

**Northeast Michigan Community Mental Health Authority Board
Board/Advisory Council
June 2021 Meeting**



**☁ Strategic Planning
Meeting, Thursday,
June 10 at 3:00 p.m.**

☁ Semi-Annual Report on Ends

**This meeting will be available as a
Conference Call Meeting using:
1-888-627-8019 PIN # 40994**

**Or
Zoom**

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

Meeting ID: 911 168 583

Password: 013259

*All meetings are held in the Board Room at the main
office unless otherwise indicated.*

**9NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD
BOARD/ADVISORY COUNCIL – STRATEGIC PLANNING [PART 2]
June 10 2021 at 3:00 p.m.
A G E N D A**

- I. Call to Order**
- II. Roll Call & Determination of a Quorum**
- III. Pledge of Allegiance**
- IV. Acknowledgement of Conflict of Interest**
- V. Appointment of Evaluator**
- VI. Information and/or Comments from the Public**
- VII. Approval of Minutes (See Pages 1-6)**
- VIII. Consent Agenda (See Page 7)**
 - 1. GoExceed**
- IX. June Monitoring Reports**
 - 1. Budgeting 01-004 (See Page 8)**
 - 2. Ends 04-001 (See Pages 9-11)**
- X. Linkage Reports**
 - 1. Northern Michigan Regional Entity Update**
 - a. May 26 Meeting (Verbal Update)**
 - 2. Board Association**
 - a. Spring Conference Update (Virtual 6/14-6/17) (No Registrations)**
- XI. Operational Report..... (Available at Meeting)**
- XII. Chair's Report**
 - 1. Strategic Plan Review (See Pages 12-16)**
- XIII. Director's Report**
 - 1. Director's Update(Verbal)**
 - 2. Telephone System Update(Verbal)**
- XIV. Information and/or Comments from the Public**
- XV. Information and/or Comments for the Good of the Board**
- XVI. Next Meeting – Thursday, July 8 at 3:00 p.m.**
 - 1. Set July Agenda (See Page 17)**
 - 2. Meeting Evaluation (All)**
- XVII. 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
May 13, 2021
[This meeting was held in person and using ZOOM/Uber Conference]

I. Call to Order

Chair Eric Lawson called the meeting to order in the Board Room at 3:01 p.m.

II. Roll Call and Determination of a Quorum

Present: Bob Adrian, Geyer Balog, Les Buza, Bonnie Cornelius, Roger Frye, Lynette Greskowiak, Judy Jones (Uber), Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski, Terry Small

Absent:

Staff & Guests: Lisa Anderson, Alan Bolter joined at 3:15 p.m., Carolyn Bruning, Connie Cadarette, Mary Crittenden, Renee Curry, Lynne Fredlund, Erin Fletcher, Ruth Hewett, Larry Patterson, Nena Sork, Jen Whyte

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Acknowledgement of Conflict of Interest

No conflicts were identified.

V. Appointment of Evaluator

Geyer Balog appointed as evaluator for this meeting.

VI. Information and/or Comments from the Public

There were no comments presented.

VII. Approval of Minutes

Moved by Roger Frye, supported by Gary Nowak, to approve the minutes of the April 8, 2021 meeting as presented. Motion carried.

VIII. Educational Session – Carter Kits

Erin Fletcher, Clinical Director, provided a brief background of the Carter Kits™ and the intended use of the kits. The kits are to aid First Responders when responding to calls involving individuals with autism and contain tools to assist in the encounter with the child. The Agency has ordered 27 kits to distribute to area law enforcement offices and first responders within our four county catchment areas. The Agency became aware of the kits as the Hillman United Methodist Church initially donated kits to first responders and law enforcement in Montmorency County. Our staff, Frank VanGoethem, compiled a brief summary of how to use the various elements in the kit and entitled it "Autism Primer."

Nena Sork reported the initial order was for the fire departments and law enforcement and then expanded to include the volunteer fire departments. Training will be provided when distributed. Terry Larson inquired as to the extent of the training that will be provided. Frank VanGoethem is a retired MSW Psychologist and has previously worked in the jail system. He will provide the training within the various departments. Mr. Larson noted the volunteer fire departments traditionally have scheduled training nights and this would be good to arrange training during those sessions.

Erin Fletcher reported the Children's Mobile Crisis Stabilization unit also received a couple kits. Bob Adrian suggested contacting Chief Forbush in Alpena as he can arrange to have credits associated with the training. The cost of the kits are \$80 per kit.

IX. Board Policy Review and Self Evaluation

1. Board Job Description 02-003

Eric Lawson noted the board is required to review and self-evaluated their compliance to this policy. Eric Lawson notes in the first bullet, it explains Board members are the link and the embodiment to the four counties this Agency serves. He reviewed the ways of including individuals receiving services in planning. The Advisory Council participates in the Strategic Planning process and a community needs assessment is conducted as a part of the annual submission to identify areas of focus based on input received. The Agency is working to become more visible in the community by participating in events such as "The Take Back Event," "Pop Up Pantries," "Suicide Prevention Walk" and will be hosting a Blood Drive on May 18th.

Alan Bolter joined the meeting at 3:15 p.m.

X. Environmental Scan

Alan Bolter, Associate Director of the CMHA, provided the Board members with a PowerPoint Slide packet. He noted he will be addressing the slides mainly related to the "Moving Towards Integration." Mr. Bolter reported Senator Mike Shirkey is the Senate Majority Leader and was active in the 298 threat in the past and the new "Gearing Toward Integration" seems to be picking up the focus again. Mr. Bolter notes this appears to be a "Senate Only" proposal. He reports the House is working on their own version. The Governor's Office is not involved. This is a Senate Republican proposal. He noted the Republicans control both the Senate and the House. He reported the new director, Director Elizabeth Hertel, spoke of the two proposals currently being considered. She believes the state should focus on access and improve the current system and ways to improve and increase service versus what is being proposed. One of the big questions remains is "Will the Governor Sign It?" Alan questions if the Governor would support; however, sometimes there are compromises made which might push this through. One item the Governor wants to see is the Legislature to move on the COVID federal dollars received. The legislators have not been pleased with the Governor's handling of the pandemic. At this point, it is unknown as to what might entice her to support the Gearing Toward Integration. In addition, many of the representatives/Senators are fairly new and were not around when the previous discussions occurred. Alan noted a "leave us alone" response would not be well received by the legislators. Advocacy will be important; however, during COVID, the advocacy challenge is greater due to limitations of attendance in group settings.

Alan Bolter reviewed the elements of the Gearing Toward Integration proposal the Senate is contemplating. Some of the language from the Robert Gordon proposal a couple of the years back are included in this proposal. This proposal would create new entities (Specialty Integrated Plans (SIP)) to develop newly integrated plans requiring a bid process. Licensing requirements would be necessary and the requirements mirror the Medical Health Plans. The insolvency coverage is identified and the PIHPs are capped as to their reserves so this would automatically disqualify them from submitting a bid. The proposal indicates the changes cannot be moved from phase to phase without meeting some metrics; however, the metrics are not identified in the proposal. Once the phased in process is completed, the PIHPs would be eliminated. The Department will require the new SIPs to contract with the community mental health boards; however, this could be as little as \$1. This would allow the SIPs to bring in other providers which would not be mandated to provide the same documentation such as recipient rights, etc. This would dramatically limit the role of the CMHs and local government roles. This proposal will follow the budget process and might be presented in late summer, early fall. Mr. Bolter guesses bills will be introduced within the next couple of weeks on the Senate side.

The House has their own proposal. Essentially, the House's proposal, led by Representative Mary Whiteford, would create one statewide entity (ASO) to manage all the behavioral health benefit and eliminate all the PIHPs. It does not integrate financing with the Medicaid Health Plans. A PIHP could potentially be the ASO. It also describes the system to go to a fee-for-service model. Alan notes this proposal seems to be more open minded and willing to listen to input. What does this entity look like? It is a public or quasi-public entity, not a not for profit. How many would make sense?

Alan Bolter noted the Talking Points focus more on the Senate proposal as the Senate is more set on what they want where the House is still willing to work. Integration has to take place on the ground at the patient level. Financial integration does nothing to improve services. He stressed this must be publicly governed with oversight. A flaw with the Senate proposal is that it does not include housing, employment supports or recipient rights – only focuses on the health home model. There are no reporting requirements on the mild to moderate behavioral health. Another question is “Why is this change being made in the middle of a pandemic?”

Mr. Bolter reports there has been one Action Alert published and a report was published during the last push with Section 298 with many recommendations noting the Senate should look at the data from those reports prior to making changes. He indicates there are reports coming out for the Behavioral Health Homes and the Opioid Health Homes and with the CCBHCs expansion, the Department has worked diligently to provide services. There have been some resolutions passed at County boards against this integration push.

Mr. Bolter informed the Board the House and Senate are working on pushing out their budgets and the budgets should be released soon. Alan noted the legislators are working to push through a supplemental to release some COVID funds.

Gary Nowak requested advice as to what this Board can do to help. Alan suggested reaching out to the Senators/Representatives in our districts. He suggested we continue to work with our sheriff, local police, local school districts, etc. as the insurance companies do not work with them. Alan reported Senator Stamas was a good supporter on the Direct Care Wage increase. Alan Bolter reported he did not reach out to Michigan Municipal League (MML). Gary Nowak requested a copy of the proposal and he can get it passed in Rogers City.

Eric Lawson inquired about the Local Match Draw Down phase out. Alan Bolter reported in the Senate Budget, there is \$10M dollars of General Funds earmarked to cover the second and third year of the draw down. The House Budget only included the boilerplate language and did not include the phase out language but reverted back to the old language. Alan Bolter noted CMHAM will continue to lobby this issue as well.

Gary Nowak suggested we send a letter to both Senator Stamas and Representative Sue Allor related to Gearing Toward Integration. *Gary Nowak moved to send a letter to Senator Stamas and Rep Allor with Eric Lawson's approval, seconded by Bonnie Cornelius.* Bob Adrian reported Alpena County board meets the last meeting of the month and could have the motion approved at that meeting (May 25th). Motion carried.

XI. Board Policy Review and Self Evaluation

1. Board Job Description 02-003 (continued)

Pat Przeslawski noted this policy is well written.

2. Board Core Values 02-014

Board members reviewed the policy and there were no revisions recommended. Les Buza reported this policy is also written well with everything in place. Eric Lawson reported our policies are written to support independence of individuals.

XII. May Monitoring Reports

1. Treatment of Consumers 01-002

The Recipient Rights met in April and the Activity Report covers January – March, 2021. She reported the incident report has some categories that doubled, most likely attributed to the pandemic environment. Pat Przeslawski noted committee members also had an educational session related to levels of disciplinary action for substantiated rights violations. The Committee also reviewed internal Policy 3610 – Prohibited and Unacceptable Conduct.

2. Budgeting 01-004

Connie Cadarette reviewed the Statement of Revenue and Expense for month ending March 31, 2021. She reviewed the underspent revenues in Medicaid and Healthy Michigan. She notes the Direct Care funding was received noting it was budgeted for; however, it was budgeted conservatively. The General Funds are also in excess due to the spend-downs being on a pause at this point.

Larry Patterson reviewed the expenses identified and reviewed the variances. He reported the Self Insured Benefits expense is a timing issue and is normally adjusted a couple of times a year based on actual usage. He reviewed the contract inpatient and contract residential line items. The telephone and connectivity was impacted due to some charges and this will most likely require a budget adjustment. The property and liability will clear when the asset distribution is received. The client equipment includes the previous purchase of a wheelchair for a client who has since passed away. He notes at this point in the year expenses look good.

3. Financial Condition 01-005

Connie Cadarette reviewed the Statement of Net Position and Change in Net Position for March 31, 2021, end of the 2nd quarter. She reported the unrestricted cash would keep the agency running for 45 days. She noted the underspent dollars is removed prior to reporting the days.

Gary Nowak questioned how the new accounting system integration is working. Connie Cadarette reported they are beginning to work on the new chart of accounts. The initial integration plan was postponed due to changes at the state level. Implementation will not start until July/August.

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

XIII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Board Meeting April 28, 2021

Gary Nowak reported the NMRE is in good financial situation. Roger Frye reported there was much discussion related to the PA2 funds sitting out there. Roger Frye noted the counties are to be contacted to encourage usage of these funds from the liquor tax. Because the funds are restricted to providers with substance abuse services, sometimes the requests received are not eligible. Bob Adrian reported there is some progress being made toward the counties spending the PA2 dollars; however, there is a lot more to go.

b. Board Meeting March 24, 2021

The minutes for the March meeting were included in the mailing.

c. Appointment of NMRE Representative

Eric Lawson reappointed Roger Frye to the position on the NMRE Board.

2. Community Mental Health Association of Michigan (CMHAM)

a. Spring Conference Update

The Spring Board Conference scheduled for June. Board members were provided a copy of the agenda for the conference. Board members were encouraged to review the sessions and let Diane Hayka know if they wish to attend.

