

*Northeast Michigan Community Mental Health Authority
April 2018 Meetings*



- ✿ Board Meeting – Thursday, April 12 at 3:00 pm
{ Organizational Meeting }
- ✿ Recipient Rights Committee* – Wednesday, April 18 at 3:15 pm
- ✿ Board Training – Policy Governance – Thursday, April 19 at Noon – 5:00 pm [tentative]

All meetings held at the main office located at 400 Johnson Street in Alpena unless otherwise noted

** Meeting held in the Administrative Conference Room/400 Johnson Street/Alpena*

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY BOARD

BOARD MEETING

April 12, 2018 at 3:00 p.m.

A G E N D A

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

- I. Call to Order
II. Seating of Board Members
Alan Fischer - Alcona County
Albert LaFleche - Montmorency County
Eric Lawson - Alpena County
Pat Przeslawski - Alpena County
III. Roll Call & Determination of a Quorum
IV. Report of the Nomination's Committee (See page 1)
V. Election of Officers (See page 2 - By-law excerpt)
VI. Information and/or Comments from the Public
VII. Approval of Minutes (See pages 3-8)
VIII. FY18 Budget Amendment (Available at the Meeting/Cheryl Jaworowski)
IX. Open Discussion [Budget Amendment/Board Self-Evaluation Process/Executive Committee Meeting 03/29/18] (See pages 9-13)
X. Introduction to Consent Agenda (See page 14)
1. Harrisville Lease Agreement
2. Alcona Health Center Lease Agreement
3. City of Harrisville
4. Masud Labor Law Group
XI. April Monitoring Reports
1. Budgeting 01-004 [Jan/Feb] (See pages 15-16)
2. Communication and Counsel 01-009 (See pages 17-19)
XII. Board Policies Review and Self-Evaluation
1. Financial Condition 01-005 [Review Only] (See page 20)
2. Communication and Counsel 01-009 [Review Only] (See pages 21-22)
3. Governing Style 02-002 [Review & Self Evaluate] (See page 23)
4. Cost of Governance 02-013 [Review & Self Evaluate] (See page 24)
XIII. Linkage Reports
1. Northern Michigan Regional Entity
a. Regional Board Meetings
i. March 28, 2018 (Available at the Meeting)
ii. February 28, 2018 (See pages 25-29)
2. Board Association
a. Spring Conference May 1 & 2 - Novi (Available at Meeting)
3. Consumer Advisory Council (Verbal)
XIV. Operational Report (Available at Meeting)
XV. Chair's Report
1. CMH PAC Final Call (See page 30)
2. Section 222 & Conflict of Interest (See pages 31-33)
3. Governance Training/Strategic Planning Discussion (Verbal)
XVI. Director's Report (See pages 34-40)
1. Director's Report (Verbal)
XVII. Information and/or Comments from the Public
XVIII. New Business
1. Establishment of Regular Meeting Date
2. Appointment of Standing Committees (See page 41)
3. Appointment of Delegates for Spring Conference (See page 42)
XIX. Next Meeting - Thursday, May 10 at 3:00 p.m.
1. Set May Agenda (See page 43)
2. Evaluation of meeting (All)
XX. Adjournment

Nominations Committee

March 8, 2018

Pat Przeslawski called the meeting to order at 2:30 p.m. in the Administrative Conference Room.

Present: Alan Fischer, Terry Larson via speakerphone, Pat Przeslawski

Absent: Roger Frye

Staff & Guest: Diane Hayka

I. Slate of Officers

The Committee discussed the officer positions for the coming year.

Consensus of the members was to recommend the following for officers for next year.

Chair	Gary Nowak
Vice Chair	Eric Lawson
Secretary	Alan Fischer
Past Chair	Roger Frye

The Nomination's Committee will suggest to the Chair future appointees of this Committee should not be current officers to eliminate any conflict perception.

Adjournment by the call of the Chair. This meeting adjourned at 2:43 p.m.

Pat Przeslawski, Chair

Diane Hayka
Recorder

Northeast Michigan Community Mental Health Authority

400 Johnson Street

Alpena, MI 49707

County Representing	Name/Address	E-mail Address	Home Phone	Term Expiration
Alcona	Bonnie Cornelius 306 Hubbard Lake Road Hubbard Lake MI 49747		(989) 727-3145	3-31-2020
Alcona	E. A. (Ernest Alan) Fischer 4745 Bamfield Road Glennie MI 48737		(989) 335-1062	3-31-2021
Alpena	Steve Dean 2076 Partridge Point Road Alpena MI 49707		(810) 265-9330	3-31-2020
Alpena	Judith Jones 7397 US-23 South Ossineke MI 49766		(989) 471-5142	3-31-2019
Alpena	Judith Hutchins 7460 US-23 South Ossineke MI 49766		(989) 464-2844	3-31-2019
Alpena	Eric Lawson PO Box 73 Ossineke MI 49766		(989) 255-3762	3-31-2021
Alpena	Patricia Przeslawski 567 Northwood Drive Alpena MI 49707		(989) 354-4438	3-31-2021
Montmorency	Roger Frye 22955 Lake Avalon Road Hillman MI 49746		(989) 742-4026	3-31-2020
Montmorency	Albert LaFleche 19030 County Road 451 Hillman MI 49746		(989) 742-4196	3-31-2021
Presque Isle	Lester Buza PO Box 106 Rogers City MI 49770		(989) 734-7383	3-31-2019
Presque Isle	Terry A. Larson 376 E. Orchard Street Rogers City MI 49779		(989) 734-4453	3-31-2019
Presque Isle	Gary Nowak PO Box 168 Rogers City MI 49779		(989) 734-3404	3-31-2020

ARTICLE V - OFFICERS

Section 1. Officers; Election; Term of Office

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

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

- By the October Meeting
- By the March Meeting, that Committee shall report its recommendations to the Board for its members' consideration prior to the April election meeting.
- During the April Meeting, a slate of candidates for the Board's three offices shall be placed in nomination first by the Nominating Committee, which shall give its report at the call of the Chair.
- Election of the Board's Chair for the next year shall be the first election, and shall be conducted by the current Chair, who shall state the Nominating Committee's nomination, then ask if there are any [further] nominations from the floor; if/when none is heard after *three* such invitations, then the Chair shall declare that nominations are closed and the election may proceed.
- Balloting may be by voice, by show-of-hands or by secret written ballot, as the Board may determine in advance or by its majority vote at any time during the election process; a majority of votes cast shall determine the outcome of the election.
- Following the election of a new Chair (and assuming the current Chair does not succeed to the office), the immediate-past-Chair shall relinquish the chair to the new Chair, who shall conduct the balance of the elections in the same manner.
- Elections then proceed in this order:
 Vice-Chair... then Secretary.
- Newly-elected officers assume their offices immediately upon elections.
- If questions of procedure arise before or during the meeting or elections, the Board shall resolve these questions via reference to its ByLaws, Policies and/or Robert's Rules.

Northeast Michigan Community Mental Health Authority Board

Board Meeting

March 8, 2018

I. Call to Order

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

II. Roll Call and Determination of a Quorum

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

[Lester Buza, Terry and Gary via Tandberg videolink from Rogers City Office]

Absent: Judy Hutchins (excused), Bonnie Cornelius

Staff & Guests: Dennis Bannon, Carolyn Bruning via Tandberg videolink from Rogers City Office, Lee Ann Bushey, Connie Cadarette, Lynne Fredlund, Ruth Hewett, Cheryl Jaworowski, Jim Kraenzlein, Cathy Meske, Larry Patterson, Doreen Thomas, Kathy Piontkowski, Nena Sork, Brenda Stanton

III. Pledge of Allegiance

Attendees recited the Pledge of Allegiance as a group.

IV. Appointment of Evaluator

Gary Nowak appointed Roger Frye as evaluator for this meeting.

V. Information and/or Comments from the Public

Steve Dean thanked all for the nice sympathy card, prayers and thoughts during his recent loss of his daughter.

VI. Approval of Minutes

Moved by Albert LaFleche, supported by Pat Przeslawski, to approve the minutes of the February 8, 2018 minutes as presented. Motion carried.

VII. Audit Report – Financial & Compliance

Cheryl Jaworowski introduced Jim Kraenzlein from Straley Lamp and Kraenzlein. Mr. Kraenzlein was the lead auditor in the Agency's most recent audit and compliance examinations.

1. **Financial**

Mr. Kraenzlein reviewed the Independent Auditor's Report. He noted there was evidence sufficient and appropriate to provide a basis for their audit opinions. He noted during the audit there were no findings on internal controls or on compliance.

Mr. Kraenzlein reported the Agency has just under \$873,000 in unrestricted net assets. He reported the agency is in a good position. He reviewed the increases in unrestricted balances since 2013 noting this is very healthy growth. He reported revenues decreased by 0.1% while total expenses decreased by 0.2% in 2016-17 as compared to 2015-16.

2. **Compliance**

Jim Kraenzlein reported the Agency has complied with all the requirements applicable to Medicaid, GF and CMHS Block Grant Programs for year ended September 30, 2017. He also noted there were no audit adjustments, what was submitted to the PIHP was accurate and no adjustments had to be made with what was reported.

Mr. Kraenzlein also noted all accounts were in great shape. This is a complex organization when it comes to the rules and the staff are very competent.

Moved by Roger Frye, supported by Eric Lawson, to accept and file the audit and compliance report as presented. Roll call vote: Ayes: Lester Buza, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Bonnie Cornelius, Judy Hutchins. Motion carried.

Gary Nowak thanked staff. Cheryl Jaworowski introduced the accounting staff to Board. Gary Nowak suggested the audit reports be received in advance of the meeting in the future.

VIII. Board Member Recognition

Roger Frye presented Judy Jones with a certificate for five years of service. Board members were thanked for their years of service which included: Roger Frye, 24 years; Gary Nowak, 19 years; Pat Przeslawski, 18 years; Terry Larson, 17 years; Judy Hutchins, 14 years; Alan Fischer, 11 years; Albert LaFleche, 9 years; Lester Buza, 8 years; Judy Jones, 5 years; Eric Lawson, 3 years; Bonnie Cornelius, 2.75 years; and Steve Dean, 1 year, 2 months.

Recess at 3:15 p.m.

Resume meeting at 3:25 p.m.

IX. Nomination's Committee Report

Pat Przeslawski reported the Nomination's Committee met prior to this meeting. The recommendation of the Committee is to recommend the following:

Chair	Gary Nowak
Vice Chair	Eric Lawson
Secretary	Alan Fischer
Past Chair	Roger Frye

Pat Przeslawski noted the Committee also discussed future Nomination's Committee members be board members that are not in officer positions.

She also noted this Board is a very mature board and when vacancies occur recruitment efforts should be to try to get some younger members.

Gary Nowak noted the slate of officers is a recommendation; however, nominations can be made from the floor as well at the April meeting.

X. March Monitoring Reports

1. Treatment of Consumers 01-002

Board members reviewed the monitoring report for Treatment of Consumers. Steve Dean inquired about whether Northeast should want to be rated higher than other member Boards. Cathy Meske noted return rates differ as there is a process to follow and the individual has the right to fill out or not. Some of the Boards actively assist in the survey completion. The goal is to score at least a 3.5 satisfaction.

Steve Dean noted it would be beneficial to know how many respondents make up the average.

2. Treatment of Staff 01-003

The Monitoring report for Treatment of Staff is comprised of graphs related to an exit survey presented to those staff leaving the Agency. Board members had no concerns with the results of the survey.

3. Asset Protection 01-007

The monitoring report for Asset Protection is a component of the audit presentation which was address previously in this meeting.

Moved by Lester Buza, supported by Eric Lawson, to accept the March monitoring reports as presented. Motion carried.

XI. Board Policy Review and Self Evaluation

1. Budgeting 01-004

Board members reviewed this policy. Steve Dean requested clarification regarding the #4 – Reduce the current assets at any time to less than twice current liabilities (or allow cash and cash equivalents to drop below a safety reserved of less than \$2,500,000 at any time). Cheryl Jaworowski reported she has an alert mechanism in her system to trigger a warning should the Agency get close to that threshold.

2. Board Members Code of Conduct 02-008

Board members reviewed the policy and had no concerns. Members were requested to sign the attestation for this policy and return it to Diane Hayka.

XII. Linkage Reports

1. Northern Michigan Regional Entity (NMRE)

a. Appointment of Board Member to NMRE

Roger Frye's term will expire on March 31, 2018 on the NMRE Board. Gary Nowak recommends reappointment.

Move by Alan Fischer, supported by Lester Buza to reappoint Roger Frye for a three-year term to the NMRE Board. Motion carried.

b. Board Meeting February 28, 2018

The minutes from the most recent NMRE Board meeting were not yet available. Gary Nowak reported he was not at the January meeting; however the February meeting included discussions related to how mental health gets misdirected blame whenever there is a mass shooting such as in Parkland, FL.

The NMRE Board also heard a report from Eric Kurtz, CEO, about long-term services and supports from a meeting he attended in early February. There were several liquor tax requests approved. In 1998, when the waiver was initially signed, the CMHSP was able to retain 5% of unspent Medicaid dollars and those dollars would convert to non-Medicaid funds. When the PIHP was organized the interpretation at that time was the PIHP would be the one to hold these funds. A group is looking to address discrepancies from waiver language to the language included in the current State contracts. This discussion came to light as a result of the current deficit status of the Lakeshore Regional PIHP.

c. Board Meeting January 24, 2018

The minutes from the January meeting were included in the mailing and reported at the February meeting.

2. Board Association

a. Spring Conference – May 1 & 2 – Diamond Center, Novi MI

The Spring Conference will be held on May 1 and 2 in Novi, MI. No agenda is available at this point; however, once the hotel is opened up for reservations, rooms will go quickly. Interest of Board members wishing to attend was obtained with Steve Dean, Alan Fischer, Judy Hutchins, Judy Jones and Eric Lawson indicating they wish to attend. Voting delegates will be appointed at the April meeting.

Moved by Roger Frye, supported by Pat Przeslawski to authorize travel expenses for Board members attending Spring Conference as per policy. Roll call vote: Ayes: Lester Buza, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, rl, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Bonnie Cornelius, Judy Hutchins. Motion carried.

XIII. Operational Report

Nena Sork noted this report is still under development and noted the month on the report should be February instead of January. She reviewed the various statistics by program. Steve Dean questioned if the column to the right could be an average so it could be determined how we are comparing.

The breakdown by county was reviewed. Judy Jones inquired as to what group is included in "Other." Cathy Meske reported this could be residents of another area seeking services from us in a crisis situation or through a COFR [County of Financial Responsibility]. Cathy Meske also noted with children placed in foster care, the country the foster home is located becomes the County of Financial Responsibility.

Albert LaFleche inquired about measures this agency might have to assure we are looking to avert such situations like what happened in the school in Florida. Cathy Meske reported in that instance several systems failed. She reported last year at the public hearing, the schools voiced their concerns and this agency has implemented several things to work with the schools and other community partners to address concern of the educational system.

Cathy Meske reported she met earlier today with Partners in Prevention and the Senior Citizens Center. She notes we will be working to write a grant to assist in providing services across the generations. She notes this grant provides \$50,000 per year for two years.

Cathy Meske provided Board members with the ideal goal of "See Something, Say Something." She reported community needs to get back and take more active roles in guiding individuals. Increasing knowledge of community members will help.

Eric Lawson noted we need to keep our eye on the ball and stay away from any political bashing which deters from being proactive.

Cathy Meske provided information provided by the School Success staff within the school system. The School Success workers screen children for trauma and if the score is over a specific measure the child is brought/referred to this agency for an assessment and if appropriate the child will participate in Trauma Focused Cognitive Behavioral Therapy.

XIV. Chair's Report

1. CMH PAC - Reminder

Gary Nowak reminded Board members of the CMH PAC campaign underway. Board members should have their contributions submitted to Diane Hayka by early May.

XV. Director's Report

1. Director's Report Items

A. Application for the Michigan Employment First Initiative Rate Restructuring Technical Assistance

Cathy Meske reviewed the memo noting the most noteworthy is the encouragement we received to apply for a technical assistance opportunity for Michigan Employment First Initiative. This allows us to work with NEMROC to develop the process to address the 25 individuals currently employed by NEMROC in enclaves which will be disallowed under the Home- and Community-Based Services.

B. Home- and Community-Based Services (HCBS) Rule Update

Cathy Meske reported our staff is currently working with consumers and providers to develop corrective action plans as needed to address the high scrutiny citations.

C. CMHAM Request for Legal Opinion Regarding Fiscal Liability of CMHs, PIHPs and MDHHS

Cathy Meske reported the legal opinion was included in the mailing and this addresses who would be responsible should there be a deficit and resources not available to cover the deficit.

The opinion states, "The PIHP and only the PIHP, that has financial liability to MDHHS under the Master Contract." The constituent CMHSPs whether as subcontractor or otherwise, have no contractual obligations, the MDHHS should cover the shortfall. The State of Michigan is ultimately responsible to provide mental health services to the residents of the state.

D. Personnel Policy Review

Cathy Meske noted the Agency is requesting attorney assistance in reviewing the agency's current policy manual along with some of the administrative manuals. She notes there were four firms interviewed. Cathy Meske provided Board members with information related to rates charged by the current Board's attorney as well as the interviewed firms. After this many years, it would be beneficial to have our policies, employment contracts, etc. reviewed to assure we are in compliance with any legal obligations. The two firms are suggested for use as each would provide expertise for different matters. The local attorney would continue to be consulted as well.

2. Annual Submission [PPGs]

The reports were submitted by the deadline. Cathy Meske thanked all who provided the data timely. She reported the Priority Needs Update would be sent to those providing input and attending the February 2017 public hearing.

3. QI Council Update

Lynne Fredlund noted the QI Council discussed new respite provider guidelines and clinical documentation guidelines. The Safety Committee will be focusing on looking at workplace injuries and how we can improve. The new Performance Improvement Project proposed will be targeted for children and adolescents on antipsychotic medications with verification the child has first tried other options. This will assure children have received psychosocial care prior to being prescribed medication.

4. Closed Session to discuss litigation

Moved by Albert LaFleche, supported by Pat Przeslawski, to adjourn to closed session to discuss litigation. Roll call vote: Ayes: Lester Buza, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski; Nays: None; Absent: Bonnie Cornelius, Judy Hutchins . Motion carried.

Adjourned to closed session at 4:27 p.m.

Resumed to open session at 4:32 p.m.

Present: Lester Buza, Steve Dean, Alan Fischer, Roger Frye, Judy Jones, Albert LaFleche, Terry Larson, Eric Lawson, Gary Nowak, Pat Przeslawski
[Lester Buza, Terry Larson, and Gary Nowak @ Rogers City Office]

Absent: Bonnie Cornelius, Judy Hutchins

Staff: Cheryl Jaworowski, Cathy Meske, Carolyn Bruning @ Rogers City Office

XVI. Information and/or Comments from the Public

There was no information or comments provided.

XVII. Next Meeting

The next regularly scheduled meeting of Northeast Michigan Community Mental Health Authority Board will be held Thursday, April 12, 2018 at 3:00 p.m.

1. Set April Agenda

The April agenda items were reviewed.

XVIII. Evaluation of Meeting

Roger Frye noted there was good participation among Board members. The audit presentation was well done. Future thoughts on nomination of officers were discussed. He noted it was very good discussion from all members.

XIX. Adjournment

Moved by Albert LaFleche, supported by Eric Lawson, to adjourn the meeting. Motion carried. This meeting adjourned at 4:35 p.m.

