing PCE, e-mail and other applications, which previously had to go through Barracuda and Cyberoam. It will also eliminate the need to establish proxys on the individual computers.

The agreement currently in place for Barracuda and Cyberoam will expire in September. The Presidio subscription will begin at that time and the cost for this totals $9,270.00. The dollars for this is included in the IT budget. As the agreement requires authorization by the Director, we recommend the Board approve the Presidio Security Agreement for $9,270.00 as presented.

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

Review

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

Ownership Linkage

Public Hearing Budget

Educational Session

Strategic Plan Finalization

Self-Evaluation

Finalize Annual Self-Evaluation

Michigan Association of Community Mental Health Boards is now Community Mental Health Association of Michigan.

July 27, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- Contact information of the CMH Association's Officers:
- Work, Accomplishments, and Announcements of CMH Association and its Member Organizations
- State and National Developments and Resources
  - Great Lakes Addiction Technology Transfer Center Network announces rural workforce webinar
  - Poverty: a community call to action conference announced
  - Revisiting the Rationale and Evidence for Peer Support
  - Alarming connection between zip code and life expectancy
  - Office of Disease Prevention and Health Promotion issues SUD infographic
  - Nominations Open for Recipient Rights Directors Award and Cooke Grant Spirt Award
- Legislative Update
  - If Dems See Big Wins, Will We See A Busy Lame Duck?
- National Update
  - Court Blocks Kentucky's Medicaid Work Requirements
- Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019
- Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort
- CMHAM Association committee schedules, membership, minutes, and information
- Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451

Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Great Lakes Addiction Technology Transfer Center Network announces rural workforce webinar

WEBINAR
Workforce Recruitment and Retention Part 3: Rural Workforce, Recovery Workforce

DATE & TIME
Wednesday, July 25, 2018
11:00 am – 12:00 pm (Central)
(12pm Eastern, 10 am MT, 9 am PT)

This is the third webinar in a three-part series on workforce recruitment and retention in behavioral health, with a specific focus on the field of addictions.

Presenters Dr. Christine Chasek and Dr. Michael Flaherty will provide insight and strategies to help you:

- Recruit and retain skilled professionals to work in rural and remote areas
- Build a peer support worker and recovery coach workforce with people in recovery

Register for this webinar at: https://events-na6.adobeconnect.com/content/connect/c1/813211227/en/events/event/shared/default_template/event_landing.html?sco-id=1621679572

Poverty: A Community Call to Action

Tuesday, October 9, 2018
6:00 pm – 9:00 pm

MSU College of Nursing –
Bott Nursing Building
1355 Bogue St.,
Room C160-C170
East Lansing, MI 48824

Register Now:
https://povertycalltoaction.eventbrite.com

$15 registration fee per person (NO REFUNDS)
Group discounts available for 5+ individuals
All seminar materials and CE included!

Target Audience: Interested leaders, community members, law enforcement, teachers, nurses, social workers and other professionals.

Outcome: Event participants will actively engage in a role-playing, simulated experience, immersed in the realities of living conditions of poverty and be empowered to brainstorm strategies for a call to action in the greater Lansing community.

Continuing Nursing Education: 3.0 CNE
Social Work Continuing Education Contact Hours (CECH): 3.0 CECHs
Contact hours will be provided to eligible nurses or social workers who participate in the entire event and submit a completed evaluation. **No partial credit will be awarded.**

Jointly Provided by the Michigan State University College of Nursing and School of Social Work

Registration questions: con.nurse.ce@msu.edu or call (517) 355-3393

Revisiting the Rationale and Evidence for Peer Support

Below is a recently published article, in Psychiatric Times, that underscores the value of peer support in mental healthcare.

The authors argue that that stating that peer support "lacks evidence" is simply not accurate. *Patients in the treatment group--with peer support—had fewer psychiatric hospital admissions on average and more episodes of crisis stabilization than those in the comparison group*

A recent issue of *Psychiatric Times* featured an opinion piece (http://www.psychiatrictimes.com/blogs/jury-out-paid-peer-support-people-mental-illness) by D.J. Jaffe who argued that there is little empirical support for the effectiveness of paid peer-support staff—persons in recovery from mental illnesses who are trained to provide hospitalization."[1] In this article, we rebut Mr. Jaffe's argument by revisiting the rationale and evidence base for peer support.

While we agree that the government needs to fund more research on this important topic, we argue that stating that peer support "lacks evidence" is simply not accurate. In fact, as we will explain below, over 30 studies have found positive effects in numerous outcome domains. But first it is important to understand the nature and intended impact of this form of service delivery.

Rationale for Peer Support

The rationale for peer support is neither new nor limited to psychiatry. Paid peer support has been around since the birth of the discipline in the late 18th century, with the hiring of recovered patients as staff identified as one of the most essential components of "moral treatment."[2] Harry Stack Sullivan continued this practice in his hospital in the 1920s, while the milieu therapy models that dominated psychiatry for the following decades relied in large part on the benefits of peer support and role modeling.

Outside of psychiatry, the Institute of Medicine reports that various forms of peer support can be found in virtually every branch of medicine that deals with chronic conditions, from asthma and cancer to diabetes and hypertension.[3] The rationale here is simple; as explained by Fisher and colleagues[4] in a recent review, persons with chronic illnesses spend about 6 hours every year in a health professional's office, while spending the remaining 8760 hours of the year living with and trying to manage their health conditions. In psychiatry, this ratio is likely much less. Whether it is diabetes or mental illness, helping someone to live well with a serious illness is different from treating the illness, and it takes a different investment of time and effort. Simply put, people living with serious mental health conditions need more assistance and support than can be provided by a physician alone.

In psychiatry, as in other areas of chronic illness management, that "more" is typically provided by paraprofessionals. In medicine, there is currently rapid growth in the hiring of community health workers to assist patients with all manner of conditions to engage in self-care and to navigate complex health systems. In public psychiatry, paraprofessionals spend the most time with persons with chronic conditions, but usually have little to no training.

Training and hiring persons in recovery to provide peer support represents a win-win situation for resource-strapped systems. Patients receive support from trained peers who instill hope, model self-care, and help navigate the health care system. Peer support providers are gainfully employed in a role that supports their own recovery by allowing them to do personally motivated work. Systems gain a trained, effective workforce that pushes providers beyond the basic outcomes of decreased homelessness, incarceration, and hospitalization to include other outcomes that also matter to patients and their loved ones, ie, those associated with reclaiming a meaningful life.

To aspire to help persons with mental illnesses to establish meaningful lives is not to overlook or minimize the need to address homelessness, incarceration, and hospitalization. Because many have walked in their shores, peer-support staff are especially expert in forging caring relationships with people who are overcome by the direst of circumstances and who have not responded to traditional approaches. Peer-support staff can effectively engage patients because they understand how they live (all too often on the street or in shelters) and offer practical help with basic needs and everyday living. In contrast to coercive measures that further erode patients' sense of self and basic dignity by focusing solely on illness, peer-support staff can earn patients' trust by providing assistance with

day-to-day struggles, offering a more effective and sustained pathway to needed care tan 2-week involuntary inpatient stays.

The Evidence for Peer Support

It should be no surprise that the CMS study Jaffe references found that deploying peer staff increased the use of crisis services while decreasing hospitalizations.[5] This increase in service use was a positive outcome for persons who otherwise were disconnected from all outpatient treatment. Perhaps it is on this score, above all, that the effectiveness of peer services has been shown most consistently.

When reviewing this evidence, it is important to recognize that neither peer nor non-peer non-clinical staff "treat" mental illness, that is not their role. Peer-support staff complement clinical care; their role is to instill hope, engage patients in self-care and health services, help them navigate complex and fragmented systems, and promote their pursuit of a meaningful life. When assessed on their ability to do these jobs for which they have been trained, peer-support staff clearly demonstrate effectiveness.