XIV. Operation's Report

Mary Crittenden reviewed the April Operation's statistics with Board members. She reviewed the access screens, employment services and CLS services. A total of 1,074 individuals received services during this timeframe.

XV. Chair's Report

1. Strategic Planning Discussion Continues

The June meeting will continue our process for Strategic Planning and will include collaboration with the Advisory Council. The semi-annual Ends report will be presented.

2. Annual Report Draft

Eric Lawson noted the Annual Report is in draft form and reviewed some of the articles to be included in the newsletter. A letter from the Chair and Director to the community needs to be added. Eric Lawson requested input as to what should be included in this message. Pat Przeslawski reported this board is very dedicated and there is respect, empathy and cohesiveness. She notes not all boards operate in this fashion. Eric Lawson noted there is now a mixture of ages and take advantage of the talents of the members on our board.

Nena Sork noted losing those tenured individuals who have worked at the state and in the legislature is a detriment. Our board is proud to serve the communities they serve. Gary Nowak reported communication with the community is important.

Roger Frye reported staff talents need to be promoted in the community as well as we have very good staff.

XVI. Director's Report

1. Director's Update

Nena Sork provided Board members with an update of the various activities she has participated in during the past month. She noted a letter from NMRE CEO, Eric Kurtz, was included in the handouts today outlining a recent meeting discussing benefit stabilization at both the staff and provider levels. She reported the regional directors met in Petoskey to strategize on services.

Nena Sork reported the Agency is lapsing about \$2.6M at this point in the year and each month approximately \$400,000 is added to this. She reported the Board provided authorization to allow for purchase of needed wheelchair vehicles and home renovations. She reported there is a crisis for maintaining workforce levels and this is an issue in each county. Some of the positions within the agency requires specific licensure. At this time we are searching for three clinicians and a supervisor. The NMRE Directors identified things that could be used to assist in recruitment, retention and reinvestment of staff. Nena reported this Agency built the Direct Care Wage increase in the budget and the agency will continue this in the future whether the state provides the continued funding or not.

She notes a small internal workgroup met to discuss options. She notes employers are all fighting for workers and we would like to keep the staff we have trained and oriented. She notes one item would be to provide a lump sum each month for retention of possibly 2% - 3%. She provided a scenario of shortage of staff during quarantine periods due to COVID. After brainstorming, it was decided to award the staff a per diem of \$150 for each 8-hour shift they picked up to cover for these instances. Nena Sork reported she met with Lance Rhines, Service Representative of OPEIU (union), to discuss the possibilities for staff incentives. She reported she would like to award a \$250 incentive for those individuals who received a COVID vaccination. This would be strictly voluntary and the employee would be requested to provide proof of vaccination to get this incentive, equal compensation would be made to those staff that report they were not vaccinated due to medical or religious reasons.

Moved by Gary Nowak supported by Pat Przeslawski to approve the recommendations made for staff retention, recruitment and reinvestment and the purchases of wheelchair vans and home renovations as discussed. Roll call: Ayes: Robert Adrian, Les Buza, Bonnie Cornelius, Roger Frye, Lynnette Greskowiak, Judy Jones, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: Geyer Balog, Terry Small; Absent: None.

Nena Sork reported the employee recognition will be held on June 24th. Board members are to call Kay Keller if they wish to attend. This will be held at the Fletcher Street Office outdoors.

2. QI Council Update

The minutes from the last QI Council meeting were distributed to Board members. There was no discussion or questions.

XVII. Information and/or Comments from the Public

There was no information or comments presented.

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

There was no information or comments for the Good of the Board.

XIX. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, June 10, 2020 at 3:00 p.m.

1. Set June Agenda

The June agenda items were reviewed. Strategic Planning continues with Part II focusing on progress towards current "Ends."

XX. Evaluation of Meeting

Geyer Balog reported everyone participated in discussions and the meeting was a good meeting. Geyer Balog reported this board runs smoother than any of the other boards he is a member of.

XXI. Adjournment

Moved by Pat Przeslawski, supported by Gary Nowak, to adjourn the meeting. Motion carried. This meeting adjourned at 4:40 p.m.

Bonnie Cornelius, Secretary

Eric Lawson, Chair

Diane Hayka
Recorder

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Nena Sork
SUBJECT: Consent Agenda
DATE: May 28, 2021

I. Contracts/Agreements

A. GoExceed

The agency has engaged in a contract with GoExceed. This vendor makes mobility management simpler and cost-efficient by providing a 360-degree view that doesn't just help customers identify global usage, user behaviors, costs, and savings potential – it empowers them to actively make changes and take advantages of trends in real-time. GoExceed can see unpublished rates and promotions, provide you access to discounted devices, and have analyzed years' worth of real-life data to pinpoint areas where you can save. Go exceeds cost is \$3 per cellular hardware per month. By management of the hardware the average saving per month is \$9 per hardware, with a net saving of \$6 per hardware per month, NeMCMHA has 200 cellular devices that will fall into this group of managed hardware. This application will also give us a daily activity of all cellular devices the day after the activity, cellular company only gives monthly reports of activity. We recommend approval.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Seventh Month Ending April 30, 2021
58.33% of year elapsed

	Actual April Year to Date	Budget April Year to Date	Variance April Year to Date	Budget FY21	% of Budget Earned or Used
Revenue					
1 State Grants	44,300.98	60,425.75	\$ (16,125)	103,587.00	42.8%
2 Private Contracts	10,993.83	34,365.31	(23,371)	58,912.00	18.7%
3 Grants from Local Units	400,473.14	330,137.50	70,336	565,950.00	70.8%
4 Interest Income	817.85	7,096.25	(6,278)	12,165.00	6.7%
5 Medicaid Revenue	16,059,469.58	15,951,744.48	107,725	27,345,847.00	58.7%
6 General Fund Revenue	479,755.62	610,562.82	(130,807)	1,046,679.00	45.8%
7 Healthy Michigan Revenue	889,868.50	1,093,905.26	(204,037)	1,875,266.00	47.5%
8 3rd Party Revenue	234,082.86	225,953.00	8,130	387,346.00	60.4%
9 Behavior Health Home Revenue	6,668.43	0.00	6,668	0.00	0.0%
10 SSI/SSA Revenue	295,928.55	304,238.48	(8,310)	521,552.00	56.7%
11 Other Revenue	49,140.04	25,900.63	23,239	44,401.00	110.7%
12 Total Revenue	18,471,499	18,644,329	(172,830)	31,961,705	57.4%
Expense					
13 Salaries	7,591,297.32	7,935,093.17	343,796	13,612,264.00	55.8%
14 Social Security Tax	329,674.40	400,371.37	70,697	686,351.00	48.0%
15 Self Insured Benefits	2,031,421.06	1,730,128.99	(301,292)	2,965,936.00	68.5%
16 Life and Disability Insurances	117,493.43	131,405.61	13,912	225,267.00	52.2%
17 Pension	622,400.59	621,203.03	(1,198)	1,064,919.00	58.4%
18 Unemployment & Workers Comp.	92,916.19	107,476.81	14,561	184,246.00	50.4%
19 Office Supplies & Postage	25,205.68	27,837.67	2,632	47,721.00	52.8%
20 Staff Recruiting & Development	56,845.12	52,794.70	(4,050)	90,505.00	62.8%
21 Community Relations/Education	11,950.54	8,482.81	(3,468)	14,542.00	82.2%
22 Employee Relations/Wellness	24,337.92	30,375.31	6,037	52,072.00	46.7%
23 Program Supplies	271,175.74	358,783.81	87,608	615,058.00	44.1%
24 Contract Inpatient	791,875.41	733,976.81	(57,899)	1,258,246.00	62.9%
25 Contract Transportation	29,605.99	38,790.43	9,184	66,498.00	44.5%
26 Contract Residential	3,262,040.29	3,110,634.94	(151,405)	5,332,517.00	61.2%
27 Contract Employees & Services	2,001,044.98	2,309,025.29	307,980	3,958,329.00	50.6%
28 Telephone & Connectivity	83,069.80	78,163.82	(4,906)	133,995.00	62.0%
29 Staff Meals & Lodging	2,322.01	17,631.18	15,309	30,225.00	7.7%
30 Mileage and Gasoline	136,030.82	180,357.66	44,327	309,185.00	44.0%
31 Board Travel/Education	1,460.24	7,970.69	6,510	13,664.00	10.7%
32 Professional Fees	19,551.90	38,834.81	19,283	66,574.00	29.4%
33 Property & Liability Insurance	68,263.32	38,101.56	(30,162)	65,317.00	104.5%
34 Utilities	92,614.50	92,893.36	279	159,246.00	58.2%
35 Maintenance	60,757.77	91,859.18	31,101	157,473.00	38.6%
36 Rent	152,254.60	140,745.26	(11,509)	232,027.00	65.6%
37 Food (net of food stamps)	27,559.17	38,245.20	10,686	65,563.00	42.0%
38 Capital Equipment	17,045.56	33,503.58	16,458	57,435.00	29.7%
39 Client Equipment	24,233.42	8,649.69	(15,584)	14,828.00	163.4%
40 Miscellaneous Expense	64,705.01	63,558.74	(1,146)	108,958.00	59.4%
41 Depreciation Expense	187,295.75	217,433.93	30,138	372,744.00	50.2%
42 Total Expense	18,196,449	18,644,329	447,881	31,961,705	57.3%
43 Change in Net Position	\$ 275,051	\$ 0	\$ 275,051	\$ -	0.1%
44 Contract settlement items included above:					
45 Medicaid Funds (Over) / Under Spent	\$ 2,255,855				
46 Healthy Michigan Funds (Over) / Under Spent	505,318				
47 Total NMRE (Over) / Under Spent	\$ 2,761,173				
47 General Funds to Carry Forward to FY22	\$ 29,214				
48 General Funds Lapsing to MDHHS	122,365				
49 General Funds (Over) / Under Spent	\$ 151,579				

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

Ends
Board Ends Statement, Policy # 04-001
Semi-annual: June 2021

Ends

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

Sub-Ends

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
 - A. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. Current percentage in each program is 33% in home-based services and 67% in targeted case management. Goal is to reach 80% in home-based services.

Status:

In the first six months of the fiscal year, the Children's Program has been able to provide intensive home-based services to 62% of individuals. The remaining 38% receive targeted case management and may be in the process of transitioning to another level of care.

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

2. Individuals needing independent living supports will live in the least restrictive environment.
 - A. Development of one additional contract residential provider within our catchment area to increase capacity for persons requiring residential placement.

Status:

The Agency continues to promote development of residential facilities within the catchment area. They have worked with Premier Care to develop a facility previously operated by Changes AFC; however, this facility is not yet licensed.

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

Status:

- *In December 2020, an individual was transitioned from a specialized residential home to living semi-independently to the family home.*

Services to Adults with Co-Occurring Disorders

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

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

Status:

Northeast serves 411 individuals who qualify for the Behavioral Health Home program. As of March 30, 2021, 12 individuals were offered BHH services, which is 3%. The program has set a goal to offer enrollment to eight (8) qualifying individuals per month to meet the 10% goal. Seven individuals have accepted a referral and are enrolled in BHH.

- B. 95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.

Status:

100% of enrollees have seen a Primary Care Provider (PCP) within the past year.

- C. 100% of individuals served enrolled in the Behavioral Health Home will have a base line A1C.

Status:

100% of enrollees have completed a base-line A1C.

Financial Outcomes

4. The Board's agency-wide expenses shall not exceed agency-wide revenue at the end of the fiscal year (except as noted in 5.B, below).

Status:

As of March 31, 2021, agency-wide revenues exceed agency-wide expenses by \$52,021.

5. The Board's major revenue sources (Medicaid and Non-Medicaid) shall be within the following targets at year-end:

- A. Medicaid Revenue: Expenses shall not exceed 100% of revenue unless approved in advance by the Board and the PIHP.

Status:

As of March 31, 2021, Medicaid funds were underspent by \$2,193,849 and Healthy Michigan funds were underspent by \$452,045. This produced a net amount due to the NMRE of \$2,645,894. These amounts are based upon actual funds received and actual expenses incurred. This underspending of funds was due largely to the COVID pandemic. Travel and conference costs have been greatly reduced as most training and conferences are being conducted virtually. Most pre-COVID service levels will take time to level out and the Agency is still seeing a reduction in costs in those areas.

The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of overspending and underspending of Medicaid and Healthy Michigan funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods. The NMRE is kept apprised of the Agency's managed care spending on a monthly basis and have clearly communicated the Agency limit spending to approve per member per month and carryforward net amounts.

- B. Non-Medicaid Revenue: Any over-expenditure of non-Medicaid revenue will be covered by funds from the Authority's fund balance with the prior approval of the board.

Status:

As of March 31, 2021, General Funds were underspent by \$163,674. Of this amount to date, \$24,941 will be allowed to be carried forward to FY22 and \$138,733 would be owed back to the State.