Alan Fischer, Secretary

Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Gary Nowak
SUBJECT: Self-Evaluation
DATE: August 1, 2017

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

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-002 Governing Style	Board members reviewed the policy. No concerns were raised.	04-13-17
02-003 Board Job Description	Board members reviewed the policy. Eric Lawson requested clarity on the correspondence with the County Commissions. Cathy Meske reported she attends a meeting with them at least annually. In addition, they receive copies of all minutes of the Board meetings. There were no recommended changes suggested.	05-11-17
02-004 Chairperson's Role	Pat Przeslawski noted this policy looks pretty good.	08-11-16
02-005 Board Committee Principles	Board members reviewed the policy and recommended no revisions.	02-09-17
02-006 Board Committee Structure	This policy was reviewed and needed no revisions.	09-08-16
02-007 Annual Board Planning Cycle	This policy was reviewed. There were no recommended changes.	10-13-16
02-008 Code of Conduct	This policy is the annual attestation for Board members to confirm compliance with this policy. After review of the policy, Board members are requested to sign the policy and submit the signed copy to Diane Hayka. CARF requires us to maintain a file with these records under the Board Governance standards.	03-09-17

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

Policy # & Name	Evaluation Excerpt from Minutes	Board Meeting Minutes of:
02-009 Board Member Per Diem	Pat Przeslawski suggested there might be consideration for increasing per diems. Gary Nowak reported possibly the increase in meal allowances should be considered. Discussion ensued related to the cost of meals when a conference is hosted at the larger motels. A suggestion to increase meals by \$5 each was made. Meals would now be \$15.00 for breakfast, \$20 for lunch and \$30 for dinner for a total of \$65 per day.	08-11-16
02-010 Public Hearing	Board members reviewed the policy. Members had no recommendations for revision to the policy.	07-13-17
02-011 Board Member Recognition	The recommended changes just change the reference from Department of Community Health to Department of Health and Human Services.	12-08-16
02-012 Board Self-Evaluation	This policy was reviewed and needed no revisions.	08-11-16
02-013 Cost of Governance	This policy was updated to include the most current budget detail related to the cost of governance.	04-13-17
02-014 Board Core Values	Board members reviewed the policy. Members had no recommendations for revision to the policy.	05-11-17
02-015 Board Member Orientation	The recommended changes address changing the reference from Department of Community Health to Department of Health and Human Services and changing the reference from the Northern Affiliation to the PIHP.	12-08-16
02-016 Disclosure of Ownership	The policy is new and in follow-up from the May meeting when the forms were addressed and signed by Board members. <i>[Will need to add this policy to the perpetual calendar for next year.]</i>	08-11-16
03-001 Executive Director Role	Board members reviewed the policy and recommended no revisions.	01-12-17
03-002 Delegation to the Executive Director	Board members reviewed the policy and recommended no revisions.	02-09-17
03-003 Executive Job Description	Board members reviewed this policy and recommended no changes and provided no comments.	10-13-16
03-004 Monitoring Executive Performance	Board members reviewed this policy and recommended no changes. The exhibit did add the new policy.	10-13-16
03-005 Chief Executive Officer Search Process	This policy was reviewed and needed no revisions.	09-08-16

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

Attachment

**Northeast Michigan Community Mental Health Authority
Executive Committee Meeting
March 29, 2018**

The meeting was called to order at 3:00 p.m. by Chair, Gary Nowak.

Present: Alan Fischer, Roger Frye, Judy Jones, Judy Hutchins, Terry Larson, Gary Nowak, Pat Przeslawski

Staff: Cathy Meske

I. Board Quality Improvement Opportunity

Pat Przeslawski reported the main reason to have this meeting today is to identify improvement processes to evaluate the method used to conduct the Board's self-evaluation. In addition, from feedback received, there is some concern of the meeting moving a little too fast and not all Board members hearing all input. She also notes the composition of the nomination's Committee has been identified as a concern as the majority of this committee is comprised of current officers.

a. Board Self-Evaluation/Policy Review

Cathy Meske distributed a draft of the monitoring report scheduled to be presented to the Board at the April meeting. She focused attention to item #3 in this report addressing Board compliance with its own policies on Governance Process. Cathy Meske noted she would like the Board to be more involved in discussion on items such as a monitoring report, policy review, etc. Pat Przeslawski reported individuals have different timeframes for processing the agenda items as they come up and there needs to be more time for individuals to formulate their response for input before moving on to the next Agenda item. Alan Fischer noted this could be accomplished by having some questions geared to invoke conversations.

Cathy Meske reports over the past year she would have liked to have more discussion to guide her in her role as the Director. She recommends this year's Strategic Planning session be conducted based on the CARF standards for strategic planning and to have Lynne Fredlund run through those standards and how the Carver Model governance blends with the standards. She would like us to look in more depth at the Mission, etc. and assure it fits with the challenges the community faces in today's world. It was noted during the Strategic Planning last year the presenter was dismissed during the mid-point. Board members present agreed the method the facilitator used last year was not effective. In addition, Board members lost focus after a couple of hours and adjourned prior to completing the full agenda. Alan Fischer felt last year's Strategic Planning session was long enough; however, he did not feel with the amount of individuals in attendance there was much accomplished. Judy Hutchins noted she had not planned to be at such a lengthy meeting.

Terry Larson suggested some of the discussion at the planning session should be directed more about the issues faced within our communities such as the opioid addiction, suicide, etc.

Cathy Meske reported there needs to be a process in place that identifies what the Board expects. Cathy Meske suggests Eric Kurtz would still provide an environmental scan and then

Lynne Fredlund provide the Board with how Strategic Planning should be done based on CARF standards.

Pat Przeslawski reports when she finishes her tenure on this Board she would like to be able to say this was the best Board she was able to participate in.

Alan Fischer noted Board meetings are not a venue to do brainstorming. He suggests ad hoc committees be utilized to discuss concerns in in more detail. Roger Frye noted there could be a topic selected for each meeting to have a 15-minute discussion. This could be a current event topic.

Cathy Meske suggested the time in the meeting were the next agenda is set might be the time for input for topics for the next meeting. She noted last month there was a brief discussion related to the recent shootings and inquired as to whether that would be a topic to become the discussion for the following meeting. Board members felt at the point in the meeting where the request is made to provide suggestions for the next meeting, members are already getting ready to leave.

Cathy Meske reported she values the opinions of Board members and welcomes input. Alan Fischer reported he feels if he provides other input during the meeting it disrupts the flow of the Agenda.

Cathy Meske noted the monitoring reports are very important as is the policy review. Some of the policies identify the charge made to the Director as to what she cannot do and these dictates should be thoroughly reviewed annually.

b. **By-Law Review**

The by-law workgroup was proposed a little over a year ago and while the by-laws were reviewed by the whole board, the time was not taken to review all of the components in depth. Gary Nowak noted he does not care for workgroups and this should be done with the entire group. Terry Larson provided his view addressing the benefit of a workgroup. There are some items which might require a small group to spend more time to review in depth. The small group would then bring the proposals back to the Board.

c. **Meeting Decorum**

Meeting decorum addresses the attention and behavior of Board members. At times this would include clock watching, side conversations, etc. Board members should be respectful and provide their full attention throughout the meeting.

d. **Nomination's Committee Composition**

Pat Przeslawski reports the Nomination's Committee is comprised of three officers this year. It was suggested the committee members not be a current officer. Pat Przeslawski reported she proposed she not be the Vice Chair for the coming year and provides the opportunity to a younger member take the role. Terry Larson reported by not having an officer on this committee it would involve more people an opportunity to participate in other Board functions. Gary Nowak concurred the Nomination's Committee might need further review for composition.

e. **Nomination's Slate of Officers Recommendation**

Pat Przeslawski reviewed the recommended Slate of Officers for the next year. The Recipient Rights Committee has Pat Przeslawski and Judy Jones as Board Representative with Steve Dean as an alternate.

II. Other

This group suggested having a separate meeting scheduled to provide a Board Governance update. This will be included in the Agenda item under the Chair's Report. Gary Nowak will advise Board members of this opportunity to learn more about the Carver Model and Board Governance. Lynne Fredlund will be requested to provide this training. April 19th was proposed as a possible date for this training with lunch at noon and the training from 1:00 – 5:00 p.m.

Adjournment of this meeting by the call of the Chair at 4:17 p.m.

Gary Nowak, Chair

Diane Hayka
Recorder

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Cathy Meske
SUBJECT: Consent Agenda
DATE: March 30, 2018

1. Contract/Lease Approvals

a. Millcreek Group Home Lease

Hughes & Sons, owner of the Millcreek home in Harrisville has proposed to extend our existing lease for a three-year period. There are no proposed changes to the non-financial terms of the original lease. They have requested a 3% increase in rent. The term of the three-year lease would be March 25, 2018 to March 24, 2021 with a monthly rent of \$1,727.43 (\$20,729.16 annual rent). We recommend approval of this lease extension.

b. Alcona Citizens for Health, Inc. Amendment

Alcona Citizens for Health, Inc., owner of the Alcona Health Center in Lincoln has contacted us to renew our lease of one office (and shared public facilities) in their building. This lease has an automatic renewal clause in it and it expires on March 31, 2018. We have given notice that we will continue to lease this on a month-to-month basis at a rent of \$395.60 per month (\$4,747.20 annually). This rate is adjusted for annual Consumer Price Index changes. As there has been a recent decrease in usage at that facility, negotiations began to address the actual rental rate. The Alcona Citizens for Health, Inc. has proposed to change the terms of this agreement to a flat rate of \$58.00 per month for information services (internet, phone, etc.) in addition to a \$50 rent per day this office is used. We recommend approval of this lease amendment.

c. City of Harrisville

The City of Harrisville, owner of the office space we lease in Harrisville has yet to contact us to renew our lease for three offices (and shared public facilities) in their District Health Department building. This lease has an automatic renewal clause in it and it expired on March 31, 2017. We have given annual notice that we will be continuing this lease on a month-to-month basis at a rent of \$407.37 per month (\$4,816.44 annually) and will return to the Board for approval if the landlord proposes a change in rents.

d. Masud Labor Law Group

Last month we talked about working with a legal firm to assist the Agency with reviewing policies, contracts and other needs. Masud was one of the firms we discussed and they request a "Legal Representation Agreement" to be signed spelling out the terms of the Agreement. The agreement identifies a standard rate the firm bills of \$190/hour. This amount includes clerical services, travel time and other miscellaneous expenses. Excluded from the hourly rate are all out-of-pocket expenses incurred, such as court costs, deposition costs, witness fees, filing fees, mileage, photocopies and other directly related expenses. We recommend approval of this Agreement.

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Five Months Ending February 28, 2018
41.7% of year elapsed

	Actual February Year to Date	Budget February Year to Date	Variance February Year to Date	Budget FY18	% of Budget Earned or Used
Revenue					
1 State Grants	\$ 48,925	\$ 51,977	\$ (3,053)	124,646	39.3%
2 Private Contracts	7,543	24,172	(16,630)	57,967	13.0%
3 Grants from Local Units	113,394	111,188	2,206	266,638	42.5%
4 Interest Income	2,961	3,044	(83)	7,300	40.6%
5 Medicaid Revenue	9,998,874	9,653,020	345,855	23,148,729	43.2%
6 General Fund Revenue	277,760	296,023	(18,262)	709,887	39.1%
7 Healthy Michigan Revenue	622,969	554,751	68,218	1,330,338	46.8%
8 3rd Party Revenue	283,259	96,178	187,081	230,643	122.8%
9 SSI/SSA Revenue	200,154	203,803	(3,649)	488,736	41.0%
10 Other Revenue	22,073	24,129	(2,056)	57,864	38.1%
11 Total Revenue	11,577,912	11,018,286	559,626	26,422,748	43.8%
Expense					
12 Salaries	5,135,744	5,503,250	367,506	13,197,243	38.9%
13 Social Security Tax	232,308	267,576	35,268	641,669	36.2%
14 Self Insured Benefits	1,050,064	1,217,189	167,125	2,918,919	36.0%
15 Life and Disability Insurances	90,927	96,174	5,247	230,633	39.4%
16 Pension	406,855	437,072	30,217	1,048,135	38.8%
17 Unemployment & Workers Comp.	103,026	107,610	4,585	258,058	39.9%
18 Office Supplies & Postage	18,206	23,607	5,401	56,610	32.2%
19 Staff Recruiting & Development	36,028	47,200	11,172	113,190	31.8%
20 Community Relations/Education	1,072	1,339	266	3,210	33.4%
21 Employee Relations/Wellness	34,540	29,199	(5,341)	70,021	49.3%
22 Program Supplies	161,419	206,384	44,965	494,925	32.6%
23 Contract Inpatient	404,768	415,332	10,564	996,000	40.6%
24 Contract Transportation	41,508	43,516	2,009	104,356	39.8%
25 Contract Residential	1,921,911	1,994,662	72,750	4,783,361	40.2%
26 Contract Employees & Services	1,135,887	1,051,475	(84,412)	2,521,524	45.0%
27 Telephone & Connectivity	46,456	55,007	8,552	131,912	35.2%
28 Staff Meals & Lodging	7,456	19,122	11,666	45,857	16.3%
29 Mileage and Gasoline	164,451	184,639	20,188	442,780	37.1%
30 Board Travel/Education	5,857	6,095	238	14,616	40.1%
31 Professional Fees	12,579	22,599	10,020	54,194	23.2%
32 Property & Liability Insurance	47,692	22,336	(25,356)	53,563	89.0%
33 Utilities	74,786	85,525	10,740	205,096	36.5%
34 Maintenance	74,808	104,521	29,713	250,650	29.8%
35 Rent	112,992	109,941	(3,051)	263,649	42.9%
36 Food (net of food stamps)	26,827	39,129	12,302	93,834	28.6%
37 Capital Equipment	5,782	19,849	14,067	47,600	12.1%
38 Client Equipment	18,786	8,748	(10,038)	20,978	89.6%
39 Miscellaneous Expense	33,652	40,479	6,826	97,071	34.7%
40 Depreciation Expense	118,292	113,929	(4,363)	273,212	43.3%
41 Budget Adjustment	-	(1,255,218)	(1,255,218)	(3,010,115)	0.0%
42 Total Expense	11,524,679	11,018,286	(506,393)	26,422,748	43.6%
43 Change in Net Position	\$ 53,233	\$ (0)	\$ 53,233	\$ (0)	0.2%

Contract settlement items included above:

44 Medicaid Funds Under Spent	321,826
45 General Funds Under Spent	58,523
46 Healthy Michigan Funds Over Spent	(95,589)

Northeast Michigan Community Mental Health Authority
Statement of Revenue and Expense and Change in Net Position (by line item)
For the Four Months Ending January 31, 2018
33.3% of year elapsed

	Actual January Year to Date	Budget January Year to Date	Variance January Year to Date	Budget FY18	% of Budget Earned or Used
Revenue					
1 State Grants	\$ 41,689	\$ 41,507	\$ 182	124,646	33.4%
2 Private Contracts	5,916	19,303	(13,387)	57,967	10.2%
3 Grants from Local Units	91,174	88,790	2,383	266,638	34.2%
4 Interest Income	2,345	2,431	(85)	7,300	32.1%
5 Medicaid Revenue	8,276,990	7,708,527	568,463	23,148,729	35.8%
6 General Fund Revenue	240,052	236,392	3,659	709,887	33.8%
7 Healthy Michigan Revenue	478,341	443,002	35,338	1,330,338	36.0%
8 3rd Party Revenue	125,519	76,804	48,715	230,643	54.4%
9 SSI/SSA Revenue	159,554	162,749	(3,195)	488,736	32.6%
10 Other Revenue	18,848	19,269	(421)	57,864	32.6%
11 Total Revenue	9,440,429	8,798,775	641,654	26,422,748	35.7%
Expense					
12 Salaries	4,263,510	4,394,682	131,172	13,197,243	32.3%
13 Social Security Tax	191,400	213,676	22,276	641,669	29.8%
14 Self Insured Benefits	842,707	972,000	129,293	2,918,919	28.9%
15 Life and Disability Insurances	72,387	76,801	4,413	230,633	31.4%
16 Pension	338,708	349,029	10,321	1,048,135	32.3%
17 Unemployment & Workers Comp.	85,134	85,933	800	258,058	33.0%
18 Office Supplies & Postage	15,068	18,851	3,783	56,610	26.6%
19 Staff Recruiting & Development	33,478	37,692	4,214	113,190	29.6%
20 Community Relations/Education	914	1,069	154	3,210	28.5%
21 Employee Relations/Wellness	33,662	23,317	(10,345)	70,021	48.1%
22 Program Supplies	129,727	164,810	35,083	494,925	26.2%
23 Contract Inpatient	306,609	331,668	25,059	996,000	30.8%
24 Contract Transportation	32,845	34,751	1,905	104,356	31.5%
25 Contract Residential	1,562,164	1,592,859	30,695	4,783,361	32.7%
26 Contract Employees & Services	884,691	839,667	(45,024)	2,521,524	35.1%
27 Telephone & Connectivity	36,376	43,927	7,550	131,912	27.6%
28 Staff Meals & Lodging	6,616	15,270	8,654	45,857	14.4%
29 Mileage and Gasoline	129,569	147,446	17,877	442,780	29.3%
30 Board Travel/Education	5,509	4,867	(642)	14,616	37.7%
31 Professional Fees	10,230	18,047	7,817	54,194	18.9%
32 Property & Liability Insurance	36,965	17,837	(19,128)	53,563	69.0%
33 Utilities	56,571	68,297	11,726	205,096	27.6%
34 Maintenance	59,360	83,466	24,106	250,650	23.7%
35 Rent	87,000	87,795	795	263,649	33.0%
36 Food (net of food stamps)	22,216	31,247	9,031	93,834	23.7%
37 Capital Equipment	3,146	15,851	12,705	47,600	6.6%
38 Client Equipment	18,744	6,986	(11,758)	20,978	89.4%
39 Miscellaneous Expense	29,385	32,325	2,940	97,071	30.3%
40 Depreciation Expense	95,337	90,980	(4,357)	273,212	34.9%
41 Budget Adjustment	-	(1,002,368)	(1,002,368)	(3,010,115)	0.0%
42 Total Expense	9,390,028	8,798,775	(591,253)	26,422,748	35.5%
43 Change in Net Position	\$ 50,401	\$ (0)	\$ 50,401	\$ (0)	0.2%

Contract settlement items included above:

44 Medicaid Funds Under Spent	138,740
45 General Funds Under Spent	37,075
46 Healthy Michigan Funds Over Spent	(58,429)

POLICY CATEGORY: Executive Limitations
POLICY TITLE AND NUMBER: Communication and Counsel to the Board,
Policy # 01-009
REPORT FREQUENCY & DUE DATE: Annual: April 2018

POLICY STATEMENT:

With respect to providing information and counsel to the board, the CEO may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
 - **Interpretation**
The monitoring reports required by board policy and included in the monitoring schedule are to be prepared, delivered and presented clearly to the Board on a timely basis including any necessary data or evidence.
 - **Status**
During the last 12 months, monitoring reports have been submitted on a timely basis in accordance with the monitoring schedule. This report will occur at our April meeting. Lead staffs from various departments continue to be included in the development and presentation of various reports to more accurately relay information.
2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, and particularly changes in the assumptions upon which any board policy has previously been established.
 - **Interpretation**
The Director will keep the Board apprised of any significant information or events that bear on the Board's responsibilities.
 - **Status**
In addition to the expansion in the Autism program and those costs associated with the expansion, we continue to discuss the potential impact of the 298 Pilots and the Integration efforts of Behavioral and Physical Health Care and the Medicaid Health Plans. We continue to address the migration of those persons enrolled in DABs to the Healthy Michigan Plan, which negatively affects our Per Member Per Month funding formula. We have also discussed the impact of the Home and Community Based Services Rule on Community Living Supports, Residential placements, skill building and supported employment.
3. Fail to advise the board if, in the CEO's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the CEO.
 - **Interpretation**
The Director has the opportunity and responsibility to frankly raise concerns related to the Governance Process, Board Relationships and Board-Staff Relationships and the Board has the duty to consider those concerns.
 - **Status**
The Board's commitment to adopt and implement Policy Governance appears to be very strong. Frank open conversation between the Board and CEO provides an environment which supports the governance model, allowing the sharing of critical information without placing Board Members in the role expected of the Director or other employees. Board

Members adhere to their policies and hold the CEO responsible for reporting and compliance with its annual planning goals, policies and expectations. Board members have managed concerns about individual consumers and citizens requests discretely and in a manner consistent with the laws of confidentiality and the Health Insurance Privacy and Portability Act.

4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.

- **Interpretation**

Though the Director is the only employee that reports directly to the Board, he/she is expected to assure that the expertise of staff and valued input from other community resources are available for the Board.

- **Status**

Each month key staff participates in reporting to the Board in addition to the CEO. Routine reports from the Finance Director occur monthly along with Quality Improvement reports on a quarterly basis. Periodic reports from Human Resources and the Office of Recipient Rights are also made with regularity. Educational presentations from staff concerning programs and services occur throughout the year and occasional presentations from community partners, the NMRE Director, our Compliance Officer and staff of the Community Mental Health Association of Michigan Board is included in the Board's agenda.

5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.

- **Interpretation**

Monitoring reports and other material prepared to assist the Board in its responsibilities should be concise and logical in presentation.

- **Status**

During the past year the Board heard reports on the NeMCMHA Audit, Medication Assistance Treatment and community programs addressing the opioid epidemic (Catholic Human Services); NeMCMHA new electronic health record Patient Portal, Nutrition and Mental Health, Environmental Scan (NMRE), Clubhouse recertification process, ACT and a thorough review of the By-laws of the Board. Monitoring Reports to the board occur using a perpetual calendar of review. While on occasion some of those presentations required lengthy detailed discussions, most presentations met the tests of this policy issue.

6. Fail to provide a mechanism for official board, officer or committee communications.

- **Interpretation**

The Director is to assist with and facilitate meetings of the Board and provide whatever support, including clerical, necessary to assure communication among board members and officers.