The Table (found at: https://www.psychiatrictimes.com/special-reports/revisiting-rationale-and-evidence-peer-support)provides examples of the roles peer-support staff have played that have garnered consistent evidence in improving patient outcomes.[6] To date, over multiple studies have found that peer staff who are working in peer-specific roles are better able to engage people in caring relationships[7-8]; improve relationships between clients and outpatient providers, thus increasing engagement in non-acute and less costly care[9-17]; decrease substance use, unmet needs, and demoralization[8,11,17-18]; and increase hope, empowerment, self-efficacy, social functioning, quality of and satisfaction with life, and activation for self-care.[8,11-13,16,18-30]

Patient-Care Outcomes

Why would these kinds of gains not be worthy of funding? Presumably because they have yet to be connected directly to reductions in the negative outcomes of arrest, incarceration, and violence. But these poor outcomes are more reflective of societal and systemic failures than of mental illness per se. They are due primarily to long-standing discrimination that has resulted in a lack of parity in funding for community-based mental health care.

This becomes obvious when one looks beyond the borders of the US. Homelessness, arrests, and incarceration are not attributable to mental illness alone, because they are not significant problems for persons with mental illness in most other developed countries. Mental illness alone poses minimal risk for violence (around 4%).[31] Mass shootings are more a result of our failure to control access to assault weapons than a failure to treat mental illness. As Zakari[12] pointed out in the Washington Post, the incidence of mental illness in the US is the same as that of the UK, yet the rate of gun violence in the US is 40 times that of the UK. Surely, unaddressed factors other than mental illness contribute significantly to such poor outcomes.

Foremost among these is the long-standing stigma against persons with mental illnesses that has resulted not only in the lack of adequate funding for community-based care but also acts as a barrier to accessing what care is available sooner, which might prevent the need for more intensive care later on. Homelessness, incarceration, and violence among persons with mental illness are more of a consequence of our failure to accord such persons the rights of dignity, respect, and full citizenship that is their birthright than to mental illness per se.

Conclusion

No one would deny a person in recovery from cancer, or a person living with diabetes, the opportunity to contribute to the shaping and delivery of cancer or diabetes care. Persons in recovery from mental illnesses have insider knowledge of what it takes to have a life well lived with mental illness. In fact, two of the most influential visionaries in the history of mental health policy, Dorothea L. Dix and Clifford W. Beers[32] had their own experiences of mental illness. Based on the credibility and trustworthiness fostered by their lived experience, their passion to give back, and their dedication to making recovery a reality for others who suffer with mental illness, other people in recovery (ie, peers) can also make invaluable contributions to better outcomes by advocating for, transforming, expanding, and providing effective mental health services.

Authors: Larry Davidson, PhD, Chyrell Bellamy, MSW, PhD, Mathew Chinman, PhD, Marianne Farkas, ScD, Laysha Ostrow, PhD, Judith A. Cook, PhD, Jessica A. Jonikas, MA, Harvey Rosenthal, Sue Bergeson, Allen S. Daniels, EdD and Mark Salzer, PhD

Dr Davidson is Professor of Psychiatry, Yale University School of Medicine; Dr Chinman is Research Health Scientist, VA Pittsburg Healthcare System and Senior Behavioral Scientist, RAND Corporation; Dr Farkas is Professor, Center for Psychiatric Rehabilitation, Boston University; Dr Ostrow is CEO, Live & Learn, Inc. Morro Bay, California; Dr Bellamy is Associate Professor of Psychiatry, Yale University School of Medicine; Dr Cook is Professor and Ms Jonikas is Program Director, University of Illinois at Chicago College of Medicine; Mr Rosenthal is Executive Director, New York Association of Psychiatric Rehabilitation Services, Albany, NY; Ms Bergeson is Principal, Recovery, Resilience, Engagement and Activation Partners, LLC, Lake, Michigan; Dr Daniels is Senior Study Director, Westat, Cincinnati, Ohio; and Dr Salzar is Professor of Rehabilitation Sciences. Temple University College of Public Health, Philadelphia, Pennsylvania.

Alarming connection between zip code and life expectancy

Below is an excerpt from a recent State article regarding recently issued video on the impact of poverty and other social determinants on health disparities.

> Where you live affects the quality of your life. Perhaps that's obvious, but this animated video about California shows just how true the statement really is. Narrator George Takei paints a picture of two imaginary California citizens who are the same age, are both employed, and have similar families. The only difference between them is that they live less than a mile away from each other—but that one difference turns out to be huge.
> One community is wealthy, the other impoverished. Other than the general disparity in wealth, that means that they have vastly different access healthy food, recreation, and schools. That small mileage difference can even result in lower air quality. And if you think not having access to these things sounds stressful, you're right. Which is also bad for your health.
>
> The ultimate outcome is a shorter lifespan. The video above bears out this heartbreaking connection between zip codes and life expectancy.

This video can be found at: https://vimeo.com/165205891

The full State article can be found at:
http://www.slate.com/articles/video/video/2016/06/this_video_from_the_california_endowment_explains_how_zip_code_affects_life.html

Office of Disease Prevention and Health Promotion issues SUD infographic

Check Out the New Substance Abuse Infographic from Healthy People 2020. Each month, the Office releases an infographic with the latest data related to a Healthy People 2020 Leading Health Indicator (LHI) topic. These infographics show progress toward Healthy People 2020 LHI targets – and show where there's still work to be done.

This month's featured LHI topic is Substance Abuse. Check out the infographic below, then head over to the Healthy People 2020 LHI Infographic Gallery (https://www.healthypeople.gov/2020/leading-health-indicators/LHI-Infographic-Gallery?source=govdelivery&utm_medium=email&utm_source=govdelivery) to see infographics for other LHI topic areas…

The blog post can be found at:
https://health.gov/news/announcements/2018/07/check-out-the-new-substance-abuse-infographic-from-healthy-people-2020/?source=govdelivery&utm_medium=email&utm_source=govdelivery

Nominations for the Directors' Awards and the Cookie Gant Spirit Award

Michigan Department of Health and Human Services, Office of Recipient Rights is accepting nominations for its annual Directors' Awards and Cookie Gant Spirit Award. Office of Recipient Rights is pleased to announce its call for nominations

recognizing excellence in Recipient Rights Community by honoring individuals that deserve recognition in the areas of innovation, advocacy and empowerment. There are four awards presented each year at the Recipient Rights Conference. Each award has its own criteria and is summarized below:

Director's Award for Innovation and Rights Protection: Nominees will have created a new or different way of enabling the vision of recipient rights or of a rights office. This may include creating a valuable new process or product, constructing a difference way of approaching old problems, creating a new solution for a systemic problem.
Director's Award for Advocacy on Behalf of Mental Health Recipients: Nominees will have made an outstanding contribution toward, or have gone to extraordinary means, to advocate on behalf of people receiving mental health services.
Director's Award for Consumer Empowerment: Nominees will have made a profound or uniquely positive difference in the lives of consumers, so that consumers are empowered to transcend the "world of disability" and live a life of self-advocacy.
Cookie Gant Spirit Award: This award is issued by the State Recipient Rights Advisory Committee and is presented to an individual who exhibits the dedication, demonstrates tenacity, and advocates diligently for persons with mental illness or developmental disabilities.

Please take the time to nominate an individual within the rights system, a colleague, an organization, who deserves to be celebrated-consider nominating individual or organizations whose accomplishment has yet to be publicly acknowledged. A nomination form to submit your referred for Directors' Awards and the Cookie Gant Spirit Award is attached. ***All nominations are due August 1, 2018.***

LEGISLATIVE UPDATE

If Dems See Big Wins, Will We See A Busy Lame Duck?

In times of political change, lame duck session in the Legislature would be seen as one last chance to complete an agenda, a last shot at getting things done. Below is a list of bills introduced and passed in lame duck shows that turning a chamber, or even the governor's chair, doesn't necessarily result in a high productivity lame duck session.

The last time there was significant turnover in Michigan was 2010, when Rick Snyder took over the governor's seat from Jennifer Granholm and Republicans wrestled control of the House away from the Dems, a pretty mild lame duck session followed. That year, 106 bills were introduced in lame duck, five of which were eventually passed. Overall, lawmakers moved 175 bills to the governor after the election, which she signed. But remember, the GOP controlled the Senate, and could have put an end to any last minute Democratic juggernaut in the Legislature.