Once again, the underspending in General Funds was due largely to the COVID pandemic. General Funds are used to cover costs and services not covered by any other source. Individual spend downs (deductibles) have not been required for Medicaid recipients due to COVID. These spend downs are usually paid out of General Funds. Since these spend downs have not been required yet this fiscal year, this is causing excess General Funds for the Agency. Also, when General Funds are in excess, the Agency uses these funds to provide services to the community. Several of these were done within legal limitations due to COVID. More were unable to be offered due to the legal restrictions placed on the counties by the State due to the pandemic.

The Board of Directors are kept apprised of the Agency's financial situation on a monthly basis, including the status of overspending and underspending of General Funds. All financial status reports provided to the Board have been approved by the Board for the respective time periods.

Community Education

6. The Board will provide community education. This will include the following:
 - A. Disseminate mental health information to community utilizing available technology and at least one Report to Community annually.

Status:

The Annual Report was completed in May 2021 and is posted to the Agency's website, distributed through e-mail as well as hard copies available for offices, commissioners, collaborative members and those requesting hard copy.

- B. Develop and coordinate community education in Mental Health First Aid for adults and youth, trauma and the effects of trauma on individuals and families, suicide prevention, co-occurring disorders and the increasing violence in our society.

Status:

Due to COVID, many activities had to be rescheduled or cancelled.

The Agency contracts with Partners in Prevention to provide many of the community education components of this End. Much of their work is depicted in the following categories:

Trauma:

Partners in Prevention participated in an interview with Julie Riddle, The Alpena News, for suicide information which was integrated in an article related to murder/suicide. Participants attending the Youth Mental Health First Aid were provided with myStrength cards which includes modules on trauma. Partners in Prevention continues to promote information related to trauma through postings on their Facebook page as well.

In the second quarter of this fiscal year, Partners in Prevention participated in an interview on WBKB-TV "Talk of the Town" addressing the community's options for training related to trauma.

Suicide Prevention:

Partners in Prevention used funds raised in the Suicide Prevention Walk from September 2020 to purchase 500 wristbands with the suicide hotline number to distribute.

The Suicide Team continues to meet at least monthly and is planning its 2nd Suicide Awareness Walk for September 25, 2021.

Mental Health First Aid:

The first “blended” course for Youth Mental Health First Aid was held with 12 participants. The blended course is comprised of two hours of online pre-work, followed by a 4 ½ hour in-person course. As this was the first attempt using this method, some adjustments will be made to make the course smoother in the future.

Due to COVID, many of the trainings were not able to be held as facilities were unavailable to host groups.

Other:

November 23, 2020 – Carolyn Bruning, Administrative Assistant, collaborated with MDHHS and St. Vincent de Paul to deliver Thanksgiving baskets to 20 needy families.

January 28, 2021 -- Sarah Hamilton, CRS Clinician, provided a community presentation for the Combat Readiness Training Center (CRTC) in Alpena related to stress management.

C. Support community advocacy.

Status:

Amy Pilarski has been working with the local NAMI Formation group in attempting to establish a local NAMI Chapter in Alpena. This is still a work in progress..

	Program	Consumers served May 2021 (5/1/21 - 5/30/21)	Consumers served in the Past Year (6/1/20 - 5/30/21)	Running Monthly Average(year) (6/1/20 - 5/30/21)
1	Access / Crisis / Prescreens	58 - Routine 1 - Emergent 0 - Urgent 63 - Crisis 63 - Prescreens	656 - Routine 2 - Emergent 5 - Urgent 642 - Crisis 587 - Prescreens	55 - Routine 0 - Emergent 0 - Urgent 54 - Crisis 48 -Prescreens
2	Doctors' Services	427	1412	413
3	Case Management			
	Older Adult (OAS)	92	192	106
	MI Adult	136	379	141
	MI ACT	26	152	26
	Home Based Children	58	121	49
	MI Children's Services	156	375	141
	IDD	187	389	154
4	Outpatient Counseling	170(29/141)	400	176
5	Hospital Prescreens	63	587	48
6	Private Hospital Admissions	16	226	19
7	State Hospital Admissions	0	3	0
8	Employment Services			
	IDD	50	99	44
	MI	13	71	22
	Touchstone Clubhouse	78	90	81
9	Peer Support	41	61	40
10	Community Living Support Services			
	IDD	74	131	73
	MI	62	111	64
11	CMH Operated Residential Services			
	IDD Only	58	69	58
12	Other Contracted Resid. Services			
	IDD	32	34	31
	MI	39	44	37
13	Total Unduplicated Served	1083	2310	1075

County	Unduplicated Consumers Served Since June 2020
Alcona	258
Alpena	1426
Montmorency	249
Presque Isle	283
Other	73
No County Listed	21

Northeast Michigan Community Mental Health Authority

STRATEGIC PLAN
2020-2021



Mission:

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

Vision:

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

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

Core Values:

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

Forces in the Environment Impacting Behavioral Health

Payers/Payment Reform

- Reimbursement based on health outcomes
- ACA
- Health system insurance plans
- Section 298 and 928

Persons Served

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

Quality Improvement

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

Regulatory Changes

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

Workforce

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

Technology

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

Goals:

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

Barriers/Challenges:

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

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

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

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

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

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

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

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

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

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

Opportunities:

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

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

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

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

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

Take advantage of training opportunities provided by MDHHS.

Options:

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

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

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

Plan:

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

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

Ends:

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

Sub-Ends:

Services to Children

1. Children with serious emotional disturbances served by Northeast will realize significant improvement in their conditions.
 - a. Increase the number of children receiving home-based services; reducing the number of children receiving targeted case management services. Current percentage in each program is 33% in home-based services and 67% in targeted case management. Goal is to reach 80% in home-based services.

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

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

Services to Adults with Co-Occurring Disorders

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

- a. **10% of individuals served with two or more of the following chronic conditions – Asthma/COPD, High Blood Pressure, Diabetes, Morbid Obesity, Cardiac issues will be offered enrollment in the Behavioral Health Home.**
- b. **95% of individuals served enrolled in the Behavioral Health Home will see their primary care provider annually.**
- c. **100% of individuals served enrolled in the Behavioral Health Home will have a base-line A1C.**

Financial Outcomes

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

Community Education

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

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

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

JULY AGENDA ITEMS

Policy Review

Community Resources 01-010

Policy Review & Self-Evaluation

Public Hearing 02-010

Monitoring Reports

Budgeting 01-004 (Finance Report)

Asset Protection 01-007 (Insurance Reports)

Community Resources 01-011 (Collaboration Report)

Activity

Strategic Plan/Ends

Plan for CEO Evaluation

Old Business

Ownership Linkage

Educational Session

Finalize Strategic Planning/Setting Ends



REPORT

400 Johnson Street • Alpena, Michigan 49707
May 2021



Accredited in 17 Programs

Letter to the Community

Dear Citizens of Northeast Michigan,

On behalf of the Board of Directors and the staff of Northeast Michigan Community Mental Health Authority (NeMCMHA), I am pleased to present our Annual Report for Fiscal Year 2020. We hope it will enhance your understanding of the services we provide in Alcona, Alpena, Montmorency and Presque Isle counties.

This year was unlike any other year in the history of all community mental health organizations. The Governor’s Work from Home order and the pandemic tested our system and the public behavioral health safety net in every way imaginable. Each time we were faced with another obstacle of delivering services, we were required to adjust our operations. It became more necessary to be flexible in order to provide necessary services and continue to fulfill our mission. NeMCMHA’s mission is... “To provide comprehensive services and supports that enable people to live and work independently.” Our network providers, community partners and staff assured the public mental health safety net stayed strong to keep our communities healthy and safe even under the most difficult circumstances. We adopted a new mantra during the pandemic --“We Will Figure It Out.” Our staff of creative thinkers have done exactly that.

We knew from the very beginning this would be a mental health challenge for all in our communities. We prepared for an increase in mental health crises, suicides, domestic violence and child abuse and neglect. We quickly began organizing and problem solving to increase support to one another, to our communities and to the people we serve.

Community Mental Health workers stood by and watched the “Hero” stories in the news and on social media; stories of nurses and doctors. We watched videos of fire and police showing up outside hospitals to cheer and encourage the healthcare workers. We joined with the entire globe participating in the applause and cheers to show appreciation for the personal sacrifices healthcare workers are making to take care of the sick. However, mental health workers are not recognized as “front line workers.”

Our behavioral health workers are the “ninjas” of the healthcare world. In fact, we are so committed to protecting and supporting those who are often the poorest and most vulnerable populations in every community, we quietly go about our business and do our work. We take care of the most seriously mentally ill citizens and support seriously emotionally disturbed children along with their families. We provide support services for the intellectually and/or developmentally disabled residents who without us would likely be living life within the walls of an institution.


Some citizens are unaware of the safety net we are providing in each county we serve. This is the greatest testimony and truest compliment to what we do and how we do it. It speaks volumes about our Board of Directors and the people who choose to work for a Community Mental Health Organization. It is their belief in the

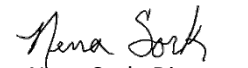
mission and vision of the organization and the policies supporting this work. In fact, we do not even usually recognize ourselves in the truly heroic nature of the work we do and the incredible responsibility we assume for people’s care and safety all the time and not just during a pandemic. NeMCMHA staff are on the front lines taking care of people in their homes and in Adult Foster Care Homes (AFC), providing in some instances 24-hour care.

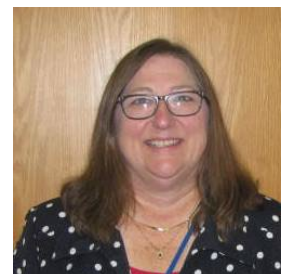
When the person we serve tests COVID-19 positive, we help care for them and walk through this physical and health crisis with them. We kept our doors open for those in need of care; we provide high-quality essential behavioral health services to our community, while ensuring the health and safety of our staff and the people we serve. NeMCMHA staff’s resilience and tenacity has helped our citizens back on the path to become the person they once hoped to be, to appreciate the community they live in and contribute to its well-being. NeMCMHA staff are truly the “unsung heroes” throughout this pandemic and the breadth of agency services delivered can literally change the course of someone’s life.

Thank you all for giving so much to this organization and for “spreading your courage to others.”

Sincerely,


Eric Lawson, Chairman


Nena Sork, Director



1 IN 5 PEOPLE WILL HAVE A MENTAL HEALTH CONDITION IN THEIR LIFETIME.



TAKING A SCREEN IS AN EASY WAY TO CHECK IN ON YOUR MENTAL HEALTH.

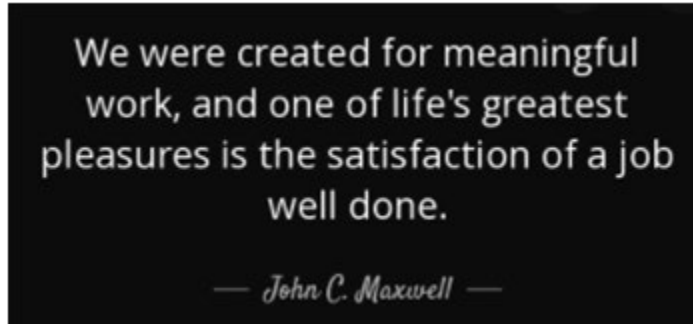


HELP US REACH OUR GOAL OF A #MILLIONINMAY.
VISIT MHASCREENING.ORG

Making a Difference through Employment Services...

In March 2021, Northeast Michigan Community Mental Health Authority (NeMCMHA) celebrated 10 years of Individual Placement and Support (IPS) Employment Services for persons with mental illness. We are very proud of this milestone and the assistance provided over the years for individuals to procure meaningful, competitive work in their communities. IPS is an evidence-based supported employment practice. IPS is based on eight principles, which include – worker preferences, competitive employment, systematic job development, rapid job search, integrated services, benefits planning and referrals, zero exclusion and time-unlimited services.

The support is driven by the individual and anyone who wants to seek employment is eligible to work with an Employment Specialist. Employment Specialists help people find and maintain employment by focusing on the individual’s strengths and preferences, which increases success. Services assist people with networking with employers, benefits planning, preparing resumes, filling out job applications, interviewing, job development, job coaching, follow along and retention services. Many individuals have found this support very valuable to their success and as one person stated, “Supported employment is time saving and they know so much and have the right information when it comes to how much I can work with my benefits. Always checking in on me to make sure I’m doing well also helps overcoming my struggles in the workplace.” (anonymous from a person served)



In addition to providing IPS employment practices, NeMCMHA has delivered employment services for persons with an Intellectual/Developmental Disability for over 25 years! Services are provided both at NeMCMHA and through a partnership with Northeast Michigan Rehabilitation and Opportunity Center (NEMROC). Although this service is not an evidence-based IPS process, many of the same practices are followed with focus on competitive, integrated employment where people work alongside of others without disabilities. Both programs for persons with a Mental Illness and an Intellectual/Developmental Disability work with Michigan Rehabilitation Services (MRS) through an Interagency Cash Transfer Agreement to promote employment opportunities. Through this partnership people receive job placement and assistance, financing for micro-enterprise ownership, on-the-job training, work clothing, follow along support and other related funding that makes it possible for people to become successfully employed. Many people have experienced positive outcomes through competitive employment which assists in recovery and well-being, improved self-sufficiency, increased self-esteem, development of new skills, development of friendships and a sense of accomplishment and purpose. Currently, there are 94 individuals with an Intellectual/Developmental Disability receiving employment services with 67 people employed and 31 individuals with a Mental Illness of which 15 are employed.