- **Status**

I believe this requirement continues to be met for all routine meetings, Recipient Rights Committee meetings and the Executive Committee and all other communications. Communication with Board members assigned to the Northern Michigan Regional Entity continues to be sufficient, in my opinion.

7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.

- **Interpretation**

The Director is to respond to directives of the whole Board rather than to individual members except when such an individual member or committee is duly authorized by the Board for a specific purpose.

- **Status**

Over the last year the Board continues to act as an entire body and does not place individual demands on the CEO or leadership staff. Board members have handled citizen concerns professionally and confidentially.

8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

- **Interpretation**

The Director is to inform the board when issues of noncompliance either actual or anticipated with any Board policy occurs either through communication at the next board meeting or via contacting the Chair directly to inform him/her of the noncompliance.

- **Status**

Over the last year there has been no instances when noncompliance, whether actual or anticipated occurred.

9. Fail to supply for the consent agenda all items delegated to the CEO yet required by law or contract to be board approved, along with the monitoring assurance pertaining thereto.

- **Interpretation**

The Director is to report to the board all items required by law or contract to be distributed to the board in Agenda prior to the next board meeting. If there is an occasion where contracts or actions need to be addressed or signed prior to the next board meeting, the Director will contact the Chair for guidance and direction.

- **Status**

The Director has presented a thorough consent agenda for those contract obligations when received by the State or contract providers. The Director has also contacted the Chair when additions to the consent agenda needed to be included at the board meeting which were not originally sent out in the board packet.

Board Review/Comments

Reasonableness Test: Is the interpretation by the CEO reasonable?

Data Test: Is the data provided by the CEO both relative and compelling?

Fine-tuning the Policy: Does this report suggest further study and refinement of the policy?

Other Implications: Does this report suggest the other policies may be necessary?

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

EXECUTIVE LIMITATIONS

(Manual Section)

FINANCIAL CONDITION

(Subject)

Board Approval of Policy

April 13, 2006

•1 POLICY:

With respect to the actual, ongoing condition of the organization's financial health, the CEO may not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies.

Accordingly, he or she may not:

1. Expend more funds than have been received in the fiscal year to date unless the debt guideline (below) is met.
2. Borrow money in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.
3. Use any designated reserves other than for established purposes.
4. Conduct inter-fund shifting in amounts greater than can be restored to a condition of discrete fund balances by certain, otherwise unencumbered revenues within 30 days.
5. Fail to settle payroll and debts in a timely manner.
6. Allow tax payments or other government-ordered payments or filings to be overdue or inaccurately filed.
7. Acquire, encumber, or dispose of real property.

•2 APPLICATION:

The Northeast Michigan Community Mental Health Authority Board

•3 DEFINITIONS:

•4 REFERENCES:

•5 FORMS AND EXHIBITS:

EXECUTIVE LIMITATIONS

(Manual Section)

COMMUNICATION AND COUNSEL TO THE BOARD

(Subject)

Board Approval of Policy
Last Revision of Policy Approved

August 8, 2002
June 8, 2006

•1 POLICY:

With respect to providing information and counsel to the board, the CEO may not permit the board to be uninformed or unsupported in its work. Accordingly, he or she may not:

1. Neglect to submit monitoring data required by the board (see policy on Monitoring Executive Performance) in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored.
2. Let the board be unaware of relevant trends, anticipated adverse media coverage, material external and internal changes, particularly changes in the assumptions upon which any board policy has previously been established.
3. Fail to advise the board if, in the CEO's opinion, the board is not in compliance with its own policies on Governance Process and Board-Staff Relationship, particularly in the case of board behavior which is detrimental to the work relationship between the board and the CEO.
4. Fail to marshal for the board as many staff and external points of view, issues and options as needed for fully informed board choices.
5. Present information in unnecessarily complex or lengthy form or in a form that fails to differentiate among information of three types: monitoring, decision preparation and other.
6. Fail to provide a mechanism for official board, officer or committee communications.
7. Fail to deal with the Board as a whole except when (a) fulfilling individual requests for information or (b) responding to officers or committees duly charged by the board.
8. Fail to report in a timely manner an actual or anticipated noncompliance with any policy of the Board.

9. Fail to supply for the consent agenda all items delegated to the CEO yet required by law or contract to be board-approved, along with the monitoring assurance pertaining thereto.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

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

GOVERNANCE PROCESS

(Manual Section)

GOVERNING STYLE

(Subject)

Board Approval of **Policy**

August 8, 2002

Last Revision of Policy Approved by Board:

April 13, 2006

●1 **POLICY:**

The board will govern with an emphasis on outward vision encouraging diversity of viewpoints, strategic leadership more than administrative detail, clear and concise roles of board and CEO, collectively and proactively focusing on the future.

The board will:

1. Function as a unit, be responsible for governing itself, and initiate its own practices. The board will use the expertise of individual members to enhance the ability of the board as a body.
2. Focus its primary efforts on the intended long term impact outside the operating organization, and will direct the organization through the development of written board policies.
3. Enforce upon itself whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation for meetings, policymaking principles, respect of roles, and ensuring the continuity of governance capability. Continual board development will include orientation of new members in the board's governance process and periodic board discussion of process improvement.
4. Monitor and discuss the board's process and performance at each meeting. Self-monitoring will include comparison of board activity and discipline to policies in the Governance Process and Board-Staff Relationship categories.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

GOVERNANCE PROCESS

(Manual Section)

COST OF GOVERNANCE

(Subject)

Board Approval of [Policy](#)
Last Revision of Policy Approved

November 7, 2002
April ~~13, 2017~~[12, 2018](#)

●1 **POLICY:**

Because poor governance costs more than learning to govern well, the board will invest in its governance capacity.

Accordingly:

1. Board skills, methods and supports will be sufficient to assure governing with excellence.
 - A. Training and retraining will be used liberally to orient new members and candidates for membership, as well as to maintain and increase existing member's skills and understandings.
 - B. Outside monitoring assistance will be arranged so that the board can exercise confident control over organizational performance. This includes but is not limited to fiscal audits.
 - C. Outreach mechanisms will be used as needed to ensure the board's ability to listen to owner viewpoints and values.
2. Costs will be prudently incurred, though not at the expense of endangering the development and maintenance of superior capability.
 - A. Up to ~~\$12,187~~[14,616](#) in fiscal year '~~17-18~~' for training including attendance at conferences and workshops.
 - B. Up to \$28,192 in fiscal year '~~17-18~~' for audit and other third-party monitoring of organizational performance.
 - C. Up to ~~\$6,730~~[6,560](#) in fiscal year '~~17-18~~' for surveys, focus groups, opinion analysis, and meeting costs.

●2 **APPLICATION:**

The Northeast Michigan Community Mental Health Authority Board

●3 **DEFINITIONS:**

●4 **REFERENCES:**

●5 **FORMS AND EXHIBITS:**

**NORTHERN MICHIGAN REGIONAL ENTITY
BOARD MEETING
10:00AM, FEBRUARY 28, 2018
CROSS STREET CONFERENCE ROOM, GAYLORD**

BOARD MEMBERS IN ATTENDANCE:	Carol Crawford, Roger Frye, Ed Ginop, Annie Hooghart, Randy Kamps, Terry Larson, Gary Nowak, Jay O’Farrell, Richard Schmidt, Karla Sherman, Joe Stone, Don Tanner, Nina Zamora
BOARD MEMBERS ABSENT:	Gary Klacking, Dennis Priess
STAFF IN ATTENDANCE:	Jodie Balhorn, Eugene Branigan, Christine Gebhard, Carrie Harrison, Chip Johnston, Karl Kovacs, Eric Kurtz, Mary Marlatt-Dumas, Cathy Meske, Dee Whittaker, Deanna Yockey, Carol Balousek
PUBLIC IN ATTENDANCE:	Chip Cieslinski, Misty Smith, Sue Winter

CALL TO ORDER

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

ROLL CALL

Let the record show that Gary Klacking, Dennis Priess, and Karla Sherman were absent with notice for the meeting on this date. All other Board Members were present.

PLEDGE OF ALLEGIANCE

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

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST

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

APPROVAL OF PAST MINUTES

The minutes of the January meeting of the Northern Michigan Regional Entity Governing Board were included in the materials for the meeting on this date.

MOTION MADE BY JOE STONE TO APPROVE THE MINUTES OF THE JANUARY 24, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ANNIE HOOGHART.

MOTION CARRIED.

APPROVAL OF AGENDA

No additions or changes were proposed to the agenda for the meeting on this date.

MOTION MADE BY CAROL CRAWFORD TO APPROVE THE AGENDA FOR THE FEBRUARY 28, 2018 MEETING OF THE NORTHERN MICHIGAN REGIONAL ENTITY BOARD OF DIRECTORS, SECOND BY ANNIE HOOGHART.

MOTION CARRIED.

CORRESPONDENCE (list)

- An email from Robert Sheehan, CEO of the Community Mental Health Association of Michigan (CMHAM) dated February 2nd addressing concerns with the 298 RFI.

- A press release dated February 13th from Lynn Sutfin at MDHHS titled “MDHHS to begin implementing recommendations to improve access to inpatient psychiatric services,” introducing the MiPAD Workgroup report.
- The Final Report of the Michigan Inpatient Psychiatric Admission Discussion (MiPAD) from MDHHS dated February 13, 2018.
- Slides from a PowerPoint presentation to the Appropriations Subcommittee on Health & Human Services from MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA) on the FY19 budget (Opioid health home noted on slide 26).

Eric Kurtz indicated the MiPAD workgroup will be meeting to standardize rates and contracts; next step is to meet with the hospital association.

ANNOUNCEMENTS

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

PUBLIC COMMENTS

Let the record show that no comments were made from the public during the meeting on this date.

REPORTS

Board Chair/Executive Committee Report

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

CEO Report

The CEO Report for February 2018 was included in the materials for the meeting on this date.

Mr. Kurtz discussed the January 29th Legislative Meeting. Senator Jim Marleau from Michigan’s 12th District (Oakland County) was an additional attendee. Expanding the Behavioral Health Home throughout Region 2 was discussed, as were general issues related to behavioral health.

Mr. Kurtz next provided an overview of the February 8th meeting to discuss long-term services and supports. Karl Kovacs added that he attended study group from CMHAM On February 27th to look at models for integrating care in other states. There has been movement to transition long-term services to MHPs. A summary report will be developed. Mr. Kovacs noted Northern Lakes is the only CMH in the state that is a MI Choice Waiver agent, which makes him particularly concerned about the future of long-term services. Clarification was made that MI Choice is an alternative to nursing home placement, facilitating living in the community, both as individuals transition out of nursing facilities and as a diversion from nursing home placements.

Other areas of note were the Opioid Health Home planning meeting on February 21st with key providers, including FQHCs, and a meeting with the Northern Lakes CMH Executive Team on February 26th.

SUD Board Report

The next meeting of the NMRE Substance Use Disorder Oversight Board is scheduled for 10:00AM, Monday, March 5, 2018 in the Cross Street Conference Room in Gaylord.

Finance Report

The NMRE Monthly Financial Report for December 2017 was included in the materials for the meeting on this date. Mr. Kurtz noted that Richard Carpenter could not attend the meeting as he was struggling to

meet the MUNC reporting deadline. He noted the NMRE may get a performance incentive hit. He intends to follow-up with CEOs and CFOs to develop a process to ensure timely reporting.

Mr. Kurtz went the report. He noted it's unclear how much of the direct care wage (DCW) increase was claimed. The report shows a healthy surplus in Autism and mental health funds. A deficit of \$168K was shown for HMP. Health Home shows a deficit of \$3800, which may be somewhat attributed to the process of reporting services. SUD prevention and treatment \$593K to the good. The Statement of Net Position is healthy, with \$27M in unspent funds. "Mr. Kurtz noted he will dig in to what is included in the "Other" category in the "Budget to Actual – Mental Health Administration," currently showing 46% unfavorable.

Joe Stone asked for details on who at this point in time had submitted their financial reports. Mr. Kurtz indicated that was Centra Wellness Network and Northern Lakes CMH did have their reports submitted on time. Mr. Kovacs acknowledged, as a region, "We've come a long way financially." Don Tanner emphasized this needs to be closely monitored given the current environment.

NEW BUSINES

Cost Reimbursement and Managed Care

Documentation was included in the materials packet for the meeting on this date. Mr. Kurtz provided an historical perspective of the current issue. A group of select CMHSPs and PIHP directors were approached over the last several months by Janis Meija (attorney, formally with the Attorney General's Office) regarding ongoing discrepancies related to the Michigan's PIHP's managed care contract pertaining the requirement to adherence to A-87 and cost reimbursement guidelines under a managed care arrangement. Currently both the 1915(b) waiver and state law prohibits the recoupment of managed care payments, which contradicts current contract language. Mr. Kurtz expressed he would like to see the language cleaned up in the MDHHS/PIHP Contract to allow PIHPs to retain savings that converts from Medicaid to non-Medicaid funds. In this scenario and certain savings and/or internal service funds (ISF) could then be used for risk and performance and performance bonus's that could be used for other non-Medicaid costs. Don Tanner expressed he feels PIHP Directors, generally, do not grasp the gravity of the situation. It was noted that a tremendous amount of Medicaid is turned back to the state. In the environment of 289, PIHP restrictions vs. MHPs creates an uneven playing field. Mr. Kurtz noted that PIHPs have to have partial risk arrangements, but that doesn't have to be for the entire contract (could be for inpatient); other aspects could be full risk.

Mr. Kurtz expressed there will be more to come on this issue. He noted his may have benefited the PIHP/CMHSP system in the past but, at a minimum, should be addressed moving forward. A group is forming to further review. Bob Sheehan plans to consult with Peter Cole at Cole, Stoker & Toskey.

Waiver Update

Mr. Kurtz reported he has heard unconfirmed reports there is trouble with the waiver. If true, the end result is no the 1115 would not move forward as intended in favor of five or six different arrangements. CMS found trouble with issues surrounding housing assistance and permanent supportive housing. Those issues as well as loose interpretations of b3 supports created the concern by CMS. Mr. Kurtz advised the issued needs to be watched closely. One possibility is that I/DD services would move to long-term services and supports; mild to moderate services would move to the MHPs. It was noted that multiple waivers would be costlier and involve multiple layers of admin. Mr. Kurtz indicated a State Waiver update is anticipated during the PIHP CEO meeting on March 1st; he will provide an update next month.

MDOC Proposal for SUD

Mr. Kurtz reported the conversation reignited that MDOC soul source with PIHPs to manage contracts for substance use disorder services delivered to individuals transitioning from prison. One entity/one contracting mechanism would be used by all PIHPs. Mr. Kurtz noted it's too early in the discussion process to know where it's heading. More information will come forward as it is made available.

Reestablish NMRE Board Policy Committee

A member list as of June 2016 was included in the materials for the meeting on this date. NMRE staff is in the process of reviewing/revising all policies. Gary Nowak noted the Board Policy Committee was never disbanded by motion. Chairman Kamps read through the names and asked whether the previous members were willing to continue to serve in the same role. Annie Hooghart, Gary Nowak, Jay O'Farrell, and Nina Zamora each agreed. Karla Sherman was absent but will be contacted. A Committee meeting will be scheduled soon.

Board Member Terms

A list of the five Board Members whose terms are due to expire on April 1, 2018 was included in the materials for the meeting on this date. The CMSPs will notify the NMRE of reappointments.

OLD BUSINESS

SUD Health Home Update

Mr. Kurtz reported the Opioid Health Home (OHH) is moving forward. Jon Villasurda and Jeff Wieferrich attended the February 21st kick-off meeting. The PowerPoint presentation and concept paper were shared in the meeting materials. The State has met with CMS twice, preliminary indications show no objections with the concept paper. To start, the NMRE will enroll people it has currently identified. Chip Johnston stated that Centra Wellness Network is looking to expand its liquor tax prevention/outreach program, and utilizing telemed services. The project has the support of the Federally Qualified Health Centers (FQHC). Mr. Kurtz underscored that a new budget/new funding stream will be utilized (from marijuana dispensary licensing).

PRESENTATION

NMRE Draft Strategic Plan

The NMRE's Strategic Plan for 2018-2019 was included in the materials for the meeting on this date in draft form. Mr. Kurtz said the plan builds on the meeting in June 2017 and discussions with the CMHSPs about "where we're going and how we want to get there." Operational issues were not included in the Plan but included to inform the Board on the NMRE's internal goals. Mr. Kurtz would like the Board to discuss the NMRE's Mission & Vision statements and strategic goals during a future Board meeting. Mr. Kurtz moved through the Plan. Board Members were asked to review for the March 28th Board Meeting.

COMMENTS

Board

Mr. Stone commented that he was offended that in times of tragedy in our country (Parkland, Florida), mental health takes the hit, calling it "misdirected blame."

Staff/CEOs

Mr. Kovacs spoke about a February 27th meeting of the Wexford/Missaukee collaborative, that included an excellent presentation on trauma informed interventions and impact of trauma on child/adolescent brain.

NEXT MEETING

The next meeting of the Northern Michigan Regional Entity Governing Board is scheduled for 10:00AM on March 28, 2018 in the Cross Street Conference Room in Gaylord.

ADJOURN

Let the record show that Mr. Frye adjourned the meeting at 11:54AM.

DRAFT

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Gary Nowak
SUBJECT: CMH PAC Update
DATE: March 30, 2018

This is the last month for the local CMH PAC Campaign. Total contributions thus far from Board members are \$120 from 25% of the Board members participating. The Community Mental Health Association of Michigan has requested all board members consider a contribution as the 2018 election year will have massive turnover in our state's leadership, with a new Governor, Attorney General, Secretary of State, and 28 of the 38 State Senators along with another 25-30 House Representatives.

In order to qualify for the incentive of the Tiger Suite tickets we need 50% of the Board members to be participating in this campaign. Last year, we had a 50% participation rate of Board members, which made our Board eligible for a chance at the Tiger Suite tickets.

Contributions will be sent in early May to meet the deadline for the drawing should we qualify. ...and remember Cathy Meske will match up to \$400 in contributions.

Northeast Michigan Community Mental Health Authority

MEMORANDUM

To: Northeast Board Members

From: Cathy Meske

Date: March 30, 2018

Subject: Mental Health Code Section 222

Annually the Board *must* certify its compliance with Section 222 of the Mental Health Code. That section of the Code (a copy of which is attached) sets certain requirements and limitations for participation by individuals as board members. These requirements and limitations may be summarized as follows:

- At least four members must be primary consumers or family members of primary consumers
- At least two of the above four members must be primary consumers
- No more than four county commissioners
- No more than six public officials, including the above mentioned county commissioners (Please use the definitions on the survey form.)

It is important that Board members understand the use of this information. We are required to disclose to the Department (or essentially anyone who might ask) the composition of our Board and prove that we are in compliance with these provisions. It is the Department's interpretation that those Board members who we "count" as primary or family members be willing to have that information publicly disclosed. Therefore, please have this in mind as you complete this form.

Section 222 also addresses avoidance of conflict of interest. The attached form has been revised to address these items as well. Board members must not be:

- employed by the Department of Community Health or Community Mental Health;
- a party to a contract with Community Mental Health; or
- serve in a policy making position with an Agency under contract with Community Mental Health (except under certain circumstances)

Please complete this form and leave it or return it to Diane Hayka as soon as possible. Thank you.

Attachment: Sec. 222(1)(4)(5)

Printed Name

Signature

Date

Board Composition (please use the definitions immediately below in responding to these 4 questions.)

1. Are you, or have you ever been a “primary consumer” of mental health services?
 Yes No
2. Are you a family member of a primary consumer who is receiving, or has received, mental health services?
 Yes No
3. Are you a county commissioner?
 Yes No
4. Are you a public official?
 Yes No

Please use the following definitions in responding to this inquiry. These are the definitions used in the Mental Health Code.

Primary Consumer:

“Primary Consumer” means an individual who has received or is receiving services from the Department or a community mental health services program or services from the private sector equivalent to those offered by the Department or a community mental health services program.

Family Member:

“Family Member” means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his or her financial support.

Public Official

“Public Officials” are individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

Conflict of Interest

1. Are you employed by the Department or Community Mental Health?
 Yes No
2. Are you party to a contract with Northeast Michigan Community Mental Health?
 Yes No
3. Do you serve in a policy-making position with an agency under contract with CMH?
 Yes No
4. Do you serve in other than a policy-making position with an agency with which the Board holds a contract or is considering a contract? [If so, the procedure required by Sec. 222 (5) must be followed regarding disclosure and voting]
 Yes No

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1222 Board; composition; residence of members; exclusions; approval of contract; exception; size of board in excess of § 330.1212; compliance.