Compare that to last election year, when the Republicans had and would retain the trifecta, holding the governor's office and both chambers. In 2016, 214 bills and resolutions were introduced in lame duck, six of which got passed. Overall, the governor signed 249 bills passed by lawmakers after the election.

In 2014, 337 bills and resolutions were introduced in lame duck, and 10 of those were passed. Overall, 217 bills were passed and signed after the election.

Oddly, the busiest lame duck in the last 18 years was in 2009, when lawmakers introduced 297 bills after the election and adopted 44 of them. Overall productivity in lame duck was 286 bills.

When Granholm took over from John Engler in 2002, there were 147 bills introduced after the election, and 15 of them were passed. Engler signed 152 bills from lame duck session.

Randy Richardville, who was Senate Majority Leader from 2011-2014, said it is not the number of bills that make lame duck count. "More important than the number of bills is the quality of the bills and the impact they may have on the state," he said. "Auto no-fault could be a significant thing to get done during this last shot, to get it done in a way that would be meaningful to people." Another important issue that might be addressed is returning the income tax to 3.9 percent, which Richardville said was a promise made during the Granholm years, that once the economy was back in good shape, the income tax would be returned to that level.

Richardville said this year's lame duck will be "unprecedented" because of the amount of turnover that will occur in both House and Senate. Seventy percent of Senate seats will be occupied by newcomers next year. The House will see 40 percent turnover, due both to term limits and legislators giving up time in the House to seek all those open Senate seats.

2016
214 bills and resolutions introduced in lame duck
6 of those passed and signed
249 total bills passed and signed after the election

2014
337 bills and resolutions introduced in lame duck
10 of those passed and signed
217 total bills passed and signed after the election

2012
174 bills and resolutions introduced in lame duck
9 of those passed and signed
282 total bills passed and signed after the election

2010
105 bills introduced in lame duck
5 of those passed and signed
175 total bills passed and signed after the election

2008
267 bills introduced in lame duck
44 of those passed and signed
286 total bills passed and signed after the election

2006
160 bills introduced in lame duck
15 of those passed and signed
240 total bills passed and signed after the election

2004
109 bills introduced in lame duck
12 of those passed and signed
195 total bills passed and signed after the election

2002
147 bills introduced in lame duck
15 of those passed and signed
152 total bills passed and signed after the election

NATIONAL UPDATE

Court Blocks Kentucky's Medicaid Work Requirements

On June 29th, a district court judge blocked Kentucky's waiver request to require Medicaid enrollees to work or participate in a job-related activity for at least 80 hours per month or lose their health coverage. The court ruled that the Centers for Medicare and Medicaid Services (CMS) had not properly considered whether the initiative would violate Medicaid's central

objective of providing medical assistance to the state's citizens. The decision could have broad implications for other states hoping to limit Medicaid enrollment through work requirements.

IMPLICATIONS

While Judge James Boasberg's ruling applies only to Kentucky, his reasoning for overturning CMS's decision to approve Kentucky's work requirements could extend to the other states that have implemented work requirement programs – namely, Arkansas, Indiana, and New Hampshire – and seven other states whose applications are currently being reviewed by the Department of Health and Human Services (HHS). Matt Salo, Executive Director of the National Association of Medicaid Directors, said the ruling is a "big roadblock for the four states looking to implement these already approved waivers."

Although the decision did not outlaw Medicaid work requirements outright, it requires that any Medicaid Section 1115 waiver demonstration be carefully assessed for its impact on people's health care coverage. The decision also sets an important precedent by finding Medicaid to be a health insurance program that provides equal treatment of all groups covered by its statute, including Medicaid expansion populations.

WHAT'S NEXT?

HHS will now reevaluate Kentucky's waiver approval and decide whether they will seek an appeal, which will need to be filed in the next 60 days. As a result, HHS may hold off on announcing any additional work requirement approvals – and states may wait to submit their requests – until this legal battle reaches its conclusion.

In the meantime, Kentucky Gov. Matt Bevin ® has responded to the ruling by canceling Medicaid vision and dental benefits included in Kentucky HEALTH, and has threatened to reverse the state's Medicaid expansion.

TRAININGS:

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LLP, CCS, Owner and Principal, Two Moons LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.
This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates:

- August 22 – Lansing (training full)
- September 26 – Gaylord
- November 7 – Lansing
- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Registration for the new dates will open soon!
Three Trainings/Three Locations!

Register for the level of training and date/location of your choice
2-day Motivational Interviewing Basic training - $89

2-day Motivational Interviewing Advanced training - $89
1-day Motivational Interviewing Supervisory training - $49

Agenda for all trainings:
Registration: 8:30am to 9:00am; training(s) start promptly at 9:00am and adjourn at 4:00pm each day

Who Should Attend? 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 Specialist and any other practitioners at the beginning, advanced and supervisory levels of practice.

Dates	Location
July 30-31	Doubletree by Hilton, Grand Rapids 4747 28th Street SE, Grand Rapids, MI 49512 Phone: 616-957-0100 Hotel room block of $75 per night expires July 19
August 28-29	Courtyard by Marriot, Mt. Pleasant 2400 East Campus Drive, Mt. Pleasant, MI 48858 Phone: 989-773-1444 Hotel room block of $75 expires August 10
September 11-12	Great Wolf Lodge, Traverse City 3575 N. US Highway 31 S. Traverse City, MI 49684 Hotel room block of $75 per night expires August 17 Call 866-962-9653 reference Reservation #18092DAY

Go to our website at www.macmhb.org for registration and further information

25th ANNUAL RECIPIENT RIGHTS CONFERENCE
The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1 – May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers
- 42 Substance Use Disorder Clinics reports.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Service Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rate	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	N=2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n=125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e., transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

July 20, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

- **Contact information of the CMH Association's Officers:**
- **Work, Accomplishments, and Announcements of CMH Association and its Member Organizations**
  - **Saginaw CMH named as fiscal lead in regional perinatal QI project**
  - **Turning Leaf purchases Bronson Vicksburg Outpatient Center**
- **State and National Developments and Resources**
  - **MDHHS announces public comment period on HMP work requirements**
  - **US HHS announces appointment of value-based transformation lead**
  - **Is digital medicine different?**
  - **Nominations Open for Recipient Rights Directors Award and Cooke Gant Spirt Award**
- **Legislative Update**
  - **If Dems See Big Wins, Will We See A Busy Lame Duck?**
- **National Update**
  - **Court Blocks Kentucky's Medicaid Work Requirements**
- **Additional Dates Added: Ethics Training for Social Work and Substance Abuse Professionals for 2018/2019**
- **Recipient Rights Conference – September 11-14, 2018 – Crystal Mountain Resort**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972
Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Saginaw CMH named as fiscal lead in regional perinatal QI project

MDHHS' Division of Maternal and Child Health, as part of its ongoing effort to establish regional collaboratives to assure that mothers are healthy and babies are healthy and thriving, has named Saginaw County Community Mental Health Authority as the fiduciary for the newly formed Region 5 Regional Perinatal Quality Improvement Project.

Prosperity Region 5 is comprised of Clare, Gladwin, Arenac, Isabella, Midland, Bay, Gratiot and Saginaw counties with Region 5 becoming the sixth region in Michigan to participate in a perinatal care initiative.

The goal of the statewide initiatives is to improve birth outcomes for mother and baby and to eliminate health disparities. Additionally, MiHIA (Michigan Health Improvement Alliance https://www.mihia.org/.) has accepted the role of convening stakeholders and developing a work plan for Region 5 to ensure that the project's overall goal to create a locally linked and coordinated network of services for mothers and their babies, that includes quality health care, mental and behavioral health services, community resources and support and the development of innovative payment models, is achieved.