In addition to our partnership with MRS and NEMROC, other factors that have led to success in the area of employment can be attributed to our community, staff, individuals served, families, guardians and natural supports. Congratulations to the many employees who have gained successful employment over the years as well as special gratitude to employees who have been working throughout the pandemic. You truly make a difference in our community!

Community Employment Services is always open to your suggestions, ideas, job leads and employee needs, so please feel free to call Margie Hale-Manley at 989-590-4096 for more information.



One Success Story...



Jason has been with our agency since February 2017. He has overcome many obstacles in his life including the loss of his father at a young age and has worked hard to maintain mental health recovery. Jason’s mom has remained helpful and supportive throughout all his ups and downs.

During the COVID-19 Pandemic last spring, Jason was laid off from a job he enjoyed at the Alpena Senior Citizens Center. To cope with this change, he began walking more often and was able to continue telehealth

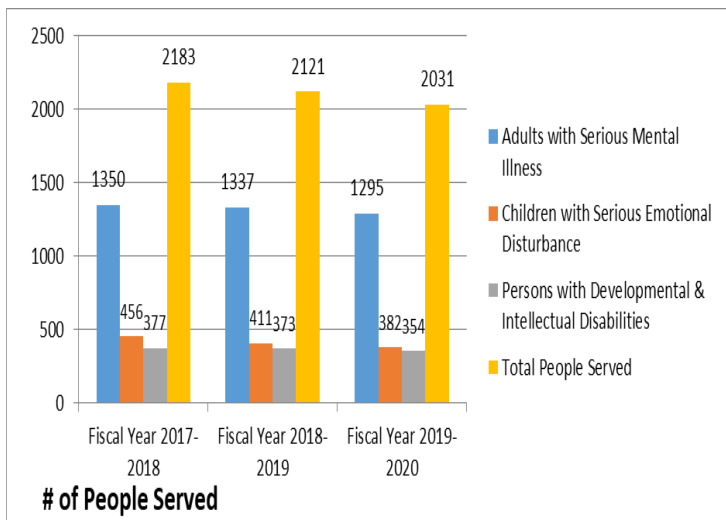
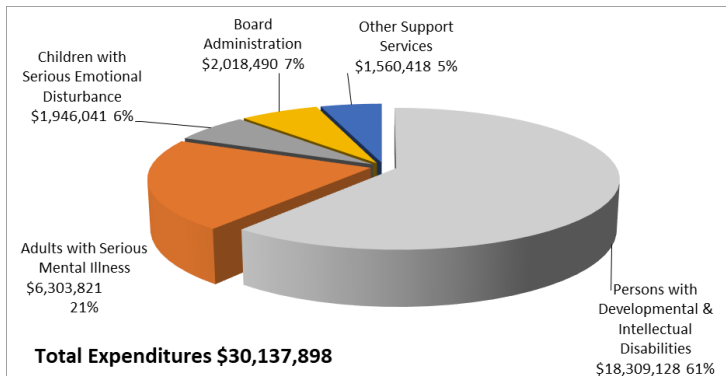
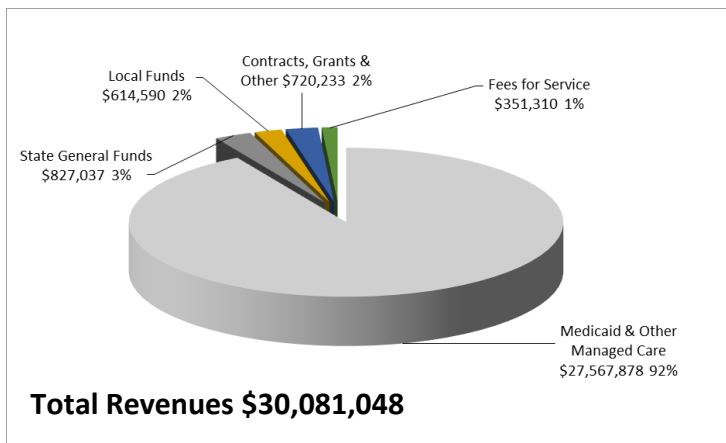
[Continued on Page 5]

**Northeast Michigan Community Mental Health Authority
October 1, 2019 – September 30, 2020**

Sources and Uses of Funds

Total Revenue	\$30,081,048
Total Expenditures	\$30,137,898
Net Income/(Loss)	\$ (56,850)

**[Post-retirement benefits are not offered at NeMCMHA.
Employee Pensions are 401 Plans, which are fully
funded.]**



Four Board Members Appointed / Re-appointed to NeMCMHA Board

Members of the four-county board of directors governing Northeast Michigan Community Mental Health Authority are appointed by each county's board of commissioners to serve a three-year term. Due to staggered terms, four Board members are appointed each year. Alcona, Alpena and Montmorency County had members to appoint this calendar year.



Terry Small
Alcona County



Eric Lawson
Alpena County



Pat Przeslawski
Alpena County



Geyer Balog
Montmorency County

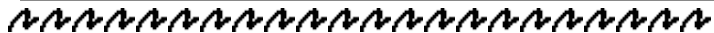


Alpena County also appointed Lynnette Greskowiak to fill a vacancy, which was difficult during COVID.

- 2021 NeMCMHA Board**
- | | |
|---|--|
| Alcona County
Bonnie Cornelius, <i>Secretary</i>
Terry Small | Montmorency County
Roger Frye, <i>Vice Chair</i>
Geyer Balog |
| Alpena County
Bob Adrian
Lynnette Greskowiak
Judy Jones
Eric Lawson, <i>Chair</i>
Pat Przeslawski | Presque Isle County
Lester Buza
Terry Larson
Gary Nowak, <i>Past Chair</i> |



NeMCMHA is funded, in part, by the Michigan Department of Health and Human Services



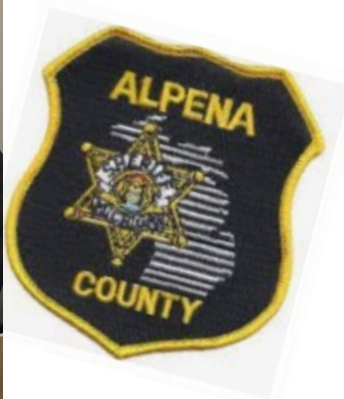


Carter Kits™ was inspired by Carter Severs, a five-year-old boy with Autism Spectrum Disorder (ASD) from Frankenmuth Michigan. Carter’s father, Detective Justin Severs, had the intuition of have a Carter Kits™ Sensory Bag available to first responders. He believes this added tool will better equip police officers, firefighters and EMS responders when arriving to a scene where a young or special needs child or individual is involved.

Carter Kits™ began as a grass roots call to action embodied by a simple text message sent by Detective Justin Severs, of Saginaw Township Police Department, to Brandon Hausbeck, a professional firefighter and Andrew Keller, real estate owner, in 2019 – “We need a tool to help us when we arrive at a scene with a special needs child.” Justin’s idea was to equip as many police, fire and EMS vehicles as possible with the means to calm distressed children like Carter when arriving on scene. Andrew connected with a family friend, Dr. Ellen Preen, a clinical neuropsychologist who has both a daughter with Autism Spectrum Disorder, and extensive experience working

with individuals impacted by ASD, trauma, anxiety, depression and learning challenges. Together, Andrew, Justin, Brandon and Ellen see the need to expand the scope of our efforts to *any* child in crisis who may benefit from the contents of a Carter Kits™ Sensory Bag.

NeMCMHA became aware of the Carter Kits™ through our Clinical Director, Erin Fletcher, a resident of Montmorency County. She reported to a team of staff members that the Hillman United Methodist Church first donated these Carter Kits™ to first responders and law enforcement in Montmorency County. NeMCMHA staff decided it would be a good resource for law enforcement and first responders to have in all of the counties we serve. NeMCMHA purchased and distributed Carter Kits™ to all law enforcement entities and first responders in Alcona, Alpena and Presque Isle Counties.



MAY IS MENTAL HEALTH MONTH 2021

LIFE CAN BE HARD.

YOUR MENTAL HEALTH DOESN'T HAVE TO SUFFER.

GET TOOLS AND INFORMATION THAT CAN HELP.



TOOLS
2
THRIVE

LEARN MORE AT MhNational.org/May

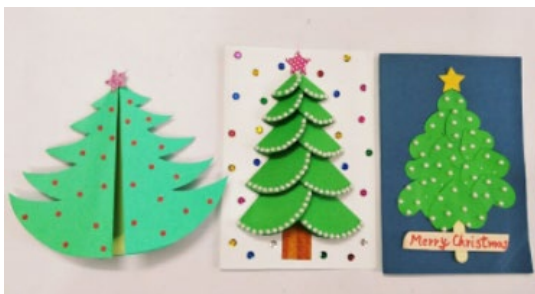
Frank VanGoethem, NeMCMHA psychologist, delivers Carter Kits to Alpena Sheriff Department.

A Christmas wish from Storm's heart to yours...

Storm's teacher presented her special "stay at home" students with a challenge, to create a plan for a Holiday Project. She supplied some paper cut outs of trees to get him started. He added glitter, glue, stars and doodads, started spreading glue and shaking glitter till he had the right jolly old mess! The finished product is a reflection of his bright, cheerful world. He has so much joy in his heart and he hopes this card will allow you to share it during the Christmas season and all year.

Constant chants of "love, happy, and amazing" see him through his days. He has no need of wondering or anticipating the

aggravations, challenges or stress that affect the rest of us. His world is filled with wondrous



things that only a young, innocent child can experience. He brings that joy and excitement to those he loves and we are blessed and grateful that he shares the wonders of his world with us... His favorite Christmas songs are those we found on a CD by John Denver and the "crazy" Muppets. There's another of his favorite words! One of the songs sung by Kermit seems to echo what Storm might wish for all of us if he could find the right words...

"...I have seen the precious gift that love brings, even though I never saw a Christmas star. I know there is a light, I have felt it burn inside. And I have seen it shining from afar. For the truth that binds us all together, I would like to say a simple prayer. That at this special time you will have true peace of mind and joy to last throughout the year. And I reach out my hand to the family of man to share the joy I feel as Christmas time. If you believe in love, that will be more than enough for peace to last throughout the coming year..." Wow! Out of the mouth of a frog!

Enjoy your card. Storm hopes every smear, smudge and piece of loose glitter will lighten and brighten your day and encourage you to walk in his world of "love, happy, amazing, and crazy." Storm gives pure, unconditional love every day. That same Gift of love was delivered to us over 2,000 years ago under a Christmas star and continues to bind us all together. Unconditionally!

Storm wished you happy days, always a song in your heart and a cookie in your tummy.

[Printed with permission]

One Success Story (continued from page 2)

psychotherapy. By summer of 2020, Jason decided he would like to obtain employment again. With little assistance from CMH employment services, Jason completed job applications and attended interviews. His work experience in the grocery industry led to him applying for a position at Walmart. Jason independently attended his interview and was hired for the job! He is now working independently and is reported to be an excellent and dependable employee who rarely requests time off.



Jason thrives on staying busy and socializing. He loves community concerts and is known to break out his dancing shoes. He currently receives support from Touchstone Clubhouse as well as Community Support Services.



Check out our website

www.nemcmh.org



We Are a Community Mental Health Center

It's our mission to provide comprehensive services and supports that enable people to live and work independently.

DONATE

Pandemic Services 2020

March 2020 – The pandemic reached its ugly arm across the world and changed business models quickly. On March 10, 2020, the Michigan Department of Health and Human Services (MDHHS) identified the first two presumptive positive cases of COVID-19 in Michigan and a state of emergency was declared across the State of Michigan. By March 13, 2020 an Executive Order was signed to prohibit large gatherings of people in a single shared space, on March 14 congregate care facilities were closed to visitors not necessary for the provision of medical care and schools closed to in-person instruction beginning March 16, 2020. March 16th also began the requirement to conduct health screenings to enter some facilities and restaurants, bars, lounges, theaters, libraries, fitness centers, casinos licensed by Michigan and public amusement centers all closed. Unemployment claims skyrocketed. Required Board meetings were conducted virtually through Zoom or teleconference with the Open Meetings Act temporarily suspended. By March 21, 2020 all non-urgent surgeries and dental work were temporarily postponed. March 24, 2020 was a pivotal point and a “Stay Home” order was put in place.

The Stay Home order resulted in the Information Technology (IT) Departments scurrying to deploy laptops, cell phones and miscellaneous equipment to allow staff to work from home and this was accomplished in one to two days. A reduction in staffing in the main office at NeMCMHA left parking lots very empty. Employers around the world were ordering additional personal protection items, such as gloves, masks, face shields and gowns. Clorox wipes, Lysol solutions, bleach and toilet paper were impossible to obtain. Critical infrastructure workers held down businesses to the best of their ability. Social distancing and mandates to wear face masks ordered by the CDC became the topic of everyone’s conversations.