Sec. 222. (1) The composition of a community mental health services board shall be representative of providers of mental health services, recipients or primary consumers of mental health services, agencies and occupations having a working involvement with mental health services, and the general public. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3 at least 1/2 of those members shall be primary consumers. All board members shall be 18 years of age or older.

(2) Not more than 4 members of a board may be county commissioners, except that if a board represents 5 or more counties, the number of county commissioners who may serve on the board may equal the number of counties represented on the board, and the total of 12 board memberships shall be increased by the number of county commissioners serving on the board that exceeds 4. In addition to an increase in board memberships related to the number of county commissioners serving on a board that represents 5 or more counties, board memberships may also be expanded to more than the total of 12 to ensure that each county is entitled to at least 2 board memberships, which may include county commissioners from that county who are members of the board if the board represents 5 or more counties. Not more than 1/2 of the total board members may be state, county, or local public officials. For purposes of this section, public officials are defined as individuals serving in an elected or appointed public office or employed more than 20 hours per week by an agency of federal, state, city, or local government.

(3) A board member shall have his or her primary place of residence in the county he or she represents.

(4) An individual shall not be appointed to and shall not serve on a board if he or she is 1 or more of the following:

(a) Employed by the department or the community mental health services program.

(b) A party to a contract with the community mental health services program or administering or benefiting financially from a contract with the community mental health services program, except for a party to a contract between a community mental health services program and a regional entity or a separate legal or an administrative entity created by 2 or more community mental health services programs under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, or under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536.

(c) Serving in a policy-making position with an agency under contract with the community mental health services program, except for an individual serving in a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, or a regional entity to provide community mental health services.

(5) If a board member is an employee or independent contractor in other than a policy-making position with an agency with which the board is considering entering into a contract, the contract shall not be approved unless all of the following requirements are met:

(a) The board member shall promptly disclose his or her interest in the contract to the board.

(b) The contract shall be approved by a vote of not less than 2/3 of the membership of the board in an open meeting without the vote of the board member in question.

(c) The official minutes of the meeting at which the contract is approved contains the details of the contract including, but not limited to, names of all parties and the terms of the contract and the nature of the board member's interest in the contract.

(6) Subsection (5) does not apply to a board member who is an employee or independent contractor in other than a policy-making position with a joint board or commission established under 1967 (Ex Sess) PA 8, MCL 124.531 to 124.536, a separate legal or administrative entity established under the urban cooperation act of 1967, 1967 (Ex Sess) PA 7, MCL 124.501 to 124.512, a combination of municipal corporations joined under 1951 PA 35, MCL 124.1 to 124.13, or a regional entity to provide community mental health services.

(7) In order to meet the requirement under subsection (1) related to the appointment of primary consumers and family members without terminating the appointment of a board member serving on March 28, 1996, the size of a board may exceed the size prescribed in section 212. A board that is different in size than that prescribed in section 212 shall be brought into compliance within 3 years after the appointment of the additional board members.

History: 1974, Act 258, Eff. Aug. 6, 1975; --Am. 1995, Act 290, Eff. Mar. 28, 1996; --Am. 2002, Act 596, Imd. Eff. Dec. 3, 2002; -Am. 2003, Act 278, Imd. Eff. Jan. 8, 2004

INTEROFFICE MEMORANDUM

TO: Board Members
FROM: Cathy Meske
SUBJECT: Director's Report
DATE: April 12, 2018

Update on the Michigan Employment First Initiative Rate Restructuring Technical Assistance

I am pleased to announce Northeast has been chosen to participate in the Rate Restructuring Technical Assistance Initiative. As I indicated last month, this technical assistance will focus on those 25 individuals currently employed by NEMROC, and are part of an enclave/Mobile crew, in developing independent supportive employment. Enclaves/Mobile Crews are not integrative competitive employment and effective March 17, 2019; we will no longer be able to use Medicaid to pay for this type of employment support. I will be sending a letter to NEMROC this month to notify them effective immediately we will no longer pay for any new consumers employed in an enclave/mobile crew setting and will require that 13 of those persons employed in an enclave/mobile crews on 10/1/18 transition to independent competitive supportive employment by December 1, 2018. Those remaining 12 consumers will need to be transitioned to independent competitive employment by March 1, 2019. NEMROC has been aware of this impending change, having met with our staff during the last 19 months.

Spring Conference

A reminder to all Board Members who will be attending the Spring Conference. We will need to arrive before 5:00 pm on Monday, April 30th in order for those delegates to vote at 5:30 that evening. In addition, there is the annual 'Walk a Mile Rally' in Lansing on Wednesday, May 2 in Lansing. Members will be given a box lunch on Wednesday which would allow them time to travel to Lansing and participate in the 'Walk a Mile Rally' celebration.

Lakeshore Regional Entity Update

On March 22, 2018 MDHHS sent a 30-day Written Notice of Intent to cancel the Lakeshore Regional Entity Contract for Material Default. Jeff Brown, former CEO was replaced by interim director Al Jensen, a provider and Board Member from Pine Rest.

The LRE will need to adequately correct those material default problems listed below which were identified by MDHHS in the 30 Day Written Notice to avoid cancellation:

1. LRE does not have an MDHHS approved Risk Management Strategy
2. Structural changes to the LRE Governance Structure
3. Managed Care Functions
4. Data Accuracy
5. Ongoing Communication between LRE and MDHHS.

Attached is the announcement from LRE.

Change in Allocation of General Funds (GF)

I am pleased to announce Northeast will be receiving additional GF beginning in October 2018 as a result of the reallocation of GF. This increase will be phased in over the next five years to allow those CMHSPs losing GF in this allocation to have time to develop strategies to address the reductions. Northeast's current GF allocation is \$699,887. In October we will receive \$800,467 and will rise incrementally until we reach \$1,202,787 in 2023. Attached is the memorandum from John Duvendeck announcing the change in allocation methods.

NMRE Incentive Payment

We were notified at our last Operation's Meeting all CMHSPs will be benefiting from the Incentive Payments to the PIHPs who met their contract performance indicators. Northeast will be receiving approximately \$170,000 which can be used in the provision of mental health services.

Dr. Anastasia Banicki-Hoffman

I am pleased to announce Northeast has entered into a Three-year contract with Dr. Banicki-Hoffman to provide psychiatric services. She is board certified in psychiatry and child and adolescent psychiatry. Dr. Hoffman and her family relocated to Rogers City and will be providing psychiatric services in Rogers City Office beginning July 23, 2018. For those persons who are unable to travel to Rogers City, we have the capacity to provide telepsychiatry.

Attachments

Lakeshore Regional Entity Announcement

March 26, 2018

In December 2017, the Lakeshore Regional Entity (LRE) Board determined to restructure the management of the LRE through the development of a Request for Proposal (RFP) for a Managed Care Entity (MCE). This decision set in motion a change in the governance, management and performance of the LRE that is further defined and accelerated with today's announcement.

On March 15, 2018 the RFP was completed approved by the LRE Board and released to the public. Six MCEs have indicated their intent to submit proposals with the intent that a new MCE would be in place by October 1, 2018.

On Thursday, March 22, 2018, Michigan Department of Health and Human Services (MDHHS) issued a letter to the LRE outlining the impact of the LRE current contract performance and setting conditions and timelines MDHHS will require of the LRE in order to proceed with this process.

The LRE Board of Directors, with full support of its current CEO, Jeffrey L. Brown, remain steadfast in their commitment to meeting and exceeding the immediate MDHHS requirements in FY18 and completing the procurement of and transition to a MCE beginning October 1, 2018.

To meet these urgent contract and transition challenges the LRE Board is implementing several changes to the leadership of the LRE effective immediately.

1. Allen Jansen has been named as the LRE Transition Manager. Reporting to the LRE Board of Directors, Mr. Jansen's responsibilities are to deliver to the Board a regional plan that is acceptable to MDHHS, a procurement of and transition to a MCE for FY19 as well as meeting the LRE's current contractual obligations to MDHHS for the remainder of FY18.
2. Jeffrey L. Brown has been named as the "CEO in Transition." His role will be defined by the Transitional Manager in service to achieve the above goals for the remainder of FY18.

Together, their focus and efforts will transform the LRE to a regional management system that is efficient, effective and maximizes the available service dollars to the citizens of the region.

For Allen this is just the recent in a series of challenges he has taken on addressing critical needs within the behavioral health system:

I am pleased to join the LRE in the role of Transition Manager. With several years in public sector management roles I intend to bring that experience into this transitional period for the region.

The next few weeks will be pivotal as we address the issues identified in the MDHHS communication, move the RFP forward for a managed care entity selection and deliver services to the citizens of our region who need and deserve quality behavioral healthcare services.

I am confident that through combined efforts of the staff at the LRE and the CMH's in our region that we can be successful.

Lastly, I wish to thank Jeff Brown for all his efforts to get us to this next important step.

For Jeff this presents an opportunity for him to continue to support the transformation of this region while enabling him to take up new challenges closer to his home in Oakland County:

"The LRE is grateful for the direction, leadership and management Jeff provided over the years that he has stepped in to take over the leadership of the LRE during challenging circumstances."

"I look forward to changing my role and am eager to work with AI to meet the challenges of the region. I have appreciated the opportunity to serve the citizens of the Lakeshore region and work with the excellent staff of the LRE given me by the LRE Board." Jeff said.

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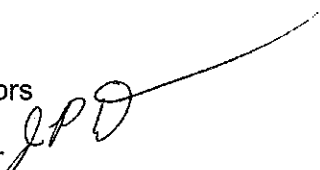


STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

MEMORANDUM

DATE: March 26, 2018
TO: CMHSP Executive Directors
FROM: John Duvendeck, Director 
Program Development, Consultation & Contracts Division
SUBJECT: Change in Allocation Methods for General Fund Allocations to CMHSPs

The distribution of General Fund resources to the Community Mental Health Services Programs (CMHSP) has largely been based on past historical distributions and has not been reflective of the community needs across the State. Legislators, the Michigan Department of Health and Human Services (MDHHS) and other stakeholders, including the Community Mental Health Association of Michigan (CMHAM), agreed that a General Fund distribution methodology should be established to equitably distribute the resources based on the needs of the population the CMHSPs are responsible to serve. A workgroup was created with representation from MDHHS and various CMHSPs and CMHAM to develop the new methodology. A consensus was reached among the workgroup on the variables that would be used to develop the new funding formula.

Beginning October 1, 2018, the MDHHS will change how General Fund amounts are allocated to the CMHSPs. The change to the revised distribution methodology will be phased in over five years. The new allocation method reflects an operating base for all CMHSPs, current demands on General funds for jail diversion and spend down, with the balance of the allocations based on each CMHSPs non-Medicaid population that is at or below 200% of the Federal Poverty level.

Detailed information on the current CMHSP allocations and the impact of implementing the new methodology over the five year time period beginning October 1, 2018, is attached. Should you have any questions, please contact myself or Thomas J. Renwick.

Attachment

cc Lynda Zeller
Thomas J. Renwick
Farah Hanley
Kristen Jordan
Geraelyn Lasher
Karla Ruest
Kidada Smith
Nancy Vreibel
Jon Villasurda

CMHSP General Fund Distribution
Distribution detail by CMHSP based on workgroup approved methodology
Annual appropriation need: \$0

COMMUNITY MENTAL HEALTH SERVICES PROGRAM (CMHSP)	FY 2018 Non-Medicaid GF Authorization	200% FPL Model less Medicaid & HMP with Base Funding Model	New Model Less FY2018 Allocation	% Change, Current Methodology to New Model	PHASE OUT					
					FY2018 Base Year	YEAR 1 Implementaton	YEAR 2 Implementation	YEAR 3 Implementation	YEAR 4 Implementation	YEAR 5 Implementation
COPPER COUNTRY	667,477	1,248,471	580,994	87%	667,477	783,676	899,875	1,016,074	1,132,273	1,248,472
GOGEBIC	138,655	443,336	304,681	220%	138,655	199,591	260,527	321,463	382,399	443,335
HIAWATHA	687,587	1,214,836	527,249	77%	687,587	793,037	898,487	1,003,937	1,109,387	1,214,837
NORTHPOINTE	766,218	1,205,657	439,439	57%	766,218	854,106	941,994	1,029,882	1,117,770	1,205,658
PATHWAYS	1,153,679	1,936,236	782,557	68%	1,153,679	1,310,190	1,466,701	1,623,212	1,779,723	1,936,234
Region 1 Total:	3,413,616	6,048,536	2,634,920		3,413,616	3,940,600	4,467,584	4,994,568	5,521,552	6,048,536
AU SABLE	784,523	1,036,773	252,250	32%	784,523	834,973	885,423	935,873	986,323	1,036,773
MANISTEE/BENZIE	417,771	762,852	345,081	83%	417,771	486,787	555,803	624,819	693,835	762,851
NORTH COUNTRY	1,930,401	2,189,804	259,403	13%	1,930,401	1,982,282	2,034,163	2,086,044	2,137,925	2,189,806
NORTHEAST	699,887	1,202,789	502,902	72%	699,887	800,467	901,047	1,001,627	1,102,207	1,202,787
NORTHERN LAKES	2,021,632	2,905,486	883,854	44%	2,021,632	2,198,403	2,375,174	2,551,945	2,728,716	2,905,487
Region 2 Total:	5,854,214	8,097,703	2,243,489		5,854,214	6,302,912	6,751,610	7,200,308	7,649,006	8,097,704
ALLEGAN	715,792	1,707,737	991,945	139%	715,792	914,181	1,112,570	1,310,959	1,509,348	1,707,737
MUSKEGON	1,981,122	2,066,288	85,166	4%	1,981,122	1,998,155	2,015,188	2,032,221	2,049,254	2,066,287
NETWORK 180/KENT	5,178,652	7,642,378	2,463,726	48%	5,178,652	5,671,397	6,164,142	6,656,887	7,149,632	7,642,377
OTTAWA	1,320,244	3,874,164	2,553,920	193%	1,320,244	1,831,028	2,341,812	2,852,596	3,363,380	3,874,164
WEST MICHIGAN	1,063,644	1,266,847	203,203	19%	1,063,644	1,104,285	1,144,926	1,185,567	1,226,208	1,266,849
Region 3 Total:	10,259,454	16,557,415	6,297,961		10,259,454	11,519,046	12,778,638	14,038,230	15,297,822	16,557,414
BARRY	580,142	935,326	355,184	61%	580,142	651,179	722,216	793,253	864,290	935,327
BERRIEN	1,735,626	2,208,384	472,758	27%	1,735,626	1,830,178	1,924,730	2,019,282	2,113,834	2,208,386
KALAMAZOO	3,530,692	3,900,519	369,827	10%	3,530,692	3,604,657	3,678,622	3,752,587	3,826,552	3,900,517
PINES	557,932	880,616	322,684	58%	557,932	622,469	687,006	751,543	816,080	880,617
ST. JOSEPH	295,916	1,042,559	746,643	252%	295,916	445,245	594,574	743,903	893,232	1,042,561
SUMMIT POINTE	2,079,572	1,804,480	(275,092)	-13%	2,079,572	2,024,554	1,969,536	1,914,518	1,859,500	1,804,482
VAN BUREN	769,818	1,197,361	427,543	56%	769,818	855,327	940,836	1,026,345	1,111,854	1,197,363
WOODLANDS	569,037	867,093	298,056	52%	569,037	628,648	688,259	747,870	807,481	867,092
Region 4 Total:	10,118,735	12,836,338	2,717,603		10,118,735	10,662,257	11,205,779	11,749,301	12,292,823	12,836,345
BAY/ARENAC	1,325,949	1,626,052	300,103	23%	1,325,949	1,385,970	1,445,991	1,506,012	1,566,033	1,626,054
CENTRAL MICHIGAN	2,741,639	5,292,328	2,550,689	93%	2,741,639	3,251,777	3,761,915	4,272,053	4,782,191	5,292,329
CLINTON EATON INGHAM	4,436,165	6,559,232	2,123,067	48%	4,436,165	4,860,778	5,285,391	5,710,004	6,134,617	6,559,230
GRATIOT	365,251	656,730	291,479	80%	365,251	423,547	481,843	540,139	598,435	656,731
HURON	361,951	689,391	327,440	90%	361,951	427,439	492,927	558,415	623,903	689,391
IONIA	580,742	1,117,326	536,584	92%	580,742	688,059	795,376	902,693	1,010,010	1,117,327
LIFEWAYS	1,990,727	2,714,960	724,233	36%	1,990,727	2,135,574	2,280,421	2,425,268	2,570,115	2,714,962
MONTCALM	493,102	1,123,031	629,929	128%	493,102	619,088	745,074	871,060	997,046	1,123,032
NEWAYGO	424,071	888,175	464,104	109%	424,071	516,892	609,713	702,534	795,355	888,176
SAGINAW	2,665,724	2,272,863	(392,861)	-15%	2,665,724	2,587,152	2,508,580	2,430,008	2,351,436	2,272,864
SHIAWASSEE	634,762	1,043,911	409,149	64%	634,762	716,592	798,422	880,252	962,082	1,043,912
TUSCOLA	548,927	852,533	303,606	55%	548,927	609,648	670,369	731,090	791,811	852,532
Region 5 Total:	16,569,010	24,836,532	8,267,522		16,569,010	18,222,516	19,876,022	21,529,528	23,183,034	24,836,540

CMHSP General Fund Distribution
Distribution detail by CMHSP based on workgroup approved methodology
Annual appropriation need: \$0

COMMUNITY MENTAL HEALTH SERVICES PROGRAM (CMHSP)	FY 2018 Non-Medicaid GF Authorization	200% FPL Model less Medicaid & HMP with Base Funding Model	New Model Less FY2018 Allocation	% Change, Current Methodology to New Model	FY2018 Base Year	YEAR 1 Implementaton	YEAR 2 Implementation	YEAR 3 Implementation	YEAR 4 Implementation	YEAR 5 Implementation
LENAWEE	348,736	1,397,325	1,048,589	301%	348,736	558,454	768,172	977,890	1,187,608	1,397,326
LIVINGSTON	1,483,525	1,494,710	11,185	1%	1,483,525	1,485,762	1,487,999	1,490,236	1,492,473	1,494,710
MONROE	1,458,910	1,729,984	271,074	19%	1,458,910	1,513,125	1,567,340	1,621,555	1,675,770	1,729,985
WASHTENAW	2,784,574	4,597,669	1,813,095	65%	2,784,574	3,147,193	3,509,812	3,872,431	4,235,050	4,597,669
Region 6 Total:	6,075,745	9,219,687	3,143,942		6,075,745	6,704,534	7,333,323	7,962,112	8,590,901	9,219,690
DETROIT/WAYNE	39,437,641	16,966,739	(22,470,902)	-57%	39,437,641	34,943,457	30,449,273	25,955,089	21,460,905	16,966,721
Region 7 Total:	39,437,641	16,966,739	(22,470,902)		39,437,641	34,943,457	30,449,273	25,955,089	21,460,905	16,966,721
OAKLAND	12,755,683	10,322,559	(2,433,124)	-19%	12,755,683	12,269,058	11,782,433	11,295,808	10,809,183	10,322,558
Region 8 Total:	12,755,683	10,322,559	(2,433,124)		12,755,683	12,269,058	11,782,433	11,295,808	10,809,183	10,322,558
MACOMB	8,131,602	7,242,866	(888,736)	-11%	8,131,602	7,953,855	7,776,108	7,598,361	7,420,614	7,242,867
Region 9 Total:	8,131,602	7,242,866	(888,736)		8,131,602	7,953,855	7,776,108	7,598,361	7,420,614	7,242,867
GENESEE	5,145,362	3,967,407	(1,177,955)	-23%	5,145,362	4,909,771	4,674,180	4,438,589	4,202,998	3,967,407
LAPEER	659,672	1,084,787	425,115	64%	659,672	744,695	829,718	914,741	999,764	1,084,787
SANILAC	533,922	921,299	387,377	73%	533,922	611,397	688,872	766,347	843,822	921,297
ST. CLAIR	1,095,744	1,948,532	852,788	78%	1,095,744	1,266,302	1,436,860	1,607,418	1,777,976	1,948,534
Region 10 Total:	7,434,700	7,922,025	487,325		7,434,700	7,532,165	7,629,630	7,727,095	7,824,560	7,922,025
Grand Total:	120,050,400	120,050,400	0		\$120,050,400	\$120,050,400	\$120,050,400	\$120,050,400	\$120,050,400	\$120,050,400

**Northeast Michigan Community Mental Health Authority Board
COMMITTEE ROSTER**

April 2018 [New]

EXECUTIVE COMMITTEE

_____, Chair
_____, Vice Chair
_____, Secretary
_____, Past Chair

RECIPIENT RIGHTS COMMITTEE

Tom Fredlund
Renee Smart-Sheppler
Lorell Whitscell
Frank Walter
Ruth Hewett, Recipient Rights Officer

2017/2018 [Current]

EXECUTIVE COMMITTEE

Gary Nowak, Chair
Patricia Przeslawski, Vice Chair
Alan Fischer, Secretary
Roger Frye, Past Chair

RECIPIENT RIGHTS COMMITTEE

Judy Jones (Board Rep.)
Patricia Przeslawski (Board Rep.)
Steve Dean (Board Rep. Alt.)
Tom Fredlund
Renee Smart-Sheppler
Lorell Whitscell
Frank Walter
Ruth Hewett, Recipient Rights Officer



March 30, 2018

MEMORANDUM

To: Executive Directors
Executive Secretaries

FROM: Monique Francis

RE: Voting Delegates

Voting Delegates are Responsible for Voting
at the
SPRING CONFERENCE
in Novi on April 30, 2018 and must be
present to vote.