Turning Leaf purchases Bronson Vicksburg Outpatient Center

Below is a recent press release announcing a new initiative of Turning Leaf (a longtime CMH Association member);

> Vicksburg, Michigan -- Bronson Healthcare is pleased to announce that its 40,000 square foot outpatient center in Vicksburg has been sold to a healthcare organization that will bring local jobs and a new purpose to the former hospital and rehabilitation center.
>
> The purchaser is New Leaf Management, LLC, which is a sister entity to Turning Leaf Residential Rehabilitation Services, Inc., a Michigan-based assisted living provider. Since 1995, Turning Leaf has specialized in supporting adults who are living with a mental health, intellectual, or developmental disability across 18 programs throughout Michigan. With the purchase of the Bronson Vicksburg property, Turning Leaf will add another site and level of residential support to its continuum. The Vicksburg program will serve aging adults who may otherwise meet nursing home care criteria, but also possess an underlying mental health diagnosis that makes it difficult for them to access traditional programs.
>
> Bronson's decision to sell the Vicksburg facility was based on a progressive, multi-year shift in the general population's willingness to travel to Vicksburg for medical services. Outpatient Rehabilitation, the last service remaining in the Bronson Vicksburg Outpatient Center building, will relocate its staff later this year to the Outpatient Rehabilitation department on the Kalamazoo hospital campus.
>
> Bronson Family Medicine, formerly Family Doctors of Vicksburg, as well as the lab draw station, anti-coagulation center and dietitian services, are unaffected by the outpatient center sale. They continue to thrive and serve patients in the building adjacent to the outpatient center at 13320 North Boulevard Street.
>
> According to Bronson Senior Vice President Mike Way, "Over the past several years, we have looked at many ideas for repurposing this building, always hoping we'd find a partner and solution that could make the best possible use of this facility and be beneficial to the community. We're extremely pleased to have found that perfect fit with Turning Leaf."

Turning Leaf has been owned and operated by the same family for two generations. Executive Director Sami W. Al Jallad, MPA, says, "We look forward to the process of renovating and bringing renewed life and purpose to the former Bronson Vicksburg Hospital property. This is a very exciting moment for our employees, stakeholders, and most importantly the people who will benefit from this new residential program. We are very grateful to and could not have asked for better partners in the Bronson team, specifically Mike Way and Greg Milliken, as well as Jim Mallery and Bobby Durkee with the Village of Vicksburg during the sale and due diligence process. On behalf of our Leadership team, we look forward to continued partnerships with the Bronson organization as well as the Village of Vicksburg and having the most productive impact on the local community as possible."

Internationally accredited at the highest level by CARF, the Commission on the Accreditation of Rehabilitation Facilities, and licensed by the state of Michigan, Turning Leaf works collaboratively with community mental health agencies and other regional stakeholders to serve individuals as close to home as possible.

Turning Leaf has 185 employees throughout the state and the organization expects to employ another 60-80 individuals to serve the Vicksburg location.

Vicksburg Village Manager Jim Mallery says, "This is great news for the Village and for families in the area who can benefit from the services Turning Leaf offers. I look forward to welcoming the Turning Leaf team and the job opportunities they will bring to our community. I would also like to thank Bronson for their stewardship of this building for so many years, and for so thoughtfully matching it up with this new use. It is a win-win situation for all."

Turning Leaf will begin renovating the facility in fall 2018 with the intent to be operational by mid-January 2019.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS announces public comment period on HMP work requirements

MDHHS recently announced the public comment period for Healthy Michigan, specifically as it relates to work requirements.

The department has scheduled three dates to receive public comment:

- July 31, 2018 from 2-3PM at the Michigan Library and Historical Center, Remote access will also be available via webinar https://somdhhs.adobeconnect.com/rpzae6byxyho/
- August 1, 2018 from 2-3PM at Cadillac Place (Detroit)
- August 8, 2018 during the Medical Care Advisory Council Meeting for members of the Council.

Comments can also be submitted in writing or by e-mail, until August 12, 2018.

If commenting by email, "Demonstration Extension Application Amendment" in the subject line.

By mail:
MDHHS
Medical Services Administration
Bureau of Medicaid Policy and Health System Innovation
Attention: Medicaid Policy
P.O. Box 30479
Lansing, Michigan 48909-7979

By email: healthymichiganplan@michigan.gov

US HHS announces appointment of value-based transformation lead

Below is a recent press release announcing the appointment of a Senior Advisor for Value-Based Transformation and Innovation within the US Department of Health and Human Services.

Health and Human Services Secretary Alex Azar announced that Adam Boehler, currently Director of the Center for Medicare & Medicaid Innovation (CMMI), will also begin serving as Senior Advisor for Value-Based Transformation and Innovation. Boehler is the fourth individual Azar has appointed to serve as a senior advisor to the secretary overseeing one of his four key departmental priorities, following the naming of Jim Parker as Senior Advisor to the Secretary for Health Reform and Director of the Office of Health Reform, Dan Best as Senior Advisor for Drug Pricing Reform, and Dr. Brett Giroir as Senior Advisor for Opioid and Mental Health Policy.

"Adam is the kind of results-oriented, transformational leader we need to deliver on what President Trump has promised the American people: better healthcare at a lower cost," said Secretary Azar. "At CMMI, he has already demonstrated an ambition for bold change, and will now be able to bring his deep experience with private sector innovation to help HHS execute on the long-talked-about goal of transforming our healthcare system into one that pays for value."

Since April, Boehler has served as Deputy Administrator and Director of the Center for Medicare & Medicaid Innovation. Boehler is the former CEO and founder of Landmark Health, a company focused on delivering medical services to the most chronically ill patients. Boehler is also the founder of Avalon Health Solutions, a leading provider of laboratory benefit management services in the country. Additionally, Boehler was an Operating Partner at Francisco Partners a leading global private equity firm focused on healthcare technology and services investing.

The senior advisers will help advance the four initiatives Secretary Azar has identified for his transformation agenda: combating the opioid crisis; bringing down the high cost of prescription drugs; addressing the cost and availability of health insurance; and transforming our healthcare system to a value-based system.

Since Dan Best's appointment as Senior Advisor for Drug Pricing Reform, he has taken the lead on the department's efforts to fulfill President Trump's promise to lower drug prices, including the design and release of a comprehensive blueprint for lowering prices and out-of-pocket costs, taking numerous administrative actions that will lower prices, and working with pharmaceutical companies to secure voluntary price reductions. Best has brought decades of experience in the pharmaceutical and pharmacy-benefit manager industry to his work at HHS.

Since Jim Parker's appointment as Senior Advisor to the Secretary for Health Reform and Director of the Office of Health Reform, he has led the department's efforts to expand choice and competition in the individual and small-group insurance markets within the constraints of the Affordable Care Act. Parker has brought decades of knowledge of the health insurance industry to HHS health reform efforts.

Since Dr. Brett Giroir's appointment as Senior Advisor for Mental Health and Opioid Policy, he has brought a new level of coordination to policy planning and implementation on the opioids crisis, from laying the groundwork to deliver more rapid data on the epidemic to coordinating historic research efforts across the department. Dr. Giroir brings to this task significant experience coordinating complicated federal scientific initiatives, including at the Department of Defense.

To learn more about the four priorities that Secretary Azar has identified for HHS to focus the Department's work to improve the health and well-being of the American people, please visit: https://www.hhs.gov/about/leadership/secretary/priorities/index.html.

Is digital medicine different?

Below is an excerpt from the July 14, 2018 edition of The Lancet, underscoring the need for a clear-eyed view of the use of technology in healthcare:

> Without a clear framework to differentiate efficacious digital products from commercial opportunism, companies, clinicians, and policy makers will struggle to provide the required level of evidence to realise the potential of digital medicine. The risks of digital medicine, particularly use of AI in health interventions, are concerning. Continuing to argue for digital exceptionalism and failing to robustly evaluate digital health interventions presents the greatest risk for patients and health systems.

The full article is available at:
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31562-9/fulltext?dgcid=raven_jbs_etoc_email

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LEGISLATIVE UPDATE

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Compare that to last election year, when the Republicans had and would retain the trifecta, holding the governor's office and both chambers. In 2016, 214 bills and resolutions were introduced in lame duck, six of which got passed. Overall, the governor signed 249 bills passed by lawmakers after the election.