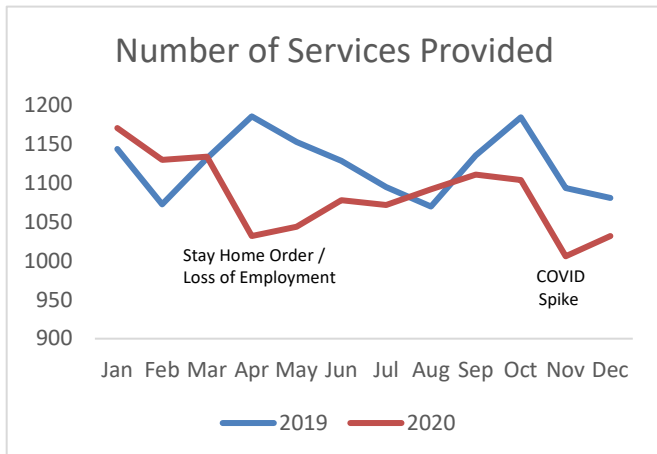


Operating nine residential homes with staff and residents all needing facemasks, a group of retired staff and current staff undertook the project of sewing face masks.

Individuals receiving services from NeMCMHA had the option to have their services provided as requested either in person or through a telehealth arrangement. Crisis services continued to be available through face-to-face, telephone or video options. Waiting rooms were rearranged to accommodate social distancing, water fountains had to be covered, reading materials were removed and extra sanitizing was provided in the common areas/waiting rooms. Community services were suspended temporarily to keep within the Stay Home order. Individuals receiving these community services were provided with necessary, life sustaining services such as grocery shopping, picking up prescriptions, etc. with recreational activities postponed. Staff provided many services outside. Services included nature walks, walks along the beach, biking, meeting together in parks and activities where social distancing could still be maintained. Many individuals receiving supported employment services through NeMCMHA were laid off from their employers which was difficult transitioning to remaining in their home versus going out to their jobs every day. Staff continued to reach out to individuals living in their own homes. Staff provided frequent contact in order to assure the people we serve had what they needed and help them to avoid becoming too isolated.



As we entered the summer, our Region was provided with a few less restrictions due to the low number of confirmed COVID cases. Restaurants were able to open with providing takeout orders and limited



outdoor dining. The staff at NeMCMHA decorated windows to show worker appreciation and hearts adorned the foyer windows recognizing all groups of employees. The Director’s Office had a painted window to remind us “The Sun Will Rise.” News of the progress on the vaccine provided hope for the future.

The fall resulted in a spike of cases and our region was again restricted to many services. Through all of this, our staff has provided all needed services. We made necessary adjustments to how we delivered those services to meet people’s needs during the pandemic. We look forward to a new normal; hopefully, in the near future.



Accredited in 17 Programs

400 Johnson Street • Alpena, Michigan 49707

FAX: (989) 354-5898
TDD: 711

Serving: Alcona, Alpena, Montmorency and Presque Isle Counties
A Member of the Northern Michigan Regional Entity

Office: (989) 356-2161
(800) 968-1964

May 27, 2021

The Honorable Sue Allor
Michigan House of Representatives
S-1485 House Office Building
P.O. Box 30014
Lansing, MI 48909

RE: Representative Mary Whiteford's Package on Behavioral Health

Dear Representative Allor:

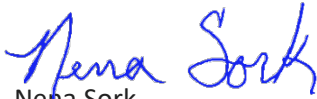
On behalf of the Board of Northeast Michigan Community Mental Health Authority (NeMCMHA), I would like to express our sincere gratitude on your efforts to enhance the lives of the citizens of Michigan. NeMCMHA provides comprehensive mental health services to residents of Alcona, Alpena, Montmorency and Presque Isle counties. Like most CMHSPs in our state, the majority of the persons we serve receive their health care funded by Medicaid. As a result of the works of Governor Snyder and the legislature, the expansion of Medicaid with Healthy Michigan (HMP) in 2014 provided eligible citizens enrolled in HMP an opportunity to receive services at NeMCMHA.

Today, a press release announced a package of bills spearheaded by Representative Mary Whiteford was presented to virtually create a new model for the state's behavioral health system. The press release indicates your sponsorship of this package. If you recall, in 2017 a similar package entitled Section 298 was presented and it was profoundly rejected by the advocacy groups in the state along with the Community Mental Health Association of Michigan. They stressed the importance of retaining public management of the state's Behavioral Health and Intellectual/Developmental Disability (BHIDD) services and supports system. Trying to essentially privatize this system, during a pandemic without opportunities for public input, would be a travesty. You may want to refresh your memory of the 298 Workgroup's Final Report Recommendation. Northeast MI CMHA has a rich history in the provision of mental health services to include person-centered planning, community-based care and inclusion. Our supportive employment programs have provided the people we serve the opportunity to move away from the sheltered workshops and day programs to competitive employment and inclusion in the greater community. We have a robust supported independence program and many individuals have been able to move from more restrictive to less restrictive living arrangements. NeMCMHA has served as a safety net for the most vulnerable citizens in our state. Without the continuation of publicly funded behavioral health care, these services are at risk. We request your support in opposition of the most recent package of bills submitted by Rep. Mary Whiteford. Rep. Whiteford's statement including "...We've put a tremendous amount of thought and research into this to come up with a plan that will fix our broken behavioral health system and truly transform the level of serve we offer to our vulnerable residents," is so totally inaccurate and will do nothing to strengthen and improve services.

The Honorable Sue Allor – page 2 – May 27, 2021

Thank you for your time and efforts as you see the full picture of what the bills would do to decimate the public handling of the behavioral health system.

Respectfully,



Nena Sork
Director

NS:dmh

cc: NeMCMHA Board



Accredited in 17 Programs

400 Johnson Street • Alpena, Michigan 49707

FAX: (989) 354-5898
TDD: 711

Serving: Alcona, Alpena, Montmorency and Presque Isle Counties
A Member of the Northern Michigan Regional Entity

Office: (989) 356-2161
(800) 968-1964

May 25, 2021

Senator Jim Stamas
PO Box 30036
Lansing, MI 48909-7536

Dear Senator Stamas:

The purpose of this correspondence is to reach out to you to provide input in the “Gearing Towards Integration” proposal being considered in the Senate spearheaded by Senator Mike Shirkey. This proposal mirrors many of the elements included in Section 298 presented in 2016, which was removed from consideration. Integration takes place on the ground, where the person receives their services and the public mental health system has many good examples of success. We request the legislators and the Governor reject financial integration as a solution. It does nothing to improve care and only pads the bottom line for private health insurance companies. The Medicaid Health Plans do not have a good track record in managing mental health benefits for the mild/moderate beneficiaries. This proposal does not eliminate any layers – Medicaid Health Plans (MHPs) would pick up the managed care function from the current regional entities at a much higher cost 15% versus 6%, removing this money from the care our people are receiving today.

The “Gearing Towards Integration” also removes services such as recipient rights, housing, employment supports and many other crucial services which are core to the social determinants, safety net role and community collaborative work of the public health system. A required to bid to become a SIP includes insolvency coverage (reserves) which the current regional entities, by contract with the state, are not allowed to maintain, thus disqualifying the regional entities from submitting a bid. We recognize legislators were involved in the development of this proposal, but we particularly request you continue with your steadfast advocacy for services to the most vulnerable residents of Michigan.

If we can ever be of assistance to your office, please feel free to contact any of us at the phone numbers below.

Sincerely,

Nena Sork
Director

NS:dmh

cc: NeMCMHA Board



WEEKLY Update

May 21, 2021

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

TABLE OF Contents

CMH Association New! and Member Activities	3
<i>New! North County Community Mental Health Authority and partners featured in press</i>	<i>3</i>
<i>New! Seeking applicants for NACBHDD President and Chief Executive Officer</i>	<i>3</i>
<i>New! CMHA staff discusses impact of pandemic on mental health</i>	<i>4</i>
<i>12th Annual Anti-Stigma Event Day!.....</i>	<i>4</i>
<i>Traveling Art Show.....</i>	<i>4</i>
State & National Developments and Resources.....	4
<i>New! Video recording available from May 12 MDHHS webinar: Important Updates on AFCs and HFAs COVID-19 Emergency Response</i>	<i>4</i>
<i>New! News coverage on the intersection of mental health and the public and private systems</i>	<i>4</i>
<i>New! CHCS: Assessing the Impact of Complex Care Models: Opportunities to Fill in the Gaps</i>	<i>5</i>
State Legislative Update	5
<i>New! View May's Legislative Video on CMHA's Website</i>	<i>5</i>
<i>New! May Revenue Estimating Conference</i>	<i>6</i>
Federal Update.....	8

<i>New! Excellence in Recovery Housing Act Introduced</i>	8
<i>New! Peer Support Legislation Reintroduced</i>	8
Education Opportunities	8
<i>Registration Open: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021</i>	8
<i>New! Sponsorship Opportunities for CMHA VIRTUAL Annual Summer Conference</i>	9
<i>Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference</i>	9
<i>Virtual Motivational Interviewing College Trainings – Registration Open</i>	10
<i>Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open</i>	11
<i>New! Diversion Council announces next in Interdisciplinary Partnership Series</i>	12
<i>New! Classroom WISE: Coming this JUNE!!!</i>	13
Behavioral Telehealth Resource Center	13
<i>Telehealth Resource Center</i>	13
<i>Monthly Telehealth Regional Tracker</i>	13
Education & Training Resources from Great Lakes MHTTC	14
<i>CMHA’s partnership with SAMHSA funded Great Lakes MHTTC</i>	14
<i>New! The MHTTC Cultural Responsiveness Working Group (CRWG)</i>	14
<i>New! May is Mental Health Awareness Month</i>	14
News from Our Preferred Corporate Partners	15
<i>Abilita: You WILL Profit from a Technology Audit</i>	15
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma..</i>	15
<i>Relias: We would appreciate your input to help shape the future of staff development and training in organizations like yours!</i>	Error! Bookmark not defined.
CMH Association’s Officers & Staff Contact Info	16
<i>CMHA Officers Contact Information:</i>	16
<i>CMHA Staff Contact Information:</i>	16

CMH Association New! and Member Activities

New! North County Community Mental Health Authority and partners featured in press

Below is a recent announcement from the CEO of the North County Community Mental Health Authority:

North County Community Mental Health Authority (NCCMH) provides comprehensive services and supports that allow people to live independent, self-directed lives integrated within their community. I invite you to take three minutes to watch this 9 & 10 News story on North Country Critters, a business run by three community partners of NCCMH. It's a wonderful behind-the-scenes testimony about the value of our public mental health system!

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

New! Seeking applicants for NACBHDD President and Chief Executive Officer

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) is seeking candidates for the association's President/Chief Executive Officer position. CMHA and, through CMHA, its members organization organizations are NACBHDD members. Below are excerpts from the job posting

Organization: National Association of County Behavioral Health and Developmental Disability Directors

The National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) is the only national voice for county and local behavioral health and developmental disability authorities in Washington, DC. Through education, policy analysis, and advocacy, NACBHDD brings the unique perspective of our members to Congress and the Executive Branch and promotes national policies that recognize and support the critical role counties play in caring for people affected by mental illness, addiction, and developmental disabilities.

NACBHDD is also an active partner in efforts to improve access to, funding for, and quality of behavioral health services, especially those that serve the most vulnerable in our communities. Key issues include but are not limited to: protecting Medicaid coverage, ending the stigma of mental illness, better treatment for veterans, achieving parity in insurance coverage for behavioral health care, affordable housing and vocational training for those with mental illness or developmental disabilities.

POSITION SUMMARY: The President and Chief Executive Officer is responsible for ensuring that NACBHDD serves the needs and interests of the membership pursuant to the organization's bylaws and as directed by the Executive Committee, which is the primary policy-setting body of the organization.

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

New! CMHA staff discusses impact of pandemic on mental health

CMHA staff were interviewed, by WXYZ in Detroit, on the impact of the COVID 19 pandemic on mental health. That interview, which also included a discussion on the impact of COVID 19 on schools. The recording of the interview can be [found here](#).

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPS are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Traveling Art Show

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

State & National Developments and Resources

New! Video recording available from May 12 MDHHS webinar: Important Updates on AFCs and HFAs COVID-19 Emergency Response

MDHHS has recently released the recording from the May 12 presentation, by MDHHS, around the Important Updates on AFCs and HFAs COVID-19 Emergency Response. That video can be [found here](#).

Access passcode: OTsQwF+n

New! News coverage on the intersection of mental health and the public and private systems

1. Michigan Senate leader's plans to overhaul mental health system worries advocates (Detroit News) [found here](#).

2. Big Proposed Changes to the Mental Health System in Michigan - Is It Necessary, or a Cash Grab for Insurance Companies (Craig Fahle show on Deadline Detroit) [found here](#).
3. Mental health services wane as insurers appear to skirt parity rules during pandemic (Detroit News and Kaiser Health News) [found here](#).
4. Systemic underfunding of public system (Mining Gazette) [found here](#).