PLEASE REMEMBER THAT MEMBER
ASSEMBLY MEETINGS ARE NOW HELD ON
THE EVENING **PRIOR** TO THE START OF THE
CONFERENCE. DELEGATES MUST BE ABLE
TO ARRIVE BY 5:30PM THAT EVENING.

**VOTING DELEGATES
Member Assembly Meeting**

*Please fill out & fax this form to Monique at 517-374-1053
or email mfrancis@cmham.org by April 20, 2018*

You may choose different voting delegates for each CMHAM Member Assembly Meeting.

Please list your board's voting delegates for the Association Member Assembly Meeting to be held on **MONDAY, APRIL 30, 2018, at 5:30PM** at The Suburban Collection Showplace, Novi.

Your board's 3 voting delegates (or 5 for Stand Alone PIHP's) must sign in at the conference registration to receive their voting card on April 30, 2018. **EARLY BIRD REGISTRATION WILL OPEN AT 2:00PM TO ACCOMMODATE FOR THIS.**

Voting Privileges of CMHSPs/PIHPs: According to Association By-Laws, Article III (D): Voting privileges in the meetings of the Member Assembly shall be composed of three (3) delegates from each member CMHSP: two (2) board members and one (1) CMHSP executive director, OR, three (3) delegates from each member Regional Entity PIHP: two (2) board members and one (1) PIHP executive director, OR five (5) delegates for each member Stand Alone PIHP: four (4) board members and one (1) PIHP executive Director. The executive director vote may not be reassigned to any other individual. Voting by proxy is expressly prohibited.

Name of CMH/PIHP: <u>Northeast Michigan CMH Authority</u> Ex. Director <u>Cathy S. Meske</u> Bd. Member _____ Bd. Member _____	<u>Macomb/Oakland/Detroit Wayne PIHPs Only:</u> Name of PIHP: _____ Ex. Director _____ Bd. Member _____ Bd. Member _____ Bd. Member _____ Bd. Member _____
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MAY AGENDA ITEMS

Policy Review

Policy Review & Self-Evaluation

Board Job Description 02-003

Board Core Values 02-014

Monitoring Reports

Treatment of Consumers 01-002 [Recipient Rights Log]

Budgeting 01-004

Financial Condition 01-005

Activity

Finalize Strategic Planning Event

Ownership Linkage

Educational Session

Compliance Update



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

March 30, 2018

FRIDAY FACTS

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

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

RE:

- New e-mail addresses for Association staff
- Association soon to announce new membership opportunities
- Friday Facts to become a members-only electronic newsletter
- Work, Accomplishments, and Announcements of CMH Association Member Organizations
 - SWMBH receives public health award
- State and National Developments and Resources
 - Responses to Section 298 Pilot RFI posted
 - HCBS Heightened Scrutiny resurvey underway
 - Immunization records now available online for Medicaid beneficiaries through myHealthPortal and myHealthButton
 - NAMI Michigan announces annual conference.
 - NAMI Washtenaw County's Lifesavers Gala announced
 - 2018 Michigan Suicide Prevention Community Technical Assistance Meeting
 - 2018 Rural Healthcare Symposium
 - SAMHSA announces RFA for integrated care practice improvement
 - CHCS announces webinar: Beyond Cost and Utilization: Rethinking Evaluation Strategies for Complex Care Programs
 - National Association of Rural Mental Health opens nominations for awards
- Legislative Update
 - Shirkey Gaining Support On Healthy Michigan Boilerplate Change
- National Update
 - Stabenow Unveils New Legislation to Lower Cost of Prescription Drugs
- Ethics Training for Social Work and Substance Abuse Professionals for 2018
- CMHAM Spring Conference
- DBT SUMMIT
- MOTIVATIONAL INTERVIEWING FOR CHILDREN'S TRAINERS
- Smoking Cessation Leadership Annual Collections:2016 and 2017 Recorded Webinars
- CMHAM Association committee schedules, membership, minutes, and information

New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.**

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

SWMBH receives public health award

Southwest Michigan Behavioral Health (SWMBH) has been selected to receive a 2018 Hometown Hero Award from the Michigan Public Health Week Partnership in celebration of National Public Health Week. The Michigan Public Health Week Partnership is comprised of 10 public entities in the State of Michigan, just a few of which include the Michigan Department of Health and Human Services, Michigan Public Health Association, Michigan Public Health Institute as well as many state university public health departments.

This award recognizes individuals and organizations across the state working to improve the health of their local communities. SWMBH was nominated for the award in recognition of their Naloxone/Narcan training and distribution opioid overdose prevention program that since 2016 has trained law enforcement and community members on the administration of Naloxone/Narcan. Over 1482 free kits have been distributed to law enforcement in their eight county region and training has occurred for 59 participating Law Enforcement/Fire Fighting agencies and 2,052 community members. At the time of the nomination the program had reversed 202 known overdoses.

Congratulations to our colleagues at SWMBH.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Responses to Section 298 Pilot RFI posted

The Michigan Department of Health and Human Services (MDHHS) is providing another update on the Section 298 Initiative today. The Section 298 Initiative is a statewide effort to improve the coordination of physical health services

and behavioral health services in Michigan. This initiative is based upon Section 298 in the Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 107 of 2017.

MDHHS has received several requests for the responses from the Request for Information (RFI) process. MDHHS used a RFI to select the pilot sites for the Section 298 Initiative. MDHHS has posted all of the responses that were received by the department to the project webpage. The responses can be accessed through the following link:

Link to the RFI Responses: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_76181_82736---,00.html

MDHHS has also published an updated version of the weekly update to the project webpage (www.michigan.gov/stakeholder298). The Section 298 Action Team will develop and publish a weekly set of updates on the Section 298 Initiative throughout the implementation process.

For more information on the Section 298 Initiative, visit www.michigan.gov/stakeholder298.

HCBS Heightened Scrutiny resurvey underway

MDHHS recently announced that the Home and Community Based Services (HCBS) rules Heightened Scrutiny survey would be re-issued, this week (on or around March 29). The round of surveys will go only to those providers and participants who did not respond during the first Heightened Scrutiny survey round.

Providers will have one week to complete the survey and no exceptions will be provided. Participants will have two weeks to complete the surveys.

The Department indicated that the state's PIHPs have made their CMHs aware as they have been assisting in gathering and verifying the email information to send the resurveys out.

Immunization records now available online for Medicaid beneficiaries through myHealthPortal and myHealthButton

Below is a recent press release the ability of Medicaid beneficiaries to access their immunization records.

Medicaid beneficiaries can now access their immunization records both online and via a mobile app, the Michigan Department of Health and Human Services (MDHHS) announced today.

Research has shown that engaging individuals in their own healthcare can lead to healthier behaviors and better health outcomes. To help empower Michigan residents in managing their own health, MDHHS has made it possible for Medicaid, Healthy Michigan Plan and MICHild beneficiaries to download and view immunization records available from the Michigan Care Improvement Registry (MCIR).

Prior to this enhancement, beneficiaries had to contact their primary healthcare provider or local health department in order to get their immunization information. Through the web application myHealthPortal and mobile app myHealthButton, they will now be able to view their immunization history online, download a copy of their record and even determine recommended immunizations.

"MDHHS continues to explore and implement innovative ways for Michigan citizens to obtain their health information directly," said Eden Wells, MDHHS chief medical officer. "Having secure access to our health information, including our immunization records, allows us to better work with our physicians on improving our health."

MDHHS and MCIR are continuing work to make immunization information more easily available to all Michigan residents. Both the online portal and the mobile app require users to provide information to protect the health privacy of residents and ensure that access is given to the correct beneficiaries.

Current Medicaid, Healthy Michigan Plan, MIChild and Children's Special Healthcare Services members can create myHealthPortal or myHealthButton accounts at <https://myHB.state.mi.us>.

NAMI Michigan announces annual conference.

Below is a recent announcement of the Annual Conference of NAMI Michigan.

NAMI Annual State Conference

May 9th-11th, 2018

"Achieving Integrated Care in Michigan"

Grand Traverse Resort & Spa

100 Grand Traverse Village Blvd. Acme, MI 49610

Come experience our new informative, engaging, relaxed format. This year's conference promises to be our best-ever. Panel discussions, presentations and workshops, such as:

Crisis Intervention Training (CIT)

Nursing Workshops

Ask the Doctor

NAMI Affiliate Development

Assisted Out-Patient Treatment

Clubhouse Resources

Genetic Testing for Medications

Early Intervention for Psychosis

Keynote Speakers

- 2018 Candidates for Governor: Panel Discussion
- Integrated Healthcare: Panel Discussion
- Lynda Zeller: MDHHS Update (298 Pilot, Psychiatric Beds, etc.)
- Milton Mack: Decriminalization of Mental Illness: Fixing a Broken System
- Erin Barbossa: Mental resilience and health in the workplace
- Dr. Farha Abbasi: Cultural Mental Healthcare

Members: \$175.00

Members (w/golf): \$225.00

Non-members: \$250.00

Non-members (w/golf): \$300.00

Social Work and Nursing CEU's included!

REGISTRATION RATES INCREASE BY \$50.00 AFTER APRIL 13, 2018 -- End of Business

NO REFUNDS AFTER APRIL 20, 2018

Room rate is \$129.00/night + tax and \$16.95 daily resort fee

Reserve your rooms now: (800) 968-7352

Register at: www.namimi.org/events

NAMI Washtenaw County's Lifesavers Gala announced

Below is a recent announcement, from NAMI Washtenaw County, of its upcoming Lifesavers Gala.

Sunday May 6th, 2018, 6:00-9:00 pm.

Portage Yacht Club

8930 Dexter Pinckney Rd.

Pinckney, MI 48169

Spend an evening helping us reach 3,000 more students, teachers and parents with NAMI suicide prevention programs. Join us for a night at the yacht club enjoying views of the lake. Guests will enjoy a lovely event in support of our mental health awareness programs featuring a variety of hot and cold appetizers, wine and beer, dessert items and a silent auction.

Please consider helping in one of the following ways:

- Sponsorship: donate \$500, \$1000, \$2500, \$5000
- Donation of gift cards for anything in the self-care category (such as massages, meals out, spa packages etc.)
- Purchase event tickets \$100 per person.

To order tickets, donate and for more details: <https://www.eventbrite.com/e/nami-washtenaw-county-lifesavers-gala-tickets-44230203730>

2018 Michigan Suicide Prevention Community Technical Assistance Meeting

Below is a notice from the Michigan Association for Suicide Prevention and MDHHS.

This is a *friendly reminder* that the registration deadline for the 2018 Michigan Suicide Prevention Community Technical Assistance Meeting (CTAM) is fast approaching. Spots are filling up fast – so register today! Registration is online again this year making it quick and easy.

This Technical Assistance Meeting will take place at:

May 2 – May 4, 2018
Ralph A. MacMullan Conference Center
102 Conservation Drive
Roscommon, Michigan

This is a great opportunity to network with your peers and to learn from national experts, as well as “boots on the ground” folks in Michigan. In an effort to keep the spirit of the conference one that is intimate and provides rich opportunities for networking, registration is limited to 100 people. See the attached handout for more information about the meeting, as well as a link to the registration site. Please note the firm deadline for registration is April 16th.

We have another terrific group of presenters lined up this year, including plenary speakers you won't want to miss including:

- *David Litts*; co-leader of the Faith Communities Task Force of the National Action Alliance for Suicide Prevention
- *Colleen Creighton*; Executive Director of the American Association of Suicidology.
- *Kate Hardy*; President and CEO of Six Feet Over

This year there will also be a variety of breakout sessions covering key topics such as: Crisis services/Crisis lines; Suicide death review ; Safety planning; Secondary traumatic stress; Advocacy; Implementing the key elements for comprehensive community-based suicide prevention in your community; The spectrum of suicide prevention

Additionally, there will be the opportunity to share information on any suicide prevention-related activities, big or small, that you have been working on. Displays or materials (it doesn't have to be anything fancy!) can be laid out first thing in the morning on Thursday and left out all day.

Registration

Registration is \$75.00 and includes up to two nights lodging (double occupancy) and six meals. In an effort to keep the spirit of the conference one that is intimate and provides rich opportunities for networking, registration is limited to 100 people.

The registration deadline is April 16th. Register online at: <http://tiny.cc/CTAM2018>

2018 Rural Healthcare Symposium

The Rural Healthcare Symposium is a focused policy discussion on the past, present, and future of rural healthcare, with an emphasis on possible solutions. We're excited to host the following local and national experts to lead that discussion on Thursday, April 5th:

Maggie Elehwany, JD; Government Affairs and Policy Vice President, National Rural Health Association
Ron Manderscheid, PhD; Executive Director, National Association for Rural Mental Health
Paul Force-Emery Mackie, PhD; Immediate Past President, National Association for Rural Mental Health
Judy Fitzgerald; Commissioner, Georgia Dep't of Behavioral Health and Developmental Disabilities
Sarah Vinson, MD; Morehouse School of Medicine
Kalyn Lane, MD; Unison Behavioral Health
Robert E. Gordon, Jr., JD; UGA Archway Partnership
Talbot "Mac" McCormick, MD; Eagle Telemedicine

Elizabeth G. NeSmith, PhD, RN; Augusta University
Robin Rau; CEO, Miller County Hospital (GA)
Lou Semrad; CEO, Jefferson Hospital (GA)
Vicki Lewis; CEO, Coffee Regional Medical Center (GA)
Roger Forgey; CEO, Stephens County Hospital (GA)
Tyler Williams; Director, Operational Support, Habersham Medical Center (GA)

This event is free to attend, but please RSVP in advance to secure your spot. Only two weeks away!
<http://www.bolingandcompany.com/rhs>

SAMHSA announces RFA for integrated care practice improvement

Request for Applications Announced for Four Innovation Communities: A Rapid-Cycle Improvement Opportunity to Transform your Integrated Health Practices

In this rapidly changing healthcare environment, it is imperative that organizations know how to keep pace.

For 2018, the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) is providing a cost-free opportunity for qualified organizations to take part in rapid-cycle improvement processes to innovate services through involvement in an Innovation Community.

Innovation Communities are expert-facilitated groups of up to 15 organizations who come together to focus on an area of behavioral and primary healthcare integration innovation. Organizations learn from experts and each other during an intensive four-month period.

This year, the topics of innovation are:

- Building Integration in Pediatric Care Settings - <https://form.jotform.com/80865384879982>
- Implementing Team Based Care - <https://form.jotform.com/80865659479983>
- Implementing Pain Management Guidelines in Integrated Care Settings- <https://form.jotform.com/80866325179971>
- Preparing for Value-Based Payment in Behavioral Health and Primary Care- <https://form.jotform.com/80865428379976>

Each Innovation Community is facilitated by two CIHS staff and up to three additional subject matter experts. Teams from participating organizations set goals specific to their integration needs and then build skills and strategies throughout the Innovation Community to address these goals. Participating teams come from a variety of organizations who offer integrated primary and behavioral health care services and will receive the knowledge and skills necessary to effectively implement the innovation topic at their organization.

Requirements & Structure: Organizations admitted into an Innovation Community are required to have executive leadership support in order to commit adequate staff time (i.e., approximately 1.5 hours/week) to participate in all Innovation Community activities. The summer innovation community cohort will run from May to August 2018.

Each participating organization is required to:

- Attend monthly webinars
- Develop a workplan
- Attend monthly group and individual coaching calls
- Briefly present your findings in a closing report-out webinar

Ready to Get Started?

Don't miss out on this opportunity - there are no direct costs to participate, only staff commitment and active engagement. Apply by Wednesday, April 11, 2018.

Apply Now: www.integration.samhsa.gov/about-us/innovation_communities_2018

For more information, please visit the 2018 Innovation Communities webpage (above) or contact MadhanaP@TheNationalCouncil.org.

CHCS announces webinar: Beyond Cost and Utilization: Rethinking Evaluation Strategies for Complex Care Programs

Center for Health Care Strategies

Beyond Cost and Utilization: Rethinking Evaluation Strategies for Complex Care Programs

Date: April 9, 2018, 2:00 – 3:30 pm (ET)

As organizations across the country seek to enhance care management programs for low-income individuals with complex medical and social needs, it is critical to identify which models are effective. However, relying solely on cost and utilization to assess program effectiveness may overlook other positive impacts, such as improving quality of life, achieving housing stability, or generating savings to other public systems.

This webinar, cosponsored by the Center for Health Care Strategies' *Complex Care Innovation Lab* and the National Center for Complex Health and Social Needs (National Center), will review the merits and limitations of traditional complex care evaluation approaches and explore new ways to effectively evaluate these programs. This webinar is made possible by Kaiser Permanente Community Health. It is part of a quarterly series on complex care, hosted by the Policy Committee of the National Center.

Register at:

https://www.chcs.org/resource/beyond-cost-utilization-rethinking-evaluation-strategies-complex-care-programs/?utm_source=CHCS+Email+Updates&utm_campaign=3ed77c3aa8-EMAIL_CAMPAIGN_2018_03_19&utm_medium=email&utm_term=0_bbc451bf-3ed77c3aa8-152144421

National Association of Rural Mental Health opens nominations for awards

The National Association of Rural Mental Health recently announced that nominations are being accepted for a number of national recognition awards. The call for nominations is provided below:

Ann Schumacher Rural Clinical Practice Award: The Ann Schumacher award recognizes and memorializes the significant contribution of Ann Schumacher, LCSW, past president elect to the National Association of Rural Mental Health. The award is presented annually to an experienced practitioner who has demonstrated excellence, innovation, professional development and who has worked with domestic violence. The award will be presented during the award ceremony at the NARMH Annual Conference. The 200 word submission deadline is May 7, 2018. Email nominations to Lu Ann Rice at luann@togevents.com.

Criteria for Ann Schumacher Award: Practices in a rural area; Leads or participates in an innovative or cutting edge project; Demonstrates a knowledge of working in a rural setting where the environment is often resource deprived and distanced challenged; Attends workshops and /or works toward certification, licensure or an advanced degree; Works with domestic violence issues; Experienced clinician (more than two years); Cross generational experience in all ages and diverse ethnicity; Faith as critical part of life and practice without discriminating against other beliefs; and Family involvement and community involvement.

Peter G. Beeson Rural Arts Award: The National Association for Rural Mental Health established the Rural Arts Award in 2007 to honor the life-long contributions of Peter G. (Pete) Beeson to both rural mental health and the rural arts. Pete has been a long time member of NARMH, also a member of its board of directors as well as a Howery Award winner. Pete is recognized within the association for his masterful writing about rural life and his beautiful photography both of which have graced the pages of many NARMH publications. The board established the award and recognized Pete as the inaugural recipient at a plenary session during the 2007 NARMH Annual Conference in Kansas City.

Rural Arts Award Nominations: Nominees will have been recognized for their contributions to the arts that highlight aspects of rural life as a central focus of their work. Using five hundred words or less, describe the nominee, their preferred art form and the way in which it depicts rural life.

Submit your nominations via email to the Lu Ann Rice at luann@togevents.com. A committee will review the nominees to select the recipient. Nominations must be received by May 7, 2018. If the first choice recipient is not able to attend the conference to receive the award, an alternate choice will be contacted.

LEGISLATIVE UPDATE

Shirkey Gaining Support On Healthy Michigan Boilerplate Change

Two key lawmakers said they are supportive of Sen. Mike Shirkey's attempt to effectively require beneficiaries of Healthy Michigan to pay more in co-pays and annual premiums if they don't move out of the expanded Medicaid program to the individual insurance market after four years.

Both chairs of the appropriations subcommittees overseeing the Department of Health and Human Services (DHHS) budget said they like the idea of inserting a provision in the Fiscal Year (FY) 2019 spending plan to clarify that Michigan's 2013 Healthy Michigan law required recipient buy-in and that's not what they see is happening.

Instead, Rep. Ned Canfield (R-Sebewaing), a medical doctor by profession, said two-thirds of recipients don't pay their contributions and 60 percent don't pay their fair share of co-pays.