In 2014, 337 bills and resolutions were introduced in lame duck, and 10 of those were passed. Overall, 217 bills were passed and signed after the election.

Oddly, the busiest lame duck in the last 18 years was in 2008, when lawmakers introduced 297 bills after the election and adopted 44 of them. Overall productivity in lame duck was 286 bills.

When Granholm took over from John Engler in 2002, there were 147 bills introduced after the election, and 15 of them were passed. Engler signed 152 bills from lame duck session.

Randy Richardville, who was Senate Majority Leader from 2011-2014, said it is not the number of bills that make lame duck count. "More important than the number of bills is the quality of the bills and the impact they may have on the state," he said. "Auto no-fault could be a significant thing to get done during this last shot, to get it done in a way that would be meaningful to people." Another important issue that might be addressed is returning the income tax to 3.9 percent, which Richardville said was a promise made during the Granholm years, that once the economy was back in good shape, the income tax would be returned to that level.

Richardville said this year's lame duck will be "unprecedented" because of the amount of turnover that will occur in both House and Senate. Seventy percent of Senate seats will be occupied by newcomers next year. The House will see 40 percent turnover, due both to term limits and legislators giving up time in the House to seek all those open Senate seats.

2016
214 bills and resolutions introduced in lame duck
6 of those passed and signed
249 total bills passed and signed after the election

2014
337 bills and resolutions introduced in lame duck
10 of those passed and signed
217 total bills passed and signed after the election

2012
174 bills and resolutions introduced in lame duck
9 of those passed and signed
282 total bills passed and signed after the election

2010
105 bills introduced in lame duck
5 of those passed and signed
175 total bills passed and signed after the election

2008
267 bills introduced in lame duck
44 of those passed and signed
286 total bills passed and signed after the election

2006
160 bills introduced in lame duck
15 of those passed and signed
240 total bills passed and signed after the election

2004
109 bills introduced in lame duck
12 of those passed and signed
195 total bills passed and signed after the election

2002

147 bills introduced in lame duck
15 of those passed and signed
152 total bills passed and signed after the election

NATIONAL UPDATE

Court Blocks Kentucky's Medicaid Work Requirements

On June 29th, a district court judge blocked Kentucky's waiver request to require Medicaid enrollees to work or participate in a job-related activity for at least 80 hours per month or lose their health coverage. The court ruled that the Centers for Medicare and Medicaid Services (CMS) had not properly considered whether the initiative would violate Medicaid's central objective of providing medical assistance to the state's citizens. The decision could have broad implications for other states hoping to limit Medicaid enrollment through work requirements.

IMPLICATIONS

While Judge James Boasberg's ruling applies only to Kentucky, his reasoning for overturning CMS's decision to approve Kentucky's work requirements could extend to the other states that have implemented work requirement programs — namely, Arkansas, Indiana, and New Hampshire — and seven other states whose applications are currently being reviewed by the Department of Health and Human Services (HHS). Matt Salo, Executive Director of the National Association of Medicaid Directors, said the ruling is a "big roadblock for the four states looking to implement these already approved waivers."

Although the decision did not outlaw Medicaid work requirements outright, it requires that any Medicaid Section 1115 waiver demonstration be carefully assessed for its impact on people's health care coverage. The decision also sets an important precedent by finding Medicaid to be a health insurance program that provides equal treatment of all groups covered by its statute, including Medicaid expansion populations.

WHAT'S NEXT?

HHS will now reevaluate Kentucky's waiver approval and decide whether they will seek an appeal, which will need to be filed in the next 60 days. As a result, HHS may hold off on announcing any additional work requirement approvals — and states may wait to submit their requests — until this legal battle reaches its conclusion.

In the meantime, Kentucky Gov. Matt Bevin (R) has responded to the ruling by canceling Medicaid vision and dental benefits included in Kentucky HEALTH, and has threatened to reverse the state's Medicaid expansion.

TRAININGS:

ADDITIONAL DATES ADDED: ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018/2019

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.
This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.

- August 22 – Lansing (training full)
- September 26 - Gaylord
- November 7 – Lansing

- January 23 – Lansing
- February 20 – Lansing
- March 13 – Lansing
- April 24 – Detroit Area

Training Fees: (fee includes training material, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

Registration for the new dates will open soon!

25th ANNUAL RECIPIENT RIGHTS CONFERENCE

The 25th Annual Recipient Rights Conference, "25 Years on the Right Path," will be held September 11-14, 2018 at Crystal Mountain Resort in Thompsonville. On September 11 from 9:00am to 3:30pm, will be the Pre-Conference Workshop: Preparing for the Interview: Critical Areas of Consideration. The main conference will be September 12-14 and features 2 keynote addresses and 24 workshops!
See full conference details here: https://macmhb.org/recipient-rights
To register, click here:
https://cmham.ungerboeck.com/prod/emc00/register.aspx?OrgCode=10&EvtID=5185&AppCode=REG&CC=118071726516

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1– May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers.
- 42 Substance Use Disorder Clinics reported.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Services Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rates	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	n = 2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n = 125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e. transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak

Michigan Association of Community Mental Health Boards is now Community Mental Health Association of Michigan.

July 13, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Executive Director
Alan Bolter, Associate Director

RE:

- **Contact Information of the CMH Association's Officers**
- **Work, Accomplishments, and Announcements of CMH Association and its Member Organizations**
  - **Newaygo CMH selects new leader**
  - **OCHN welcomes Annette Downey as new CEO**
- **State and National Developments and Resources**
  - **Leadership change at MDHHS announced**
  - **FY19 children's mental health block grant application announced**
  - **PCMH model application announced**
  - **TBD announces webinar on technology and crisis services**
  - **National Rural Mental Health Conference announced**
  - **CCD supports passage of ABLE Age Adjustment Act**
- **Legislative Update**
  - **With Half A Year To Go, Lawmakers Have 30 Days of Session Scheduled**
- **National Update**
  - **House Passes Final Opioid Package**
  - **SAMHSA Releases $1 Billion in Opioid Grant Applications**
- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018**

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

President: Joe Stone Stonejoe09@gmail.com; (989) 390-2284
First Vice President: Lois Shulman; Loisshulman@comcast.net; (248) 361-0219
Second Vice President: Carl Rice Jr; cricejr@outlook.com; (517) 745-2124
Secretary: Cathy Kellerman; balcat3@live.com; (231) 924-3972

Treasurer: Craig Reiter; gullivercraig@gmail.com; (906) 283-3451
Immediate Past President: Bill Davie; bill49866@gmail.com; (906) 226-4063

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION AND ITS MEMBER ORGANIZATIONS

Newaygo CMH selects new leader

Below is a recent announcement of the selection of Carol Mills as the next Executive Director for Newaygo County Mental Health.

> On behalf of Director Geoghan, we are happy to announce that Newaygo County Mental Health's new Executive Director is Carol Mills!!
>
> Ms. Mills will begin transitioning into the position over the next several months.

OCHN welcomes Annette Downey as new CEO

Below is a recent announcement of the selection of Annette Downey as the next CEO and Executive Director for Oakland Community Health Network.

> Oakland Community Health Network (OCHN) welcomes its new CEO and Executive Director, Annette Downey. In this new role, Downey will lead OCHN in the oversight and management of Oakland County's public mental health system. OCHN's Board of Directors selected Downey as the new CEO in April of this year. Downey was formerly the Executive Director of Community Living Services – Oakland County (CLS-OC) based in Ferndale.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Leadership change at MDHHS announced

Below are two recent notes from Lynda Zeller and Tom Renwick, regarding their leaving of MDHHS. We wish Lynda and Tom the best in their future endeavors.