New! CHCS: Assessing the Impact of Complex Care Models: Opportunities to Fill in the Gaps

The Center for Health Care Studies (CHCS) recently announced a brief on complex care management. Excerpts from that announcement are provided below. High-quality complex care models are responsive to the needs and desires of patients and families, while also prioritizing provider and staff well-being. Quality measures that capture both patient perspectives on the care they receive, as well as staff assessments on the care they provide, can help us better understand the impact of complex care models.

Through the Advancing Integrated Models (AIM) initiative, made possible by the Robert Wood Johnson Foundation, eight pilot sites are implementing approaches that seek to improve integrated, person-centered care models for adults and children with complex health and social needs. This brief describes a process used to identify a set of patient- and staff-reported measures for the AIM pilot sites. These measures, detailed in the brief, can supplement traditional utilization, outcomes, and cost measures and support complex care programs interested in expanding their capacity to evaluate care delivery innovations.

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

State Legislative Update

New! View May's Legislative Video on CMHA's Website

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

Our May Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the FY22 budget process, highlighting action in both the House and Senate.

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

New! May Revenue Estimating Conference

On Friday, state economic leaders gathered for the May Consensus Revenue Estimating Conference (CREC). The CREC takes place in January and May every year to discuss independent economic and revenue forecasts that inform decisions made around the state budget.

Again, a rosier-than-expected picture emerged during the CREC as Michigan continues to receive a significant amount of one-time revenue from federal stimulus, and high levels of consumer spending. As far as net revenue growth, the May estimates saw a dramatic change from what was forecasted in January. For example, for GF/GP net revenues the projections now show a 4.3 percent increase compared to the 4.9 percent net revenue decrease predicted in January for FY 21.

For the current fiscal year, economists are forecasting revenue collections for both the General Fund (GF-GP) and School Aid Fund (SAF) to be a combined \$26.31 billion (\$11.3 billion GF/GP and \$15 billion SAF) with growth up a combined 6.2 percent or \$1.5 billion. Cumulatively, the new projection amounts to \$2 billion above what was forecasted in January 2021.

Essentially, the revenue growth that was predicted during the last CREC for 2022 is shifting to 2021. For FY 22 a little different story emerges as economists are now forecasting a lower growth rate than what is projected in January 2021.

For the upcoming fiscal year, which will begin on October 1, combined revenue collections for both GF/GP and SAF are now forecast to be \$26.8 billion (\$11.6 billion GF/GP and \$15 billion SAF) with smaller growth gains of 1.3 percent or \$495 million. Cumulatively, the new projection amounts to \$1.48 billion above what was projected in January 2021.

Barring any significant GF/GP expenditures in between now and the end of the fiscal year, the beginning balance for FY 22 is estimated to be \$2.8 billion (GF/GP).

Some of the other major themes of this CREC included:

- Strength of recovery has taken most observers by surprise – not the “Great Recession” that was predicted
- Major growth in revenues across the board – much higher than expected at the January CREC
- Michigan labor market has improved but not returned to pre-pandemic levels – jobless rate and unemployment claims remain elevated compared to pre-COVID labor market
- Expect the recovery to proceed unevenly across industries
 - mining, construction, manufacturing, etc. suffered a significant drop initially but are recovering quickly, and we expect pre-pandemic employment level by the middle of 2022
 - Higher education services industries had the smallest drop and we expect a steady recovery to pre-pandemic level at the start of 2023
 - Lower education services industries are most concerning as employment fell more than 30 percent in second quarter and it’s not expected they will receive a full recovery

- Inflation remains a concern, and we can expect it to be higher, but historically speaking, the inflation rates we are expecting are not unusual. With that said, inflation has generally been difficult to predict
- Supply chain disruptions are expected to be transient
- Personal income helped support income losses and there will be a more normal growth path into 2022 and 2023 despite government supports waning – no obvious unbalances in the economy
- The relationship between employment and spending was very different than in previous recessions in that spending was much higher than employment – this has helped shore up the economy
- Michigan’s employment is expected to expand by less than 0.1 percent over the 2018-2028 period
- The Labor force is projected to be relatively flat through 2028 due to persons coming into the market
- While Michigan will see growth in wage and employment, we won’t be fully back to 2019 levels by 2023 in terms of jobs
- Record highs for net income tax revenues
- Medicaid will see an additional 9 months of increased FMAP, which amounts to \$631 million in GF savings. Overall caseload growth in Medicaid is now expected to be lower than originally estimated during the thick of the pandemic
- No pay-ins to the rainy day fund are expected in FY 21 and FY 22 with some pay-ins predicted in FY 23. No pay-outs expected
- Risks around the return to normal and shift back to service sectors, which could cause sales tax revenue to fall lower than expected
- Overall, the pandemic has made economic forecasting challenging - some of the fundamentals that drive the numbers haven’t behaved the way they normally do

- Policy expectations underpinning the forecasts
 - Assuming current Federal and State law
 - Estimates take into account impacts of the American Rescue Plan Act
 - Another round of federal stimulus in the fall (half of the size of ARPA)
 - Mostly no tax raises before 2023
 - Likely to see tax credit extensions

These forecasts provide the foundation for finalizing the Fiscal Year 2022 budget. The state budget continues to be in a much better position than most would have forecasted at the outset of the pandemic and Michigan will experience much larger-than-expected structural surpluses in FY 22 and FY 23.

The May CREC comes on the heels of an announcement earlier this week that the Governor and Michigan Legislative Leaders have reached an agreement to work together on the budget and the Michigan COVID-19 recovery, as restrictions are relaxed and we move out of the pandemic. Target meetings and further negotiations on the budget are expected in the coming weeks with a goal of sending a final budget to the Governor’s desk by the July 1st statutory deadline.

Federal Update

New! Excellence in Recovery Housing Act Introduced

Last month, Representatives Trone (D-MD), Chu (D-CA), Levin (D-CA) and McKinley (R-WV) introduced the Excellence in Recovery Housing Act (H.R. 2376), which aims to help states improve and expand access to recovery housing. Recovery housing refers to safe, healthy, alcohol and drug-free living environments that support individuals in recovery from addiction. The bill would create a set of guidelines and a grant program for states to implement those best practices. Read the [bill text](#) and a [summary](#).

New! Peer Support Legislation Reintroduced

Last month, Representatives Chu (D-CA) and Smith (R-NE) reintroduced the [Promoting Effective and Empowering Recovery Services \(PEERS\) in Medicare Act of 2021](#) (H.R. 2767). This legislation would expand access to mental health care by clarifying that peer support specialist services can be reimbursed through Medicare. The legislation was first introduced last Congress.

Education Opportunities

Registration Open: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021



CMHA Virtual Annual Summer Conference "Be the Change...Shaping our Future Together"

June 14 - 17, 2021

Virtual Education Daily from 9:00am – 12:30pm EST

[CLICK HERE TO REGISTER!](#)

Volume discounts will only be offered until 5:00pm on FRIDAY, MAY 28, 2021.

Group Agency Volume Discounts: We are offering discounted tiers for sending multiple paying-attendees from the same agency ("recording only" attendees do not qualify towards group

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

Volume Discount Rates – Ends May 28, 2021!					
	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
Member	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
Non-Member	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

LIVE Conference Fees: Live Conference: You are NOT required to attend the entire conference. You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 60 days after the conference (no CEs).

After Friday, May 28, 2021: **Member: \$210 per attendee**
 Non-Member: \$252 per attendee

Recording Only (No CEs) Conference Fees: Recording Only–No Continuing Education Credits: For those who do NOT need CEs, take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 60 days to view the recordings. You can view as many sessions as you like.

Member: \$50 per attendee
Non-Member: \$70 per attendee

New! Sponsorship Opportunities for CMHA VIRTUAL Annual Summer Conference

The Community Mental Health Association of Michigan is pleased to announce **sponsorship opportunities** for the 2021 Annual Summer conference taking place each morning June 14-17, 2021. As a conference sponsor, you will gain visibility throughout the day to promote your company’s brand, products, and services directly to the 500 CMHA conference attendees. The virtual platform has a dedicated Sponsors Hall, which will allow participants to enter and view sponsor’s logos with a direct link to their website. Only a limited number of each sponsorship opportunities are available. For more information email Monique Francis at mfrancis@cmham.org.

DEADLINE: Wednesday, June 2, 2021
Conference Attendance is NOT included. You must register separately to attend the conference.

[CLICK HERE TO SIGN UP FOR CONFERENCE SPONSORSHIP!](#)

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

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

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual



Questions? Contact Alexandra Risher at arisher@cmham.org.

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.

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

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

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

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

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

Training Fees: \$125 per person for all 2-day trainings / \$70 per person for the 1-day Supervisory training. The fee includes electronic training materials and CE's for each day.

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Integrated Dual Disorder Treatment 101

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

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

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

\$30 Registration fee includes electronic training materials and CEs

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

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

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

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

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

\$30 Registration fee includes electronic training materials and CEs

New! [Diversions Council announces next in Interdisciplinary Partnership Series](#)

The MDHHS Mental Health Diversion Council, in partnership with MCOLES, MSA, CMHA, MACP and PAAM, is proud to announce the 2nd webinar in our Interdisciplinary Partnership Series on:

Tuesday, June 1st, 2021 - 10:00 am to 12:00 pm

Moderated by Chief Robert Stevenson (MACP), panelists from Calhoun, Muskegon and Washtenaw will discuss strategies that they have implemented to improve partnership and collaboration between first responders and mental health professionals.

Register now by [clicking here](#).

Additional training opportunities can be found here: [Managing Mental Health Crisis](#).

New! Classroom WISE: Coming this JUNE!!!

A FREE mental health literacy course, video and resource library, and website designed for teachers and school staff. Check out more information and a sneak peek by [clicking here](#).

Recorded Parent Webinars

[Parenting Tips for ADHD: How to Unleash Your Child's Superpowers](#)
[More than Sad: Suicide Prevention for Parents](#)

Recorded Learning Series

Staying Connected with Students and Youth During COVID-19:

[Part 1: Why Social Connection is Important for Mental Health](#)
[Part 2: Maintaining Meaningful Teacher-Student Connections in the time of COVID-19](#)
[Part 3: Tips for Keeping the "Social" in Social Emotional Learning](#)
[Part 4: Cultivating Belonging in the Era of COVID-19](#)

The Impact of Mental Health on Students & Youth:

[Part 1: Assessing Mental Health in Young People](#)
[Part 2: Virtual Signs of Serious Mental Health Problems](#)
[Part 3: Youth, Social Distancing, and Anxiety in the time of COVID-19](#)
[Part 4: How to have Meaningful Conversations with Youth about Mental Health](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

Monthly Telehealth Regional Tracker

Check out FAIR Health's Monthly Telehealth Regional [Monthly Telehealth Regional Tracker](#) and [Midwest infographic](#). This tool shows that in the Midwest, the volume of claims fell ~15% from January to February 2021. Another change noted was the disappearance of COVID-19 from the top five telehealth diagnoses. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Within that category, there was one change of note in February 2021: Post-

traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

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

New! The MHTTC Cultural Responsiveness Working Group (CRWG)

The MHTTC Cultural Responsiveness Working Group (CRWG) aims to disseminate culturally appropriate information and provide technical assistance for the mental health field to improve access to culturally responsive mental health services. A six-part series of 90-minute listening sessions will explore this topic in more detail. [Read more about the series here](#).

Thursdays, May 20–August 5, 1:00pm CT

May 20 | Session 1: Setting the Stage

[Register now!](#)

New! May is Mental Health Awareness Month

This year, we continue to see the impact of COVID-19 on mental health and well-being. The *Kaiser Family Foundation* reports that during the pandemic, 4 in 10 adults report increased anxiety and

depression. [Rates of anxiety, depression, and thoughts of suicide have also increased significantly among young people.](#)

As SAMHSA reports in the brief, [Double Jeopardy Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S.](#), communities of color are also experiencing higher rates of anxiety or depressive disorders, compounded by limited access to culturally appropriate services.

The Great Lakes ATTC, MHTTC, and PTTC offer a variety of trainings this month to support your vital work with vulnerable populations in the COVID-19 environment. Please scroll down to our events calendars. We hope you will join us for upcoming trainings.

News from Our Preferred Corporate Partners

Abilita: You WILL Profit from a Technology Audit

There isn't any doubt that 2020 will be deemed "the year of the pandemic". It doesn't matter what line of business you are engaged in, or what your position in the organization is (was), your technology and telecom picture has changed. And, it may never be quite the same again.

Organizations' technology teams have been overwhelmed with the urgency of the crisis and have had to deploy new collaboration and connectivity solutions without a lot of thought for the long term. 2021 will be the year of preparing for the new reality in telecom and technology which may include:

- more Work From Home challenges
- more video, less telephony
- more flexibility in services and connectivity

Let's call 2021 the "**Year of the Technology Audit**". Look at where you were, where you are, and where and how to move ahead.