"I don't think that was the intent of the law these men and women thought they were passing," Canfield said. "I believe the Legislature that passed Healthy Michigan did a brilliant job of displaying how we can help people and then help them out of Medicaid."

Healthy Michigan is the 2013-passed Medicaid expansion program pushed by Governor Snyder that only passed a reluctant Republican-controlled Legislature after then-Rep. Shirkey and Sen. Roger Kahn (R-Saginaw) required DHHS to get two waivers.

The first required the expanded population of those making between 100 and 133 percent of the federal poverty level to contribute 2 to 5 percent of their income for service. The second required this population to pay up to 7 percent of their

income after four years or find insurance on the health exchange.

A reluctant Centers for Medicare and Medicaid Services (CMS) under President Obama was among the reasons the waiver ended up getting implemented in a way that nobody is getting moved off the benefit, Shirkey said. "I believe the Department had some headwind, but I also believe it's not in the nature of the Department to design a system by which people go off the benefit," Shirkey said.

The result is that the program is not running consistent with statute and either the program needs to change or the statute. Neither Shirkey or Sen. Peter MacGregor (R-Rockford), chair of the Senate DHHS Appropriations Subcommittee, said they're interested in changing the statute. "What we passed in 2013 and what we've implemented is running in opposite directions," MacGregor said. "Something needs to change." For MacGregor, the point is not about saving the state money, it's about encouraging able-bodied recipients to begin training for the numerous skilled trades available in Michigan's job market. "I see this as a win-win," he said. He also noted Healthy Michigan was designed to push recipients to lead healthier lives. He's not sure that's being pushed either.

Shirkey said he understands that as it's currently being run, moving the expanded Medicaid population to the health insurance exchange would cost more money, but that's because the program isn't being run the way the law intended. "The department has to resubmit the waiver so it aligns with the statute," Shirkey said.

Sen. Curtis Hertel (D-East Lansing), a Democratic member on the DHHS Appropriations Subcommittee, said he's not convinced Shirkey is barking up the right tree with the boilerplate addition. Hertel commended Shirkey for the courage it took to move the Healthy Michigan program in 2013, but the law is written vaguely and is open to interpretation. "If you don't believe the Department is following the statute, there's a process for that and that's the courts," Hertel said. "This is up for interpretation, but I don't think a new legislature can interpret the meaning of an old Legislature and then try to put in boilerplate what a different law means."

While Shirkey was in the room when the law was written, that doesn't mean it's "his baby," Hertel said. "So while I have an enormous amount of respect for Sen. Shirkey and the work he did on the law, I think saying that his interpretation is the right interpretation gives him a lot more power than I'm comfortable with him having," he said.

Asked about earlier this month about Shirkey's concerns and if the state intended for this to unfold the way it has with the way it crafted the waiver, DHHS spokesperson Lynn SUTFIN said the transition to the exchange is being implemented in compliance with federal law. In addition, Sutfin said Shirkey "has made us and the Governor's office aware of his concerns and our legal teams are reviewing."

NATIONAL UPDATE

Stabenow Unveils New Legislation to Lower Cost of Prescription Drugs

U.S. Senator Debbie Stabenow (D-MI) this week unveiled new legislation aimed at lowering the cost of prescription drugs. Americans pay – by far – the highest prices in the world for prescription drugs. Prices for the most popular brand-name drugs have risen 208% from 2008 to 2016, according to AARP.

Stabenow is announcing three pieces of legislation that will combat rising prescription drug costs:

- The bipartisan ***Know the Lowest Price Act (S.2553)*** cracks down on outrageous gag clauses that stop pharmacists from telling customers that they could pay less for their prescription if they pay out of pocket.

- The ***Empowering Medicare Seniors to Negotiate Drug Prices Act (S.1688)*** would allow the Secretary of Health and Human Services to directly negotiate with drug companies for price discounts of their drugs, which is banned under current law.

And the *Affordable and Safe Prescription Drug Importation Act (S. 469)* authorizes the Secretary of Health and Human Services to issue regulations permitting wholesalers, licensed U.S. pharmacies, and individuals to import drugs from licensed Canadian sellers that are manufactured at facilities inspected by the Food and Drug Administration. Currently, Americans pay about 40 percent more on prescriptions per person than Canadians do.

More details on Senator Stabenow's prescription drugs legislation may be found at:
<https://www.stabenow.senate.gov/about/issues/lowering-costs-of-prescription-drugs>

Below is the press release of Senator Stabenow's Lansing press conference on this package of bills, at which the CMH Association staff was part of the panel

Stabenow Unveils New Legislation to Lower Cost of Prescription Drugs

U.S. Senator Debbie Stabenow (D-MI) today unveiled new legislation aimed at lowering the cost of prescription drugs during an event at Sparrow Health Center Lansing. Americans pay – by far – the highest prices in the world for prescription drugs. Prices for the most popular brand-name drugs have risen 208% from 2008 to 2016, according to AARP.

"I continue to stand up to the drug lobbyists and special interests because it is morally wrong to keep prices for your medications so high," said **Senator Stabenow**. "The passage of my legislation would make a major difference for Michigan families."

"The Know the Lowest Price Act is one important step that everyone can agree on to help address the issue of rising prescription drug prices," said **Stacey Pearl, Pharm. D, Director, Sparrow Pharmacy Plus**. "Sparrow is absolutely committed to helping the region and patients receive the best quality care and that includes making sure they get the medicine they need at the most affordable price."

"I rely on prescription medication to stabilize my diabetes and prevent heart attacks," said **Linda Addis, a 69-year-old senior living in Lansing**. "Last year, the price of just one of my medications tripled from \$683 to \$2,236 with zero warning. Another, my inhaler for asthma, went from \$367 to \$1,182. If I took all medications as prescribed, I would have reached the coverage gap for Medicare Part D at the end of February. I live on a fixed income of \$900 in Social Security and \$700 in pensions. I desperately need this medication and don't know what else to do but to only take the expensive medications sparingly."

"Access to psychotropic, or mental health, medications is critical for all of those in our country with mental health needs," said **Robert Sheehan, CEO Community Mental Health Association of Michigan**. "For many people, recovery and the maintenance of stable healthy relationships, meaningful employment, and academic success are contingent upon access to highly affective psychotropic medications. Access to these psychotropic medications is dependent on ensuring that the costs of these medications remain reasonable and that persons using these medications have the information needed to make decisions to keep these costs reasonable. We appreciate Senator Stabenow's longstanding leadership on these issues and her efforts to address the rising costs of prescription drugs."

Pharmaceutical and health product lobbying reached \$279 million last year, more than any other industry. Stabenow is announcing three pieces of legislation that will combat rising prescription drug costs:

- The bipartisan *Know the Lowest Price Act (S.2553)* cracks down on outrageous gag clauses that stop pharmacists from telling customers that they could pay less for their prescription if they pay out of pocket.
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ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

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

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

Trainings offered on the following dates.

- April 25 - Lansing
- May 30 - Lansing
- June 27 –Kalamazoo
- July 11 - Troy
- August 22 – Lansing

Training Fees: (fee includes training material, coffee, lunch and refreshments.

\$115 CMHAM Members

\$138 Non-Members

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

CMHAM ANNUAL SPRING CONFERENCE:

The CMHAM Spring Conference, "Collaboration & Innovation: A Formula for Success," will be held on:

Full Day Pre-Conference: Monday, April 30, 2018

Full Conference: Tuesday, May 1, 2018 & Wednesday May 2, 2018

Conference Location:

The Diamond Center at Suburban Collection Showplace

46100 Grand River Ave, Novi MI 48374

Conference and overnight materials will be out next week!

DBT SUMMIT

Register for the DBT Summit held on Thursday, April 19, 2018, at the Kellogg Hotel & Conference Center in East Lansing. The Summit has been approved for up to 12 Social Work CEs.

This summit is for attendees who have interest in the learning and dissemination of Dialectical Behavior Therapy (DBT) in a Community Mental Health Service Provider (CMHSP) or Pre-Paid Inpatient Health Plan (PIHP) setting or an agency who is a provider for CMHSP or PIHP. This includes administrators, clinical directors, case managers, clinicians, and peer support specialists. This educational opportunity is intended for publicly funded providers at all levels of practice (beginning, intermediate and/or advanced).

The cost \$125 per person. The fee includes training materials, continental breakfast and lunch. Deadline for Hotel room block is April 7, 2018. Call the hotel directly for reservations for reserved block of rooms. Registration is only available online: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa1fe7ejnfe3fd2&Lang=*

MOTIVATIONAL INTERVIEWING FOR CHILDREN'S TRAINERS – May 3-4 in Lansing

Motivational Interviewing (MI) is a person-centered counseling style for addressing the common problem of ambivalence about change. It is an empirically-supported treatment (EST) with established benefit across a wide variety of ages, cultures, socio-economic conditions, and diagnoses. Essential constructs of MI include avoiding confrontation while demonstrating empathic listening and eliciting an individual's own reasons for contemplating and committing to making a change. Motivational Interviewing is often drawn upon when initially meeting and engaging with clients to help with creation of a change plan, but can benefit the cyclical course of commitment to change as is typical throughout a service episode. MI is compatible with most other forms of treatment and service settings, including in schools, juvenile centers, home-based treatment, and family therapy. Who Should Attend: This course is appropriate for any direct-service staff who work with youth or families in a mental or physical health service setting and who encounter individuals who struggle with their commitment to making life changes. Supervisors and administrators may also benefit from learning course content in order to coach staff and advise organizational practices. Limited to 40 participants. Registration is only available online: <https://www.macmh.org/save-the-date/basic-skills-motivational-interviewing-conversations-youth-and-families-increasing-0>

SMOKING CESSATION LEADERSHIP ANNUAL COLLECTIONS: 2016 AND 2017 RECORDED WEBINARS

In celebration of the SCLC's 15th Anniversary, we are giving away FREE CME/CEs, *for a limited time*, for two webinar collections: 2016 & 2017 recorded webinars.

- **2017:** This Collection of recorded webinars from SCLC includes all 10 webinars released during 2017, for a total of 13.50 CE credits. Topics include lung cancer screening, engaging health professionals, state and community approaches to tobacco control, quitlines, behavioral health, smoking mothers, cessation efforts in public housing community health centers, smokeless tobacco, behavioral health/public health partnerships, young adult smokers, and tobacco harm reduction.

For more information and to register for this collection:

<https://cmecalifornia.com/Activity/6245474/Detail.aspx#Ink6245474>

Use the discount code SCLC@15 to waive the \$65 fee.

- **2016:** This Collection of recorded webinars from SCLC includes all nine webinars released during 2016, for a total of 14.0 CE credits. Topics include social smoking among young adults; social media interventions for cessation; tobacco use among African-Americans; pharmacotherapy; tobacco use among the homeless; smokers with mental health conditions; thirdhand smoke; and example smoking cessation programs from Kaiser Permanente and the Truth Initiative.

For more information and to register for this collection,

<https://cmecalifornia.com/Activity/6244262/Detail.aspx#Ink6244262>

Use the discount code SCLC@15 to waive the \$65 fee.

Expires 03/31/2018

Note: You are still able to take an individual webinar if you wish, however, payment will be due to receive the CE credit. If you register for a Collection, it will be complimentary, and you don't have to take all of the webinars in the Collection to receive credit.

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

Have a Great Weekend!



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

March 23, 2018

FRIDAYFACTS

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

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

RE:

- **New e-mail addresses for Association staff**
- **Association soon to announce new membership opportunities**
- **Friday Facts to become a members-only electronic newsletter**
- **Work, Accomplishments, and Announcements of CMH Association Member Organizations**
 - **LRE issues managed care RFP**
 - **Genesee Health System employee named to national Leadership Program**
- **State and National Developments and Resources**
 - **CMS Proposes Regulation to Alleviate State Burden**
 - **CMS nixes Idaho's ACA workaround but encourages short-term plans**
 - **Sandy Hook Promise announces new PSA**
 - **Mental Health and Aging Conference announced**
 - **Report on medical and behavioral health needs of formerly incarcerated persons re-entering community life issued**
 - **Medical Schools Adding Focus On Developmental Disabilities**
 - **Record Numbers of College Student Are Seeking Treatment for Depression and Anxiety – Bust Schools Can't Keep Up**
- **Legislative Update**
 - **Senate Committee Holds Hearing on Medicaid Work Requirements Bill**
 - **Guns Not Mentioned in New School Safety Proposal**
- **National Update**
 - **National Council Hosts Integration Briefing on Capitol Hill**
- **Ethics Training for Social Work and Substance Abuse Professionals for 2018**
- **EMDR Training**
- **CMHAM Association committee schedules, membership, minutes, and information**
- **Smoking Cessation Leadership Annual Collections: 2016 and 2017 Recorded Webinars**

New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.**

WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

LRE issues managed care RFP

Lakeshore Regional Entity (LRE' Region 3) is inviting proposals from Managed Care Entities (MCE) to provide Managed Care functions, outlined in the MDHHS contract for the region. The selected MCE will focus on providing excellence in the administration, oversight of standards and improved quality of services and support for Medicaid beneficiaries throughout the region. The RPF can be found at <http://www.l sre.org> The LRE encourages all entities meeting these qualifications to submit a letter of intent by March 23, 2018, 5:00pm Eastern Time.

Genesee Health System employee named to national Leadership Program

Below is a recent announcement from the National Council for Behavioral Health related to the selection of Genesee Health System (a member of this Association) to the Addressing Health Disparities Leadership Program class of 2018. Congratulations to Carrie Chanter.

I'm pleased to announce that final selections have been made for the Addressing Health Disparities Leadership Program class of 2018. This year's cohort includes participants from 17 states and the District of Columbia. The cohort will be convening in person at NatCon18 and we look forward to sharing with you opportunities to meet them there.

Name	Organization	State
Sarah Andrade	Lifeways, Inc.	Idaho

Tiffany Callender	Horizon Foundation	Maryland
Alicja Carter	Gateway to Prevent and Recovery	Oklahoma
Eledys Cedenó	Passageway Residence of Dade County, Inc.	Florida
Carrie Chanter	Genesee Health System	Michigan
Tiffany Delaney	Integrity House	New Jersey
Elizabeth Dickeson	The Arc of Anchorage	Alaska
Tonica Freeman-Foster	Central Florida Behavioral Health Network	Florida
Maileen Hamto	Aurora Mental Health Center	Colorado
Carmen Heredia	Valle del Sol	Arizona
Stacy Hodgkinson	Children’s National Health System	District of Columbia
Holly Jordt	Flathead City-County Health Department	Montana
Mari Kriescher	Oneida Nation	Wisconsin
Aja Owens	Poetry for Personal Power	Missouri
Shakira Perez-Jones	Mental Health Association of New York City	New York
Lindsay Riggs	Helen Ross McNabb Center	Tennessee
Sandy Ryman	Greater Oregon Behavioral Health Inc.	Oregon
Delores Williams	Mental Health and Recovery Services Board	Ohio
Nation Wright	Santa Fe Recovery Center	New Mexico

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMS Proposes Regulation to Alleviate State Burden

Below is an excerpt from a recent press release on reduction in the federal oversight required of changes to the rates paid under Medicaid managed care.

Proposed rule furthers President Trump’s commitment to “cutting the red tape” by relieving states of burdensome paperwork requirements.

... The Centers for Medicare & Medicaid Services (CMS) issued a notice of proposed rulemaking (NPRM) that would provide state flexibility from certain regulatory access to care requirements within the Medicaid program. Specifically, the NPRM would exempt states from requirements to analyze certain data and monitor access when the vast majority of their covered lives receive services through managed care plans. CMS regulations separately provide for access requirements in managed care programs. Additionally, the NPRM would provide similar flexibility to all states when they make nominal rate reductions to fee-for-service payment rates.

States have raised concerns over undue administrative burden associated with meeting the requirements of the final rule, Medicaid Program; Methods for Assuring Access to Covered Medicaid Services (published in November 2015). Specifically, states with few Medicaid members enrolled in their fee-for-service program or when members are only temporarily enrolled, and states making small reductions to fee-for-service payment rates, have urged CMS to consider whether analyzing data and monitoring access in that program is a beneficial use of state resources. To respond to these concerns, the NPRM proposes the following changes:

- States with an overall Medicaid managed care penetration rate of 85% or greater (currently, 17 States) would be exempt from most access monitoring requirements.

- Reductions to provider payments of less than 4% percent in overall service category spending during a State fiscal year (and 6% over two consecutive years) would not be subject to the specific access analysis.
- When states reduce Medicaid payment rates, they would rely on baseline information regarding access under current payment rates, rather than be required to predict the effects of rate reductions on access to care, which states have found very difficult to do.

This notice furthers President Trump’s commitment to “cut the red tape” and is part of a series of initiatives aimed at helping states focus more resources and time on patient outcomes in their Medicaid programs. In a speech to the National Association of Medicaid Directors last year, CMS Administrator Seema Verma emphasized CMS’s commitment to “turn the page in the Medicaid program” by giving states more freedom to design innovative programs that achieve positive results for the people they serve. In total, the proposed changes are estimated to reduce state administrative burden by 561 hours with a total savings of over \$1.6 million.

These proposed regulatory changes do not change the underlying statutory responsibilities for states to ensure that Medicaid recipients have appropriate access to services. These efforts are instead designed to support CMS efforts to move away from micromanaging state programs and instead focus on measuring program outcomes and holding states accountable for achieving results.

“Today’s proposed rule builds on our commitment to strengthening the Medicaid program and assist those it serves through state partnerships that improve quality, enhance accessibility and achieve outcomes in the most cost effective manner,” said CMS Administrator Seema Verma. “These new policies do not mean that we aren’t interested in beneficiary access, but are intended to relieve unnecessary regulatory burden on states, avoid increasing administrative costs for taxpayers, and refocus time and resources on improving the health outcomes of Medicaid beneficiaries.”

In a March 14, 2017 letter to Governors, (<https://www.hhs.gov/about/news/2017/03/14/secretary-rices-and-cms-administrator-verma-take-first-joint-action.html>) the Department of Health and Human Services and CMS announced a new commitment “to empower all states to advance the next wave of innovative solutions to Medicaid’s challenges – solutions that focus on improving quality, accessibility, and outcomes in the most cost-effective manner.”

For more information regarding CMS 2406-P: Methods for Assuring Access to Covered Medicaid Services – Exemptions for States with High Managed Care Penetration Rates and Rate Reduction Threshold, and to make a comment regarding the proposed rule, please visit (<https://www.medicaid.gov/medicaid/access-to-care/index.html>)

CMS nixes Idaho’s ACA workaround but encourages short-term plans

Below is an excerpt from a recent Modern Healthcare edition on a decision by CMS to disallow the weakening of ACA consumer protections.

Health insurance groups were guardedly relieved by the CMS’ decision to block Idaho’s move to allow noncompliant plans, as they feared other GOP-led states similarly would seek to unravel the Affordable Care Act’s consumer protections.

The full article can be found at:

<http://www.modernhealthcare.com/article/20180308/NEWS/180309904/cms-nixes-idahos-aca-workaround-but-encourages-short-term-plans>

Sandy Hook Promise announces new PSA

Below is a recent announcement from Sandy Hook Promise (a national advocacy group designed to reduce and eliminate school shootings) on the availability of a public service announcement developed, by Sandy Hook Promise, for use in communities across the country.

Please see our new PSA “The Other Side” that aired this morning on The Today Show and Morning Joe. This PSA continues our mission to train youth and adults to be upstanders to prevent gun violence (and all violence). Sandy Hook Promise trains schools and community organizations around the country at no-cost in our evidence-based “Know the Signs” program. To date, SHP has trained more than 3 million students, teachers, and law enforcement officials in all 50 states. As a result, we have helped avert multiple threats-including school shooting pilots, suicides, and other threats of violence, as well as helping to reduce bullying and getting hundreds of individual’s mental health assistance.

Sandy Hook Promise is now launching the Say Something Anonymous Reporting System (SS-ARS) into schools across the country, including accelerated rollout in four of the most at-risk states for gun violence. SS-ARS allows students to submit secure and anonymous safety concerns to help identify and intervene when someone is at-risk of hurting themselves or others. Concerned students simply submit a tip using the SS-ARS app or website and/or call the 24/7 crisis center. Our crisis center then triages the tip and dispositions it back into participating school districts and, as needed, to law enforcement.

Please help us continue to spread out work and message and share this PSA with your networks and schools in your community.

New PSA – “The Other Side”

Created by BBDO NY and the same director of “Evan” and “Tomorrow’s News”, our new 30 second PSA “The Other Side” continues the theme of the need to know the signs and act on them, this time pointing to the Say Something Anonymous Reporting System and urging viewers to go to SaySomething.net to register to bring the system to their school. This begins our rollout of SS-ARS nationally.