> From Lynda Zeller: I am sending this message to stakeholders with whom BHDDA leadership works most closely. By now you have heard the news that Tom Renwick is retiring effective July 31. I also am leaving state employment after ten years of service, effective September 10. I am giving two months notice to support Nick and Nancy in key project transition planning and to give time for transitioning in a new bureau director for Tom's position. I am happy to announce I will be joining the Health Endowment Fund team.
>
> I expect to cross paths with you along the way in the Fund's work; especially in areas of strengthening behavioral health workforce, innovation and service integration. I have so appreciated working with you in my roles at the State of Michigan and look forward to continued collaborative work on common goals.
>
> All the best, Lynda Zeller
>
> From Tom Renwick: I wanted to let everyone in the Bureau of Community Based Services know that I will be retiring from the state effective July 31, 2018. It's been my honor and privilege to work with you to improve

Michigan's behavioral health service delivery system. I certainly appreciate the dedication and effort that each of you put forth every day and am confident that will continue after my departure. Thank you again for your work!

My immediate post-retirement plans include a trip to Norway and continuing to build my law practice in Owosso. I hope our paths will continue to cross in the future.

Best wishes! Tom

FY19 children's mental health block grant application announced

July 11, 2018

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs)
and Community Mental Health Service Program (CNHSPs)

FROM: Thomas J. Renwick, Director; Bureau of Community Based Services
Behavioral Health and Developmental Disabilities Administration

SUBJECT: FY19 Children's Mental Health Block Grant Application to
Participate in a Statewide Mental Health Juvenile Justice Initiative

DEADLINE: 12:00 p.m., Monday October 1, 2018

Attached please find information about an opportunity to apply for FY19 Children's Mental Health Block Grant funds. The Michigan Department of Health and Human Services (MDHHS) is interested in expanding the current Mental Health and Juvenile Justice Screening Initiative, which is designed to identify children/youth with SED (and those at risk for SED) and other mental health issues and facilitate those children/youth accessing needed mental health and supportive services prior to their contact with the juvenile justice system and/or decrease penetration into the juvenile justice system if already introduced (pre-adjudication) and diversion is not possible. MDHHS is inviting Pre-paid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs) to apply (format attached) to join this initiative, which will include establishing local screening and referral processes to serve these children/youth. Participation in conference calls, site visits, and learning collaborative meetings will also be required as part of this initiative. Cross system collaboration with local system partners (i.e., schools, courts, law enforcement, DHHS, parents/youth, etc.) is a key component of this effort, with each site being able to select specific system partners that best meet the needs of their community. Continuation of the initiative will be supported by the availability of ongoing mental health block grant funding and based on the performance of individual projects.

Objectives of proposed projects must include:

- Objective 1: Service Medicaid and non-Medicaid eligible children/youth at-risk for or with SED and/or co-occurring SED and Substance Use Disorder (SUD)

- Objective 2: Serve children/youth who are at-risk for becoming involved in the juvenile justice system (i.e., chronically truant, past encounters with law enforcement, multi-system involvement, etc.) or that have come to the attention of the juvenile justice system, but have not yet been adjudicated, by developing enhanced capacity for early identification.

- Objective 3: Provide a MAYSI/MAYSI-2 screening, or other age appropriate and validated screening tool approved by MDHHS, to identify children/youth with mental health concerns. Other age appropriate, validated screening tools will be considered; however, all screening tools must be approved in advance by MDHHS.

- Objective 4: Provide referrals and service linkage to appropriate behavioral health and other services and supports (either PIHP/CMHSP or other community providers) and create agreements and procedures with local system partners to promote diversion from formal court involvement.

• Objective 5: Identify, collect and track data elements that can assist with examining outcomes.

The maximum funding available per project is $50,000 for 6 months of FY19 (April 1, 2019 through September 30, 2019) WITH NO LOCAL CONTRIBUTION REQUIRED. This funding will be available annually and PIHPs/CMHSPs can re-apply each year based on the performance of the project in the previous fiscal year. The maximum funding available per project in subsequent years will be $100,000 for 12 months with no local contribution required. All funding is based on the continued availability of mental health block grant funds. Block grant funds may not be used to supplant existing resources and is the payer of last resort. Please see attached restrictions on the use of mental health block grant funds.
Applicants will be selected to participate in the initiative based on multiple factors including: ability to meet MDHHS objectives listed above; level of local collaboration and commitment by PIHP/CMHSP and key partners such as schools, courts, juvenile justice system, county DHHS, parents and youth, level of readiness to implement the project, etc. Applications will be reviewed and scored. Scoring components will include, but not be limited to, the proposed project input and involvement by children/parents/caregivers, and letters of support from system partners accompanying the application. The applicants with the highest total scores will be selected to participate in the initiative. Incomplete applications will not be scored. Individual critiques of applications will not be provided. If selected, applicants will work with MDHHS staff to solidify work plan objectives, budgets and reporting requirements.

To be considered for participation, please complete the attached form. You may add one additional page if needed. Application should contain a brief description of the proposed project, level of collaboration of key partners including schools, courts, juvenile justice system, county DHHS, parents and youth, proposed outcomes, and how the project will tie in to existing prevention or diversion activities in your community. Applications that are accompanied by a letter of support from proposed system partner(s) will have priority consideration.

An electronic copy of the application and any accompanying letter(s) of support should be submitted to Michelle Hill at hillm17@michigan.gov

PCMH model application announced

On Friday June 15, the Michigan Department of Health and Human Services (MDHHS) released an application to participate in the State-Preferred PCMH Model that the Department is supporting in collaboration with the Medicaid Health Plans. This model will continue the pursuit of care delivery, similar to the SIM Patient Centered Medicaid Home (PCMH) Initiative, as a mechanism to continue the valued work of primary care transformation across Michigan.

This State-Preferred PCMH Model will provide an opportunity for eligible practices and providers across the state (both those within and outside the SIM test regions) that are not currently participating in the SIM PCMH Initiative to engage in a similar care delivery model as that used in the SIM PCMH Initiative by working closely with the Medicaid Health Plans participating in this APM. While administered directly by each individual Medicaid Health Plan (not all Medicaid Health Plans will participate in calendar year 2019), participant eligibility for this program will mirror that of the MDHHS led SIM PCMH Initiative. Therefore, this program will require an application for all interested in participating. MDHHS will be facilitating an application process to support the participating Medicaid Health Plans as they execute this program.

The application is now open and submissions will be accepted through 11:59 PM EST July 13, 2018. Please direct any questions to MDHHS-MCPD@michigan.gov.

TBD announces webinar on technology and crisis services

On Thursday, July 19th, from 12-1pm, TBD Solutions is hosting a free webinar called “Technology’s Role in Orchestration Crisis Services.” Led by SageSurfer founders Anupam Khandelwal and Matthew Mandelbaum, the webinar will help providers learn how to leverage digital tools to enhance crisis programs and deliver more effective crisis care.

Objectives include:

- Understand the current state of crisis stabilization and its limitations form a prevention, intervention, and postvention perspective.
- Gain a better understanding of your crisis use case and reporting & compliance requirements to inform your technology needs.
- Learn how SageSurfer's behavioral health management platform and its SOS feature can have a profound impact on crisis prevention and hospital diversion.

Register at www.surveymonkey.com/r/OrchestratingCrisisCare. Questions? Email Training@TBSSolutions.com.

National Rural Mental Health Conference announced

August 23-26, 2018
44th Annual National Association for Rural Mental Health Conference
New Orleans, Louisiana

The National Association for Rural Mental Health (NARMH) invites you to attend the 44th Annual NARMH Conference, August 23-26, 2018 at the Astor Crowne Plaza New Orleans French Quarter.
There is still time to register for the conference at www.narmh.org.

About Our Conference: Now in its 44th year, the NARMH Annual Conference is the premier interdisciplinary mental health event for rural families, community members, clinicians, researchers, administrators and policy professionals. This exclusive event provides a one-of-a-kind collaborative environment for mental health professionals across professions to learn and network on a myriad of vital issues concerning mental health practice, research, policy and advocacy in rural and remote populations.

Hotel Reservations: Make your hotel reservation early. A block of rooms at the Astor Crowne Plaza New Orleans French Quarter (739 Canal Street, New Orleans LA 70130) has been reserved at the rate of $139 sing/double occupancy. The deadline to receive the reduced rate is Wednesday, August 1, 2018 or until the room block fills. Call the hotel at 877-408-9661 and ask for the National Association for Rural Mental Health conference block.