For some ideas on how to do this and what you might want to consider, [read this article titled "2021 - The Year of the Audit"](#). To get started now, contact us for a zero-risk review of your technology systems and services.

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

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

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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



WEEKLY Update

May 14, 2021

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

TABLE OF Contents

CMH Association and Member Activities	3
<i>New! American Public Health Association Webinar: Addressing Racial Injustice Through Behavioral Health</i>	<i>3</i>
<i>MOKA receives full CARF accreditation</i>	<i>3</i>
<i>Genesee Health Systems thanks the voters of Genesee County for approving Community Mental Health millage.....</i>	<i>3</i>
<i>CMHA and Direct Care Worker Wage Coalition Urges Full State Funding of Essential Care for Vulnerable Families.....</i>	<i>4</i>
<i>12th Annual Anti-Stigma Event Day!.....</i>	<i>4</i>
<i>Traveling Art Show.....</i>	<i>5</i>
State & National Developments and Resources.....	5
<i>Medicaid rate update for fee-for-service pediatric psychiatric services</i>	<i>5</i>
<i>MDRC launches assistive technology effort</i>	<i>5</i>
<i>HHS Updates Buprenorphine Guidelines</i>	<i>6</i>
<i>Opinion Today: Teens are hurting, and it’s not just lockdown.....</i>	<i>6</i>
<i>Michigan loses longtime children, youth and family advocate – Betty Tableman</i>	<i>6</i>

State Legislative Update	7
<i>View April's Legislative Video on CMHA's Website</i>	<i>7</i>
<i>New! Budget Process Moves Along.....</i>	<i>7</i>
Federal Update.....	8
<i>Congress Passed 2021 COVID Relief Legislation.....</i>	<i>8</i>
Education Opportunities.....	9
<i>New! Registration Open: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021.....</i>	<i>9</i>
<i>Save the Date: 22nd Annual Substance Use and Co-Occurring Disorder Virtual Conference</i>	<i>10</i>
<i>Virtual Motivational Interviewing College Trainings – Registration Open.....</i>	<i>10</i>
<i>Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open</i>	<i>11</i>
<i>Practicing Effective Management Virtual Training</i>	<i>13</i>
<i>AAoM announces Watch Me Grow training program.....</i>	<i>13</i>
Behavioral Telehealth Resource Center.....	14
<i>Telehealth Resource Center</i>	<i>14</i>
<i>Telehealth & Medicaid: A Policy Webinar Series featuring Medicaid experts</i>	<i>14</i>
<i>New! Monthly Telehealth Regional Tracker</i>	<i>15</i>
Education & Training Resources from Great Lakes MHTTC	15
<i>CMHA's partnership with SAMHSA funded Great Lakes MHTTC.....</i>	<i>15</i>
News from Our Preferred Corporate Partners	15
<i>Abilita: You WILL Profit from a Technology Audit</i>	<i>15</i>
<i>myStrength: new digital behavioral health resources empower consumers to move beyond trauma..</i>	<i>16</i>
<i>Relias: We would appreciate your input to help shape the future of staff development and training in organizations like yours!</i>	<i>16</i>
CMH Association's Officers & Staff Contact Info	17
<i>CMHA Officers Contact Information:</i>	<i>17</i>
<i>CMHA Staff Contact Information:</i>	<i>17</i>

CMH Association and Member Activities

New! American Public Health Association Webinar: Addressing Racial Injustice Through Behavioral Health

Webinar: Addressing Racial Injustice Through Behavioral Health

Monday, May 17

1:00 pm Eastern

[Drs. Peggy Swarbrick](#), Collaborative Support Programs of New Jersey & Professor and Associate Director Rutgers Center of Alcohol and Substance Use Studies; [Crystal L. Brandow](#), Policy Research Associates, Inc.; and [Ron Manderscheid](#), National Association of County Behavioral Health & Developmental Disability Directors will discuss topics related to health equity and social justice in this 30-minute presentation.

The three will discuss some of the intersections between addressing racial injustice and behavioral health. They will offer recommendations for intervention points to confront the social determinants and adverse community experiences that contribute to health inequity, as well as to promote recovery. Audience Q&A is highly encouraged.

Register to join: https://apha.zoom.us/meeting/register/tJYud-mrpzggH9IXDTb_i_Q1sBU7cw9sqeiw

MOKA receives full CARF accreditation

MOKA is excited to announce they have received their 10th consecutive three-year accreditation from CARF International for our Residential, Community Supports, Supported Employment, and Autism ABA programs. Over the course of the three-day accreditation survey, interviews were conducted with various key stakeholders and surveyors had the chance to virtually visit many of MOKA's programs. To view the full press release regarding this announcement [click here](#).

Genesee Health Systems thanks the voters of Genesee County for approving Community Mental Health millage

Below are excerpts from a letter by Dan Russell, the CEO of the Genesee Health System, issued the following statement following the successful passage of the Community Mental Health Millage on Tuesday, May 4, 2021:

On behalf of my colleagues and our Board of Directors of Genesee Health System, we would like to thank the voters of Genesee County for their support in passing the Community Mental Health Millage today. The passage of the millage today will go a long way towards working with law enforcement and providing training for dealing with residents who are suffering from mental health challenges, establishing a Crisis Center for those who need mental health services

which will be open to all residents of the county, working with our school districts to assist K-12 students who are suffering, and providing services and treatment to prevent further suicides by our residents.

The Community Mental Health millage was approved by voters by 23,636 (54.79%) to 19,507 (45.21%) on May 4th. Overall, 43,458 ballots were cast either in person or with absentee ballots. There are 343,074 registered voters in Genesee County.

Genesee County is now the sixth county in the State of Michigan to provide millage support for mental health services. The other five counties include Ingham, Eaton, Jackson, Hillsdale and Washtenaw.

CMHA and Direct Care Worker Wage Coalition Urges Full State Funding of Essential Care for Vulnerable Families

Below are excerpts from a recently issued letter of the Direct Care Worker Wage Coalition, of which CMHA is a member, urging the permanence of the policy increased wages to Michigan's direct care worker/direct support professional workforce.

After an important amendment to fully fund Michigan's Direct Care workforce wage increase was struck down in the state's House Appropriations Committee this morning, advocates and families are again calling for a permanent fix to support caregivers over the long term. Please see the attached coalition press release, which Stephanie put together quickly in response to the fact that the House appropriations committee voted down this morning a proposed amendment that Rep. Felicia Brabec had offered which would fully fund the DCW wage increase.

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

12th Annual Anti-Stigma Event Day!

Wednesday, July 28, 2021

Virtual Training - 9:00am to 4:00pm

Come and learn what other CMHSPS are doing and share your own ideas. There is no fee for registration. *Online registration is required for attendance.* This year we will have a full roster of speakers and presenters.

[CLICK HERE TO REGISTER FOR ANTI-STIGMA EVENT DAY](#)

Do you have anti-stigma initiatives at your CMHSP?

Please contact Colleen Jasper jasperc@michigan.gov or call 517-373-1255 to present your anti-stigma program. Or just come, and we will have time for CMHSPs initiative updates that very day.

The Michigan Department of Health and Human Services, through the Community Mental Health



Association of Michigan, has provided funding for this initiative via Michigan's Federal Mental Health Block Grant.

Traveling Art Show

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

State & National Developments and Resources

Medicaid rate update for fee-for-service pediatric psychiatric services

MDHHS recently issued a policy notice, MSA 21-15, on a Medicaid rate update for fee-for-service pediatric psychiatric services. Below are excerpts from that notice.

This bulletin is issued in response to the Michigan Department of Health and Human Services (MDHHS) Fiscal Year (FY) 2021 budget appropriations of Public Act 166 of 2020. From state-appropriated funds, Section 1790 of the Act directs MDHHS to increase Medicaid practitioner reimbursement rates for pediatric psychiatric services paid through Medicaid Fee-for-Service and through the Medicaid Health Plans for beneficiaries under the age of 21 years.

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

MDRC launches assistive technology effort

Michigan Disability Rights Coalition has fully launched our device demonstration program. Funded by the federal AT Act, this program allows for demonstration of AT (assistive technology) for anyone in Michigan with a disability including older adults with disabilities. For anything you want to do, there's a device that can help and we are here to connect to information on what is available.

Assistive Technology (AT) is any tool, software, or app that helps people with disabilities, including older adults, do what they want to do. Such as: creating art, living in your own home, cooking and more!

Interested in learning about AT that may be helpful to you?

1. Contact MATP or use the link below to request an AT demo! Our services are free—we are a federally funded program.
2. Schedule a demonstration with a member of our team.
3. Devices will be dropped off right to your door for you to try.

4. Join us over a phone or video call to learn more about the devices.

Contact MATP! Phone: 1-800-578-0280, Michigan Relay: 711

Email: AT@MyMDRC.org

Request an AT demonstration by going to: www.MyMDRC.org

MATP is a part of Michigan Disability Rights Coalition (MDRC).

HHS Updates Buprenorphine Guidelines



On Tuesday, the Department of Health and Human Services (HHS) Secretary Xavier Becerra [released](#) new buprenorphine practice guidelines, allowing for eligible prescribers to treat up to 30 patients with buprenorphine. [Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder](#) identifies the process for expanding access to this needed medication and removing barriers in an effort to decrease overdose deaths.

Opinion Today: Teens are hurting, and it's not just lockdown

Below are excerpts from a recent New York Times editorial on the impact of the COVID pandemic on adolescents.

Even before the pandemic, American teenagers were struggling with mental health. But things have gotten worse over the past year: 46 percent of parents say their teenagers' mental health has declined during the pandemic. And the proportion of 12-to-17-year-olds visiting emergency rooms for mental health reasons rose 31 percent for most of 2020 compared to 2019.

It would be easy to assume that the social isolation of lockdown is the main driver of teenagers' increased distress. But according to an essay today by Emily Esfahani Smith, psychologists who study adolescent mental health say that one of the biggest threats to teenagers' well-being is the pressure to succeed at school. And this pressure has increased over the past year.

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

Michigan loses longtime children, youth and family advocate – Betty Tableman

Below are excerpts from the recent announcement of the death of Betty Tableman, a longtime leader, thinker, and colleague in Michigan's children's mental health movement. Many of us and those whom we served have benefitted greatly from Betty's leadership and advocacy.

Betty M. Tableman died peacefully in hospice in Lansing on April 28, 2021. Born June 12, 1922, she grew up in Brooklyn, New York. She was a proud graduate of Vassar College, Class of '43, and the University of Michigan, M.A. Public Administration.

Betty moved to Lansing in 1952 and worked for the State of Michigan for many years, retiring in 1998 as the Director of Prevention Services in the Department of Mental Health. She helped

develop innovative programs to serve infants, toddlers, and their families, including the nationally-recognized "Michigan Model" which established a training program for community-based mental health systems.

After retirement, she continued her work in infant mental health at Michigan State University's Institute for Children and Family and the Michigan Association of Infant Mental Health (MAIMH). She wrote and edited many publications about delivering services to vulnerable children and their families. For her advocacy and development of innovative programs, she received many awards. She was inducted into the Michigan Women's Hall of Fame in 2009.

A memorial service will take place on Saturday, July 24, 2021, at 11:00 a.m. at the Estes-Leadley Greater Lansing Chapel. There is more information about Betty's remarkable life at EstesLeadley.com.

State Legislative Update

[View April's Legislative Video on CMHA's Website](#)

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

Our April Briefing features CMHA Associate Director, Alan Bolter, provides an update regarding the Senate integration proposal – “Gearing Towards Integration”.

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

New! Budget Process Moves Along

This week, the Senate reported out its Fiscal Year 2021-2022 budget proposal for the Michigan Department of Health and Human Services – Senate Bill 79 (S-3), along party lines by a vote of 20-15-1. Senate Democrats' no vote justification entailed concerns with a perceived lack of support for initiatives that help reduce racial health disparities, among other things. The measure, as reported by the full Senate, includes \$31.61 billion Gross (\$5.2 billion GF/GP) – slightly lower than the Governor's budget recommendation of \$31.65 billion and higher than the House recommendation of \$28.7 billion. The Senate is currently not proposing to utilize a quarterly budget process.

With all budgets transmitted to the second chamber, traditionally, the next step in the budget process entails a non-concurrence vote in the second chamber, positioning the bills for conference committee negotiations. Further substantive negotiations on the budget will follow the May Revenue Estimating Conference on Friday, May 21, at 9 am and the subsequent target meetings.

On the House side, the chamber took additional action on a supplemental appropriations measure – HB 4420 (H-4), which was reported out of the chamber along party lines. House Bill 4420 appropriates \$3.3 billion Gross (\$1 billion GF) in federal COVID relief funding that was authorized through the federal Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA). The Health and Human Services portion included \$394.9 million gross (\$59.8 GF/GP). A summary is attached.