The link to the PSA is here: <http://qInk.io/qI/5ab2ed03e4b0a364c2df4faa>

Social Media for “The Other Side”

- Tell your school to take action and adopt the #SaySomething Anonymous Reporting System today at SaySomething.net
- This powerful new spot shows why it is so important to learn the signs and take action. Visit SaySomething.net to learn how #SaySomething
- Learn the signs. Take action. With the #SaySomething Anonymous Reporting System

Mental Health and Aging Conference announced

The Mental Health & Aging Project will present the 30th annual Mental Health & Aging Conference at Michigan State’s Kellogg Center on May 15 and 16, 2018.

Attendees of the Conference will have the opportunity to choose from 19 workshops. Continuing education hours are available for nurses and social workers. Click here to see the brochure.

https://www.lcc.edu/mhap/PROGRAMS/2018_MHAP_Conference_Brochure_FINAL.pdf Click here to register on-line: https://www.lcc.edu/mhap/forms/conf_regis_2018.aspx or you may fax or mail the registration form. Registration deadline is May 4th.

Note: Community Mental Health staff responsible for PASRR evaluations are eligible for reimbursement (to their agency) for the costs of attending this Conference, using the regular PASRR billing process through the MDCH Office of Nursing Homes/OBRA Programs.

Please forward this email to other colleagues who may be interested in attending. CE's are available for social workers and nurses.

For additional information contact: *Matt Beha; Mental Health & Aging Project; Phone: 517-483-1529*
Email: BEHAM@LCC.EDU; Website: WWW.LCC.EDU/MHAP

Report on medical and behavioral health needs of formerly incarcerated persons re-entering community life issued

California Health Policy Strategies published a detailed report examining the medical and behavioral health needs of people who are reentering their communities following incarceration. The authors make recommendations on how to overcome barriers to improving care and lowering costs, especially for those who have complex care needs, a serious mental illness, or both.

The report can be found at:
<http://calhps.com/reports/Overview-and-Policy-Briefs.pdf>

Medical Schools Adding Focus On Developmental Disabilities

Below is an excerpt from recent article, from the American Academy of Developmental Medicine and Dentistry on the growth of medical school curricula focused on intellectual and developmental disabilities.

An innovative new program is aiming to ensure that the next generation of doctors is far more prepared to treat the needs of those with intellectual and developmental disabilities.

A half-dozen medical schools across the country are already part of the effort dubbed the National Curriculum Initiative in Developmental Medicine. Led by Dr. Priya Chandan at the University of Louisville, the group will ultimately expand to include 12 schools that will each design and implement their own curriculum covering communication and clinical skills.

"Having more providers trained in developmental medicine and taking care of this population across the lifespan will result in better access to care and also better quality of care," Chandan said.

Since the program began at the University of Louisville last year, for instance, all second-year medical students now meet with Special Olympics athletes to learn about their needs. A fourth-year elective rotation at a clinic treating patients with intellectual and developmental disabilities has drawn students whose specialties vary from general surgery to obstetrics/gynecology, Chandan said.

The four-year initiative is a partnership between Special Olympics International and the American Academy of Developmental Medicine and Dentistry, which award each participating medical school a \$25,000 grant. In addition to the University of Louisville, the other five schools are the Baylor College of Medicine, the University of Colorado, The Ohio State University, Case Western Reserve University and Georgetown University. Six more will be selected.

Chandan said her interest arose because she has an older brother with Down syndrome and she saw the challenges he faces as he aged out of pediatric care.

"It's always a difficult situation to go from a provider that really knows you and has seen you your whole life to have to transition to the adult system," Chandan said. "The majority of the training historically has been in pediatrics, which was appropriate at the time, but this population is going into adulthood and also aging."

David Ervin, chief executive for The Resource Exchange, a Colorado Springs, Colo. Nonprofit service provider that is collaborating with the University of Colorado on the effort, called the initiative unprecedented.

How many times do we see a young adult with a developmental disability and the doctor turns and faces the caregiver and starts asking the caregiver all the questions?” Ervin said.

He said barriers to quality health care for patients with disabilities have ranged from financial to functional, such as extremely short appointment times and lack of training for doctors.

Ervin noted that a primary care doctor treating an adult with Down syndrome should be aware of the higher prevalence of cardiovascular and Alzheimer’s diseases.

“If you don’t know that those are common conditions among folks with Down syndrome, you never know to ask,” he said.

In one project, Ervin said Colorado medical students are developing smoking cessation tools specifically for people with intellectual and developmental disabilities.

“The ultimate hope is we have people who happen to have disabilities who are just experiencing better health,” he said.

The full article can be found at:

<https://www.disabilityscoop.com/2018/03/12/medical-schools-focus-dd/24838/>

Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety – But Schools Can’t Keep Up

Below is an excerpt from a recent article in Time magazine on the growing incidence of depression and anxiety on America’s college campuses.

Not long after Nelly Spigner arrived at the University of Richmond in 2014 as a Division I soccer player and aspiring surgeon, college began to feel like a pressure cooker. Overwhelmed by her busy soccer schedule and heavy course load, she found herself fixating on how each grade would bring her closer to medical school. “I was running myself so thin trying to be the best college student,” she says. “It almost seems like they’re setting you up to fail because of the sheer amount of work and amount of classes you have to take at the same time, and how you’re also expected to do so much.”

Spigner is one of a rapidly growing number of college students seeking mental health treatment on campuses facing an unprecedented demand for counseling services. Between 2009 and 2015, the number of students visiting counseling centers increased by about 30% on average, while enrollment grew by less than 6%, the Center for Collegiate Mental Health found in a 2015 report. Students seeking help are increasingly likely to have attempted suicide or engaged in self-harm, the center found. In spring 2017, nearly 40% of college students said they had felt so depressed in the prior year that it was difficult for them to function, and 61% of students said they had “felt overwhelming anxiety” in the same time period, according to an American College Health Association survey of more than 63,000 students at 92 schools.

The full article can be found at:

<http://time.com/5190291/anxiety-depression-college-university-students/>

LEGISLATIVE UPDATE

Senate Committee Holds Hearing on Medicaid Work Requirements Bill

During Wednesday’s Senate Competitiveness Committee, chair and SB 897 bill sponsor, Sen. Mike Shirkey announced pregnant women would not be required to work to receive Medicaid coverage under a change made to the Senate work

requirement bill that received its first committee hearing this week. Sen. Shirkey offered the amendment after a couple of spirited meetings that drove him to the conclusion that taking pregnant women out of requirement to solidify their health care coverage needs was “the right thing to do.”

Shirkey conceded more changes are likely as he meets with various groups during the two-week legislative spring break. However, he sees the basic crux of the bill to stay the same – able-bodied adult recipients should be entering the workforce, training or schooling to receive the taxpayer-funded benefit. Other changes may include making it clear that able-bodied recipients are expected to find employment after receiving the benefit for 48 months. Shirkey is also open to allowing recipients to continue receiving Medicaid for a small window after they get a job to cut down the chances a person will see a gap in coverage.

His comments came after an hour-long hearing kicked off by Michigan Chamber of Commerce President Rich Studley, who drew parallels between the current debate and the last time controls were put into the expanded Medicaid program – Healthy Michigan – five years ago. At that time, the attempt to expand Medicaid coverage to adults making between 100 and 133 percent of poverty, was sold to the Chamber as a reward for lower-income employees and “the working poor,” who may not be receiving health coverage from their employers.

“I’m not one to cry over spilled milk, but now, almost five years later ... there are big gaps,” Studley said. “We’re increasingly concerned that the program that was implemented is out of control. It is over-enrolled, it is underfunded. It does not contain many of the common sense reforms to encourage and support individuals as they work.”

Nearly 20 various groups – many health-related entities – came out opposed to the bill today. Leading the charge was Gilda **JACOBS**, CEO of the Michigan League for Public Policy, who reminded the committee “Medicaid is a health insurance program, not a work program.”

These “harsh restrictions” would likely “balloon” government spending for Michigan, as they have done in Kentucky, Tennessee and Virginia, three states that have implemented similar requirements, she said. In Kentucky, the initial costs to set up work requirements will cost nearly \$187 million in federal and state funding, she said, and it has much fewer Medicaid recipients than Michigan. Also, Kentucky’s waiver request was met with federal lawsuit, raising the specter of additional legal costs for a requirement that is on wobbly legal footing.

SB 897 will likely move out of committee after the Legislature returns from spring break recess, which will be the week of April 9.

Guns Not Mentioned In New School Safety Proposal

Eight groups from law enforcement, education, and the school counseling ranks announced a school safety proposal Thursday that focuses solely on building safety and improving services to students who may need help to avoid more mass shootings.

A series of state grants would be offered, providing an armed uniformed officer or school resource officers (SRO) in schools that do not have one now.

Also, grants would be created that are aimed at beefing up mental health services in the school by hiring more social workers and counselors and grants to have local police departments walk through the schools and make suggestion on how to improve safety. This might include putting protective film on all the windows that would make them bullet proof.

The proposal to be released Thursday also focuses on how to deal with students who make terroristic threats. There is a mandatory requirement in the proposal that schools report these threats to law enforcement. Instead of sending these students off to prison under the 20-year felony provided in the law, they would be offered services to deal with their problems be they mental or otherwise.

The coalition, which included the Michigan Association of Chiefs of Police and Michigan Sheriffs Association wanted to

add mandatory background checks to the package, but after a lengthy discussion on that and other gun-related issues, it was decided to set the gun questions aside to prevent splitting up the coalition.

The group's objective was to put forth a united front, which would enhance the chances that the legislature would endorse the groups' recommendations.

There is no price tag on the grants, but the notion is some of the funds would come from the state's General Fund and other dollars from the School Aid Fund.

In addition to the two law enforcement groups, the coalition also includes the Michigan Association of School Administrators, the Michigan Association of School Board, the Michigan Association of School Psychologists, Michigan Association of School Success Workers, the Michigan School Counselors Association and the Prosecuting Attorneys Association of Michigan.

NATIONAL UPDATE

National Council Hosts Integration Briefing on Capitol Hill

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Panelists for this briefing included: Beth Ann Meints, Kalamazoo Community Mental Health & Substance Abuse Services, Michigan; Robert Coles, Connecticut Mental Health Center, Connecticut; Bridget Brown, Wallowa Valley Center, Oregon; Nathaniel Dell, Places for People, Missouri. Both Wallowa Valley Center and Places for People are also participating in the Excellence in Mental Health Act CCBHC Medicaid program.

PROMOTING INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE (PIPBHC)

Data show that persons living with serious mental illness and substance use disorder die, on average, 25 years earlier than those without. However, it is often untreated co-morbid, chronic physical health conditions like diabetes, heart disease, hypertension and HIV/AIDS that are the leading cause of early death. Through the Promoting Integration of Primary and Behavioral Health Care grant program, state agencies partner with behavioral health providers and health centers to provide integrated primary and behavioral health care to populations that need it most.

Each panelist explained how this grant has changed their organization's ability to meet the diverse and complex needs of their community. Robert Cole, Chief Operating Officer of CMHC in Connecticut called the PIPBHC program, "training wheels", saying that the grant money and expert technical assistance offered by the SAMHSA-HRSA Center for Integrated Health Solutions were the support system CMHC needed to build working relationships with primary care physicians and facilities to offer truly integrated care in New Haven, CT. CMHC graduated the grant program in 2014 and still offers the key integrated care services.

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Both Bridget Brown from Wallowa Valley Center in Oregon and Nathaniel Dell from Places for People in Missouri are PIPBHC grantees and current participants of the Excellence in Mental Health Act CCBHC Medicaid program. Each panelist spoke about how the PIPBHC grant served as a foundation and a platform to become a Certified Community Behavioral Health Clinic. Dell called the PIPBHC grant a "spring board" for becoming a CCBHC, highlighting increased

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\$115 CMHAM Members

\$138 Non-Members

To register: [CLICK HERE TO REGISTER FOR ETHICS TRAININGS!](#)

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SMOKING CESSATION LEADERSHIP ANNUAL COLLECTIONS: 2016 AND 2017 RECORDED WEBINARS

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

In celebration of the SCLC's 15th Anniversary, we are giving away FREE CME/CEs, *for a limited time*, for two webinar collections: 2016 & 2017 recorded webinars.

- **2017:** This Collection of recorded webinars from SCLC includes all 10 webinars released during 2017, for a total of 13.50 CE credits. Topics include lung cancer screening, engaging health professionals, state and community approaches to tobacco control, quitlines, behavioral health, smoking mothers, cessation efforts in

public housing community health centers, smokeless tobacco, behavioral health/public health partnerships, young adult smokers, and tobacco harm reduction.

For more information and to register for this collection, [click here](#).

Use the discount code SCLC@15 to waive the \$65 fee.

- **2016:** This Collection of recorded webinars from SCLC includes all nine webinars released during 2016, for a total of 14.0 CE credits. Topics include social smoking among young adults; social media interventions for cessation; tobacco use among African-Americans; pharmacotherapy; tobacco use among the homeless; smokers with mental health conditions; thirdhand smoke; and example smoking cessation programs from Kaiser Permanente and the Truth Initiative.

For more information and to register for this collection, [click here](#).

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Expires 03/31/2018

Note: You are still able to take an individual webinar if you wish, however, payment will be due to receive the CE credit. If you register for a Collection, it will be complimentary, and you don't have to take all of the webinars in the Collection to receive credit.

Have a Great Weekend!



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

March 16, 2018

FRIDAYFACTS

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

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

RE:

- **New e-mail addresses for Association staff**
- **Association soon to announce new membership opportunities**
- **Friday Facts to become a members-only electronic newsletter**
- **Work, Accomplishments, and Announcements of CMH Association Member Organizations**
 - LRE issues managed care RFP
- **State and National Developments and Resources**
 - **Work requirements proposed for Michigan’s Medicaid program**
 - **Michigan Radio sponsors mental health dialogue**
 - **Employment First resources available**
 - **Michigan Autism ABA webinar announced**
 - **MHAM announces two events**
 - **SAMHSA offers webinar on mental health needs of transition-age youth**
 - **CHCS announces webinar on improving the use of psychotropic medication with youth in foster care: a view from the states**
 - **Johns Hopkins announces virtual class on management of local mental health authorities**
 - **Two articles, one from the archives, on the causes behind the cost of health care in the United States:**
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- **National Update**
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Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apecpper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

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WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

LRE issues managed care RFP

Lakeshore Regional Entity (LRE' Region 3) is inviting proposals from Managed Care Entities (MCE) to provide Managed Care functions, outlined in the MDHHS contract for the region. The selected MCE will focus on providing excellence in the administration, oversight of standards and improved quality of services and support for Medicaid beneficiaries throughout the region. The RFP can be found at <http://www.l sre.org>. The LRE encourages all entities meeting these qualifications to submit a letter of intent by March 23, 2018, 5:00pm Eastern Time.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Work requirements proposed for Michigan's Medicaid program

Below is an excerpt from a recent Detroit News article on the recently introduced legislation to tie Medicaid eligibility to meeting work requirements.

Michigan would join a small but growing number of states requiring Medicaid recipients to work or continue school to maintain government health care coverage under Republican legislation introduced this week.

Sen. Mike Shirkey, R-Clarklake, is proposing a 30-hour work or school requirement for poor but able-bodied adults. Rep. Jim Runestad, R-White Lake Township, wants the Michigan Department of Health and Human Services to develop similar requirements.

The full article can be found at:

<https://www.detroitnews.com/story/news/politics/2018/03/08/medicaid-work-requirement-michigan-republican/32742867/>

Michigan Radio sponsors mental health dialogue

When: Wednesday, April 4, 2018
6:30-8 p.m.

Where: Jolly Pumpkin Dexter
2319 Bishop Circle East
Dexter, Michigan 48130

Host: Joe Linstroth

Mental health has been in the news lately and Michigan's mental health system is facing major challenges. How do we integrate behavioral and physical health care to benefit people who really need it? How is the system funded and who controls and has access to those dollars? What changes may be coming and what's the long term outlook for our mental health care system?

Join *Stateside* Executive Producer Joe Linstroth as he talks with mental health experts (including a representative from the CMH Association of Michigan) about some of the challenges facing Michigan's mental health system, and potential solutions.

Issues and Ale is an event series from Michigan Radio designed to engage people in conversations about important issues facing Michigan... in an informal atmosphere. Stop by, have a drink, and join in the conversation.

Free Admission, but please register to attend.

Register at:

<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07ef6xax9072c1a355&oseq=&c=&ch=>

Employment First resources available

Thanks to this Association's partner organization, MARO, for providing the following resources designed to assist vocational/employment providers in their work related to Michigan's Employment First. Efforts:

Employment First State Leadership Mentoring Program (EFSLMP)
PROVIDER TRANSFORMATION MANUAL
Pilot Version; U.S. Department of Labor Office of Disability Employment Policy
<http://drivedisabilityemployment.org/sites/default/files/Provider%20Transformation%20Manual-Final%20Draft%202005%2005%202017.pdf>

Provider Agency Self-Analysis Tool
<http://maro.org/wp-content/uploads/2015/11/ODEPProviderSelfAnalysisWorksheet.pdf>

We will focus on the following topics:

- MDHHS Autism Program updates
- New site review workbook demonstrations

Don't miss an update: MDHHS Autism program will send out updates on a monthly or as needed basis. News may include upcoming training opportunities or other helpful resources and updates.

Sign up at: <https://public.govdelivery.com/accounts/MIDHHS/subscriber/new>

After entering your email address, scroll down to Mental Health, Developmental Disabilities and Substance Abuse and click on Autism updates to subscribe.

MHAM announces two events

The Mental Health Association in Michigan (MHAM) issued a "Save the Date" notice for two upcoming events

MAY 17: Mental Health Association in Michigan (MHAM) annual membership meeting, 3:00 p.m., Hyatt Place Detroit/Livonia (19300 Haggerty Rd., Livonia 48152). To be immediately followed by an educational presentation on one or more public policy topics.

JUNE 21: MHAM Tribute Dinner honoring Tom Watkins, former director, Michigan Department of Mental Health; former State Superintendent of Public Instruction; and former director, Detroit-Wayne Mental Health Authority. Burton Manor, Livonia (27777 Schoolcraft Rd., Livonia 48150). Reception at 6:00; dinner at 7:00; program at 8:00.

SAMHSA offers webinar on mental health needs of transition-age youth

SAMHSA's Program to Achieve Wellness for a Webinar on Physical Health and Well-Being for Transition-Age Youth On their path to adulthood, transition-age youth (ages 16-25 years old) are presented with many opportunities and challenges, particularly for those living with mental illnesses and substance use disorders. At 18, individuals move from the children's mental health system into one designed for adults, a system that often fails to meet the unique needs of this age group.

Join SAMSHA on Thursday, **April 5 from 2 – 3 p.m.** to learn more about the needs of transition-age youth, as well as how to engage in support and service provision that can help motivate youth to take control of their physical health and well-being.

This webinar will be moderated by **Dana Lange** and **Dr. Robyn Martin** from the National Council for Behavioral Health. Guest speakers **Dr. Linda Henderson-Smith**, National Council for Behavioral Health; **Taylor Blanco**, Youth M.O.V.E. Broward South Florida Wellness Network; and **Melissa Robinson Graves**, CHRIS Training Institute, will share strategies and success stories on engaging youth with serious mental illness in services, as well as encouraging youth to focus on their own holistic health and wellness.

Participants will have advance access to a series of fact sheets and infographics on topics related to transition-age youth, like managing obesity, medication side effects, physical health and more!

Register at: <https://register.gotowebinar.com/register/7838472658902348546>

CHCS announces webinar on improving the use of psychotropic medication with youth in foster care: a view from the states

Below is a recent announcement from the Center for Health Care Strategies on an upcoming webinar on psychiatric care for youth in the nation's foster care system.

Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A View from the States

Date: March 21, 2018, 1:30 – 3:00 pm ET (1:30 pm – 3:00 pm ET)

In recent years, the inappropriate use of psychotropic medication among children and youth in foster care – nearly all of whom are covered by Medicaid – has been identified as a concern by federal agencies. This high-risk population is five times more likely than the non-disabled Medicaid child population to receive psychotropic medications and has particularly concerning patterns of use for these drugs. In response, states are strengthening their oversight and monitoring of psychotropic medication use, and the federal government has provided technical assistance to support those efforts.

The 90-minute webinar, made possible through support from the Annie E. Casey Foundation, will feature four states that are using cross-agency partnerships to advance new psychotropic medication monitoring and oversight approaches. Medicaid, child welfare, and behavioral health agency representatives from Illinois, New Jersey, Oregon, and Vermont will share perspectives on strengthening inter-agency partnerships, facilitating appropriate data-sharing among agencies, coordinating oversight processes, and improving care coordination. State and federal officials, policymakers, managed care organizations, health care delivery systems, and other interested stakeholders are invited to attend.