Questions & General Information: If you have any questions regarding the 2018 NARMH Conference, please contact Lu Ann Rice. The Odyssey Group, LLC. Also, please visit the 2018 NARMH Annual Conference website (http://www.togpartners.com/narmh/) for general information about this event and past conferences.

CCD supports passage of ABLE Age Adjustment Act

The Consortium for Citizens with Disabilities (CCD) Task Force on Financial Security recently sent a letter to Congressional leadership urging the passage of the ABLE Age Adjustment Act (S. 817/HR 1874) in the 115th Congress. The Achieving a Better Life Experience (ABLE) Age Adjustment Act would amend Section 529A€ of the Internal Revenue Code to increase the eligibility threshold for ABLE accounts for onset of disability from prior to age 26 to prior to age 46. The ABLE Age Adjustment Act was re-introduced in the 115th Congress by Senators Bob Casey (D-PA), Chris Van Hollen (D-MD) and Richard Burr (R-NC), and Representatives Cathy McMorris Rodgers (R-WA) Pete Sessions (RTX), Tony Cárdenas (D-CA), Chris Smith (R-NJ), and Jim Langevin (D-RI). Without passage of this legislation, CCD says "the nationwide ABLE program faces serious threats to its sustainability."

CCD points out that, under the current requirements, "Many individuals who could benefit from ABLE accounts are left out since many conditions can and do occur later in life, including multiple sclerosis, Lou Gehrig's disease, or paralysis due to an accident. Additionally, veterans who become disabled as a result of their service after age 206 are currently ineligible for ABLE accounts." Moreover, the letter argues, "the long-term sustainability, availability, and affordability of ABLE programs to individuals with disabilities are in doubt without this expansion of eligibility." Recent data from the National Association of State Treasurers (NAST) "shows that passage of the ABLE Age Adjustment Act is critical for the sustainability of ABLE

programs," because "without increasing the ABLE eligibility criteria for age of disability onset from prior to age 26 to prior to age 46 in order to significantly expand the pool of individuals who can open ABLE accounts, the entire ABLE program nationwide is in jeopardy.

FMI: The letter can be read at http://c-c-d.org/fichiers/CCD-Fin-Sec-TF-and-Allies-Sign-On-Letter-for-ABLE-Age-Adjustment-Act-H.R.1874-S.817-June-22-2018.pdf

LEGISLATIVE UPDATE

With Half A Year to Go, Lawmakers Have 30 Days of Session Scheduled

The year is barely half over but legislators in Michigan have just 30 days of lawmaking scheduled for the remainder of 2018. The state Senate calendar has 30 days set; the House, 29. The House will return to session after Labor Day for all of September, although three of those weeks are just two-day session weeks. The Senate meets one extra day that month.

Both meet the first week of October, and then they're off for the final general election push, typical of election years in Lansing. After the election is lame duck session … well, except for deer hunting break, the traditional two-week break in mid-November that encompasses both opening day and Thanksgiving, even though most legislators never even buy a license.

One the turkey has been carved into leftovers, its four weeks of mop-up lawmaking straight on until Christmas. House and Senate leadership has scheduled 14 days for lame duck this year, which really is about par for the course during an election year.

In 2016, the House and Senate both met 13 days after the election. In 2014, the House met 15 days in lame duck; the Senate, 16. In fact, on average lame duck sessions have 12.8 days in the House, going back to 1998. In the Senate, the average lame duck session is 13.3 days. The shortest lame duck sessions have been 11 days, in the House in 2010, 2004 and 1998, and in the Senate in 1998. The longest was in the Senate in 2010, when it met 16 days after the election.

If the House meets for all of its scheduled days the rest of the year, it will have a pretty average year for an election year. It will have met 88 days in 2018. The Senate is on track to rack up a 90-day year. That is very much on par for election years. In election years since 1998, the House has met on average 88.2 days per year; the Senate, 89.1.

In non-election years, the average is much higher, 104.4 days in the House and 105.3 days in the Senate.

The longest legislative year was 2007, when the House met 135 days and the Senate met 133 days. But meeting is not always productive, on 13 of those days in the House, a quorum was not present. On seven of those days, Senate adjourned before roll call.

The shortest legislative year in the House was 2000, when it met on 75 days, but a quorum was present on all but one of those days.

The Senate's short years were 2002 and 1998, when it met 77 days each, but there were no days in those years when it adjourned prior to roll call.

NATIONAL UPDATE

House Passes Final Opioid Package

After months of work on the topic, the House of Representatives last Friday passes a wide-ranging package of legislation aimed at addressing various facets of the opioid crisis. The bipartisan Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (H.R. 6) combines 58 individual previously-passed bills that focus on topics ranging from expanding access to opioid addiction treatment to encouraging the adoption of alternative forms of pain management and more. Attention now turns to the Senate as legislators are building their own version of an opioid package, which will need to be reconciled with the House version before being signed into law by the president.

NATIONAL COUNCIL PRIORITY BILLS

Throughout Congress' attention and efforts to address the opioid crisis, the National Council has been advocating for a number of important measures, some of which were included in the final SUPPORT Act. Among National Council priorities that were included are:

- The Special Registration for Telemedicine Clarification Act (H.R. 5483): Requires the Drug Enforcement Agency (DEA) to establish a special registration process for certain providers that wish to prescribe controlled substances via telemedicine. This would remove barriers to accessing medication-assisted treatment for opioid use disorders in rural and frontier areas, and is a direct result of National Council advocacy efforts.

- The Substance Use Disorder Workforce Loan Repayment Act (H.R. 5102): This bill would create a program to help addiction treatment professionals repay student loans, adding incentives for students to pursue these professions and ultimately increasing timely access to treatment for individuals living with addiction. This legislation was introduced as a result of education and advocacy by the National Council and the Association for Behavioral Health in Massachusetts.

- Improving Access to Behavioral Health Information Technology Act (H.R. 3331): Incentivizes behavioral health providers to adopt electronic health records (EHRs). Behavioral health providers have adopted EHRs more slowly than physical health providers as they have traditionally not had the resources needed to implement the technology. A companion bill passed the Senate in May. Read Linda Rosenberg, President & CEO of the National Council's endorsement of the bill here.

- Ensuring Access to Quality Sober Living Act (H.R. 4684): Requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to identify and disseminate recovery housing best practices, such as the National Alliance for Recovery Residence's (NARR) quality standards, to the states and provide them with technical assistance to adopt the standards. The bill aligns closely with the recommendations of the National Council's State Policy Guide for Supporting Recovery Housing.

- The CHIP Mental Health Parity Act (H.R. 3192): Requires states to cover mental health and addiction treatment for pregnant women and children under the Children's Health Insurance Program (CHIP). The measure ensures that the program covers behavioral health services at parity with physical health services and in a culturally and linguistically sensitive manner.

OTHER PROVISIONS

While the SUPPORT ACT largely consolidated bipartisan, noncontroversial measures, there was a notable exception with the inclusion of a bill to loosen the IMD rule. The IMD CARE Act (H.R. 5797) lifts what is known as the "IMD exclusion," to provide Medicaid payments for in-patient opioid addiction treatment for individuals for up to 30 days in certain facilities. The National Council has long supported lifting the IMD exclusion, but the bill's exclusive focus on individuals with opioid addiction raises concerns about accessibility of services for individuals living with addiction to other substances. Moreover, a continued lack of investment in community-based care could hinder individuals' progress toward recovery if they are unable to access timely, high-quality outpatient services upon leaving residential care.

Notably, another controversial measure – the Overdose Prevention and Patient Safety Act (H.R. 6082), which would amend the regulation governing the sharing of substance use disorder treatment records (42 CFR Part 2), was not included in the SUPPORT Act.