Although not an exhaustive list, items to note include:

- \$6.6 million Gross (\$1.2 million GF/GP) for CCBHCs – July 1 start date
- \$68.6 million in federal CRRSAA funding to support payroll costs for frontline workers in MDHHS
- \$4.9 million for child and adolescent health services
- \$3.5 million for senior programs for congregate and home-delivered meals
- \$4.8 million Gross (\$1.7 million GF/GP) to increase PACE slots by 100
- \$5 million in federal CRRSAA funding for ultraviolet filtration and cleaning systems in hospitals and health and education facilities in the state’s three most populous counties
- \$215 million in federal CRRSAA funding for mental health facilities, including funding for grant programs and supporting the behavioral health pilot program through McLaren Greater Lansing
- \$17.48 million in federal CRRSAA funding to support premium pay for frontline workers in MDHHS

The measure joins HB 4419, another supplemental that was approved by the House earlier in the week, in awaiting further action in the Senate. Meanwhile, the Senate has proposed its own legislation to allocate federal stimulus money. How the two chambers will reconcile the differences remains unclear.

Federal Update

Congress Passed 2021 COVID Relief Legislation

Congress just passed the [American Rescue Plan Act of 2021](#), a \$1.9 trillion COVID-19 relief bill aimed at boosting the availability of vaccinations, providing funding for small businesses and schools and giving relief to families through new stimulus checks, extended unemployment benefits and an expanded child tax credit, among other provisions.

The legislation, which President Biden will sign this week, also includes billions in new relief to address rising demand for mental health and addiction services, workforce shortages and pandemic-related layoffs and furloughs.

In other words, we heard you loud and clear that more relief was needed. And we made sure Congress heard you, too.

Here are some highlights from this historic legislation:

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants:** Provides \$3 billion for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant (\$1.5 billion each).
- **Certified Community Behavioral Health Clinics (CCBHCs):** Provides \$420 million to SAMHSA to fund CCBHC Expansion Grants.
- **Provider Relief Funds:** \$8.5 billion in new money to the Provider Relief Fund for providers in rural areas and those serving rural communities.
- **Other Mental Health/Substance Use Disorder Funding:** Provides more than \$450 million in additional funding for SAMHSA and Health Resources and Services Administration (HRSA) programming including funding for mental health and addiction services, workforce education and training, suicide prevention and public education campaigns.

Education Opportunities



New! Registration Open: CMHA VIRTUAL Annual Summer Conference: June 14-17, 2021

**CMHA Virtual Annual Summer Conference
"Be the Change...Shaping our Future Together"**

June 14 - 17, 2021

Virtual Education Daily from 9:00am – 12:30pm EST

[CLICK HERE TO REGISTER!](#)

Volume discounts will only be offered until 5:00pm on FRIDAY, MAY 28, 2021.

Group Agency Volume Discounts: We are offering discounted tiers for sending multiple paying-attendees from the same agency ("recording only" attendees do not qualify towards group discount). Volume discount is applied to those registered on the SAME ORDER. To take advantage of the deepest discount, please determine everyone from your agency who will be participating in the conference and register them at the same time.

Volume Discount Rates – Ends May 28, 2021!					
	1-4 attendees	5-9 attendees	10-19 attendees	20 or more	Recording Only (no CEs)
Member	\$210 per attendee	\$190 per attendee	\$170 per attendee	\$150 per attendee	\$50 per attendee
Non-Member	\$252 per attendee	\$228 per attendee	\$204 per attendee	\$180 per attendee	\$70 per attendee

LIVE Conference Fees: Live Conference: You are NOT required to attend the entire conference. You receive credit for each session you log in, view live at the scheduled time and participate fully (90% of advertised time). Viewing the sessions live is the only way to receive CE Credits. You also have access to session recordings for 60 days after the conference (no CEs).

After Friday, May 28, 2021: Member: \$210 per attendee

Non-Member: \$252 per attendee

Recording Only (No CEs) Conference Fees: Recording Only—No Continuing Education Credits: For those who do NOT need CEs, take advantage of the significantly reduced fee. The recordings will be available AFTER the conference and you will have 60 days to view the recordings. You can view as many sessions as you like.

Member: \$50 per attendee

Non-Member: \$70 per attendee

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

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

Health Equity: Transforming to Meet the Challenge

Conference Date: September 13-16, 2021

Conference Location: Virtual

Questions? Contact Alexandra Risher at arisher@cmham.org.

Virtual Motivational Interviewing College Trainings – Registration Open

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

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

By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.

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

Motivational Interviewing for Leadership and Organizations is designed for individuals and groups interested in implementing, teaching, training others in the practical application of Motivational Interviewing. Individuals attending should have a good basic understanding of MI and a strong desire to practice and teach MI. The training will cover basic and advanced MI skills interwoven with teaching methods practice. Participants will observe and demonstrate skills

intended to teach MI spirit, style and skill. This training will be taught from Miller, W. R. and Rollnick, S. (2013), "Motivational Interviewing, Helping People Change" (3rd edition), Marshall and Nielsen (2020) Motivational Interviewing for Leaders in the Helping Profession" and Rosengren, D. (2018) "Building Motivational Interviewing Skills: A Practitioner Workbook (Applications of Motivational Interviewing) 2nd Edition."

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

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

Times:

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

Training Fees:

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

Virtual Co-Occurring Disorders Trainings from Jennifer Harrison – Registration Open

Registration is open for the following co-occurring disorders virtual trainings from presenter Jennifer Harrison.

These events are sponsored by the adult mental health block grant and are intended for persons who serve adults only through the mental health and substance abuse provider network in the state of Michigan. They contain content appropriate for CMHSP clinicians, therapists, peers, supervisors, and nurses.

By registering for these trainings, the participant acknowledges they have read & agree to the updated virtual guidelines and terms & conditions in the brochure to ensure they can fully participate in the virtual education. Registration closes 5 business days prior to each training.

****Note: Due to the limited number of spots in these trainings, each organization is limited to a maximum of 6 registrants.***

Integrated Dual Disorder Treatment 101

Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. This co-prevalence has been studied since the 1980s, yet despite this, most service systems were organized to treat individuals with a single disorder, excluding those with co-occurring disorders, or providing sequential or parallel treatments that were incompatible or in conflict with each other. Integrated and team-based services offer superior outcomes to

parallel or sequential treatments, and call providers to develop interventions to assist individuals in moving toward recovery for both illnesses simultaneously. Integrated Dual Disorder Treatment (IDDT) was designed following systematic study of high intensity COD treatment needs and alterations of the Assertive Community Treatment (ACT) model. Within this training attendees will understand the components of IDDT, including fidelity and outcome measurement. Specific attention will be paid to the development of stage-matched assessment, treatment planning, and treatment interventions for adults with co-occurring mental health and substance use disorders using the IDDT model.

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

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

\$30 Registration fee includes electronic training materials and CEs

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

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

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Recovery-Based Co-Occurring Treatment Planning and Delivery

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

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

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

\$30 Registration fee includes electronic training materials and CEs

Stage Matched Treatment for Co-Occurring Needs

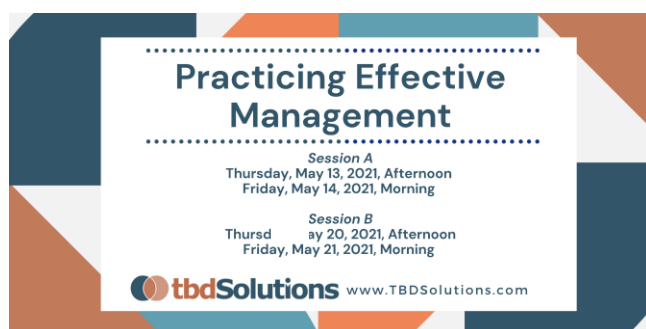
Adults with co-occurring mental illness and substance use disorders have far worse outcomes in employment, hospitalization, housing, and criminal justice involvement than their single disordered peers. In addition, treatment engagement is often lower for individuals with COD, particularly when those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

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

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

\$30 Registration fee includes electronic training materials and CEs

Practicing Effective Management Virtual Training



TBD Solutions is hosting its next Practicing Effective Management Training online on May 13, 14, 20, and 21. This virtual training provides practical guidance for enhancing relationships and improving results through structured supervision, effective feedback, delegation, interviewing, time management, and employee development. This dynamic, interactive training is relevant for all levels of management.

Since 2016, TBD Solutions has proudly trained more than 300 supervisors, managers, and directors from CMHs, PIHPs, and nonprofit organizations, while maintaining a 98% satisfaction rate.

To register please visit: <https://www.eventbrite.com/e/practicing-effective-management-tickets-140075773409>

For questions or additional information, contact Molly at MollyR@TBDSolutions.com

AAoM announces Watch Me Grow training program

Autism Alliance of Michigan is excited to introduce our new **FREE virtual Watch Me Grow Training Program** this upcoming spring and summer. Please see our program flyer attached and website for training dates and registration: <https://autismallianceofmichigan.org/watch-me-grow/>

This training will educate parents, caregivers and community service providers on how to identify and navigate developmental delays of young children from birth to five years of life. As well as, how to have those crucial conversations with parents and families once delays are observed. The training objectives include:

- Understanding and identifying developmental milestones
- Identifying red flags in development
- Using developmental assessments/trackers

- Identifying steps to be taken if delays and concerns are identified

In addition to the AAoM training schedule, AAoM can offer an individualized/personalized training session to your organization, please reach out to AAoM for next steps. Please feel free to share this information with any interested colleagues or parent networks as well.

Training Dates:

Thursday, May 20th | 11:00AM-2:00PM

[Register Here](#)

Wednesday, May 26th | 6:00PM-9:00PM

[Register Here](#)

Saturday, June 5th | 9:00AM-12:00PM

[Register Here](#)

Tuesday, June 8th | 12:00PM-3:00PM

[Register Here](#)

Monday, June 14th | 9:00AM-12:00PM

[Register Here](#)

Behavioral Telehealth Resource Center

Telehealth Resource Center

Michigan's Behavioral Telehealth Resource Center serves to provide current information on telehealth policies, training and engagement opportunities. Please visit the [webpage](#), to see available resources. If you have information to be included on the webpage, please contact astagg@cmham.org.

Telehealth & Medicaid: A Policy Webinar Series featuring Medicaid experts

This free four-part webinar series was developed by the Center for Connected Health Policy in response to an ever-changing and complex landscape for telehealth policy in Medicaid. Please [click here](#) for each webinar description and the registration links.

New! Monthly Telehealth Regional Tracker

Check out FAIR Health's Monthly Telehealth Regional [Monthly Telehealth Regional Tracker](#) and [Midwest infographic](#). This tool shows that in the Midwest, the volume of claims fell ~15% from January to February 2021. Another change noted was the disappearance of COVID-19 from the top five telehealth diagnoses. Mental health conditions continued to be the number one telehealth diagnosis nationally and in every region. Within that category, there was one change of note in February 2021: Post-traumatic stress disorder, previously absent from the list of top five mental health diagnoses nationally and in every region, became the fifth most common mental health diagnosis in the Midwest, displacing bipolar disorder.

Education & Training Resources from Great Lakes MHTTC



Great Lakes (HHS Region 5)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CMHA's partnership with SAMHSA funded Great Lakes MHTTC

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

The Great Lakes Mental Health Technology Transfer Center (MHTTC) makes available a large catalog of

Great Lakes MHTTC products at its [Products and Resources](#) webpage.

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

News from Our Preferred Corporate Partners

Abilita: You WILL Profit from a Technology Audit



There isn't any doubt that 2020 will be deemed "the year of the pandemic". It doesn't matter what line of business you are engaged in, or what your position in the organization is (was), your technology and telecom picture has changed. And, it may never be quite the same again.

Organizations' technology teams have been overwhelmed with the urgency of the crisis and have had to deploy new collaboration and connectivity solutions without a lot of thought for the long term. 2021 will be the year of preparing for the new reality in telecom and technology which may include:

- more Work From Home challenges
- more video, less telephony
- more flexibility in services and connectivity

Let's call 2021 the "**Year of the Technology Audit**". Look at where you were, where you are, and where and how to move ahead.

For some ideas on how to do this and what you might want to consider, [read this article titled "2021 - The Year of the Audit"](#). To get started now, contact us for a zero-risk review of your technology systems and services.

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

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

Relias: We would appreciate your input to help shape the future of staff development and training in organizations like yours!

We are currently inviting healthcare and public safety professionals to take an online survey about organizational staff training.

To show our appreciation, participants can be entered to win one of six Amazon.com gift cards worth \$150 each. If you qualify and complete the survey, you can enter the gift card drawing.

The survey is strictly for market research purposes and will take you about 15 minutes to complete. Your personal information will not be shared with anyone. Surveys in previous years have led to reports highlighting trends and pain points in the industry, and you can receive this year's results if you like.

To take the survey and share your insights, [please click here and follow the instructions.](#)

Make your voice heard!

CMH Association's Officers & Staff Contact Info

CMHA Officers Contact Information:

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

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

CMHA Staff Contact Information:

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

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