Register at:

https://www.chcs.org/resource/improving-use-psychotropic-medication-among-children-youth-foster-care-view-states/?utm_source=CHCS+Email+Updates&utm_campaign=678d6b7f31-EMAIL_CAMPAIGN_2018_03_05&utm_medium=email&utm_term=0_bbc451bf-678d6b7f31-152144421

John Hopkins announces virtual class on management of local mental health authorities

Course: Knowledge for Managing County and Local Mental Health, Substance Use, and Developmental Disability Authorities

This course is part of the Johns Hopkins Summer Institute in Mental Health Research

Description: Reviews the key features of successful management of county and local authorities that oversee and conduct mental health, substance use, and developmental disability services. Also explores environmental factors that impact local operations, as well as facility with key tools to plan and implement services. Specifically explores two principal environmental factors, i.e., National Health Reform and Medicaid, and two primary tools for management, i.e., strategic planning and needs assessment. Emphasizes practical knowledge so that managers can apply the information immediately upon returning to their programs. Students are expected to bring practical problems to the course and to leave with useful strategies and tools for solving them.

Learning Objectives:

Upon successfully completing this course, students will be able to:

1. Assess the impact of National Health Reform and Medicaid on their own programs and will be able to employ useful strategic planning and needs assessment tools
2. Describe the essential features of National Health Reform and the Medicaid Program
3. Engage successfully in local strategic planning and needs assessment initiatives

Tue 05/29/2018 – Fri 06/08/2018

Enroll at: <https://www.jhsph.edu/departments/mental-health/summer-institute/index.html>

Two articles, one from the archives, on the causes behind the cost of health care in the United States

Why is U.S. Health Care So Expensive? Some of the Reasons You've Heard Turn Out to Be Myths (NYT, March 12, 2018)

"There were two areas where the United States really was quite different: We pay substantially [higher prices](#) for medical services, including hospitalization, doctors' visits and prescription drugs. And our complex payment system causes us to spend far more on administrative costs. The United States also has a higher rate of poverty and more obesity than any of the other countries, possible contributors to lower life expectancy that may not be explained by differences in health care delivery systems."

<https://www.nytimes.com/2018/03/13/upshot/united-states-health-care-resembles-rest-of-world.html>

It's The Prices, Stupid: Why The United States is So Different From Other Countries (Health Affairs, May/June 2003)

This paper uses the latest data from the Organization for Economic Cooperation and Development (OECD) to compare the health systems of the thirty member countries in 2000. Total health spending—the distribution of public and private health spending in the OECD countries—is presented and discussed. U.S. public spending as a percentage of GDP (5.8 percent) is virtually identical to public spending in the United Kingdom, Italy, and Japan (5.9 percent each) and not much smaller than in Canada (6.5 percent). The paper also compares pharmaceutical spending, health system capacity, and use of medical services. The data show that the United States spends more on health care than any other country. However, on most measure of health services use, the United States is below the OECD median. These facts suggest that the difference in spending is caused mostly by higher prices for health care goods and services in the United States.

<https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.22.3.89>

LEGISLATIVE UPDATE

Upcoming DHHS Committee Meetings

Senate DHHS Budget Committee

Committee: Senate Health and Human Services Appropriations Subcommittee
Location: Senate Hearing Room, Ground Floor, Boji Tower, 124 W. Allegan Street, Lansing, MI 48933
Date: Tuesday, March 20, 2018
Time: 1PM
Agenda: 1. Autism Services

House DHHS Budget Committees

No House meeting this week.

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FROM: Robert Sheehan, Executive Director
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 - **Southwest Michigan Behavioral Health achieves NCQA Accreditation**
 - **MOKA Foundation Comedy Night – March 24, 2018**
 - **Technology RFP**
- **State and National Developments and Resources**
 - **Section 298 pilot sites selected**
 - **HCBS news from MDHHS**
 - **MDHHS issues L letter and Medicaid bulletin of interest to members**
 - **3rd annual MI Hidden Talent Workshop announced**
 - **School gun violence; public health strategy announced.**
 - **Optimism on White House Opioid Summit expressed by NACBHDD**
 - **HMA announces fall conference on publicly-sponsored healthcare**
 - **TBD Solutions announces management training**
- **Legislative Update**
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WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

OCHN names Interim CEO

Below is a recent press release from Oakland Community Mental Health Network (OCHN) regarding the appointment of its Interim CEO, Diana Bundschuh. Congratulations to Diana.

Oakland Community Health Network (OCHN) has named its current Chief Information Officer (CIO) Diana Bundschuh, as interim Executive Director and CEO.

Bundschuh will hold the position until a permanent CEO is chosen by the agency's Board to replace Willie Brooks. Brooks was hired by Detroit Wayne Mental Health Authority as its new CEO last month. Brooks' last day at OCHN is Friday, March 2, 2018.

OCHN's Board concluded first round interviews of candidates last week. Six applicants were interviewed during special public meetings held at its administrative offices in Troy. Second round interviews are expected to take place in mid-March. Information about the search process is available on OCHN's website at www.oaklandchn.org.

Bundschuh's extensive technical and management experience in driving organizational improvements and the implementation of best practices is highlighted by her impressive expertise in strategic planning, project management, policy development, customer relations, process improvement, and much more. Prior to joining OCHN, Bundschuh served as Chief Information Officer for Hegira Programs, Inc. in Livonia, Michigan. During her 18 year career as an information systems professional, Bundschuh has held a number positions including leadership roles at Easterseals Michigan and the City of Glendale, Arizona.

Southwest Michigan Behavioral Health achieves NCOA Accreditation

On March 2, 2018 Southwest Michigan Behavioral Health (SWMBH) received its Accreditation Letter and Certificate from NCOA for Medicare MBHO (Managed Behavioral Healthcare Organization), achieving a Full (three year) Accreditation. This honor reflects SWMBH's commitment to Industry Standards, and applies to the MI Health Link (Duals) business lines that SWMBH manages for Aetna Better Health and Meridian Health Plans.

According to SWMBH CEO Bradley Casemore "We have been operating under these Standards throughout the MI Health Link Demonstration. We thought it was time to seek and receive official NCOA Accreditation. These Standards are readily transferable to other SWMBH business lines. We are proud to be Michigan's first PIHP to achieve this coveted and rigorous Accreditation. I am grateful to all the SWMBH staff, led by Jonathon Gardner our Director of QAPI, who achieved this result."

MOKA Foundation Comedy Night – March 24, 2018

You don't want to miss the Comedy Night on March 24th featuring Chicago comedian Patti Vasquez sponsored by the MOKA Foundation. This event may be of particular interest to parents who may identify with Pattie's personal stories about raising a son with autism-like symptoms. An accomplished comedian, Patti is also an incredibly strong advocate for individuals with disabilities. This is a must see. The event to be held at the Knickerbocker Theatre located at 86 East 8th Street, Holland, Michigan starting at 7pm. A pre-glow event will be held at the Holland Arts Council. Tickets are \$35 and can be purchased by calling (800) 644-2434 ext. 648 or at EventBrite.Com [Search on MOKA Comedy Night]

Northeast Guidance Center receives grants to continue Senior Reach

Below is a recent announcement from the Northeast Guidance Center (NEGC) regarding the organization's receipt of grant funding to continue its highly successful Senior Reach program,'

Northeast Guidance Center (NEGC) is pleased to announce two funding awards that will sustain the Senior Reach® program that began as a pilot program in 2016. Community Mental Health Association of Michigan (CMHAM) approved a bridge grant of \$59,678 to continue services in Wayne County for the period 4/1-6/30/18. The DMC Foundation's Board of Directors approved a \$50,000 grant for the period February 13, 2018 to February 14, 2019 to support the program that connects seniors to healthcare and community services.

NEGC has integrated Senior Reach® into adult outpatient services as depression care is embedded into traditional care management as a meaningful and practical services enhancement. NEGC partners with Detroit Community Health Connection (DCHC), a Federally Qualified Health Center located in our adult clinic. The Senior Reach® Advisory Board is well represented by senior service organizations such as Michigan Health & Human Services, Detroit Housing Commission, Detroit Metropolitan Council of Senior Citizens, Wayne State University Institute of Gerontology, PACE, SAGE and area churches and hospitals. The Advisory Board meets quarterly and includes fundraising and grant making opportunities on the agenda. Senior Reach® staff have identified competent senior organizations with available resources. Seniors have responded favorable to referrals by traditional organizations (e.g., Detroit Policy Department, Harriet Tubman Senior Center) and non-traditional organizations (e.g., CVS, Fox Creek Post Office). Of the 173 seniors who have had intakes, 92.3% accepted services with 90% indicating their situation improved as a result of Senior Reach services.

Technology Services RFP

Southwest Michigan Behavioral Health is accepting proposals in response to the following Request for Proposal (RFP); Technology Services that includes VoIP Services, Data Center Services, Desktop and Network Management Services, and Cellular Services. The RFP documents are available at www.swmbh.org. Proposals must be submitted to swmbh.rfp@gmail.com no later than April 6, 2018.

STATE AND NATINAL DEVELOPMENTS AND RESOURCES

Section 298 pilot sites selected

Below is a recent press release announcing the three Section 298 pilot sites:

Three pilot sites selected to coordinate physical and behavioral health services in Michigan

Today the Michigan Department of Health and Human Services (MDHHS) announced the pilot sites for the state's Section 298 Initiative.

The selected pilots are:

- Muskegon County Community Mental Health (HealthWest) and West Michigan Community Mental Health
- Genesee Health System
- Saginaw County Community Mental Health Authority

Muskegon County Community Mental Health and West Michigan Community Mental Health, which are geographically contiguous, are conducting a joint pilot.

The Section 298 Initiative is a statewide effort to improve the coordination of physical health services and behavioral health services in Michigan. This initiative is based upon Section 298 in the Public Act 268 of 2016. The Michigan legislature approved a revised version of Section 298 as part of Public Act 107 of 2017.

Under the revised Section 298, the Michigan Legislature directed MDHHS to implement up to three pilot projects and a separate demonstration model in Kent County to test the integration of publicly-funded physical and behavioral health services. MDHHS has been working since August to develop the structure of the pilots, which focuses on payer-level integration of Medicaid-funded physical health and behavioral health services.

The department collected feedback and solicited input from representatives of the current system on specific issues pertaining to the development of the pilots. The department used this input to develop a [white paper](#) which describes the parameters for the pilots.

MDHHS issued a Request for Information (RFI) on Dec. 20, 2017 to select the Section 298 Initiative pilot sites. Proposals were due Feb. 20, 2018.

The RFI included the following mandatory minimum requirements:

- The applicant is a Community Mental Health Service Provider (CMHSP).
- The applicant has submitted a signed memorandum of support from at least half of the Medicaid Health Plans (MHP) within the proposed pilot region, which demonstrates their engagement in pre-planning activities.
- The applicant has submitted a plan demonstrating full financial integration as required under Section 298 of Public Act 107 of 2017.

Contracts for implementation of the pilots will be between MDHHS and the MHPs operating in the pilot regions. In the coming months, MDHHS will work with the selected CMHSPs and MHPs to finalize the structure of the pilots. It is anticipated the pilots will be implemented by Oct. 2, 2018.

For more information about the Section 298 Initiative, visit Michigan.gov/stakeholder298

HCBS news from MDHHS

Below is a recent announcement from the Home and Community Based Services (HCBS) office within MDHHS on the heightened scrutiny process.

... we would like to remind members of the MDHHS HCBS webpage.

This web page has detailed information regarding the remediation process itself as well as what providers can expect related to the HS assessment and remediation process.

We encourage providers or other interested parties to work with the HCBS PHIP lead for their region for specific details or information related to the remediation process. Detailed information regarding the leads contact information and the areas they oversee is available under contact information on the MDHHS webpage.

The department will be working with MSU around the HS process and will share additional information with the field as it become available.

MDHHS HCBS webpage: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

MDHHS issues L letter and Medicaid bulletin of Interest to members

Below are the recent announcements of a L letter and a Medicaid Bulletin of interest to Friday Facts readers.

L 18-14, dated March 6, 2018

L 18-14 – MI Marketplace Option Provider Information and Webinar. – (Can be found at: https://content.govdelivery.com/attachments/MIDHHS/2018/03/06/file_attachments/969270/L%2B18-14.pdf)

Medicaid Letters can be accessed on the web at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Click 2018 under Numbered Letters.

Medicaid bulletin MSA 18-07 discusses Managed Care Network Provider Enrollment in the Community Health Automated Medicaid Processing System (CHAMPS), and is issued on March 5, 2018.

This Bulletin can be found at: https://content.govdelivery.com/attachments/MIDHHS/2018/03/05/file_attachments/968721/MSA%2B18-07.pdf

This bulletin is being sent to All Providers.

Medicaid bulletins can be accessed on the web at www.michigan.gov/medicaidproviders, click on Policy, Letters & Forms.

3rd annual MI Hidden Talent Workshop announced

Below is a recent press release announcing the 3rd annual MI Hidden Talent Workshop

Calley/Bernstein Announce 3rd annual MI Hidden Talent Workshop offering training, resource for hiring workers with disabilities.

Registration now open for April 30 free business training seminar in Novi Monday, March 5, 2018

Lt. Gov. Brian Calley and Supreme Court Justice Richard Bernstein today announced the third annual MI Hidden Talent workshop, providing employers with resources and training to be intentional about hiring Michiganders with disabilities.

The free statewide workshop for business leaders and HR professionals will be held on Monday, April 30, in Novi at the Suburban Showplace.

Workshop attendees will receive training on accommodation, interviewing best practices and strategies to help close the skills gap. Resources the state offers to help businesses find and prepare talent for the needs of the workplace also will be provided.

"Being intentional about hiring people with disabilities is a common-sense way to help close Michigan's talent gap and give people new opportunities to enter the workforce," Calley said. "I'm proud of this effort and hope businesses take advantage of this free workshop to gain practical strategies for including talented workers they may not have considered before to take their companies to the next level."

Calley and Bernstein started the MI Hidden Talent initiative in 2015 to highlight the overlooked skills of Michiganders with disabilities. Over the past few years, the two have traveled the state educating employers on the advantages of hiring people of different abilities through the MI Hidden Talent tour and workshop.

"People with disability are some of the most devoted, caring and hardworking employees a business can have," Bernstein said. "We have traveled the state talking about taking advantage of the 'hidden talent' out there and I hope more businesses come on board with this exciting initiative and sign up for the workshop."

To register or for more information about the workshop, visit: www.mihiddentalent.com

School gun violence: public health strategy announced

Recently, National Public Radio (NPR) covered a eight point public health strategy to reduce school gun violence. NACBHDD has signed on to this eight point strategy. Read more at:

<https://www.npr.org/sections/ed/2018/03/07/590877717/experts-say-here-s-how-to-prevent-the-next-school-shooting>

Optimism on White House Opioid Summit expressed by NACBHDD

Below is an excerpt from a recent article in Behavioral Healthcare Executive, providing insight into the White House's recent Opioid Summit. The insight is shared by Ron Manderscheid, PhD, Exec Dir, NACBHDD and NARMH.

On Thursday, I had the opportunity to participate in the White House Opioid Summit held in the East Room. This event represented the very first time that the administration has described its strategy for addressing the opioid tragedy. A workable national strategy is essential because opioid addictions has evolved into a major public health emergency during the past several years.

The written welcome from President Trump set the tone, "My Administration is committed to fighting the drug epidemic and to helping to get treatment for those in need—for those who have been so terribly hurt. Too many families and communities in America have been affected by this terrible affliction. It is robbing so many of their potential. But we can and will break the cycle, and your tireless efforts motivate us to keep up the fight."

Read more at: <https://www.behavioral.net/blogs/ron-manderscheid/prescription-drug-abuse/white-house-opioid-summit>

HMA announces fall conference on publicly-sponsored healthcare

Health Management Associates (HMA) recently issued a "save the date" announcement for its 2018 Conference on Trends in Publicly Sponsored Healthcare. That announcement is provided below.

Medicaid in an Era of Community Engagement and Shared Responsibility: Opportunities and Pitfalls for Payers, Providers and States
October 1-2, 2018
The Palmer House, Chicago

HMA's 2018 Conference on Trends in Publicly Sponsored Healthcare to Address Community Engagement and Shared Responsibility in Medicaid

This is HMA's third annual conference on trends in publicly sponsored healthcare. Last year's event in Chicago brought together more than 400 executives from health plans, providers, state and federal government agencies, community-based organizations, and others serving Medicaid beneficiaries and other vulnerable populations. It was a collaborative, high-level event featuring more than 35 speakers and representing the interests of a broad-based constituency of healthcare leaders.

This year's meeting will deliver a sharp focus on the challenges and opportunities Medicaid-focused organizations face in an evolving federal and state regulatory environment. Additional details, including a complete agenda, will be available in the weeks ahead.

Questions and information on Sponsorship Opportunities can be directed to Carl Mercurio cmercurio@healthmanagement.com (212) 575-5929.

TBD Solutions announces management training

Below is a recent announcement, from TBD Solutions, of its upcoming management training offering:

TBD Solutions is hosting its next *Practicing Effective Management* training at Crossroads Conference Center in Grand Rapids. I have attached our flyer which gives all of the registration details.

TBD Solutions presents: ***Practicing Effective Management: A Two-Day Training for Improving Results and Retention*** on April 11th & 12th, 2018, at Crossroads Conference Center in Grand Rapids. This training is applicable for all levels of management.

- Learn meaningful tools for workplace success
- Increase individual and team productivity
- Enhance your effectiveness as a supervisor
- Discover the essential management toolkit components

12 CEUs are available for Social Workers.

Since 2016, over 150 managers have been trained from 35 PIHP, CMH, and provider organizations.

Learn more or register at www.picatic.com/PEMApril2018. The training is filling up quickly!"

LEGISLATIVE UPDATE

Upcoming DHHS Committee Meetings

Senate DHHS Budget Committee

Committee: Senate Health and Human Services Appropriations Subcommittee

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

Date: Tuesday, March 13, 2018

Time: 2PM

Agenda

1. Medicaid and HMP – Kathy Stiffler
2. Public Testimony

House DHHS Budget Committees

No House meeting this week.

NATIONAL UPDATE

Trump Announces More Action on Opioids at Summit

Last Thursday, the White House held an Opioid Summit to discuss the Administration's strategy for tackling the ongoing opioid crisis, which claimed more than 64,000 American lives and accounted for roughly two-thirds of drug overdose deaths in 2016. During his remarks, President Trump said, "The Administration is going to be rolling out policy over the next three weeks, and it will be very, very strong." There was limited discussion of specific proposals, but it is expected the White House may bolster law enforcement agencies to carry out opioid-related activities.

At the Summit, attendees heard from administration officials, including the Surgeon General Jerome Adams, Acting Director of the Office of National Drug Control Policy Jim Carroll, HHS Secretary Alex Azar, Attorney General Jeff Sessions, and others. While some advocates have said the Administration's responses have not gone far enough since the President's declaration of a [public health emergency](#) last October, those gathered on Thursday sought to "highlight the progress the Administration has made to combat drug demand and the opioid crisis."

Notably, Attorney General Sessions spoke about the Justice Department's recent announcement that it will be filing a statement of interest regarding lawsuits against opioid manufacturers and distributors around the country. President Trump was not specific on which policies he will be pursuing in the coming weeks, but alluded to ramping up penalties for drug dealers.

The Summit comes at a time when many federal bodies are rolling out their own strategies to combat the epidemic. Congress is in the midst of considering [multiple pieces of legislation](#), [hearing from experts](#) on the best ways to tackle the problem from various fronts, and committing [\\$6 billion](#) over the next two years to push back. Advocates, including those from the National Council, have also been calling for [investing the available funds](#) into desperately-needed addiction treatment and recovery supports.

SOCIAL WORK ETHICS, ADDICTION TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Social Work Ethics, Addiction and Pain Management Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC, on the following dates. Registration will open this week.

- March 21 – Lansing
- April 25 – Lansing
- May 30 – Lansing
- June 27 – Battle Creek/Kalamazoo Area
- July 11 – Novi/Detroit area
- August 22 – Lansing

EMDR Training

Trauma Recovery/EMDR Humanitarian Assistance Programs presents Eye Movement Desensitization and Reprocessing (EMDR). EMDR Basic Training consists of Weekend 1 (April 11-13, 2018) and Weekend II Training. Each training event is three days of didactic and supervised practice. To complete Trauma Recovery/HAP's EMDR Training, each participant is required to complete 10 hours of consultation. Each participant/agency must arrange for consultation hours on their own, through the HAP Consultant Directory. If you have staff interested, please email awilson@cmham.org for more information.

CMH Association committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>

Have a Great Weekend!