SAMHSA Releases $1 Billion in Opioid Grant Applications

Congress' investment of $1 billion for opioid addiction services is now available for states to access through a grant application with the Substance Abuse and Mental Health Services Administration (SAMHSA). This funding was allocated in the recent omnibus budget agreement and is in addition to the $500 million provided in the Opioid State Targeted Response (Opioid STR) grants for FY 2018. State agencies will have until August 13th to submit an application to SAMHSA details how they will use the funds to support current state efforts to combat opioid abuse. While providers cannot apply for the funds directly, they should engage with their state officials to discuss addiction services that could be strengthened in their community.

DISTRIBUTION OF FUNDINGS

In each state, the Single State Agency (SSA) responsible for substance use services is eligible to apply for a designated portion of the total $1 billion appropriation. The grants, entitled the State Opioid Response or SOR, will be awarded to the agencies who then can contract with community treatment providers and other organizations to carry out grant activities. The grant is intended to support states' ongoing efforts to provide addiction services to individuals with opioid use disorder (OUD).

Importantly, states will not need to compete for these funds. The funds will be distributed to the states based upon a formula that considers the unmet need for opioid use disorder treatment and drug poisoning deaths in each state. Fifteen percent of the total funds are set aside to provide extra support to the ten states that have been hardest hit by the crisis. Find out what award amount your state or territory is eligible for in Appendix K (pg. 80) of the Funding Opportunity Announcement here. (Note there is an additional $50 million opioid response fund for tribal communities available under a separate funding announcement here.)

States have until August 13th to submit their application with an anticipated project start date of September 30th, 2018. Opioid SOR grant funds must be primarily used to support evidence-based prevention, treatment and recovery support services. This includes the following required activities:

REQUIRED ACTIVITIES

1. Assess the needs of tribes in the state and include strategies to address these needs in the SOR program.

2. Implement service delivery models that enable the full spectrum of treatment and recovery support services that facilitate positive treatment outcomes and long-term recovery.

3. Implement community recovery support services such as peer supports, recovery coaches and recovery housing. Grantees must ensure that recovery housing supported under this grant is in an appropriate and legitimate facility.

    - This guidance represents a potential opportunity for states to fund recovery housing and the adoption of recovery housing quality standards. The National Council for Behavioral Health and the National Alliance for Recovery Residences recently released *Building Recovery,* a toolkit that outlines concrete steps states can take to identify legitimate, quality recovery residences through a certification process. Read more.

4. Implement prevention and education services including training of health care professionals on the assessment and treatment of OUD, training of peers and first responders on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, and develop evidence-based community prevention efforts.

5. Ensure that all applicable practitioners (physicians, nurses, physician assistants) associated with the SOR program obtain a DATA-2000 waiver. This waiver permits certain health care professionals to prescribe buprenorphine, a drug commonly used in medication-assisted treatment (MAT).

6. Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients.

7. Provide treatment transition and coverage for patients reentering communities from criminal justice settings or other rehabilitative settings.

8. Make use of the SAMHSA-funded Opioid Technical Assistance and Training grantee resources to assist in providing training and technical assistance on evidence-based practices to healthcare providers in the state who will render services to treat OUD in individuals seeking treatment and recovery services.

Notably, the funds are to be used to supplement, not supplant, current state efforts to combat opioid abuse. Additional allowable activities cover a wide variety including: addressing barriers to MAT such as costs, retainment and discrimination, supporting telehealth strategies for rural/underserved areas and developing and implementing tobacco cessations programs. For a complete description of required and allowable uses see Section 2 (pgs. 7-9) of the funding announcement.

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAINING FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.
This training fulfills the MCBAP approved treatment ethics code education – specific.

Trainings offered on the following dates.

- August 22 – Lansing

Training Fees: (fee includes training materials, coffee, lunch and refreshments.
$115 CMHAM Members
$138 Non-Members

To register: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa7fe5ej2fe8fc5&Lang=*

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at https://www.macmhb.org/committees

Behavioral Health Hepatitis A Outbreak Survey Report, June 25, 2018

Reporting Period: April 1 – May 31 2018

Reporting Rate

- 46 of 46 Community Mental Health Agency Services Providers
- 42 Substance Use Disorder Clinics reports.

Reporting Rate	Yes	No	Total	%
CMH Reporting Rate	46	0	46	100%
SUD Reporting Rate	42	N/A	TBD	N/A

Screening Rate

- 21 of 46 (46%) Community Mental Health Agency Service Providers are screening.
- 26 of 42 (62%) Substance Use Disorder Clinics are screening.

Screening Rate	Yes	No	Total	%
CMH Screening for High Risk Conditions	21	25	46	46%
Public SUD Screening for High Risk	26	16	42	62%

Community Mental Health Service Provider Screening Information

- Persons who use injection or non-injection drugs and homeless/transient are the two highest risk behaviors.

Reported number of clients screened	10347*
Reported number of clients with high risk behaviors	20951
Persons who use injection or non-injection drugs	19592
Men who have sex with men	304
Homeless or in transient living condition	3884
Incarcerated	822
Chronic Liver Disease	132

* Not all CMHSPs reported their total number of consumers screened but did report on number of high risk behaviors and risk factors, therefore percentages could not be calculated and risk factors could be duplicated.

SUD Screening Information from April 1 – May 31, 2018

- Persons who use injection or non-injection drugs and incarcerated are top two high risk behaviors.

Reported number of clients screened	N=2081	%
Reported number of clients identified with high risk behaviors	1356	65%
Persons who use injection or non-injection drugs	1299	62%
Men who have sex with men	187	9%
Homeless or in transient living condition	562	27%
Incarcerated	714	34%
Chronic Liver Disease	419	20%

Vaccine Responses (CMHSP/SUD combined results)

Referring clients that need vaccination to:		
Answer Choices	Responses n=125	
Local Health Department	121	97%
Primary Care Provider	90	72%
Pharmacy	18	14.4%
Mobile Clinic	9	7%
Other (please specify)	9	7%

Does your organization have staff that have been trained to administer vaccines?	Yes	No	Blank	Total	%
CMH Response	21	20	5	46	46%
SUD Response	7	24	11	42	17%

Would your organization be willing to host a vaccination clinic?	Yes	No	Blank	Total	%
CMH Response	29	10	7	46	63%
SUD Response	12	19	11	42	45%

If a hepatitis A case is confirmed in your agency, would you like to offer hepatitis A vaccination routinely to all your residents/patients during intake?	Yes	No	Blank	Total	%
CMH Response	22	17	7	46	48%
SUD Response	10	20	12	42	24%

Highlights from CMHSP/SUD Open Ended Responses (From All Reporting Periods)

Several important open-ended questions in the baseline survey allowed the CMHSPs and SUD organizations to report communication and prevention strategies and needs on which they feel MDHHS and other partners could coordinate and support their hep A efforts.

Survey data suggested that follow up with specific providers to clarify answers and the perceptions of the outbreak was needed. Some CMHSPs and SUD providers have been contacted, and others may hear from MDHHS regarding immunization follow-up, updating on barriers (i.e., transportation), and encouragement to respond to the hepatitis A outbreak. The following are examples of narrative answers received from the two types of organizations (content edited to remove organizational identifications).

- Based on needs expressed in survey responses, MDHHS Division of Immunizations has been able to connect with several CMH and SUD providers to support the local provision of hepatitis A immunization.

- Any barriers to behavioral health providers are being reported to the MDHHS Bureaus supporting the hep A response, to identify assistance that is available. The following are examples of challenges that have been identified:

    - Transportation for the providers' service population
    - Rural location of offices
    - Determining financing and insurance issues for immunizations
    - Time and staff necessary to screen and follow up with people who are at risk for hepatitis A

- Responses inform MDHHS on circumstances under which providers are not screening/vaccinating, and different perceptions of risk.

- Efforts that have been highly effective in informing provider staff and the service population are being reported in the survey. Some examples of those include:

    - The use of mobile units to educate, screen, and provide vaccination
    - A MDHHS webinar to inform providers about the hepatitis outbreak
    - Collaboration with local health departments to provide on-site immunization clinics at CMH and SUD locations
    - Efforts to educate and vaccinate CMH and SUD clinic staff

For more information on the hepatitis A outbreak please visit: http://www.mi.gov/hepAoutbreak